Report to the Legislature
Evaluation of the Department of Children and Families
Community-Based Care Initiative
Fiscal Year 2006-2007

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Executive Summary

This evaluation examines the status of Community-Based Care (CBC) in Florida, with a special focus on child and family outcomes, quality, and cost. The report includes the 20 lead agencies that served Florida's 67 counties during fiscal year 2006-2007 (FY06-07). The executive summary briefly details critical findings on three research questions, with attention paid to longitudinal trends over the past three years when possible. More detailed methods, results and contextual information may be found in each section of the report.

How effective is Community-Based Care at meeting the Adoption and Safe Families Act outcome requirements for child safety and permanency?

Overall, positive trends were seen for lead agencies over time (2004-2007). Although initially climbing, both number of children served by lead agencies and children placed in out-of-home care have decreased from 2006 to 2007. Two indicators were examined specific to child safety: abuse during services and recurrence of maltreatment. During the time period of 2004 to 2007 fewer children were abused during services. Recurrence rates showed fluctuations per quarter, but there was a small decrease over time. Overall, lead agencies achieved targets set by the Department on these two indicators.

Six permanency indicators were examined: length of stay (length of time children remaining in care have been in care), children in out- of- home care longer than 12 months, children exiting out-of-home care within 12 months, children reunified within 12 months, adoptions finalized within 24 months, and children in care less than 12 months with three or more placements. Length of stay fluctuated between 11 and 12 months over time, but showed no marked increase or decrease. While the percent of children staying in out-of-home care longer than 12 months decreased during 2006, it has returned to the same level seen in earlier years (48%). One of the most positive trends seen across 2004 to 2006 was that the proportion of children exiting out-of-home care increased by 7% statewide. Reunifications within 12 months slightly fluctuated over time, but remained at 66%, which is below the target set by the Department. However, a positive trend was seen with adoptions increasing from 2004 to 2007 by 14% statewide.

In contrast, placement stability (fewer placements per year) decreased from 2004 to 2007 statewide. Additional services such as respite care and behavior analysis programs should be provided to foster families before children are moved to another placement. Children with the first placement disruption should be re-assessed and additional services should be provided to these children and the subsequent foster family placements. Additionally, lead

agencies may find it beneficial to focus staff resources on this challenge. For example, some lead agencies have funded foster home coordinator positions and foster parent liaisons.

How effective is Community-Based Care at providing quality service to children and families involved in the child welfare system while maintaining a focus on child safety, permanency, and well-being?

The quality of services component of this evaluation provides a reporting of Community-Based Care quality assurance findings. The findings are based on the case review data submitted to the Department of Children and Families by each Community-Based Care lead agency for the first two quarters of FY06-07 (i.e., July 2006 through December 2006). The case review data indicate that overall the state is not achieving the state and federal levels of compliance on the Child and Family Services Review indicators of permanency, safety, and child and family well-being. Although the state as a whole did not meet the performance targets, CBC lead agencies were more successful at meeting the performance target for the outcomes of safety and permanency. Statewide, lead agencies achieved a compliance rate of above 80% on Safety Outcome 1: *Children are, first and foremost, protected from abuse and neglect,* Safety Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate*, and Permanency Outcome 1: *Children have permanency and stability in their living situations*. Furthermore, two lead agencies achieved the state and federal 95% compliance standard for Safety Outcome 1, three lead agencies exceeded the standard for Safety Outcome 2, and six lead agencies reported above 90% compliance on Permanency Outcome 1. Child and family well-being outcomes received the lowest levels of compliance.

Further analysis needs to be completed at the lead agency level using the specific items that comprise each of the permanency, safety, and child and family well-being outcomes. This will allow the Department and the lead agencies to determine the factors that are preventing the lead agencies from achieving the state and federal Child and Family Services Review (CFSR) compliance standards. The Department is currently in the process of redeveloping its quality management system. It is recommended that as a part of the new system the Department and the Community-Based Care lead agencies include quality assurance monitoring procedures and program improvement plans that are reflective of practice, are consistently applied across lead agencies, and lead to change in child safety, permanency, and well-being practices and compliance with state and national standards.

This evaluation also focused on engagement of children and families as an important aspect of quality of care. Child Protective Investigations and Dependency Court participants

shared several strategies and important aspects of successfully engaging parents and caregivers. These include: the availability of time to perform comprehensive assessments and engage families, the importance of child welfare staff maintaining a non-judgmental and respectful attitude toward parents, involving the parent in decision-making, changing negative perceptions of investigations held by families, and keeping families together.

Two areas of strength in the collaboration between Child Protective Investigations and Community-Based Care lead agencies, which can potentially be expanded, are the use of Resource Specialists and Diversion Staffings. Further investigation of the usefulness of Resource Specialists and Diversion Staffings should occur and consideration should be given to expanding the availability of these strategies. In addition, Child Protective Investigations and Community-Based Care lead agencies should develop consistent policies and practices about involving parents and caregivers in case planning staffings including Early Services Intervention and Diversion staffings.

Furthermore, services in a community need to be readily accessible to the people in need of them. This includes the Child Protective Investigator, who is the initial point of contact for a family and provides an opportunity to offer assessment and services that can potentially keep a family intact. As the first point of contact for a family with the child welfare system, Child Protective Investigations needs to have either direct access to prevention services and resources including basic interventions such as flex funds, family support workers, and daycare or easy access to the Community-Based Care lead agency resources. The lead agencies should facilitate the process of linking families to prevention services.

In addition, it is recommended that follow up communication between the Child Protective Investigator and the assigned CBC services Case Manager should occur after the Early Services Intervention or similar staffing to transfer a family from investigations to services and before the closing of the investigations case. Improved and more widespread training for mandatory reporters on the definition of abuse and neglect and the design and implementation of a more efficient screening process should be implemented as well.

Caseload size for CPIs and turnover among child welfare case managers were also reported as factors that negatively impact the ability of these staff to perform their job effectively and efficiently. For this reason, efforts should be made to reduce the caseloads of CPIs to a more manageable size to facilitate increased effectiveness and efficiency of CPIs. Additionally, efforts should be made to retain lead agency case managers, such as conducting exit interviews with case managers to glean retention suggestions from their experience, and examining the successful retention strategies utilized in other state child welfare systems.

Finally, working agreements between the Department of Children and Families, Community-Based Care lead agencies, Sheriff's Office Child Protection Investigations and all partnering agencies should be developed with input from field staff including case managers, child protective investigators, and direct supervisors. The working agreements should explicitly detail the responsibilities of each system partner to ensure that each entity is fulfilling their responsibilities when children are sheltered.

How effective is Community-Based Care at managing all resources and costs efficiently?

The underspending of budgeted IV-E foster care funds was eliminated in FY06-07. Every lead agency spent their entire IV-E foster care budget, maximizing all available IV-E foster care funds. This is a significant accomplishment for DCF and lead agencies, and this accomplishment can be attributed to the Waiver's elimination of restrictions on how IV-E funds can be spent. The lead agencies and DCF reported that this increased flexibility in the use of funds improved their ability to use all available resources more efficiently and effectively. In particular, using all available IV-E funding, which are federal dollars, minimizes the burden on state resources. It should also be noted that DCF and the lead agencies jointly developed and implemented new methods for payment and invoicing during FY06-07 that increased administrative efficiency for all parties.

While still a very small part of each lead agency's total budget, the proportion of total spending for prevention/family preservation/in-home services nearly doubled from FY06 to FY07. There have also been commensurate declines in the ratio of out-of-home to front-end services spending, and it is recommended that DCF and lead agencies collaborate on efforts to continue decreasing this ratio of out-of-home care spending to spending on prevention/family preservation/in-home services.

Introduction

Background

  Across the nation, state and county child welfare agencies typically administer a myriad of programs and services, including child protection, family preservation and support services, foster care and adoption, and transition services for youth exiting foster care. For the past two decades, efforts have been made at the federal level to reform child welfare through an evolving system of financial support associated with a series of major legislation focused on improved child and family outcomes. Parallel to these federal efforts, state and local administrators have invented, tested, evaluated, and advocated for various reforms to improve child welfare services and the financing of these services. Many of the reforms have called for major philosophic, governance, and practice changes in an attempt to improve performance (Kamerman & Kahn, 1999).

  Federal initiatives have also developed evaluation tools to assess state child welfare agencies. The Child & Family Service Review (CFSR) is one such tool that is designed to evaluate state child welfare agency practice, ensure that such practice confirms with Federal child welfare requirements, and enhance states' capacity to help children and families achieve positive outcomes. However, in spite of increased funding and federal, state and local improvement efforts, CFSR reviews have shown that, too often, children in the care and custody of the state are not safe. Instead, they are left far too long in unstable and often unsuitable foster care settings waiting for a permanent placement; and their health, mental health, and education needs are not always identified or addressed while they are in care (Administration for Children and Families, 2006).

The Context for Outsourcing

  Even before the publicly funded safety net was developed, sectarian and non-sectarian agencies created and funded various services analogous to today's child protection, congregate care, and foster care services. Since the emergence of publicly funded child welfare in the 1880s, state and local governments have paid private, voluntary agencies to provide services (Rosenthal, 2000). This is sometimes referred to as *privatization*. Although there is no single definition of privatization*,* the term generally has come to refer to a range of strategies that involve "the provision of publicly funded services and activities by non-governmental entities" (Nightingale & Pindus, 1997). In addition to privatization, other forms of *outsourcing* have also

been utilized, including contracts with smaller government entities. Outsourcing may take several forms – contracting out, franchising, or service vouchers. Specifically, with regard to contracting out – the model most frequently used in child welfare – the government continues to retain custody of child abuse investigations and certain financial services, while private entities provide one or more services including foster care services, adoption services, case management, and intensive in-home services (Freundlich & Gerstenzang, 2003).

In response to the growing interest in, and questions regarding child welfare privatization, the National Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW) was funded by the Children's Bureau in 2005. The QIC PCW is a five-year knowledge development initiative through a cooperative agreement among the Children's Bureau, the University of Kentucky College of Social Work, and Planning and Learning Technologies, Inc. The National Quality Improvement Center is charged with the following goals:

- Developing knowledge about improving outcomes for children and families in the child welfare system through privatization;
- Promoting collaborative problem-solving among sub-grantees;
- Developing and implementing privatization research and demonstration projects to promote innovation, evidence-based practice improvements, and advancement of knowledge about privatization of child welfare services;
- Establishing an information-sharing network to disseminate information on promising practices; and
- Evaluating the impact of privatization on the quality, availability, cost-effectiveness, and overall effectiveness of child welfare services.

An Overview of Outsourcing Practice and Trends

There is a growing body of literature on child welfare outsourcing. There have been periodic national or targeted surveys of public administrators conducted to: collect both quantitative and qualitative information on the types and prevalence of changes; identify barriers and any perceived or actual successes; track trends over time and identify emerging issues; and report and disseminate findings, often including recommendations for improvement. Other researchers have used case studies and independent evaluations to study the subject.

What is clear, across a review of published reports, is that there is broad interest in outsourcing; there is great variation in the scope of current initiatives (in terms of geographical reach, target population, the number of clients served, and structural design); there is variation

in financing mechanisms but with a common thread that attempts to link improved performance to reimbursement amounts or payment schedules; there are different approaches to defining and monitoring results, with most initiatives focused on outcomes related to state and federal mandates; and, there are mixed findings as to actual success related to effectiveness (the ability to improve outcomes) and efficiency (costs) (McCullough, 2003). Key factors for success, across different designs, appear to relate to the sophistication of the purchaser in planning, procurement, and contract oversight; the alignment of resources with expectations; the adequacy of funding and contractor rates; the buy-in from stakeholders; the care with which system designs were developed; the clarity and appropriateness of the expected outcomes; and the infrastructure, leadership, and innovation of the contractor and the public purchaser.

Florida's Community-Based Care Initiative

In Florida, the 1996 Legislature mandated the outsourcing of child welfare services (known in Florida as Community-Based Care) through the use of a lead agency design. The intent of the original statute was to strengthen the support and commitment of local communities to the "reunification of families and care of children and their families," and increase the efficiency and accountability of services. The responsibilities of lead agencies, as defined by the original statute, include the ability to:

- "Coordinate, integrate, and manage all child protective services in the community while cooperating with child protective investigations,

- Ensure continuity of care from entry to exit for all children referred,

- Provide directly or through contract with a network of providers all child protective services,

- Accept accountability for achieving the federal and state outcome and performance standards for child protective services,

- Have the capability to serve all children referred to it from protective investigations and court systems, and

- Be willing to ensure that staff providing child protective services receive the training required by the Department of Children and Families." (s. 409.1671, F.S.)

In 1997, the evolution of Community-Based Care (CBC) was impacted by the passage of the Adoption and Safe Families Act (ASFA), which amended the Title IV-B (child welfare) and Title IV-E (out-of-home care and adoption assistance) programs of the Social Security Act. It

was the first major child welfare legislation to be enacted at the federal level since 1980. The seven major outcome goals that ASFA seeks to achieve in all states are:

1. Children are, first and foremost, protected from abuse and neglect.
2. Children are safely maintained in their homes whenever possible and appropriate.
3. Children have permanency and stability in their living situations.
4. The continuity of family relationships and connections is preserved for children.
5. Families have enhanced capacity to provide for their children's needs.
6. Children receive appropriate services to meet their educational needs.
7. Children receive adequate services to meet their physical and mental health needs.

Statewide expansion of CBC was mandated in 1998. In 1999, the Florida Legislature brought the State into compliance with ASFA by revising Chapter 39 of the Florida Statutes and amending the substantive legislation regarding CBC. The CBC Implementation Plan, issued in July 1999 by the Florida Department of Children and Families (DCF), embraced the ASFA goals, while transitioning to local community-based systems of care. In 2006 there were additional changes to Chapter 39, Florida Statutes. SB 1080/HB 7123 substantially amended Chapter 39 to bring Florida's statutes into complete conformity with ASFA. The bill was created to accelerate permanency for children (Florida Department of Children and Families, 2006b). All of the permanency sections were rewritten, including a re-definition of the permanency goals as: reunification, adoption, permanency guardianship, placement with a fit and willing relative and another planned permanent living arrangement ("APPLA"). Further, Figure 1 below displays the map of lead agencies in Florida.

Figure 1. Map of Community-Based Care Lead Agencies

Community-Based Care Lead Agencies
2/28/07

Big Bend Community-Based Care, Inc.
(Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, Taylor)

Big Bend Community-Based Care, Inc.
(Holmes, Washington, Bay, Jackson, Calhoun, & Gulf)

Family Matters of Nassau County

Family Support Services of North Florida, Inc.

Clay & Baker Kids Net, Inc. *(Clay & Baker)*

St. Johns County Board of County Commissioners

FamiliesFirst Network

Community Partnership for Children, Inc.

Community-Based Care of Seminole County, Inc.

Partnerships for Strong Families

Kids Central Inc.

Heartland for Children, Inc.

Community-Based Care of Brevard County, Inc.

Sarasota Family YMCA, Inc. *(Pasco & Pinellas)*

SunCoast Region

Family Services of Metro Orlando, inc. *(Orange & Osceola)*

Hillsborough Kids, Inc.

15 United for Families, Inc.

Sarasota Family YMCA, Inc. *(Manatee, Sarasota, Desoto)*

Child and Family Connections

Children's Network of Southwest Florida, L.L.C.

ChildNet, Inc

Services Contracts

Our Kids, Inc.

(Available online at: **http://www.dcf.state.fl.us/cbc/docs/lead_agency_map.pdf**)

*DCF Districts have recently been revised to Regions and Circuits. Since this report covers the period that ends on 6/30/07, the term District has been retained. Future reports will be organized according to Regions and Circuits.

During FY05-06, Florida received federal approval of the first statewide Waiver providing flexibility for foster care funds. The U.S. Department of Health and Human Services'

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Administration for Children and Families (ACF) authorized the five-year Waiver under Title IV-E of the Social Security Act, allowing Florida to demonstrate that flexibility in funding will result in improved services for families. The Waiver allows federal foster care funds to be used for any child welfare purpose rather than being restricted to out-of-home care as generally required under federal law. It also enables funds to be used for a wide variety of child welfare services including prevention, intensive in-home services to prevent placement of children outside the home, reunification and foster care.

Florida will receive federal funding during the course of a five-year period based on what the state would have received under IV-E rules. This amount will increase by three percent per year over federal foster care funding in the federal fiscal year that ended September 30, 2005. The waiver puts funding incentives in line with the program goals of maintaining the safety and well-being of children and enhancing permanency by providing services that help families remain intact whenever possible. In summary, Florida's IV-E Waiver provides the funding flexibility for the full implementation of the goals of Community-Based Care.

Table 1 lists the lead agencies (and counties) included in this evaluation as well as an unduplicated count of the total number of children served by each lead agency in FY06-07.

Table 1.
Number of Children Served in FY06-07 by Community–Based Care Lead Agencies

District	Lead Agency & Counties Served	Number of Children served FY06-07 *Unduplicated Count*
District 1	**Families First Network (FFN)** *Escambia, Santa Rosa, Okaloosa, & Walton*	5,091
District 2A & 2B	**Big Bend Community Based Care 2A (BBCBC-2A West)** *Holmes, Washington, Bay, Jackson, Calhoun, & Gulf*	2,237
	Big Bend Community Based Care 2B (BBCBC-2B East*) Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, & Taylor*	1,812
District 3	**Partnership for Strong Families (PSF)** *Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Putnam, Suwannee, Levy, & Union*	3,517
District 4	***Family Support Services of North Florida, Inc. (FSS)*** *Duval*	4,930
	***Nassau County Board of County Commissioners (Family Matters)** *Nassau*	357
	Clay & Baker Kids Net, Inc. (CBKN) *Clay & Baker*	939
	St. Johns County Board of County Commissioners (St. Johns)	532
SunCoast Region	**Sarasota Family YMCA, Inc. North (Sarasota YMCA North)** *Pasco & Pinellas*	6,112
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South) *Manatee, De Soto, & Sarasota*	1,787
	Hillsborough Kids, Inc. (HKI) *Hillsborough*	6,862
District 7	**Community Based Care of Seminole, Inc. (CBC of Seminole)** *Seminole*	1,270
	Family Services of Metro-Orlando, Inc. (FSMO) *Orange & Osceola*	6,361
	Community-Based Care of Brevard (CBC of Brevard) *Brevard*	2,549
District 8	**Children's Network of Southwest Florida (Children's Network)** *Charlotte, Lee, Glades, Hendry, & Collier*	2,601
District 9	**Child & Family Connections, Inc***. (CFC)** *Palm Beach*	3,407
District 10	**ChildNet, Inc. (ChildNet)** *Broward*	6,272
District 11	**Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)** *Miami-Dade & Monroe*	7,641
District 12	**Community Partnership for Children, Inc. (CPC)** *Volusia & Flagler*	2,317
District 13	**Kids Central, Inc. (KCI)** *Marion, Citrus, Sumter, Lake, & Hernando*	7,776
District 14	**Heartland for Children (HFC)** *Polk, Hardee, & Highlands*	5,395
District 15	**United for Families (UFF)** *Okeechobee, St. Lucie, Indian River, & Martin*	3,285
		Total N=83,050

These data were collected prior to the ending of Nassau County BOCC's contract. As of now, there are 19 lead agencies that hold 22 contracts. Family Support Services of North Florida has replaced Nassau County BOCC's contract.

DCF Districts have recently been revised to Regions and Circuits. Since this report covers the period that ends on 6/30/07, the term District has been retained. Future reports will be organized according to Regions and Circuits.

Organization of Report

This evaluation examines the status of Community-Based Care (CBC) in Florida, with a special focus on quality performance, outcome measure attainment, and cost efficiency. The report includes 20 lead agencies serving all 67 Florida counties. The period covered by this report includes fiscal year 2006-2007 (FY06-07). The Programmatic Outcomes and Cost Analysis sections also utilize data from previous fiscal years as indicated. The evaluation is organized by a set of research questions regarding the effectiveness of Community-Based Care.

Research Questions

The research questions listed below provide a guiding framework for the evaluation and serve as the foundation for the organization of the report. The research questions address the three legislatively-mandated components of this evaluation (Programmatic Outcomes, Quality and Cost):

1. How effective is Community-Based Care at meeting the Adoption and Safe Families Act outcome requirements for child safety and permanency?

2. How effective is Community-Based Care at providing quality service to children and families involved in the child welfare system while maintaining a focus on child safety, permanency, and well-being?

3. How effective is Community-Based Care at managing all resources and costs efficiently?

Table 2 lists the research questions and related evaluation questions that are addressed in each section of the report.

Table 2.
Research Questions

Section	Evaluation Question(s)
Section 1: Programmatic Outcomes How effective is Community-Based Care at meeting the Adoption and Safe Families Act outcome requirements for child safety and permanency?	Do the lead agencies assure that the outcomes for children meet Adoption and Safe Families Act requirements?
	Have these outcomes changed over time for lead agencies overall?
	Are there any lead agencies that show examples of excellence?
Section 2: Quality of Services How effective is Community-Based Care at providing quality service to children and families involved in the child welfare system while maintaining a focus on child safety, permanency, and well-being?	How effective are Community-Based Care lead agencies at providing services to children and families that ensure child safety, permanency, and well-being?
	What strategies are used to promote the engagement of families involved in the child welfare system and collaboration among service providers? _____
	How many children were eligible for assessment and placed in Licensed Residential Group Care (RGC), based on that assessment? What are the challenges that Lead Agencies face when trying to find RGC placements for children? What programs/practices have lead agencies used to prevent placement disruptions?
Section 3: Cost How effective is Community-Based Care at managing all resources and costs efficiently?	To what extent were lead agencies able to spend all available IV-E funding?
	How do expenditures for dependency case management, licensed out-of-home care, adoption subsidies, and State-funded independent living vary across lead agencies?
	How has the rate of out-of-home care spending changed over time?

Programmatic Outcomes Analysis

Section 1: Research Questions	Evaluation Questions
How effective is Community-Based Care at meeting the Adoption and Safe Families Act outcome requirements for child safety and permanency?	Do the lead agencies assure that the outcomes for children meet Adoption and Safe Families Act requirements?
	Have these outcomes changed over time for lead agencies overall?
	Are there any lead agencies that show examples of excellence?

Introduction

Implementation of Community-Based Care was designed as an innovative statewide reform that was expected to increase accountability, resource development, and system performance (Department of Children and Family, 2006). Because the implementation was planned to be statewide, multi-faceted, and therefore complex, transition to Community-Based Care was done gradually over several years. By 2005, all Florida counties had transitioned to Community-Based Care and all services, except for child protective investigations, were provided by the lead agencies.

Although the major goal of Community-Based Care implementation has been to improve child outcomes, it was unreasonable to expect improvements in performance immediately after transition to CBC due to the complexity of the process. However, after two years of CBC implementation statewide, the legislature, policymakers, and other officials expressed interest in examining trends based on indicators hypothesized to reflect the Adoption and Safe Families Act (ASFA) of 1997.

Over the years, the Florida Department of Children and Families generated numerous reports based on HomeSafenet data in order to assess lead agencies' performance and provide immediate feedback. These reports were done on a quarterly basis and included multiple indicators of child safety and permanency. This evaluation includes a review of selected reports and examination of lead agencies' performance over time in comparison with the Department target for each indicator. Therefore, the goals of this programmatic outcomes analysis are to assess changes over time in lead agency performance and to determine if there are examples of excellence by particular lead agencies.

Sources of Data

The primary data source for the quantitative child protection indicators was the reports produced by the Florida Department of Children and Families based on HomeSafenet (HSn) data.

Methodology

HomeSafenet quarterly reports produced by the Department were reviewed for each lead agency contract (N = 22) and statewide over the three year period (i.e., 2004-2007). Two types of indicators were selected for the analyses: workload measures and outcomes measures such as child safety or permanency. Workload measures consist of the number of children served in the child protection system and children served only in out-of-home care. The indicators that measure child safety include no abuse during services and no recurrence of maltreatment within 6 months after service termination. The permanency indicators are median length of stay in out-of-home care, percent of children in out-of-home care more than 12 months, percent of children who exited out-of-home care within 12 months into permanency, percent reunified within 12 months, percentage of children with adoption finalized within 24 months by quarter, and percent of children in out-of-home care less than 12 months with 3 or more placements. For each measure, longitudinal trends were examined and a comparison was made with the DCF performance target for the measure. A qualitative analytic approach was used due to the small number (i.e., 22) of cases. These indicators are calculated for each lead agency, and proportions across lead agencies were examined. To calculate averages over time, the percentages of children for each time point across all lead agencies (i.e., agency total) were summed and divided by the number of time points.

Limitations

It is important to note a few limitations in conducting the programmatic outcomes analysis. First, due to the small number of cases (i.e., 22 lead agencies), no conclusions about statistically significant changes can be drawn from the child protection findings contained in this section of the report. Second, because performance was examined by lead agency, the analysis for FY2004-2005 excluded counties where Community-Based Care had not been implemented for the entire fiscal year. Finally, there were no measures of child well-being examined because those data were unavailable.

Workload Measure Findings

Children Served in the Child Welfare System by CBC Lead Agencies

This measure indicates the number of children and young adults served by CBC lead agencies. The measure is a count of the children in out-of-home care and those children who received in-home services. The number of children served is a point-in-time measure, that is, the counts are done on a specific day. The examined reports were produced quarterly. This analysis covers the period March 2005 through June 2007.

As shown in Figure 2, the number of children and young adults served by the lead agencies increased until March 2006 and then slowly declined until June 2007. Although most lead agencies showed a trend similar to the statewide data in Figure 2, indicating that the number of children peaked at a certain point but declined by 2007, some lead agencies showed different patterns. For example, the number of children served by Partnership for Strong Families and Clay & Baker Kids (CBKN) lead agencies steadily increased over the last three years. In contrast, the number of children served by YMCA North, Family Services of Metro-Orlando (FSMO), and Community Partnership for Children, Inc. progressively declined. Finally, the number of children served by Our Kids, Children's Network of Southwest Florida, YMCA South, and Family Support Services of North Florida lead agencies slightly fluctuated but did not change considerably over time (see Appendix A, Table 1).

Figure 2. Children Served in Child Welfare System by Lead Agencies Between March 2005 to June 2007
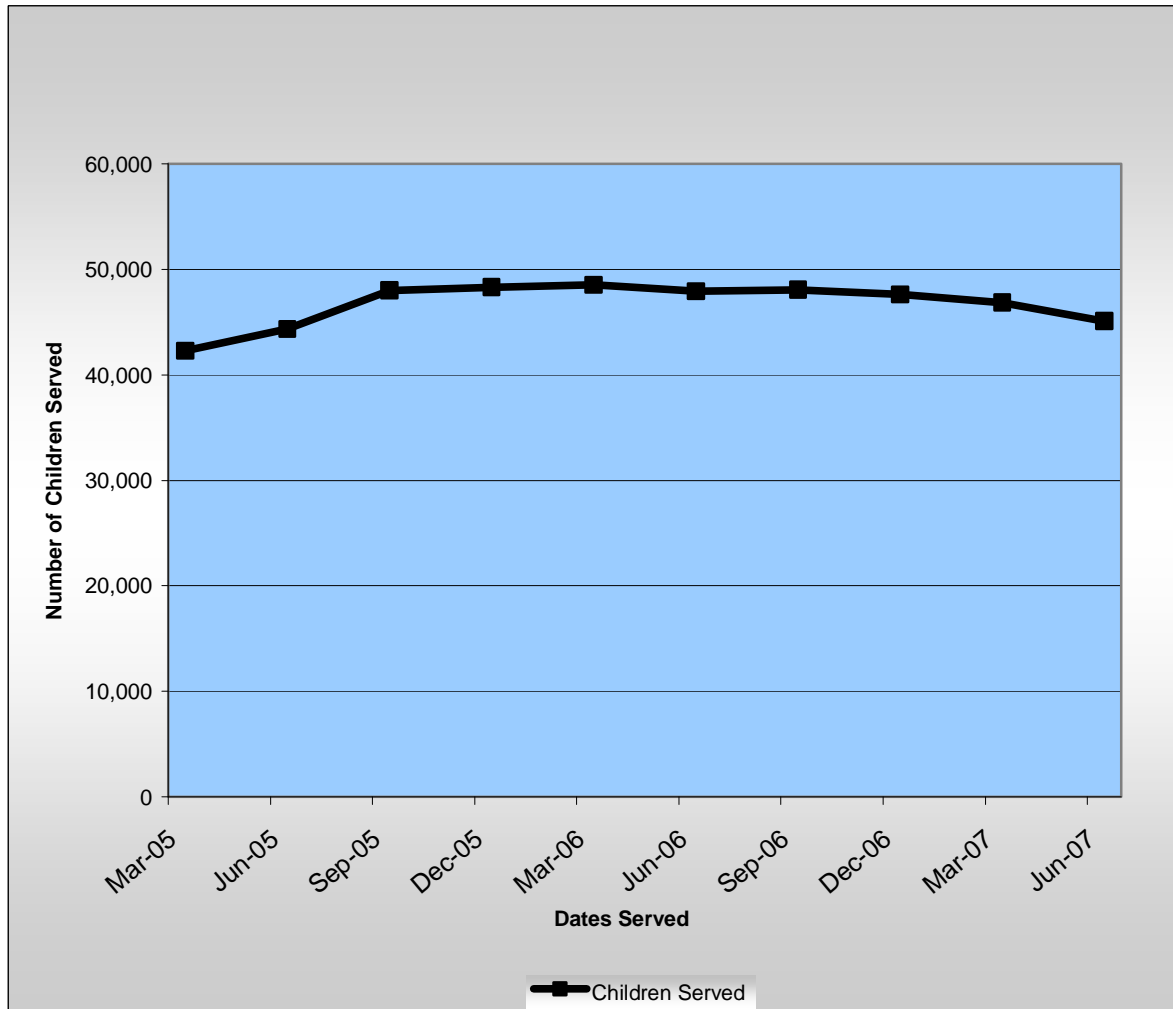
Children Served in Out-of-Home Care

Children served in out-of-home care is another measure of workload. This measure indicates the number of children and young adults receiving services in out-of-home care. The number of children served in out-of-home care is a point-in-time measure, that is, counts are done on a specific day. The examined reports were produced every three months beginning March 2005 and ending in June 2007.

As shown in Figure 3, the trend for the number of children and young adults served by the lead agencies in out-of-home care is similar to the trend for the number of children served by the lead agencies overall. The number increased until March 2006 and then slowly declined through June 2007. In March 2006 lead agencies served 29,599 children in out-of-home care, but in June 2007, they served 27,087 children (see Appendix A, Table 2). With the exception of

three lead agencies, the overall trend for the number of children served in out-of-home care showed a substantial increase in 2005, and decline after June, 2006. The number of children served in out-of-home care increased over time for CBKN and Children's Network and fluctuated for Partnership for Strong Families without any considerable changes (see Appendix A, Table 2).

Figure 3. Children Served in Out-of-Home Care by Lead Agencies Between March 2005 and June 2007
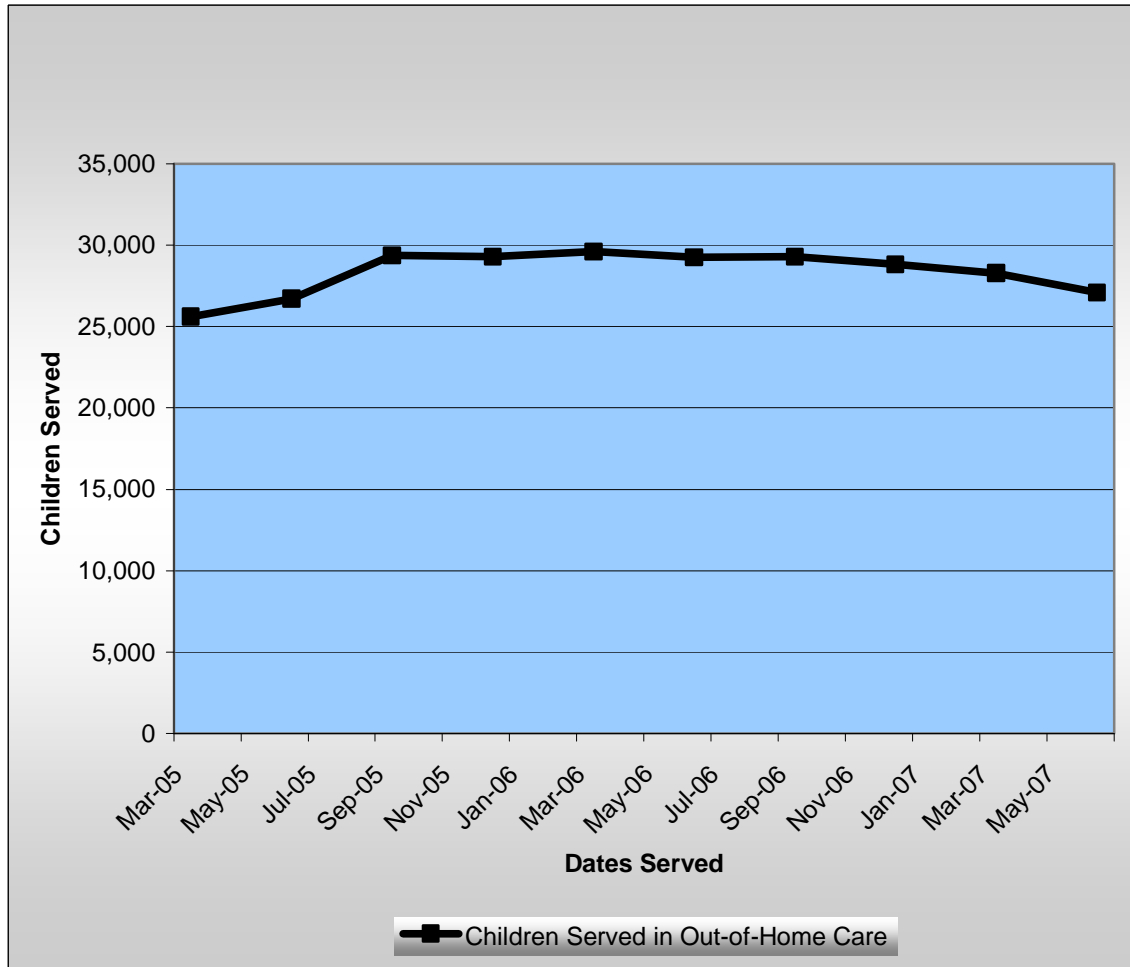
Outcome Measure Findings

No Abuse or Neglect During Services (In-Home and Out-of-Home) Between July 2004 and March 2007

This measure is calculated as a percentage. The numerator is the number of children whose cases were active during the reporting period and had no findings of "verified" or "some indicators" of maltreatment or had no maltreatment incident date during the reporting period.

The denominator is the total number of children receiving services during the reporting period. The performance target for this indicator set by DCF is 95%. State fiscal year-to-date data represents an average of the quarterly reports during the state fiscal year. The numbers are summed from those reports, and the percentages calculated from the summed data. This means a child served during multiple quarters will count once per quarter. A child not maltreated during services counts once for each quarter during which he/she was not maltreated (Department of Children and Families, 2006c).

Figure 4. No Abuse During Services (In-Home and Out-of-Home Care)* Between July 2004 and January 2007
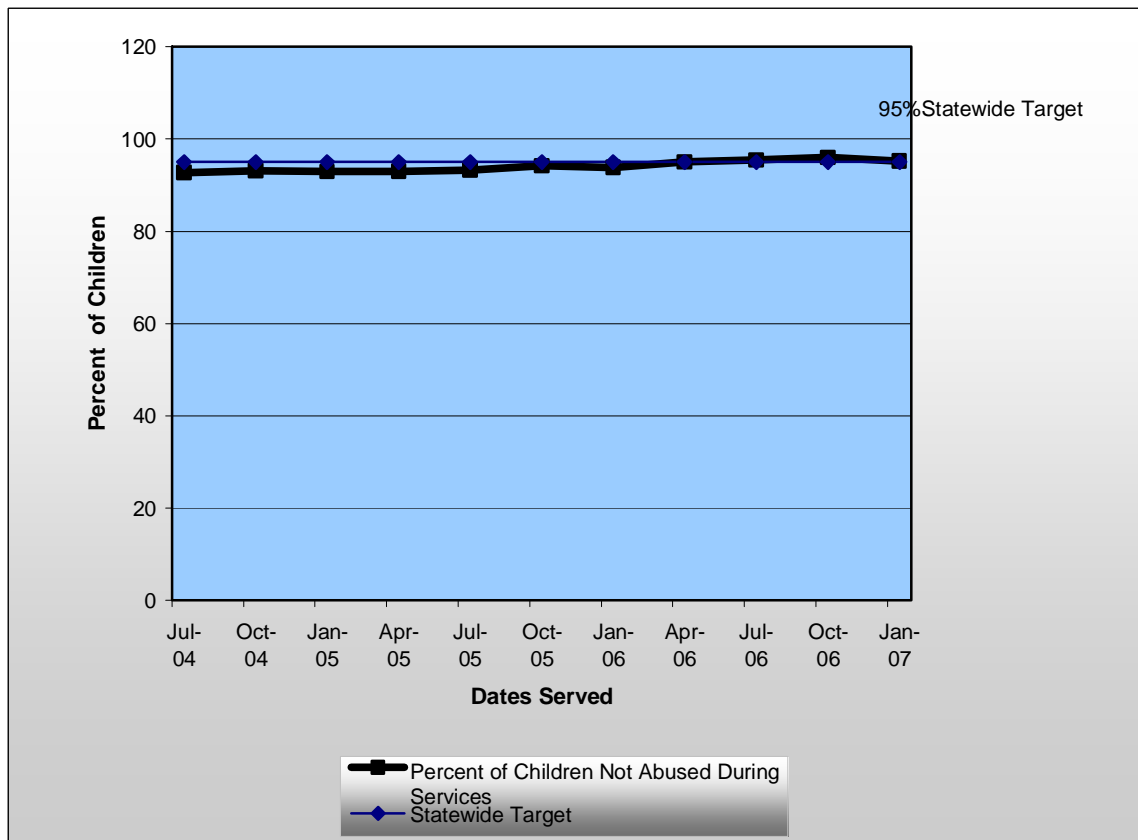
*The Department sets the Target for this measure at 95%

Statewide performance on this measure was highest during the time period of October – December, 2006 when the percent of children who were not abused or neglected during services across all lead agencies was 96%, which was 1% above the target of 95% set by the Department. However, this percent decreased by 0.8% in the following quarter (see Figure 4). By the end of the period (January-March, 2007) the percent of children who were not abused or neglected during services (96%) was 2 percentage points higher than in July-September 2004

and above the target set by the Department. There were eight lead agencies that averaged 95% or higher across all time points and therefore over time consistently reached the target set by the Department.

The percent of children who were not abused or neglected during services varied considerably over time for each lead agency. The smallest percent of children who were not maltreated during services (80.2%) was observed for Big Bend Community Based Care 2B (East) in January-March, 2005, but after this quarter, it steadily increased until July-September 2006, and declined slightly to 92.3% by 2007. In contrast, Family Support Services had the highest average (96.7%) over time of children who were not maltreated during services (see Appendix A, Table 3).

No Recurrence of Maltreatment Within 6 Months After Service Termination Between July 2004 and September 2006

The percentage of victims of verified or indicated maltreatment who do not become victims of maltreatment within 6 months after services were terminated is a measure of safety. The Department performance target for this measure is set at 93%. The numerator is the number of children who did not have subsequent reports with findings of "verified" or "some indicators" of maltreatment of abuse or neglect received during the 6 months after their case was closed. The denominator is the number of children whose cases were closed and were terminated from services.

The proportion of children with no maltreatment recurrence after services were terminated across all lead agencies reached its peak during April-June 2006 (93.6%) (see Figure 5). The average percent across all lead agencies during the time period between July 2004 and September 2006 was 92.6%, which is approximately at the target set by the Department – 93%. There was a small increase (1%) over time in the number of children who did not experience recurrence of maltreatment within 6 months after service termination. On average across all time points, eleven lead agencies were at or above the target set by the Department.

Children's Network had one of the highest percentages of children with no recurrence of maltreatment within 6 months after service termination; its average percent was 96.1% over the 9-quarter period. HKI and Our Kids had the second highest percent of children with no recurrence of maltreatment within six months of service termination (averages of 94.4% and 94.9%, respectively). Over the nine quarter period, a considerable fluctuation was observed for

20

each lead agency. The percent of children with no recurrence varied from 81.3% to 100% (see Appendix A, Table 4).

Figure 5. No Recurrence of Maltreatment Within 6 Months After Service Termination*
Between July 2004 and September 2006
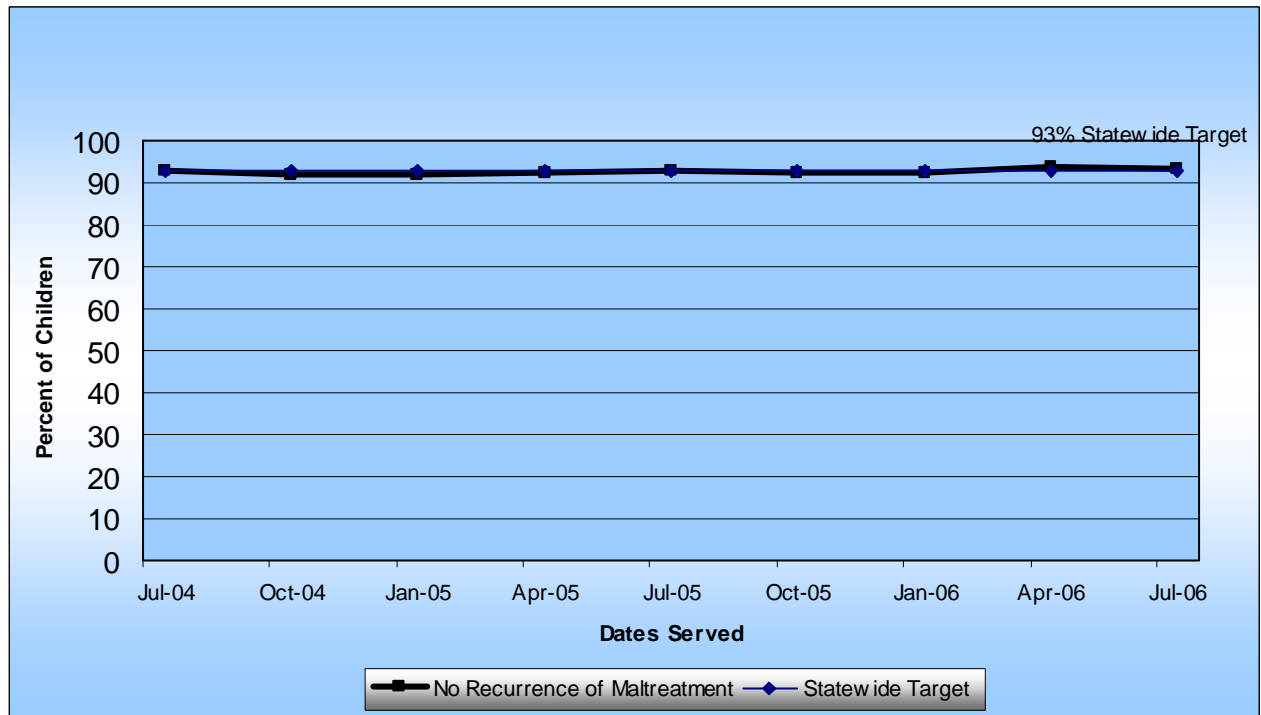
The Department sets this Performance Target at 93%.

Median Length of Stay for Children in Out-of-Home Care Between June 2005 and June 2007

This indicator is measured in months and reflects the median length of stay in out-of-home care for children remaining in out-of-home care as of the report date. Therefore, it does not accurately represent children in out-of-home care who had short lengths of stay (HomeSafenet report, 6/30/2005). There is no state or national standard for median length of stay of children out-of-home in care.

The average median length of stay across all time points and lead agencies was 11 months. The median length of stay across all lead agencies remained fairly stable, ranging between 11 and 12 months with a small increase in March 2007 (see Figure 6). FFN and Clay & Baker Kids Net had the shortest median length of stay over time (~8 months). Our Kids had one of the longest median lengths of stay (~17 months) (see Appendix A, Table 5).

Figure 6. Median Length of Stay in Out-of-Home Care Between June 2005 and June 2007
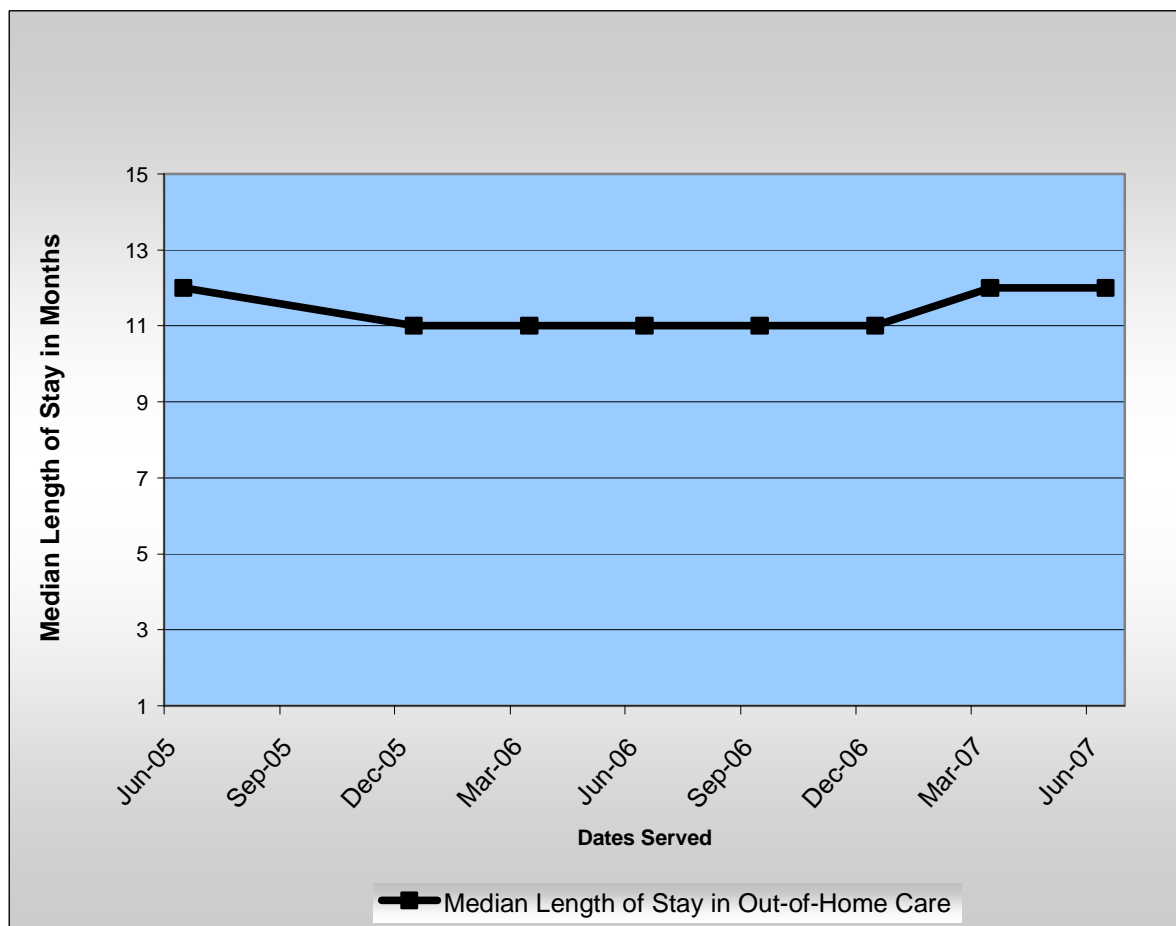
Percent of Children in Out-of-Home Care More Than 12 Months

       This measure is calculated as a percentage. The numerator is the number of children in out-of-home care for over 12 months. The denominator is the total number of children in out-of-home care at a point in time. DCF has not set a target for this measure.

       The percentage of children who stayed in out-of-home care over 12 months across lead agencies varied slightly over time between June 2005 and June 2007. It ranged from 46.1% by the end of 2006 to a high point of 48.7% at the beginning of 2007 (see Figure 7).

Figure 7. Percent of Children in Out-of-Home Care More Than 12 Months Between June 2005 and June 2007
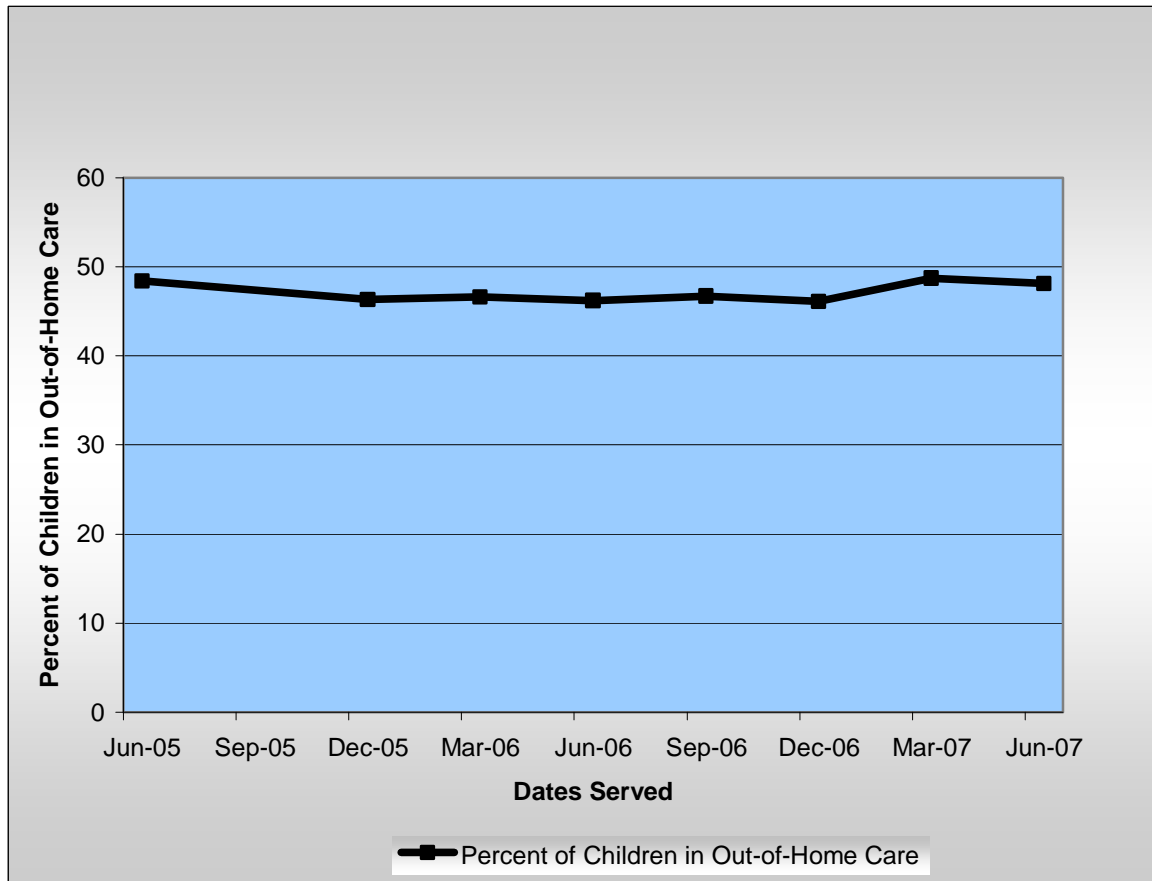
When individual lead agencies were examined on this indicator, FFN had the lowest average percent of children remaining in care 12 months after their removal (32%). For over a two-year period, FFN maintained this percent between 29.6% and 36.4%. The second lowest percentage of children who remained in out-of-home care over 12 months after their initial removal (39%) was found in FSS, CBC of Seminole, and Kids Central. However, this percent steadily increased over time for both CBC of Seminole and Kids Central (4% and 9%, respectively) between June 2005 and June 2007. In contrast, the percentage of children remaining in care after 12 months after placement decreased by 2% for FFN during the same time period (see Appendix A, Table 6).

Percent of Children Who Exited Out-of-Home Care Within 12 Months

The numerator for this measure is the number of children who exited out-of-home care within 12 months. The denominator is the total number of children who were in out-of-home care during each three-month time period. DCF does not have a set target for this measure.

Over the time period January-March 2004 through April-June 2006, the percent of children who exited out-of-home care within 12 months increased by 7% across all lead agencies. The average percent of children exiting out-of-home care within 12 months after their initial removal across lead agencies was 54% over the same period of time (see Figure 8).

Figure 8. Percent of Children Who Exited Out-of-Home Care Within 12 Months Between January 2004 to June 2006
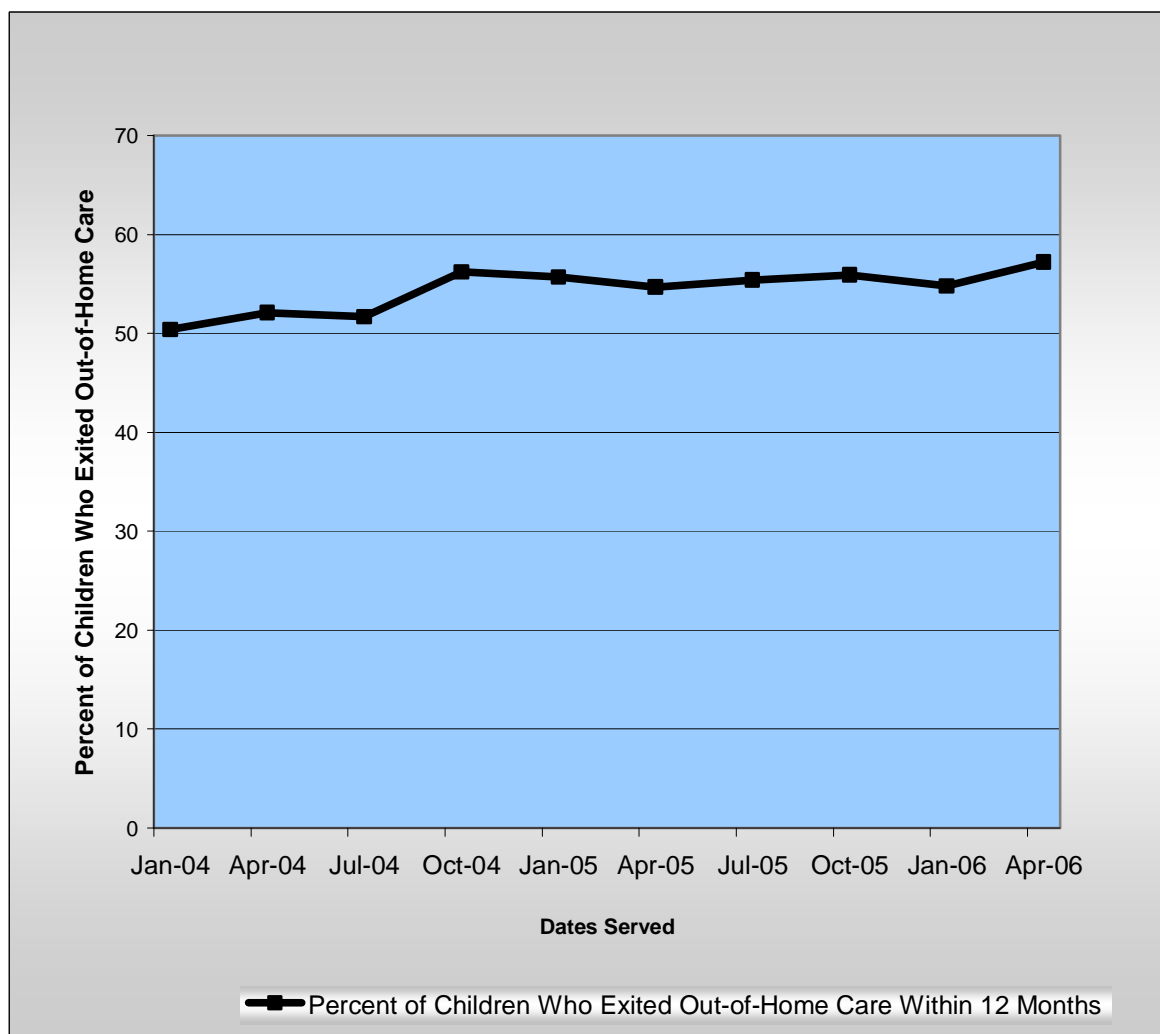
When individual lead agencies were examined over time, St. Johns had the highest average percentage of children exiting out-of-home care within 12 months after their initial removal (68%), followed by Kids Central and Clay & Baker Kids Net, which both averaged 66% over the time period between January-March 2004 and April-June 2006. In addition, FFN had a much higher than average percent of children exiting out-of-home care within 12 months – 65%. All of these lead agencies increased the percent of children exiting out-of-home care within 12 months but the most dramatic increase was observed for Kids Central. This lead agency increased the percent of children exiting out-of-home care within 12 months by 17% from January-March 2004 to April-June 2006 (see Appendix A, Table 7).

Percent of Children Reunified Within 12 Months of Those Who Were Reunified

For this measure, the numerator is the number of children who were reunified within 12 months of the most recent removal. The denominator is the total number of children reunified during the reporting period. Percentages of children reunified within 12 months for each time point across all lead agencies (i.e., agency total) were summed and divided by the number of time points. The DCF performance target for this measure is 76%.

Over the time period between October-December, 2004 and April-June, 2007, the average percentage of children reunified within 12 months across all lead agencies was 67%. This was below the target set by the Department - 76%.The averages across years fluctuated, ranging from 62.1% and 71.5%, but did not change substantively overall for that time period (see Figure 9). On average across all time points, seven lead agencies were at or above the target set by the Department.

Between January-March 2005 and April-June 2007, the highest average percentage across all time points of children who were reunified within 12 months was in CBC of Brevard (82%). The second highest average percentage of children returned to their parents within 12 months between October-December 2004 and April-June 2007 was in FFN (79%). St. Johns and CBC of Seminole lead agencies had a higher than average percent of children reunified within 12 months (77% and 76%, respectively). Although CBC of Brevard had the highest average percent of children reunified within 12 months, this number decreased over time by 16%. In contrast, this number increased by 27% for St. Johns lead agency (see Appendix A, Table 8).

Figure 9. Percent of Children Reunified Within 12 Months Between October 2004 and June 2007*
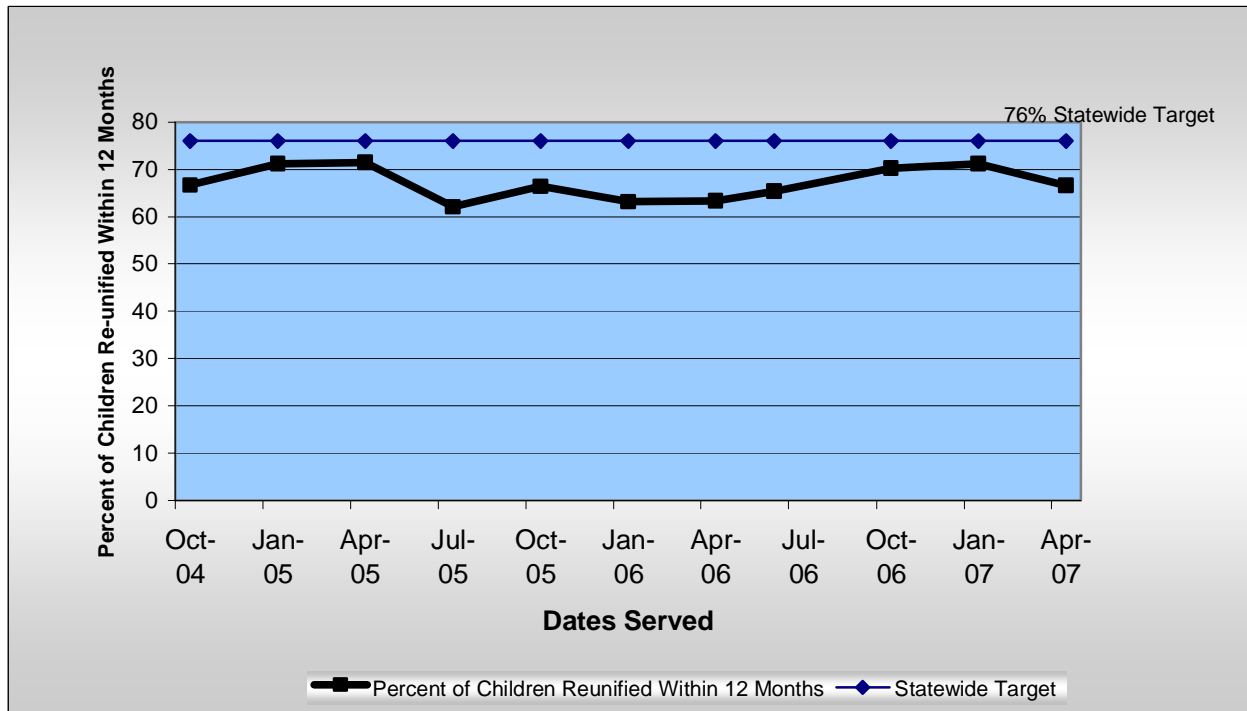
The Department sets this Target at 76%

Percent of Children With Adoption Finalized Within 24 Months

This is a measure of timeliness in achieving permanency for children. It is a percentage of adoptions finalized within 24 months of the latest removal. This percent was calculated by taking the number of children adopted within 24 months (numerator) and dividing by the total number of children adopted within the quarter (denominator). The performance target for this measure is 32%.

The percentage of children with adoption finalized within 24 months across all agencies increased over time by approximately 14%. During the time period of October-December 2004 approximately 28% of children were adopted within 24 months statewide. By April-June, 2007 this percent reached 42% (see Figure 10). Lead agencies' total for this indicator averaged 34% across all examined time periods, which is 2% above the target set by the Department, and the percentage of children with adoption finalized within 24 months steadily increased over time. On the average across all time points, there were 15 lead agencies that were above or reached the target set by the Department.

Figure 10. Percentage of Children With Adoption Finalized Within 24 Months* by Quarter Between October 2004 to April 2007
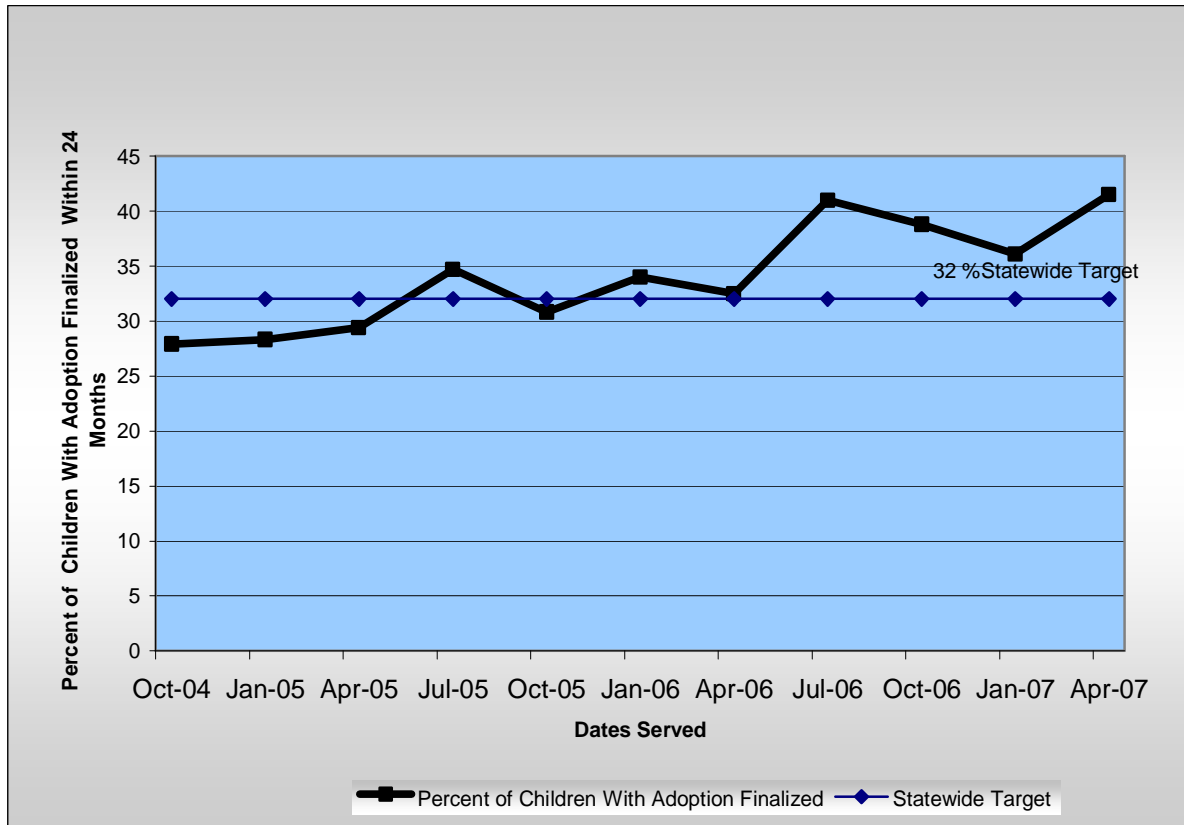
The Department sets this Target at 32%

Over the time period between October-December 2004 and April-June 2007, Child & Family Connections had the highest average percent across all time points of children who were adopted within 24 months (50%). There were 11 lead agencies that had higher than average percentages (34%) of children with adoption finalized within 24 months, including BBCBC-East (45%), Partnership for Strong Families and ChildNet (40% each).

Percent of Children in Out-of-Home Care Less Than 12 Months With 3 or More Placements

This measure is calculated by taking the number of children in care less than 12 months with three or more placement settings (numerator) and dividing it by the number of children in care less than 12 months regardless of the number of placement settings (denominator).

As shown in Figure 11, the percent of children statewide with three or more placements slightly increased from October-December 2004 (16%) to April-June 2007 (19%). The average across all lead agencies during this time period was 18%. This is higher than the target set by the Department which is that 87% of children experience no more than two placements within 12 months of removal. On average, across all examined time points, there were only 5 lead agencies that reached the target set by the Department.

Figure 11. Percent of Children in Out-of-Home Care Less Than 12 Months With 3 or More Placements Between October 2004 to April 2007*
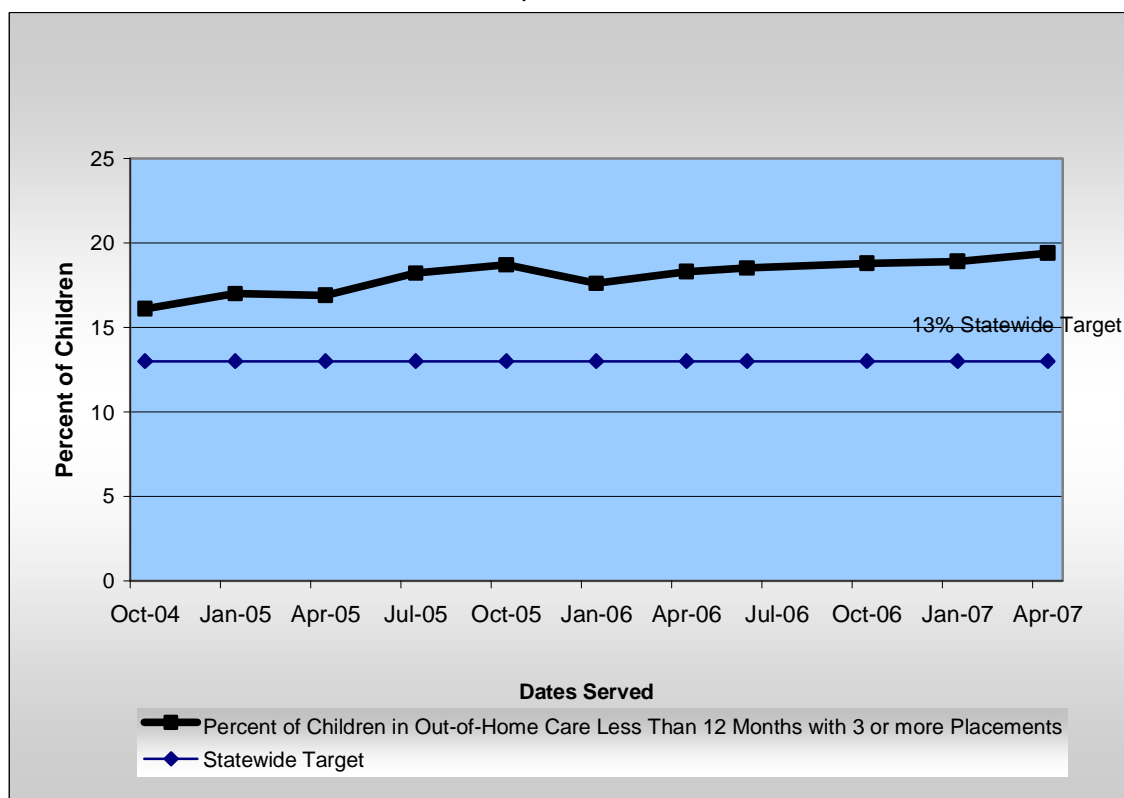
* The Department sets the Target at 87% for children with no more than two placements within 12 months of removal

Family Matters had the lowest average percent across all examined time points of children with three or more placements over time (9%). CBKN had the second lowest average percentage of children with three or more placement over time (11%). Finally, FSS and Our Kids were slightly higher than CBKN's percent of children with three or more placements (11.5%)

between October-December 2004 and April-June 2007. The largest decrease over the 30-month period in children with three or more placements, of those who were in care less than 12 months was observed for Our Kids (7%). After July-September, 2005 Our Kids maintained their average at or above the target set by the Department.

Discussion

Lead agencies' performance was reviewed based on eight outcome measures calculated by DCF (see Appendices). These measures were developed to assess child safety and permanency and are reflective of CBC accomplishments. Based on these measures, overall performance of the lead agencies improved over time. For example, it appears that child safety improved and agency performance was better on some permanency indicators. Both the percentage of children with no maltreatment during services and the percentage of children with no recurrence of maltreatment within 6 months after service termination increased and on average across all examined time points were at or above the performance target, while the percentage of children who exited out-of-home care and the percentage of children with adoption finalized within 24 months increased. The percentage of children with adoption finalized averaged 34% across all examined time periods for lead agencies total, which is 2% above the target set by the Department.

Although Community-Based Care lead agencies maintained consistent improvement across most of the examined indicators, lead agencies were less successful in reaching positive outcomes regarding placement stability and decreasing the number of children who remained in out-of-home care past 12 months. The percent of children in care for over 12 months did not change over time, while the percent of children with three or more placements increased and did not achieve the target set by the Department.

When individual agencies were examined across all measures, Families First Network (FFN) and Clay & Baker Kids Net appeared to perform above average on most of the indicators. Over the three-year time period examined, FFN maintained the shortest length of stay in out-of-home care, had the smallest percentage of children in out-of-home care past 12 months, the highest percentage of children exiting out-of-home care within 12 months, and one of the highest percentages of children reunified within 12 months, which is almost 3% above the target set by the Department. In addition, FFN maintained relatively high percentages of children not abused during services and was close to the statewide average regarding the percent of children with no recurrence of maltreatment after services were terminated.

Clay & Baker Kids Net also maintained one of the shortest median lengths of stay in out-of-home care, one of the highest percentages of children exiting out-of-home care within 12 months, and one of the lowest percentages of children with three or more placements. Clay & Baker Kids Net also sustained a relatively high percentage of children who were not abused during services and was slightly lower (by 1%) than the statewide average percentage of children with no recurrence of maltreatment after service termination.

In conclusion, the results of the review of HomeSafenet reports indicate an overall positive trend in Community-Based Care lead agencies' performance on indicators of child safety and permanency. However, it appears that only two lead agencies were successful in reaching most targets set by the Department on most measures.

Quality of Services Analysis

Section 2: Research Question	Evaluation Questions
How effective is Community-Based Care at providing quality service to children and families involved in the child welfare system while maintaining a focus on child safety, permanency, and well-being?	How effective are Community-Based Care lead agencies at providing services to children and families that ensure child safety, permanency, and well-being?
	What strategies are used to promote the engagement of families involved in the child welfare system and collaboration among service providers? _____ How many children were eligible for assessment and placed in Licensed Residential Group Care (RGC), based on that assessment? What are the challenges that Lead Agencies face when trying to find RGC placements for children? What are the programs/practices that have been implemented by lead agencies used to prevent placement disruptions?

Introduction

The quality of services component of the Community-Based Care evaluation focuses on identifying the specific child welfare practices and procedures that are associated with improved child safety, permanency, and well-being. The current evaluation attempts to answer three primary questions: 1) How effective are Community-Based Care lead agencies at providing services to children and families that ensure child safety, permanency, and well-being?; 2) What strategies are used to promote the engagement of families involved in the child welfare system and collaboration among service providers?; and 3) How is the Licensed Residential Group Care Program (RGC) working? The first question was addressed using Community-Based Care lead agency quality assurance data. The second question, which last year's Report to the Legislature (Vargo et. al., 2007) addressed at the lead agency level, was answered by gaining the perspectives of staff from Child Protective Investigations and Florida's Dependency Courts. The last question was addressed using HSn data and lead agency self-reported data.

Community-Based Care Quality Assurance

The performance of Florida's Community-Based Care child welfare system is monitored at the local, state, and federal levels based on the federal guidelines of the Child and Family Services Review. This process measures compliance in two primary areas, outcomes for children and families served by the system, and systemic factors that affect outcomes. Seven child and family outcomes are used to measure performance in the domains of safety, permanency, and well-being. The seven systemic factors are Statewide Information System, Service Array and Resource Development, Agency Responsiveness to the Community, Foster and Adoptive Parent Licensing, Recruitment, and Retention, Case Review System, Quality Assurance System, and Staff and Provider Training.

In FY06-07, quality assurance for Community-Based Care (CBC) services, as developed in collaboration by the Department of Children and Families and the lead agencies, was based on a three-tiered model. Tier 1 is primarily the CBC lead agency quality assurance oversight and monitoring of their services. Tier 2 activities are conducted by the Department of Children and Families Office of Quality Management and in part serve to validate Tier 1 programmatic and federal funding review activities, as well as the extent to which the CBC has implemented its Quality Improvement Plan. Tier 3 activities, also conducted by the Office of Quality Management, include the Florida Child and Family Services Review (FLCFSR). A component of the Tier 1 quality assurance lead agency process is a review of a random sample of child welfare cases served by the lead agency. The case review process is based on the seven Child and Family Services Review outcome measures in the domains of safety, permanency, and child and family well-being (see Table 3). Each outcome consists of several items, and each item includes sub-items that relate to specific tasks that should be reflected in the case file documentation. During the case review process, the reviewer indicates "Yes" the task was completed as verified in the file, "No" the task was not completed, or "NA" the task is not applicable. A percentage is then established for each sub-item, item, and outcome based on the number of cases reviewed by each CBC lead agency.

Table 3: *Child and Family Services Review Outcomes*

Safety Outcome 1: **Children are, first and foremost, protected from abuse and neglect**
• Item 1: Timeliness of initiating investigations of reports of child maltreatment (This item is not included in the CBC lead agency case review.) • Item 2: Repeat Maltreatment
Safety Outcome 2: **Children are safely maintained in their homes whenever possible and appropriate.**
• Item 3: Services to family to protect child(ren) in home and prevent removal
• Item 4: Risk of harm
Permanency Outcome 1: **Children have permanency and stability in their living situations.**
• Item 5: Foster care re-entries
• Item 6: Stability of foster care placement
• Item 7: Permanency goal for child
• Item 8: Reunification, guardianship, or permanent placement with relatives
• Item 9: Adoption
• Item 10: Permanency goal or other planned permanent living arrangement
Permanency Outcome 2: **The continuity of family relationships and connections is preserved for children.**
• Item 11: Proximity of foster care placement
• Item 12: Placement with siblings
• Item 13: Visiting with parents and siblings in foster care
• Item 14: Preserving connections
• Item 15: Relative placement
• Item 16: Relationship of child in care with parents
Child and Family Well-Being Outcome 1: **Families have enhanced capacity to provide for their children's needs.**
• Item 17: Needs and services of child, parents, foster parents
• Item 18: Child and family involvement in case planning
• Item 19: Worker visits with child
• Item 20: Worker visits with parent(s)
Child and Family Well-Being Outcome 2: **Children receive appropriate services to meet their educational needs.**
• Item 21: Educational needs of the child
Child and Family Well-Being Outcome 3: **Children receive adequate services to meet their physical and mental health needs.**
• Item 22: Physical health of the child
• Item 23: Mental health of the child

Method

The quality of service findings included in this report are based on the case review data submitted to the Department of Children and Families by each Community-Based Care lead agency for the first two quarters of FY06-07 (i.e., July 2006 through December 2006). Quality assurance data from ChildNet, Inc. and Our Kids of Miami-Dade/Monroe, Inc. are excluded in these findings due to the Pilot Program involving these lead agencies that utilizes an outsourced model of programmatic monitoring. Appendix B includes the case review sample size by lead agency for each quarter. The Department's Central Office compiled the data by first calculating the total number of yes and no responses for each item number. This data was rolled up to the outcome level and then divided by the total number of yes responses to obtain compliance percentages for each CBC for the 1st and 2nd quarters. The 1st and 2nd quarter totals were then combined to obtain a 6-month roll up of compliance for each CBC. All CBC lead agency totals for first and second quarters were then summed to obtain compliance at the statewide level for each outcome. (For a detailed explanation of the strategy used by the Department to calculate the quality of service findings see Appendix B). The data compiled by the Department was shared with the USF/FMHI research team for analysis and reporting.

Limitations

The case review data used in the current findings was self-reported by the Community-Based Care lead agencies. Even though the Department of Children and Families' Contract Oversight Unit conducts an annual review and validation of the lead agencies' Tier 1 data, referred to as Tier 2, this data was not used in the reporting of the quality assurance data. The compliance rate at a statewide level and CBC lead agency level was analyzed for the seven Child and Family Service Review overall outcome measures and to some degree, the items that comprise each outcome. Analysis was not completed at the sub-item level to determine the specific aspects of the case review findings that are driving the compliance rates. Furthermore, each CBC lead agency is given the flexibility, using the CFSR guidelines, of developing its own quality assurance case review tool that is reviewed and approved by the Department. Some lead agencies adopted the Child and Family Services Review tool, some lead agencies modified the tool, and others developed their own tool. The consistent component is the seven safety, permanency, and well-being outcomes. However, the actual case review items used to arrive at the compliance percentages for each outcome may vary by lead agency.

Findings

The compiled findings for July 2006 through December 2006 from the Community-Based Care lead agency case review data indicate that on a statewide level, none of the goals for any of the seven outcome measures for the domains of permanency, safety, and child and family well-being were achieved. The statewide and federal standard of performance is 95% compliance on each outcome and item. Statewide performance ranged from a high of 87.6% on Safety Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate* to a low of 58.26% on Well-being Outcome 3: *Children receive adequate services to meet their physical and mental health needs* (see Figure 12).

Figure 12. Community-Based Care Quality Assurance Findings July 2006-December 2006 Statewide by Outcome
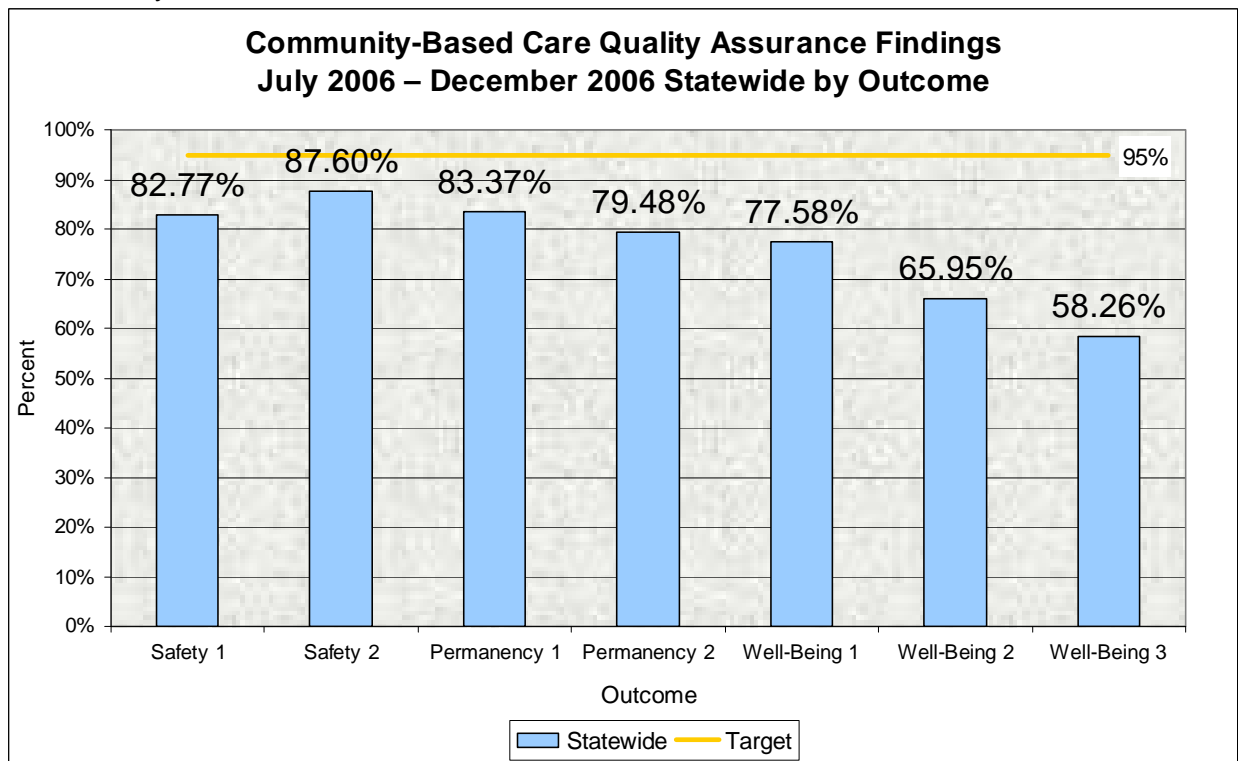
Although the state as a whole did not meet the performance targets, several CBC lead agencies did meet the performance target for two of the outcomes (see Appendix B). Nassau County Board of County Commissioners and Sarasota Family YMCA-South exceeded the 95% target on Safety Outcome 1: *Children are, first and foremost, protected from abuse and neglect*, and at 92.50% compliance, Child and Family Connections, Inc., was close to meeting the goal. This outcome evaluates the agency's ability to keep the child safe from repeat maltreatment as indicated by case review. Three lead agencies, Community Partnership for Children, Inc., Child

and Family Connections, Inc. and CBC Brevard, Inc., exceeded the performance target for Safety Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate*. This outcome focuses on an agency's success at providing services to a family to protect a child in the home, preventing removal and assessing the child's risk of harm on an ongoing basis. Six other lead agencies -- CBC of Seminole, Inc., United for Families, Inc., Big Bend Community Based Care-West, Family Support Services of North Florida, Inc., and Sarasota Family YMCA-North and South -- reported a compliance rate of over 90% on Safety Outcome 2. None of the CBC lead agencies reached the 95% compliance rate for Permanency Outcome 1: *Children have permanency and stability in their living situations* or Permanency Outcome 2: *The continuity of family relationships and connections is preserved for children*.

Child and Family Well-Being Outcome 1: *Families have enhanced capacity to provide for their children's needs*, was not met by any of the CBC lead agencies; the statewide performance rate was 77.58%. Even though the target was not met for the overall outcome, six of the lead agencies-- Big Bend Community Based Care, Inc. West and East, Nassau County, YMCA-South, HKI, Child and Family Connections, Inc., and Community Partnership for Children, Inc. -- reached the target rate for Item 19: *Worker visits with child.* Four other lead agencies achieved above 90% compliance on this item (Family Support Service of North Florida, YMCA-North, CBC Brevard, and United for Families, Inc). This item reflects the percentage of cases reviewed in which a minimum of monthly face-to-face home visits occurred between the case manager and the child and that visits focused on issues pertinent to case planning, service delivery, and goal attainment. Only Child and Family Connections, Inc. reached the target for Item 18: *Child and family involvement in case planning*. None of the CBC lead agencies reached the 95% compliance goal for Item 20: *Worker visits with parent*. This item indicates the percentage of cases reviewed in which a minimum of monthly face-to-face home visits occurred between the case manager and the parents and that the visits focused on issues pertinent to case planning, service delivery, and goal attainment. The statewide compliance rate for this item for the first two quarters of FY 2006-2007 was 66.49%. Children's Network of Southwest Florida and Big Bend Community Based Care, Inc. - West, achieved the highest compliance rate at 81% based on the case review data.

None of the Community-Based Care lead agencies were able to reach 95% compliance for Child and Family Well-Being Outcome 2: *Children receive appropriate services to meet their educational needs* (statewide compliance rate 65.95%) or Outcome 3: *Children receive adequate services to meet their physical and mental health needs* (statewide compliance rate 58.26%). Only one lead agency, Community Partnership for Children, Inc., achieved above 80%

compliance on meeting the educational needs of the child. Two CBC lead agencies, Hillsborough Kids, Inc. and Children's Network of Southwest Florida, achieved above 80% compliance on the mental health of the child component, although the statewide rate was 56.38%. The physical health component compliance rates ranged from 33.58% to 77.13% and the statewide compliance rate was 59.18%.

Discussion

The lead agency case review findings for July 2006 to December 2006 indicate that overall the state did not achieve the state and federal targets for compliance on the Child and Family Services Review indicators for permanency, safety, and child and family well-being. These data, as compiled by the Department, indicate that the Community-Based Care lead agencies were most successful on the outcomes of permanency and safety. Statewide, the agencies achieved a compliance rate of above 80% on Safety Outcome 1: *Children are, first and foremost, protected from abuse and neglect*, Safety Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate* and Permanency Outcome 1: *Children have permanency and stability in their living situations*. Furthermore, two lead agencies achieved the state and federal 95% compliance standard for Safety Outcome 1, three lead agencies exceeded the standard for Safety Outcome 2, and six lead agencies reported above 90% compliance on Permanency Outcome 1. Based on the case review data, Child and Family Well-Being outcomes received the lowest levels of compliance. Further analysis needs to be completed at the lead agency level using the specific items that comprise each of the permanency, safety, and child and family well-being outcomes. This will allow a determination of the factors that are preventing the lead agencies from achieving the state and federal Child and Family Services Review compliance standards. The Department is currently in the process of redeveloping its quality management system. It is recommended that as a part of the new system the Department and the Community-Based Care lead agencies include quality assurance monitoring procedures and program improvement plans that are reflective of practice, are consistently applied across lead agencies, and lead to change in child safety, permanency, and well-being practices and compliance with state and national standards.

Family Engagement and Collaboration

The previous quality evaluation consisted of an examination of CBC lead agency staffing procedures and lead agency efforts to engage families in the service planning and provision process. The findings from that earlier evaluation indicated an increase in the efforts of the lead agencies to promote family engagement through the use of family conferencing models and case staffings and an increase in the number of staffing mechanisms that promote interagency collaboration (Vargo et al., 2007). While the policies and actions of the lead agencies are critical to the success of Florida's Community-Based Care, the system is comprised of other entities that need to be considered when evaluating quality of service. In an effort to include additional stakeholders in the evaluation process, the research team identified two critical components of the child welfare system, Child Protective Investigations, usually the first point of contact for a family involved with the child welfare system, and Florida's Dependency Courts, the system that makes the legal decisions concerning a child's safety, permanency, and well-being. Various data collection activities were utilized to identify family engagement and interagency collaboration strategies used by Child Protective Investigators and the Courts, including focus groups, interviews, and shadowing activities. Additionally, the evaluation describes the perspectives of these two stakeholder groups concerning factors affecting service provision in the current child welfare system.

Family engagement is accepted as an essential element of best practice when providing child protection services to families. *Child Protective Services: A Guide for Caseworkers* (DePanfilis & Salus, 2003, p.10), a publication of the U.S. Department of Health and Human Services, discusses aspects of family engagement. It states, "Child Protective Services (CPS) must engage families in identifying and achieving family-level outcomes that reduce the risk of further maltreatment. Whatever a caseworker's role, he or she must have the ability to develop helping alliances with family members. CPS caseworkers need to work in ways that encourage clients to fully participate in assessment, case planning, and other critical decisions in CPS intervention." A review of the literature, however, does not reflect that specific family engagement strategies of child protective investigators have been defined or examined. Only more recently has research begun to look at how parents involved in the child welfare system define satisfaction with the system (Kapp & Propp, 2002). Through the analyses of focus group data collected from parents of children in foster care, Kapp and Propp (2002) identified five themes related to a parent's level of satisfaction with the child welfare worker. The themes include communication, availability, parent/caregiver involvement, respect, and caregiver rights. In a similar effort, Yatchmenoff (2005) defined the domains of receptivity, buy-in, working

relationship, and mistrust as indicators of client engagement in non-voluntary child protective services among parents and caregivers referred for child abuse or neglect.

The current evaluation helps to identify, from the perspective of Child Protective Investigators and Dependency Court Judges and personnel, strategies used in Florida's system to engage families in the various stages of the child protection process. In addition to engagement and collaboration strategies, stakeholders identified external influences that have the ability to impede any successful strategies used in the various stages. These stages include initial contact, assessment, court hearings, referral for services, and the transition from Child Protective Investigations to the CBC lead agencies. Appendix C, Case Flow Process and Court Hearings and Petitions, used in Florida's Child Welfare Pre-service Training Curriculum (Florida International University, 2007), illustrates the potential points of contact that a family has with the child welfare and court system and the multiple levels of decision making that exist throughout the entire system.

Methods

A qualitative data collection process was used to gain the perspective of Child Protective Investigations and Dependency Courts concerning family engagement and interagency collaboration. Four focus groups were completed with Child Protective Investigations (CPI) staff including investigators, supervisors, and training coordinators. Additionally, two separate Child Protective Investigator shadowing episodes were completed, in which a research team member accompanied an investigator during work activities for a six-hour time-frame. The CPI focus group participants were located in rural and urban service areas including Department of Children and Families and Sheriff's Office investigations units. One focus group was conducted with Dependency Court Judges and court personnel and one individual interview was conducted with a Dependency Court Judge. The Dependency Court participants were located in two judicial circuits. Data collection was completed between June 2007 and October 2007. All focus groups and the interview were audio-recorded and transcribed. Process notes were written by the two research team members who participated in the CPI shadowing activity. Content analysis of the transcripts was completed to identify themes within the data. These themes are reported in the findings below. Document review was also completed of Florida Administrative Codes, Florida Statutes, and Child Welfare Pre-Service Training Curriculum materials to establish context and supporting information for the data provided in the transcripts.

Findings

The focus group, interview, and shadowing data collected by FMHI offered the opportunity to gain the perspective of Child Protective Investigations staff and Dependency Court Judges and court personnel concerning the strategies used by them to engage families in the investigations and child protection process. These stakeholders also shared their views more generally about Florida's child welfare system and the components that they find to be important for successful service delivery and ultimately child and family safety, permanency, and well-being.

Family Engagement Strategies

Child Protective Investigator's Time

One major theme that was captured throughout the data collection activities surrounded the availability of time for those staff engaged in the child welfare system. Even though the amount of time that a worker spends with a family can affect the successful use of family engagement strategies, the Child Protective Investigator participants made it clear that they do not have the luxury of spending unlimited time with families. The investigators consistently reported that although the actual amount of face-to-face contact with a family is case dependent, the majority of the families are seen one time, during the initial investigation visit. However, the initial visit is time-consuming and comprehensive; it is meant to gather all pertinent information about the family and their situation. As explained by a participant, there are strategies that are used to maximize CPIs time with a family, "You can't just be in and out of that house, I saw them and then leave, you have to be with them how ever long it takes for them to tell you, this is what is happening, this is the history. You have to listen to them, because if not, you are not going to have a positive impact on them at all." Child Protective Investigators that participated in shadowing indicated that if an investigator remains focused on the investigation tasks of completing a safety assessment and taking necessary actions based on the assessment, then the amount of time needed per family does not negatively impact the investigations process. For those cases in which a Child Protective Investigator thinks that the investigation process would be better served by return visits, some expressed frustration that if too much time is spent with one family, then other tasks may not be completed.

Changing Caregivers' Perceptions and Keeping Families Together

A consistent strategy expressed by the Child Protective Investigations staff is changing the parent or caregiver's perception about investigations. This strategy is connected to the

overall philosophy of child welfare expressed by the Child Protective Investigators and Dependency Court Judges, which is that children are removed from their families only when no other options are adequate to protect them from abuse and neglect. This philosophy includes making assessments based on an ecological perspective. The focus group and shadowing data clearly revealed that the overall strategy of the child protective investigator is to assess a family's situation within a larger context that includes social environment, child and parent characteristics, culture, and family history. A CPI explained, "My position comes with the idea that we are here to take your kids. I think once you get them to start trusting you a bit and let them know that you are not there just to take their children, but you are there to help the family, that is when I think they become more comfortable with you and are likely to let you into their home, when they don't feel so threatened."

While discussing the process that occurs when a child needs to be sheltered, a CPI supervisor stated, "If one of my PIs removes a child, I know that there is nothing else that can possibly be done." Similarly, an investigator stated, "It is important that when you go into the home they understand that you are there not to take the kids, but to help them. That is why, as far as implementing services, you would ask them what is it that you need, or what is it that you are willing to do. Based on what they need you can say, we have this program or that program and we would rather help you, we are not here to take your children because that is automatically what they think upfront." As summarized by one participant, "if you don't have any other means to make sure that child is safe, then you go that alternate route, but the first goal is to try to maintain the child in the home and make sure the child is safe and then as a last resort, take the child out of the home."

Caregiver Involvement in Decision Making

The focus group and shadowing participants made it clear that they attempt to involve parents in decision making throughout the investigations process. Even when the decision is made to remove a child from the home, the CPI's emphasized that they make an effort to provide parents with different options and parents are offered the opportunity to make decisions about their child's placement. As one investigator points out, "We are reassuring the parents and involving them in helping me make choices. Where would you like me to place your child, do you have a relative, grandma, grandpa, auntie, friend, someone, so that they have some type of participation in this out of control situation, so you still have some cooperation, because I still have to work with her, I still have to work with him." As the participants pointed out, when CPIs are charged with removing the child from the home, they make valid attempts to include

the parent in the decision-making. This is one strategy used to engage families and sustain engagement throughout the process of achieving permanency for the children involved.

Overall, the participants emphasized attaining the parent's input concerning the family's needs and appropriate services. However, the extent to which this happens seems to vary. Some Child Protective Investigators described the process to be a collaborative needs assessment process and others seemed to rely more on their own knowledge and perceptions of a family's needs and appropriate services.

Personality and Attitude

Several participants in both the CPI and Dependency Court focus groups reported that the personality and attitude of the CPI worker was an important aspect of the family engagement process. Child Protective Investigations participants expressed several personal factors that aid in the process of child protection. These factors included the ability to establish rapport, the ability to problem solve in the moment, the ability to diffuse a parent's initial negative reaction to the onset of an investigation, and the use of non-judgmental and respectful interactions with parents. Dependency Court focus group participants made similar statements about the preferred attributes of judges. One participant stated, "I think that the Judge's personality can have a huge impact on whether or not things get done and whether the parent cooperates or refuses to cooperate. I know that there are judges and the parents leave screaming and yelling…and the same parent with a different judge may leave at least calm and docile and thinks that the Judge has given them a way of fixing the problem."   These participants made it clear that they use an array of techniques to establish rapport with the families, however, they believe that this is only possible when the person working with the family possesses certain personality characteristics, including respectfulness, professionalism, and the ability to problem solve under pressure.

Interagency Collaboration

The focus group and shadowing data shows that interagency collaboration is happening to varying degrees in different service areas. In some areas, it was reported that Child Protective Investigations works closely with the CBC lead agency and community providers on a daily basis. Some CPI units and lead agencies are co-located to facilitate collaboration and have various meetings to discuss case specific diversion and intervention strategies. Alternatively, some investigators in other areas expressed feeling isolated from services and the lead agencies. Based on the focus group discussion, very little, if any, face-to-face contact

happens between child protective investigators and CBC lead agency staff in such areas. Even in areas where the CPI staff and CBC staff seem to be working collaboratively, some communication issues still exist. Child Protective Investigations staff recommended that staff at all levels should be involved in the development of the working agreements between Investigations, the Community-Based Care lead agencies, and other partnering community agencies. The participants expressed that if these agreements considered the input of the direct field staff and supervisors, instead of only upper level management, they would be more useful in resolving collaboration issues. Dependency Court participants reflected that they see their role as increasing accountability in the system. One participant stated, "if they have not filed case plans, petitions, or home studies, we red flag them for the judge so that when she has the next hearing, and wants to know what is happening and the Judge will order them in ten days to get it together." It is evident that interagency collaboration is extremely important for all those involved in the child welfare system; however, it is clear that agencies are not communicating effectively in some localities.

Early Services Intervention Staffing (ESI)

When Child Protective Investigations refers a family to Community-Based Care services, the CPI agency and the lead agency hold a meeting typically called the Early Services Intervention Staffings, or ESI Staffing. The intent of an ESI staffing is to gather all interested parties to participate in a collaborative effort to make the most informed and beneficial decisions concerning services for the family, case planning, and possibly moving a child into out-of-home care. However, focus group participants made it clear that this does not always occur. For example, it was said that in some areas the case manager attends, but in other areas, a case manager may not have been assigned yet and a supervisor or administrative representative of the lead agency attends. As a result, there is limited collaboration. As expressed by a focus group participant, "A lot of information gets lost and we think in the transition of the case from everybody that was here to the case manager. It would just be helpful if that person was here and we could relay all of our information to them because it takes a lot of time to read our notes and that probably doesn't ever really get done."

In some areas, it was emphasized that the child's parent is routinely invited to the case transfer staffing and in other areas, it is not common practice to invite the parent. Traditionally, the ESI staffing was seen as an administrative meeting to serve the purpose of transferring the case from investigations to services and therefore, not an appropriate meeting for parents to attend. This attitude seems to be shifting, but it is unclear how many service areas actually

include the parents of a child in the ESI staffing or similar type staffings. A Child Protective Investigator with the experience of parents attending staffings shared his perspective on the benefits of inclusion, "It is definitely helpful because then they know what is going on. A lot of times even though you do your best to explain to them what is going on from here and the court proceedings and the actions that are taking place, they are still confused. They don't really understand, so when you come together and bring them to the staffing, they understand what services are being offered to them."

According to one participant, inviting the parents can positively impact subsequent caregiver engagement with service providers: "Part of the reason for following up and participating with our parents …is to show that side that is not on paper. You have seen another side to that parent …and I want others to see that yes, this was bad, but there is another side to this person that we can reach outside of that bad part that is right here on paper. It is helpful for the agencies because you don't want them to go in with blinders on, just seeing what is in black and white, but they are able to go in and say I can work with them and they can build that same rapport." As reported, the CPIs place value on the ESI staffings, but noted a few issues with the way ESI staffings are conducted. In some instances, key staff members are not included in the meeting, including lead agency case managers. Instead, the majority of attendees are administrative staff who focus primarily on fiscal issues. Finally, policy and practice are inconsistent concerning the inclusion of parents and caregivers in the ESI staffing.

Diversion Staffings

Two districts that participated in the focus groups have a diversion staffing process in place. The goal of the diversion staffing is to prevent a family from requiring a referral to formal child welfare services through the lead agency. Families that are eligible for diversion staffings have been determined by CPI as not needing Voluntary Protective Services through the lead agency in order for the child to be safe in the family environment. Through the process, provider agencies in the community will come together with Child Protective Investigations and the CBC lead agency to discuss the most appropriate services to meet the needs of the family. Ideally, it is decided at the staffing that a particular agency or agencies will accept the family for services.

Based on the feedback of the Child Protective Investigators, several factors need to be in place for this process to be successful. As reported by the participants, it is essential that the diversion services are appropriate to meet the needs of the family and be available in the community. Additionally, staff needs to follow up to ensure that the family received the services

agreed upon in the diversion staffing. Overall, the CPI participants expressed mixed opinions about the effectiveness of diversion staffings. Some investigators expressed frustration that the professionals being brought together for the diversion staffings do not necessarily have the knowledge of local services that could make the process more helpful. Overall, the CPIs expressed that the intent of the diversion staffings is important and useful when trying to prevent children coming into care. However, there were a few issues identified, including the lack of services, lack of knowledge about services available in the community, and the need for follow up concerning a family's participation in recommended services.

Resource Specialists

The role of the Resource Specialist was identified by focus group and shadowing participants as a strategy that is used by some Community-Based Care lead agencies to enhance collaboration with Child Protective Investigations and improve prevention efforts. Resource Specialists are employees of the lead agency that are typically co-located with Investigations staff and seen as the liaison to services. The Child Protective Investigations participants expressed satisfaction with the Resource Specialist strategy. One participant explained, "Their job is prevention. …we have an active unit who want to prevent kids coming into foster care and I believe that in the last couple of months that has succeeded in lowering the amount coming into care. They are more than willing to assist the investigators with any community services." However, it was noted that the success of the Resource Specialist is limited by the services available in the community. Additionally, a supervisor said that since the role of a Resource Specialist is new, Investigators are still getting use to the concept and may be underutilizing the Resource Specialists. Overall, the participants located in areas that utilize Resource Specialists identified this as a strength of Community-Based Care.

Provision of Services

Abuse and Neglect Reporting

The Department of Children and Families operates the Florida Abuse Hotline, 1-800-96ABUSE, the central reporting entity responsible for the intake and processing of allegations of abuse and neglect. Participants from every focus group indicated that inefficiencies of abuse and neglect reporting and processing in the state have a negative effect on the child welfare system. The inefficiencies of the abuse hotline from the perspective of the CPI staff included inadequate screening by the abuse hotline personnel, a protocol that requires redundant reports

for an abuse allegation, and unnecessary reports made by mandated reporters[1]. These issues were attributed to adding burdens to the workload of Child Protective Investigators while taking away resources for families that are truly at risk. Investigators stated that investigations related to inadequate screening and what are, in their opinion, unnecessary reports sometimes make up a large part of their caseloads. It was suggested that mandatory reporters receive more training about the definitions of abuse and neglect and abuse hotline workers need to have a more efficient screening process. It was believed that the efforts named above would increasingly benefit the child protective system.

Lack of Services/Access to Services

The overall emergent theme in two of the focus groups was that the level of services available to families referred for allegations of abuse and neglect in the areas in which the participants are working is inadequate and insufficient. It is important to note that some participants acknowledged that services have not always been scarce; in fact, some say that services were adequate a few months ago and they are not sure what caused the loss of services. When the participants were asked why the decrease in services has happened, one explained, "We were just told budget cuts, we were just told they ran out of money and budget cuts." Furthermore, some attendees purported that before the transition to CBC, there were a myriad of services available. Specifically, it was reported that services were not readily available to families who were not deemed as high risk. One participant explained, "…right now the only thing we have that (provides immediate service to families) is CRT, the Crisis Response Team will go in very quickly. CRT is supposed to be high risk and not every case we come across is high risk, but there are several cases that are low risk and they need help and they need things resolved. "

As described by a participant from an area with limited resources, "The parenting program that we use, the CBCs also use and they only have a certain number of spaces. …we might need 100 spaces because we have hundreds and hundreds and hundreds of cases on a yearly basis, so we have to pick and choose who are the most worthy and then they go on a waiting list. The waiting list can be three to four months out and we have already closed our

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[1] Florida Statutes, Ch. 39 Proceedings Relating to Children defines a mandatory reporter as, "Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare." However, typically mandatory reporters are thought of as people in occupations that are required by Florida Statute to provide their names to the hotline. These include professionals in the fields of physical and mental health care, spiritual healing, school personnel, social worker, child care, foster care, residential, or institutional worker, law enforcement officer, and Judge.

cases and have no way of knowing if the services start. They contact the family and the family says no, I am not going to do that because it is 3 months later and nobody has done anything. You didn't think it was important when we had the case open, so no, we are not doing it now. So we refer and we say we refer, but we don't ever start any services."

As the first point of contact for a family being referred for allegations of abuse or neglect, Child Protective Investigators require access to community prevention and intervention services. A lack of adequate services was reported as having a critical impact on the success of the investigation process and Community-Based Care. Even in areas in which services were reportedly available, factors such as timely initiation of services and follow up concerning a family's participation with services were identified as important.

Caseload Size/Caseworker Turnover

Investigators consistently reported that caseload size has an impact on their ability to provide adequate family assessments, referrals for service, and follow up to ensure that families are receiving needed services. CPI participants from the one area that reported lower caseloads indicated that they have more time to engage families in the assessment process, which can lead to referrals that are more appropriate. Investigators from areas with higher caseloads reported frustrations about not having the time to follow up with families during the investigations phase. "When you are very understaffed and you are out on a case and you are getting calls because there are more cases waiting on you, it takes away from that particular family, but when you have less cases and are receiving less calls, you can spend more time with the family and we can look at the case."

The impact of worker turnover was identified as also affecting case management services in lead agencies. Case management turnover causes lack of availability of case management to families involved in the child welfare system and results in existing or new case managers who are not familiar with court cases. A Dependency Judge commented, "There are so many obstacles and problems and you know, (the lead agency) has a lot of new people, …who generally aren't as well trained and just don't know how to accomplish certain things and sometimes you have to walk them through it." A Judge located in a different circuit stated, "If it were one parent telling me, I might be a little bit skeptical, but when I have a lot of parents say we don't even know our case manager's name because we were assigned one person and then we have been trying to call that person for days and days and days and they are not responding. Then we are told that that person is no longer here but they haven't given us a new caseworker. We don't know the new name." As mentioned above, caseload and caseworker

turnover are thought to be major factors when considering the success of securing permanency and safety for children in the child welfare system.

Challenges to Service Provision

The Child Protective Investigations and Dependency Court stakeholders consistently mentioned several additional ongoing challenges to the successful provision of services intended to keep children safe and with their families. These include:

- Limited affordable housing
- Family history and cultural norms that enable abuse and neglect
- Socio-economic factors
- Domestic violence
- Substance abuse
- Service eligibility requirements/limitations (i.e. Medicaid)
- Transient populations

Discussion

The family engagement and collaboration component of the quality of services analysis obtained the perspective of two stakeholder groups critical to the success of Florida's system of Community-Based Care– Child Protective Investigations and the Dependency Court. The participants in the focus groups, interviews, and shadowing readily shared their experience of working within the child welfare system. While the findings cannot be generalized to represent all stakeholders in all districts, they can help us understand aspects related to the engagement of parents and caregivers involved in an allegation of abuse or neglect, issues of collaboration between agencies, and highlight factors that can both promote and hinder the success of Community-Based Care.

Child Protective Investigations and Dependency Court participants shared several strategies and important aspects of successfully engaging parents and caregivers. These include: the availability of time to perform comprehensive assessments and engage families, the importance of child welfare staff maintaining a non-judgmental and respectful attitude toward parents, involving the parent in decision-making, changing negative perceptions of investigations held by families, and keeping families together. Two areas of strength in the collaboration between Child Protective Investigations and Community-Based Care lead agencies, which can potentially be expanded, are the use of Resource Specialists and Diversion

Staffings. For collaboration to be effective for families and staff, the agencies providing services to families involved in the child welfare system need to communicate consistently, providing information about a family's needs and strengths and the needs and strengths of the system. Stressors on Child Protective Investigations staff are primarily caused by not having the resources and supports to perform the tasks of the job, including emotional supports. Furthermore, services in a community need to be readily accessible to the people in need of them. This includes the Child Protective Investigator, who is the initial point of contact for a family and provides an opportunity to receive assessment and services that can potentially keep a family intact. Caseload size for CPIs and turnover among lead agency case managers were also reported as factors that negatively impact the ability of these staff to perform their job effectively and efficiently.

Further evaluation needs to be completed with Child Protective Investigations and Dependency Courts in circuits throughout the state to determine the extent to which the strategies and issues reported in the findings are occurring in other areas. The data can be used to address the specific needs of each area and further the dialogue about how to implement a complete system of care that is most likely to ensure the permanency, safety, and well-being needs of children and families.

Policy Recommendations

- Working agreements between the Department of Children and Families, Community-Based Care lead agencies, Sheriff's Office Child Protection Investigations and all partnering agencies should be developed with input from field staff including case managers, child protective investigators, and direct supervisors. The working agreements should explicitly detail the responsibilities of each system partner to ensure that each entity is fulfilling their responsibilities when children and families are involved in the child protection system.

- As the first point of contact for a family with the child welfare system, Child Protective Investigations needs to have either direct access to prevention services and resources including basic interventions such as flex funds, family support workers, and daycare or easy access to the Community-Based Care lead agency resources. The lead agencies should facilitate the process of linking families to prevention services.

- The Department of Children and Families and Sheriff's Offices should review the caseload size of all Child Protective Investigations units to ensure that they are within recommended guidelines. Child Welfare League of America recommends 12 active cases per month. (CWLA, 1999)

- Child Protective Investigations and Community-Based Care lead agencies should develop consistent policies and practices about involving parents and caregivers in case planning staffings including Early Services Intervention and Diversion staffings.

- Further investigation of the usefulness of Resource Specialists and Diversion Staffings should occur and consideration given to expanding the availability of these strategies.

- Follow up communication between the Child Protective Investigator and the assigned services Case Manager should occur during or after the Early Services Intervention or similar staffing to transfer a family from investigations to services and before the closing of the investigations case.

Placement of Children in Licensed Residential Group Care

Introduction

The purpose of this section is to provide an annual update on the status of the Licensed Residential Group Care Program and Model Comprehensive Residential Services Program. Specific areas addressed include the number of children who are eligible to be assessed for placement into residential group care, the number who are assessed and placed into care, and the number who are assessed but not placed into care. In addition, this report provides information about challenges experienced by lead agencies attempting to place children in appropriate residential group care settings. This section also identifies practices and programs that the lead agencies have implemented that are utilized to serve these children to prevent placement moves. Further, the evaluation includes a brief overview of the status of Model Comprehensive Residential Services Program, specific to the Manatee Model Program and Comprehensive Residential Group Care Services Program (CRSP). The data used in the present report were collected through a collaborative partnership between staff from the Louis

de la Parte Florida Mental Health Institute and Florida's Department of Children and Families (DCF), as required by the Florida Legislature Section 39.523(5)(a) that specifies:

> By December 1 of each year, the department shall report to the Legislature on the placement of children in licensed residential group care during the year, including the criteria used to determine the placement of children, the number of children who were evaluated for placement, the number of children who were placed based upon the evaluation, and the number of children who were not placed. The department shall maintain data specifying the number of children who were referred to licensed residential child care for whom placement was unavailable and the counties in which such placement was unavailable.

As of July 2006, the funding mechanism for comprehensive residential group care (632/1214 funding) has changed, such that dollars are no longer delivered and monitored by the Department as a separate funding stream outside of the regular residential care dollars provided to all lead agencies. Therefore, in this fiscal year (FY06-07), the responsibility for addressing the placement challenges that have been identified in this and previous reports has shifted from the Department to the lead agencies.

This elimination of a specialized funding stream for comprehensive residential group care services was expected to result in a parallel elimination of the specialized monitoring requirements for youth with extraordinary needs (s. 409.1676, F.S.), although the welfare of these youth and all youth in the care of lead agencies continues to be monitored as part of the yearly Community-Based Care evaluation.

The original legislation providing for this mandatory assessment arose out of concern by the Legislature that certain subgroups of children were experiencing extraordinarily high numbers of foster care placements (up to 10 per year for some children), which compromised the academic performance, interpersonal relationships, and mental health of these children. Licensed residential group care was envisioned as an underutilized avenue for introducing stability into the children's lives. These licensed programs, including residential treatment centers, specialized therapeutic group homes, behavioral health overlay services beds, and comprehensive (also referred to as enhanced) residential group care (632/1214 funding), are intended to provide an array of supportive services to these children. This service array may include case management, transportation, behavioral health services, recreational services, educational services, and/or independent living services. Lead agencies in the districts providing comprehensive residential group care services are required to meet additional statutorily-defined performance monitoring requirements (s. 409.1676(4), F.S.).

Data Collection

In accordance with the legislative reporting requirements of the residential group care programs, the specific aims of this section are:

1) To report the number of children who were evaluated for placement in licensed residential group care program.

3) To report the number of children who were placed based on these evaluations.

4) To report the number of children who were not placed.

5) To report data specifying the number of children who were referred to licensed residential child care for whom placement was unavailable and the counties that such placement was unavailable.

6) To present the expenditures for Specialized Residential Group Care by district for Fiscal Year 2006-07 and to report the average cost per child per month for this type of care.

Methods

The information included in this report was obtained through two primary sources: HomeSafenet Data and lead agency responses. HomeSafenet Data were used to estimate the number of children eligible for residential group care assessment by county. Specifically, these analyses identified children served during fiscal year 2006-07 who were 1) 11 years or older, 2) placed in family foster care (type of placement/provider = foster home non-relative) for six or more months, and 3) moved more than once (3 or more placements). This information was calculated at the lead agency level and at the county level and is included in Appendix D. Lead agency responses were captured via e-mail survey. Specifically, FMHI evaluation staff contacted lead agency staff regarding residential group care assessment (see Appendix D for the data collection tool). An initial email was sent to the respondents who had provided the data for the previous year's report on residential group care services. These respondents were usually lead agency personnel, but in a few cases were DCF contract managers. If these attempts were unsuccessful, email and telephone contacts were initiated with contract managers and administrators for both DCF and the lead agencies, as needed.

Findings

Of 20 lead agencies, 14 (70%) responded to the data request. As in previous years, several lead agencies reported that they do not systematically track some of the requested data, while others simply left questions blank. Analysis of HomeSafenet data for fiscal year 2006-07 identified a total of 2,355 children who were 11 years of age or older, spent six months or more in non-relative foster home placement, and were moved more than once. These numbers were calculated by county and by lead agency (see Appendix D). It is important to note that HomeSafenet data cannot be used to reliably identify the subset of these children with extraordinary needs. Therefore, the estimates of eligible children generated using these data are likely overestimates of the true number of children eligible for assessment.

Assessment and Placement in Licensed Residential Group Care

Lead agencies were asked to report the number of children assessed for RGC placement in FY06-07. Of the 14 lead agencies that submitted data, there were a total of 1,415 children who were evaluated/ assessed for placement in residential group care. Lead agencies reported the number of children placed in licensed residential group care based on placement assessments was 1,216 children. That is, 199 fewer children were placed compared to the number who were evaluated/assessed for placement (per lead agency self report).

Placement Challenges

As in previous years, lead agencies were forthcoming about the challenges they experience in trying to find appropriate licensed residential placements for children in their communities. Some counties continue to lack local residential beds and need to send children to other counties for treatment. Even counties with local residential services report having to place children out of county when local resources are overwhelmed by increasing numbers of children needing residential placement. Other challenges include constraints placed on the type of children that facilities will admit. For example, one county reported having two RGC facilities, but one is a maternity home and the other does not admit children with behavior problems. These constraints exclude the majority of children with extraordinary needs.

Lead agencies also report difficulty placing certain types of children. Below are the populations most commonly reported to be difficult to place appropriately:

- Children with sexually reactive behavior / sexual offenders

- Children with behavioral problems

- Children with a history of juvenile justice involvement

- Children with developmental delays

- Females, pregnant teenagers, and teenage parents

- Children with elopement histories

Programs and Practices That Have Been Implemented to Prevent Placement Moves

In addition to asking the lead agencies about the children that they were not able to place and about the challenges related to finding RGC placements, they were asked to report any programs or practices that have been implemented in their geographic area to overcome these barriers. Some lead agencies responded with the following practices: Disruption Staffings that are utilized to try to save a placement by putting services in the home, foster home coordinator positions, placement stability staffings where all interested parties are invited at first sign of disruption in placement, respite, behavior analysis, Behavioral health Overlay Services (BHOS), Treating Adolescents Coping with Trauma (TACT), Alternative Education Programs offered through school districts, Life Skills Groups, drop out prevention groups, foster parent liaisons, specialized therapeutic programs, The Mental Health Multidisciplinary Teams, and Utilization Review Specialists.

Funding

Expenditures for Enhanced Residential Group Care services were not available for FY06-07. Therefore, there are no expenditure findings to report.

Model Comprehensive Residential Group Care Services Program

In previous fiscal years, the evaluation of the Manatee Model and the Comprehensive Residential Group Care Services Program (CRSP) was conducted by FMHI via contract with DCF in accordance with Section 409.1679, F.S. During FY05-06 CRSP underwent significant changes. These changes appear to stem from the transition to a Community-Based Care (CBC) model of child welfare service provision, which has effectively shifted the responsibility of ensuring service availability and quality from the Department to the individual lead agencies, with the Department serving in an oversight and monitoring capacity (Vargo et al, 2006).

The philosophical and physical transition from state-operated to outsourced services has been accompanied by parallel fiscal changes that affect the CRSP programs. The funding for

model programs and the comprehensive and enhanced residential services programs have been transferred to the CBC appropriation category. Specifically, the Dade Model program's model status was dissolved as of July 1, 2005 and the Manatee Model status was dissolved as of December 31, 2006. Furthermore, no future CRSP contracts will be issued. Services will continue but since the funding mechanism has changed (i.e., no separate funding stream), the SB1214 monitoring requirements have been removed. As such, the requirements of sections 409.1676 and 409.1677, F.S. (i.e., the performance monitoring requirements) will no longer need to be met by an annual third party evaluation.

Discussion

Overall, both the findings for FY06-07 and the ongoing challenges in obtaining sufficient data were consistent with previous years. Although several (n=14) lead agencies responded to the data request, some had to estimate a subset of the data they submitted. Based on the completed surveys received, it was estimated that a total of 1,264 children had met the criteria for assessment. However, HomeSafenet data showed that 2,355 children were eligible.

As in previous years, lead agencies described several challenges they experienced when trying to find appropriate licensed residential placements for children in their communities. Some counties continue to lack local residential beds and need to send children to other counties for treatment. Lead agencies specifically noted difficulty finding placements for children with sexually reactive behavior and other behavior problems, those with juvenile justice backgrounds, those with elopement histories, mild medical/and or developmental delays, and pregnant or parenting teenagers.

In accordance with legislative mandate, the current report focused on five aspects of licensed residential group care in Florida: the number of children eligible for assessment, the number assessed and placed, the number assessed but not placed, placement challenges, and programs/practices that have been implemented to prevent placement moves. Overall, lead agencies were responsive to the data request. However, as in previous years, approximately half of responding lead agencies were unable to provide complete data because they do not systematically track all of the requested data. HomeSafenet data were analyzed to provide an estimate of the number of dependent children with extraordinary needs, but that system was not designed to track these characteristics. It is apparent from lead agency reports that the Legislature's concern for dependent children with extraordinary needs was not unfounded.

Cost Analysis

Section 3: Research Question	Evaluation Questions
How effective is Community-Based Care at managing all resources and costs efficiently?	To what extent were lead agencies able to spend all available IV-E foster care funding?
	How do expenditures for dependency case management, licensed out-of-home care, adoption subsidies, and State-funded independent living vary across lead agencies?
	How has the rate of out-of-home care spending changed over time?

Introduction

With Community-Based Care in its 11th year of existence in Florida and in its third year since all areas of the State have transitioned to the CBC model, it is an opportune time to begin assessing how the child protective system has evolved under Community-Based Care. While the CBC model was never expected to reduce expenditures for child protective services, it was hoped that the development of locally-designed systems of care would eventually lead to a more efficient and effective use of state and federal resources. In particular, many policymakers anticipated that high performing CBCs would enjoy lower spending on out-of-home care due to reduced lengths of stay and reduced maltreatment recurrence, while spending a greater proportion of funds on in-home, family preservation, and prevention services to reduce the number of children and families in the child welfare system. The implementation of the IV-E Waiver in October 2006 lifted many of the barriers that restricted how federal child welfare funds, which historically have been targeted to out-of-home care, could be used. Although it is unrealistic to expect sudden shifts in spending due to the long time horizon for system change, it is appropriate to assess whether there are small shifts in child protective services spending.

There are two purposes to this analysis: 1) to determine whether the flexibility afforded by the IV-E waiver enabled Florida lead agencies to spend all available IV-E foster care funding, and 2) to compare FY05-06 and FY06-07 lead agency expenditures for the largest and most policy-relevant categories of child protective services spending – dependency case management, licensed out-of-home care, adoption subsidies, and State-funded independent living – to determine if there are noticeable shifts in how child protective services funding is being used.

Methods

Lead agency appropriations and expenditures for FY05-06 and FY06-07 were analyzed for the 20 lead agencies that had a service contract for the entire fiscal year, representing 22 CBC service contracts[2]. Each lead agency's total budget for IV-E foster care funds was drawn from the final version of Attachment II (Schedule of Funding Sources) from each lead agency's FY05-06 and FY06-07 service contracts. FY05-06 and FY06-07 expenditure data were extracted from the Florida Accounting Information Resource (FLAIR)[3]. FLAIR data were combined with expenditure data from the DCF Office of Revenue Management in order to capture expenditure adjustments that were not recorded in FLAIR. The overall difference between IV-E budget and IV-E expenditures (i.e., the budget variance) for each lead agency was calculated. The variance percentage, which is equal to the budget variance amount divided by the budget amount, was also calculated.

Lead agency expenditures for dependency case management, licensed out-of-home care, adoption subsidies, and State-funded independent living were determined by using appropriate combinations of budget entity (BE) and other cost accumulator (OCA) codes[4].

Findings

IV-E Budget vs. IV-E Actual Expenditures

In FY06-07, lead agencies spent all available IV-E foster care funds ($179.6 million) for the first time in the history of Community-Based Care. This is in contrast to FY05-06, when the CBCs underspent their IV-E budget by $1.3 million (0.9%) (see Table 4).

Table 4.

Statewide IV-E Budget vs. IV-E Actuals, FY05-06 vs. FY06-07

Fiscal Year	*Budget*	*Actual*	*Budget variance*	*Budget variance %*
05-06	$ 156,900,373	$ 155,563,594	$ (1,336,779)	-0.9%
06-07	179,633,633	179,633,166	$ 0	0.0%

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[2] The 20 lead agencies represent 22 services contracts (the Sarasota YMCA had 2 contracts for separate service areas in the SunCoast Region, and BBCBC had 2 contracts for separate service areas in District 2.)

[3] Expenses that were incurred during FY05-06 and certified forward were included if paid by September 30, 2006. Expenses that were incurred during FY06-07 and certified forward were included if paid by September 30, 2007.

[4] These codes were determined with guidance from the DCF Office of Revenue Management. The codes used are listed in Appendix E.

Expenditures by Type of Service

Dependency case management continues to represent a majority of lead agency spending in Florida, but the proportion of total expenditures used for dependency case management was lower in FY06-07 than in FY05-06. The CBCs combined used 53.8% of their total contract budgets for dependency case management services during FY05-06 and 47.9% of their total contract budgets during FY06-07. Dependency case management spending ranged from 32.9% to 59.0% in FY06-07 and 43.6% to 65.8% in FY05-06 (Figure 13).

Figure 13. Dependency Case Management (DCM) Expenditures as a Percentage of Total Expenditures, FY05-06 and FY06-07
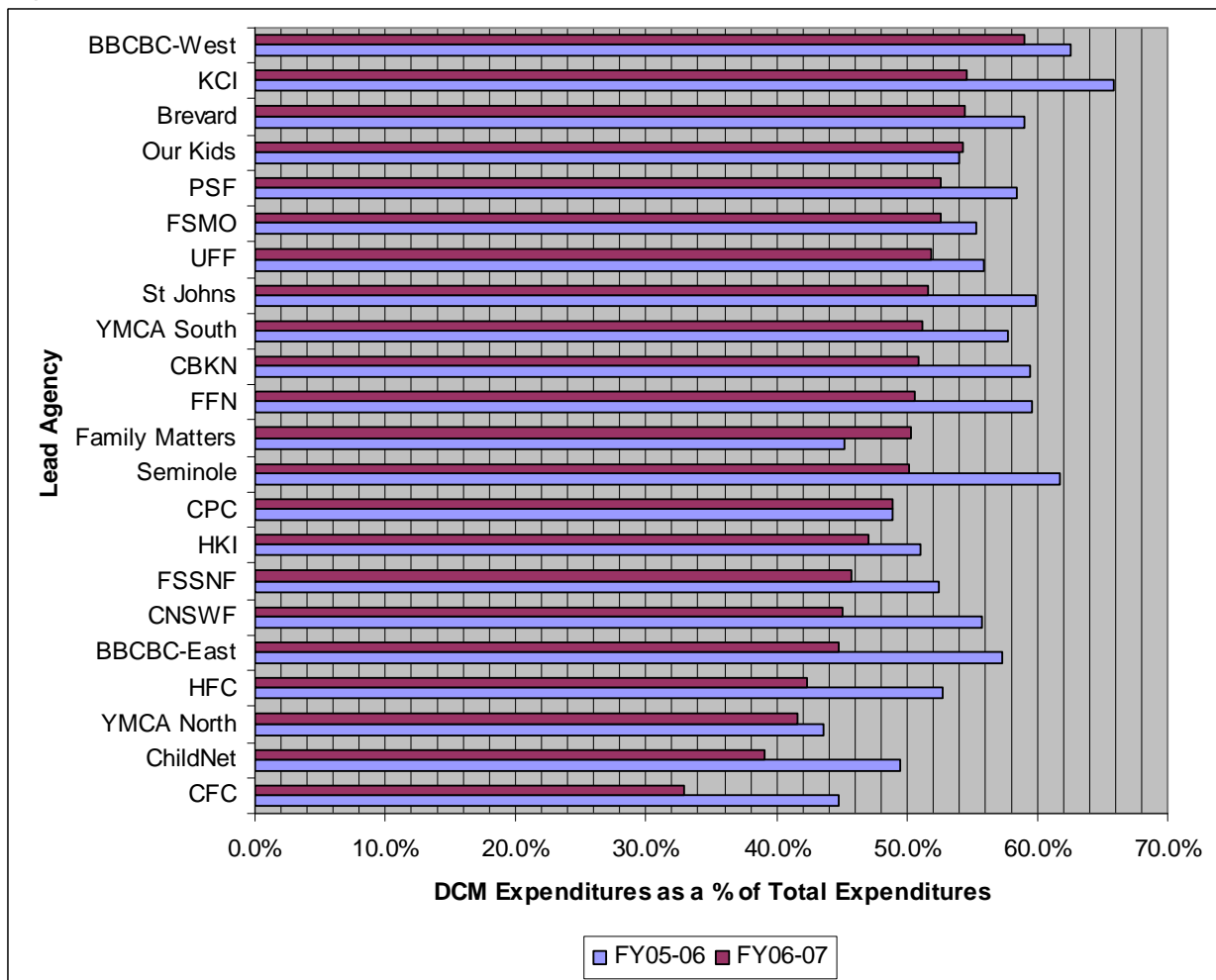
Nineteen of the 22 CBCs had decreases in the proportion of expenditures for dependency case management from FY05-06 to FY06-07. Seven of those 19 CBCs had decreases greater than 10 percentage points. BBCBC-East (-12.6%), CFC (-11.9%), and CBC of Seminole (-11.6%) experienced the largest decreases in dependency case management

spending. Of the 3 lead agencies that experienced increases, only one (Family Matters, +5.2%) had a year-over-year increase higher than one percentage point.

Licensed out-of-home care is the second largest spending category, and the proportion of total dollars used for licensed out-of-home care rose slightly from FY05-06 to FY06-07. Statewide, the proportion of child protective services spending for licensed out-of-home care rose from 25.4% in FY05-06 to 26.1% in FY06-07. Seventeen of the 22 CBCs had year-over-year increases in the proportion of licensed out-of-home care spending, but most of those lead agencies experienced increases of less than five percentage points (see Figure 14). CFC (+9.4%) and CBKN (+7.9%) were the only CBCs to experience large year-over-year increases in licensed out-of-home care spending. Of the 5 lead agencies with year-over-year decreases in licensed out-of-home care spending, only Family Matters (-8.8%) and Our Kids (-7.4%) experienced substantial decreases. Licensed out-of-home care spending in FY06-07 ranged from 15.0% to 38.0% of total lead agency expenditures.

Figure 14. Licensed Out-of-Home Care (LOOHC) Expenditures as a % of Total Expenditures, FY05-06 and FY06-07
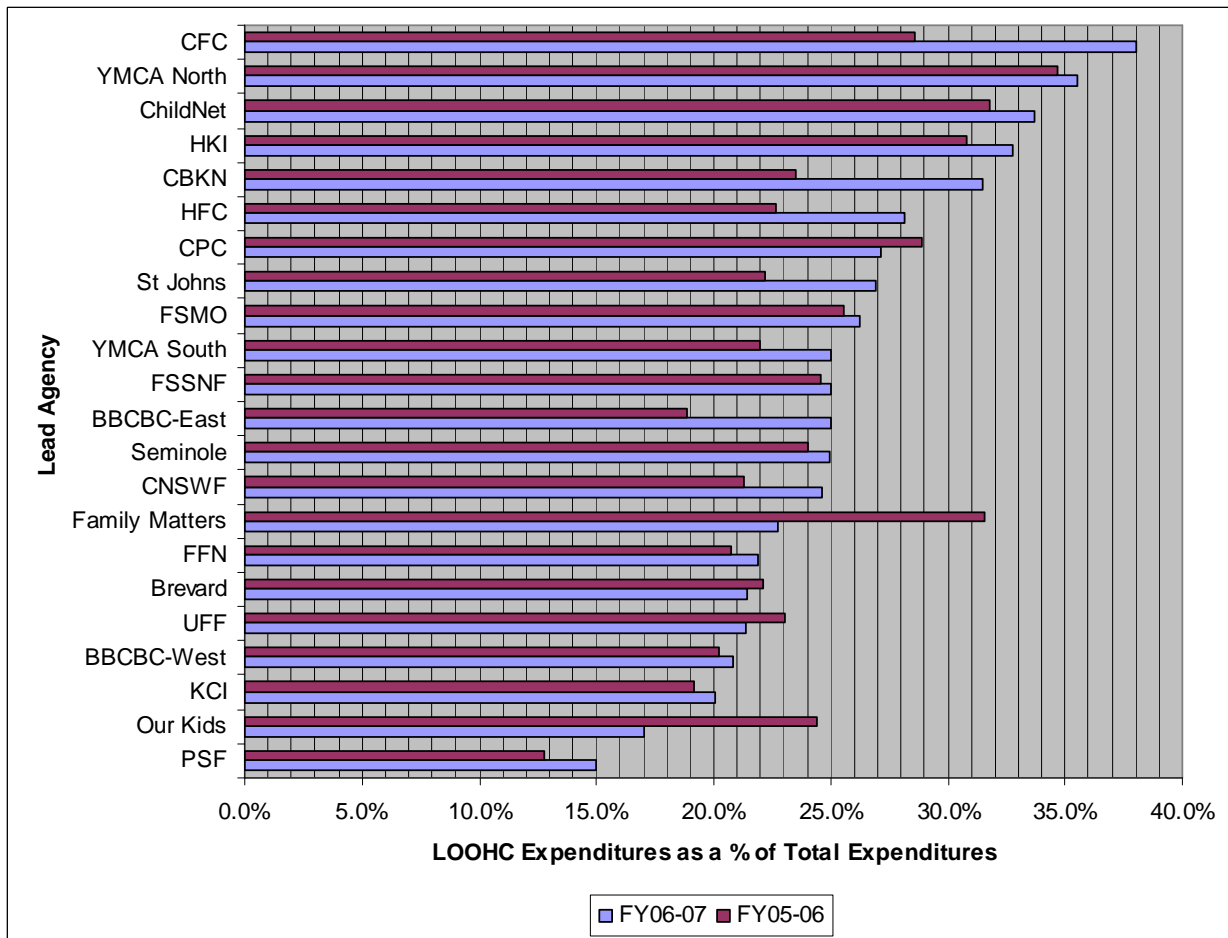
Adoption subsidies represented the third largest spending category for CBCs, and the proportion of total child protective services dollars used for adoption subsidies held almost constant from FY05-06 (13.0%) to FY06-07 (12.7%). As shown in Figure 15, the range of lead agency expenditures for adoption subsidies ranged from 6.6% to 18.5% in FY06-07. Eleven CBCs increased their rate of spending on adoption subsidies, and 10 CBCs had lower year-over-year spending rates for adoption subsidies. All of these changes were small (less than a 3.6 percentage point change, plus or minus); most were fewer than one percentage point.

Figure 15. Adoption Subsidy Expenditures as a % of Total Expenditures, FY05-06 vs. FY06-07
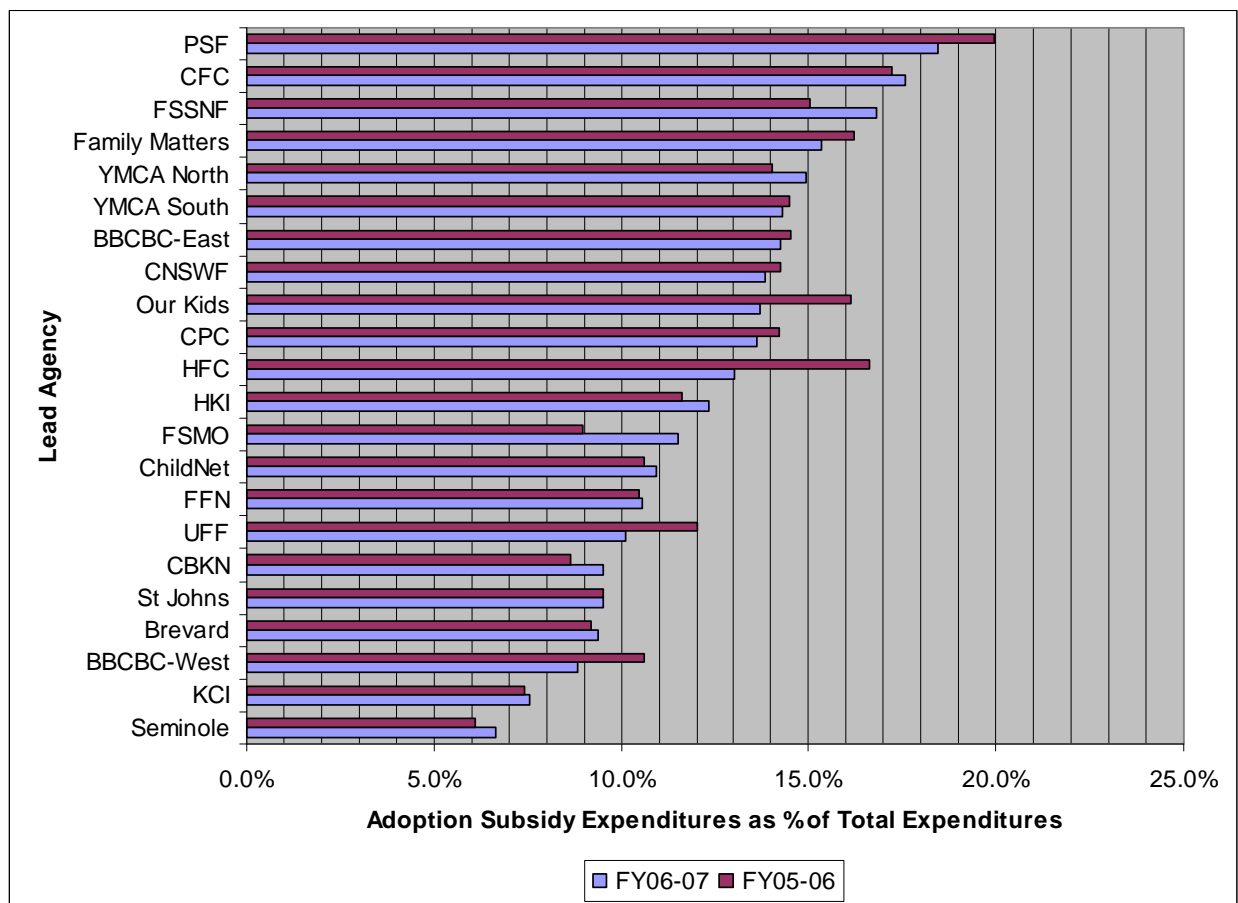
State-funded independent living expenditures represented 1.7% of total CBC expenditures statewide during FY06-07, which was a 0.6 percentage point increase over FY05-06 spending on state-funded independent living. Although this change is small in real terms, it reflects more than a 50% increase in state-funded independent living expenditures year-over-year. State-funded independent living spending in FY06-07 ranged from 0.5% to 3.7% (Figure

16). Eighteen of 22 CBCs experienced year-over-year increases in state-funded independent living; five lead agencies (BBCBC-East, BBCBC-West, CPC, ChildNet, and Our Kids) doubled their FY05-06 state-funded independent living spending in FY06-07.

Figure 16. State-Funded Independent Living (SFIL) Expenditures as a % of Total Expenditures, FY05-06 vs. FY06-07
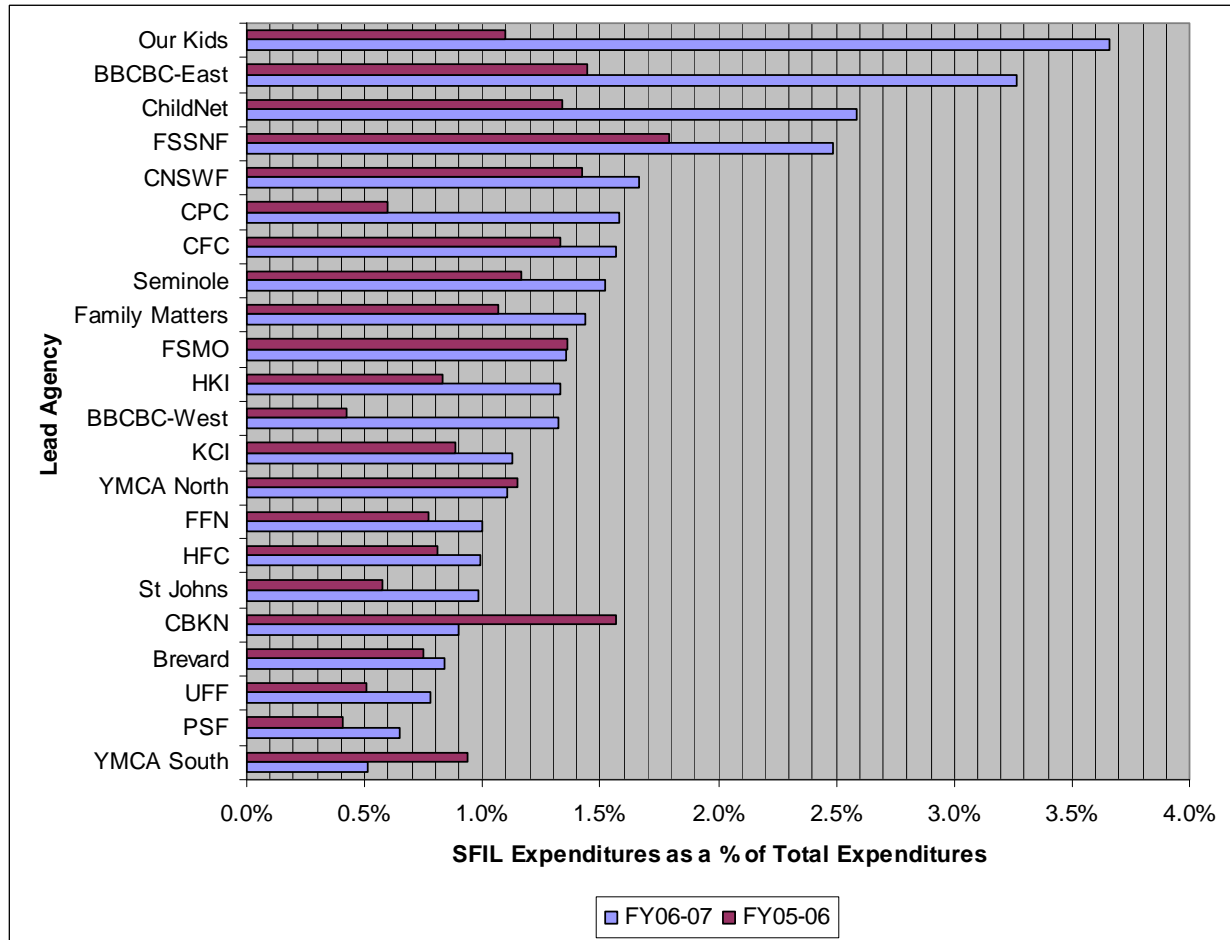
Although also a relatively small portion of the total child welfare services budget, CBCs statewide nearly doubled the proportion of their total budgets used for prevention, family preservation, and in-home services from FY05-06 to FY06-07. Lead agencies statewide spent 5.7% of their total budget on these front-end services in FY06-07, up from 3.2% in FY05-06. Eighteen of 22 CBCs experienced a year-over-year increase in their proportion of spending for prevention, family preservation, and in-home services (see Figure 17). The rate of spending for front-end services more than doubled from FY05-06 to FY06-07 in 7 lead agencies. Seminole, FFN, and CNSWF experienced the largest percentage point increases in spending for

prevention, family preservation, and in-home services. The proportion of spending for these services ranged from 3.2% to 10.2% of total CBC budgets in FY06-07.

Figure 17. Prevention/Family Preservation/In-home Expenditures as a % of Total Expenditures, FY05-06 vs. FY06-07
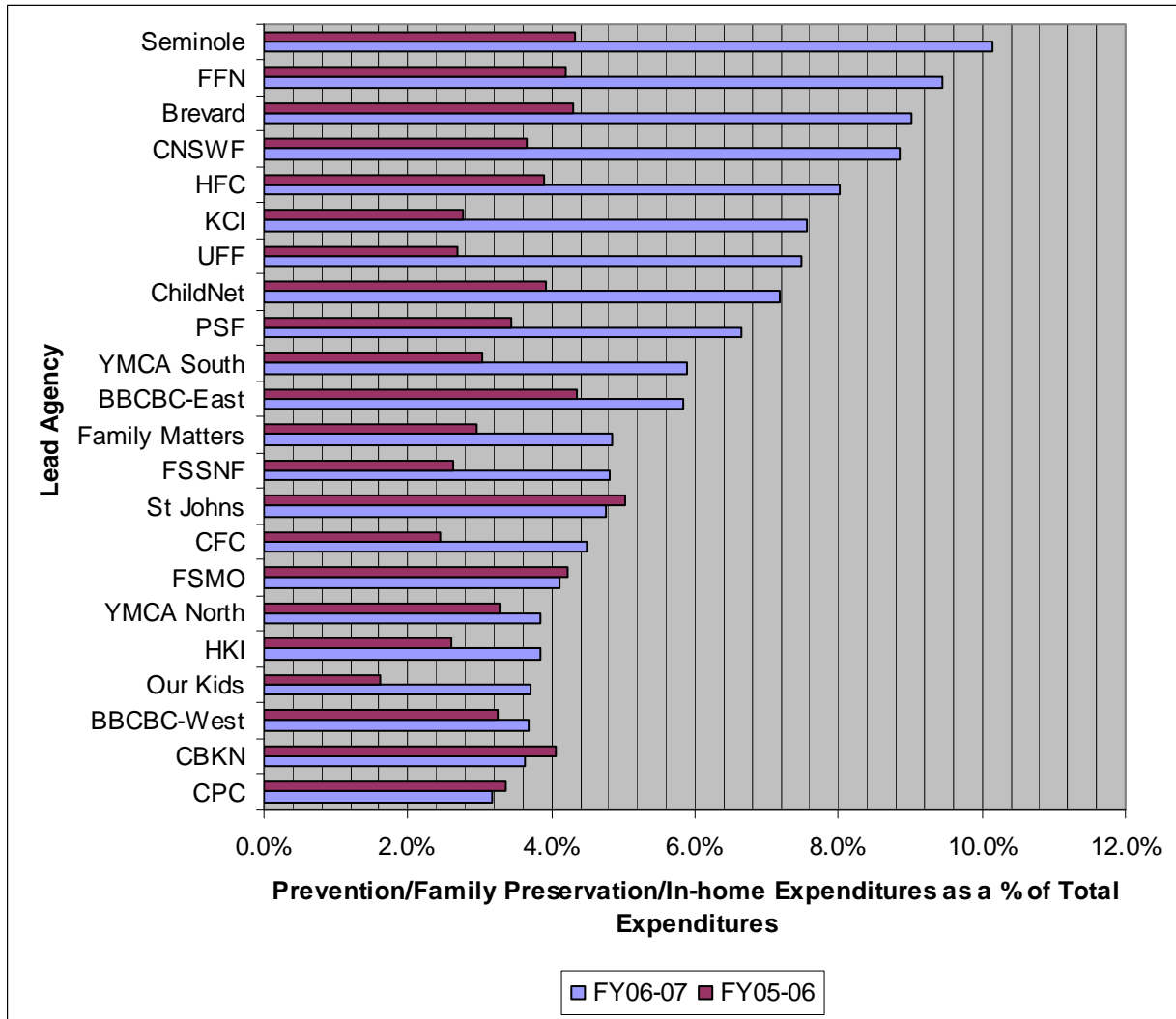
The ratio of out-of-home care spending to spending for prevention, family preservation, and in-home services dropped substantially from FY05-06 to FY06-07 (Figure 18). Statewide, lead agencies spent $4.55 on out-of-home care services for every dollar spent on front-end services during FY06-07. This ratio is more than $3 lower than the FY05-06 statewide ratio of out-of-home care spending to spending on front-end services ($7.96). All but 3 CBCs had lower ratios in FY06-07 than in FY05-06, and Our Kids and Family Matters experienced the largest

year-over-year decline. The FY06-07 ratio of out-of-home care spending to each dollar spent on front-end services ranged from $2.26 to $9.23.

Figure 18. Ratio of Out-of-Home Care Expenditures to Prevention/Family Preservation/In-home Expenditures, FY05-06 vs. FY06-07
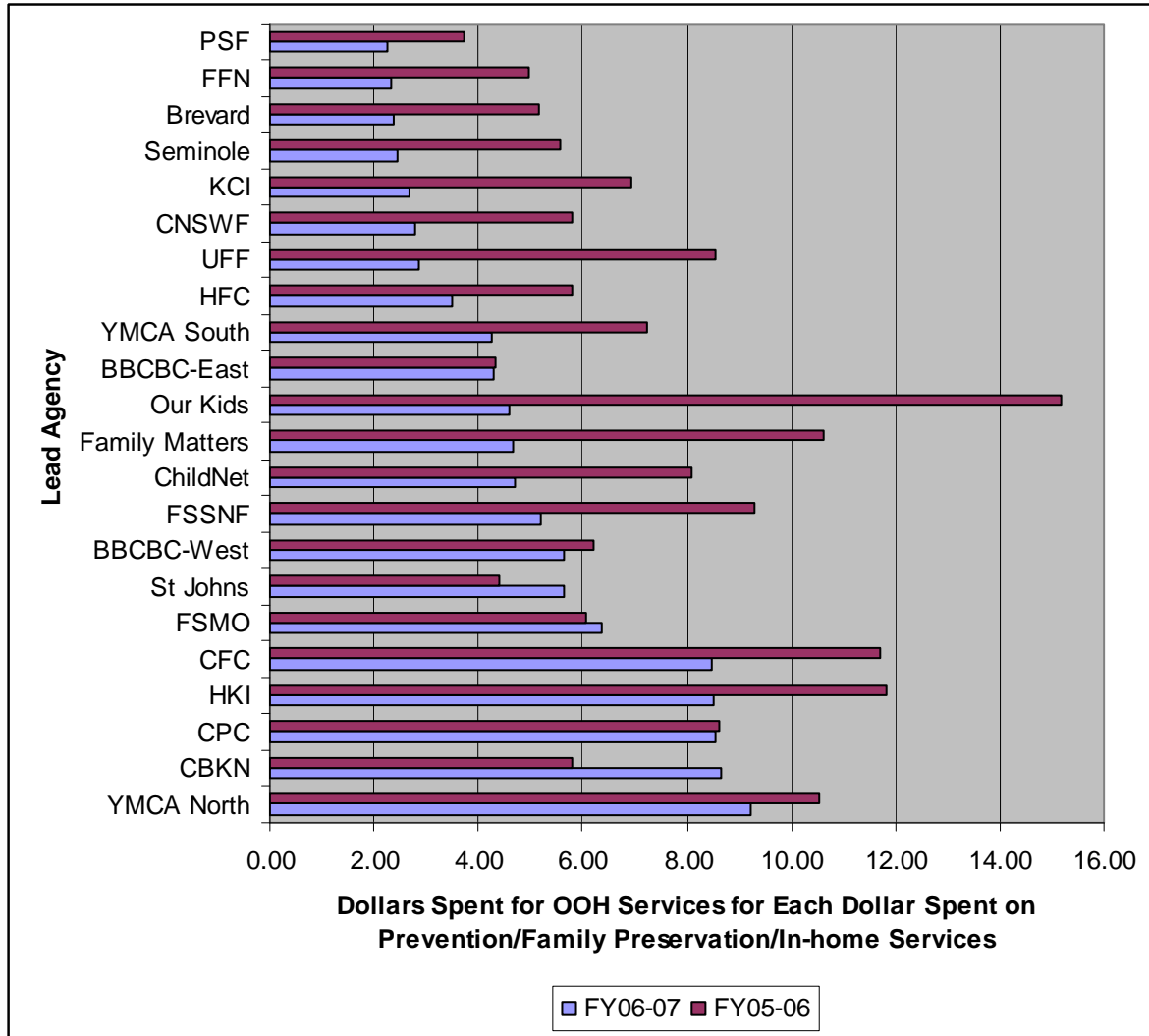
Limitations

This analysis has a few limitations. The budget amounts and expenditures reported here are limited to those reported to DCF, and do not reflect lead agency spending of non-DCF resources (e.g., state Medicaid funding not directly tied to child welfare, locally generated revenue). Although the IV-E Waiver has been hypothesized to affect some of the spending changes reported here, the lack of a valid comparison group prevents us from concluding that all spending changes were attributable to the Waiver rather than other policy or system changes.

Conclusions

The underspending of budgeted IV-E funds was eliminated in FY06-07. All 22 lead agencies spent their entire IV-E budget, maximizing all available IV-E funds. This is a significant accomplishment for DCF and the CBCs, and this accomplishment can be attributed to the Waiver's lessening of restrictions on how IV-E funds can be spent. The lead agencies and DCF reported that this increased flexibility in the use of funds improved their ability to use all available resources more efficiently and effectively. In particular, using all available IV-E funding, which are federal dollars, minimizes the burden on state taxpayers. It should also be noted that DCF and the lead agencies jointly developed and implemented new methods for payment and invoicing during FY06-07 that increased administrative efficiency for all parties.

With the advent of the Waiver and the evolution of Community-Based Care, we anticipated there might be small changes in the mixture of how child protective services expenditures are distributed, with trends toward higher dependency case management, adoption subsidy, and prevention/family preservation/in-home expenditures, and a trend towards lower licensed out-of-home care expenditures. When comparing FY06-07 data to FY05-06 data, only one of these hypotheses was supported by the data. The proportion of spending on prevention/family preservation/in-home services increased from 3.2% to 5.7% statewide. Conversely, there was a modest increase in the proportion of spending on licensed out-of-home care, a notable decrease in the proportion of spending on dependency case management, and no change in the proportion of spending on adoption subsidies.

What is most noteworthy about expenditures across types of service is the considerable variation across lead agencies with each service type. As a proportion of total expenditures, dependency case management represented the largest spending category (47.9% statewide in FY06-07) and ranged from 32.9% to 59.0%. Slightly more than one-quarter of all expenditures were used for licensed out-of-home care in FY06-07, and lead agency spending for licensed out-of-home care ranged from 17.1% to 39.7%. Adoption subsidy expenditures represented 12.7% of total expenditures, and ranged from 6.6% to 18.5% across lead agencies. State-funded independent living services accounted for 1.7% of total expenditures statewide in FY06-07, and ranged from 0.5% to 3.7%. Spending for prevention/family preservation/in-home services represented 5.7% of total expenditures in FY06-07, and ranged from 3.2% to 10.2% across lead agencies.

There was a negative correlation between dependency case management spending and two of the other spending categories. Lead agencies with relatively high expenditures for dependency case management had relatively lower expenditures for licensed out-of-home care.

Also, lead agencies with relatively high expenditures for dependency case management had relatively lower adoption subsidy expenditures. For example, BBCBC-West had the highest proportion of expenditures for dependency case management (59.0%) but among the lowest proportion of licensed out-of-home care expenditures (20.8%) and adoption subsidy expenditures (8.8%). Conversely, CFC had the lowest proportion of expenditures for dependency case management (32.9%) but the highest proportion of licensed out-of-home care expenditures (38.0%) and the second highest proportion of adoption subsidy expenditures (17.6%). This trade-off across CBCs between dependency case management and out-of-home care/adoption may reflect different practice philosophies and/or local child welfare population needs. Furthermore, these variations in spending are consistent with the CBC principles of local control over the management of the entire services continuum, which enable CBCs to adapt to the needs of the children and families in their service area. It is also worth noting that CBCs have less influence on adoption subsidy expenditures once a child has been adopted.

These findings build our capacity to establish trends over time now that community-based care is in its third year of complete statewide implementation. As system changes begin to occur because of the flexibility afforded by Florida's federal IV-E Waiver, we anticipate seeing continued increases in spending on prevention, intensive in-home services to prevent placement of children outside the home, and reunification services, along with a commensurate decrease in out-of-home care spending.

Policy Recommendation

- DCF and the CBCs should collaborate on efforts to continue decreasing the ratio of out-of home care spending to spending on prevention/family preservation/in-home services.

Summary and Discussion

This report examines the status of Community-Based Care (CBC) in Florida in FY 06-07, with a special focus on child and family outcomes, quality, and cost. The report responds to three primary research questions regarding the effectiveness of Community-Based Care. The questions include CBC's responsiveness to the child outcomes of safety and permanency, the quality of the services that are offered to children and families, and the efficient management of resources and costs.

The performance of lead agencies regarding child safety and permanency was analyzed using eight outcome measures, two related to child safety and six measures related to permanency. Based on these measures, overall performance of the lead agencies improved over time in the domain of child safety and was mixed for the permanency measures. For example, regarding child safety, both the percentage of children with no maltreatment during services and the percentage of children with no recurrence of maltreatment within 6 months after service termination increased. In relationship to permanency, the findings indicate that some performance challenges continue to exist. On the positive side, the number of children served in out-of-home care decreased over time, while the percentage of children who exited out-of-home care and the percentage of children with adoption finalized within 24 months increased. However, lead agencies were less successful in reaching positive outcomes in placement stability and in decreasing the number of children who remained in out-of-home care past 12 months. The percent of children in care for over 12 months did not change over time, and the percent of children with three or more placements increased over time.

The analysis also identified two lead agencies as examples of excellence on the majority of indicators. In comparison with the other lead agencies, Families First Network (FFN) and Clay & Baker Kids Net performed above average on most of the indicators. Regarding safety measures over the three-year time period examined, FFN maintained relatively high percentages of children not abused during services and was close to the statewide average regarding the percent of children with no recurrence of maltreatment after services were terminated. Clay & Baker Kids Net also sustained a relatively high percentage of children who were not abused during services and was slightly lower (by 1%) than the statewide average percentage of children with no recurrence of maltreatment after service termination.

In the domain of permanency, FFN maintained the shortest length of stay in out-of-home care, had the smallest percentage of children in out-of-home care past 12 months, the highest percentage of children exiting out-of-home care within 12 months, and one of the highest percentages of children reunified within 12 months. Clay & Baker Kids Net maintained one of

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the shortest median lengths of stay in out-of-home care, one of the highest percentages of children exiting out-of-home care within 12 months, and one of the lowest percentages of children with three or more placements.

In conclusion, the review of safety and permanency indicators points to an overall positive trend in Community-Based Care lead agencies' performance over the three years that were examined. Two lead agencies were successful in reaching positive outcomes across most measures. At both the policy and practice level, emphasis should be placed on strategies that effectively reduce placement moves of children in out-of-home care.

The quality component focuses on identifying the specific child welfare practices and procedures that are associated with improved child safety, permanency, and well-being, with a special focus on the engagement of families. The lead agency case review findings indicate that overall the state is not achieving the state and federal levels of compliance on the Child and Family Services Review indicators of permanency, safety, and child and family well-being. The Community-Based Care lead agencies are most successful on the outcomes of permanency and safety. Statewide, the agencies achieved a compliance rate of above 80% on Safety Outcome 1: *Children are, first and foremost, protected from abuse and neglect,* Safety Outcome 2: *Children are safely maintained in their homes whenever possible and appropriate*, and Permanency Outcome 1: *Children have permanency and stability in their living situations.* Furthermore, two lead agencies achieved the state and federal 95% compliance standard for Safety Outcome 1, three lead agencies exceeded the standard for Safety Outcome 2, and six lead agencies reported above 90% compliance on Permanency Outcome 1. Child and family well-being outcomes received the lowest levels of compliance

Further analysis needs to be completed at the lead agency level using the specific items that comprise each of the permanency, safety, and child and family well-being outcomes. This will allow the Department to determine the factors that are preventing the lead agencies from achieving the state and federal Child and Family Services Review compliance standards. It is also recommended that the Department and Community-Based Care lead agencies use these findings to review the quality assurance process and program improvement plans related to these outcomes to ensure that necessary and effective actions are being taken to improve the level of compliance.

Child Protective Investigations and Dependency Court participants identified several strategies for successfully engaging parents and caregivers. These include: the availability of time to perform comprehensive assessments and engage families, the importance of child welfare staff maintaining a non-judgmental and respectful attitude toward parents, involving the

parent in decision-making, changing negative perceptions of investigations held by families, and keeping families together.

Two areas of strength in the collaboration between Child Protective Investigations and Community-Based Care lead agencies, whose use can potentially be expanded, are the implementation of Resource Specialists and Diversion Staffings. For collaboration to be effective for families and staff, the agencies providing service to families involved in the child welfare system need to communicate consistently, providing information about a family's needs and strengths and the needs and strengths of the system. Child welfare services in a community need to be readily accessible to the people in need of them. This includes the Child Protective Investigator, who is the initial point of contact for a family and the first opportunity to provide assessment and services that can potentially keep a family intact.

Regarding the efficient use of fiscal resources, all 22 lead agencies spent their entire IV-E budget in FY 06-07, maximizing all available IV-E foster care funds. The lead agencies and DCF reported that the increased flexibility in the use of IV-E funds through Florida's IV-E Waiver improved their ability to use all available resources more efficiently and effectively. Statewide, when comparing FY 06-07 to FY 05-06, there was a notable increase in the proportion of spending on prevention/family preservation/in-home care, a modest increase in the proportion of spending on licensed out-of-home care, a notable decrease in the proportion of spending on dependency case management, and no change in the proportion of spending on adoption subsidies.

What is most noteworthy about expenditures across types of service is the considerable variation across lead agencies with each service type. As a proportion of total expenditures, dependency case management represented the largest spending category (47.9% statewide in FY06-07) and ranged from 32.9% to 59.0%. There was a negative correlation between dependency case management spending and out-of-home care spending. This trade-off across CBCs between dependency case management and out-of-home care/adoption may reflect different practice philosophies and/or local child welfare population needs.

The report's findings build our capacity to establish trends over time now that Community-based Care is in its third year of complete statewide implementation. As further system changes occur because of the flexibility afforded by Florida's federal IV-E Waiver, we anticipate seeing continued improvement in meeting child safety and permanency outcomes through increases in prevention, intensive in-home services to prevent placement of children outside the home, and reunification services.

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Appendix A. Children Served in Child Protection System

Table 1. Number of Children served in CBC lead agencies (children active as case dependents) between September 2004 and June 2007

Dist-rict	Lead Agency	2005 03	2005 06	2005 09	2005 12	2006 03	2006 06	2006 09	2006 12	2007 03	2007 06
1	Family First Network (FFN)	2719	2746	2748	2765	2892	2911	2852	2976	2954	2805
2	Partnership for Families	5	-								
	(Big Bend Community Based Care 2A (BBCBC-West)	910	954	1012	1037	1038	1068	1126	1132	1171	1164
	Big Bend Community Based Care 2B (BBCBC-East)	1106	1228	1312	1418	1428	1489	1526	1504	1419	1351
3	Partnership for Strong Families (PSF)	1727	1688	1885	2017	2047	1950	1925	1928	2001	2051
4	Clay & Baker Kids Net, Inc. (CBKBN)	454	496	522	544	582	564	561	599	624	664
	Family Support Services of North Florida, Inc. (FSS)	2923	2921	2916	2840	2755	2734	2941	2869	2943	2972
	Family Matters of Nassau County (Family Matters)	176	186	189	223	233	205	235	220	207	206
	St. Johns County Board of County Commissioners (St. Johns)	279	299	290	280	290	313	298	293	283	272
Sun-Coast	Sarasota YMCA North	4086	4083	4071	4005	3908	3835	3749	3672	3564	3311
	Hillsborough Kids, Inc. (HKI)	4,791	4,885	5,034	5,113	5,168	4,900	4,832	4,793	4,531	4,186
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	1097	1072	1065	1040	1087	1108	1204	1186	1172	1178
7	Family Services of Metro-Orlando, Inc. (FSMO)	3264	3208	3151	3206	3279	3144	3128	3076	2955	2854
	Community Based Care of Seminole, Inc. (CBC of Seminole)	592	574	642	650	637	661	700	721	708	750
	CBC of Brevard	284	403	1,147	1,212	1,366	1,283	1,271	1,198	1,150	1,126
8	Children's Network of Southwest Florida (Children's Network)	1648	1569	1522	1392	1388	1381	1530	1616	1647	1765
9	Child & Family Connections, Inc. (CFC)	1819	1778	1812	1912	1990	2170	2105	2072	2018	2142
10	ChildNet, Inc. (ChildNet)	3215	3269	3372	3339	3390	3439	3456	3451	3493	2971
11	CHARLEE	416	411								
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)	34	1696	4657	4725	4626	4433	4598	4615	4611	4513
12	Community Partnership for Children (Community-Based Care of Volusia & Flagler Counties (CBCVF))	1550	1499	1434	1440	1407	1448	1469	1453	1386	1293
13	Kids Central, Inc. (KCI)	4189	4215	4190	4174	3935	3668	3321	2997	2948	2825
14	Heartland for Children (HFC)	3116	3191	3103	3008	3085	3206	3287	3291	3210	3006
15	United for Families (UFF)	1883	1974	1931	1982	1990	2009	1951	1955	1856	1687
	Agency Total	**42,283**	**44,345**	**48,005**	**48,332**	**48,521**	**47,919**	**48,065**	**47,617**	**46,851**	**45,092**

Table 2. Number of Children Served by CBCs in Out-of-Home Care Between March 2005 and June 2007

District	Lead Agency	2005 03	2005 06	2005 09	2005 12	2006 03	2006 06	2006 09	2006 12	2007 03	2007 06
1	Family First Network (FFN)	1436	1404	1467	1521	1629	1658	1584	1590	1541	1465
2	Partnership for Families	5									
	(Big Bend Community Based Care 2A (BBCBC-West)	540	508	569	561	578	617	652	645	679	632
	Big Bend Community Based Care 2B (BBCBC-East)	601	672	736	757	787	829	884	834	782	749
3	Partnership for Strong Families (PSF)	1012	974	1069	1079	1106	1081	1071	1113	1096	1108
4	Clay & Baker Kids Net, Inc. (CBKBN)	253	306	306	319	353	336	332	369	368	376
	Family Support Services of North Florida, Inc. (FSS)	2150	2135	1996	2078	2093	1993	2158	2047	2036	1942
	Family Matters of Nassau County (Family Matters)	133	156	148	158	157	137	152	131	139	128
	St. Johns County Board of County Commissioners (St. Johns)	191	209	195	173	205	204	218	205	175	167
Sun-Coast	Sarasota YMCA North	2771	2849	2837	2692	2603	2633	2562	2489	2427	2242
	Hillsborough Kids, Inc. (HKI)	3366	3491	3605	3580	3683	3496	3412	3392	3221	2994
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	787	758	754	765	822	826	893	904	901	884
7	Family Services of Metro-Orlando, Inc. (FSMO)	1697	1417	1748	1739	1777	1660	1596	1553	1504	1430
	Community Based Care of Seminole, Inc. (CBC of Seminole)	318	314	340	346	357	383	393	398	389	415
	CBC of Brevard	167	241	661	714	740	615	605	557	549	505
8	Children's Network of Southwest Florida (Children's Network)	936	942	894	819	861	863	959	1011	1022	1047
9	Child & Family Connections, Inc. (CFC)	1297	1254	1267	1307	1317	1462	1477	1426	1400	1449
10	ChildNet, Inc. (ChildNet)	1755	1672	1690	1706	1786	1989	1846	1872	1885	1794
11	CHARLEE	368	362								
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)	28	1250	3294	3293	3179	3044	3076	3027	3038	2895
12	Community Partnership for Children (Community-Based Care of Volusia & Flagler Counties (CBCVF))	1061	1026	967	980	975	962	901	903	871	828
13	Kids Central, Inc. (KCI)	2010	2089	2093	2026	1895	1787	1681	1548	1520	1490
14	Heartland for Children (HFC)	1695	1672	1718	1689	1683	1684	1792	1745	1746	1619
15	United for Families (UFF)	1038	1007	1004	985	1013	994	1038	1055	995	928
	Agency Total	**25,615**	**26,708**	**29,358**	**29,287**	**29,599**	**29,253**	**29,282**	**28,814**	**28,814**	**27,087**

Table 3. Percentage of Children Not Abused During Services (In-Home and Out-of-Home) Between July 2004 and March 2003 by Quarter*

District	Lead Agency	2004 07-09	2004 10-12	2005 01-03	2005 04-06	2005 07-09	2005 10-12	2006 01-03	2006 04-06	2006 07-09	2006 10-12	2007 01-03
1	Family First Network (FFN)	91.3	92.1	94.8	91.0	93.7	93.6	92.8	94.7	94.6	96.3	93.4
2	Partnership for Families	88.3	85.6	95.0	-							
	(Big Bend Community Based Care 2A (BBCBC-West)	-	-	92.9	90.5	90.0	91.5	91.7	93.1	92.5	93.9	92.2
	Big Bend Community Based Care 2B (BBCBC-East)	88.6	92.0	80.2	89.4	91.7	92.2	93.7	92.5	94.5	94.0	92.3
3	Partnership for Strong Families (PSF)	97.0	91.5	93.6	94.1	92.6	94.8	93.6	94.3	94.7	94.9	94.6
4	Clay & Baker Kids Net, Inc. (CBKBN)	92.4	92.2	94.4	94.8	95.0	94.0	96.7	95.1	94.4	91.9	96.6
	Family Support Services of North Florida, Inc. (FSS)	97.1	94.7	97.1	96.5	96.3	97.3	97.2	97.2	96.8	97.0	96.8
	Family Matters of Nassau County (Family Matters)	92.3	95.4	97.5	95.2	96.1	96.2	99.6	98.9	95.1	96.7	98.6
	St. Johns County Board of County Commissioners (St. Johns)	90.7	92.6	96.6	93.9	96.8	91.8	95.0	98.1	95.3	98.5	96.0
Sun-Coast	Sarasota YMCA North	91.9	90.8	90.9	89.5	90.8	90.1	91.5	93.1	95.3	96.8	96.1
	Hillsborough Kids, Inc. (HKI)	93.2	92.9	92.1	91.3	90.5	93.4	92.8	96.2	96.5	97.4	96.6
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	95.0	91.4	91.2	88.6	90.1	91.8	89.8	94.9	96.3	96.3	96.6
7	Family Services of Metro-Orlando, Inc. (FSMO)	92.8	91.9	89.5	90.9	91.4	92.9	92.1	94.8	94.6	95.5	95.0
	Community Based Care of Seminole, Inc. (CBC of Seminole)	100.0	100.0	92.7	94.0	100.0	92.9	95.8	91.6	93.8	95.2	95.7
	CBC of Brevard			91.5	92.5	91.4	90.4	87.5	92.7	93.4	93.3	92.2
8	Children's Network of Southwest Florida (Children's Network)	92.6	92.0	91.0	93.9	93.6	95.9	94.5	96.4	96.2	95.2	95.7
9	Child & Family Connections, Inc. (CFC)	96.5	97.0	94.4	95.6	96.7	96.2	95.5	95.5	97.3	96.7	97.0
10	ChildNet, Inc. (ChildNet)	95.3	95.8	94.3	94.5	95.0	96.0	95.6	96.9	95.9	97.1	96.0
11	CHARLEE	97.2	99.1	98.0	97.5	100.0	-					
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)		79.2	84.6	96.9	96.1	96.6	96.4	96.7	96.8	97.4	96.2
12	Community Partnership for Children (Community-Based Care of Volusia & Flagler Counties (CBCVF))	94.6	94.1	94.5	94.8	94.5	95.4	95.2	96.6	96.7	97.1	96.9
13	Kids Central, Inc. (KCI)	86.1	95.0	94.5	94.3	93.6	94.8	94.3	94.2	95.4	95.5	93.7
14	Heartland for Children (HFC)	93.5	92.6	93.2	93.9	92.9	93.4	92.4	92.0	93.0	93.1	93.5
15	United for Families (UFF)	94.2	95.1	93.4	94.8	94.9	96.9	96.3	96.2	96.7	96.2	95.1
	Agency Total	**92.7**	**93.1**	**92.9**	**93.0**	**93.3**	**94.2**	**93.8**	**95.0**	**95.4**	**96.0**	**95.2**

The Department sets this Target is set at 95%

Table 4. Recurrence of Maltreatment Within 6 Months After Service Termination Between July 2004 and September 2006*

District	Lead Agency	2004 07-09	2004 10-12	2005 01-03	2005 04-06	2005 07-09	2005 10-12	2006 01-03	2006 04-06	2006 07-09
1	Family First Network (FFN)	89.5	90.3	91.4	92.7	94.0	92.1	90.5	92.2	93.8
2	Partnership for Families	92.7	83.6	88.1	-	-	-	-	-	-
	(Big Bend Community Based Care 2A (BBCBC-West)	97.8	93.9	90.3	90.6	91.8	91.9	94.7	88.4	91.4
	Big Bend Community Based Care 2B (BBCBC-East)	-	-	91.4	87.5	91.9	89.8	91.0	94.3	89.6
3	Partnership for Strong Families (PSF)	100.0	92.5	89.7	92.2	91.6	92.1	92.2	96.2	93.0
4	Clay & Baker Kids Net, Inc. (CBKBN)	93.5	93.5	98.8	82.4	89.9	98.9	97.6	92.4	93.3
	Family Support Services of North Florida, Inc. (FSS)	94.5	93.3	94.7	94.9	97.5	93.8	92.5	94.6	92.9
	Family Matters of Nassau County (Family Matters)	100.0	81.3	90.9	87.5	100.0	93.5	100.0	94.4	100.0
	St. Johns County Board of County Commissioners (St. Johns)	92.5	90.5	92.3	92.5	85.7	93.6	93.3	94.5	98.0
Sun-Coast	Sarasota YMCA North	90.5	93.3	94.3	93.8	92.7	94.2	92.5	93.8	92.4
	Hillsborough Kids, Inc. (HKI)	91.8	94.7	91.7.	93.5	96.1	96.3	93.6	95.9	93.2
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	95.6	95.0	89.4	93.9	91.0	90.5	94.7	94.4	93.7
7	Family Services of Metro-Orlando, Inc. (FSMO)	90.1	90.1	89.6	91.2	92.5	88.4	89.2	92.6	90.6
	Community Based Care of Seminole, Inc. (CBC of Seminole)	-	91.3	84.8	92.3	97.1	88.7	89.1	92.7	92.2
	CBC of Brevard	-	-	88.9	92.6	84.9	89.0	87.7	86.3	85.0
8	Children's Network of Southwest Florida (Children's Network)	95.4	93.5	96.7	97.0	96.0	94.9	94.8	98.2	98.0
9	Child & Family Connections, Inc. (CFC)	93.7	97.5	98.6	91.5	97.2	95.6	92.5	90.1	93.3
10	ChildNet, Inc. (ChildNet)	92.9	93.6	95.1	93.5	93.4	93.3	95.6	92.9	94.3
11	CHARLEE	100.0	97.9	100.0	97.7	100.0	-	-	-	-
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)	-	-	100.0	89.2	96.5	94.5	95.6	96.7	96.9
12	Community Partnership for Children (Community-Based Care of Volusia & Flagler Counties (CBCVF))	95.8	95.5	93.0	90.8	93.2	89.0	90.2	89.8	97.6
13	Kids Central, Inc. (KCI)	91.6	85.1	87.7	91.8	89.6	91.8	90.9	95.0	93.0
14	Heartland for Children (HFC)	92.5	90.3	90.4	92.3	91.0	91.3	90.1	93.0	93.1
15	United for Families (UFF)	95.2	88.9	91.9	91.9	94.4	94.0	94.7	93.3	95.2
	Agency Total	**92.7**	**91.7**	**91.7**	**92.5**	**93.0**	**92.4**	**92.4**	**93.6**	**93.1**

The Department sets this target at 7% of recurrence or 93% of no recurrence

Table 5. Median Length of Stay in Out-of-Home Care Between June 2005 and June 2007

District	Lead Agency	2005 06	2005 12	2006 03	2006 06	2006 09	2006 12	2007 03	2007 06
1	Family First Network (FFN)	8	7	7	7	8	8	8	9
2	(Big Bend Community Based Care 2A (BBCBC-West)	11	10	10	10	9	10	10	9
	Big Bend Community Based Care 2B (BBCBC-East)	7	8	8	8	9	10	11	12
3	Partnership for Strong Families (PSF)	8	9	9	9	9	9	9	9
4	Clay & Baker Kids Net, Inc. (CBKBN)	6	8	8	8	8	10	9	8
	Family Matters of Nassau County (Family Matters)	9	10	10	9	9	11	11	14
	Family Support Services of North Florida, Inc. (FSS)	9	9	10	9	9	9	9	10
	St. Johns County Board of County Commissioners (St. Johns)	6	8	7	6	7	9	10	11
Sun-Coast	Hillsborough Kids, Inc. (HKI)	14	13	13	14	15	16	16	17
	Sarasota YMCA North	14	14	13	13	13	13	13	14
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	11	12	9	10	9	10	10	11
7	CBC of Brevard	10	9	8	10	11	12	11	11
	Community Based Care of Seminole, Inc. (CBC of Seminole)	8	9	9	8	9	9	11	9
	Family Services of Metro-Orlando, Inc. (FSMO)	14	12	12	12	13	13	13	12
8	Children's Network of Southwest Florida (Children's Network)	12	12	11	11	9	9	9	9
9	Child & Family Connections, Inc. (CFC)	16	13	12	11	11	11	13	12
10	ChildNet, Inc. (ChildNet)	12	12	11	11	11	11	12	12
11	CHARLEE	32							
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)	21	20	18	16	15	15	14	15
12	Community Partnership for Children (Community-Based Care of Volusia & Flagler Counties (CBCVF))	15	12	12	12	12	11	11	11
13	Kids Central, Inc. (KCI)	7	9	9	9	9	10	10	9
14	Heartland for Children (HFC)	9	10	11	11	11	10	10	11
15	United for Families (UFF)	11	11	12	12	13	12	14	14
	Agency Total	**12**	**11**	**11**	**11**	**11**	**11**	**12**	**12**

There is no Florida standard or national standard for median length of stay of children remaining in care. The only standards related to median length of stay are the national standards (and pending state standards) for children reunified (12 months) and children adopted (24 months).

Table 6. Percent of Children in Out-of-Home Care Past 12 months Between June 2005 and June 2007

District	Lead Agency	2005 06	2005 12	2006 03	2006 06	2006 09	2006 12	2007 03	2007 06
1	Family First Network (FFN)	34.1	29.9	29.7	30.0	29.6	30.6	36.4	32.3
2	(Big Bend Community Based Care 2A (BBCBC-West)	44.6	41.7	43.0	42.3	41.2	39.4	37.4	40.0
	Big Bend Community Based Care 2B (BBCBC-East)	29.2	29.7	34.9	36.3	36.9	41.9	49.6	47.5
3	Partnership for Strong Families (PSF)	37.8	33.0	37.0	37.8	37.7	37.0	39.2	40.2
4	Clay & Baker Kids Net, Inc. (CBKBN)	31.8	27.4	31.5	31.3	31.0	36.9	37.8	41.6
	Family Matters of Nassau County (Family Matters)	38.8	30.8	39.5	42.0	33.6	42.7	52.4	46.0
	Family Support Services of North Florida, Inc. (FSS)	40.5	38.9	42.2	39.9	37.3	37.3	39.8	38.7
	St. Johns County Board of County Commissioners (St. Johns)	68.1	35.7	26.5	24.1	26.8	31.0	43.4	41.0
Sun-Coast	Hillsborough Kids, Inc. (HKI)	55.6	52.8	52.4	56.1	60.3	58.6	64.0	61.9
	Sarasota YMCA North	54.5	52.6	53.2	51.4	50.9	51.1	54.2	52.1
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	46.9	48.1	41.6	42.2	42.2	41.3	45.4	44.5
7	CBC of Brevard	35.5	40.0	36.7	39.3	44.0	48.3	46.9	48.3
	Community Based Care of Seminole, Inc. (CBC of Seminole)	38.9	33.7	38.7	37.6	38.7	39.2	44.3	43.3
	Family Services of Metro-Orlando, Inc. (FSMO)	54.7	50.2	50.7	50.3	52.7	50.7	50.9	53.6
8	Children's Network of Southwest Florida (Children's Network)	50.1	48.7	48.4	46.2	43.3	38.2	38.4	38.8
9	Child & Family Connections, Inc. (CFC)	58.3	52.9	50.0	44.5	45.8	46.3	50.5	51.4
10	ChildNet, Inc. (ChildNet)	49.1	47.2	45.1	45.1	46.9	45.2	48.9	48.7
11	CHARLEE								
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)	72.0	64.0	61.3	59.5	57.1	55.2	55.5	55.6
12	Community Partnership for Children	56.2	48.8	49.0	48.0	48.3	46.2	46.5	45.2
	(Community-Based Care of Volusia & Flagler Counties (CBCVF))								
13	Kids Central, Inc. (KCI)	34.1	34.4	38.4	38.5	40.6	38.7	41.8	42.6
14	Heartland for Children (HFC)	44.6	40.8	45.2	45.5	46.4	45.0	46.0	41.9
15	United for Families (UFF)	46.3	47.9	48.9	48.3	51.2	50.6	54.8	54.6
	Agency Total	**48.4**	**46.3**	**46.6**	**46.2**	**46.7**	**46.1**	**48.7**	**48.1**

Table 7. Percent of Children Who Exited Out-of-Home Care Within 12 Months of Those Who Were Removed

District	Lead Agency	2004 01-03	2004 04-06	2004 07-09	2004 10-12	2005 01-03	2005 04-06	2005 07-09	2005 10-12	2006 01-03	2006 04-06
1	Family First Network (FFN)	66.6	65.2	65.7	60.2	65.5	62.7	66.8	60.7	70.0	69.0
	Partnership for families	66.7	42.2	60.1	58.6	100.0	-	-	-		
2	(Big Bend Community Based Care 2A (BBCBC-West	48.6	67.3	41.7	48.4	53.6	62.0	57.5	55.9	56.3	49.6
	Big Bend Community Based Care 2B (BBCBC-East)	-	-	-	-	59.8	50.0	69.1	58.3	59.8	62.4
3	Partnership for Strong Families (PSF)	68.5	0	66.7	60.9	50.2	58.5	58.2	55.4	62.1	62.0
4	Clay & Baker Kids Net, Inc. (CBKBN)	63.5	82.9	78.5	82.4	60.3	57.6	69.1	50.7	52.2	62.5
	Family Support Services of North Florida, Inc. (FSS)	48.7	46.5	42.9	50.5	56.0	51.8	53.8	51.7	55.5	62.4
	Family Matters of Nassau County (Family Matters)	45.5	64.5	70.8	68.4	47.1	58.3	54.5	50.0	57.7	47.8
	St. Johns County Board of County Commissioners (St. Johns)	62.5	75.0	78.8	74.5	93.1	62.2	65.9	54.8	50.9	66.1
Sun-Coast	Hillsborough Kids, Inc. (HKI)	37.3	34.1	30.6	31.9	37.2	35.6	37.5	41.6	36.3	40.5
	Sarasota YMCA North	44.4*	45.6*	42.6	48.3	49.9	53.0	54.9	49.7	53.6	51.2
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	57.1	68.1	56.4	58.8	71.2	60.8	64.9	63.3	55.4	63.2
7	CBC of Brevard	-	-	-	-	40.9	59.5	65.9	69.1	70.3	68.7
	Community Based Care of Seminole, Inc. (CBC of Seminole)	-			66.7	54.8	52.5	75.0	49.4	53.0	63.5
	Family Services of Metro-Orlando, Inc. (FSMO)	38.3	51.8	55.3	61.1	55.5	59.5	57.2	67.0	60.1	65.3
8	Children's Network of Southwest Florida (Children's Network)	62.2	50.0	48.0	63.5	54.9	62.7	53.9	56.8	50.8	53.5
9	Child & Family Connections, Inc. (CFC)	46.2	38.1	31.2	44.7	48.3	35.0	49.7	50.4	39.4	46.2
10	ChildNet, Inc. (ChildNet)	54.3	61.0	50..5	63.4	55.6	60.6	49.7	54.6	50.2	49.0
11	CHARLEE	50.0	54.5	50.5	50.5	188.2	16.7	-	-		
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)	-	-	-	57.1	75.0	46.7	38.9	40.8	44.5	46.6
12	Community Partnership for Children (Community-Based Care of Volusia & Flagler Counties (CBCVF))	32.2	30.9	37.7	50.0	46.0	43.8	42.9	55.7	61.2	52.7
13	Kids Central, Inc. (KCI)	46.5	60.9	66.2	70.3	67.1	69.9	74.3	75.8	67.2	63.8
14	Heartland for Children (HFC)	49.0	56.5	58.4	56.2	51.7	50.1	45.1	55.8	55.2	66.1
15	United for Families (UFF)	55.9	60.0	52.4	54.9	61.7	61.1	52.8	52.1	50.5	57.7
	Agency Total	**50.4**	**52.1**	**51.7**	**56.2**	**55.7**	**54.7**	**55.4**	**55.9**	**54.8**	**57.2**

Table 8. Percent of Children Reunified Within 12 Months of Those Who Were Reunified Between October 2004 and June 2007

District	Lead Agency	2004 10-12	2005 01-03	2005 04-06	2005 07-09	2005 10-12	2006 01-03	2006 04-05	2006 06-09	2006 10-12	2007 01-03	2007 04-06
1	Family First Network (FFN)	78.5	85.0	82.4	67.7	74.8	78.9	77.4	73.2	82.2	83.8	81.8
	Partnership for families	70.8										
2	(Big Bend Community Based Care 2A (BBCBC-West	52.5	84.5	80.7	50.9	54.0	72.5	64.0	43.1	69.7	69.6	55.5
	Big Bend Community Based Care 2B (BBCBC-East)	-	87.5	80.0	63.1	79.1	84.9	69.6	77.6	78.5	80.6	68.5
3	Partnership for Strong Families (PSF)	72.5	76.3	79.2	63.1	73.6	73.7	69.1	70.7	77.9	81.6	77.7
4	Clay & Baker Kids Net, Inc. (CBKBN)	83.3	93.3	93.8	88.6	97.8	89.3	55.0	60.7	68.2	72.7	71.1
	Family Support Services of North Florida, Inc. (FSS)	49.5	51.5	62.8	67.7	72.5	61.5	57.2	63.7	73.0	71.2	80.0
	Family Matters of Nassau County (Family Matters)	100.0	69.2	75.0	71.4	42.9	78.9	71.4	54.5	81.3	100.0	80.0
	St. Johns County Board of County Commissioners (St. Johns)	41.2	86.4	81.3	77.8	93.2	60.9	60.0	100.0	93.3	83.8	68.0
Sun-Coast	Hillsborough Kids, Inc. (HKI)	51.4	64.9	63.0	45.1	54.8	43.0	49.5	45.6	41.8	46.6	44.2
	Sarasota YMCA North	67.6	55.4	58.1	51.2	61.5	50.4	59.8	52.8	65.0	60.1	55.7
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	85.3	79.2	68.4	78.4	79.5	67.1	79.2	75.8	77.4	68.2	70.7
7	CBC of Brevard	-	100.0	85.3	76.2	74.7	71.9	73.0	88.4	79.5	83.6	84.0
	Community Based Care of Seminole, Inc. (CBC of Seminole)	73.3	71.4	68.2	77.6	77.0	75.6	69.1	83.7	84.4	86.8	73.3
	Family Services of Metro-Orlando, Inc. (FSMO)	72.0	76.1	63.8	60.1	62.7	59.4	58.7	66.2	68.6	71.3	58.0
8	Children's Network of Southwest Florida (Children's Network)	63.3	53.1	67.6	52.4	64.1	73.7	71.9	75.8	81.2	100.0	77.9
9	Child & Family Connections, Inc. (CFC)	39.0	50.0	46.6	56.3	48.9	48.7	65.3	66.3	60.2	64.6	60.6
10	ChildNet, Inc. (ChildNet)	67.4	66.9	76.3	64.4	68.0	63.2	69.4	58.3	72.5	65.9	66.7
11	CHARLEE	0										
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)	-	100.0	50.0	23.9	52.4	39.5	48.1	51.4	56.8	59.4	66.5
12	Community Partnership for Children (Community-Based Care of Volusia & Flagler Counties (CBCVF))	22.2	37.1	52.6	53.7	55.6	57.3	55.6	66.4	67.1	77.4	52.2
13	Kids Central, Inc. (KCI)	75.0	86.2	87.8	76.8	69.9	72.1	68.0	69.0	75.9	77.7	74.6
14	Heartland for Children (HFC)	72.8	73.9	66.3	63.5	61.5	67.8	57.0	73.7	74.3	72.0	73.6
15	United for Families (UFF)	85.7	61.2	75.5	65.9	64.9	68.3	70.9	73.2	63.6	67.9	75.0
	Agency Total	**66.7**	**71.2**	**71.5**	**62.1**	**66.4**	**63.2**	**63.4**	**65.4**	**70.3**	**71.2**	**66.6**

The Department sets this Target at 76%

Table 9. Children with Adoption Finalized Within 24 Months of All Adopted in the Quarter

District	Lead Agency	2004 10-12	2005 01-03	2005 04-06	2005 07-09	2005 10-12	2006 01-03	2006 04-06	2006 07-09	2006 10-12	2007 01-03	2007 04-06
1	Family First Network (FFN)	25.0	22.9	27.9	47.4	34.8	16.0	30.4	32.1	27.1	39.6	54.8
	Partnership for families	75.0	33.3									
2	(Big Bend Community Based Care 2A (BBCBC-West)	33.3	55.6	52.0	66.7	60.0	50.0	50.0	25.0	38.5	16.7	48.0
	Big Bend Community Based Care 2B (BBCBC-East)	-	50.6	23.1	12.5	70.0	40.0	44.4	66.7	10.0	33.3	21.4
3	Partnership for Strong Families (PSF)	20.0	35.3	40.5	31.3	18.8	57.9	43.6	45.2	20.0	53.3	73.3
4	Clay & Baker Kids Net, Inc. (CBKBN)	22.2	12.5	66.7	12.5	25.0	0	28.6	0	50.0	0	58.3
	Family Support Services of North Florida, Inc. (FSS)	17.9	14.0	41.6	63.2	51.8	50.0	58.3	69.1	61.8	59.5	66.3
	Family Matters of Nassau County (Family Matters)	50.5	16.7	100.0	70.0	0	0	46.2	66.7	88.9	0	50.0
	St. Johns County Board of County Commissioners (St. Johns)	37.5	16.7	0	85.7	0	100.0	0	-	100.0	100.0	50.0
Sun-Coast	Hillsborough Kids, Inc. (HKI)	19.8	29.2	16.5	31.0	25.8	27.1	38.4	37.1	45.0	39.3	39.3
	Sarasota YMCA North	24.5	45.0	28.9	23.6	19.6	23.7	29.3	22.	29.6	11.3	21.4
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	60.0	27.8	33.3	38.1	54.5	21.1	16.7	37.5	10.0	13.6	50.0
7	CBC of Brevard	-	-	100.0	21.7	25.9	33.3	55.6	68.4	76.5	66.7	75.0
	Community Based Care of Seminole, Inc. (CBC of Seminole)	16.7	0	62.5	0	16.7	16.7	66.7	50.0	54.5	100.0	8.3
	Family Services of Metro-Orlando, Inc. (FSMO)	30.6	23.5	13.9	12.5	22.0	16.7	23.6	41.9	50.0	38.5	36.7
8	Children's Network of Southwest Florida (Children's Network)	47.6	33.3	29.4	11.8	33.3	27.8	32.4	16.7	29.6	20.7	19.0
9	Child & Family Connections, Inc. (CFC)	36.8	50.0	35.2	37.5	46.2	50.0	43.4	66.7	63.3	53.3	63.6
10	ChildNet, Inc. (ChildNet)	32.7	26.2	23.6	42.1	54.8	45.2	30.4	37.5	61.9	33.3	51.0
11	CHARLEE											
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)	-	-	66.7	11.9	16.7	34.0	13.8	18.8	23.4	29.0	28.5
12	Community Partnership for Children (Community-Based Care of Volusia & Flagler Counties (CBCVF))	36.4	23.7	20.4	46.7	18.2	25.0	11.8	55.3	31.6	67.7	28.9
13	Kids Central, Inc. (KCI)	14.3	40.6	25.9	55.0	33.3	37.0	30.3	33.3	23.9	58.8	38.6
14	Heartland for Children (HFC)	12.2	16.7	21.2	13.9	24.0	7.1	23.3	23.8	15.4	12.8	34.1
15	United for Families (UFF)	38.5	14.3	19.4	0	21.7	66.7	46.7	50.0	18.8	22.2	37.5
	Agency Total	**27.9**	**28.3**	**29.4**	**34.7**	**30.8**	**34.0**	**32.5**	**41.0**	**38.8**	**36.1**	**41.5**

The Department sets this Target at 32%

Table 10. Percent of Children in Out-of-Home Care Less Than 12 Months With 3 or More Placements

District	Lead Agency	2004 10-12	2005 01-03	2005 04-06	2005 07-09	2005 10-12	2006 01-03	2006 04-05	2006 06-09	2006 10-12	2007 01-03	2007 04-06
1	Family First Network (FFN)	17.8	19.3	21.1	23.3	23.4	22.4	22.8	22.0	18.0	18.1	19.2
	Partnership for Families	21.9	23.5	0								
2	(Big Bend Community Based Care 2A (BBCBC-West)	18.3	19.8	16.2	18.7	22.0	19.1	18.1	19.0	17.0	14.6	12.9
	Big Bend Community Based Care 2B (BBCBC-East)			22.6	21.9	21.0	16.9	17.3	16.8	17.5	17.5	14.9
3	Partnership for Strong Families (PSF)	13.1	13.9	22.9	26.7	23.9	22.2	22.3	18.6	18.5	19.0	21.7
4	Clay & Baker Kids Net, Inc. (CBKBN)	12.4	12.8	9.2	11.0	11.6	9.4	11.2	12.6	10.4	7.6	10.0
	Family Support Services of North Florida, Inc. (FSS)	7.5	8.2	7.2	7.9	8.4	9.2	13.2	13.8	16.3	16.5	18.1
	Family Matters of Nassau County (Family Matters)	10.9	15.6	8.1	14.9	8.6	8.2	7.6	8.6	7.5	6.3	5.2
	St. Johns County Board of County Commissioners (St. Johns)	7.9	9.6	11.7	16.2	21.2	20.7	14.0	16.6	17.3	15.3	12.2
Sun-Coast	Hillsborough Kids, Inc. (HKI)	10.8	12.2	9.5	9.8	9.4	8.5	8.9	10.4	10.6	12.9	15.1
	Sarasota YMCA North	28.5	28.2	30.1	33.9	34.0	32.6	33.2	30.2	30.9	28.6	26.9
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South)	18.7	18.5	24.2	23.2	20.0	19.9	21.3	22.2	24.3	21.3	20.6
7	CBC of Brevard	-		20.0	17.2	14.1	13.6	12.4	13.7	17.1	17.9	14.0
	Community Based Care of Seminole, Inc. (CBC of Seminole)	21.0	22.0	25.6	18.9	20.8	18.7	19.1	15.6	16.3	18.3	14.3
	Family Services of Metro-Orlando, Inc. (FSMO)	19.8	20.5	18.8	21.8	21.6	19.6	19.7	20.0	19.9	19.4	17.9
8	Children's Network of Southwest Florida (Children's Network)	18.8	19.1	16.3	20.2	20.7	18.4	18.5	19.7	18.5	21.0	23.1
9	Child & Family Connections, Inc. (CFC)	14.6	14.3	12.7	12.7	12.6	16.1	13.5	17.2	16.2	18.7	16.7
10	ChildNet, Inc. (ChildNet)	27.3	28.3	25.9	28.8	36.5	33.2	34.5	35.6	38.8	40.4	41.8
11	CHARLEE	5.3	6.3	6.1	0							
	(Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)	20.0	13.3	15.7	6.2	6.7	6.5	10.3	11.2	10.1	12.7	13.2
12	Community Partnership for Children (Community-Based Care of Volusia & Flagler Counties (CBCVF))	24.6	24.5	20.1	19.1	19.9	18.8	19.5	17.1	18.9	20.0	20.5
13	Kids Central, Inc. (KCI)	13.2	14.2	14.8	19.8	21.4	19.1	19.7	20.6	22.6	20.2	20.7
14	Heartland for Children (HFC)	14.1	14.8	18.9	21.0	22.4	21.4	20.0	16.9	19.5	19.6	20.2
15	United for Families (UFF)	19.1	19.1	21.4	18.7	17.1	19.5	21.6	21.8	19.8	17.7	20.0
	Statewide Total	**16.1**	**17.0**	**16.9**	**18.2**	**18.7**	**17.6**	**18.3**	**18.5**	**18.8**	**18.9**	**19.4**

The Department sets the Target at 87% for children with no more than two placements within 12 months of removal

Appendix B. Statewide Tier 1 Community Based Care Core Elements for Performance Review Data Stratification

Goal: Produce a statewide 1st and 2nd quarter roll-up of tier 1 data received from the Community Based Care agencies.

Methodology used to stratify data

- Quality Assurance Research and Design unit reviewed each spreadsheet to determine validity and usefulness of data reported.

- Once spreadsheets were approved by Quality Assurance Research and Design unit, CBC data spreadsheets were assigned to Performance Management unit for data stratification and final 1st quarter, 2nd quarter and statewide roll-up of core element items.

- Data responses were given numeric values of:

    o Yes = 1
    o No = 2
    o N/A =3
    o Blank and N/A responses were not factored into final outcome

- Core element item numbers were rolled up for each case and then to the CBC level for 1st quarter, then separately for 2nd quarter. 1st and 2nd quarters were then totaled for a 6 month analysis. Each outcome measure was rolled up as follows:

    o Item numbers 1-2 rolled up to Safety Outcome measure 1
    o Item numbers 3-4 rolled up to Safety Outcome measure 2
    o Item numbers 5-10 rolled up to Permanency Outcome measure 1
    o Item numbers 11-16 rolled up to Permanency Outcome measure 2
    o Item numbers 17-20 rolled up to Well-being Outcome measure 1
    o Item number 21 rolled up to Well-being Outcome measure 2
    o Item numbers 22-23 rolled up to Well-being Outcome measure 3

- Total number of yes and no responses were calculated for each item number and then rolled up to the Outcome level and then divided by the total number of yes to obtain percentages for each CBC for the 1st quarter and the 2nd quarter. The 1st and 2nd quarter totals were then combined to obtain a 6 month roll up of compliance for each CBC.
- All CBC's totals for 1st and 2nd quarter were then summed to obtain compliance at the statewide level for each outcome.
- Spreadsheets and graphs were generated for the 1st quarter, 2nd quarter and then a 6 months 1st and 2nd quarter rollup for each CBC and then graphed by zones. Statewide 1st quarter, 2nd quarter and 6 months 1st and 2nd quarter graphs were also generated.

Zone 1st and 2nd quarter and 6 months 1st and 2nd quarter graphs were generated for comparison to statewide roll-up.

Barriers

- Use of various core element review tools: added or deleted questions, questions combined with other elements, various formats that had to be redesigned for usefulness, inconsistent with access database format, summary data provided that would not allow items to be rolled-up to outcome level

- Some conversions done manually

- Initial item/outcome roll-up computed as averages

- Core item responses inconsistent with total number of cases reviewed

- 1st and 2nd quarter data submitted as a combined total

- Data reported in reporting database that is no longer accessible

- Data reported to headquarters late

- Clarity of deliverables

Sample Size

	Lead Agency (Service Area)	1ST Qtr Case Read #	2nd Qtr Case Read #
1	Lakeview Center, Families First Network	39	96
2A	Big Bend CBC West	8	28
2B	Big Bend CBC East	12	25
3	Partnerships for Strong Families	71	76
4	Baker-Clay/Clay Kids Net, Inc.	18	71
4	Family Support Services of North Florida, Inc.	23	105
4	Nassau Board of County Commissioners- Family Matters	27	14
4	St. Johns Board of County Commissioners- Family Integrity Program	10	68
SC	YMCA South	17	Unable to determine
SC	Hillsborough Kids, Inc.	34	106
SC	YMCA North	60	73
7	Community-Based Care of Brevard County, Inc.	30	80
7	Community-Based Care of Seminole County, Inc.	43	50

7	Family Services of Metro Orlando, Inc.	33	86
8	Children's Network of SW Florida (Div. of Camelot Community Care)	79	105
9	Child and Family Connections, Inc.	105	132
10	ChildNet, Inc.	N/A	N/A
11	Our Kids of Miami-Dade/Monroe, Inc.	N/A	N/A
12	Community Partnership for Children , Inc.	52	84
13	Kids Central, Inc.	72	32
14	Heartland for Children	11	79
15	United for Families, Inc.	86	94
	State	830	1404

Note: Case count provided by headquarters Family Safety Quality Assurance. Data is self-reported by the individual Community Based Care providers.

Appendix C. Case Flow Processes

Case Flow Process

Case Flow Process

Intake Received

Unfounded

Some Indicators

Verified

No Services Necessary

Family Preservation Services Initiated

Agency maintains child in home with supervision or support services

Agency Recommends removal from home

Shelter Hearing Court Determines Initial Placement

Court sends child home without services

Court orders child to be removed from home

Court sends child home with supervision or support services

Child's family works on plan to be reunited with child

Adjudicatory & Dispositional Hearing(s): Court determines placement and permanency plan

Agency works with child's family and also develops an alternate permanency plan

Court places child in foster family home

Court places child in group home or residential facility

Court places child in the home of a relative/non-relative

Child is placed with parents under protective supervision

Court reviews progress every 6 months & holds permanency hearing within 12 months

Birth family in substantial compliance with case plan and child returns home

Birth family does not complete reunification plan

Court terminates parents' rights (possible appeals follow)

Court places child in permanent home (adoptive, relative, or guardian)

Child remains in foster care and may receive independent living services

Court holds adoption or guardianship hearing

Child remains in foster care with no permanent home

Case closed: Child has permanent home (adoptive, relative, guardian)

Case closed: Child has "aged-out"

84

Court Hearings and Petitions

```
        ┌──────────────┐              ┌──────────────┐
        │ Decision to  │              │ Protective   │
        │ Remove       │              │ Supervision  │
        └──────────────┘              └──────────────┘
```

Shelter Petition
Must be prepared by hearing
FS 39.402(6)(b)

Shelter Hearing
Within 24 hours of removal or court may order continued shelter care for up to 72 hours
FS 39.402

Dependency Petition
File within 21 days of Shelter Hearing or within 7 days after any party files a demand for early filing, whichever comes first
FS 39.501(4)

Disposition Hearing
Within 15 days of arraignment if "consent" or "admit" or within 30 days after conclusion of Adjudicatory hearing if "deny."
FS 39.521, 39.506 (2)
Must present
Case Plan, Home Study, Pre-Disposition Study (PDS), Diligent Search

Admit

Consent

Deny

Arraignment Hearing
Within 7 days of Dependency Petition (if a demand for early filing) and no later than 28 days after the Shelter Hearing
FS 39.506

Shelter Review
Within 30 days of removal in conjunction with arraignment hearing and as otherwise provided by law or determined by the Court
FS 39.506

Judicial Approval of Case Plan
Within 30 days of disposition hearing if case plan is not approved at disposition
FS 39.521(1)(a), 39.603

Dependency Adjudicatory Hearing
Within 30 days of arraignment
FS 39.507 (1)(a)

Initial Judicial Review Hearing
Within 90 days of Disposition Hearing or 90 days after court acceptance of case plan, whichever comes first, but no later than 6 months after removal
FS 39.521(1)(c), 39.701(3)(a)

Judicial Review Hearing
Within 6 months of the first Judicial Review and at least every 6 months thereafter until permanency is reached FS 39.701
JR required within 90 days after a child's 17th birthday
FS 39.701(6)(a)

Permanency Hearing
Within 12 months of removal to plan for permanency of if reunification not achieved
39.621, FS 39.701(9)(e)

Reunify?

Alternate Plan?

TPR Petition
Within 60 days after Permanency Hearing or any time under special circumstances
FS 39.8055
FS 39.802

TPR Advisory Hearing
Must take place before TPR Hearing
FS 39.801, 39.808

TPR Adjudicatory Hearing
Within 45 days after TPR Advisory Hearing
S 39.808(3), 39.809

Appendix D.

Table 1. Children Eligible for Licensed RGC Placement Assessment in FY06-07 by County

An analysis was conducted using data from the HomeSafenet database. The table below and Table 1 in the report reflect numbers of children served during Fiscal Year 2006-07 who met the following criteria:

1) Were 11 years of age or older,
2) Were placed in non-relative foster home(s) for six months or longer, and
3) Were moved more than once.

COUNTY	Children With Special needs per 409.1676
Alachua	73
Baker	0
Bay	22
Bradford	3
Brevard	38
Broward	150
Calhoun	1
Charlotte	7
Citrus	27
Clay	19
Collier	21
Columbia	11
DeSoto	8
Dixie	14
Duval	230
Escambia	76
Flagler	0
Franklin	0
Gadsden	5
Gilchrist	6
Glades	1
Gulf	0
Hamilton	0
Hardee	4
Hendry	1
Hernando	23
Highlands	9
Hillsborough	222

COUNTY	Children With Special needs per 409.1676
Holmes	1
Indian River	12
Jackson	3
Jefferson	0
Lafayette	2
Lake	36
Lee	50
Leon	26
Levy	20
Liberty	0
Madison	4
Manatee	37
Marion	83
Martin	13
Miami-Dade	231
Monroe	9
Nassau	14
Okaloosa	28
Okeechobee	8
Orange	77
Osceola	31
Palm Beach	62
Pasco	73
Pinellas	216
Polk	72
Putnam	12
Santa Rosa	17
Sarasota	30
Seminole	21
St Johns	8
St Lucie	29
Sumter	19
Suwannee	13
Taylor	2
Union	1
Volusia	101
Wakulla	4
Walton	5
Washington	3
0ther	11
Total	**2355**

Appendix D. Continued

Table 2. Children Eligible for Licensed RGC Placement Assessment
By the Lead Agency

LEAD AGENCIES	Children Who Were Eligible for Assessment per 409.1676
Sarasota YMCA South	75
Sarasota YMCA North	289
CBCVF	101
FFN	126
HKI	222
CFC	62
ChildNet	150
FSS	230
UFF	62
HFC	85
Big Bend 2A	30
Big Bend 2B	41
PSF	155
Family Matters	14
St. Johns	8
CBKN	19
CBC of Seminole	21
FSMO	108
Children's Network	80
KCI	188
Brevard	38
Our Kids of Miami	240
Total	2344

All Data Above are Estimated From HomeSafenet

Appendix D. Continued
Data Collection Tool

Residential Group Care Report– September 2007

Annually, the Department of Children and Families is required to report to the legislature on the placement of children in licensed residential group care during the year (s. 39.523(5)(a), F.S.). This report is to include the criteria used to determine the placement of children, the number of children who were evaluated for placement, the number of children who were placed based upon the evaluation, and the number of children who were not placed. This information is to be collected at the county level (if possible) to allow compilation at the lead agency, district (during the transition to zones), and zone level.

__Contact Information for Person Completing Form:__

Name:
Address:
Email address:
Telephone:

__Assessment for Residential Group Care (RGC)__

1. During FY06-07, how many children were there who were 11 years or older in family foster care for six months or longer who had been moved more than once and have extraordinary needs per 409.1676?

2. Please identify any practices/programs that have been implemented in your area that are utilized to serve these children in order to prevent placement moves.

3. How many children were evaluated for placement in residential group care (RGC)?

4. How many children were placed in RGC based on the placement evaluation?

5. How many children were referred to licensed RGC for whom placement was unavailable?

6. Are there any challenges to finding RGC placements for children in your area? Are these challenges specific to county or other geographic location?

This information will be analyzed in conjunction with expenditure information in the related DCF district level budget categories and OCAs, as reflected in a recent IDS/FLAIR run for FY 06-07. If you do not believe this will give an accurate picture of the costs of the residential group care program, please email Frank_Platt@dcf.state.fl.us or call him at 850-922-2860 to discuss.

Appendix E. Other Cost Accumulator (OCA) Codes Used to Identify Dependency Case Management, Licensed Out-of-Home Care, Adoption Subsidies, State-Funded Independent Living, and Prevention/Family Preservation/In-home Expenditures, FY05-06 and FY06-07

OCA	Title
	Dependency Case Management
ATIHS	STATE FUNDED TITLE IV-A EMERGENCY ASSISTANCE - IH - CBC
DCM00	DEPENDENCY CASE MANAGEMENT
PR003	IV-E ADOPTION ASSISTANCE ADMINISTRATION - CBC
PR005	MEDICAID ADMIN.- OHS - CBC
PR020	IV-E FOSTER CARE CASE MANAGEMENT - CBC
PR021	IV-E FOSTER CARE PLACEMENT - CBC
PR022	IV-E FOSTER CARE ELIGIBILITY DETERMINATION - CBC
PR023	IV-E FOSTER CARE - OTHER SERVICES - CBC
PR024	SF CHILD WELFARE SVCS. OUT-OF-HOME ADMIN. - CBC
PR026	IV-B CHILD WELFARE SVCS OUT-OF-HOME ADMIN. - CBC
PR105	MEDICAID ADMINISTRATION - IN-HOME - CBC
PR124	SF CHILD WELFARE SVCS. IHS ADMINISTRATION - CBC
PR126	CHILD WELFARE SERVICES - IN-HOME - IV-B - CBC
PR2LM	FAMILY BUILDERS PROGRAM - TANF MOE - CBC
PRA05	MEDICAID ADMINISTRATION - ADOPTION - CBC
PRA24	SF CHILD WELFARE SVCS. ADOPTION ADMIN. - CBC
PRA26	CHILD WELFARE SERVICES - ADOPTION - IV-B - CBC
PRHRN	STATE FUNDED HOME VISITOR/HIGH RISK NEWBORN-CBC
PRS01	SSBG ADOPTION SERVICES ADMINISTRATION - CBC
PRS04	SSBG COUNSELING SERVICES - COMMUNITY-BASED CARE
PRS11	SSBG FOSTER CARE SVCS. OHS ADMINISTRATION - CBC
PRS22	SSBG PROTECTIVE SERVICES - COMMUNITY-BASED CARE
PRS29	SSBG OTHER CHILD WELFARE SERVICES - CBC
PRSS1	SSBG TANF TRANSFER - IN-HOME SVCS. - CBC
PRSS2	SSBG TANF XFER CHILD WELFARE SVC OHS ADMIN - CBC
PRSSA	SSBG TANF TRANSFER - ADOPTION - CBC
PR2L0	FAMILY BUILDERS PROGRAM-COMMUNITY BASED CARE
PR4A0	TITLE IV-A EMERGENCY ASST.-OUT-OF-HOME-CBC
PR4A1	TANF RELATED ADMIN - IH-CBC
PR4A2	TITLE IV-A EMERGENCY ASSISTANCE - ADMIN. - CBC
PRT01	TANF ELIGIBILITY DETERMINATION - IH - CBC
PRT02	TITLE IV-A EMER. ASST. ELIGIBILITY DET. OH-CBC
PRT03	TANF ADOPTION ADMINISTRATION - CBC
RGC05	XIX MEDICAID ADMINISTRATION OUT-OF-HOME-RGC
RGC15	XIX MEDICAID ADMINISTRATION IH - RGC
RGC20	IV-E FOSTER CARE CASE MANAGEMENT-RGC
RGC21	IV-E FOSTER CARE - PLACEMENT OHS - RGC
RGC22	IV-E FOSTER CARE - ELIG. DETERMINATION OH - RGC
RGC23	IV-E FOSTER CARE OTHER-RGC
RGC30	IV-E FOSTER CARE - CASE MANAGEMENT IH - RGC
RGC34	STATE FUNDED CHILD WELFARE SERVICES IH -RGC
RGC42	TITLE IV-A EMERGENCY ASSISTANCE ADMIN - RGC

RGC45	TANF RELATED ADMIN - IH - RGC
RGC60	CHILD WELFARE SVCS. - OHC ADMINISTRATION - RGC

	Licensed Out-of-home-care
ATEAS	STATE FUNDED TITLE IV-A EMERGENCY ASSISTANCE - OH - CBC
LCFH0	LICENSED CARE – FOSTER HOMES
LCRGE	LICENSED CARE – RESIDENTIAL GROUP HOMES/ EMERGENCY SHELTERS
LC0TH	LICENSED CARE - OTHER
PRS33	SSBG CHILD WELFARE SVCS. - OHC MAINTENANCE - CBC
PRSS4	SSBG TANF XFER CHILD WELFARE SVCS-OHC MAINT.-CBC
PR044	SF CHILD WELFARE SVCS. - OHC MAINTENANCE - CBC
PR046	IV-B CHILD WELFARE SVCS. - OHC MAINTENANCE - CBC
PR050	IV-E FOSTER CARE MAINTENANCE PAYMENTS - CBC
PR4A4	TITLE IV-A EMERGENCY ASSIST. MAINT. IN-HOME-CBC
RGC19	SF BEHAVORIAL WRAPAROUND SERVICES - RGC
RGC24	STATE FUNDED MAINTENANCE PAYMENTS OHC-RGC
RGC40	TITLE IV-A EMERGENCY ASSISTANCE MAINTENANCE - RGC
RGC50	IV-E FOSTER CARE MAINTENANCE - RGC

	Adoption Subsidies/Legal Fees
39MAS	MAINTENANCE ADOPTION SUBSIDIES - TANF
ATMAS	STATE FUNDED MAINTENANCE ADOPTION SUBSIDY - CBC
MP000	NONRECURRING ADOPTION EXPENSES
PRA03	NONRECURRING ADOPT. EXP. SPEC. NEEDS CHILD - CBC
PRA70	STATE FUNDS CHILD WELFARE ADOPTION SUBSIDY - CBC
PRA80	MEDICAL COSTS OF SUBSIDIZED ADOPTIONS - GR - CBC
PRA90	MAINTENANCE ADOPTION SUBSIDY - TANF - CBC
PR060	IV-E ADOPTION ASSISTANCE SUBSIDY PAYMENTS - CBC
WO006	MAINTENANCE ADOPTION SUBSIDIES - OTHER
WR001	MAINTENANCE ADOPTION SUBSIDIES – TITLE IV-E

	State Funds Allocated for Independent Living
AC001	SF - CHAFEE INDEPENDENCE LIVING MGT - CBC
AC006	SF - CHAFEE FC INDEPENDENCE PROGRAM - CBC
ACCES	SF- EDUC AND TRAIN VOU PROG -SS-CBC
ACTEV	SF - EDUC & TRAIN VOU PROG-TRNS-CBC
ACC0T	SF - CHAFEE FC IND PRG - OTHER - CBC
ACCSS	SF - ROAD TO INDEP SCHOLARSHIP - CBC
ACTRB	SF - CHAFEE TRANSITIONAL- R&B - CBC
ACT0T	SF - CHAFEE TRANSITIONAL- OTHER-CBC
ACRBA	SF AFTERCARE - R&B - CBC
AC0AT	SF AFTERCARE - OTHER - CBC
PR014	STATE FUNDED CASE MANAGEMENT SUPPORT AGE 18/19 - CBC
PRSIL	SF SUBSIDIZED INDEPENDENT LIVING
PR0SS	SF CHAFEE SCHOLARSHIP
PRTSB	SF CHAFEE TRANSITIONAL - R&B
PRTST	SF CHAFEE TRANSITIONAL - OTHER

PRSBA	SF CHAFEE AFTERCARE - R&B
PRSTA	SF CHAFEE AFTERCARE – OTHER
SFSIL	CHAFEE – STATE FUNDED SIL
SF0SS	CHAFEE – STATE FUNDED SCHOLARSHIPS
SFTRB	CHAFEE – STATE FUNDED – TRANSITIONAL ROOM & BOARD
SFT0T	CHAFEE – STATE FUNDED – TRANSITIONAL OTHER
SFSRA	CHAFEE – STATE FUNDED AFTERCARE – ROOM & BOARD
SF0AT	CHAFEE – STATE FUNDED AFTERCARE – OTHER
	Prevention/Family Preservation/In-Home Services
CPI00	COMMUNITY PREVENTION INITIATIVE
CS0IH	OTHER CLIENT SERVICES – IN-HOME
PRS20	SSBG PREVENTION/INTERVENTION – CBC
PR008	CAPTA GRANT – CBC
PRE04	PSSF FAMILY PRESERVATION SERVICES – CBC
PRE06	PSSF FAMILY SUPPORT SERVICES – CBC
PRE11	PSSF TIME-LIMITED FAMILY REUNIFICATION – CBC
PRE12	PSSF ADOPTION PROMOTION & SUPPORT SERVICES – CBC
PRE13	PSSF COMMUNITY FACILITATION – IN-HOME – CBC
PRE14	PSSF COMMUNITY FACILITATION – OUT-OF-HOME – CBC
PVS00	PREVENTION SERVICES FOR FAMILIES NOT CURRENTLY DEPENDENT