

Background of Florida's Title IV-E Waiver

The Title IV-E Waiver Demonstration Project was implemented statewide October 1, 2006. The five-year Waiver under Title IV-E of the Social Security Act was authorized by the Administration for Children and Families (ACF), U.S. Department of Health and Human Services and included all children under the age of 18 who were receiving services at the start of project implementation, and all families who entered the child welfare system with an allegation of maltreatment after October 1, 2006. The project was designed to determine whether increased flexibility of Title IV-E funding would support changes in the state's service delivery system, maintain cost neutrality to the federal government, and most importantly, maintain child safety as well as improving permanency and well-being outcomes for children and their families being served within the state's child welfare system.

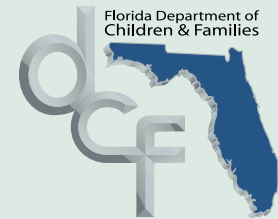
Purpose and Specific Aims of the IV-E Waiver Evaluation

The Florida Department of Children and Families (DCF) contracted with the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida (USF) to evaluate Florida's statewide IV-E Waiver demonstration project¹. The purpose of the evaluation was to examine whether an expanded array of community-based services available via the flexible use of Title IV-E funds would reduce the number of children in out-of-home care, expedite permanency through reunification, adoption or permanent guardianship, maintain child safety, increase child well-being, and reduce administrative costs associated with providing child welfare services. This topical paper describes changes in child and family well-being over a three-year period as measured by quality assurance data collected by DCF related to child and family needs assessment, family engagement, and service provision.

Introduction

In addition to safety and permanency, achieving and maintaining child and family well-being is a principal goal of the child welfare system. In order to be effective, the provision of services must include assessments of need and the engagement of family members throughout their involvement in the child welfare system. Involving families in planning and service provision is commonly accepted as essential for appropriate practice and positive child welfare outcomes (Altman, 2005; American Academy of Child & Adolescent Psychiatry, 2002; Child Welfare League of America, 2003; de Boer & Coady, 2007; Loman & Siegel, 2005; McCarthy, Marshall, Collins, Arganza, Deserly, & Milon, 2003; National Resource Center for Permanency and Family Connections, 2009).

¹ Florida's IV-E Waiver Evaluation Reports are available online at <http://centerforchildwelfare.fmhi.usf.edu/kb/LegislativeMandatedRpts/Forms/AllItems.aspx>



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Methods

The data presented in this topical paper were analyzed as part of the Family Assessment and Services component of FMHI’s final Title IV-E Waiver demonstration project evaluation report (Vargo et al., 2012). The data were originally collected by DCF as part of their regularly scheduled statewide quality assurance reviews during state fiscal years (SFY) 2008-2009, 2009-2010, and 2010-2011. These reviews examined the extent to which randomly selected samples of child welfare cases achieved quality of practice standards intended to guide case management practice within the state (Florida DCF, 2010). These standards align with the Federal Child and Family Services Reviews criteria established by the U.S. Department of Health and Human Services Children’s Bureau to assist states in improving child welfare services to ensure safety, permanency, and child and family well-being. Quality assurance reviews were not conducted in one quarter of SFY 09-10 due to special reviews related to psychotropic medications, and in one quarter of SFY 10-11 due to a special focus on cases with the permanency goal of another planned permanency living arrangement (APPLA). Twenty-three case management quality of practice standards relevant to assessment of needs, family engagement, and service provision were selected for examination during the evaluation. Statistical analyses consisted of chi-square tests of association to determine whether the proportion of cases that achieved the standards was significantly different from SFY 08-09 to SFY 10-11.

Results

Needs assessments for children and families

Case management quality of practice standards related to identification of needs focused on the ongoing assessment of children, parents, and out-of-home caregivers in order to provide current information for case planning purposes, and specific child needs related to education and health issues (Table 1). There was significant improvement in the percentage of cases where ongoing assessments of child and out-of-home caregiver needs occurred, with approximately 90% of the cases meeting these standards in SFY 10-11. Ongoing assessments of mothers’ needs also improved, though not significantly. In comparison to mothers’ needs, a substantially lower percentage of cases included ongoing assessments of fathers’ needs – a trend that needs special attention.

Regarding specific needs of children, significant improvement was demonstrated only in the area of mental and behavioral health assessments. Conversely, there was a significant decrease in

the percentage of cases where physical health needs were assessed. Declines were also seen in the occurrence of educational and dental health assessments with dental health representing an area in need of substantial improvement.

Table 1.
Florida Quality of Practice Data Related to Assessing Child and Family Needs by State Fiscal Year

Quality of Practice Standard	SFY 08-09	SFY 09-10	SFY 10-11
	Percent of Cases Achieving the Standard		
Ongoing Assessment of Child’s Needs	85.7	88.0	89.9*
Ongoing Assessment of Mother’s Needs	74.6	77.9	77.1
Ongoing Assessment of Father’s Needs	55.8	57.5	55.3
Ongoing Assessment of Out-of-Home Care Provider’s Needs	85.9	88.4	90.1*
Educational Needs Assessment	85.9	84.4	83.7
Physical Health Needs Assessment	80.9	71.9	70.9*
Dental Health Needs Assessment	50.2	47.5	45.8
Mental and Behavioral Health Needs Assessment	87.2	89.2	91.3*

* $p < .05$

Family engagement

Efforts to engage families were emphasized in quality of practice standards related to case manager visits with children and families, involving parents in decision making and case planning, and supporting parent involvement in services (Table 2).

There was significant improvement in the frequency and quality of visits between case managers and families to sufficiently address issues pertaining to the safety, permanency, and well-being of the child. However, the frequency of visits with parents remains an area in need of considerable attention, given that only in a minority of cases did visits occur at sufficient frequency to indicate that the standard had been achieved.

In addition, there was significant improvement in case managers encouraging and supporting mothers to participate in decisions related to the child’s needs and activities, as well as making concerted efforts to actively involve all case participants

(mother, father, child, and out-of-home care provider) in case planning. Although additional improvement is needed in efforts to engage both mothers and fathers in the decision making process, fathers remain the population that needs substantial attention.

Significant improvement was seen in case manager efforts to engage mothers and fathers by addressing any identified barriers that may preclude their involvement in services. However, consistent with the other findings related to engaging parents, there is a continuing need for improvement, especially for fathers.

Table 2.
Florida Quality of Practice Data
Related to Family Engagement by State Fiscal Year

Quality of Practice Standard	SFY 08-09	SFY 09-10	SFY 10-11
	Percent of Cases Achieving the Standard		
Case Manager Visits – Frequency – Child	49.7	70.2	66.9*
Case Manager Visits – Quality – Child	59.7	70.4	73.5*
Case Manager Visits – Frequency – Mother	31.2	47.3	44.8*
Case Manager Visits – Frequency – Father	20.7	32.6	31.0*
Case Manager Visits – Quality – Mother	56.6	72.3	73.2*
Case Manager Visits – Quality – Father	44.6	58.6	62.7*
Mother’s Participation in Decision Making	49.3	53.8	58.9*
Father’s Participation in Decision Making	38.6	39.5	40.0
Family Involvement in Case Planning Process	63.4	69.1	74.9*
Engaging Child’s Mother in Services	68.2	72.7	76.6*
Engaging Child’s Father in Services	52.9	58.2	59.8*

* $p < .05$

Service provision

In addition to engaging families and assessing their needs, Florida case managers are responsible for ensuring that services are provided to families to keep children safe in their homes to prevent entry into out-of-home care, and to complete referrals for appropriate services for children remaining in the home or placed in out-of-home care. As shown in Table 3, there was significant improvement in these areas, with over 90% of cases achieving these standards in SFY 10-11. Improvement was also found in the area of providing supervision, support, and services to manage risks to children once they are reunified with their families, although this was not a significant change.

Examination of specific services provided to children (Table 3) revealed declines related to the provision of educational services and resulting educational outcomes, and in the provision of mental and behavioral health services to address identified needs. There were significant decreases in the percentage of cases where services were provided to address the physical and dental health needs of children.

Table 3.
Florida Quality of Practice Data
Related to Service Provision by State Fiscal Year

Quality of Practice Standard	SFY 08-09	SFY 09-10	SFY 10-11
	Percent of Cases Achieving the Standard		
Services to Protect the Child at Home	86.6	93.7	92.8*
Appropriate Service Referrals	83.2	88.1	91.0*
Management of Risks	69.2	75.4	75.4
Educational Services	81.3	82.6	80.7
Educational Service Outcomes	83.1	78.3	79.8
Physical Health Services	81.7	68.8	64.4*
Dental Health Services	67.4	48.8	54.7*
Mental and Behavioral Health Services	81.9	81.7	80.2

* $p < .05$

Conclusion

Although there have been areas where the quality of case management practice in Florida has improved in assessment, family engagement, and service provision to promote child and family well-being, there remains room for further improvement. There were significant gains made in assessing children's ongoing needs and mental health needs, case manager visits, engaging parents in case planning and services, and ensuring appropriate service referrals and provision to protect children in the home. However, areas of practice needing further attention include addressing children's physical and dental health needs, the frequency of case manager visits with parents, supporting parent involvement in case planning and decision making, and all aspects of father involvement. Assessing and addressing well-being is challenging for case managers working within a complex child welfare system given the unique needs of individual children and families as well as system issues such as access and quality of care. Not only should special attention be directed to these areas in day-to-day practice and ongoing monitoring efforts, but they should also be closely examined in future evaluations should the IV-E Waiver be renewed.

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