

Florida's IV-E Demonstration Waiver Evaluation Plan

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Chapter 1: INTRODUCTION & OVERVIEW

The Florida Department of Children and Families (the Department) has contracted with the Louis de la Parte Florida Mental Health Institute at the University of South Florida (USF) to develop and conduct an evaluation of Florida's statewide IV-E Waiver demonstration project. The Department currently 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 legislative context for the waiver implementation in Florida.

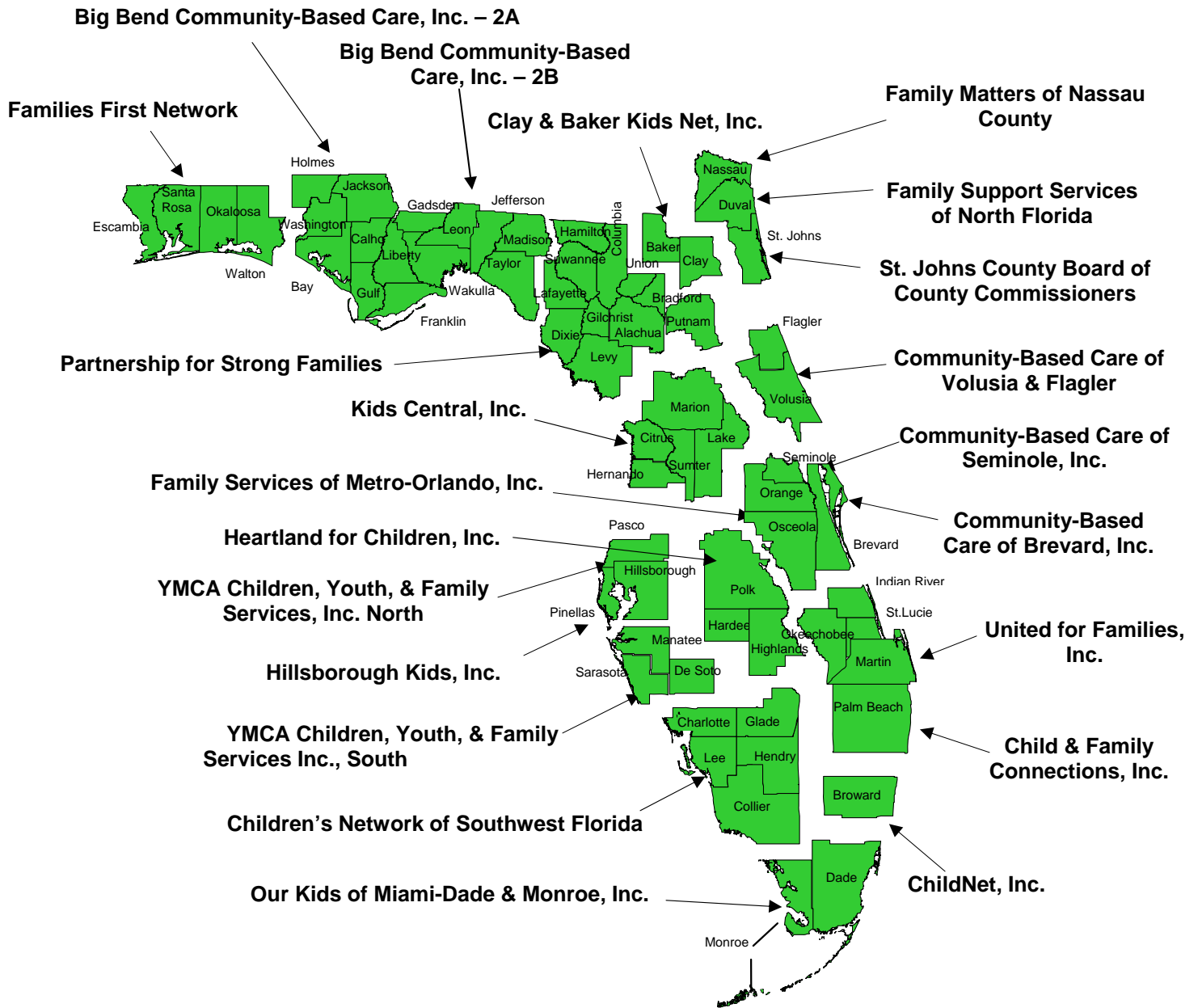
1.1 Florida's Child Welfare System

In 1996, the Florida Legislature mandated the outsourcing of child welfare services through the use of a lead agency design (Vargo et al., 2006). 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. The responsibilities of lead agencies were to:

- coordinate, manage, and provide all child protective services in their communities;
- cooperate with child protective investigations;
- ensure the capability to serve all children referred and ability to provide continuity of care for these children;
- ensure that child protective staff are trained to DCF standards; and
- achieve federal and state outcome and performance standards for child protective services

The following year, the Florida Legislature mandated statewide expansion of this model, and in 1999, it further revised the State's child welfare statutes in order to bring Florida into compliance with the new Adoption and Safe Families Act (ASFA). In July 1999, the Department issued a CBC Implementation Plan, which provided a blueprint for incorporating ASFA goals as Florida's child welfare system continued to transition to the new community-based system of care model. Currently, all of Florida's 67 counties have transitioned to this model, with 20 lead agencies throughout the state holding contracts with the Department to provide child welfare services. Lead agency locations are presented in Figure 1, and the counties and number of children served by each lead agency are presented in Table 1.

Figure 1: Florida's Community-Based Care Lead Agencies, as of September 2005



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

Table 1. Community-Based Care Lead Agencies by District

District	Lead Agency & Counties Served	Children Served FY04-05 (Unduplicated Count)
District 1	Family First Network <i>Escambia, Santa Rosa, Okaloosa, & Walton</i>	4,991
Districts 2A & 2B	Big Bend Community Based Care 2A <i>Holmes, Washington, Bay, Jackson, Calhoun, & Gulf</i>	1,967
	Big Bend Community Based Care 2B <i>Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, & Taylor</i>	1,846
District 3	Partnership for Strong Families <i>Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Putnam, Suwannee, Levy, & Union</i>	3,457
District 4	Family Support Services of North Florida, Inc. <i>Duval</i>	4,476
	Nassau County Board of County Commissioners <i>Nassau</i>	305
	St. Johns County Board of County Commissioners <i>St. Johns</i>	519
	Clay & Baker Kids Net, Inc. <i>Clay & Baker</i>	887
SunCoast Region	Sarasota Family YMCA, Inc. North <i>Pasco & Pinellas</i>	6,071
	Sarasota Family YMCA, Inc. South <i>Manatee, De Soto, & Sarasota</i>	1,829
	Hillsborough Kids, Inc. <i>Hillsborough</i>	7,158
District 7	Community Based Care of Seminole, Inc. <i>Seminole</i>	1,144
	Family Services of Metro-Orlando, Inc. <i>Orange & Osceola</i>	5,874
	Community-Based Care of Brevard <i>Brevard</i>	2,689
District 8	Children's Network of Southwest Florida <i>Charlotte, Lee, Glades, Hendry, & Collier</i>	2,656
District 9	Child & Family Connections, Inc. <i>Palm Beach</i>	3,005
District 10	ChildNet, Inc. <i>Broward</i>	6,130
District 11	Our Kids of Miami-Dade & Monroe, Inc. <i>Miami-Dade & Monroe</i>	8,202
District 12	Community-Based Care of Volusia & Flagler Counties <i>Volusia & Flagler</i>	2,513
District 13	Kids Central, Inc. <i>Marion, Citrus, Sumter, Lake, & Hernando</i>	7,424
District 14	Heartland for Children <i>Polk, Hardee, & Highlands</i>	5,659
District 15	United for Families <i>Okeechobee, St. Lucie, Indian River, & Martin</i>	2,972

Florida's IV-E Waiver for funding flexibility will be implemented through changes in State contracts with the CBC lead agencies. Having completed the CBC evaluation for the last three years, the University of South Florida (USF) is uniquely qualified to complete the evaluation of Florida's IV-E Waiver. USF has a detailed understanding of Florida's child welfare system, both historically and in current form. In addition, USF's evaluation team is familiar with the various community-based systems of care, they have developed relationships with state, local and community stakeholders, and they are familiar with and already have access to statewide child welfare data systems.

The CBC evaluation, required by ss. 409.1671(4) (a), F.S., was competitively procured in accordance with the requirements of Florida Statutes, and runs through June 30, 2009, with the option for a three year renewal. As the requirements of the IV-E Waiver evaluation so closely mirror the requirements of the CBC evaluation, and the procurement that originally solicited the evaluation, this contract was amended to include the requirements of the Title IV-E Waiver evaluation.

1.2 Purpose and Specific Aims of the Evaluation

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 document provides a comprehensive plan for Florida's IV-E Waiver evaluation, including a description of the overarching conceptual and methodological framework, the three primary components of the evaluation and the specific hypotheses, methods and analytic strategies of each component, and project management tasks and responsibilities.

1.3 Conceptual and Methodological Framework

The demonstration project is expected 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 have been selected for the purpose of examining these aspects of Florida's child welfare system.

The evaluation will be comprised of three related components:

- An Outcome study;
- A Cost study; and
- A Process study (Implementation Analysis & Child Welfare Practice Analysis).

Each component will be described in detail in its own section of the evaluation plan. In order to provide the most accurate reflection of the status of the demonstration project at each milestone reporting point, data will be triangulated from various information sources, such as the federal and Florida Child and Family Services Review data, 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 both across components and over time in order to track the evolutionary process expected throughout the life of the demonstration project. In addition, the influence of potentially confounding variables arising from the political climate (e.g., changes in state government administration) or high-profile events (e.g., a child death or disappearance) will be examined and discussed in all reports submitted to Florida's Department of Children and Families (DCF) and the Administration for Children and Families (ACF).

The evaluation plan was designed to maximize the strengths of using a longitudinal research design while minimizing intrusiveness for the Community-Based Care (CBC) lead agencies. Whenever feasible, existing data sources will be utilized to minimize participant requests. For example, evaluation cohorts will be defined and identified using data available in the State's Automated Child Welfare Information System (SACWIS), which in Florida is known as HomeSafenet (HSn). Longitudinal changes in child welfare outcomes will then 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 requests for new data from the CBC lead agencies.

In addition, the evaluation is designed to be participatory, with input from the Florida Department of Children & Families (DCF) and CBC lead agencies 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 will include at least one parent with a history of child welfare system involvement in a consultant role.

1.3.1 Theory of Change

An important task in the first year's scope of work for the evaluation is 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 theory of change currently guiding this evaluation is 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 posits that:

- 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 lead agency and the local community. 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 detailed plan for refining this theory of change by developing a logic model based on stakeholder focus groups is presented in the Implementation section of the Process Study section.

1.4 Project Management

1.4.1 Composition and Process of the Evaluation Team

The evaluation team at FMHI is comprised of two principal investigators, one project director, one project manager, one administrative support person, and four evaluators with collective expertise in quantitative and qualitative methodology, child welfare best practices, organizational analysis, and health and human services economics. In addition, consultation is available to the team in the areas of complex research design and large-scale implementation through external and in-house consultants, respectively.

1.4.2 Workgroup Participation

As part of its IV-E Waiver implementation work plan, Florida's Department of Children and Families has established seven workgroups:

- Oversight and Coordination
- Simplified Eligibility
- Fiscal Accounting and Reporting
- Provider Relations / Contract Provisions
- Array of Service / Practice Issues
- Communication and Training
- Evaluation

As indicated by these titles, each workgroup is responsible for ensuring the timely completion of specific tasks that will support a successful statewide implementation of the waiver. Members of the evaluation team will attend the meetings and conference calls of all workgroups as part of data collection for specific components of the evaluation (e.g., information from the Fiscal Accounting and Reporting workgroup will inform the Cost Study) as well to better understand and document the planning activities for the statewide implementation.

1.4.3 Report Writing and Timeline

There are six written deliverables associated with the demonstration project that will be prepared and submitted by the evaluation team. The specific reports, including the present document, and deliverable dates are presented in Table 2. All members of the evaluation team will be responsible for contributing to the report writing.

Table 2. IV-E Waiver Report Deliverable Dates*

Report Deliverable Dates						
Report	2006	2007	2008	2009	2010	2011
Evaluation Plan	Aug 2006					
Annual Report		April 2007	April 2008		April 2010	
Interim Evaluation Report				Feb 2009		
Final Report						Dec 2011

* Two reports (due Feb 2009 and Dec 2011) will be submitted to both the Administration of Children and Families and Florida's Department of Children and Families (DCF). The other four reports will be submitted solely to DCF.

1.4.4 Institutional Review Board (IRB)

The evaluation team will receive approval from the Institutional Review Board at the University of South Florida for all procedures and protocols proposed in this evaluation plan. The evaluation team is committed to conducting research in accordance with the highest ethical standards. The protection of all participants in this evaluation is of the utmost importance to the evaluation team. All team members have received training in human subjects protection and ethical standards of conducting research, and all have signed confidentiality agreements to further ensure that participant information is protected.

Chapter 2: OUTCOME STUDY

The Outcome Study will focus on examining the child-level outcomes that are expected to be affected by implementation of the IV-E Waiver demonstration project. The analysis will track changes in outcomes over the five-year implementation period and the longitudinal nature of this endeavor is reflected in the proposed research design. Specifically, four 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 four cohorts will be comprised of children whose first contact with the child welfare system occurs during FY 06-07, 07-08, 08-09, and 09-10, respectively. In addition, one cohort of children whose first contact with the child welfare system occurred during FY 05-06 will serve as baseline data against which to compare the outcomes of the four target cohorts.

The final comparison will include outcomes for children before waiver implementation and five years after the implementation in order to contrast Florida's child welfare system prior to waiver implementation with five years' post implementation. Since data for each fiscal year's cohort may not be available for analysis until the following fiscal year, analyses during the first year of the project will focus on examination of baseline data. The baseline data will include statistical calculation of the performance indicators that will measure child outcomes as well as lead agency effectiveness. This will provide the basis for examining changes during the evaluation period. Subject to data availability, subgroups of lead agencies will be compared using multilevel analysis. A visual presentation of the analysis trajectories for each of the implementation years is presented in Figure 2 below.

Figure 2. Six-Year Schedule for Data Collection and Analysis

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12
Baseline FY 05-06 data	→					
Cohort 1 FY 06-07 data		→				
Cohort 2 FY 07-08 data			→			
Cohort 3 FY 08-09 data				→		
Cohort 4 FY 09-10 data					→	

In addition, child outcomes for the State of Florida will be compared to the outcomes available from the national databases. Updated yearly reports will be generated and furnished to the federal and state government entities underwriting the evaluation of the IV-E Waiver demonstration project. The focus and complexity of these reports will evolve as new cohorts enter the child welfare system. For example, the first year's report will present analysis of the baseline data, the second year's report will present analysis of the first year of Cohort 1's experience in comparison to the baseline data, and by the fifth year, the inclusion of outcome data from five cohorts of children (including the baseline cohort) will enable more complex analyses.

2.1 Key Questions and Hypotheses

The key questions are summarized in Table 3 below.

Table 3: Outcome Study: Key Questions and Data Source

Key Questions	Data Source
Are children whose families receive in-home services less likely to enter out-of-home care following implementation of the IV-E Waiver?	HomeSafenet
Do children in out-of-home care achieve permanency more quickly following implementation of the IV-E Waiver?	HomeSafenet
Has child safety increased following implementation of the waiver?	HomeSafenet
Has child well-being increased following implementation of the waiver?	HomeSafenet

Are children whose families receive in-home services less likely to enter out-of-home care following implementation of the IV-E Waiver?

The proportion of children who received in-home services without entering out-of-home care and the median length of time that they received these services will be examined as indicators of permanency for children who receive in-home services.

Do children in out-of-home care achieve permanency more quickly following implementation of the IV-E Waiver?

Statewide implementation of the IV-E Waiver is expected to lead to changes in practice, which in turn may impact outcomes on each of the measured indicators. For example, the increase in resources and flexibility may enhance current practice through reductions in staff caseload size and turnover. As a result of the increased allocation of resources toward diversion services, enhanced in-home service provision, and “front door” services enabled by the waiver, it is anticipated that the median length of stay in the child protection system for children who were not removed from their caregivers may decrease for each successive cohort.

Child permanency outcomes will be examined for all cohorts with permanency defined as reunification, placement with relatives, or adoption. Findings for the baseline and implementation cohorts will be compared in order to describe changes in permanency outcomes that emerge throughout the life of the demonstration project. Interpretation of the findings will

include contextual factors obtained from ongoing assessment of systemic and environmental changes (see Figure 3 on page 22).

The following indicators will be used to measure permanency outcomes for children in Florida's child protection system. These indicators will be examined for each cohort. The effect of demographic characteristics, such as age, race, and gender, on these permanency outcomes also will be examined.

1. The proportion of children who entered out-of-home care and were discharged and achieved permanency within 12 months after entry into out-of-home care
2. The proportion of children remaining in out-of-home care 12 months after entry
3. The median length of stay for children in out-of-home care
4. The proportion of children with finalized adoptions within 24 months of the initial entry into out-of-home care

The proportion of children who received in-home services without entering out-of-home care and the median length of time that they received these services

The calculation of this indicator will be based on entry cohorts (i.e., children who entered child protection system as indicated by the Case Dependent Begin Date and received in-home services during a specific fiscal year). The proportion of children whose case is closed as indicated by the Case Dependent End Date and who did not enter out-of-home care (i.e., were not removed from their original caregivers) within 12 months after the case was opened will be calculated. The proportion of children who did not enter out-of-home care and the median length of time in child protection system for those children who were not removed from their caregivers will be obtained from Life Tables produced by survival analysis.

Has child safety increased following implementation of the IV-E Waiver?

We hypothesize that as a result of enhanced service provision, following the first maltreatment incident or following reunification, both recurrence of maltreatment and reentry into out-of-home care will significantly decrease.

The following child safety outcomes will be calculated for each cohort: (a) recurrence of maltreatment and (b) reentry into out-of-home care.

Recurrence of maltreatment will be defined as a second episode of maltreatment (i.e., there was some indication of maltreatment or maltreatment was verified as a result of protective investigation) within six months subsequent to the event that first brought the child in contact with the system. Recurrence of maltreatment will be calculated for all children in each cohort. The calculation of this indicator is based on entry cohorts of children (i.e., children who were reported as being maltreated and whose reports either had some indication of maltreatment or maltreatment was founded). Only children whose reports either had some indication of maltreatment or maltreatment was founded will be included in the analysis.

Reentry into out-of-home care will be examined for children from each cohort who were discharged from out-of-home care and re-entered. The calculation of this indicator will be based on exit cohorts of children (i.e., children who exited out-of-home care during a specific year). Only children who have a discharge date will be included in the analysis. The proportion of children who reentered out-of-home care will be obtained from Life Tables produced by survival analysis. Reentry into out-of-home care will be identified by two removal dates within 12 months for the same child (identified by a unique number given by the HomeSafenet system) and a discharge date from the first removal episode. Consistent with the other outcomes, reentry into out-of-home care will be examined in relation to age, gender, ethnicity, and living arrangement following discharge (e.g., reunification, placement with relatives, adoption, and other permanency options).

Has child well-being increased following implementation of the IV-E Waiver?

We hypothesize that following IV-E Waiver implementation additional services will be available to foster parents and children removed from their homes, and that these children will be less likely to experience multiple placements. Placement stability will be examined for each cohort as the primary measure of child well-being. This indicator will be quantified as the number of placement settings per out-of-home care episode. Specifically, the proportion of children in each cohort who experience more than two placements per foster care episode will be examined in relation to age, gender, minority status, and physical or behavioral/emotional problems. In addition, HS_n will be explored for other potential indicators of child well-being. Subject to data

availability, an attempt will be made to examine child outcomes related to educational progress and attainment. Specifically, child grade point average (GPA), grade promotion, and absenteeism may be tracked.

These hypotheses have guided development of the key questions presented in Table 3. However, the issues to be addressed and the key research questions will continue to be refined, particularly following the first year of the evaluation, when data will be collected from focus groups and other participatory activities regarding the theory of change underlying these outcomes. It is also important to note that the indicators proposed in this evaluation plan will be calculated somewhat differently than the indicators presented on the DCF Dashboard website (<http://dcfdashboard.dcf.state.fl.us/>). The reason for this difference is the evaluation plan's emphasis on calculating indicators that will best answer the key research questions. Specifically, these indicators are designed as "time to event" indicators, which take into consideration time periods between the events and allow for more accurate measurement.

2.2 Data Sources

All data used in the outcome evaluation analyses, including baseline data, will be abstracted from HomeSafenet (HSn), State of Florida's SACWIS database. In addition, comparison data from national databases, such as The National Survey of Child and Adolescent Well-Being (NSCAW), will be incorporated into the outcomes analysis.

2.3 Sampling and Data Collection Procedures

All children entering or exiting the child protection system will be included in the analyses during a fiscal year before implementation of the IV-E Waiver and four subsequent years. Data will be extracted from two HSn modules: the Child Safety Assessment Module and the Case Module. Information about child maltreatment reports, results of child protective investigations, and maltreatment incidents will be obtained from the Child Safety Assessment Module. Information regarding out-of-home care, out-of-home care placements, in-home services, and child outcomes after discharge from out-of-home care will be obtained from the Case Module.

2.4 Analytic Strategy

Several analytic strategies will be used to address the research questions of the study. First, to obtain the percentages of children with (a) no entry into out-of-home care, (b) reentry into out-of-

home care, and recurrence of maltreatment Life Tables using the Kaplan-Meier procedure (Kaplan & Meier, 1958) will be used. Second, to examine the association between child sociodemographic characteristics or other child level factors and time-to-event indicators, Cox regression (Cox, 1972) will be used. Specifically, Cox regression (i.e., proportional hazards modeling) will be used in order to calculate time-to-event outcomes (e.g., time to exit out-of-home care, time to reoccurrence of maltreatment). This technique treats the outcome in question as a dynamic process and allows the inclusion of censored observations, i.e., participants who either dropped out of the study before the event of interest (e.g., reentry into out-of-home care) or did not experience the event. In this study censored observations will be those children who did not experience any maltreatment a second time within the selected follow-up period or those children who never enter/reenter out-of-home care.

Third, to examine the effect of child sociodemographic characteristics or other child level factors on dichotomized outcomes, such as achieving permanency or not, logistic regression will be used. Odds ratios will be calculated to evaluate the importance of predictors. The statistically significant predictors that change the odds of the outcome the most will be interpreted as most important. Poisson regression will be used to examine the association between various child characteristics and the number of placements. Poisson regression is appropriate to use when outcome variable consists of count data (e.g., number of placements, or number of behavioral health services). Poisson regression will be conducted using MPlus statistical software, version 4 (Muthén & Muthén, 2006). In addition to these analyses, an attempt will be made to examine the association between the strength of waiver implementation at the lead agency-level and the child-level outcomes presented above.

In order to address the potential problem of truncated data, a series of interim analyses will be performed. Interim analyses are statistical analyses that will be conducted for every fiscal year's cohort during the study at regular intervals (e.g., 12 months). Therefore, the comparison will be made between cohorts on all proposed indicators measured at the same time intervals. For example, the proportion of children exiting out-of-home care within 12 months after entry for fiscal cohort 2005-2006 (baseline) will be compared with fiscal cohort 2006-2007 also within 12 months after entry.

Based on ASFA requirements regarding permanency achievement within 12 months for children whose parents' rights were not terminated and 24 months for children whose parents' rights

were terminated, all permanency indicators will be examined for all entry cohorts at both 12 and 24 months after entry into out-of-home care.

The potential problem of truncated data will further be addressed by using Event History analysis, which allows for estimation of the statistical probability that a specific event of interest will occur for “censored observations”. Censored observations in this evaluation are those children who do not experience the event of interest (e.g., exit out-of-home care or reentry) by the end of the study. Therefore, even if we have data for only 12 months for the last cohort (FY09-10) and certain children have not experienced the event of interest by the end of the study, Event History analysis allows for estimation of the probability that these children would experience the event in the next 12 months (or any specified length of time). Thus, even with “truncated” data we will be able to estimate the probability of events of interest.

Chapter 3: COST STUDY

As required by the Florida Waiver Terms and Conditions, the Florida waiver evaluation will contain a fiscal analysis that examines the relationship between waiver implementation and changes in the use of child welfare funding sources. In this section, we describe the key questions, hypotheses, data sources, data collection procedures, and analytic strategy for the fiscal analysis.

3.1 Key Questions and Hypotheses

There are several potential fiscal implications associated with the IV-E Waiver demonstration project. One of the waiver's key attributes is that it will allow lead agencies to spend Title IV-E funds on a broader array of services, including prevention, early intervention, and diversion services, which were not permissible prior to the waiver. One hypothesis, therefore, that will be tested is whether the waiver simultaneously leads to (1) increased expenditures per child served for prevention, early intervention, and diversion services, and (2) decreased expenditures per child served for out-of-home services. A second, and related, hypothesis is that the waiver may also lead to changes in how lead agencies use TANF and State dollars, which are the other major child welfare funding sources in Florida. Another potential benefit of the waiver is a reduction in the administrative burden associated with acquiring and using IV-E funds. Therefore, a third hypothesis that will be tested is whether the waiver is associated with a relative reduction in IV-E administrative costs per child served or per capita. The key questions associated with these hypotheses are presented in Table 4.

Table 4: Cost Study: Key Questions and Data Sources

Key Questions	Data Source
Was the waiver implementation associated with a substitution from out-of-home expenditures to prevention/early intervention/ diversion expenditures within IV-E funding?	Florida Accounting Information Record (FLAIR), stakeholder interviews
How has the waiver implementation impacted the use of other child welfare funding such as TANF and State funds?	FLAIR, stakeholder interviews
Was the waiver implementation associated with a relative reduction in IV-E administrative costs per child served or per child day?	FLAIR, HSn, stakeholder interviews

3.2 Data Sources

The fiscal analysis will use a combination of administrative and stakeholder interview data. The Florida Accounting Information Record (FLAIR) captures all Florida child welfare expenditures by several criteria, including lead agency, funding source, and type of service (e.g., out-of-home, prevention). Using FLAIR data and lead agency invoices, which may provide additional specificity not found in FLAIR, the analysis will include an examination of the use of key funding sources, including all relevant Federal sources such as titles IV-A, IV-B, IV-E and XIX of the Social Security Act, as well as State and local funds. Denominator data such as the unique number of children served and child days in foster care will be derived from HSn. Data from stakeholder interviews will be used to help interpret the findings from administrative data.

3.3 Sampling and Data Collection Procedures

We will use both State- and lead agency-level expenditure data for the fiscal analysis. Because neither the lead agencies nor the State collects child-level cost data, we will use existing data sources to reduce the burden on lead agencies.

3.4 Analytic Strategy

The primary objective of the fiscal analysis is to test the relationship between waiver implementation and changes in child welfare expenditures over the 5-year implementation period. All comparisons over time will be made at the Community-Based Care lead agency level and at the State level. At a minimum, we will examine the following fiscal variables:

- Out-of-home expenditures
- Prevention/early intervention/diversion expenditures
- Total IV-E expenditures
- TANF expenditures
- State expenditures
- Administrative expenditures

There are several study design issues pertaining to the fiscal evaluation of the IV-E demonstration. Because the demonstration will be implemented statewide, there is no valid comparison group available. Consequently, we will use a pre-post design that employs lead agency expenditure data from the two years prior to the implementation (FY2005 and FY2006) as a baseline for assessing expenditure changes during the 5-year implementation period. If

there are systematic differences in how lead agencies implement the IV-E waiver, it would be appropriate to conduct subgroup analyses that analyze the Fiscal Analysis Key Questions across subgroups of lead agencies. For example, if the intensity of implementation varies by lead agency (as it did by county in Indiana and North Carolina), then we will test the relationship between implementation intensity and rate of change in expenditures.

Due to the small size ($n=20$ lead agencies), we will use non-parametric statistical tests such as the Wilcoxon rank-sum test, Spearman rank correlation coefficient, and Kruskal-Wallis analysis of variance by ranks to make statistical comparisons.

In conjunction with our implementation analysis, we also propose a participatory design component for the fiscal analysis. It will be beneficial for the evaluators to participate in the implementation and training around fiscal issues in order to better understand the fiscal challenges faced by lead agencies and the Department.

Although Florida is not systematically collecting the sorts of continuous outcomes measures (e.g., Children's Global Assessment Scale) on children in the child welfare system that would facilitate cost-effectiveness analysis, it may be possible to assess the cost-effectiveness of the waiver by calculating additional cost per 1% improvement in outcome. For example, we expect that the proportion of children who enter out-of-home care will be lower after the waiver is implemented, so we could calculate the net increase in spending on prevention/early intervention/in-home services and divide it by the change in the proportion of children who enter out-of-home care. Other potential outcomes that could be analyzed in this way include (a) the percent of children receiving in-home services only, and (b) the percent of children who experience 2 or more placements per foster care episode. Although the perspective of these analyses is limited because the waiver's cost neutrality requirement means we'll be seeing no overall change in spending, understanding the effectiveness of spending shifts from out-of-home care to prevention/early intervention/in-home services is still important.

There are other potential financial benefits of the IV-E Waiver that may be worth exploring. Because the waiver allows for more flexible and appropriate services, the waiver might lead to shorter lengths of stay, increased permanency rates, and shorter time to permanency, all of which could lead to an overall savings in child welfare expenditures. Accordingly, we will examine how the State invests these costs savings back into the child welfare system. Another

implication of the waiver is that additional children may become Medicaid eligible and some of the new prevention, early intervention, or diversion services may be reimbursable under Medicaid. Subject to data availability, we will examine whether Medicaid IV-E enrollment increases due to the waiver. Additionally, we will consider exploring the extent to which lead agencies bill Medicaid for new services, and whether this results in cost savings to DCF.

Chapter 4: PROCESS STUDY

The process portion of the evaluation will be divided into two components: the Implementation Analysis and the Child Welfare Practice Analysis. The Implementation Analysis is focused on tracking the planning process for waiver implementation; and on the impact of the waiver on the Florida Department of Children and Families, community-based care lead agencies, provider networks and local communities. The Child Welfare Practice Analysis is focused on the development of strategies (i.e., services and practices) designed to expedite permanency, prevent out-of-home placement, and engage families in service planning.

Prior to waiver implementation (October 1, 2006) a survey of the 20 lead agencies will be conducted in order to establish a pre-implementation process baseline. The survey will enable the evaluation team to describe:

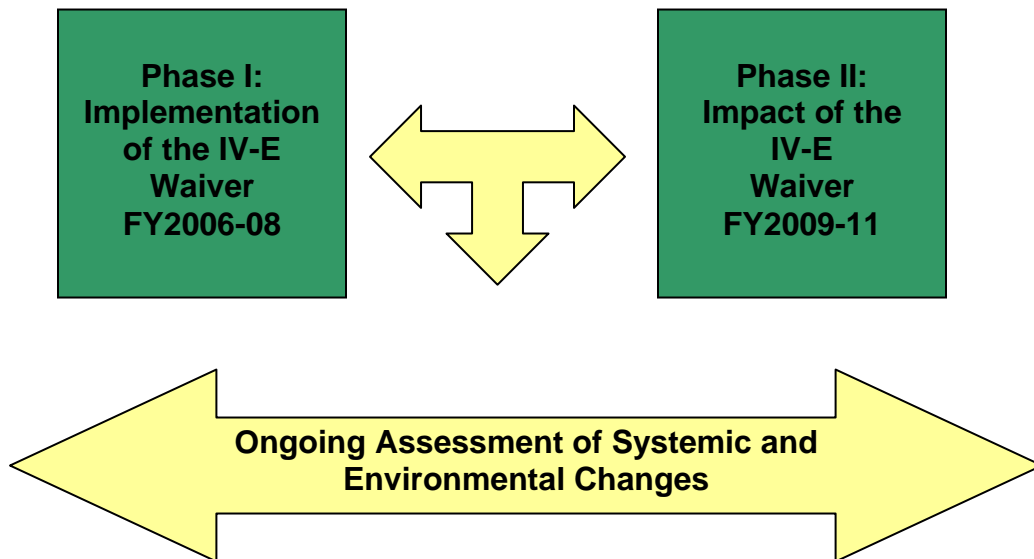
- Characteristics of the lead agency
- Involvement in IV-E Waiver workgroups and/or committees
- Available data sources (e.g., customer satisfaction, outcome tracking, etc.)
- Inventory of existing service array
- Strategies to reduce lengths of stay in out-of-home care
- Strategies to prevent and/or divert out-of-home placements
- Strategies to include families in service planning

4.1 Implementation Analysis

4.1.1 Goals and Objectives

The implementation analysis will track both the planning process for waiver implementation (Phase One) and the impact of waiver implementation on the Florida Department of Children and Families, Community-Based Care lead agencies, provider networks, and local communities (Phase Two), while addressing continual systemic change within Florida's child welfare system as Community-Based Care matures across the state. This section outlines implementation analysis key research questions, sampling and data collection methods, and analysis strategy. Figure 3 depicts each of these phases and their respective sequence within the analysis structure.

Figure 3: Implementation Analysis Strategic Plan



Phase One of the Implementation Analysis will be addressed via a staged approach over the course of the first two and a half years. Phase Two of the Process Analysis will address the remaining two and a half years. Yearly status reports will be submitted to DCF regarding implementation analysis activities and findings, as well as suggestions for mid-course corrections to the waiver implementation process.

Phase One: Tracking the Planning Process for Waiver Implementation

4.1.2 Key Questions and Hypotheses (Phase One)

The key questions and data sources for Phase One of the waiver implementation analysis can be seen in Table 5.

Table 5. Implementation Analysis (Phase One): Key Questions & Data Sources

Key Questions Phase One	Data Source
What is the state of the child welfare system and lead agency structure prior to waiver implementation?	Document review of previous CBC evaluation reports from FMHI, DCF, OPPAGA, and Quality Management reports
What are the models of implementation that lead agencies develop to support fiscal and programmatic changes?	Work group meeting observation and involvement Focus groups and stakeholder interviews
What are the facilitators and barriers to the implementation process?	Work group meeting observation and involvement Focus groups and stakeholder interviews
How will the waiver impact the larger community’s service infrastructure and dynamics?	Focus groups and stakeholder interviews Review of available external documents

4.1.3 Sampling and Data Collection Procedures (Phase One)

Phase One is comprised of three primary data collection activities, which collectively answer the Phase One key research questions. These three activities are:

- A. Document Review
- B. Work Group Meeting Observation and Involvement
- C. Focus Groups and Stakeholder Interviews

Document Review

To support activities to be conducted in Phase Two of the implementation analysis, an assessment of lead agency structure and capacity prior to the waiver implementation will be conducted via a review of previous Community-Based Care evaluation reports from sources such as the University of South Florida (USF) and the Office of Program Policy Analysis and Government Accountability (OPPAGA). A concurrent synthesis of information with the ongoing Community-Based Care evaluation conducted by USF will provide a comprehensive understanding of the impact of waiver implementation on lead agencies and their capacity to direct service system reform.

Workgroup Meeting Observation and Involvement

The partnership between the Department and the lead agencies is expected to be a central influence on the implementation process. In order to collect baseline information, members of

the evaluation team will be involved in discussion and planning with the Florida Department of Children & Families and CBC lead agencies regarding waiver implementation. This will allow evaluation team members to be present for discussions around prioritization of goals and lead agency selection of practice models. The FMHI evaluation team will:

- a. Participate in weekly conference calls with the Department and lead agency executive leadership team for IV-E Waiver implementation
- b. Participate in the Department's Evaluation Workgroup
- c. Routinely consult with members of the Department's Office of Provider Relations regarding updates to the IV-E Waiver planning process and suggestions for the IV-E Waiver evaluation.

Focus Groups and Stakeholder Interviews

Another important consideration related to the implementation process will be an understanding of the time that lead agencies will need to reduce their use of out of home services and then subsequently create an array of prevention and intervention in-home options. Five lead agency focus groups comprised of approximately 10-12 participants each will be conducted during Phase One of the implementation analysis in order to solicit expectations and key concerns. This will include discussion around both the facilitators and barriers encountered during implementation, as well as the steps taken to address these barriers. Participants will be selected from Community-Based Care lead agency leadership (e.g., Executive Directors and/or Directors of Operations). In addition, the evaluation team will be involved in guiding the focus groups of key stakeholders in a logic modeling exercise designed to define the desired framework of change specific to the IV-E Waiver.

Additional focus groups (e.g., three groups with 10-12 participants each) will include investigations staff, judges and court personnel. These focus groups will address issues such as the role of investigations and the courts in the waiver demonstration project and the relationship between the child welfare agency and court system, including any efforts to jointly plan and implement the waiver demonstration project (e.g., communication with or education for judges regarding the IV-E Waiver).

Phase Two: Tracking the Impact of Implementation of the IV-E Waiver

4.1.4 Key Questions and Hypotheses (Phase Two)

Phase Two of the implementation analysis will describe how implementation of the IV-E Waiver evolves over the course of five years, impacting both state and local levels. The key questions and methods for Phase Two of the implementation analysis are presented in Table 6.

Table 6. Implementation Analysis (Phase Two): Key Questions & Data Sources

Key Questions Phase Two	Data Source
What impact has the IV-E Waiver implementation, in conjunction with ongoing initiatives for increased systemic performance, had on lead agencies?	Concurrent CBC evaluation Organizational Excellence Survey Stakeholder interviews
What impact has the waiver had on morale, staff turnover and leadership at the lead agency level?	Organizational Excellence Survey Stakeholder Interviews
Was the IV-E Waiver implemented as planned?	Stakeholder interviews and document review
What changes has implementation of the waiver generated at the state level?	Stakeholder interviews
How have lead agencies modified their organizational structure and processes to support programmatic changes?	Stakeholder interviews and document review

4.1.5 Sampling and Data Collection Procedures (Phase Two)

Phase Two is comprised of three primary data collection activities, which collectively answer the Phase Two key research questions. These three activities are:

- A. Organizational Excellence Survey
- B. Document Review
- C. Stakeholder Interviews

Organizational Excellence Survey

The Organizational Excellence Survey (Organizational Excellence Group, 2006) is proposed for use throughout Phase 2 (FY2009-11) of the implementation analysis to determine whether implementation of the IV-E Waiver, in conjunction with other systemic initiatives, has impacted key lead agency organizational variables such as leadership, morale, shared vision and common purpose, and staff turnover.

Lead agency staff will be asked to complete the survey each of the three fiscal years, as part of the IV-E Waiver implementation analysis. In addition, as part of the ongoing CBC statewide evaluation, lead agency staff will also complete the survey during FY2007-09, thereby allowing for data across five fiscal years with which to make comparisons. Survey packets will be packaged by FMHI evaluation team staff. Each survey packet will include a cover letter requesting cooperation and participation from the evaluation team PI and co-PI as well as the DCF Director of Provider Relations. Instructions to respondents will request that the completed survey be returned within two weeks from the date received in the pre-addressed, postage-paid envelope provided. Two follow-up reminders to complete the survey will be emailed to all participants.

The Organizational Excellence Survey was originally standardized in the 1980s on specific scales (e.g., satisfaction, time & stress of job, burnout) and has recently been used in the evaluation of aspects of several state child welfare systems, including the Texas Department of Family Protective Services, the Missouri Department of Youth Services, the Missouri Family Support Division, the Missouri Children's Division, and the Kentucky Department of Community Based Services. The survey assesses the promotion of organizational excellence through participation and accountability, and reinforces the vital role all child welfare staff have in advancing organizational change. The survey assessment is a framework that consists of survey items, constructs, and dimensions. Each level of the framework provides insight into the workings of an organization.

The framework, at its highest level, consists of several workplace dimensions. These dimensions capture the total organizational environment. Each dimension consists of several survey constructs. The dimension score ranges from 100 to 500 and is an average of the construct scores belonging to the dimension. One example of the relationship between dimensions and constructs is that within the dimension of organizational capacity there are constructs for employee training and job satisfaction. In addition, staff turnover is addressed via a measure that examines an individual's intent to remain employed in child welfare. Results from questions that ascertain whether staff are actively seeking other employment are used as a proxy measure for staff turnover.

One of the benefits of continuing to survey child welfare staff and administrators as the waiver unfolds and as Florida’s Community-Based Care initiative matures across the State is that over time data will show how employees’ views have changed as a result of these systemic reform efforts. In addition, benchmarks help to illustrate how lead agencies perform relative to other lead agencies and a statewide average. Survey data will be compared across fiscal years in order to describe ongoing performance of Florida’s child welfare system and systemic reform, of which the IV-E Waiver is an important part.

Document Review

Review of pertinent lead agency documents will assist in determining whether the IV-E Waiver program was implemented as planned within each local system of care. In addition, a comparison of lead agency and provider network organizational charts will illuminate changes in structure and process that were necessary to facilitate implementation of the IV-E Waiver. As part of this data collection activity, each of Florida’s 20 lead agency CEOs will be asked for a visual representation of their service delivery model once each fiscal year. The models will be assessed in conjunction with survey and interview responses.

Stakeholder Interviews

A series of 30 in-depth, follow-up telephone interviews will be conducted with key lead agency and provider network stakeholders to provide clarification on the quantitative findings from the Organizational Excellence Survey. Stakeholders will be asked whether their lead agency implemented the IV-E Waiver as planned and how the funding from the IV-E Waiver has implemented their ability to carry out their job responsibilities serving children and families within Florida’s child welfare system.

Ongoing Systemic Analysis

This ongoing component of the implementation analysis will address external factors that may impact waiver implementation (see Table 7 and Figure 3) during both Phases 1 and 2.

Table 7. Ongoing Systemic Analysis: Key Question & Data Sources

Key Questions Ongoing Systemic Analysis	Data Source
What are the external factors influencing program implementation?	Focus groups and stakeholder interviews Triangulation with findings from other evaluations conducted by FMHI

Contextual factors, such as the social, economic and political forces that may have a bearing on the implementation or effectiveness of the IV-E Waiver demonstration project are critical to understanding the process of change in local communities. This ongoing component will address possible confounding effects from any other demonstrations or reforms that were implemented during the title IV-E Waiver demonstration project, such as the new Prepaid Mental Health Plan for children in Florida's child welfare system. In addition, this component of the evaluation will examine the influence of high-profile events, such as a child death or disappearance, on waiver implementation at the lead agency level.

4.1.6 Analytic Strategy

Content analysis of documents, open-ended survey responses, and interview transcripts will be used to analyze the qualitative data collected for the implementation analysis. Content analysis involves reviewing 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.

Several data analytic techniques will be applied to the Organizational Excellence survey database, including:

- descriptive analyses of demographic information pertinent to respondents;
- descriptive analyses of each survey item for each measure and dimension;
- internal consistency reliability analyses for each measurement subscale;
- correlational analyses among dimensions of the various measures
- multiple regression analysis to identify which variables are most strongly related to specific levels on certain dimensions such as leadership or turnover rate; and
- selected comparisons between and among various sub groups of interest (e.g., lead agencies that recently implemented the IV-E Waiver versus lead agencies that implemented the IV-E Waiver as quickly as possible).

4.2 Child Welfare Practice Analysis

There are two questions guiding the Child Welfare Practice Analysis: (1) Is there any indication that the IV-E Waiver is changing practice? and (2) Is that change in practice changing outcomes? The first question will be explored from both the perspective of lead agency leadership as well as that of caregivers. The IV-E Waiver will create increased flexibility in terms

of how dollars are spent in order to maintain children safely in their homes and in their communities. That change of practice is expected to impact outcomes for children and their families as examined in the Outcome Study of this evaluation. It is hypothesized that variation in outcomes across lead agencies will be related to strategies employed. The term “strategy” is used in this context to refer to either a specific service (e.g., homemaker services) or a practice (e.g., family conferencing) or organizational support (e.g., training efforts).

In order to address the two general questions posed above, there are three interrelated evaluation components – the Profile of Practice and Performance, the Identification of Innovative Practices, and the Caregiver Survey. The profile of practice and performance is an assessment of existing practice and will rely heavily on existing measures of quality performance, findings from the Child & Family Services Review, and core elements reported as part of the Department’s quality measurement activities. Data will be triangulated with findings from the Outcome Study in order to link practice with outcomes. The identification of innovative practices seeks to document changes in practice made possible by the IV-E Waiver, and may lead to follow-up studies on specific strategies that appear to hold promise. The Caregiver Survey will seek a varied perspective on the development of the local service array as well as explore the engagement of caregivers in the service planning process.

4.2.1 Key Questions and Hypotheses

Research questions for the child welfare practice analysis component are presented in Table 8.

Table 8: Child Welfare Practice Analysis: Key Questions & Data Sources

Key Questions	Data Source(s)
Do lead agencies report any changes in child welfare practice that are attributable to IV-E Waiver implementation?	Lead agency self-report
What are the key variables in practice changes (e.g., staff training, flexible funding, family engagement, etc.)?	Lead agency self-report; possible site visits and/or review of documentation; Caregiver Survey
Do the changes in practice lead to improved outcomes for children and families?	Outcome analysis; DCF quality management data; lead agency-generated data
Were needs assessment conducted for eligible children and families, and did the assessments lead to appropriate services and interventions?	Caregiver Survey

Did enrolled families participate in case planning and decision-making?	Caregiver Survey
Did families participate in community-based services and programs?	Caregiver Survey

4.2.2 Data Sources

As Table 8 indicates, various data sources will be used during the course of the Child Welfare Practice Analysis. Each will be discussed below in relationship to the three evaluation activities.

Profile of Practice and Performance

During the first year of the evaluation a profile of practice and related performance at the outset of the IV-E Waiver implementation will be created for each of the lead agencies. This baseline will be created by compiling data from various sources including: (1) responses to the pre-implementation survey, (2) performance-related indicators included in the ongoing CBC evaluation, (3) existing Department measures of performance, and (4) findings from federal and Florida Child & Family Services Reviews. Specific performance-related indicators included in the CBC evaluation closely mirror those outcomes listed in the Outcome Study portion of this proposed evaluation. These indicators include:

- Proportion of children with recurrence of maltreatment,
- Proportion of children who were returned to parents or legal guardian,
- Proportion of children who were placed with relatives,
- Proportion of children with adoption finalized,
- Proportion of children exiting out-of-home care, and
- Proportion of children who reentered out-of-home care.

At the end of each of the five years of the waiver implementation, lead agencies will be asked to submit reports describing strategies designed to (a) reduce lengths of stay in out-of-home care, (b) prevent and/or divert out-of-home placements, and (c) include families in service planning. The relationship between the identified strategies and outcomes as measured in the Outcome Analysis portion of the evaluation will be systematically explored. Additionally, this format will mirror the pre-implementation survey, allowing for a baseline comparison of service array development.

Identification of Innovative Practices

The identification of innovative practices will occur through aggregation and synthesis of the annual reports noted above. When innovative practices are identified, evaluation team members will request additional documentation from the implementing lead agencies in order to address various issues, including the following:

- The number and type of staff involved in implementation, including the training they received, as well as their experience, education and characteristics;
- The service delivery system, including procedures for determining eligibility, referring subjects for services, the array of services available, the number of children and families served, and the type and duration of services provided;
- The availability, accessibility, intensity, and appropriateness of community-based services provided under the IV-E Waiver demonstration project as compared to the intensity and availability of such services prior to implementation of the demonstration project.

Caregiver Survey

A survey of caregivers will be designed to gather information in two domains: caregiver engagement and service system perceptions. The initial survey will inquire about caregiver's unique perspective on the local array of services, their involvement in comprehensive assessments, and their inclusion in service planning activities. Subsequent annual caregiver surveys will be modified as new evaluation findings emerge, although the primary domains of interest will remain consistent.

4.2.3 Sampling and Data Collection Procedures

Profile of Practice and Performance

All lead agencies will be requested to submit an annual report that will be used as the basis for this component. Full participation is expected and follow-up contact will be made with lead agencies toward meeting that goal.

Identification of Innovative Practices

The primary method for the identification of innovative practices will be a systematic review of the annual reports submitted by lead agencies. It may also be possible that specific strategies are brought to the attention of the evaluation through team members' involvement on workgroups or through other components of this evaluation. Following identification of practices,

a request for supporting documentation and/or data will be made to the relevant lead agency(ies). Based on the response to that request, special studies may be designed to examine the implementation of specific strategies. Methods and sampling strategies will be determined based on the appropriate context.

Caregiver Survey

The sample for the first annual Caregiver Survey will be a representative sample of caregivers of children for whom there has been maltreatment finding of *verified* or *some indicators*. These individuals will be sent an introductory letter and a copy of the survey. Each subsequent annual caregiver survey will be sent to an unduplicated sample meeting the same criteria. The survey will be mailed to caregivers beginning in early 2007. Postage-paid return envelopes will be included.

The research team will use a multiple contact method, adapted from Dillman (2004), over four weeks to conduct the surveys for a sample of the caregivers for whom we have contact information. The method consists of a survey announcement describing the upcoming survey invitation. The invitation with a survey will be sent several days later followed by consecutive, weekly reminders. Dillman's techniques are adapted and utilized to optimize response rates, as an increase in frequency of contact reportedly improves the response rate (Dillman, 2004).

4.2.4 Analytic Strategy

Profile of Practice and Performance

This component will be an ongoing descriptive effort designed to document changes to the service array as a result of the IV-E Waiver implementation. Appropriate correlational designs will be identified to explore the relationship between various strategies and specific outcomes as defined in the Outcome Study. These potential relationships can be more clearly articulated following the pre-implementation survey.

Identification of Innovative Practices

The simple identification of innovative practices will be a descriptive activity designed to gather as much detail about the key elements to successful implementation as possible. As noted, special studies may be designed to further examine the implementation of the practice.

Caregiver Survey

Survey responses will be entered into a database and frequencies will be calculated for quantifiable items. Open-ended questions will be analyzed for common themes and will be summarized. Findings will be presented by and aggregated by lead agency when appropriate.

Chapter 5: Five-Year Vision

The life of the demonstration project for the statewide implementation of the federal IV-E Waiver is five years, with the possibility of an extension. Therefore, the evaluation team has employed a longitudinal perspective when developing hypotheses and the procedures to test them. For example, it is expected that changes in child-level outcomes may not be affected until the waiver has been implemented for at least a year, possibly longer. While data on these outcomes will be collected throughout the life of the demonstration project, the emphasis of the evaluation team's April 2007 report will be 1) presenting baseline data, 2) documenting the implementation process, and 3) developing a refined theory of change model that reflects the views of key stakeholders. As the project evolves into the second and third years, reporting emphasis will shift to reporting changes in practice and their relationship to fiscal and child-level outcomes. By the close of the demonstration project, the team will benefit from a longitudinal dataset through which child-level data will be tracked over time, three annual Process Study surveys, as well as rich qualitative dataset developed from workgroup participation, document review, and other proposed evaluation activities.

Equally important in the development of the evaluation procedures has been the team's appreciation of the demands placed on lead agency and DCF personnel in the course of carrying out their daily activities. Therefore, the evaluation team has given careful consideration to employing data collection procedures that are minimally intrusive to these personnel (e.g., online surveys) and utilizing existing data whenever feasible. This approach is expected to promote a positive working relationship between the evaluation team and child welfare personnel and facilitate data collection throughout the life of the demonstration project.

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