



IV-E Waiver Demonstration Evaluation
Semi-Annual Progress Report 2 SFY06-07

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September 28, 2007

**Submitted
to the Department of Children and Families**



The authors gratefully acknowledge the assistance provided by Ronda Paramoure, FMHI's caregiver consultant; leadership staff from the Florida Department of Children and Families, including Don Winstead, David Fairbanks, Robert Anderson, Buddy Croft, Debra Ervin, Melissa Jaacks, John Lyons, Keith Perlman, Coleman Zuber, and the executive staff of all CBC lead agencies in Florida.

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Executive Summary

This report is the second in a series of semi-annual progress reports on the status and activities related to the evaluation of Florida's IV-E Waiver Demonstration Project. The purpose of the evaluation is describe and track IV-E Waiver implementation, and to determine, over the course of the Waiver, the effectiveness of an expanded array of child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. This report includes data gathered from 20 lead agencies serving all 67 Florida counties. The evaluation is comprised of three related components: an implementation analysis (FY06-07 data), a child welfare practice analysis (FY06-07 data), and a programmatic outcomes analysis (FY03-04, 04-05, 05-06 data).

Implementation of the IV-E Waiver

In order to collect data relevant to Waiver implementation, focus groups were conducted with lead agencies, Department of Children and Families (DCF) Central Office (including fiscal staff), child protective investigators, and judges. Emergent themes detailed in this report include organizational factors such as pace of implementation, organizational efficiencies, communication and collaboration, and fiscal issues. Community perception as well as involvement, and additional systemic factors are also discussed.

The most common view expressed throughout focus groups is that implementation of the Waiver served as a driver or catalyst for systemic improvement efforts. While these systemic improvements would likely have been brought to the table, it is generally felt that the Waiver brought with it a significant boost in flexibility and creativity. This alignment of funding sources with good public policy decisions is hoped to lead to changes in how child welfare funding works nationally. If the Waiver shows positive outcomes for children and families over time, the goal would not only be to renew the Waiver in Florida, but to also propose that Title IV-E Waivers be made a state-by-state option.

Lead agencies reported several fiscal concerns related to the IV-E Waiver and to child welfare funding more broadly. Several agencies expressed concern about the long-term sustainability of the CBC model under the Waiver because the Waiver limits annual increases in IV-E funding to 3%, without regard to the change in the number of children that come into care. Lead Agencies also reported concerns that FY06-07's 3% funding increase afforded by the Waiver was not equitably distributed by the Legislature. There were similar concerns about increases in the costs of providing and contracting for

services not being met by adequate increases in revenue, leading to reductions in the kinds of creative, front-end services the Waiver was intended to facilitate.

Several lead agencies reported that they were concerned about a recent influx of children with developmental disabilities whose care had previously been the responsibility of the Florida Agency for Persons with Disabilities (APD). Concern was expressed that partially due to the flexibility of the Waiver, and partially due to continued budget cuts to historically under-funded agencies such as APD and Department of Juvenile Justice (DJJ), the CBC system is becoming the primary financial support for children traditionally, and in many cases, more appropriately served by other organizations.

Child Protective Investigations and the Court System

In order to gain the perspective of stakeholders that are potentially affected by the Waiver, though not directly involved in implementation, focus groups were conducted with Child Protective Investigators and Dependency Court personnel. Even though these stakeholders reported no knowledge or limited knowledge of the IV-E Waiver Demonstration, it became evident from focus group data that these professionals are critical components within the system of care that the CBC lead agencies and Department of Children and Families are trying to improve through Waiver implementation. Taking into account the goals of the Waiver, the participants emphasized several factors that should be considered during implementation and evaluation:

- The efficiency of the child abuse and neglect reporting system and the role of mandatory reporters have a direct influence on the number and types of cases entering the child welfare system.
- While lead agencies are focusing on expanding prevention-related services, it is necessary to consider the availability and accessibility of the services to Child Protective Investigators who are the first responders in reports of child abuse and neglect and also the appropriateness of the services to meet the needs of the families in their community.
- The inherent nature of Community-Based Care often involves several agencies working with one family; in order to be successful the stakeholders emphasize that clarification of roles, collaboration and communication among all of the various professionals is necessary.
- The Child Protective Investigators' workload and caseload size can directly impact the success of prevention and diversion efforts.

Child Welfare Practice and Changes to Local Service Arrays

The Child Welfare Practice Analysis consists of three primary components: the Community-Based Care lead agency profiles of practice, the identification of innovative practices, and a Caregiver Engagement Survey Pilot Study. It was found that in response to the IV-E Waiver, Community-Based Care lead agencies are using various creative approaches aimed at immediate and long-term benefits. As identified in the data, the efforts involve several key strategies:

- Investing in the creation and expansion of prevention and diversion-focused services and strategies in order to reduce the number of children entering out-of-home care.
- Improving supports and resources to permanency options for children already in out-of-home care, including reunification, adoption, relative and non-relative care.
- Enhancing pre-service and in-service training for all child welfare staff - supervisors, administrators, and caseworkers.
- Engaging community organizations, stakeholders, and caregivers in service assessment, planning, provision, and funding.
- Improving utilization management strategies to make the most efficient and effective use of existing resources.

Outcomes for Children and Families

Overall, there is a trend indicating an improvement in lead agency performance. All permanency indicators (e.g., proportion of children exiting into permanency, proportion of children with adoption finalized, proportion of children remaining in care after 12 months) significantly improved for entry cohorts FY04-05 and FY05-06 compared to the previous years. Furthermore, percent of children who experienced maltreatment within 6 months after service termination among those whose cases were closed during FY05-06, and the number of maltreatment incidents occurring during services for children who were only served in FY05-06 compared to the previous cohort, significantly (2%) decreased.

While this positive trend cannot yet be tied to implementation of the IV-E Waiver due to the baseline data used for the current analysis, it is possible that the planning which occurred in anticipation of the IV-E Waiver impacted services and related outcomes. The next semi-annual progress report will compare the positive trends seen in FY04-05 and FY05-06 to the FY06-07 data in order to assess more directly, any impacts seen subsequent to the Waiver's October 1, 2006, implementation date.

Making Change Happen

The initial version of the IV-E Waiver theory of change was based on: 1) federal and state government expectations of the intended outcomes of the Waiver implementation and 2) the evaluation team's hypotheses about practice change developed from knowledge of the unique child welfare service arrangements throughout the State. This theory of change was as follows:

- 1) Waiver implementation will result in increased flexibility of IV-E funds that have historically been earmarked for out-of-home care services. The new flexibility allows these funds to be allocated toward services to prevent or shorten child placements into out-of-home care.
- 2) Consistent with the Community-Based Care model, it is expected that the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve. However, it is expected that Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies.
- 3) These changes in practice are expected to affect child outcomes, including child permanency, safety, and well-being.
- 4) Over the life of the demonstration project, it is expected that fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care. Therefore, costs associated with out-of-home care are expected to decrease following Waiver implementation, while costs associated with prevention and in-home services will increase, although no additional IV-E Waiver funds will be spent overall.

A number of themes emerged regarding the existing theory of change specific to the IV-E Waiver. Some themes refer to new elements that need to be added to the theory of change while others reflect refinements in its four assumptions. The new components are community values and education and the role of environmental factors. Refinements to the original theory of change were recommended in the areas of time, resources, and prevention. For a visual depiction of the revised theory of change see Figure 11 in the Summary and Discussion section.

Policy Recommendations

The following recommendations are offered to the Department of Children and Families and Florida's lead agencies:

- Develop and maintain routine mechanisms for lead agencies to meet with DCF Central Office staff, including the Secretary, to voice their concerns and resolve potential issues openly and collectively.
- The Department and lead agencies should work collaboratively to advocate both for appropriate levels of funding from the Legislature, as well as determination of each lead agency's level of funding prior to the beginning of each fiscal year.
- Improve communication among DCF Central Office, DCF Region Offices, and lead agencies to share feedback on fiscal system changes.
- Make available additional training and encourage communication between DCF and lead agency fiscal staff regarding the revenue maximization process, as well as the appropriate and accurate completion of invoices.
- Ensure clear direction on restructuring the role of DCF's contract managers to provide improved management and quality assurance, as well as providing training and appropriate incentives for performing these new roles.
- Restructure fiscal monitor contracts so that they balance auditing needs with the need to closely monitor financial performance.
- Consider that children with emotional and physical health problems experienced much worse permanency outcomes compared to healthy children, and develop targeted prevention efforts for this group of youth.
- Due to an increase in maltreatment incidents for children who were serviced for two consecutive fiscal years, additional services and supports should be provided for children who were not placed for adoption and who remain in care for more than 12 months.
- Additional supports and services should also be provided to families with older children to prevent the re-entry of these children into out-of-home care and to increase their chances of being adopted.

Introduction and Overview

The Florida Department of Children and Families (the Department) has contracted with the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida (USF) to develop and conduct an evaluation of Florida's statewide IV-E Waiver Demonstration Project. The Department also contracts with USF to complete an annual evaluation of the Community-Based Care (CBC) initiative, the State's effort to improve the safety, permanency and well-being of at-risk children by developing a locally-driven, outsourced child welfare system. A brief description of the statewide transition to the CBC child welfare model is presented below to provide the context for the Title IV-E Waiver implementation in Florida.

Florida's Child Welfare System

In 1996, the Florida Legislature mandated the outsourcing of child welfare services through the use of a lead agency design. The intent of the statute was to strengthen the commitment and oversight of local communities for caring for children and reunifying families, while increasing the efficiency and accountability of service provision. Currently, all of Florida's 67 counties have transitioned to this model. Lead agency locations are presented below (Figure 1) and the counties and number of children served by each lead agency in SFY06-07 are presented in Table 1.

Figure 1. Florida's Community-Based Care Lead Agencies



Available online at: <http://www.dcf.state.fl.us/cbc/docs/cbcstatusmap.pdf>

* Note that while Family Matters of Nassau County operated during the period under review, this county is now served by Family Support Services of North Florida, Inc.

Table 1.
Number of Children Served in SFY06-07 by Community-Based Care Lead Agencies

| District | Lead Agency & Counties Served | Number of Children served SFY06-07 <i>Unduplicated Count</i> |
|------------------|--|---|
| District 1 | Families First Network (FFN) <i>Escambia, Santa Rosa, Okaloosa, & Walton</i> | 5,091 |
| District 2A & 2B | Big Bend Community Based Care West (BBCBC -2A West) <i>Holmes, Washington, Bay, Jackson, Calhoun, & Gulf,</i> | 2,237 |
| | Big Bend Community Based Care East (BBCBC -2B East) <i>Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, & Taylor</i> | 1,812 |
| District 3 | Partnership for Strong Families (PSF) <i>Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Putnam, Suwannee, Levy, & Union</i> | 3,517 |
| District 4 | Family Support Services of North Florida, Inc. (FSS) <i>Duval</i> | 4,930 |
| | *Nassau County Board of County Commissioners (Family Matters) <i>Nassau</i> | 357 |
| | Clay & Baker Kids Net, Inc. (CBKN) <i>Clay & Baker</i> | 939 |
| | St. Johns County Board of County Commissioners (St. Johns) | 532 |
| SunCoast Region | Sarasota Family YMCA, Inc. North (Sarasota YMCA North) <i>Pasco & Pinellas</i> | 6,112 |
| | Sarasota Family YMCA, Inc. South (Sarasota YMCA South) <i>Manatee, De Soto, & Sarasota</i> | 1,787 |
| | Hillsborough Kids, Inc. (HKI) <i>Hillsborough</i> | 6,862 |
| District 7 | Community Based Care of Seminole, Inc. (CBC of Seminole) <i>Seminole</i> | 1,270 |
| | Family Services of Metro-Orlando, Inc. (FSMO) <i>Orange & Osceola</i> | 6,361 |
| | Community-Based Care of Brevard (CBC of Brevard) <i>Brevard</i> | 2,549 |
| District 8 | Children's Network of Southwest Florida (Children's Network) <i>Charlotte, Lee, Glades, Hendry, & Collier</i> | 2,601 |
| District 9 | Child & Family Connections, Inc. (CFC) <i>Palm Beach</i> | 3,407 |
| District 10 | ChildNet, Inc. (ChildNet) <i>Broward</i> | 6,272 |
| District 11 | Our Kids of Miami-Dade & Monroe, Inc. (Our Kids) <i>Miami-Dade & Monroe</i> | 7,641 |
| District 12 | Community Partnership for Children, Inc. (CPC) <i>Volusia & Flagler</i> | 2,317 |
| District 13 | Kids Central, Inc. (KCI) <i>Marion, Citrus, Sumter, Lake, & Hernando</i> | 7,776 |
| District 14 | Heartland for Children (HFC) <i>Polk, Hardee, & Highlands</i> | 5,395 |
| District 15 | United for Families (UFF) <i>Okeechobee, St. Lucie, Indian River, & Martin</i> | 3,285 |
| All Districts | | Total =83,050 |

*These data were collected prior to the ending of Nassau County BOCC's contract

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

Purpose and Specific Aims of the Evaluation

Florida's IV-E Waiver was implemented in October 2006 through changes in State contracts with the CBC lead agencies. The purpose of the IV-E Waiver evaluation is to determine the effectiveness of expanded child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. Specifically, the evaluation will test the hypotheses that an expanded array of Community-Based Care services available through the flexible use of Title IV-E funds will:

- expedite the achievement of permanency through either reunification or adoption;
- maintain child safety;
- increase child well-being; and
- reduce administrative costs associated with providing community-based child welfare services.

This report includes data gathered from 20 lead agencies serving all 67 counties. The period covered for this report includes Fiscal Year 2006-2007. These data were collected prior to the ending of the Nassau County Board of County Commissioners' contract.

Conceptual and Methodological Framework

Through the Title IV-E Waivers, states may spend Federal Title IV-E funds for supports and services (other than foster care maintenance payments) that protect children from abuse and neglect, preserve families, and promote permanency (U.S. Department of Health and Human Services, 2005). Florida's demonstration project is hypothesized to impart significant benefits to families and improve child welfare system efficiency and effectiveness through greater use of prevention services and in-home supports offered throughout all stages of contact with families. The evaluation design and outcome variables were selected for the purpose of examining these aspects of Florida's child welfare system. The evaluation is comprised of three related components: Implementation Analysis, Child Welfare Practice Analysis, and Programmatic Outcome Analysis

Each component will be described in detail in the following sections of this report. In order to most accurately reflect the status of the demonstration project, data are triangulated from various information sources, including the annual evaluations of Community-Based Care (s. 409.1671, F.S), ongoing Department quality management and monitoring activities, and other data sources as they become available. Findings will be integrated across components and over time in order to track the evolutionary process throughout the life of the demonstration project.

The evaluation maximizes the strengths of using a longitudinal research design while minimizing intrusiveness for the Community-Based Care (CBC) lead agencies. Whenever feasible, existing data sources are utilized to minimize participant requests. For example, evaluation cohorts were defined and identified using data available in the Florida child welfare administrative data system, HomeSafenet (HSn). In the subsequent years, longitudinal changes in child welfare outcomes will be analyzed by measuring the progress of successive cohorts of children entering the State's child welfare system toward achievement of the demonstration project's primary goals. These cohort analyses can be conducted without the need to request new data from the CBC lead agencies.

In addition, the evaluation was designed to be participatory, with input from the Florida Department of Children & Families (DCF), CBC lead agencies, and community partners which is welcomed and requested at all phases of the evaluation. Further, since child and family-level variables are the primary outcomes of interest, the evaluation team includes, in a consultant role, a parent with child welfare system involvement.

Background of IV-E Waiver and Evaluation in Other States

Throughout the 1990s, several trends in child welfare services contributed to a growing interest in Waivers that offer flexibility to states and local governments in spending Federal Title IV-E funds while limiting the total IV-E allocations available for services. Specifically, an increased growth in out-of-home placement costs, increasing complexity in the risk profiles and service needs of children and families, and Federal limitations on the use of Title IV-E funds have led to the development of flexible funding Waivers (U.S. Department of Health and Human Services, 2005).

Profiles of the Child Welfare Waiver Demonstration Projects (James Bell & Associates, 2006) stated that as of April 2006, 24 states have either implemented a Waiver or are in the process of implementing. Not only do the types of Waivers vary greatly from state to state, there are notable differences in the duration of the Waiver interventions. As of March 2007, there were six states approved to participate in a flexible funding Waiver: Florida, California, Oregon, Ohio, North Carolina, and Indiana. Florida and California are among the states to recently implement a flexible funding Waiver, whereas Oregon and Ohio were among the first states to participate. As mentioned earlier, Florida's demonstration project was required to be independently evaluated by ss. 409.1671(4) (a), F.S. Similar to Florida, all states with flexible funding Waiver demonstrations are required to conduct process and outcome evaluations.

Although all demonstration states are similar in their evaluation requirements, the evaluation designs vary from state to state. For example, in North Carolina a comparison group design was used in the evaluation. Ohio and Oregon also used a comparison group design for their evaluations. Indiana used a matched case comparison design approach, which included a comparison group. California is utilizing a time-series design to analyze historical changes and to observe patterns in outcomes (U.S. Department of Health and Human Services, 2005). As discussed earlier, FMHI/USF is using a longitudinal research approach similar to California's evaluation design to evaluate Florida's project.

Implementation Analysis

The implementation analysis has been designed to track the planning process for IV-E Waiver implementation and to assess the eventual impact of the Waiver on the Department, Community-Based Care lead agencies, provider networks and local communities. The emphasis of the current progress report is two-fold: to document the IV-E Waiver implementation process and to develop a refined theory of change for the IV-E Waiver that reflects the views of key stakeholders (discussed in further detail later in the report).

Process Evaluations of IV-E Waivers Nationally

The design of the current implementation analysis reflects the IV-E Waiver Terms and Conditions evaluation requirements and addresses the challenges that evaluators have faced in other states when attempting to track and monitor the implementation process for their respective IV-E Waivers. One problem identified was the failure to make logical linkages between the Waiver, changes in service array, and subsequent outcomes for children (James Bell Associates, 2005). Focus groups with key stakeholders specific to Florida's theory of change during the first year of the evaluation addressed this challenge. In addition, both the implementation and practice level analyses solicited information from lead agencies about attribution of changes.

Regarding findings in other states specific to implementation, states such as Indiana, North Carolina, Ohio, and Oregon have reported some barriers to implementation. North Carolina and Indiana went through periods of inconsistent Waiver implementation across counties due to such challenges as insufficient numbers of children who were IV-E eligible, confusion specific to policy and practice changes, increased workload burden for staff, and philosophical differences regarding not wanting to develop and pay for new services with Waiver funds that might not be sustainable after the Waiver period expired. Also, Oregon experienced trouble during their planning phase in setting up necessary infrastructure, which further delayed implementation of the Waiver (James Bell Associates, 2006).

Method

In addition to the lead agency focus groups that were reported on in an earlier report (Armstrong, et al., 2007), there were nine lead agency focus groups conducted since March of 2007 and one focus group with key staff from the Department that included

Central Office Fiscal Staff. Each of these nine focus groups consisted of approximately 3-10 participants. The focus groups included discussion of the facilitators and barriers encountered during implementation, as well as the steps taken to address these barriers. Participants were selected from CBC lead agency leadership (e.g., Executive Directors and/or Directors of Operations). Focus group participants contributed to the refinement of a theory of change pertinent to the Waiver.

Data Analysis

Content analysis of focus group transcripts was used for the implementation analysis. Content analysis involves reviewing and coding qualitative data to identify common themes and trends. The primary goal of content analysis is to condense a large amount of qualitative data into a list of variables that can be examined for correlations, patterns and themes. These themes and patterns are reported throughout the remainder of this report.

Lead Agency and DCF Staff Focus Groups

Findings

This section spans a broad array of implementation issues at the organizational level. While not all were directly tied to Title IV-E Waiver implementation, they all affected, or were impacted by, the Waiver and are important contextual information for a full understanding of waiver implementation. Emergent themes include organizational factors such as pace of implementation, organizational efficiencies, communication and collaboration, and fiscal issues. Community perception as well as involvement, and additional systemic factors are also discussed in this section.

Organizational Factors

First, it should be acknowledged Florida's statewide IV-E Waiver was the first demonstration project to be implemented statewide (James Bell Associates, 2006). Furthermore, the planning process involved both public and private child welfare stakeholders (Vargo, et al., 2006), and due to this intense planning, Florida was one of the only states to start its Waiver on time (Armstrong, et al., 2007). While lead agencies expressed several concerns regarding their stability as organizations within the current child welfare system, the IV-E Waiver was generally thought of very positively. The following section discusses organizational themes that came out of the focus groups with

lead agencies and the Department. While many of the implementation issues identified here present formidable challenges, the participants also presented creative solutions.

As previously mentioned, the challenges that are outlined in this section are certainly not all specific to the IV-E Waiver. By the same token, it would be impossible to say that all of the positive changes we are now seeing are directly caused by the IV-E Waiver. The most common view expressed throughout the focus groups is that the Waiver, since it was implemented alongside so many other systemic improvements efforts, is a catalyst for positive change. While it is likely that these systemic improvements would have happened regardless of waiver implementation, it is generally felt that the Waiver significantly boosted flexibility and creativity. One stakeholder stated, “There were a number of things that we did in implementing the Waiver that we could have done anyway. We could have had a more coherent schedule of funds; we could have undone some of the requirements for eligibility under the old system. The Waiver was a catalyst for creative thinking that went beyond just the statutory provisions.”

Separating service decisions from child welfare funding rules is one of the most important benefits of the Waiver. In offering the flexibility that it does, the Waiver should ideally serve as a trigger toward development of a more effective system of care. Stakeholders hope that the Waiver will inspire their peers and colleagues to elevate the local community debates on the service delivery system. Also, it is hoped that consideration is given to each child’s needs, rather than decisions being made in a cookie cutter fashion and driven by perverse funding incentives/disincentives. The idea that the Waiver “introduces the prospect of change” was a sentiment made clear across focus groups.

This aligning of funding sources with good public policy decisions specific to the field of child welfare is hoped to lead to changes in how child welfare funding works nationally. If the Waiver shows positive outcomes for children and families over time, the goal would be to renew the Waiver in Florida and also to propose that Title IV-E Waivers be made a state-by-state option nationally.

Focus group data and survey data show modest evidence for the hypothesis that the Waiver will lead to a decrease in out-of-home care spending and an increase in spending on in-home services. This has begun to take place in some areas of the state. Nine of the 19 lead agencies that responded to the Lead Agency Survey (detailed in the Child Welfare Practice Analysis section to follow) indicated that they had experienced a decrease in out-of-home care spending or an increase in spending on “front-end” services,

such as family support teams or case management. The DCF Central Office concurred, and reported that lead agencies have embraced their newfound ability to re-direct surplus dollars from one funding source to another. Several CBCs, however, reported that their ability to shift resources from out-of-home care to front-end services is limited by the needs of children already in out-of-home care.

There is evidence that the IV-E Waiver has led to new administrative efficiencies for lead agencies. Several CBCs reported that the fiscal reporting reductions afforded by the Waiver have made the completion and submission of invoices to DCF easier. One CBC indicated that the eligibility determination process has become simpler and less time consuming, due to the Waiver.

The DCF Central Office also reported successful implementation with several initiatives that were facilitated by the IV-E Waiver. During the ninth month of FY06-07, the entire child welfare system had earned all available Federal Temporary Assistance for Needy Families (TANF) and Maintenance of Effort (MOE) funding as well as most Chafee and IV-A Adoption Assistance funds. The Central Office also reported that while the new CBC invoice was an improvement over its predecessor, more training in the use of the new invoicing process would be valuable for the lead agencies and fiscal monitors.

Lead agencies reported several fiscal concerns related to the IV-E Waiver and to child welfare funding more broadly. Several agencies expressed concern about the long-term sustainability of the CBC model under the Waiver because the Waiver limits annual increases in IV-E funding to 3%, without regard to the change in the number of children that come into care. In a few separate focus groups, CBCs reported concerns that FY06-07's 3% funding increase afforded by the Waiver was not equitably distributed by the Legislature. There were similar concerns about increases in the costs of providing and contracting for services not being met by adequate increases in revenue, leading to reductions in the kinds of creative, front-end services the Waiver was intended to facilitate.

Perhaps the strongest theme emerging from lead agency focus groups was that these organizations are feeling increased financial risk. Lead agencies have always been organizations at-risk and contractually obligated to assume liability for each child in their geographic area that comes to their front door. In addition, due to current and projected budget cuts, cost of living increases, and perceived responsibility-shifting of high-end children from other social service organizations, lead agencies are more acutely feeling the impact of such risk.

Several lead agencies raised issues inherent to fixed-price contracting. At the time of the focus groups, a few of the lead agencies were experiencing increases to their out-of-home care populations. One lead agency CEO gave the following example, “A [significant] increase with no ability to go back and say, ‘look, the PIs [protective investigators] are removing at a rate much higher than before; we have had unbelievable media coverage, and there is no place to adjust anything. You live with it, do or die, until you get to the end of the year ... it is frustrating.” Agencies stressed the tough environment in which they operate where dollars in their contract can only decrease, but the number of children in care can increase at any time. As child welfare privatization has matured, lead agencies are seeing negative repercussions to their agencies and staff due to fixed levels of less-than-adequate funding. One focus group participant explained, “We haven’t given increases to our subcontracted providers nor have we been able to give cost of living increases to our staff, and that only has negative repercussions in terms of turnover, morale, and performance.”

Several lead agencies reported that they were concerned about a recent influx of children with developmental disabilities whose care had previously been the responsibility of the Florida Agency for Persons with Disabilities (APD). Concern was expressed that partially due to the flexibility of the Waiver, and partially due to continued budget cuts to historically under-funded agencies such as APD and Department of Juvenile Justice (DJJ), the CBC system is becoming the primary funding source for children traditionally, and in many cases, more appropriately served by other organizations. Several lead agencies indicated a related fear that if they successfully reduce out-of-home care and, consequently, total expenditures, that the dollars that they save will be taken away from them in the future. They reported that this problem is compounded by the unpredictability of caseload size due to the effect of decisions made by other child welfare serving entities, including protective investigators, the judiciary, the APD, and the DJJ.

Child Welfare Legal Services (CWLS) was another aspect of the system that lead agencies feel significantly impacts their financial viability and the number of children in out-of-home care. “They are just outside of our reach but we are so dependent on them,” stated one lead agency stakeholder. “They quickly move the cases through the dependency system after the PIs step out so that everyone looks good in Tallahassee, but it is very hard to be responsible for something when you don’t have some level of control and the right input. We have to wait for CWLS to file motions, set up hearings, file a TPR [termination of parental rights], get the witnesses prepared... we are really at their mercy.”

Additional factors mentioned were problems when parent's attorneys stalled the process, shortages of Guardian Ad Litem, and the fact that the dependency judges chair the community alliances in many counties, so the idea of an Alliance stepping in to hold the legal system accountable does not always work due to a conflict of interest.

Nearly all of the CBCs reporting these concerns indicated that the uncertain funding levels and unpredictability in caseload size make it difficult to plan and manage effectively. Regarding these challenges, several recommendations were raised during the course of the focus groups, such as developing a comprehensive approach to services across the state, re-negotiating lead agency contracts, sharing financial risk with provider organizations, and diversification in services. Collaboration among child welfare, DJJ and APD was suggested. Another related suggestion was to place more attention on leaders in the field who are doing things right, rather than simply focusing on those who have made mistakes. For example, if a District Administrator (DA) has a superior understanding of the interplay among investigations, casework and supervision, public perception and an understanding of how all of the parts fit together, attention should be paid to sharing this understanding with other Department and lead agency staff.

Some lead agencies introduced the idea of re-negotiating their contracts with the Department so that they could have some control over the volume of children coming into services. They suggested that a better method of payment would be a specified amount for each child an investigator refers to the lead agency. Another option is to re-negotiate contracts with provider subcontractors, such as case management organizations, so that lead agencies and providers share the financial risk. One lead agency is already doing this by incentivising their provider network contracts specific to indicators relevant to moving children through the system more efficiently.

Finally, a small number of lead agencies explained that they may be facing projections of bankruptcy within a two-year timeline, and are considering diversification in the types of services they offer. Specific ideas include providing developmental disability services through contracts with APD, one lead agency contracting and sharing another's case management organizations, or new sharing arrangements for Information technology services.

The Department shares some of the CBCs' fiscal concerns, but the Department's financial concerns were more focused on implementing this year's mandated 4% budget cut and FY08-09's projected 10% budget cut. Additionally, there were two operational concerns pertaining to fiscal issues reported by the CBCs. Some agencies reported that

there was insufficient training regarding changes in the revenue maximization process. Although the eligibility determination process has been simplified, one agency reported that the ACCESS Florida Program was still operating under an old model early in the fiscal year. The DCF Central Office is concerned that some CBCs have not yet adopted the new eligibility determination process.

The DCF Central Office identified two areas for improvement in fiscal management under the Waiver. It was expected that the Waiver would shift the role of DCF's contract managers from assessing fiscal compliance to assessing system of care changes and monitoring quality improvements. The Central Office reported that most CBC contract managers are still more focused on the former role, rather than the latter role. Another area for improvement is revisiting the role of the CBC fiscal monitors. Fiscal monitoring for Community-Based Care has been contracted to Abel & Associates (Districts 10 and 11) and Public Consulting Group (PCG) (rest of State). Two CBCs experienced large net deficits in FY06-07, and the Central Office is concerned that the current structure of the fiscal monitoring contracts is not optimal for enabling fiscal monitors to conduct the sorts of activities that may help identify potential deficit spending earlier in the fiscal year.

Pace of Implementation

As with the first wave of data collection (Armstrong, et al., 2007), the resounding message on the pace of implementation was that the IV-E Waiver will only have its desired impact (e.g., increasing prevention and diversion service array) if lead agencies can reduce the money they are spending on children in out-of-home care. For this reason, the pace of IV-E Waiver implementation varies dramatically across lead agencies. One lead agency CEO stated, "I don't think we had any grand illusions that it would be an overnight change." Another questioned, "How do you create enough working capital to invest in the front end while you still have to manage 2500 kids in the system?"

A similar concern expressed by many agencies is that with the current equity formula, agencies are penalized by budget reductions, for reducing out-of-home care costs. Lead agency participants expressed concern, "I think for us it really depends on allocation of dollars. If we don't get any IV-E Waiver money, then my system of care will remain as is, considering that caseloads are ballooning and more kids are being brought into care, whether in-home or out-of-home."

Another aspect of the pace of implementation at each lead agency is the degree to which lead agency administration is successful in assisting their staff to change

philosophies of care. Specifically, three issues emerged from the focus groups: the belief that children are better off in their homes whenever possible, designing services to fit each child rather than specific funding streams, and turning the focus toward reducing the length of stay for out-of-home care and runaway youth rather than the volume of children at any one point in time.

First, as noted by Doyle (2007) focus group participants from both lead agencies and the department noted that children are, for the most part, safer and happier when they are able to remain in their homes rather than entering into some form of foster care. There was consensus that the Waiver provided a fiscal incentive to change practice and reduce the number of removals. However, for each lead agency that subcontracts case management, this also meant changing the perspective of case management organizations within their provider networks. A lead agency stakeholder stated, "Getting my provider network to not come to me on rate increases or traditional case management...but to come to me and talk to me about diversion and in-home service programming as the new area of investments; that takes time." It was also mentioned that protective investigators would need to start viewing cases differently, although there was not complete agreement as to the extent of knowledge or training they should have on the Waiver.

Second, the point was raised that for the Waiver to have a positive impact, people who made service planning decisions would need to stop thinking in terms of what services they could pay for due to funding restrictions, and start making decisions based on what each child actually needs. One focus group participant explained, "I would like to see money flow to need, rather than need flow to money ... if you can take funds and use it to provide services that people need rather than say, we got this money, do you have anything that fits that kind of money?"

Third, focus group participants talked about changing the focus from simple numbers of children in care or runaway youth, and drilling down to the issue of length of stay. One CEO offered the following example, "I can almost live with 12 missing kids, but I can't deal with a kid that is 150 days, 300 days, 540 days missing; it is not only the number of children, but the duration of the average experience."

Organizational Efficiency

Keeping in mind that Waiver-induced changes at the child and family level may be slower to occur, one might expect to see some immediate increases in organizational

efficiency. Lead agencies were asked what changes, if any, have occurred at the organizational level. As mentioned earlier, overall paperwork has been reduced, as has wait time to determine a child's eligibility for Medicaid. Chief Financial Officers who participated in the various focus groups stated that changes to the invoicing process at the state level were very helpful in terms of not having to separate IV-E and non IV-E expenditures, and that processing time had decreased.

Conversely, there was some reluctance and/or uncertainty on the part of lead agencies to let go of previously required documentation tasks. One reason is that people are still completing certain forms because they have a hard time breaking old habits. A second reason is a fear that the Department will later request documentation that was not completed. This may largely be an issue of communication, and will be addressed in more detail in the next section. One point of contention is adoption. A stakeholder explained, "We still have to get the IV-E information for adoption purposes, so I don't think we have changed a lot of RevMax processes very much... we still have to apply the same thought processes that we did pre-Waiver, but we can make different decisions."

Communication and Collaboration

Although lead agencies and the Department participated in a seemingly successful planning process for the implementation of Florida's IV-E Waiver, there were challenges related to communication and collaboration that included changes in leadership at the Department level, a reorganization process (across the state and within the DCF Central Office), concurrent reform efforts, and recent media attention. Collectively, these factors created temporary tension between the public and private entities within Florida's child welfare partnership. This section presents issues of communication and collaboration specific to the relationship between lead agencies and the Department, leadership and DCF reorganization, interaction with the Legislature, training, and concurrent reform efforts.

Concerns expressed by lead agencies included the following: the Department is too reactive to criticism, the Department is not supportive enough of lead agencies and Community-Based Care, the Department lacks sufficient child welfare expertise at the local level, and poor communication between the Department and lead agencies. Focus group participants discussed the stress that they faced on a daily basis operating in a difficult political environment where "anything can happen at any moment." While everyone is saddened by the death of a child, there is also the concern that Florida's child

welfare system is too reactive to media assaults, and that the Department may discount all that is being done well and enforce changes throughout the state that are only necessary in certain geographic areas. One stakeholder explained, “The Department hasn’t figured out how to respond to criticism in a consistent and thoughtful way. There is no long-term strategy.”

There was a concern, mentioned by a few participants, that the Department is not working with the Legislature to support Community-Based Care and lead agencies. Some focus group participants were bothered by what they perceived as inactivity on behalf of the Department when the Legislature decided how to distribute the \$3.1 million in cost-of-living funds that the IV-E Waiver brought to the state this past year. One stakeholder commented, “It is emblematic that the Department is not as invested in Community-Based Care. They should have spent their political capital to stand up against what was wrong.” Lead agencies were concerned that the same sort of process would occur in October 2007 when distributing the expected 3% increase.

Finally, examples of general poor communication between the Department and lead agencies were given. For example, one stakeholder described the Department pulling out its services from lead agency co-located centers without any phone call or discussion, but rather an email stating that it would soon be happening. Lead agencies expressed the desire for these decisions to be made in partnership with them so that they could provide local, relevant service level information.

Regarding issues around revenue maximization, some lead agencies felt that clear answers regarding what changes to make were not available. As explained one focus group participant, “we never had any clear guidelines on our RevMax structure. There was some information sent out as to the lessening of the requirements, but it was vague. We tried reaching across several times to Tallahassee, but they kept referring us back to this memo that came out, so we waited months and finally we decided we are just going to do our own thing and we just restructured our unit.”

Several other lead agencies expressed that they would appreciate more advance notice of such changes in the future. A lead agency CEO stated, “I think the CBCs need a better understanding of what is going to happen over the next five years and I don’t think that has been communicated well enough to us.” What will happen each year with allocation of the IV-E Waiver’s 3% increase is perhaps the most often mentioned example of this, but general levels of funding, budget cuts, and performance measures were also raised. One focus group participant detailed, “we don’t even know what our budget is this

year. We do not have our contract performance targets yet, our goals, and we are already into the second month of the fiscal year. I do not know what other business operates like this. It is very difficult to do good planning. You are almost always behind the 8-ball, just trying to chase what you need.”

Focus group participants highlighted a change in Department leadership, Central office reorganization, and statewide reorganization as affecting their communication and collaboration efforts. Some lead agency administrators have already seen four different Secretaries and are frustrated that this position seems to change hands every two years. As the Secretary changes, rules, procedures and policies also change. In addition to changes, some lead agencies felt that they had established a good rapport and partnership with previous leadership and now have to invest time and energy into doing so again. One very positive factor is that through the change in leadership, the Department’s Deputy Secretary has remained consistent and continues to have the overall lead for IV-E Waiver implementation.

At the time of the focus groups, lead agencies expressed concern that they had not had the opportunity or invitation to sit down with the new Secretary. However, since this time lead agencies have met with the Secretary and DCF Central Office leadership on at least two separate occasions. While all focus group participants expressed general support and good rapport with the Department, they maintain a stake in continuing to be seen as a partner, rather than simply a contracted provider.

Although the method for allocating Waiver cost of living funds each year is a sensitive subject, this issue must be addressed. While individual lead agencies obviously have concerns regarding their level of funding, their population, and historical funding inequities, all focus group participants seemed amenable to working more collaboratively among agencies and the Department in order to go to the Legislature this fall with a more unified voice.

From the perspective of lead agency administration, needs for training on the Waiver are mixed. While some lead agency CEOs were involved in the planning stages and implementation of the Waiver and in charge of some of the training efforts, other agencies suggested that more training was needed. For example, one participant explained, “We experienced very little training throughout the state in relation to the changes and the invoices and potential fiscal ramifications. Pretty much all of that has been received through word of mouth or email. There is no official DCF training that we are aware of.”

In addition, there was inconsistency in opinions as to whether additional stakeholder groups should receive training on the IV-E Waiver. One example is whether protective investigators should be knowledgeable about policy changes that impact available services. One stakeholder believed, "I don't want CPIs to have one clue as to the financial implications of what they do. That is not their worry. Their worry should be whether that child is safe or not... they should not understand at all about money and how that works. In fact, the less they know about that, the better."

Undoubtedly, attempts to positively impact Florida's child welfare system have been ongoing. However, the past year has brought an influx of reform efforts that lead agencies identified as having the potential to help support their mission to provide services for at-risk children and families. These additional reform efforts include fixed-price contracting for services, independent fiscal monitoring, a Pilot Program in Districts 10 and 11, implementation of a new data management system, Florida Safe Families Network (FSFN), and changes to performance measures. While systemic reform efforts are positive actions, each requires careful attention to issues of communication and collaboration among all parties invested and involved in Florida's child welfare system, as well as an understanding that sustainable changes at the systemic level take time. One lead agency stakeholder explained, "They are doing the performance outcomes much closer to the Federal Child and Family Services Review (CFSR) and all of our performance measures will be revamped this fall. So part of the year we will be operating under one set of performance measures and then part of the year under a different set. You can't just say okay, yesterday we were measuring this and tomorrow we'll be measuring this... it is like turning the Titanic on a dime."

Community Perception and Community Involvement

It became evident during the focus groups that there are broader community factors that can influence child welfare initiatives, including the IV-E Waiver. For example, community perceptions about poverty can play a key role in how effective the Waiver will be in the future. One CEO stated that in their community there was not an understanding of the culture of poverty and many times just being poor was misinterpreted as neglect. Perceptions of poverty versus abuse and neglect are one of the areas that the several lead agencies are working on with their system, including judges and protective investigators. A focus group participant explained, "PIs and others have taken kids from families because they don't understand the culture of poverty." Many lead agencies noted

that this culture of poverty is frequently misunderstood within their communities, and some children may be removed too often. It was suggested that a community education and training approach could help to facilitate a change.

Additionally, some lead agency participants noted that there are assumptions made in the community about the amount of funding they receive because their catchment area includes an affluent county. Along the same lines, there have been lead agency staff who have experienced a change in attitude from community providers, expressing that if the CBCs are receiving IV-E Waiver dollars, then they should be able to provide additional services for the children, taking responsibility away from other service providers. A related challenge is that there are some communities that discourage the lead agencies from fundraising. Some community members believe that state-funded agencies should not be able to compete with local organizations for charity dollars.

County-level factors were also mentioned frequently. There are some lead agencies that serve multiple counties and those counties can be very diverse. There are local factors present that have the potential to influence the success of the Waiver. For example, there is a particular county that is inundated with methamphetamine labs; it is named the “methamphetamine capitol of the country.” There are also counties that experience high rates of domestic violence and substance abuse.

One lead agency participant noted that their agency is responsible for two counties; one is quite wealthy, the other “dirt poor”. Other counties are populated with migrant populations and non-English speaking citizens. Some counties have non-English speaking student population rates as high as 29%. Another lead agency staff commented, “We have very rural communities without public transportation, and the only available services are in-home. We have a large population of Creole folks, so some services that ordinarily would be relatively inexpensive all of a sudden become very expensive because everything requires translation.”

This presents a challenge because there are multiple systems involved in the decision-making, which can prove to be complex for lead agencies. For example, a lead agency CEO commented that they are involved with five different school boards, local county governments, community alliances and GAL programs. These very influential systems exist for each of these counties and it can be difficult for the lead agency to navigate multiple systems to get the best outcomes for children and families.

Clearly, there are unique characteristics in each of the 67 counties in Florida. Based on the focus group data, each county varies in areas such as community

perceptions, community outreach, population demographics, and available services. These county-level variables can influence the community's infrastructure and ability to improve outcomes for children and families with the Waiver.

Systemic Factors

In addition to earlier discussed issues, systemic factors were frequently raised in discussions about implementation of the IV-E Waiver. Systemic factors are challenges that exist whether or not there is a IV-E Waiver and are thought to affect the lead agencies' ability to benefit from implementation of a state-wide Waiver. These systemic issues exist outside of the Waiver, but could have "drastic impacts throughout the state," according to one stakeholder. These challenges include the availability of adequate housing, increases in cost of living, daycare, and foster homes. Stakeholders expressed the need for recognition of these areas, but acknowledged that they were system-wide and recognized that, to create change, it would take a concerted effort from all system partners.

The availability of adequate housing was a common theme that was mentioned throughout the focus groups. One stakeholder referred to the housing issue in urban areas as a nightmare. "Affordable housing is the problem for families." Access to adequate and affordable housing is believed to work against the potential impacts of the Waiver for families. Again, it was noted by participants that, "housing is always an issue."

Coupled with the lack of adequate affordable housing was the increasing cost of living. One participant made the correlation between these two systemic factors. The slowdown of families moving to an area of South Florida is having a negative effect on the number of foster homes that are available. Also, cost of living increases limit the number of providers who are willing to do business in some counties. It was also said that the cost of living and business costs vary tremendously by county, affecting the lead agencies' ability to manage change.

The lack of access to daycare for families was another systemic issue that was thought to negatively affect the outcomes for children and families throughout the state. A lead agency stakeholder shared their experience and said, "Daycare sometimes becomes the integral issue, just for the record, we have this great prevention program, but if the issue is daycare... they have been known to bring kids into the system just to get daycare."

Again, stakeholders expressed the need for recognition of these areas, but acknowledged that they were system-wide and recognized that, to create change, it would take time and a concerted effort from all system partners.

Summary

One important theme that consistently emerged from the focus groups was that lead agencies feel an increased financial risk. This risk has to do with the nature of fixed price contracts, a shifting of financial responsibility from the Agency for Persons with Disabilities (APD) and Department of Juvenile Justice (DJJ), and a perceived lack of control over the child welfare legal system. A second main theme is that pace of the IV-E Waiver implementation varies considerably across lead agencies and is largely determined by the number of children in out-of-home care. An additional aspect of the pace of implementation at each lead agency is the degree to which lead agency administration is successful in assisting their staff to change philosophies of care. Lastly, communication and collaboration, community perception and community involvement, and systemic factors are also thought to have an impact on the implementation processes. Specific issues include the belief that children are better off in their homes whenever possible, designing services to fit each child rather than specific funding streams, and turning the focus onto length of stay for out-of-home care and runaway youth rather than volume of children at any one point in time.

Policy Recommendations

Policy recommendations include:

- Develop and maintain routine mechanisms for lead agencies to meet with DCF Central Office staff, including the Secretary, to voice their concerns and resolve potential issues openly and collectively.
- The Department and lead agencies should work collaboratively to advocate both for appropriate levels of funding from the Legislature, as well as determination of each lead agency's level of funding prior to the beginning of each fiscal year.
- Improve communication among DCF Central Office, DCF Region Offices, and lead agencies to share feedback on fiscal system changes.
- Make available additional training and encourage communication between DCF and lead agency fiscal staff regarding the revenue maximization process, as well as the appropriate and accurate completion of invoices.

- Ensure clear direction on restructuring the role of DCF's contract managers to provide improved management and quality assurance, as well as providing training and appropriate incentives for performing these new roles.
- Restructure fiscal monitor contracts so that they balance auditing needs with the need to closely monitor financial performance.

Child Protective Investigations and Dependency Court Focus Groups

In order to gain the perspective of stakeholders that are potentially affected by the Waiver, but not directly involved in implementation, focus groups were conducted with Child Protective Investigations staff and Dependency Court personnel between June 2007 and August 2007. Four focus groups comprised of 5 to 15 participants each were conducted with Child Protective Investigations staff including investigators, supervisors, and training coordinators. The service locations were two primarily rural districts and two primarily urban districts and included Department of Children and Families and Sheriff's Office investigations units. One focus group was conducted with Dependency Court Judges and court personnel. The purpose of the focus groups was to assess the extent to which these stakeholder groups have been involved in IV-E Waiver implementation, and to learn the participants' perspective on the potential impact of the Waiver and strengths and challenges of the current child welfare system. Focus group transcripts were reviewed and analyzed to identify themes and factors related to IV-E Waiver implementation and goals.

Findings

IV-E Waiver Implementation Across Child Protective Investigations and Dependency Courts

Consistent across all Child Protective Investigations and Dependency Court focus groups was the finding that these stakeholders have not been involved in implementation of the IV-E Waiver demonstration. All focus group participants reported either no knowledge or limited knowledge of the IV-E Waiver demonstration.

Focus group participants provided various reasons why they are not involved in IV-E Waiver implementation and factors related to their lack of knowledge of the IV-E Waiver:

- Child Protective Investigations staff is not usually directly involved in IV-E or other child welfare related funding issues other than investigations.

- The Community-Based Care lead agencies and the Department of Children and Families have not historically communicated funding changes to Child Protective Investigations staff.
- Changes to the IV-E eligibility procedures caused by the Waiver have affected field staff; however, they were not aware that the changes were due to the Waiver.
- Concurrent changes in child welfare practice such as the transfer from HomeSafeNet to Florida Safe Families Network have had an immediate impact on investigations and therefore not allowing time to focus on funding issues less directly related to the provision of investigations.
- It is early in the IV-E Waiver implementation process. One supervisor pointed out that new programs or services would not be going into effect until July 1 and it is probably going to be October before we might have some feedback.

Even though the focus group participants did not have direct involvement in implementation of the IV-E Waiver, through content analysis of the focus group transcripts, themes and factors related to the goals of the Waiver emerged based on discussion of the participants' roles and their perspective on the strengths and challenges of the Community-Based Care child welfare system.

Abuse and Neglect Reporting

Participants from every focus group indicated that inefficiency of abuse and neglect reporting in the state has a negative affect on the child welfare system. They felt that, inadequate screening by the abuse hotline, a protocol that requires redundant reports for an abuse allegation, and unnecessary reports made by mandated reporters add to the workload of Child Protective Investigators, while taking away resources for families at risk. Investigators report that these types of investigations that could potentially be screened out by abuse hotline personnel sometimes make up a large part of their caseloads. One investigator discussed the impact that this has on her caseload and time available for families: "If the state of Florida would put effort into receiving correct reports, we would be doing so much for the community. We would have more time to spend with parents. That has always been my dream, that I was able to spend more time with families. If you do spend more than an hour with a family, you would be backed up; you are going to pay for it later." Protective Investigation focus group participants consistently suggested that the

abuse hotline needs improved screening tools and training and mandated reporters should receive additional training on identifying abuse and neglect.

Availability, Accessibility, and Appropriateness of Prevention Services

Some investigators identified the lack of prevention services as a barrier to diverting families from out-of-home care. However, the investigators working in areas that have an adequate amount of prevention services emphasized the importance of service quality, the appropriateness of the service to meet a family's needs, and follow up communication from prevention providers to monitor the progress of the prevention effort. As one stakeholder expressed, "Part of the problem we are having is they get the services and then we get a report three months later and we find out that services only stayed in for six weeks. They really did not address the issues."

The timeliness of service delivery was also stressed as an important issue. According to state policy, Child Protective Investigators have to close a case within 60 days and some districts have a policy of 45 days. Participants reported that slow referral processes and waiting lists sometimes prevent a family from receiving services within this timeframe.

Role Clarification, Collaboration, and Communication

Data gathered from focus groups conducted with staff from Child Protective Investigations and Dependency Court revealed that unclear role definitions and a lack of collaboration and communication between various staff can slow down the process of a child and family moving successfully through the child welfare system. Focus group participants referred to the Community-Based Care lead agency administrators, contracted case managers, Child Protective Investigators, Child Welfare Legal Services, and community service providers as the primary professionals working on a family's case. Participants reflected that clear role definition does not in itself lead to improved service; professionals working together on a case may need to be flexible to meet the needs of the family, and then communicate with each other regarding a family's status. One stakeholder stated, "I think that it is positive that there are all of these community agencies around telling us what they can offer to this person. However, there are times when another report will come in on the same family and I am looking for information as to who has done what, did they comply with the service, are they still involved, and we are not getting feedback to let us know that these people are not accepting the service."

Participants of the Dependency Court focus group emphasized the importance of accountability and coordination, considering that several professionals are involved in each case. 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." The participant continued, "We have a lot of errors in case plans where they are boiler plated and they recite another party instead of this one, so usually I am calling CWLS or emailing them and saying, you might want to do an amended one." A Dependency Court participant pointed out the difficulty that can arise when several entities are working on one case: "You have the Department attorney, you have the PI, who works for the Department, and then you have a caseworker, who works for one of the contract people, and then you have (lead agency). Especially in cases where they are under supervision with the parent and then they (CPI) remove them from the parent and the caseworker is saying, they should not have been removed, the parent is okay, the conditions are okay, the PI is saying no, the conditions were bad, they should have been removed and you got the (DCF) attorney...the PI is their employee, so most of the time they side with the PI because that is their fellow employee, not some contract worker. But, as the court, it is very difficult to be sitting there trying to make a judgment call when you got these two people from the same agency telling you two different things about whether it is safe or not."

Child Protective Investigations Caseload Size

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. Areas 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 frustration about not having the time to spend following up with families during the investigations phase. One participants stated, "when you are 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 receiving less calls, you can spend more time with the family." Supervisor participants indicated similar frustration: " I have an investigator, she is excellent with follow up, and she will go back anytime she drives by the neighborhood to make a visit, but her work suffers in other

ways, because the time isn't spent doing the other stuff, like paperwork. But she feels the need to be watching them, because it is her case."

Summary

Even though the Child Protective Investigations and Dependency Court stakeholders reported no knowledge or limited knowledge of the IV-E Waiver Demonstration, it became evident from focus group data that these professionals are critical components within the system of care that the CBC lead agencies and Department of Children and Families are trying to improve through Waiver implementation. Taking into account the goals of the Waiver, the participants emphasized several factors that should be considered during implementation and evaluation.

- The efficiency of the child abuse and neglect reporting system and the role of mandatory reporters have a direct influence on the number and types of cases entering the child welfare system.
- While lead agencies are focusing on expanding prevention related services, it is necessary to consider: (1) the availability and accessibility of the services to Child Protective Investigators who are the first responders in a report of child abuse, maltreatment or neglect and, (2) the appropriateness of the service to meet the needs of the families in their community.
- The inherent nature of Community-Based Care often involves several agencies working with one family; in order to be successful, the stakeholders emphasize that clarification of roles, collaboration and communication among all of the various professionals is necessary.
- Furthermore, the Child Protective Investigators workload and caseload size can directly impact the success of prevention and diversion efforts.

Child Welfare Practice Analysis

The goal of the Child Welfare Practice Analysis is to describe the development of strategies in response to the IV-E Waiver that are designed to improve child and family safety and permanency outcomes. This analysis will allow us to determine if the Waiver is meeting the objective of expanding or improving the availability, accessibility, and appropriateness of community-based services. The Child Welfare Practice Analysis consists of three primary components: the Community-Base Care lead agency profiles of practice, the identification of innovative practices, and a Caregiver Engagement Survey Pilot Study. These components will address the key research questions related to child welfare practice listed below:

1. Do lead agencies report any changes in child welfare practice that are attributable to IV-E Waiver implementation?
2. What are the key variables in practice changes (e.g. staff training, flexible funding, family engagement, etc)?

The hypothesis is that funding flexibility provided by Florida's IV-E Waiver will result in an expanded array of community-based services. As James Bell Associates (2006) pointed out in their discussion of the challenges of evaluating IV-E Waiver implementation, the existence of funding alone does not lead to improved outcomes; services purchased with those funds that focus on the improvement of outcomes must be created. Although various research designs have been utilized in IV-E Waiver evaluation plans in other states, most evaluation plans (including those of Ohio, North Carolina, Indiana, and Mississippi) include an evaluation of the array of services available to families. Similar to Florida's evaluation plan, Ohio's federal Title IV-E Demonstration Project's key service array questions focused on the availability and quality of services and the creation of new services (Ohio Job and Family Services, 2004). In 2001, the federal Child and Family Service Review of Florida found the availability, accessibility, and appropriateness of Florida's service array to be "needing improvements". Even though the Florida Department of Children and Families enacted a plan to improve the service array, this finding indicates that a consideration of service array is required when analyzing the impact of the IV-E Waiver. It is important to analyze service availability in the early stages of implementation and on an ongoing basis so that adjustments to implementation can

take place if the state is not achieving the goals set forth by the IV-E Waiver. The intent is for this evaluation of child welfare practice to be collaborative, informative, responsive to stakeholders, and useful as a tool to identify strengths and challenges of the IV-E Waiver implementation process.

Community-Based Care Profiles of Practice

The purpose of the Community-Based Care (CBC) lead agency profiles of practice is to evaluate the impact that the IV-E Waiver Demonstration has on child welfare practice, factors related to changes in practice, and the extent to which lead agencies are engaging the community in system of care planning. For the initial Semi-Annual Progress Report submitted in April 2007, a baseline system of care and service array were established for each lead agency and the district that it serves. For the current report, each lead agency was asked to provide updated information concerning its system of care as related to IV-E Waiver implementation and goals.

Method

A IV-E Waiver Demonstration Lead Agency Survey (See Appendix C) was distributed via e-mail to 20 Community-Based Care lead agencies in August 2007. The survey was sent directly to CEO's who then determined the most appropriate person in their agency to complete the survey. Through the survey process, CBC lead agencies were asked to provide information concerning changes in child welfare programs, services, system strategies, enhanced staff training, and community and consumer involvement in program planning. The Survey also included a revised inventory of existing services, questions related to IV-E spending and resource allocation, and consumer satisfaction procedures. In addition to the survey, lead agencies were asked to provide supporting documentation related to their systems of care. Of the 20 Community-Based Care lead agencies, 19 responded to the survey. Content analysis of the survey responses was used to identify themes across lead agencies related to practice change and unique aspects of implementation, service delivery strategies, program development, and staff training.

Findings

Community-Based Care Services, Strategies, and Programs

Fifteen lead agencies reported either expansion of existing Community-Based services and strategies or the development of new services and strategies since completing the initial survey. Many lead agencies noted that while the IV-E Waiver has not provided direct funding for the creation of new services it has created a renewed dialogue and focus toward prevention and diversion services, providing an atmosphere that encourages change. As noted by one lead agency representative, “expanding prevention programs now is what will allow the Waiver to work in the future.”

New prevention services reported by lead agencies include a Mobile Crisis Response Team, implemented in April 2007 by Partnership for Strong Families and a new contract for domestic violence prevention services administered by Peaceful Paths, discussed in the Innovative Practice section of this report. Big Bend Community-Based Care began an in-home substance abuse treatment program administered by DISC Village. In partnership with the Department, Family Support Services of North Florida, Inc., started a new prevention program, Focus on Families of North Florida. The program, managed by Child Guidance Center, serves one zip code identified as having a high number of maltreatment cases. Families receive a minimum of three home visits a week, crisis response when required, connection to community resources, and the family is required to complete volunteer hours. The program is also designed to include weekly correspondence between the program staff and the Child Protective Investigator. In District 1, Families First Network reports an expansion of the Family Support Teams contract for a wraparound service approach to prevent out-of-home placements and reduce recurrence of maltreatment. Family Support Teams are now available to families in the reunification process and families dealing with substance abuse or domestic violence related issues.

Seven lead agencies including Families First Network, Community-Based Care of Seminole, Inc., Partnership for Strong Families, United for Families, Inc., Family Services of Metro-Orlando, Inc., Community-Based Care of Brevard, Inc., and St. Johns County Board of County Commissioners listed the development or expansion of Family Team Conferencing as a prevention effort.

Prevention and diversion focused staffings are reported by the lead agencies as a strategy used to increase accessibility of services to at-risk families. Heartland for Children has Child Protective Investigations Staffings. Hillsborough Kids, Inc. and Kids Central, Inc.

hold diversion staffings weekly with Resource Specialists, Child Protective Investigations, and community providers. Family Services of Metro-Orlando, Inc. also incorporates Resource Specialists into the system of care as a way to provide Child Protective Investigators immediate and appropriate referrals for families at-risk.

In addition to new services, strategies, and programs aimed at preventing formal involvement in the child welfare system, agencies are also expanding programs that work to find permanency for children already in out-of-home care. These strategies consist of increasing efforts to find appropriate relative caregivers and improving support and services to relative and non-relative caregivers once a child is placed. For example, the GAP Project, a partnership between Heartland for Children and Devereux Kids, is designed to assist and support caregivers. The program utilizes an orientation strategy to provide new caregivers information on caregiver benefits, childcare, managing children with behavioral challenges, and ongoing support groups. Both case managers and child protective investigators can make referrals for relative and non-relative caregivers. Hillsborough Kids, Inc. (HKI) added a Relative Caregiver Resource Specialist to their system of care. As reported by the agency, the specialist is a “fulltime case manager devoted solely to providing service and referrals to relative caregivers.” The specialist also serves as a liaison between the caregiver, HKI Case Manager, Child Protective Investigator, and the Department of Children and Families ensuring and maintaining open communication. Children’s Network of Southwest Florida has dedicated two full-time specialists who focus on finding relative caregivers for children in out-of-home care and emergency shelter. As will be discussed in the Innovative Practice section of the report, Our Kids of Miami-Dade, Inc. has a Family Finding program in development that will find family connections for youth in out-of-home care who do not currently have a permanency plan and whose parent’s rights have been terminated. Partnership for Safe Families reported an increase in services to adoptive families. Two of their prevention programs, the Child Abuse Prevention Project and In-Home Family Support Service, now include services for post-adoptive families.

Community Involvement in Service Planning

Attempts to increase service efficiency have resulted in creating enhanced partnerships with existing community providers and stakeholders. Four lead agencies emphasized collaboration with the Children’s Service Council in their area. This connection has resulted in funding, as is the case with Our Kids of Miami-Dade which

recently received funding from The Children's Trust for a Family Finding program. ChildNet reported strategizing with the Children's Service Council of Broward to streamline the provision of existing services. With this arrangement, ChildNet will focus on providing out-of-home care services and gradually transfer its prevention related service contracts to the Children's Service Council. The Children's Service Council will gradually transfer its out-of-home care service contracts to ChildNet. The goal is to eliminate overlap and gaps in service provision by clarifying the roles of the community partners. Hillsborough Kids, Inc. (HKI) and Child and Family Connections, Inc. collaborate with the Children's Service Council in their service areas to assist in system of care and program planning. HKI also reports a unique relationship with the Hospital Social Workers Association. The HKI Director of Diversion attends the group's quarterly meetings where they review data related to drug- exposed newborns and other countywide abuse and neglect issues. They also review referral sources and have established a protocol for communicating information between HKI and individual hospitals.

Seventeen of the 19 responding lead agencies (89%) reported a formal, ongoing process for bringing together community stakeholders to discuss system of care assessment and planning. In addition to ongoing processes, agencies also report targeted efforts to engage the community in service planning. For example, Heartland for Children completed a "resource mapping project" that involved community organizations working together to identify existing services for children and families in the district's three counties. A resource database was created through the process that the lead agency reports is used daily by utilization management staff.

Caregiver Involvement in Service Planning

Every lead agency reported activities to involve caregivers in the service planning process. Consistent with the previous findings, the majority of the efforts identified by the lead agencies focus on engaging foster parents in service planning and to a somewhat lesser extent, adoptive parents and relative caregivers. Beginning in September 2007, Partnership for Strong Families will be conducting focus groups with foster parents to "address services, what is working well, and where improvements can be made." This effort is a part of the agency's placement stability project, which is designed to improve recruitment and retention of foster homes and improve placement stability for children in out-of-home care. Family Services of Metro-Orlando, Inc., reports that both foster and adoptive parents are participating in their current system of care strategic planning and

redesign in their service area. Foster and adoptive parents in their community are invited to and attend the ongoing meetings relevant to the system of care redesign process. The agency defines the purpose of the process as “promoting community engagement in the coordination of child protective and child abuse prevention services.” Most lead agencies report ongoing involvement in foster parent association meetings in their service areas.

In an attempt to engage all caregivers, Community-Based Care of Brevard, Inc. hosts a parent forum called Parents, Advocates, Liaisons, and Supporters (PALS) that meets monthly. The goal of the forum is to address quality of service issues, training and support needs, and policy development.

The data suggest that while lead agencies do elicit feedback from parents of children involved in the child welfare system in the service planning process, these efforts are less formalized than the methods of engaging the other parent groups and occur during the process of service provision. The reason why parents of children involved in the child welfare system are not participating in formal community service planning meetings is not evident from the current data.

Enhanced Staff Training

Lead agencies also reported enhanced staff training as part of IV-E Waiver implementation. Families First Network hired an additional Family Team Conferencing trainer. In addition to the required two day pre-service training, a two-hour “refresher class” on Family Team Conferencing is also offered by request and can be conducted for an entire unit or service center. Partnership for Strong Families (PSF) provides training on their utilization management system for all lead agency and case management agency staff. Additionally, PSF meets with case management staff monthly to discuss policy and procedures, new programs and services, and any critical issues. Heartland for Children also recently incorporated training on utilization management into the pre-service training curriculum. As reported by the lead agency, the goal is to “promote a strength-based approach to meeting needs, creative service planning, and an enhanced assessment process resulting in individualized case planning.” Family Services of Metro-Orlando, Inc. reported that the staff receives poverty simulation training based on role-playing poverty scenarios in order to increase awareness and understanding of the unique challenges caused by poverty. ChildNet has incorporated a mentoring process into their training for new supervisors. Newly hired supervisors are assigned a mentor who helps the employee master a set of supervisory skills and tasks. Our Kids of Miami-Dade, Inc. in collaboration

with the Child Welfare Institute, established the Our Kids Learning Academy (OKLA). According to the lead agency, “OKLA unites professionals in the system of care by providing leadership, oversight and coordination of training workshops and resources, equipping staff with the knowledge and skills needed to ensure the safety of children in permanent, loving families.” OKLA offers “Supervising for Excellence” a required training program for all case management supervisors and “Engaging Families” training about the early engagement of families.

Summary

A number of lead agencies reported that they have expanded their service array. These expansions include changes to the existing Community-Based Services and strategies. Also, lead agencies reported that they have begun to implement a variety of different types staffings and Family Team Conferencing. Additionally, it was reported that lead agencies have made efforts to increase service efficiency that have resulted in creating enhanced partnerships with existing community providers and stakeholders. Every lead agency reported activities to involve caregivers in the service planning process. Further, lead agencies also reported enhanced staff training as part of IV-E Waiver implementation.

Innovative Practices

The purpose of the innovative practices component is to identify and highlight lead agencies and community providers that are utilizing innovative practices and best-practices in their system of care. Although the practices identified in this section are not a direct result of the Waiver, it is expected that these innovative practices will bring about positive outcomes for children and families. Subsequent reports will follow up on the status of the innovative practices identified in the current report and describe additional practices as they become part of Community-Based Care.

Method

Each CBC lead agency director was asked to notify the research team of innovative and new child welfare practices, programs, and strategies being implemented as a result of or consistent with the goals of the Waiver. Through this dialogue, and completion of the IV-E Waiver Demonstration Baseline Survey and the follow up IV-E Waiver Demonstration Lead Agency Survey, a research team member selected three

innovative practices to highlight for the current report. An innovative practice is defined as one that is unique to the particular district or not a common practice throughout the state. The practice can be clearly defined by the lead agency in terms of funding, resources, target population, staff involvement, training, and implementation strategies, and the lead agency has a means of measuring the practice's impact.

Findings

Family Finding – Our Kids of Miami-Dade, Inc.

In August 2007, The Children's Trust awarded funding to Our Kids of Miami-Dade, Inc. to develop and implement a Family Finding program. Family Finding is a strategy for connecting youth who are in out-of-home foster care to relatives and friends that may be a source of support for the child and a potential permanency placement. Initially the Our Kids program will focus on youth ages 13 to 17 whose parent's rights have been terminated and then potentially to all youth within the designated age range. Funding for the program is for a 12-month period and is targeted to serve 300 children.

The Family Finding strategy was developed in 2001 in the State of Washington by Kevin Campbell. Campbell was inspired by techniques used by the International Red Cross to trace and reunite family members separated by international conflicts and natural disasters and he provides training and consultation to child welfare staff in various states (Shirk, 2006). According to Campbell the approach includes six key steps; discovery, engagement, preparation and planning, decision-making, evaluation, and follow-up supports. A family tree assessment of the child's biological parents, family, and friends of family is completed for a youth, and then a people search is conducted utilizing internet search tools, genealogy databases, and other resources ideally locating at least 25 people. Once identified, the family members and friends are contacted and vetted to determine each person's potential and willingness to be a part of the child's life. The child plays an active role in determining the extent and nature of the relationship with family members or friends. If a relationship or placement plan is established, the program provides support for the youth and family.

The Our Kids Family Finding program will employ three Family Finding Specialists at each of the three service centers in Miami-Dade, one Project Leader, and a Data Analyst. The program staff will receive training in November 2007 from California-based EMQ Children & Family Services and begin service delivery immediately following the

training. The California-based training staff will be available for consultation and will provide a three-month follow-up training for the Our Kids Family Finding staff.

The success of the program will be determined by: (1) the number of children who establish beneficial family connections and find permanency placements in the 12-month duration of the program, and (2) the child's level of functioning and stability, whether he or she remains in out-of-home care or transitions to a permanent placements.

Family Connections – Community-Based Care of Seminole, Inc.

Through a collaborative effort, Community-Based Care of Seminole, Children's Home Society of Florida, Seminole County Sheriff's Office, and Kids House of Seminole, Inc., created a countywide initiative called Family Connections. The program, which began on May 1, 2007, is a service delivery strategy for providing primary prevention to families at-risk of entering into the child welfare system. The program is based on a wraparound approach, creating "a network of formal and informal support" for families in need by practicing Family Team Conferencing and strength-based family assessment. The intent is that giving families direct and timely access to existing prevention and intervention services determined through a family team planning process will keep them from requiring involvement with the formal child protection system.

Referrals to the program are made primarily by a Seminole County Sheriff's Office Protective Investigator and can be initiated at any point during the investigation process. Prior to referral, the Protective Investigator will have determined that the family is willing to voluntarily accept services and that the child can safely remain in the home. Acceptable risk levels will include "Moderate Risk/No Safety Concerns" or "Moderate Risk/Safety Plan in effect." Families in which a child has been removed from the home are ineligible for the program. To make a referral, the Protective Investigator will call either the Community-Based Care of Seminole, Inc. or the Children's Home Society of Florida Intake and Placement Unit prior to an Early Service Intervention (ESI) staffing or the referral process can be initiated during the ESI staffing. One of the key strategies of Family Connections is to provide families access to services and support quickly. Once a referral is accepted, a Family Connections Family Advocate will be assigned immediately. If the Protective Investigator is making the referral from the family's home, the option is given of having the Family Advocate make initial contact with the family by phone within 15 minutes of the referral, while the Protective Investigator is still at the home or within 24 hours after the referral. The initial meeting with the Family Advocate will happen within 48 hours of the

referral, and the first Family Team Conference will occur within 3 to 10 days of referral. The Family Team will determine the frequency of the subsequent Family Team Conferences and closure of the family's case will occur when the Family Team decides that the goals of the Family Connections program have been met.

The Family Team members may include, but are not limited to, family members including at least one adult caregiver, Seminole County Sheriff's Office Protective Investigations, Kids House of Seminole, Inc. Child Advocates, the Family Connections Program Coordinator, Family Connections Family Advocates, and community service providers. In addition to the providers involved in the direct implementation of the program, other community providers will enter into provider agreements with the Family Connections program to provide families being served by Family Connections priority access to assessment, services, and support.

The Family Connections core staff consists of six full-time Family Advocates, one part-time Family Advocate, and a Program Coordinator. The program design requires that each Family Advocate maintain a caseload not to exceed 10 families in the early stage of implementation and no more than 18 families in the future. At the time of hire, a Family Advocate is required to have earned a Master's degree or a Bachelor's degree in a social science-related field and have two years of experience in child welfare. Pre-service training includes Family Team Conferencing based on the model developed by the Child Welfare Policy and Practice Group (2001), the Community-Based Care of Seminole, Inc. System of Care overview training, and basic training on risk, safety, indicators of abuse and neglect, and the child welfare legal process. Additionally the Family Connections Program Coordinator, a certified Family Team Conferencing trainer, facilitates practice meetings weekly with the Family Advocate staff.

Community-Based Care of Seminole, Inc. and its partnering agencies will evaluate the success of the Family Connections program based on indicators of prevention of court ordered intervention, absence of maltreatment, successful case closures within 6 months, timeliness of service initiation and provision, and satisfaction with the program as reported by staff and participating families.

Peaceful Paths – Partnership for Strong Families

Recognizing that domestic violence is a significant factor in the occurrence of child maltreatment, Partnership for Strong Families contracted with Peaceful Paths in July 2007 to provide domestic violence prevention service. Educational and support groups for at-

risk youth, children who have witnessed or been victims of domestic violence, and mothers who are victims of domestic violence will be provided by Peaceful Paths in Alachua, Bradford, and Union counties. Peaceful Paths is a member of the Florida Coalition Against Domestic Violence and one of six projects in Florida that is part of the Domestic Violence Prevention Enhancement (DELTA) program funded by the Centers for Disease Control and Prevention.

Children and mothers can be referred for services through a community provider, school personnel, a Guardian ad Litem, Department of Children and Families Child Protective Investigations, or via self-referral. While the Peaceful Paths program acknowledges that men and fathers are sometimes the victims of domestic violence, their service mission is to serve battered women.

Support groups for the youth and their mothers follow a 16-week core curriculum. Although the program staff acknowledge that the curriculum is influenced by the work of innovators in the field of domestic violence prevention including Jackson Katz and Paul Kivel, it was designed and developed by Peaceful Paths. Youth support group topics include safety planning, attitudes and beliefs about abuse, healthy relationships, gender roles, media factors, healthy emotional expression, and individual behaviors. The parent support groups focus on non-violent discipline, effects of domestic violence on children, effective communication, conflict resolution, and family dynamics. Participation in the support groups is voluntary, and members are allowed and encouraged to continue participation at the end of the 16 weeks. The youth and parent groups will meet in various locations in the communities served including schools and youth aftercare centers.

Peaceful Paths provides an array of domestic violence intervention and prevention services in Alachua, Bradford, Putnam, and Union counties including emergency shelter, transitional housing, crisis hotline, victim advocacy, professional training, community awareness and intervention, medical response services, and batterer's intervention programming. However, only the youth and parent support groups are contracted by Partnership for Strong Families.

Peaceful Paths staff will use pre-tests, post-tests, and observational data to measure the impact of the group. Both Partnership for Strong Families and the service provider noted that measuring the actual outcomes of domestic violence prevention services is a challenge, especially with limited resources.

Summary

In response to the IV-E Waiver, Community-Based Care lead agencies are using various creative approaches aimed at immediate and long-term benefits. As identified in the data, these efforts involve several key strategies:

- Investing non IV-E funds in the creation and expansion of prevention and diversion focused services and strategies in order to reduce the number of children entering out-of-home care.
- Improving supports and resources for permanency options for children already in out-of-home care, including reunification, adoption, relative and non-relative care.
- Enhancing pre-service and in-service training for all child welfare staff-supervisors, administrators, and caseworkers.
- Engaging community organizations, stakeholders, and caregivers in service assessment, planning, provision, and funding.

- Improving utilization management strategies to make the most efficient and effective use of existing resources.

Upcoming data collection activities will be focused on assessing change in child welfare practice and identifying the key factors contributing to and related to practice change. In addition to the lead agency, self-reported data collection process, information will be gathered from community stakeholders and provider agencies. Data will also be collected concerning the implementation and impact of the innovative practices described in this report. Additional innovative practices will be included in subsequent evaluation reports as they are identified.

Caregiver Engagement Survey Pilot Study

Involvement in the child welfare system can typically be a very stressful experience for children and families. Engaging caregivers (parents/guardians), who may be reluctant or involuntary clients of the system, is challenging for child welfare professionals whose goal it is to ensure a child's safety and well-being while also attempting to work with parents that may not want intervention (Ferguson, 2001; Yatchmenoff, 2005). Clients referred for services by child protective agencies may perceive such referrals as coercive (Dumbrill, 2006; Greeno, Anderson, Shear, & Mike, 1999). Additionally, families involved in the child welfare system often face daily challenges (poverty, housing problems, substance abuse, etc.) that can have long-lasting effects (Webb & Harden, 2003). All of these conditions emphasize the importance of successfully engaging families in services aimed at preserving their well-being.

Engagement has been defined as "positive involvement in a helping process" (Yatchmenoff, 2005). Just as client participation is essential to the success of "people-changing programs" (Littell and Tajima, 2000, p. 405), client engagement is crucial for family cooperation and participation in child protection services (Loman and Siegel, 2005). The act of engaging caregivers is ongoing, beginning at the point of first contact and continuing throughout the family's involvement in the child welfare system. Successfully engaging caregivers can be a critical first step in the development of a good relationship between child welfare workers and caregivers – a pre-requisite to the effectiveness of services (de Boer & Coady, 2007). Although the field encourages the use of various collaborative and strength-based approaches to engage caregivers, caseworkers indicate that time pressures and competing responsibilities sometimes hinder their ability to implement such best practices (Smith & Donovan, 2003).

In order to improve a child welfare worker's ability to work with caregivers successfully, it is important for them to understand the caregiver's views of their experience with the system (Dumbrill, 2006). Therefore, an examination of caregiver engagement must include caregivers' views about their own engagement in systems and services. Recent reports indicate a need for additional attention in this area (Baker, 2007). In developing a conceptual framework for obtaining a client's personal perspective of their engagement in non-voluntary child protective services, Yatchmenoff (2005) sought to distinguish between client compliance (i.e., someone who is "just going through the motions") and one who is fully engaged. What emerged was a framework of four dimensions of engagement: a client's receptivity to receiving help, the working relationship

between the client and the worker, buy-in or a client's perceived benefit of services and commitment to the process, and mistrust felt by the client toward the worker or the child protection system. Following these lines of inquiry, the Caregiver Survey (see Appendix D) for the current the IV-E Waiver Demonstration Evaluation was designed to examine caregivers' views about their own engagement in the child welfare process.

Method

A 38-item, self-report survey was developed to elicit caregiver (parent/guardian) opinions and feelings associated with their involvement with child welfare services. The first seven questions ask for basic demographic information about the caregiver (county of residence, gender, age, race, etc.). The remaining survey questions examine caregiver views about their engagement with child welfare services and their views about services in their community. Many of the questions were adapted from Yatchmenoff's (2005) instrument measuring client engagement in non-voluntary child protective services with the author's permission.

The survey distribution strategy consisted of inviting Child Protective Investigators (CPI) to offer the survey to caregivers immediately following an investigative visit in response to a report of neglect or abuse. Four Child Protection Investigations units representing a mix of urban and rural areas in six counties across three districts participated in this component of the IV-E Waiver Evaluation. The number of surveys sent to each CPI unit was based on the estimated average number of cases each unit handles per month. A total of 2,175 caregiver engagement surveys were delivered to participating units for CPIs to distribute to caregivers for a 30-day period (June 27 to July 27, 2007). If, at the time of the investigative visit, CPIs determined that there were no children living in the home or the report of abuse or neglect was patently unfounded, CPIs were instructed not to leave a survey with the caregiver. Otherwise, CPIs were asked to offer a survey packet to the caregiver with instructions that completing the survey was voluntary and confidential. The survey packet contained the survey, a pre-paid return envelope, and a letter explaining the survey with a toll-free telephone number to call for additional information if needed. The survey was designed to allow for anonymous responses from caregivers and therefore did not ask for any personally identifiable information relative to the caregiver or the child.

Findings

Approximately 1,200 surveys were distributed by CPIs in the six participating counties. The very small number of completed surveys received from caregivers was deemed by the research team as insufficient to warrant analysis and reporting of responses. However, given the working knowledge and experience CPIs have with this caregiver population, CPIs participating in the study were invited to offer their feedback on possible factors related to the low response rate and suggestions for future distribution strategies. A synthesis of their opinions is provided below.

The nature of child protective investigations is not conducive to caregivers completing a survey about the experience; hence, the timing of data collection appears to be a critical factor for this type of research. When caregivers are visited by child protective investigators in response to a report of abuse or neglect, they are concerned about and focused on retaining their children in their homes and involvement with the authorities; and appropriately so. Therefore, if it does not benefit the adult or child immediately or help to resolve their current situation, it appears that caregivers are not inclined to complete a survey at the commencement of an investigation. To address this issue, it may be more appropriate to engage caregivers in the study at another time, such as at the close of the CPI case or following a case planning conference.

In addition, it seems that it would be more appropriate for individuals other than CPIs to solicit caregiver participation in a study. It may be beneficial for researchers to contact caregivers directly or through a mail survey. These methods may allow caregivers to feel more comfortable in responding openly and honestly about the child protective investigative experience while feeling assured that their responses will be kept confidential and anonymous.

Finally, because many of the families involved in the child protective investigative process have low incomes, it may prove useful to offer caregivers a monetary incentive for their participation in a research study. This incentive could consist of cash or a gift card to a grocery store or for gasoline.

Summary

Due to the low caregiver response rate in this study component, the evaluation methodology for examining caregiver engagement in child welfare services will be modified based on feedback received from CPIs and further review of the literature. This will include consideration of contacting caregivers through a means other than child

protective investigators at a different point in time and the possibility of offering participating caregivers some form of compensation for their time.

Programmatic Outcome Analysis

IV-E Waiver legislation was introduced to help states increase the availability of funding for services and develop innovative prevention practices. In addition, the IV-E Waiver legislation was initiated to address the issues of inflexibility of federal dollars utilization and inability of tailoring services to child's specific needs. Similar to other states' IV-E Waiver demonstration projects, Florida's IV-E Waiver program intends to strengthen preventive efforts in the child protection system, increase the number of available services and resources for children and their families, and focus on intervention for children with extraordinary needs. It is expected that as a result of these available options there will be a substantial improvement of outcomes for children. Specifically, it is expected that the number of children entering out-of-home care will decrease, while the number of children exiting out-of-home care will increase. It is also expected that the length of stay in out-of-home care will decrease, particularly for children who are discharged for permanency reasons including adoption. Other expectations include reduction of: re-entry into out-of-home care, abuse during services, and recurrence of maltreatment after services have been terminated.

Although the opportunities provided by IV-E Waiver regulations have been available for all children in the child welfare system, it was hypothesized that some categories of children will benefit more than others from these additional services. Therefore, gender, age, minority status, presence of emotional problems, presence of physical health related problems, and the need for special care were included in the analyses for this report as predictors for each outcome of interest.

To examine outcomes hypothesized to be affected as a result of IV-E Waiver implementation, specific indicators were selected and calculated in collaboration with the Florida Department of Children and Families. The following indicators were examined:

- proportion of children whose case was open and who entered out-of-home care within 12 months,
- proportion of children exiting out-of-home care within 12 months into permanency,
- proportion of children exiting out-of-home care within 24 months into permanency,
- median length of stay for children entering out-of-home care,
- proportion of children exiting out-of-home care within 24 months into adoption,

- proportion of children exiting out-of-home care within 24 months for reasons of placement with relatives or reunification,
- proportion of children who remained in out-of-home care after 12 months,
- percent of children who were maltreated within 6 months after termination of services,
- percent of children who were maltreated during services, and
- percent of children who exited out-of-home care for reasons of reunification or placement with relatives and re-entered within 12 months.

Method

The evaluation of the IV-E Waiver seeks to track changes in outcomes over the five-year implementation period, and the longitudinal nature of this endeavor is reflected in the research design. Specifically, five successive cohorts of children whose first contact with the child welfare system occurs during each year of the Waiver implementation will be followed from the time of first child welfare contact (regardless of placement status) until the end of the project. The five cohorts will be comprised of children whose first contact with the child welfare system occurs during SFY 04-05, 05-06, 06-07, 07-08, and 08-09, respectively. Fiscal years 2003-2004 and 2004-2005 cohorts serve as baseline data. Fiscal year 2004-2005 was chosen as a baseline cohort because this was the last year before IV-E Waiver implementation began. Fiscal year 2003-2004 was added as a baseline cohort to examine indicators that require 24 months follow-up (e.g., percent of children with adoption finalized within 24 months period). The design for evaluation of Florida's IV-E Waiver demonstration consists of a longitudinal comparison between successive annual cohorts: fiscal year 2004-2005 and fiscal year 2005-2006 for indicators that require 12 months follow-up and a longitudinal comparison between fiscal year 2003-2004 and 2004-2005 for indicators that require 24 months follow-up.

The primary data source for the quantitative child protection indicators used in this report was HomeSafenet (HSn). Specifically, two HSn modules were used: the Child Safety Assessment Module and the Case Module. Information about child maltreatment reports, results of child protective investigations, and frequency of maltreatment incidents were obtained from the Child Safety Assessment Module. Information regarding case dependent status, out-of-home care services, and child outcomes after discharge from out-of-home care was obtained from the Case Module.

Data Analysis

All above mentioned indicators were calculated for every lead agency. The data used included fiscal year 2003-2004 through fiscal year 2006-2007. The last date of data collection was June 30, 2007. Statistical analyses consisted of Life Tables– a type of event history or survival analysis¹, Cox regression analyses (Cox, 1972)², repeated measures analysis of variance (repeated measures ANOVA), and logistic regression. When the association between predictors and outcomes was examined, both cohorts (i.e., fiscal year 2004-2005 and fiscal year 2005-2006) were included in the analysis, and cohort was used as a stratification factor.

Limitations

A few limitations should be noted. First, this study was limited by the use of measures of lead agency performance that only related to child safety and permanency outcomes. No specific measures of well-being were examined. Second, the study design did not include a cross-sectional comparison group (e.g., counties where IV–E Waiver was not implemented), because no such group exists due to statewide implementation of the Waiver. Longitudinal comparison was done only with baseline cohorts. Finally, only child socio-demographic characteristics and child health related problems were included in the analyses as factors that might potentially affect outcomes.

Findings

Proportion of Children Whose Case Was Open in SFY05-06 and Who Entered Out-of-Home Care Within 12 Months

This indicator relates to the effectiveness of the child welfare system in maintaining child permanency and the ability of lead agencies to provide effective prevention services. The proportion of children who entered out-of-home care was based on the SFY05-06 entry cohort (i.e., includes all children whose case was opened during SFY05-06; see detailed description of the indicator in Appendix A, Measure 1).

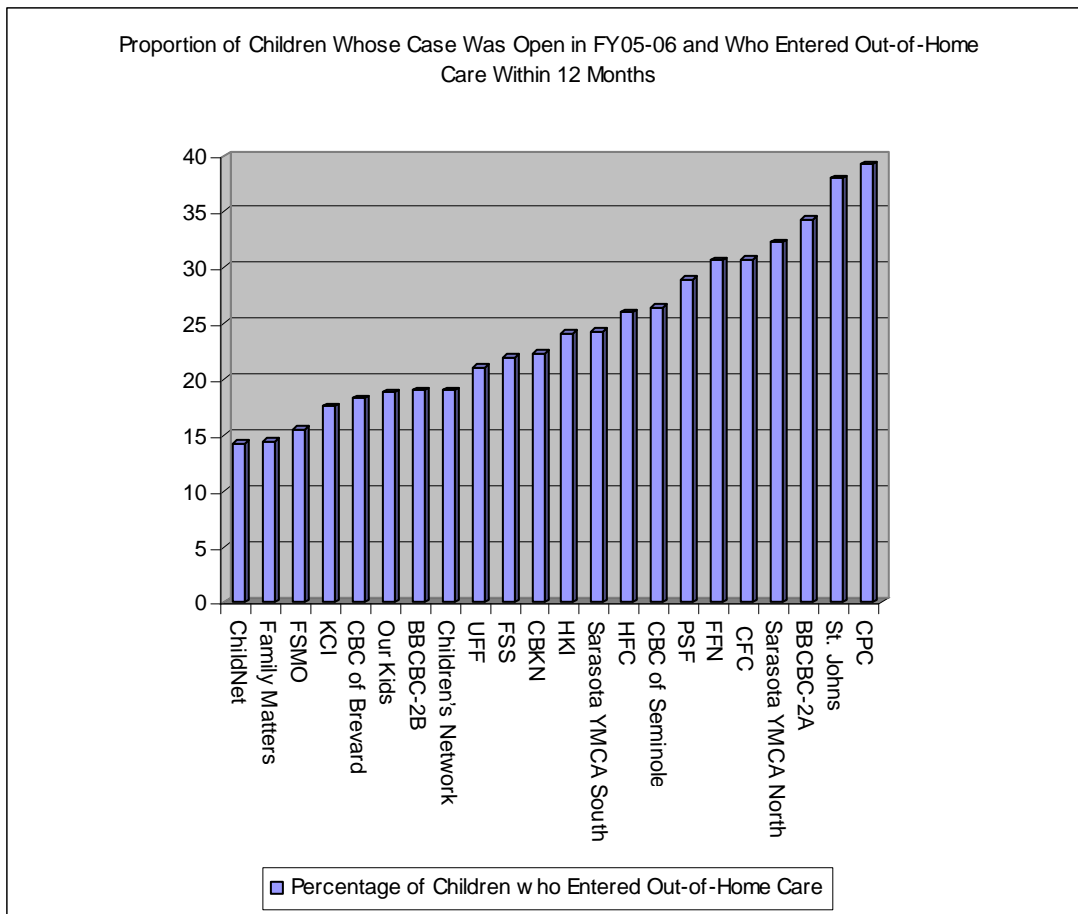
¹Survival analysis, referred to here as event history analysis, is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not exit out-of-home care during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points (e.g., in 12 months after entering out-of-home care).

² A type of event history analysis that allows for inclusion of predictor variables or factors that were hypothesized to affect the outcomes.

The proportions of children entering out-of-home care based on the SFY05-06 cohort are shown in Figure 2. The lead agencies were ranked in ascending order according to the percentage of children entering out-of-home care. As shown in Figure 2 the proportion of children entering out-of-home care within 12 months after their case was open ranged from 14.3% (ChildNet, Inc.) to 39.3% (Community Partnership for Children, Inc.). St. Johns County Board of County Commissioners (St. Johns) and Community Partnership for Children, Inc. (CPC) had the highest proportion of children placed in out-of-home care after being served at home. In contrast, ChildNet, Inc. (ChildNet) and Family Matters of Nassau County (Family Matters) had the lowest proportions of children placed in out-of-home care after being served at home (14.3% and 14.4%, respectively). The average proportion of children placed in out-of-home care after being served at home across all lead agencies was 24.4%.

To examine whether successive cohorts of children who the entered the child protection system in SFY04-05 and SFY05-06 differ on the proportion of children entering out-of-home care, Cox regression analysis (Cox, 1972) was used. No statistically significant difference was found when the two cohorts were compared (see Table 1A, Appendix B).

Figure 2 Proportion of Children Whose Case Was Opened in SFY05-06 and Who Entered Out-of-Home Care Within 12 Months



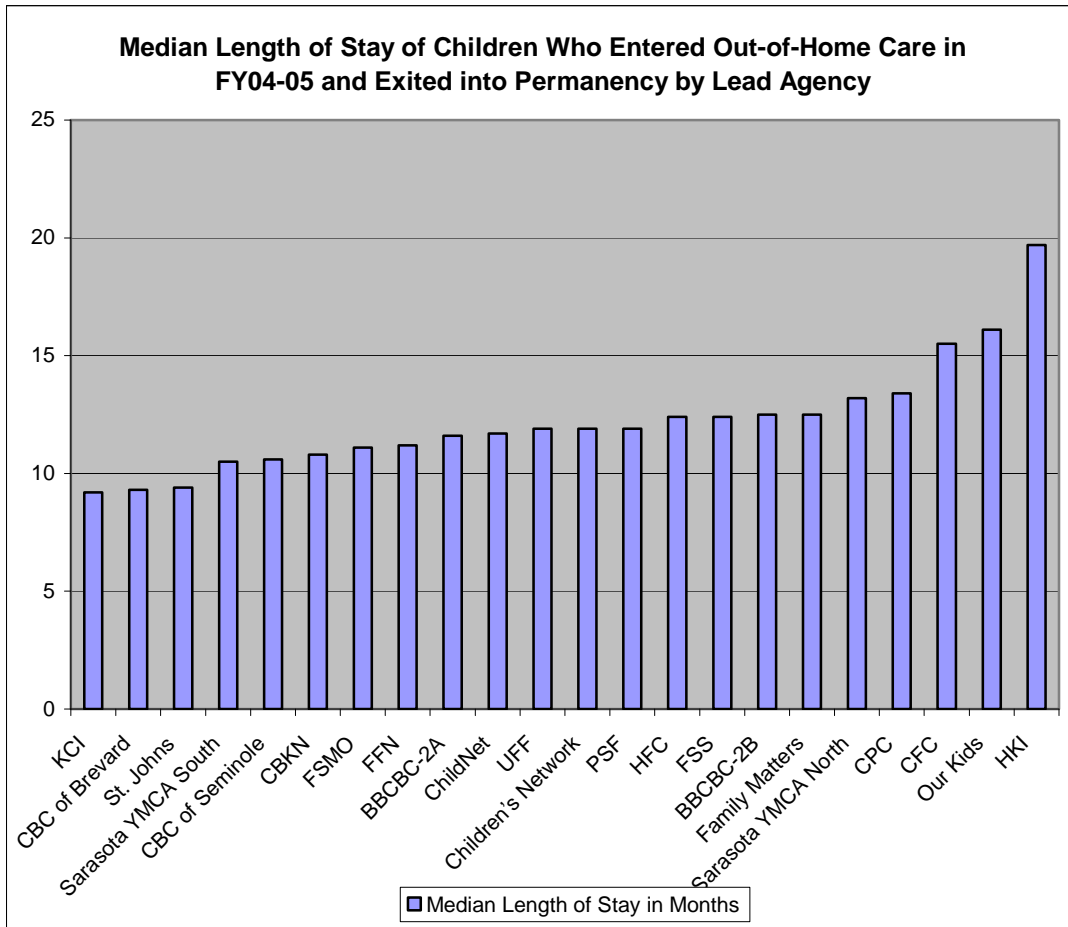
When the association between the proportion of children entering out-of-home care in SFY05-06 within 12 months of having a case opened and child characteristics were examined, age, minority status, presence of emotional disturbance, and presence of physical health problems were found to be significantly associated with this indicator (see Table 1B, Appendix B). White children, children who had emotional problems, and children who had physical health problems were more likely to enter out-of-home care within 12 months after their case was open. Younger children were more likely to enter out-of-home care, and a one-year change (i.e., being one year younger) corresponds to 5% increased likelihood of entering out-of-home care. The strongest predictor for entering out-of-home care after a case was open (for SFY05-06) was presence of physical health problems. Children who had such problems were 1.5 times more likely to be placed in out-of-home care than children who did not have these problems.

Median Length of Stay of Children who Entered Out-of-Home Care in SFY04-05 and Exited Into Permanency

This indicator examined the subset of children who exited only for permanency reasons. “*Exited into permanency*” is a narrower exit status limited to the following reasons for discharge: (a) adoption finalized, (b) guardianship to relatives, (c) long-term custody to relatives, (d) dismissed by the court, and (e) reunification with parents or original caregivers. Children who exited out-of-home care for reasons such as aging out, guardianship to non-relative, runaway, or transfer to another agency were not considered to be discharged for permanency reasons. The median length of stay (LOS) in out-of-home care or an out-of-home care episode for children who achieved permanency was also calculated based on an entry SFY04-05 cohort (see detailed description of this indicator in Appendix A, Measure 2).

Figure 3 shows the median length of stay in out-of-home care based on SFY04-05 cohort. The lead agencies were ranked in ascending order according to their median length of stay. As shown in Figure 3, children who entered out-of-home care in SFY04-05 and who were served by Kids Central, Inc. (KCI) had the shortest median length of stay in out-of-home care (approximately 9 months) and children served by Hillsborough Kids, Inc. (HKI) lead agency had the longest median length of stay (approximately 19 months). The median length of stay across all lead agencies (i.e., the number of months when 50% of children exited out-of-home care) was approximately 12 months.

Figure 3 Median Length of Stay of Children Who Entered Out-of-Home Care in SFY04-05 and Exited into Permanency by Lead Agency



Proportion of Children who Entered Out-of-Home Care in SFY04-05 and Exited Into Permanency Within 12 and 24 Months by Lead Agency

The proportions of children who exited out-of-home care into permanency during the first 12 months and 24 months was calculated for SFY04-05 entry cohort as defined earlier. All children who entered out-of-home care during SFY04-05, as indicated by the removal date in HS_n, were followed for 12 months and 24 months and the proportion of children who exited out-of-home care into permanency (e.g., discharged for permanency reasons) was calculated (see detailed description of this indicator in Appendix A, Measures 3 and 4). This indicator examined the subset of children who exited only for permanency reasons. Children who exited out-of-home care for reasons such as aging out, guardianship to non-relative, runaway, transferred to another agency were not considered to be discharged for permanency reasons.

Figure 4 Proportion of Children Who Entered Out-of-Home Care in SFY04-05 and Exited Into Permanency Within 12 and 24 Months by Lead Agency

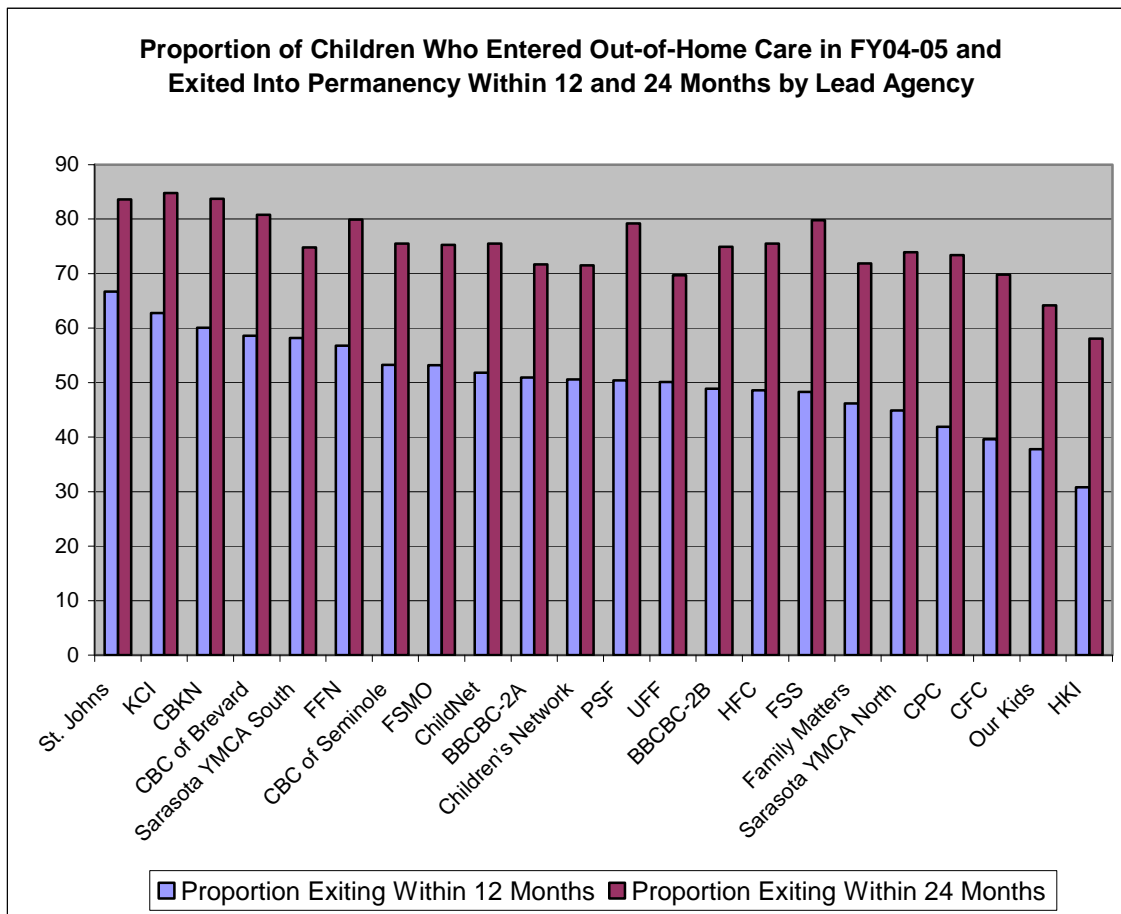


Figure 4 shows the proportions of children exiting out-of-home care into permanency within 12 and 24 months by lead agency based on the SFY04-05 cohort. As illustrated in Figure 3, St. Johns County Board of County Commissioners (St. Johns) had the highest proportion of children exiting out-of-home care within 12 months (67%), while KCI had the highest proportion of children exiting out-of-home care within 24 months (84%). Hillsborough Kids, Inc. (HKI), and Our Kids of Miami-Dade & Monroe, Inc. (Our Kids) lead agencies had the lowest proportion of children exiting into permanency within either 12 or 24 months (i.e., less than 38% within 12 months and less than 65% within 24 months). The average proportion of children exiting into permanency across all lead agencies within 12 months was 51% and within 24 months was 75%.

To examine whether successive cohorts of children who exited into permanency differ, Cox regression analysis was conducted. The results indicated that there was a

significant increase in proportion of children exiting out-of-home care into permanency in the State of Florida. Calculation of an odds ratio indicated that there was a 12% increased likelihood of timely exit from out-of-home care for children who entered out-of-home care in SFY04-05 compared to children who entered out-of-home care in SFY03-04 (see Table 2A, Appendix B).

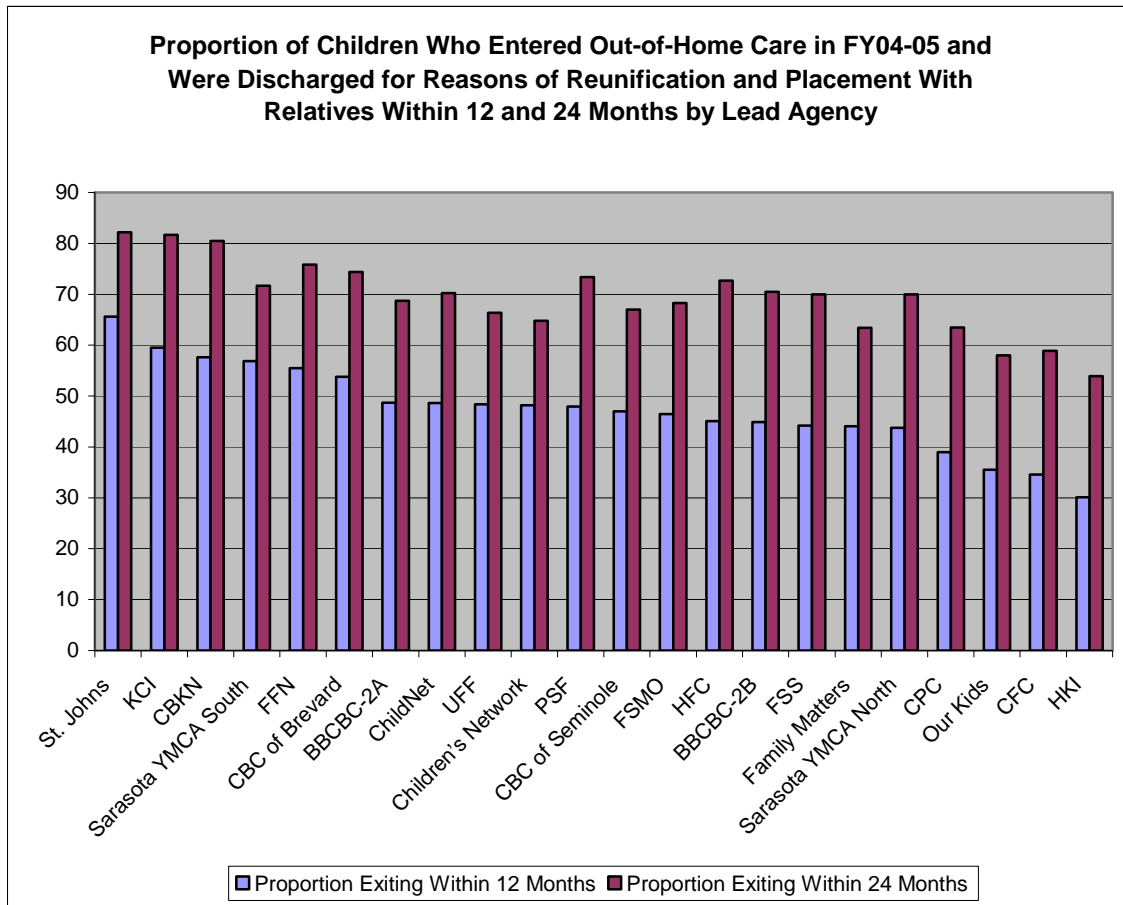
When predictor variables were examined, presence of emotional problems, physical health problems, and a need for special care as defined in HomeSafenet were significantly associated with exit into permanency. Children who did not have needs for special care, emotional problems, or physical problems were more likely to exit into permanency and out-of-home care within 12 months compared to children who had these problems (see Table 2B, Appendix B).

Proportion of Children who Entered Out-of-Home Care in SFY04-05 and Were Discharged for Reasons of Reunification and Placement With Relatives Within 12 and 24 Months by Lead Agency

The proportion of children who entered out-of-home care and were discharged for reunification or placement with relatives during 12 months and 24 months after entry was calculated for the SFY04-05 entry cohort. This indicator is a “subset” of the “Proportion of children exiting into permanency” indicator. Only three reasons for discharge were included in the calculation of this indicator: (a) long-term custody to relatives, (b) guardianship to relatives, and (c) reunification with parents or original caregivers (see detailed description of this indicator in Appendix A, Measures 5 and 6).

Figure 5 shows the proportions of children who entered out-of-home care in SFY04-05 that were discharged for reasons of reunification or placement with relatives. The lead agencies were ranked according to the proportion of children exiting out-of-home care., St. Johns and KCI had the highest proportion of children who were discharged within 12 months because they were either reunified or placed with relatives (66% and 60% respectively).

Figure 5 Proportion of Children Who Entered Out-of-Home Care in SFY04-05 and Were Discharged for Reasons of Reunification and Placement With Relatives Within 12 and 24 Months by Lead Agency



The proportion of children who were discharged within 24 months because they were either reunified or placed with relatives reached 82% for St Johns and KCI. HKI and Child & Family Connections, Inc. (CFC) had the lowest proportion of children who were discharged for reasons of either reunification with their parents or placement with relatives (30% and 35% respectively). The average proportion of children exiting out-of-home care within 12 months for reasons of either reunification with their parents or placement with relatives across all lead agencies was 48%. The average proportion of children exiting out-of-home care within 24 months was 69%.

When two successive cohorts were compared on the proportion of children exiting out-of-home care for reasons of either reunification with their parents or placement with relatives, a statistically significant difference was found (see Table 3A, see Appendix B). Children who entered out-of-home care in SFY04-05 were 11% more likely to exit out-of-

home care for reasons of either reunification with their parents or placement with relatives compared to children who entered out-of-home care in SFY03-04.

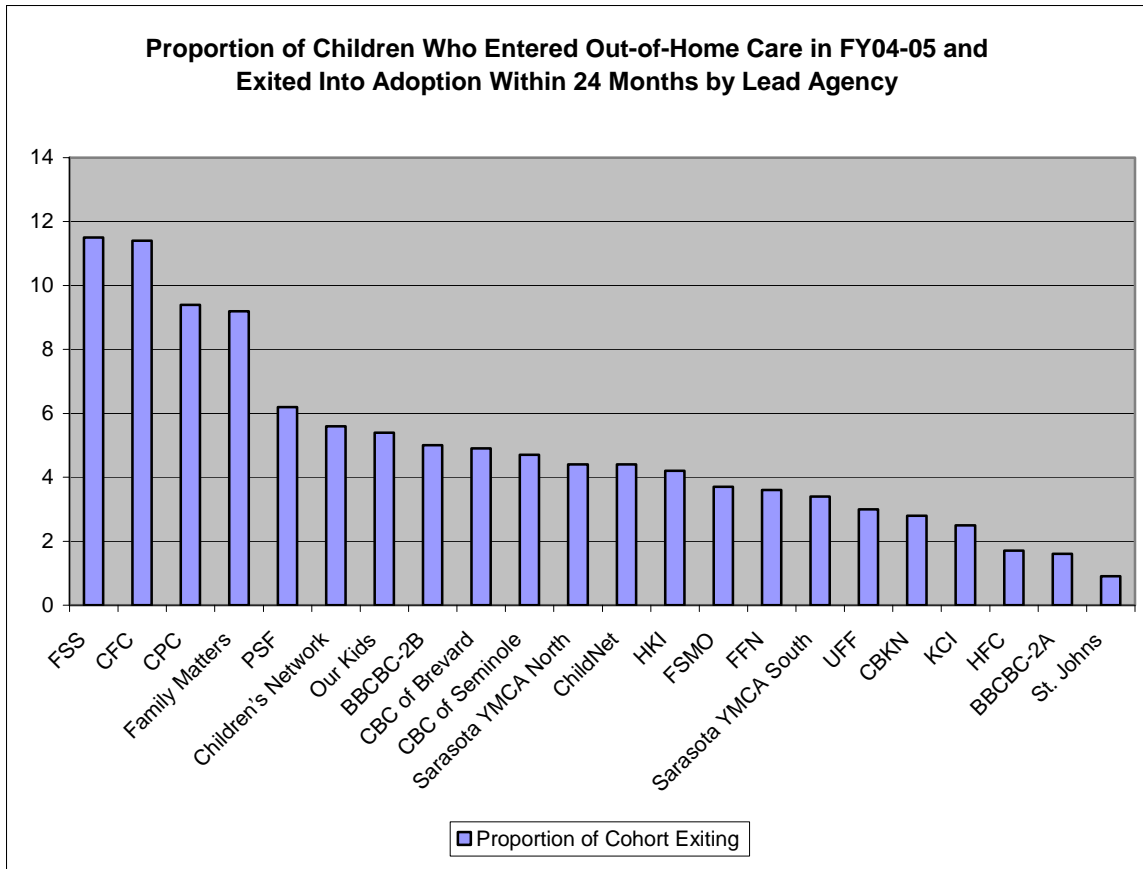
For the SFY04-05 entry cohort, timely reunification with parents or a placement with relatives was significantly associated with presence of emotional problems and physical health problems. Children who did not have emotional problems were 19% more likely to experience timely reunification or placement with relatives compared to children who had such problems. Children who did not have physical health problems were 30% more likely to experience timely reunification or placement with relatives compared to children with physical health problems (see Table 3B, Appendix B).

Proportion of Children Who Entered Out-of-Home Care in SFY04-05 and Exited Into Adoption Within 24 Months

The proportion of children who entered out-of-home care and were discharged within 24 months after entry because of adoption was calculated for the SFY04-05 entry cohort. The entry cohort for this indicator represents all children who were initially placed in out-of-home care during fiscal year 2004-2005. This indicator includes only one reason for discharge, which is “adoption finalized” (see detailed description of this indicator in Appendix A, Measure 7). Due to the Adoption and Safe Families Act (ASFA) (1997) requirements regarding the length of the out-of-home care episode for children whose parents’ rights were terminated (i.e., 24 months), the proportion of children who exited out-of-home care because of adoption was calculated for 24 months.

Figure 6 shows the proportions of children who entered out-of-home care in SFY04-05 and exited because of adoption was finalized. The lead agencies were ranked in order according to the proportion of children exiting out-of-home care.

Figure 6 Proportion of Children Who Entered Out-of-Home Care in SFY04-05 and Exited Into Adoption Within 24 Months by Lead Agency



As illustrated in Figure 6, there is considerable variation across lead agencies of the proportion of children with adoptions finalized. These proportions ranged from almost 12% (Family Support Services of North Florida, Inc) to 1% (St. Johns). FSS and CFC had the highest proportion of children with adoptions finalized (approximately 11.5%). St. Johns, Heartland for Children, and Big Bend Community Based Care West had the lowest proportion of children with adoptions finalized (less than 2%). Only seven lead agencies had a higher than average proportion of children with adoption finalized (the average percentage of children with adoption finalized across all lead agencies was 5%).

The proportion of children with adoptions finalized increased significantly over time. Specifically, children who entered out-of-home care in SFY04-05 were 34% more likely to be discharged with adoption finalized compared to children who entered out-of-home care in the previous fiscal year (see Table 4A, Appendix B). When socio-demographic characteristics associated with adoption were examined for entry cohort SFY04-05, gender and age were found to be significant predictors of adoption. In particular, females

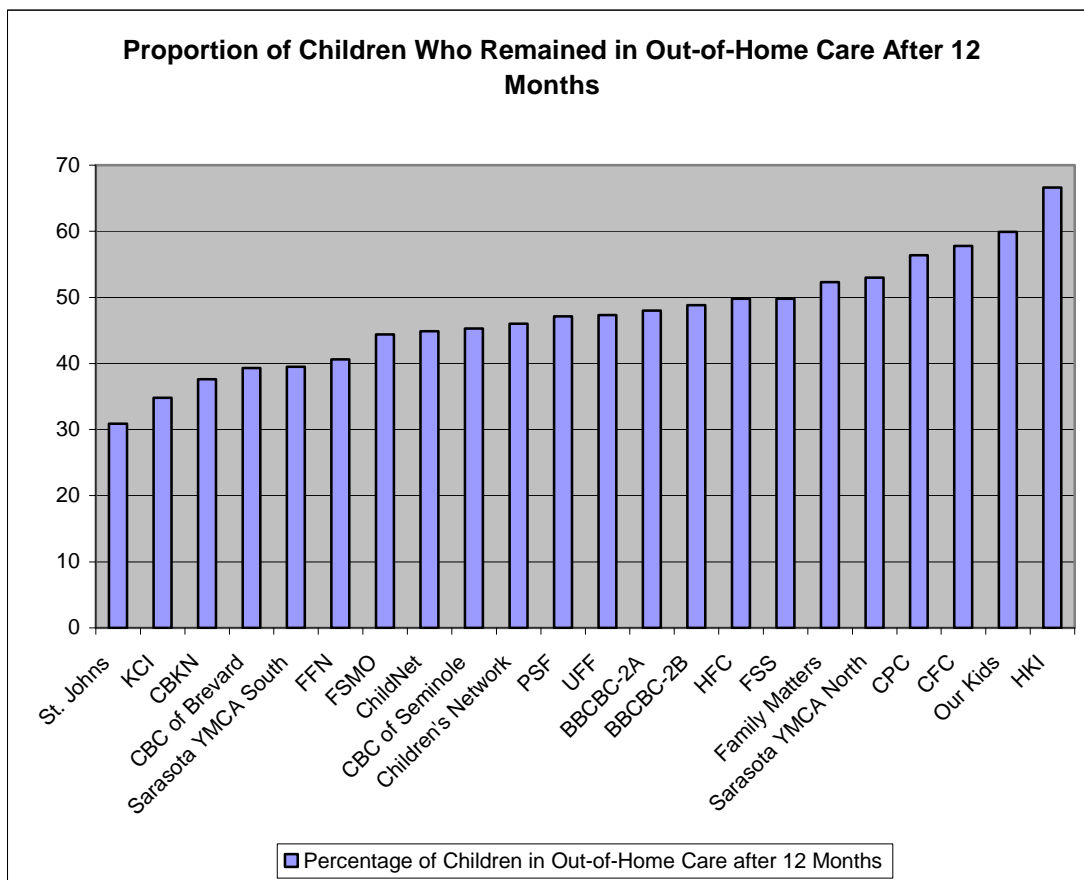
were 17% more likely to be discharged with adoption, and younger children were more likely to get adopted (i.e., being one year younger corresponded to 15% increased likelihood of being adopted). Children with needs for special care were 1.7 times less likely to be adopted, but children with emotional problems were 1.5 times more likely to be discharged with adoptions finalized compared to children without such problems. Similarly, children with physical health problems were almost three times more likely to be adopted compared to healthy children (see Table 4B, Appendix B). The results of Life Tables analysis indicated that, of children who entered out-of-home care in SFY04-05, only 4% of children without physical health problems and approximately 11% of children with physical health problems were adopted.

Proportion of Children Who Remained in Out-of-Home Care After 12 Months

The Adoption and Safe Families Act (ASFA) (1997) specifies that children who enter out-of-home care should achieve permanency (e.g., reunification, permanent relative care, etc.) in no more than 12 months excluding adoption, which has to be finalized within 24 months after entry into out-of-home care. Following ASFA requirements regarding timeliness in achieving permanency, the proportion of children who remained in out-of-home care after 12 months was calculated. It is a complement to the measure of children exiting into permanency. The proportion of children who remain in out-of-home care after 12 months was based on the SFY05-06 entry cohort (i.e., all children who entered out-of-home care during fiscal year 05-06). These children were followed for 12 months and the proportion remaining in care was calculated (see detailed description of this indicator in Appendix B, Measure 8).

Figure 7 displays the proportion of children remaining in out-of-home care after 12 months following their initial placement. The lead agencies were ranked in ascending order according to the proportion of children remaining in out-of-home care in 12 months after entry. The graph reflects a substantial variation across lead agencies with a range of 36%. St. Johns had the smallest proportion of children remaining in care (31%) while HKI had the highest proportion of children remaining in care (67%). On the average across all lead agencies, slightly less than half (47%) of children remained in out-of-home care 12 months after initial placement. Most lead agencies (i.e., 16 of 22 service contracts) have fewer than half of their children remaining in care after 12 months.

Figure 7 Proportion of Children Who Remained in Out-of-Home Care After 12 Months



When the cohort of children who were placed in out-of-home care in SFY04-05 was compared to the cohort of children who were placed in out-of-home care in SFY05-06 a statistically significant difference was found. Children who entered out-of-home care in SFY05-06 were 4% less likely to remain in care after 12 months compared to children who entered out-of-home care in SFY04-05 (see Appendix B, Table 5A).

When factors associated with delayed exit from out-of-home care were examined, age, gender, minority status, presence of emotional problems, presence of physical health problems, and needs for special care were found to be significant predictors. However, examination of odds ratios indicated that only age, presence of emotional problems, presence of physical health problems had a substantial effect on delayed exit. For example, being one-year younger relates to 2% increased likelihood of delayed exit from out-of-home care. Children with emotional problems were 18% more likely to experience a delayed exit compared to children without such problems. Children with physical health

problems were 11% more likely to get discharged late compared to healthy children (see Appendix B, Table 5B).

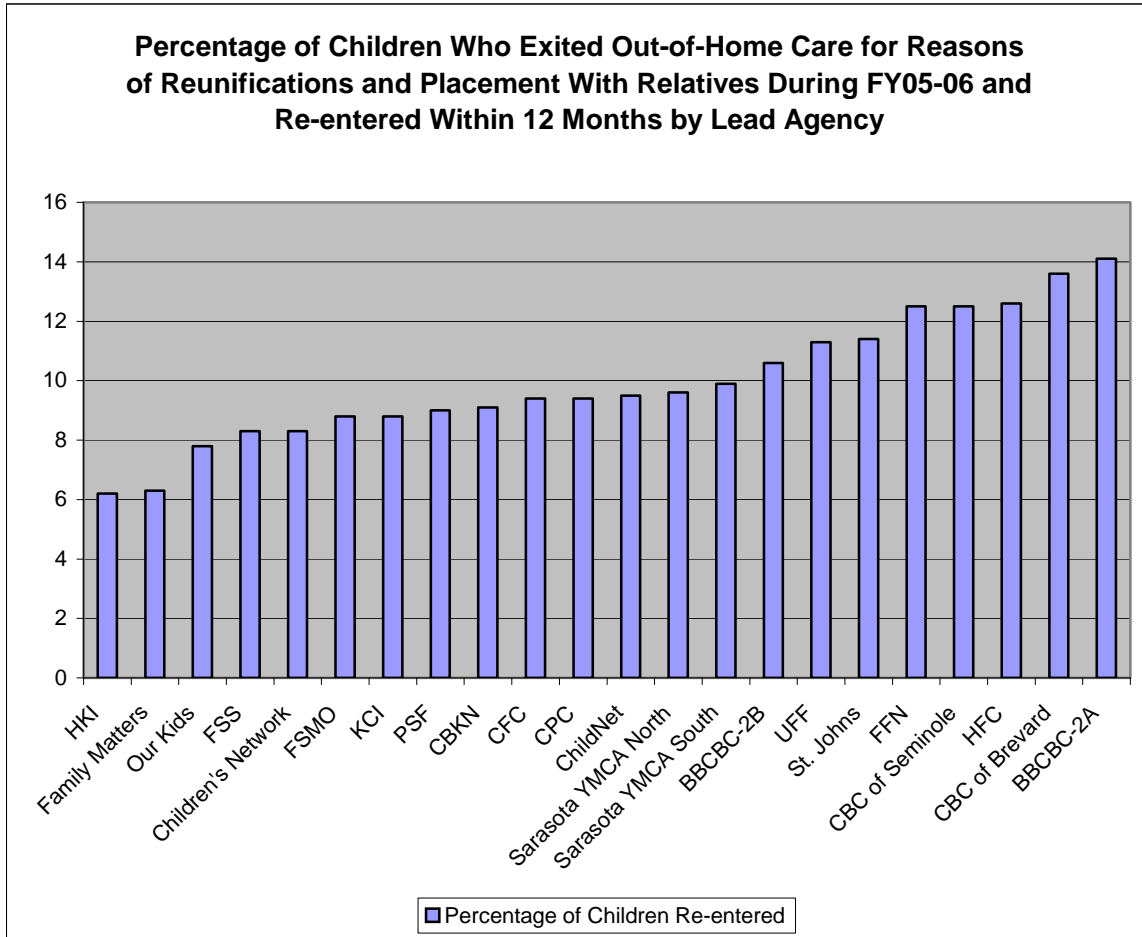
Re-entry into Out-of-Home Care

The calculation for this indicator was based on exit cohorts of children (i.e., children who exited their first out-of-home care episode during SFY05-06 or who had a discharge date during SFY05-06). A unique number given by the HSn system identified individual children, and re-entry into out-of-home care was indicated by a Removal Date after an existing Discharge Date for the same child. Only children who exited out-of-home care for reasons of reunification or placement with relatives during SFY05-06 were included in the analysis. These children were followed for 12 months to determine if they re-entered out-of-home care (see detailed description of this indicator in Appendix A, Measure 9).

Figure 8 shows the percentage of children reunified or placed with relatives during fiscal year 2005-2006 who subsequently re-entered out-of-home care within 12 months after exit. The lead agencies are ranked in ascending order according to the percentage re-entered. As demonstrated in Figure 8, BBCBC 2A had the highest (14%) percentage of children that re-entered out-of-home care after exit in SFY05-06. HKI and Family Matters had the lowest percentage of children re-entering out-of-home care after exiting in SFY05-06 (6.2% and 6.3%, respectively). The average across all CBCs was almost 10%, and five lead agencies exceeded the statewide average by more than two percentage points.

When SFY2004-2005 and SFY2005-2006 cohorts were compared, no statistically significant difference was found. When predictors for re-entry into out-of-home care based on SFY05-06 exit cohort were examined, only age was found to be significantly associated with re-entry. Being one year older corresponds to a 3% increased likelihood of re-entry (Appendix B, Table 6A and Table 6B).

Figure 8 Percentage of Children Who Exited Out-of-Home Care for Reasons of Reunifications and Placement With Relatives During SFY05-06 and Re-entered Within 12 Months by Lead Agency



Abuse During Services

This indicator was based on the number of children served in the child protection system. Any child whose case was open at least one day (i.e., the child received services for at least one day) during fiscal year 2005-2006 was included in the analysis. A child who was reported as being maltreated and whose maltreatment incident occurred after his or her case was opened but before it was closed was considered maltreated during services. Only cases with some indication of maltreatment or cases with verified maltreatment were included in the analyses (see detailed description of this indicator in Appendix A, Measure 10).

Figure 9 Proportion of Children Who Were Abused During Services in SFY05-06

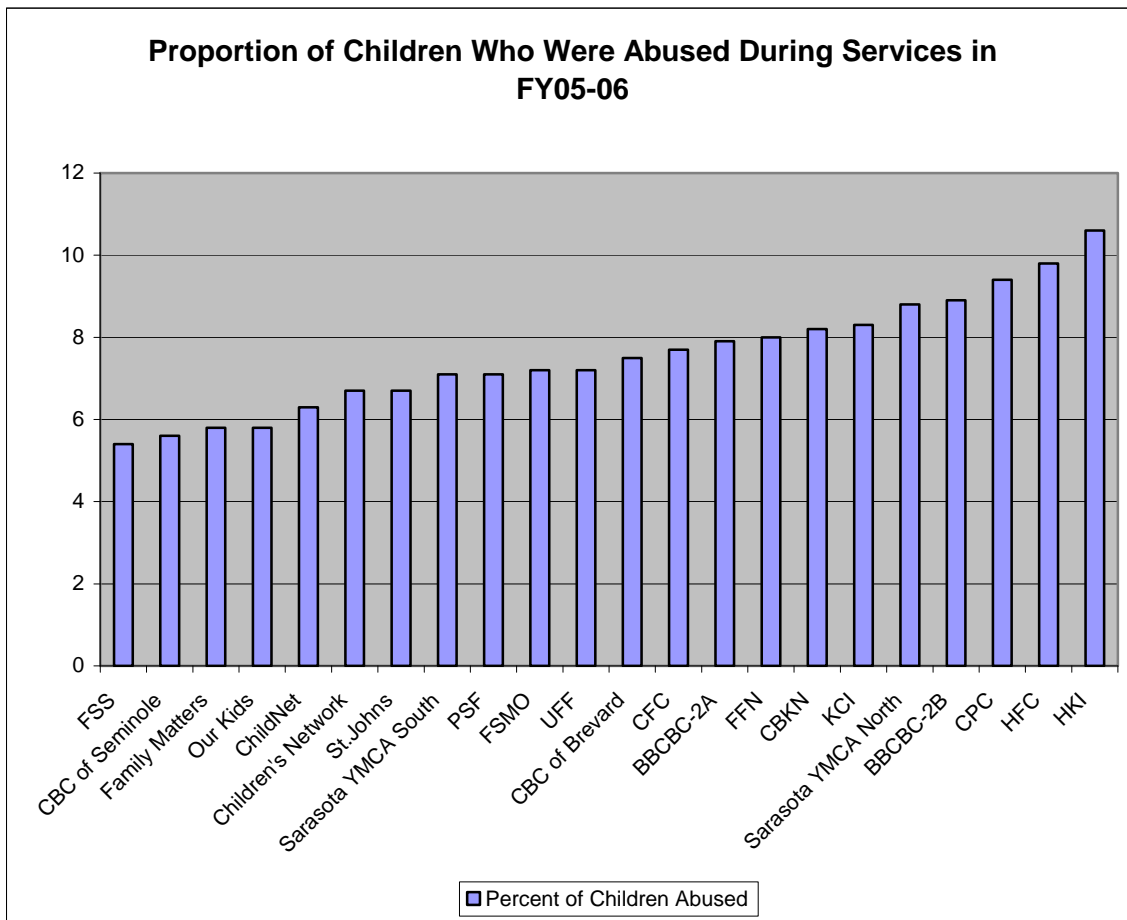


Figure 9 shows the percentage of children maltreated while receiving lead agency services. The lead agencies were ranked in ascending order according to the percentage of children that reported being abused while receiving services. The percentage of children who experienced maltreatment during services ranged from 5.4% (FSS) to 10.6% (HKI), with an average of 7.5% across all lead agencies. There is a 5% range across lead agencies in percentage of children maltreated during services in fiscal year 2005-2006 indicating a notable variation among lead agencies providing services to these children.

The cohort comparison was conducted in two parts. Because the cohort of children who were served by the lead agencies in SFY04-05 and the cohort of children who were served in SFY05-06 were not statistically independent (i.e., some children were served during SFY04-05 and continued to be served in SFY05-06), an analysis of variance (ANOVA) was conducted for two groups of children: those served only during SFY04-05 and those served only during SFY05-06. There was a significant reduction in the number

of maltreatment incidents during services for children served only in SFY05-06 compared to the cohort of children served only in SFY04-05 (see Table 7A, Appendix B).

A repeated measures ANOVA was performed to examine differences between the SFY04-05 and SFY05-06 mean abuse incident rates. The results of the analysis indicated a significant increase in the average number of maltreatment incidents during services for children who were served in both SFY04-05 and SFY05-06 (see Table 7B, Appendix B).

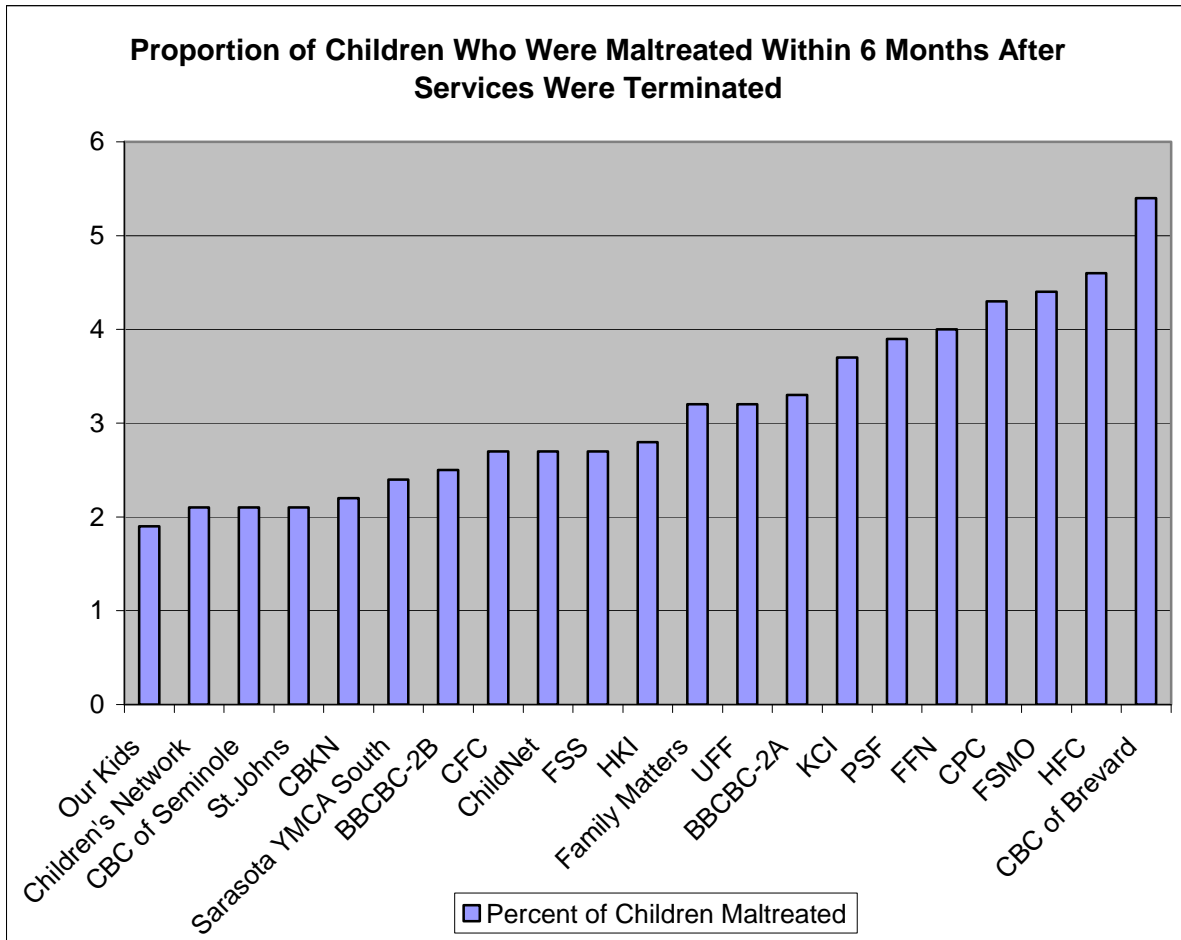
Factors associated with maltreatment during services were examined using logistic regression analyses. The results indicated that younger children, children with emotional problems, and children who had physical health problems who were in SFY05-06 child protection system were likely to be maltreated while being served. Specifically, children with either emotional or physical health problems were 40% more likely to be abused compared to healthy children, and being one year younger corresponds to a 2% increased likelihood of being abused during services (see Table 7C, Appendix B).

Maltreatment Within 6 Months After Services Were Terminated

The calculation for this indicator was based on exit cohorts of children: children whose cases were closed during SFY05-06 or who had a “Dependent end date” during SFY05-06. These children were followed for six months to determine if they were reported being maltreated. Only cases with some indication of maltreatment or with verified maltreatment were included in the analysis (see detailed description of this indicator in Appendix A, Measure 11).

Figure 10 shows the proportion of children who experienced maltreatment within six months after their services were terminated. The lead agencies were ranked in ascending order according to the percentage of children experienced maltreatment within six months after they stopped receiving services. The highest percentage of children who experienced maltreatment within 6 months after their cases were closed was in CBC of Brevard (5.4%). The lowest percentage of children who experienced maltreatment within six months after their cases were closed was in Our Kids (approximately 2%). The statewide proportion of children being maltreated within 6 months after termination of services was 3%.

Figure 10 Proportion of Children Who Were Maltreated Within 6 Months After Services Were Terminated



The results of a Chi-Square test of association indicated a significant (2%) decrease in percent of children who experienced maltreatment within six months after they stopped receiving services in SFY05-06 compared to SFY04-05 (see Table 8A, Appendix B). The results of logistic regression analysis showed that for children exiting child protection system in SFY05-06, age was the only predictor found to be significantly associated with recurrence of maltreatment within six months after termination of child protection services, with younger children more likely to experience maltreatment recurrence.

Summary

Overall, there is a trend indicating an improvement in lead agency performance in permanency outcomes. For example, every permanency indicator (e.g., proportion of

children exiting into permanency, proportion of children with adoption finalized) significantly improved for the SFY04-05 entry cohorts when compared to the SFY03-04 entry cohorts. Furthermore, the percent of children who experienced maltreatment within six months after service termination among those children whose cases were closed during SFY05-06 and the number of maltreatment incidents occurring during services for children who were only served in SFY05-06 compared to the previous cohort significantly decreased. No significant difference was found when rates of re-entry for SFY05-06 and for SFY04-05 were compared. Similarly, no significant difference was found when the proportion of children who entered out-of-home care in SFY05-06 after their cases were open and proportion of children who entered out-of-home care in SFY04-05 were compared. However, there was a significant increase in the average number of maltreatment incidents during services over time for children who were served in both SFY04-05 and SFY05-06.

The results of multivariate analyses consistently indicated that children with emotional problems, children with physical health problems, and younger children experienced worse outcomes compared to healthy children and those who are older. These groups of children were more likely to remain in out-of-home care longer, more likely to be maltreated during services and after services were terminated, and less likely to exit into permanency.

In conclusion, the results of quantitative analyses indicated that Community-Based Care lead agencies' performance improved across most of the calculated indicators. However, it appears that lead agencies continue to be less successful in achieving positive outcomes for children with behavioral, emotional, and physical health problems.

Policy Recommendations

Based on the findings of the quantitative analysis the following policy recommendations are offered:

- Considering that children with emotional and physical health problems experienced much worse permanency outcomes compared to healthy children, selective preventive interventions should to be developed targeting these youths.
- Findings indicated a significant increase in maltreatment incidents for children receiving services for two consecutive fiscal years. Therefore, additional services and supports should be provided for children who have not yet achieved permanency and who remain in care for more than 12 months.

- Additional supports and services should be provided to families with older children to prevent their re-entry into out-of-home care and to increase their chances of achieving permanency.

Summary and Discussion

The purpose of the IV-E Waiver evaluation is to determine the effectiveness of expanded child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. Specifically, the evaluation tests the hypotheses that an expanded array of community-based services and supports available through the flexible use of Title IV-E funds will:

- expedite the achievement of permanency through either reunification or adoption;
- maintain child safety;
- increase child well-being; and
- reduce administrative costs associated with providing community-based child welfare services.

This semi-annual progress report includes data gathered from 20 lead agencies serving all 67 Florida counties. The evaluation is comprised of three related components: implementation analysis (SFY06-07 data), child welfare practice analysis (SFY06-07 data), and a programmatic outcomes analysis (SFY03-04, 04-05, 05-06 data).

Implementation Analysis

The Implementation Analysis was designed to track the planning process for IV-E Waiver implementation, and to assess the impact of the Waiver on the Department, Community-Based Care lead agencies, provider networks and local communities. An important theme that consistently emerged from the lead agency focus groups was that the leadership are sensing increased financial risk. This risk is characterized by: 1) fixed price contracts despite unpredictable increases in referrals, 2) a perceived off-loading from the Agency for Persons with Disabilities (APD), Department of Juvenile Justice (DJJ), and Agency for Health Care Administration (AHCA), and 3) a perceived lack of control over the child welfare legal system. A second main theme is that the pace of the IV-E Waiver implementation varies quite a bit across lead agencies and is largely determined by the number of children in out-of-home care. Reportedly, the pace of implementation is also related to the degree of success in assisting lead agency staff, provider networks and community stakeholders to change values and beliefs. Specifically, two issues emerged from the focus groups: the belief that children are better off in their homes whenever possible and that services should be designed to fit each child and family rather than being driven by specific funding streams.

Even though the Child Protective Investigations and Dependency Court stakeholders reported no knowledge or limited knowledge of the IV-E Waiver Demonstration, it became evident from focus group data that these professionals are critical components within the system of care that the CBC lead agencies and Department of Children and Families are trying to improve through Waiver implementation. Considering the goals of the Waiver, the focus group participants emphasized several factors that should be considered during implementation and evaluation. First, the efficiency of the child abuse and neglect reporting system and the role of mandatory reporters have a direct influence on the number and types of cases entering the child welfare system. Second, while lead agencies are focusing on expanding prevention-related services, it is necessary to consider the availability and accessibility of the services to Child Protective Investigators who are the first responders in a report of child abuse and neglect as well as the appropriateness of these services to meet the needs of the families in their community. Another factor is that the inherent nature of Community-Based Care often involves several agencies working with one family. In order to be successful, the stakeholders emphasized that clarification of roles, and collaboration and communication among all of the various professionals is necessary. Finally, the Child Protective Investigators' workload and caseload size can directly impact the success of prevention and diversion efforts.

Child Welfare Practice Analysis

The goal of the Child Welfare Practice Analysis is to describe the development of strategies in response to the IV-E Waiver that are designed to improve child and family safety and permanency outcomes. This analysis allows us to determine the degree to which the Waiver is meeting the objective of expanding or improving the availability, accessibility, and appropriateness of community-based services. In response to the IV-E Waiver, Community-Based Care lead agencies are using various creative approaches aimed at immediate and long-term benefits. These efforts involve several key strategies:

- Investing non IV-E funds in the creation and expansion of prevention and diversion focused services and strategies in order to reduce the number of children entering out-of-home care.
- Improving supports and resources to permanency options for children already in out-of-home care, including reunification, adoption, relative and non-relative care.

- Enhancing pre-service and in-service training for all child welfare staff - supervisors, administrators, and caseworkers.
- Engaging community organizations, stakeholders, and caregivers in service assessment, planning, provision, and funding.
- Improving utilization management strategies to make the most efficient and effective use of existing resources.

Upcoming data collection activities will be focused on assessing change in child welfare practice and identifying the key factors contributing to and related to practice change. In addition to the lead agency self-reported data collection process, information will be gathered from community stakeholders and provider agencies. Data will also be collected concerning the implementation and impact of the three innovative practices (Family Finding, Family Connections, and Peaceful Paths) described in this report. Additional innovative practices will be included in subsequent evaluation reports as they are identified.

As detailed previously in this report, the Caregiver Engagement Survey Pilot Study yielded a low caregiver response rate. The evaluation methodology for examining caregiver engagement in child welfare services will be modified based on feedback received from CPIs as well as further review of the literature. This will include consideration of contacting caregivers through a vehicle other than child protection investigators, contacting caregivers at a different point in time, and the possibility of offering participating caregivers some form of compensation for their time.

Programmatic Outcomes Analysis

To examine child and family outcomes hypothesized to be affected as a result of IV-E Waiver implementation, specific indicators were selected and calculated in collaboration with the Florida Department of Children and Families. The indicators were calculated for SFY03-04, SFY04-05, and SFY05-06 cohorts. Fiscal years 2003-2004 and 2004-2005 cohorts serve as baseline data.

Overall, there is a trend indicating an improvement in lead agency performance. All permanency indicators (e.g., proportion of children exiting into permanency, proportion of children with adoption finalized, proportion of children remaining in care after 12 months) significantly improved for entry cohorts FY04-05 and FY05-06 compared to the previous years. Furthermore, percent of children who experienced maltreatment within 6 months

after service termination among those whose cases were closed during FY05-06, and the number of maltreatment incidents occurring during services for children who were only served in FY05-06 compared to the previous cohort, significantly (2%) decreased.

While this positive trend cannot yet be tied to implementation of the IV-E Waiver due to the baseline data used for the current analysis, it is possible that the planning which occurred in anticipation of the IV-E Waiver impacted services and related outcomes. The next semi-annual progress report will compare the positive trends seen in FY04-05 and FY05-06 to the FY06-07 data in order to assess more directly, any impacts seen subsequent to the Waiver's October 1, 2006, implementation date.

The results of analyses consistently indicated that in general, children with emotional problems, children with physical health problems, and younger children experienced worse outcomes compared to healthy children and those who are older. These groups of children were more likely to remain in out-of-home care longer, more likely to be maltreated during services and after services were terminated, and less likely to exit into permanency.

Theory of Change

An important task in the first year's scope of work for the evaluation was to refine the theory of change underlying the IV-E Waiver implementation in Florida. *Theory of change* refers to a plausible and logical explanation of how a program aims to produce changes (Hernandez, Hodges & Cascardi, 1998; McLaughlin & Jordan, 1999). The initial version of the theory of change was based on 1) federal and state government expectations of the intended outcomes of the Waiver implementation and 2) the evaluation team's hypotheses about practice change developed from knowledge of the unique child welfare service arrangements throughout the State. This theory of change was as follows:

- 1) Waiver implementation will result in increased flexibility of IV-E funds that have historically been earmarked for out-of-home care services. The new flexibility allows these funds to be allocated toward services to prevent or shorten child placements into out-of-home care.
- 2) Consistent with the Community-Based Care model, it is expected that the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve. However, it is expected that Waiver implementation will lead to changes in or expansion of the existing child welfare

service array for many, if not all, of the lead agencies.

- 3) These changes in practice are expected to affect child outcomes, including child permanency, safety, and well-being.
- 4) Over the life of the demonstration project, it is expected that fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care. Therefore, costs associated with out-of-home care are expected to decrease following Waiver implementation, while costs associated with prevention and in-home services will increase, although no new dollars will be spent as a result of Waiver implementation.

A number of themes emerged regarding the theory of change. Some themes refer to new elements that need to be added to the theory of change while others reflect refinements in its four assumptions. The new components are community values and education, and the role of environmental factors. Refinements to the original theory of change were recommended in the areas of time, resources, and prevention (for a visual depiction of the revised theory of change see Figure 11).

New Elements for the Theory of Change

Two themes expressed by focus group participants can be grouped under the domain of community values and the need for community education. Specifically, the ability to expand in-home and community-based services and to reduce out-of-home care will not occur without changes in community values related to views about poverty and about what constitutes “good enough parenting”. The concern regarding poverty was that for some community members the distinction between being poor and being neglectful of one’s child is not always clear, and that a home with the bare minimums that may not be neat and tidy at all times means that a child’s well being is seriously at risk. It was noted that sometimes young and inexperienced child protective investigators without adequate supervision share this belief and that it may affect their decision-making about child removal. The lack of understanding of being poor was also equated with a lack of recognition of the related burdens: “There is no public transportation and to get to the courthouse, they have to give up picking oranges, pay someone \$50 each week to bring them into town, sit there all day for their case to be heard....and then go home.” Without education of community members, including educating the media about poverty,

participants pointed out that the pressure on the child welfare system to remove children from potentially unsafe environments will outweigh support for prevention initiatives to strengthen family and community protective factors.

The second theme related to community views about “where children should live” and about parents whose children are in the child welfare system. Participants noted that some individuals involved with key community partners, such as Guardian ad Litem and Citizens Review Panels, are often from white, middle and upper-middle class backgrounds and may reflect the values of these groups. A specific example related to mandatory drug testing of parents, which started at twice a month, went to once a week, and now is sometimes recommended every other day. A related example was to require a drug screen for every case plan. “They said to me, if they are not using drugs they should not object to taking a drug screen and I thought, you guys don’t get it.....What are they going to do to these families? They are already burdened with so many things by our intervention, by our oversight and by all the things that they should legitimately do because it was a court issue that brought them to us. Now let’s slap a drug screen on everybody.” Participants pointed out that the community education process is slow and ongoing. For example, one CEO observed that in all community speaking engagements there is a need to mention child sexual abuse, even though the incident rate is low, because that is what gets people’s attention.

The other missing element to the original theory of change is the role of environmental factors that can either facilitate or impede meeting the goals of the Waiver. The environmental factor raised most often was the court system. Although participants acknowledged their own role in preparation of cases for court (“We almost force their hand to do case management because we are not prepared”), they also mentioned a number of court-related issues that are outside of their control: judges rotate every two years; some judges believe that removal is the solution and are hesitant about reunification; recent changes in responsibility for defense attorneys; and Child Welfare Legal Services are “just outside of our reach” and are responsible for filing motions, setting up hearings, filing a TPR (Termination of Parental Rights), and preparing witnesses. Other key environmental factors noted include the roles of local governments, school boards, sheriff’s offices, multiple police departments, and local politics. In dealing with these entities, there is a multiplier effect for lead agencies with responsibility for more than one county.

Refinements of the Theory of Change

“It takes time to shift historical paradigms.” In every focus group, participants observed that everyone involved with the IV-E Waiver (i.e., Department of Children and Families, the legislature, the evaluation team, and community partners) needs to recognize that the shift from out-of-home care to community-based and in-home services will not occur overnight and will be a gradual process. The belief expressed was that there will be cost savings eventually, due to reductions in the number of children in out-of-home placements and reductions in length of stay, but that these reductions will be incremental. The concern was that if key players are looking for short term results, the effectiveness of the Waiver could be misjudged. Another time-related concern is that changes in outcome measures, policy language and rules can cloud measurement of pre-post comparisons of systemic change.

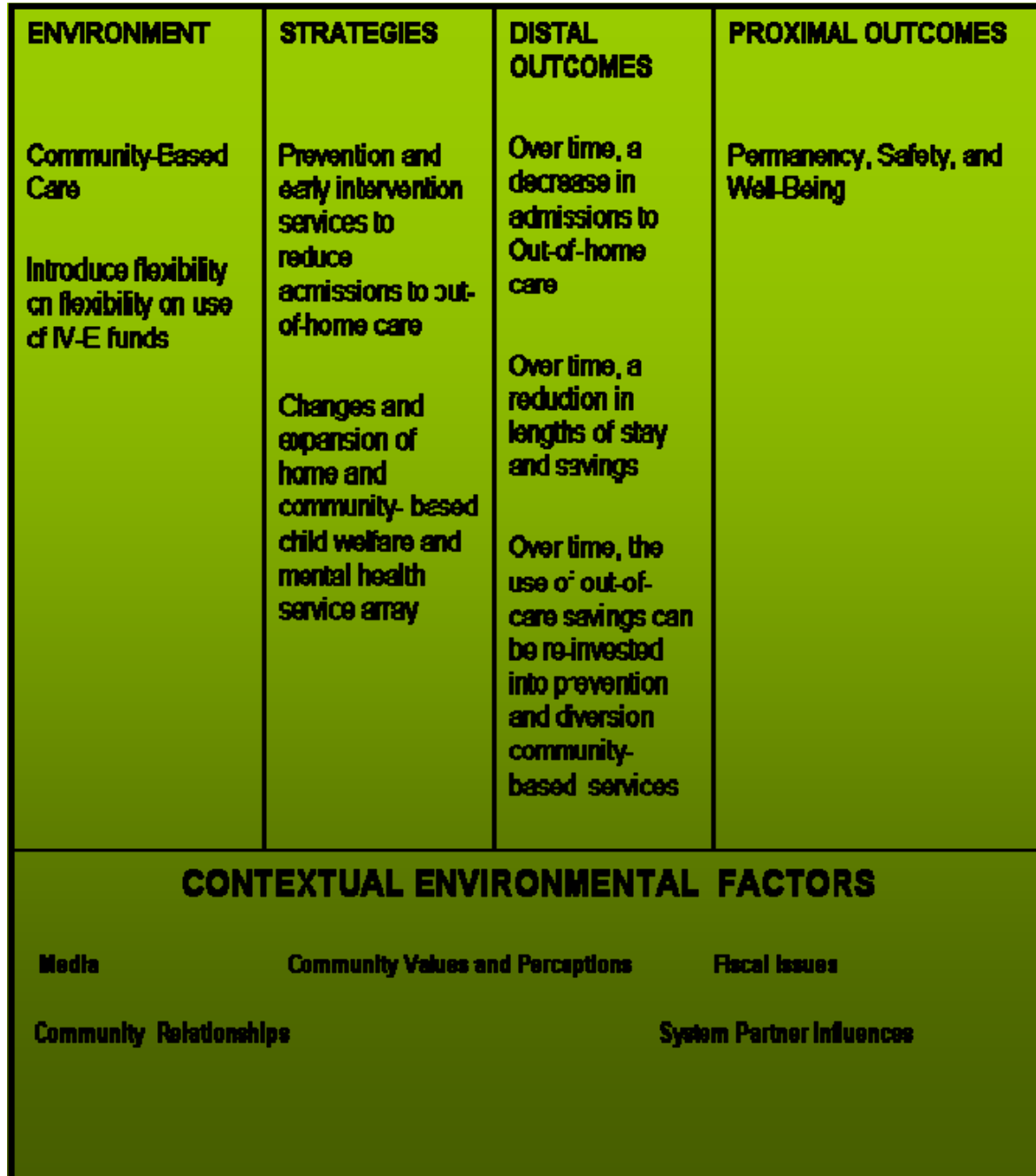
An additional theme that emerged in all focus groups was issues related to fiscal resources. A concern expressed in several focus groups was that the current budget allocation methodology does not include incentives for moving to a prevention-based model of care that is based on the development of family and community strengths. Rather, if the total number of children in care for a lead agency steadily decreases, the fear expressed is that the budget will decrease. Once that happens, the pendulum will shift and “the numbers go up, up, up, to demonstrate the use of the services.”

It was also noted that the new flexibility in use of IV-E Waiver dollars was a great benefit but that flexibility “should not overshadow the need for more resources.” The example given was that if a lead agency’s current annual budget is \$20 million but the amount needs to be \$30 million, flexibility alone is not the solution. Caution was expressed about the phrase “no new dollars will be spent” in the original theory of change. The clarification was that no new IV-E Waiver dollars will be spent but that new expenses will continue to require new non-waiver dollars. Examples offered of these new expenses include cost of living increases for staff salaries (especially case managers in order to reduce turnover), transportation, and housing. Some lead agency participants commented that there is a misunderstanding about the true cost of Community-Based Care because agencies are using other funding sources to make up for the shortfalls in their CBC annual allocation.

The final refinement noted was the need for a clearer statement about the relationship between child abuse prevention and long-term health care outcomes. Unless

we are able to demonstrate this relationship and communicate the findings to community leaders, there will never be the will to put resources into prevention-based models of care.

Figure 11. Revised Theory of Change Logic Model for the IV-E Waiver Implementation



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Appendix A. Description of FMHI Measures

Measure 1. The Proportion Children Whose Case Was Open in FY05-06 and Who Entered Out-of-Home Care Within 12 Months

Methodology

| | |
|---------------------|--|
| Definitions | Children whose case was open was defined based on the dependent begin date in HSn. |
| Algorithm | This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ³ In this instance, because every child had 12 months follow-up data this measure is identical to a percent. The numerator is the subset of the number of children in the denominator who were removed from their primary caregivers and placed into out-of-home care during the 12 month period following the date when the case was open. The denominator is the number of children whose cases were open during a given fiscal year. |
| Data Sources | Data were extracted from the HSn. |

Measure 2. Median Length of Stay for Children Entering Out-of-Home Care During a Specific Fiscal Year and Exiting for Permanency Reasons.

Methodology

| | |
|---------------------|---|
| Definitions | “Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. |
| Algorithm | This measure is presented in number of months. An estimate of the median number of months spent in out-of-home care is generated by Life Tables, which is a type of Event History Analysis. ¹ This measure reports the number of months at which half of the children are estimated to have exited out-of-home care into permanency. |
| Data Sources | Data were extracted from the HSn. |

³ Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not have second maltreatment during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points, such as in 12 months after the first maltreatment incident (Allison, 1984).

This technique was chosen over a percent because (a) it represents the state of art for analyzing longitudinal data, (b) it allows to efficiently dealing with complex data, and (c) it allows estimating the probability of an event to occur beyond the study period.

Measure 3. The Proportion of Children Exiting Out-of-Home Care Into Permanency
Within 12 months After Entry

Methodology

| | |
|---------------------|---|
| Definitions | “Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. “Permanency” means (a) reunification, that is the return of a child who has been removed to the removal parent or other primary caretaker, (b) placement with a relative, and (c) adoption finalized, that is when the Court enters the verbal order finalizing the adoption, and (d) dismissed by the court. |
| Algorithm | This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ⁴ In this instance, because every child had 12 months follow-up data this measure is identical to a percent where the numerator is the number of children who exited out-of-home care for permanency reasons within 12 months after entry. The denominator is all children who entered out-of-home care at any time during a specific fiscal year (as indicated by the removal date in HSn). |
| Data Sources | Data were extracted from the HSn. |

⁴ Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not have second maltreatment during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points, such as in 12 months after the first maltreatment incident (Allison, 1984).

This technique was chosen over a percent because (a) it represents the state of art for analyzing longitudinal data, (b) it allows to efficiently dealing with complex data, and (c) it allows estimating the probability of an event to occur beyond the study period.

Measure 4. The Proportion of Children Exiting Out-of-Home Care Into Permanency
 Within 24 months After Entry

Methodology

| | |
|---------------------|--|
| Definitions | <p>“Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.</p> <p>“Permanency” means (a) reunification, that is the return of a child who has been removed to the removal parent or other primary caretaker, (b) placement with a relative, and (c) adoption finalized, that is when the Court enters the verbal order finalizing the adoption, and (d) dismissed by the court.</p> |
| Algorithm | <p>This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis.⁵ In this instance, because every child had 24 months follow-up data this measure is identical to a percent where the numerator is the number of children who exited out-of-home care for permanency reasons within 24 months after entry. The denominator is all children who entered out-of-home care at any time during a specific fiscal year (as indicated by the removal date in HS_n).</p> |
| Data Sources | <p>Data were extracted from the HS_n.</p> |

⁵ Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not have second maltreatment during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points, such as in 12 months after the first maltreatment incident (Allison, 1984).

This technique was chosen over a percent because (a) it represents the state of art for analyzing longitudinal data, (b) it allows to efficiently dealing with complex data, and (c) it allows estimating the probability of an event to occur beyond the study period.

Measure 5. Proportion of Children who Entered Out-of-Home Care and Were Discharged for Reasons of Reunification and Placement With Relatives Within 12 Months

Methodology

| | |
|---------------------|--|
| Definitions | <p>“Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.</p> <p>“Reunification” means the return of a child who has been removed to the removal parent or other primary caretaker;</p> <p>“Placement with relatives” means long-term custody to relatives, or guardianship to relatives.</p> |
| Algorithm | <p>This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis.⁶ In this instance, because every child had 12 months follow-up data this measure is identical to a percent where the numerator is the number of children who were discharged from out-of-home care for reasons of reunification or placement with relatives. The denominator is all children who entered out-of-home care at any time during a specific fiscal year (as indicated by the removal date in HSn).</p> |
| Data Sources | <p>Data were extracted from the HSn.</p> |

⁶ Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not have second maltreatment during the 12-month period).

This technique allows for calculation of the probability of an event occurring at different time points, such as in 12 months after the first maltreatment incident (Allison, 1984). This technique was chosen over a percent because (a) it represents the state of art for analyzing longitudinal data, (b) it allows to efficiently dealing with complex data, and (c) it allows estimating the probability of an event to occur beyond the study period.

Measure 6. Proportion of Children who Entered Out-of-Home Care and Were Discharged for Reasons of Reunification and Placement With Relatives Within 24 Months

Methodology

| | |
|---------------------|--|
| Definitions | <p>“Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.</p> <p>“Reunification” means the return of a child who has been removed to the removal parent or other primary caretaker;</p> <p>“Placement with relatives” means long-term custody to relatives, or guardianship to relatives.</p> |
| Algorithm | <p>This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. In this instance, because every child had 24 months follow-up data this measure is identical to a percent where the numerator is the number of children who were discharged from out-of-home care for reasons of reunification or placement with relatives. The denominator is all children who entered out-of-home care at any time during a specific fiscal year (as indicated by the removal date in HSn).</p> |
| Data Sources | <p>Data were extracted from the HSn.</p> |

Measure 7. Proportion of Children who Entered Out-of-Home Care and Exited Into Adoption Within 24 Months

Methodology

| | |
|---------------------|--|
| Definitions | <p>“Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.</p> <p>“Adoption” means adoption finalized, that is when the Court enters the verbal order finalizing the adoption</p> |
| Algorithm | <p>This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ¹ In this instance, because every child had 24 months follow-up data this measure is identical to a percent where the numerator is the number of children who were discharged from out-of-home care for reasons of adoption. The denominator is all children who entered out-of-home care at any time during a specific fiscal year (as indicated by the removal date in HSn).</p> |
| Data Sources | <p>Data were extracted from the HSn.</p> |

Measure 8. Proportion of Children Who Remained in Out-of-Home Care After 12 Months

Methodology

| | |
|---------------------|--|
| Definitions | “Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. |
| Algorithm | This is a measure of timeliness in achieving permanency. This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ¹ In this instance, because every child had 12 months follow-up data this measure is identical to a percent where the numerator is the number of children who remained in out-of-home care for more than 12 months. The denominator is all children who entered out-of-home care at any time during a specific fiscal year (as indicated by the removal date in HS _n). |
| Data Sources | Data were extracted from the HS _n . |

Measure 9. Proportion of Children Re-entering Out-of-Home Care Within 12 Months After Exit for Permanency Reasons.

Methodology

| | |
|---------------------|--|
| Definitions | “Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. |
| Algorithm | This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ¹ In this instance, because every child had 12 months follow-up data this measure is identical to a percent where the numerator is the number of children who entered out-of-home care within 12 months after exit for permanency reasons only. Only children who exited out-of-home care for reasons of reunification and placement with relatives were included in the analysis. The denominator is all children who had a Discharge Date in HS _n during a specified fiscal year (i.e., exit cohorts) and who were discharged for reasons of either reunification or placement with relatives. The measure is based on children who exited their first episode of out-of-home care. A unique number generated by the HS _n system identified individual children who had a second Removal Date within 12 months after a Discharge Date, indicating re-entry into out-of-home care. |
| Data Sources | Data were extracted from the HS _n . |

Measure 10. Maltreatment During Services

Methodology

| | |
|---------------------|---|
| Definitions | Abuse and neglect are defined by Chapter 39, F.S. and include both actual harm and threatened harm. |
| Algorithm | This measure is a percent. The numerator is the number of children whose cases were active during a specific fiscal year and who had findings of "verified" or "some indicators" of maltreatment where both the incident date and the report date were during the reporting period and during the time the case was open. The denominator is the number of children whose case was open at least one day (i.e., the child received services at least one day) during a specific fiscal year |
| Data Sources | Data were extracted from the HS _n . |

Measure 11. Maltreatment Within 6 Months After Services Were Terminated

Methodology

| | |
|---------------------|--|
| Definitions | Abuse and neglect are defined by Chapter 39, F.S. and include both actual harm and threatened harm. |
| Algorithm | This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ¹ In this instance, because every child had 6 months follow-up data this measure is identical to a percent where the numerator is the number of children whose cases were closed and who had findings of "verified" or "some indicators" of maltreatment within 6 months after services terminated (i.e., after the dependent end date). The denominator is the number of children whose case whose cases were closed during a specific fiscal year |
| Data Sources | Data were extracted from the HS _n . |

Appendix B. Programmatic Outcomes Tables

Table 1A. Results of Cox Regression. Children Whose Case Was Open in FY04-05 and FY05-06 and who Entered Out-Of-Home Care in the State of Florida by Entry Cohort

| | Children Exiting Out-of-Home Care (N = 39,903) | | |
|--------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Cohort | -.04 | 3.07 | 0.96 |

Note. * $p < .05$.

Table 1B. Results of Cox Regression. Predictors of Entry Into Out-Of-Home Care in the State of Florida for Children Whose Case Was Open in FY04-05 and FY05-06

| | Children Exiting Out-of-Home Care (N = 39,903) | | |
|--------------------------------------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Gender | -.04 | 2.07 | .97 |
| Age | -.05 | 368.99* | .95 |
| Minority status | -.01 | 14.56* | 0.99 |
| Presence of Emotional Disturbance | .21 | 3.93* | 1.23 |
| Presence of Physical Health Problems | .42 | 15.49* | 1.53 |
| Need for Special Care | -.07 | .44 | .94 |

Note. * $p < .05$.

Table 2A. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY04-05 and FY05-06 and Exited into Permanency in the State of Florida by Entry Cohort

| | Children Exiting Out-of-Home Care (N = 42,955) | | |
|--------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Cohort | .12 | 108.02* | 1.12 |

Note. * $p < .05$.

Table 2B. Results of Cox Regression. Predictors of Exiting into Permanency for Children who Were Placed in Out-Of-Home Care in FY04-05 and FY05-06

| | Children Exiting Out-of-Home Care (N = 44,261) | | |
|--------------------------------------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Gender | -.01 | 0.60 | .99 |
| Age | .01 | .88 | 1.00 |
| Minority status | .01 | 7.54* | 1.00 |
| Presence of Emotional Disturbance | -.16 | 9.91* | .85 |
| Presence of Physical Health Problems | -.12 | 5.04* | .89 |
| Need for Special Care | -.12 | 5.20* | .89 |

Note. * $p < .05$.

Table 3A. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY04-05 and FY05-06 and Exited for the Reasons of Either Reunification or Placement With Relatives in the State of Florida by Entry Cohort

| | Children Exiting Out-of-Home Care (N = 42,955) | | |
|--------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Cohort | 0.10 | 70.68 | 1.11 |

Note. * $p < .05$.

Table 3B. Results of Cox Regression. Predictors of Exiting for the Reasons of Either Reunification or Placement With Relatives for Children who Were Placed in Out-Of-Home Care in FY04-05 and FY05-06.

| | Children Exiting Out-of-Home Care (N = 44,261) | | |
|--------------------------------------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Gender | 0.01 | 0.09 | 1.00 |
| Age | 0.01 | 47.34* | 1.01 |
| Minority status | 0.01 | 0.41 | 1.00 |
| Presence of Emotional Disturbance | - .21 | 12.86* | 0.81 |
| Presence of Physical Health Problems | - .36 | 32.87* | 0.70 |
| Need for Special Care | - .02 | 0.09 | 0.98 |

Note. * $p < .05$.

Table 4A. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY04-05 and FY05-06 and Exited for the Reasons of Adoption in the State of Florida by Entry Cohort

| | Children Exiting Out-of-Home Care (N = 42,955) | | |
|--------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Cohort | .29 | 64.01* | 1.34 |

Note. * $p < .05$.

Table 4B. Results of Cox Regression. Predictors of Exiting for the Reasons of Adoption for Children who Were Placed in Out-Of-Home Care in FY04-05 and FY05-06.

| | Children Exiting Out-of-Home Care (N = 44,261) | | |
|--------------------------------------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Gender | - .16 | 14.67* | .85 |
| Age | - .14 | 687.57* | .87 |
| Minority status | .01 | 7.71* | 1.00 |
| Presence of Emotional Disturbance | .37 | 10.40* | 1.45 |
| Presence of Physical Health Problems | 1.07 | 82.51* | 2.91 |
| Need for Special Care | - .53 | 22.66* | .59 |

Note. * $p < .05$.

Table 5A. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY04-05 and FY05-06 and Remained in Care After 12 Months in the State of Florida by Entry Cohort

| | Children Exiting Out-of-Home Care (N = 44,261) | | |
|--------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Cohort | .04 | 11.31* | 1.04 |

Note. * $p < .05$.

Table 5B. Results of Cox Regression. Predictors of Remained in Care After 12 Months Among Children who Were Placed in Out-Of-Home Care in FY05-06.

| | Children Exiting Out-of-Home Care (N = 44,261) | | |
|--------------------------------------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Gender | -.02 | 2.10 | .98 |
| Age | .02 | 249.88* | 1.02 |
| Minority status | .01 | 8.45* | 1.00 |
| Presence of Emotional Disturbance | -.16 | 11.62* | .85 |
| Presence of Physical Health Problems | -.11 | 4.66* | .90 |
| Need for Special Care | .09 | 3.98* | .91 |

Note. * $p < .05$.

Table 6A. Results of Cox Regression. Children who Exited Out-Of-Home Care in FY04-05 and FY05-06 and Reentered Within 12 Months in the State of Florida by Exit Cohort

| | Children Exiting Out-of-Home Care (N = 38,559) | | |
|--------|---|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Cohort | .03 | .84 | 1.03 |

Note. * $p < .05$.

Table 6B. Results of Cox Regression. Predictors of Reentry for Children who Exited Out-Of-Home Care in FY04-05 and FY05-06.

| | Children Reentering Out-of-Home Care (N = 38,559) | | |
|--------------------------------------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Gender | .03 | .74 | 1.03 |
| Age | .03 | 138.13* | 1.03 |
| Minority status | .01 | 1.75 | 1.00 |
| Presence of Emotional Disturbance | - .11 | .93 | .90 |
| Presence of Physical Health Problems | - .17 | 1.88 | .85 |
| Need for Special Care | - .01 | 0.01 | 1.00 |

Note. * $p < .05$.

Table 7A. Results of ANOVA. Children who Were Served in FY04-05 and FY05-06 and Were Maltreated During Services.

| Cohort | Means | Children who Were Served Both in FY04-05 and FY05-06 (N = 67,911) | |
|---------|-------|---|-----------|
| | | <i>F</i> | <i>df</i> |
| FY04-05 | 0.04 | 231.79* | 1 |
| FY05-06 | 0.02 | | |

Note. * $p < .05$.

Table 7B. Results of Repeated Measures ANOVA. Children who Were Served Both During FY04-05 and FY05-06 and Were Maltreated During Services.

| Cohort | Means | Children who Were Served Both in FY04-05 and FY05-06 (N = 121,403) | |
|---------|-------|--|-----------|
| | | <i>F</i> | <i>df</i> |
| FY04-05 | 0.09 | 973.91* | 1 |
| FY05-06 | 0.12 | | |

Note. * $p < .05$.

Table 7C. Results of Logistic Regression. Predictors of Maltreatment During Services in FY05-06.

| | Children Exiting Out-of-Home Care (N = 90,052) | | |
|--------------------------------------|--|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Gender | -.01 | .07 | 1.00 |
| Age | -.02 | 82.06* | 0.98 |
| Minority status | -.01 | 16.51* | 1.00 |
| Presence of Emotional Disturbance | .34 | 17.55* | 1.41 |
| Presence of Physical Health Problems | .34 | 14.68* | 1.40 |
| Need for Special Care | -.06 | .54 | .95 |

Note. * $p < .05$.

Table 8A. Results of Chi-Square Test. Children Whose Case was Closed in FY04-05 and FY05-06 and who Were Maltreated Within 6 Months After Services Were Terminated.

| | Children Exiting Out-of-Home Care (N = 74,006) | |
|--------|---|----|
| | χ^2 | df |
| Cohort | 667.80* | 1 |

Note. * $p < .05$.

Table 8B. Results of Logistic Regression. Predictors of Maltreatment Within 6 Months After Services Were Terminated for Children Whose Case was Closed in FY05-06.

| | Children Exiting Out-of-Home Care (N = 38,559) | | |
|--------------------------------------|---|-------------|------------|
| | B | $\chi^2(1)$ | Odds Ratio |
| Gender | -.02 | .09 | .98 |
| Age | -.02 | 7.03* | .99 |
| Minority status | -.01 | 3.21 | .99 |
| Presence of Emotional Disturbance | .02 | .01 | 1.01 |
| Presence of Physical Health Problems | -.28 | 1.01 | .76 |
| Need for Special Care | .10 | .15 | 1.01 |

Note. * $p < .05$.

3. Please list any enhanced training for child welfare staff or supervisors that your agency provides or utilizes as a result of the IV-E Waiver. Include the type of training, the purpose, and who attends.

4. Please describe the consumer satisfaction tools and processes used at your lead agency.

II. Community Involvement in Implementation

For the items 5-7 listed below, describe any relevant information not included in the previous IV-E Waiver Survey (Please refer to attached survey)

5. Does anyone from your lead agency participate in a IV-E Waiver workgroup and/or committee? If yes, who and which workgroup or committee?

6. In what ways are community agencies involved in assisting the lead agency with identifying community service needs and program planning?

7. In what ways have parents and caregivers (i.e., biological parents, relative caregivers, and foster parents) been involved in assisting the lead agency with identifying community service needs?

III. IV-E Waiver Resource and Cost Allocation strategies

8. Has your agency begun to see a decrease in IV-E spending on traditional, out-of-home care placements, or an increase in spending towards prevention or family preservation services? Please explain.

9. Has your agency begun to use your TANF budget in more flexible ways? If yes, in what ways are TANF dollars now being used flexibly? Please explain.

IV. Inventory of existing services

For each of the services below, please indicate if the service is available in the area served by your lead agency, the extent to which the service meets the needs of the community, and who provides the service. This list is long, but is intended to be inclusive of various services and supports that can be provided to families. Feel free to add in any additional services that were inadvertently omitted from this inventory.

| Service | Is the service available in your community? (Yes/No) | If the service is available, does it meet the needs of the community? 0 = Meets None of the Need 1 = Meets Some of the Need 2 = Meets Half of the Need 3 = Meets Most of the Need 4 = Meets All of the Need | Please indicate if the service is: (L) Provided by or contracted for by the lead agency. (C) Provided by other community resource |
|---|--|---|---|
| Pre-Adoption services | | | |
| Post-Adoption services | | | |
| Adult education (including GED classes) | | | |
| Behavioral health assessments and evaluations | | | |
| Behavior management | | | |
| Camp(s) | | | |
| Children's Crisis Stabilization Unit (CCSU) | | | |
| Crisis Intervention services | | | |
| Crisis Stabilization Unit (CSU) - Adult | | | |
| Culturally-specific services | | | |
| Dependency shelter facility/homes | | | |
| Developmental disability services | | | |
| Domestic violence services | | | |
| Early intervention services (0-5) | | | |
| Emergency cash assistance | | | |
| Employment services | | | |
| Family planning services | | | |
| Family preservation/diversion services | | | |
| Father-specific groups/services/supports | | | |

| | | | |
|---|--|--|--|
| Food bank/assistance | | | |
| Homemaker Services | | | |
| Housing services | | | |
| Independent and transitional living services | | | |
| Community Information & Referral Services | | | |
| Intensive Crisis Counseling Program (ICCP) | | | |
| Kinship support services | | | |
| Outpatient counseling/therapy (child, individual, family) | | | |
| Parent advocacy | | | |
| Parent education and training | | | |
| Post-reunification services | | | |
| Pregnancy and parenting services (Healthy Families) | | | |
| Residential group care | | | |
| Respite care for foster parents | | | |
| Respite care for other caregivers | | | |
| Sexual abuse counseling | | | |
| Specialized after school programs | | | |
| Statewide Inpatient Psychiatric Program (SIPP) | | | |
| Subsidized childcare | | | |
| Substance abuse treatment | | | |
| Therapeutic foster care | | | |
| Therapeutic Group Home(s) | | | |
| Transportation services/assistance | | | |
| Trauma recovery services/counseling | | | |
| Tutoring | | | |
| Utility assistance | | | |
| Visitation support | | | |
| Youth mentoring services | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |

Appendix D. Caregiver Engagement Survey Pilot Survey

Caregiver's Views—of Services

We're also interested in your feelings about your views of local child welfare services provided in your community. There are no right or wrong answers to any of our questions. Please answer as honestly and openly as you can. Your answers will be kept absolutely confidential.

Please circle one number for each statement.

| | Does Not Apply | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|---|----------------|----------------|-------|----------|----------|-------------------|
| 1. I am aware of services in my community that may help my family. | NA | 5 | 4 | 3 | 2 | 1 |
| 2. I was receiving services in my community prior to my involvement with child welfare services. | NA | 5 | 4 | 3 | 2 | 1 |
| 3. I was able to get services needed for my child(ren) and family in our community. | NA | 5 | 4 | 3 | 2 | 1 |
| 4. There were services that I thought I or my child(ren) needed that did not exist in my community. | NA | 5 | 4 | 3 | 2 | 1 |
| 5. There are services in my community that could have prevented my child(ren) from being removed but I couldn't get them (not convenient, long waiting list). | NA | 5 | 4 | 3 | 2 | 1 |
| 6. My worker or someone from child welfare services asked me about how to make services better and more helpful. | NA | 5 | 4 | 3 | 2 | 1 |

CAREGIVER ENGAGEMENT IN CHILD WELFARE SERVICES



We're interested in your feelings about your involvement with child welfare services. There are no right or wrong answers to any of these questions. Please answer as honestly and openly as you can. Your answers will be kept absolutely confidential.

Here are some of the ways families may feel about having child welfare services in their lives. Some are positive and some are negative. You may have both positive and negative feelings at the same time. Please read the following statements carefully. Some questions ask about your first contact with child welfare services and some ask about how you feel right now with your current child welfare services representative. Please circle one rating to indicate how much you agree or disagree with each statement.

If you have any questions about this survey, please call / leave a message, toll free, at 1-866-577-5443.

Thank you!

We would first like to gather a little information about the person completing the survey. Please fill in or circle your response.

| | |
|-----------------------------|--|
| What county do you live in? | |
|-----------------------------|--|

| | | |
|----------------------|------|--------|
| What is your gender? | Male | Female |
|----------------------|------|--------|

| | | | | | | | |
|-------------------|----------|-------|-------|-------|-------|-------|---------|
| What is your age? | under 20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70 | over 70 |
|-------------------|----------|-------|-------|-------|-------|-------|---------|

| | | |
|--------------------|--------------------------------|---|
| What is your race? | American Indian, Alaska Native | Asian |
| | Black, African American | Native Hawaiian, Other Pacific Islander |
| | White | Other: |

| | | |
|---|-----|----|
| Is this your first contact with child welfare services? | Yes | No |
|---|-----|----|

| | | |
|---|---------------------|---------------|
| Is the child who is associated with the investigation still living in your home or has he/she been removed? | Child lives in home | Child removed |
|---|---------------------|---------------|

| | | |
|---|------------|------------|
| What is your relationship to the child(ren) involved in child welfare services? | Mother | Father |
| | Stepmother | Stepfather |
| | Aunt | Uncle |
| | Other | |

First Contact—with Child Welfare Services

We're interested in your feelings about your first contact with child welfare services in your community. Please think about the first contact you had with child welfare services when you answer these questions. There are no right or wrong answers to any of our questions. Please answer as honestly and openly as you can. Your answers will be kept absolutely confidential.

Please circle one number for each statement.

| | Does Not Apply | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|---|----------------|----------------|-------|----------|----------|-------------------|
| 1. I was able to explain our situation and at least it seemed like the child welfare person listened. | NA | 5 | 4 | 3 | 2 | 1 |
| 2. Even though I might not have liked what happened, my child(ren) and I were treated with respect. | NA | 5 | 4 | 3 | 2 | 1 |
| 3. The child welfare person that we saw first took the time to explain what was happening and what was going to happen next. | NA | 5 | 4 | 3 | 2 | 1 |
| 4. The first person I saw from child welfare services asked me about what services and other ways we've already tried to help our family. | NA | 5 | 4 | 3 | 2 | 1 |

Current Contact—with Child Welfare Services

We're interested in your feelings about your current contact with child welfare services. Please think about working with your current child welfare services worker(s). There are no right or wrong answers to any of our questions. Please answer as honestly and openly as you can. Your answers will be kept absolutely confidential.

Please circle one number for each statement.

| | Does Not Apply | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|---|----------------|----------------|-------|----------|----------|-------------------|
| 1. I believe my family will get help we really need from child welfare services. | NA | 5 | 4 | 3 | 2 | 1 |
| 2. I realize I need some help to make sure my kids have what they need. | NA | 5 | 4 | 3 | 2 | 1 |
| 3. I was fine before child welfare services got involved. The problem is theirs, not mine. | NA | 5 | 4 | 3 | 2 | 1 |
| 4. I really want to make use of the services (help) child welfare services is providing me. | NA | 5 | 4 | 3 | 2 | 1 |

| | Does Not Apply | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|---|----------------|----------------|-------|----------|----------|-------------------|
| 5. It's hard for me to work with the caseworker I've been assigned. | NA | 5 | 4 | 3 | 2 | 1 |
| 6. I don't trust child welfare services. | NA | 5 | 4 | 3 | 2 | 1 |
| 7. There's a good reason why child welfare services is involved in my family. | NA | 5 | 4 | 3 | 2 | 1 |
| 8. Working with child welfare services has given me more hope about how my life is going to go in the future. | NA | 5 | 4 | 3 | 2 | 1 |
| 9. I think my caseworker and I respect each other. | NA | 5 | 4 | 3 | 2 | 1 |
| 10. I'm not just going through the motions. I'm really involved in working with child welfare services. | NA | 5 | 4 | 3 | 2 | 1 |
| 11. My worker and I agree about what's best for my child. | NA | 5 | 4 | 3 | 2 | 1 |
| 12. I feel like I can trust child welfare services to be fair and to see my side of things. | NA | 5 | 4 | 3 | 2 | 1 |
| 13. I think things will get better for my child(ren) because child welfare services is involved. | NA | 5 | 4 | 3 | 2 | 1 |
| 14. What child welfare services wants me to do is the same as what I want. | NA | 5 | 4 | 3 | 2 | 1 |
| 15. There were definitely some problems in my family that child welfare services saw. | NA | 5 | 4 | 3 | 2 | 1 |
| 16. My worker doesn't understand where I'm coming from at all. | NA | 5 | 4 | 3 | 2 | 1 |
| 17. Child welfare services is helping me take care of some problems in our lives. | NA | 5 | 4 | 3 | 2 | 1 |
| 18. I believe child welfare services is helping my family get stronger. | NA | 5 | 4 | 3 | 2 | 1 |
| 19. Child welfare services is not out to get me. | NA | 5 | 4 | 3 | 2 | 1 |
| 20. I understand the child welfare process I am now involved in. | NA | 5 | 4 | 3 | 2 | 1 |
| 21. I know who to go to to ask questions or share concerns with. | NA | 5 | 4 | 3 | 2 | 1 |

Adapted from Yachmesoff (2001)