

## IV-E Waiver Summary of Pre-Implementation Activities

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## Summary of Pre-Implementation Activities

In anticipation of the October 1, 2006 IV-E Waiver implementation date, the evaluation team at FMHI spent the past summer (July 1 to September 30) engaged in an array of planning activities to prepare for a simultaneous launch of the IV-E Waiver evaluation. The purpose of this Summary of Pre-Implementation Activities document is to update the Department on the status of specific tasks that the team proposed to complete during this time period. Because waiver implementation has not yet begun, no evaluation outcomes are included in this document. Instead, the document is comprised principally of the products stipulated in contract, such as finalized protocols and summaries of consultation meetings. For ease of review, specific tasks for each of the four evaluation components (Outcomes, Cost, Implementation, and Practice) are presented below under the relevant headings, while the products of these tasks can be found in the appendices.

### *Outcome Analysis*

Pre-implementation activities for the Outcome Analysis centered on finalizing the longitudinal methodology to be used in the IV-E Waiver evaluation and ensuring the availability of required data elements. The products of these activities are:

- 1) A summary of the minutes from all consultation meetings (Appendix A)
- 2) The final list of variables to be used in the analyses (Appendix B)
- 3) The final list of indicators and definitions of the indicators (Appendix C)
- 4) A final reference list of statistical and methodological articles and reports reviewed to develop the five-year evaluation plan (Appendix D)

### *Cost Analysis*

Pre-implementation activities for the Cost Analysis centered on enhancing the team's understanding of changes in fiscal processes that facilitate waiver implementation. This was accomplished through completion of two key tasks. The first was to meet and interview key stakeholders, including members of the executive leadership team, the Central Office fiscal team, and lead agency CFOs. The second was to participate in meetings and conference calls pertaining to fiscal aspects of waiver implementation.

The products of these tasks are:

1. A summary of general findings from the informational interviews with key stakeholders (e.g., members of the executive leadership team, Central Office fiscal team, and lead agency CFOs) (Appendix E)
2. A summary of the minutes from all meetings and conference calls pertaining to the IV-E waiver implementation (Appendix F)

*Process Study: Implementation Analysis*

Pre-implementation activities for the Implementation Analysis centered on observing and documenting aspects of state and local-level waiver preparations that pertain to implementation. Since the relationship between the Department and the lead agencies is central to this process, the evaluation team has actively examined that relationship during the three months leading up to waiver implementation. Specifically, the evaluation team has:

- a. Participated in weekly conference calls with the Department's executive leadership team
- b. Participated in relevant other Waiver Implementation Workgroups, including the Service Array Workgroup and the Finance Workgroup
- c. Chaired the Department's Evaluation Workgroup
- d. Consulted with members of the Department's Office of Provider Relations regarding the IV-E Waiver planning process and evaluation

Additionally, in preparation for data collection at the waiver start date, two instruments have been developed. These are:

- a. The Survey of Organizational Excellence, which has been adapted to address domains appropriate for Florida's unique child welfare structure and processes (Appendix G) and
- b. The Stakeholder focus group protocol (Appendix H)

### *Process Study: Practice Analysis*

Pre-implementation activities for the Practice Analysis centered on developing appropriate methodology and protocols for assessing the impact of the IV-E waiver on standards of practice.

The products of these activities are:

1. The project-developed Pre-Implementation Survey protocol, which will be used to identify current practices and provide a baseline to which future changes in practice will be compared. This survey was developed with guidance from Evaluation Workgroup members and has recently been approved by the Institutional Review Board at the University of South Florida. Barring any unforeseen delays, the survey will be sent out to lead agencies within the next 5 days. (Appendix I)
2. The finalized annual report format for lead agency self-report, which mirrors the survey in terms of topical areas (e.g., current array of services, plans for new program development and practice innovation, training efforts, and data availability). This protocol will be sent to each lead agency annually, and lead agency cooperation in updating this information will be requested by the evaluation team. (Appendix J)

In addition to completion of the products summarized above, during this period the evaluation team participated in a conference call with the Administration for Children and Families, James Bell Associates, and the Department to address feedback on the IV-E Waiver Evaluation Plan. Subsequent to this call, Florida's IV-E waiver evaluation plan was formally approved by the Administration of Children and Families. And, on September 26<sup>th</sup>, members of the evaluation team participated in an all day meeting sponsored by the Florida Coalition of Children. The purpose of this meeting was to update lead agencies and Department staff on the status of IV-E Waiver implementation in a number of key areas, including the Evaluation Plan.

In summary, the three months leading up to the October 1, 2006 IV-E Waiver implementation start date has been an important and productive planning period for the evaluation team. During these months, the team completed an array of tasks and products encompassing all aspects of the initial evaluation planning. Completion of these tasks, in conjunction with submission of the IV-E Waiver Evaluation Plan deliverable, has created a solid foundation for the five-year evaluation and ensured parallel implementation start dates for both the Waiver and the evaluation.

## Appendix A.

### Summary of Consultation Meeting Minutes

Three consultation meetings were held with FMHI biostatistician Dr. Steven Banks. These meetings took place on June 22, August 10, and August 24, 2006. The first meeting focused on study design, analytic strategies appropriate for use with multiple cohorts, and other statistical methods. Dr. Banks recommended tracking each cohort of children separately and statistically comparing the outcomes for each cohort over time. Cox regression with cohort as a stratification variable was selected as an appropriate statistical method.

During the second meeting sampling procedures for selecting cases for survey and possible sampling frame were discussed. Dr. Banks confirmed that 1,000 respondents would be sufficient to satisfy sample representativeness. However, in order to account for a potentially low response rate among survey respondents, the decision was made to expand the sample to approximately 2,000. Dr. Banks further recommended talking to Dr. Roger Boothroyd about specific strategies to counter the non-response problem, since Dr. Boothroyd has used survey methodology for several years and has been very successful in achieving adequate response rates.

The third meeting focused on defining and identifying the consecutive cohorts to be used in the evaluation. Various methodological approaches appropriate for use with multiple consecutive cohorts (e.g., sequential strategies in research) were discussed, as were general methodological approaches appropriate for specific measures.

On September 15, 2006, two members of the evaluation team met with David Fairbanks, Keith Perlman, Debra Ervin, and HSn expert Ceijay Jackson in Tallahassee. The first part of the meeting focused on determining the availability and quality (reliability and validity) of HomeSafenet data needed for the IV-E Waiver evaluation analyses. The decision was made to add some fields from the Child Safety Assessment Module (e.g., sociodemographic characteristics of the “caregiver responsible”). The definitions of “caregiver,” “caregiver responsible,” and “caregiver role” were clarified. As a result of these discussions, the evaluation team was able to finalize, the list of the variables/fields to be used in the IV-E Waiver data analyses (see Appendix B).

The second part of the meeting focused on refining specific indicators reported by the evaluation team (Appendix C). Mr. Fairbanks suggested that all measures used in the CBC and IV-E Waiver evaluations should be described in detail and added to an appendix to the upcoming reports. This topic generated a lively discussion in which complementary indicators developed by the evaluation team, DCF, and the federal government were clarified and compared.

Appendix B.

Final list of HomeSafenet Outcome Variables for Analysis

<b>Field Name</b>	<b>Description</b>
CAS_SQ_R	Case #
PRSN_SQ_R	Child #
CAS_CNTY_V	Case county
CHLD_CNTY_V	County associated with Child Physical address
FAM_STRUCT_V	Case family structure
STAT_V	Case status
STAT_EFF_D	Case status effective date
STAT_RSN_V	Case status closure reason
	Child's last name
	Child's first name
	Child's Middle name
DOB_D	Child's date of Birth
SEX_V	Child's sex
ASIAN	Child race - Asian
BLACK	Child race - Black
HAWAII	Child race – Hawaiian or Pacific Islander
INDIAN	Child race – American Indian or Alaskan Native
WHITE	Child race - White
UNABLE	Child race – unable to Determine
HISP_LATIN_ORIG_V	Child's Hispanic or Latino Origin
ETHN_V	Child's ethnicity
	Child's social security number
BEG_D	Case dependent begin date
END_D	Case dependent end date
PREV_ADOPT_V	Previously Adopted
ADOPT_AGE_V	Age at previous adoption
	Child' school
	Child's school district
DISA_CLINCL_DIAG_V	Child's clinical disability description
DISA_MNTL_RETART_V	Mentally retarded
DISA_VSL_HRNG_V	Visual or Hearing Impaired?
DISA_PHY_V	Physically disable?
DISA_EMOT_DISTURB_V	Emotionally disturbed?
DISA_OTH_MDCL_V	Condition requires special care?
RSN_SRVC_1	Service reason 1
RSN_SRVC_1_BEG_D	Service reason 1 begin date
RSN_SRVC_1_END_D	Service reason 1 end date
RSN_SRVC_2	Service reason 2
RSN_SRVC_2_BEG_D	Service reason 2 begin date
RSN_SRVC_2_END_D	Service reason 2 end date
RSN_SRVC_3	Service reason 3
RSN_SRVC_3_BEG_D	Service reason 3 begin date
RSN_SRVC_3_END_D	Service reason 3 end date

RSN_SRVC_4	Service reason 4
RSN_SRVC_4_BEG_D	Service reason 4 begin date
RSN_SRVC_4_END_D	Service reason 4 end date
RSN_SRVC_5	Service reason 5
RSN_SRVC_5_BEG_D	Service reason 5 begin date
RSN_SRVC_5_END_D	Service reason 5 end date
LEGL_STAT_1	Legal status 1
LEGL_STAT_1_BEG_D	Legal status 1 begin date
LEGL_STAT_1_END_D	Legal status 1 end date
LEGL_STAT_2	Legal status 2
LEGL_STAT_2_BEG_D	Legal status 2 begin date
LEGL_STAT_2_END_D	Legal status 2 end date
LEGL_STAT_3	Legal status 3
LEGL_STAT_3_BEG_D	Legal status 3 begin date
LEGL_STAT_3_END_D	Legal status 3 end date
GOAL_1	Child's most recent or current goal 1
GOAL_1_ESTAB_D	Date goal 1 was established
GOAL_1_STAT_V	Status of goal 1
GOAL_1_STAT_D	Date of status of goal1
GOAL_2	Child's most recent or current goal 2
GOAL_2_ESTAB_D	Date goal 2 was established
GOAL_2_STAT_V	Status of goal 2
GOAL_2_STAT_D	Date of status of goal 2
RMVL_D	Most recent of current removal date
DSCHRG_D	Discharge date (if any) from the most recent removal
DSRSN	Reasons for discharge
CTKR_RMVL1	Relationship to child of caregiver removed from1
CTKR_RMVL2	Relationship to child of caregiver removed from2
MANR_OF_RMVL_V	Manner of removal
PLAC_V	Child's current or most recent placement
	Placement type
PLAC_BEG_D	Begin date for child's placement
PROV_CNTY_V	County associated with child's current placement provider (physical address)
RSN_END_V	End reason for current placement
PLAC_END_D	End date of placement
LIVAR_V	Child's most recent or current living arrangement
LIVAR_BER_D	Begin date for child's living arrangement
LIVAR_END_D	End date for child's living arrangement
OP-V	Child's current or most recent Other placement
OP_BEG_D	Begin date for Child's current or most recent Other placement
OP_END_D	End date for Child's current or most recent Other placement
DOD_D	Child's date of death
PRE-HSN_RMVL PRE_HSN_AS_OF_D	Total number of removals for child prior to HSn As of Date for pre-HSn removals
HSN_RMVL	Number of removals in HSn after pre-HSn as of date

### CSA

FAHIS_NBR_R	FAHIS/CSA Report number of the investigation
CSASQR	HSN/CSA generated sequence number for abuse report
PRSN_SQ_R	HSN/CSA generated sequence number for victim
ASGNCNTY	County where investigation occurred
RECVDT	Date CSA was Received
LNAME	Victim's Last Name
FNAME	Victim's First Name
MNAME	Victim's Middle Name
DOB	Date of Birth of victim
VICAGE	Age of Victim
GENDER	Gender of Victim
RACE	Race of Victim
ETHN	Ethnicity of Victim
CLOSEDT	Date CSA was Closed
PRIORRPT	Prior Abuse Reports (Yes or No) Entered by the Hotline for the whole Report
PRIORCSA	Prior CSAs (Yes or No) Entered by the Hotline for the whole Report
PRSNPRIOR	Number of Prior Reports (Yes or No) Entered by the Investigator for the Victim
MALTRSTR	Maltreatment Codes, Maltreatment Types, Maltreatment Findings
	Victim's Social Security number
	Caretaker responsible gender
	Caretaker responsible race/ethnicity
	Caretaker responsible date of birth

### Placement Data

Requested Data elements	Description
CAS_SQ_R	Case #
PRSN_SQ_R	Child #
RMVL_D	Most Recent Removal Date
BEG_D	Case Dependent Begin Date
TYP_V	Provider type
PROV_SQ_R	Provider number
PROV_N	Provider names
END_D	Case Dependent End Date
RSN_END_V	Reason for placement end
ORGN_N	
ADDR_L	Address
CITY_N	City
ST_C	County

Appendix C.

Description of the FMHI Indicators

**Measure 1.** The Proportion of Children Exiting Out-of-Home Care Within 12 Months After Entry.

**Methodology**

<b>Definitions</b>	“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.
<b>Algorithm</b>	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis (Kaplan & Meier, 1958) <sup>1</sup> . All children who entered out-of-home care at any time during a specific fiscal year (as indicated by the removal date in HSn) were followed for 12 months and were included in the analysis. This measure describes the proportion of these children who exited out-of-home care within 12 months after entry.
<b>Data Sources</b>	Data were extracted from the HSn.

**Measure 2.** Median Length of Stay for Children Entering Out-of-Home Care During a Specific Fiscal Year.

**Methodology**

<b>Definitions</b>	“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.
<b>Algorithm</b>	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 (Kaplan & Meier, 1958). This measure reports the number of months at which half of the children are estimated to have exited out-of-home care.
<b>Data Sources</b>	Data were extracted from the HSn.

<sup>1</sup> Kaplan, E. L., & Meier, P. (1958). Nonparametric estimation from incomplete observations.

*Journal of the American Statistical Association*, 53, 457-481.

**Measure 3.** The Proportion of Children Served in Out-of-Home Care During a Specific Fiscal Year and Exiting within 12 Months After Entry.

***Methodology***

<b>Definitions</b>	<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>Children served are those children who received at least one day of services during a specified fiscal year, regardless of when they entered out-of-home care</p>
<b>Algorithm</b>	<p>This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis (Kaplan &amp; Meier, 1958). All children served in out-of-home care during a specific fiscal year (regardless of when they entered out-of-home care) were included in the analysis. This measure describes the proportion of these children who exited out-of-home care within 12 months after entry.</p>
<b>Data Sources</b>	<p>Data were extracted from the HSn.</p>

**Measure 4.** Median Length of Stay for Children Served in Out-of-Home Care During a Specific Fiscal Year.

***Methodology***

<b>Definitions</b>	<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>Children served are those children who received at least one day of services during a specified fiscal year, regardless of when they entered out-of-home care.</p>
<b>Algorithm</b>	<p>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 (Kaplan &amp; Meier, 1958). All children served in out-of-home care during a specific fiscal year (regardless of when they entered out-of-home care) were included in the analysis. This measure reports the number of months at which half of these children are estimated to have exited out-of-home care.</p>
<b>Data Sources</b>	<p>Data were extracted from the HSn.</p>

**Measure 5.** Proportion of Children Re-entering Out-of-Home Care Within 12 Months After Exit.

**Methodology**

<b>Definitions</b>	“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.
<b>Algorithm</b>	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis (Kaplan & Meier, 1958). All children who had a Discharge Date in HS <sub>n</sub> during a specified fiscal year (i.e., exit cohorts) were included in the analysis. The measure is based on children who exited their first episode of out-of-home care. A unique number generated by the HS <sub>n</sub> system identified individual children who had a Removal Date within 12 months after an existing Discharge Date, indicating reentry into out-of-home care.
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .

**Measure 6.** Proportion of Children With Recurrence of Maltreatment.

**Methodology**

<b>Definitions</b>	<p>“Maltreatment” is a conclusion in a child protective investigation that resulted in documented findings of “verified” and includes both actual harm, resulting from abuse or neglect, and threatened harm, but does not include “special conditions.”</p> <p>Recurrence of maltreatment was defined as a second founded episode of maltreatment (i.e., when there was some indication of maltreatment or maltreatment verified) within 12 months after a child’s first founded episode.</p>
<b>Algorithm</b>	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis (Kaplan & Meier, 1958). The proportion of children with recurrence of maltreatment was calculated based all children who experienced a maltreatment incident during a specific fiscal year. Only children with “founded” maltreatment (i.e., when the protective investigation resulted in a finding of abuse, neglect, or threatened harm and/or when there was some indication of maltreatment) were included in the analysis.
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .

**Measure 7. The Percentage of Children Reunified who Were Reunified Within 12 Months of the Latest Removal.**

**Methodology**

<b>Definitions</b>	“Reunified” means return to the parent(s) or other primary caretaker(s) from whom the child was removed.
<b>Algorithm</b>	This measure is a percent. The denominator is the total number of children exiting out-of-home care during a specific fiscal year. The numerator is the subset of these children who were reunified within twelve months of the most recent removal. Children in out-of-home care whose case status was not closed (i.e., did not have a Discharge Date) were excluded from the analysis. Classification of children returned to “parents of removal home caregivers <sup>2</sup> ” was based on “reasons for discharge” from the HS <sub>n</sub> dataset.
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .

**Measure 8. The Percentage of Children Placed With Relatives Within 12 Months of the Latest Removal**

**Methodology**

<b>Definitions</b>	“Placed With Relatives ” means placement with relatives who obtained guardianship and who were given long-term custody of the child.
<b>Algorithm</b>	This measure is a percent. The denominator is the total number of children exiting out-of-home care during a specific fiscal year. The numerator is the subset of these children who were placed with relatives within 12 months of the most recent removal. Classification of children placed with relatives was based on “reasons for discharge” from the HS <sub>n</sub> dataset.
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .

<sup>2</sup> “Parents of removal home caregiver” is a HomeSafenet term used to identify the parent or legal guardian from which the child was initially removed.

**Measure 9.** The Percentage of Children With Adoption Finalized Within 12 months of the Latest Removal

***Methodology***

<b>Definitions</b>	An adoption is considered final on the date the Court enters the verbal order finalizing the adoption
<b>Algorithm</b>	This measure is a percent. The denominator is the total number of children exiting during a specific fiscal year. The numerator is the subset of these children with adoptions finalized within 12 months of their removal date. Classification of children with finalized adoptions was based on “Reasons for Discharge” in the HS <sub>n</sub> database.
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .

Appendix D.

Statistical and Methodological Reference List

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Muller, H. H., and Schafer, H. (2001). Adaptive Group Sequential Designs for Clinical Trials: Combining the Advantages of Adaptive and of Classical Group Sequential Approaches. *Biometrics*, 57, 886-891.

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## Appendix E.

### Summary of Findings From Informational Interviews with Key Stakeholders

Stakeholders from DCF's Central Office are pleased with the progress made by all IV-E Waiver committees and workgroups in preparation for waiver-related changes that will begin October 1. While many CBCs have participated, and in some instances guided the development of new policies and procedures related to the waiver, there is concern that some lead agencies have not yet embraced the operational efficiencies afforded by the waiver. For example, changes in federal reporting requirements due to the waiver will enable CBCs to shift revenue maximization staff to other functions. Similarly, the role of DCF's CBC contract managers will also shift from a fiscal compliance orientation to a role that documents quality management and system of care changes.

Central Office stakeholders also suggested several goals for the waiver. In addition to analyzing changes in IV-E spending, it will also be important to evaluate changes in how other fund sources are used. For example, one stakeholder hypothesizes that the increased flexibility afforded by the waiver will lead to increased use of less traditional, non IV-E funded out-of-home-care placements because the incentive for lead agencies will change from choosing services that maximize IV-E spending to choosing the most appropriate placement, regardless of fund source. A second goal for the waiver is to improve post-reunification services, especially during the first 3 months after reunification, to reduce the need for re-entry into out-of-home care.

## Appendix F.

### Summary of Finance Committee Meeting Minutes

Six Finance Committee meetings were held between August 4<sup>th</sup>, 2006 and September 28, 2006. This document is a summary of the minutes from these meetings.

The Finance Committee has made significant progress towards developing and implementing new accounting and reporting processes needed to support waiver implementation. Led by Melissa Jaacks, DCF Assistant Secretary for Administration, and CBC of Seminole's CEO Glen Casel, the Committee has developed a new cost allocation plan and methods for payment and invoicing. The Committee has also studied the future viability of ICWSIS in light of waiver requirements and the upcoming transition to the State's new SACWIS.

The new cost allocation plan (CAP) and method of payment have several key features. CBCs will now report costs and services provided by cost pool rather than by fund source. The DCF Central Office will use these cost pool data to manage statewide CBC spending by fund source. Furthermore, these methods will make it easier for the Central Office to help CBCs draw down all federal funds. As part of the waiver, there are now fewer state-imposed restrictions on how general revenue funds can be used, and CBCs will now be allowed to roll forward unspent state funds to the next budget year. Statute language now requires that CBC contracts have a fixed price method of payment, rather than a cost-reimbursement contract, which should significantly reduce the administrative burden for CBCs. Further discussion about negotiating a mutually agreeable indirect rate for administrative costs has been tabled until after October 1.

A workgroup has been investigating which ICWSIS functions will continue to be needed after waiver implementation and whether those functions could be integrated into the State's new SACWIS. The workgroup's preliminary conclusion is that CBCs will continue to need ICWSIS because it is the only existing mechanism available for tracking and reporting to DCF board payment histories for out-of-home services. The workgroup continues to dialogue with SACWIS integrators about ways to build this capability into the new data system.

Discussion of and training on these issues with all CBC fiscal staff occurred during the Florida Council for Community Mental Health Providers business meeting on September 25-26.

## Appendix G.

### Survey of Organizational Excellence

#### Part A.

Please indicate:

1. Please indicate which lead agency you work for \_\_\_\_\_.
2. Please indicate your job assignment.
  1. Administration
  2. Clinical Supervisor
  3. Case Manager
  4. Other ( Please explain)\_\_\_\_\_
3. My highest education level
  1. Did not finish high school
  2. High school diploma (or GED)
  3. Some college
  4. Associate's degree
  5. Bachelor's degree
  6. Master's degree
  7. Doctoral degree
4. My race/ ethnic identification
  1. African-American/ Black
  2. Hispanic/ Mexican-American
  3. Anglo-American/White
  4. Asian-American/ Pacific Islander/ Native American Indian
  5. Multiracial/Other
5. My annual salary (before taxes)
  1. Less than 15,000
  2. 15,000-25,000
  3. 25,001-35,000
  4. 35,001-45,000
  5. 45,001-50,000
  6. 50,001-60,000
  7. 60,001-75,000
  8. 75,001 or more

6. Years I have lived in this state

- 1. Less than 2 years
- 2. 2-10
- 3. over 10

7. My age (in years)

- 1. 16-29
- 2. 30-39
- 3. 40-49
- 4. 50-59
- 5. 60+

8. Hours per week employed

- 1. Less than 20
- 2. 20-39
- 3. 40 or more

9. Years of service with this organization

- 1. 0
- 2. 1-2
- 3. 3-5
- 4. 6-10
- 5. 11-15
- 6. 15+

10. Please answer the following question with Yes Or No

I am currently in a supervisory role.

I received a promotion during the last 2 years.

I plan to be working for this organization in 2 years.

For the questions below, please indicate your level of agreement.

Part B.

	Organization Wide	Please circle only one answer for each sta				
		Strongly Disagree	Disagree	Neutral	Agree	St
1.	We are known for the quality of service we provide.					
2.	We are constantly improving our services.					
3.	Our goals are consistently met or exceeded.					
4.	We produce high quality work that has a lower rate of error.					

5.	We develop services to match our clients needs.					
6.	My performance is evaluated fairly.					
7.	My supervisor is consistent when administering policies concerning employees.					
8.	Every employee is valued.					
9.	We work to attract, develop, and retain people with diverse backgrounds.					
10.	We have adequate computer resources (hardware and software)					
11.	Information systems are in place and accessible for me to get my job done.					
12.	Information is shared as appropriate with other organizations.					
13.	The right information gets to the right people at the right time.					
14.	We integrate information and act intelligently upon that information.					
15.	The work atmosphere encourages open and honest communication.					
16.	We feel that the channels that we must go through at work are reasonable.					
17.	Work groups are trained to incorporate the opinions of each member.					
18.	Work groups receive adequate feedback that helps improve their performance.					
19.	We have an opportunity to participate in the goal setting process.					
20.	Decision making and control are given to employees doing the actual work.					
21.	We seem to be working toward the same goals.					
22.	There is a basic trust among employees and supervisors.					
23.	We are given the opportunity to do our best work.					
24.	We feel a sense of pride when we tell people that we work for this organization.					
25.	The amount of work that I am asked to do is reasonable.					
26.	We are efficient.					
27.	Outstanding work is recognized.					
28.	There is a real feeling of teamwork.					
29.	We feel our efforts count.					

Part B. Continued.

		Please circle one answer for each statement.					
		Strongly Disagree	Disagree	Feel Neutral	Agree	Strongly Agree	Don't know applicab
30.	We are encouraged to learn from our mistakes.						
31.	We have adequate resources to do our jobs.						
32.	We are given accurate feedback about our performance.						
33.	When possible, alternative work schedules ( flex-time, compressed work weeks, job sharing, telecommuting) are offered to employees.						
34.	Training is made available to us for personal growth and development.						
35.	Training is made available to us so that we can do our jobs better.						
36.	We have access to information about job opportunities, conference, workshops, and training.						
37.	Supervisors know whether an individuals goals are compatible with organizational goals.						
38.	We have sufficient procedures to ensure the safety of employees in the workplace.						
39.	Our workplace is well maintained.						
40.	Within my workplace, there is a feeling of community.						
41.	The environment supports a balance between work and personal life.						
42.	The pace of the work in this						

	organization enables to do a good job.						
43.	My jobs meets my expectations.						
44.	We balance our focus on both long range and short term goals.						
45.	My ideas and opinions count at work.						
46.	People who challenge the status quo are valued.						
47.	Work groups are actively involved in making work processes more effective.						
48.	The people I work with treat each other with respect.						
49.	The appropriate information is shared with the public.						
50.	Our employees are generally ethical in the workplace.						
51.	I am confident that any ethics violation I report will be handled properly.						
52.	When possible, problems are solved before they become a crisis.						
53.	We use feedback from those we serve to improve our performance.						
54.	I have regular involvement (once a month or more) in community activities or groups.						

Part C.

	<b>Organization Wide</b>	Strongly Disagree	Disagree	Feel Neutral	Agree	Strongly Agree	Don't know/ Not applicable
55.	Information and knowledge are shared openly with this organization						
56.	An effort is made to get the opinions of people throughout the organization.						
57.	We work well with other organizations.						
58.	We work well with our governing bodies ( the legislature, the board, etc.)						
59.	We work well with public.						
60.	We understand the state, local, national, and global issues that impact the organization.						
61.	We know how our work impacts others in the organization.						
62..	Our web site is easy to use and contains helpful information.						
63.	I have a good understanding of our mission, vision, and strategic plan.						
64.	I believe we communicate our mission effectively to the public.						

65.	My organization encourages me to be involved in my community.						
	<b>Communication</b>						
69.	Communications between program areas are sufficient for my work area to carry out jobs in meeting our agency's mission.						
70.	Our managers are well trained and demonstrate leadership skills.						
	<b>Technology</b>						
74.	I believe the technological changes instituted by this agency have improved my productivity.						
75.	I believe the technological changes instituted by this agency have improved the quality of service to the community.						
76.	The agency has taken advantage of new technologies to save resources.						
	<b>Mission</b>						
77.	I have a good understanding of the mission and the goals of the org.						
78.	I understand how my work directly contributes to the overall success of the org.						

79.	My supervisor provides me with regular information about the mission and the goals of the org.						
80.	I understand the mission and philosophy of this organization.						
81.	I am familiar with the agency's strategic plan and the agency's mission.						
82.	I am familiar with the agency's mission and the way it relates to my work,.						
83.	My job is important in accomplishing the mission of the agency.						
	<b>Quality</b>						
84.	The org. structure at this agency helps employees provide high quality services to clients.						
85.	The management direction at this agency helps employees provide high quality services to clients.						
86.	Quality performance is acknowledged and rewarded.						
87.	Services to our clients have improved as a result of the agency's quality initiatives.						

88.	Existing layers of management are appropriate to ensure quality work.						
	<b>Supervision</b>						
89.	Teamwork is encouraged and practiced by my supervisor.						
90.	My supervisor is helpful when I have a question regarding my work.						
91.	I receive constructive feedback from my supervisor.						

## Appendix H.

### IV-E Waiver Stakeholder Focus Group Questions

- 1) What are the models of implementation that lead agencies develop to support fiscal and programmatic changes?
- 2) What factors will facilitate the implementation process?
- 3) What are the potential barriers to the implementation process?
- 4) How do you expect the IV-E Waiver to impact services? How would you like it to impact services?
- 5) Within what timeframe do you expect this to occur? Will this differ across lead agencies and service areas? How?
- 6) What services do you think will be added to the service array? How will this happen?
- 7) How will these changes in practice impact child level outcomes (e.g., safety, permanency and well-being)?
- 8) What do you expect/desire to see in terms of changes in cost allocations and spending (e.g., TANF, State child welfare dollars, and other major child welfare funding sources in Florida)?
- 9) How will the waiver impact the larger community's service infrastructure and dynamics?

Appendix I:

IV-E Waiver Demonstration Pre-Implementation Survey

**I. Agency Demographics:**

Person(s) responding to Survey:

Title:

Lead Agency:

Number/Name of Case Management Organizations:

Number of Service Centers:

**II. Strategies Consistent with IV-E Waiver Implementation**

In this context, the term “strategy” is used to refer to (a) a specific service (e.g., homemaker services), (b) a practice (e.g., family conferencing), or (c) a support (e.g., specialized training for care managers). It is recognized that IV-E Waiver implementation will not be an “all at once” endeavor and that some strategies may be phased in. Please feel free to use this as an opportunity to describe your agency’s “wish list” for expansion and development.

1. Please provide specific examples of any strategies currently employed to *prevent and/or divert out-of-home placements*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).
  
2. Please provide specific examples of any strategies currently employed to *reduce lengths of stay* in out-of-home care. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

3. Please provide specific examples of any strategies currently employed to *engage families in service planning*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).
  
4. Please provide specific examples of any service innovations that you believe are in the development or early implementation stage as a result of the IV-E Waiver.
  
5. Please provide specific examples of any new providers or service systems that have become (or are becoming) partners in the local system of care as a result of the IV-E Waiver.

### III. Inventory of existing services

For each of the services below, please indicate the extent to which the service is available in the area served by your lead agency. 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	Current Capacity (Service units)	Accessible to entire service area (Yes/No)	Indicate if service is contracted for or provided by lead agency
Adult education (including GED classes)			
Assessments and evaluations			
Behavior management			
Camp(s)			
Children's Crisis Stabilization Unit (CCSU)			
Crisis Intervention services			
Crisis Stabilization Unit (CSU)			
Culturally-specific services			
Dependency shelter facility			
Dependency shelter homes			
Diversion and coordination services			
Domestic violence advocacy			
Domestic violence services (perpetrator)			
Domestic violence services (victim)			
Early intervention services (0-5)			
Educational and training services			
Educational stabilization			
Emergency cash assistance			
Employment services			
Family Builders Program			
Family counseling			
Family planning services			

Family preservation services			
Family support services			
Family therapy			
Father-specific groups/services/supports			
Food bank(s)			
Housing services			
Independent and transitional living services			
Individual counseling			
Individual therapy			
Information & Referral Services			
Intensive Crisis Counseling Program (ICCP)			
Kinship support services			
Mobile crisis services			
Outreach to families			
Parent support and advocacy			
Parent training and support			
Parenting groups			
Post-reunification supervision			
Pregnancy and parenting services for young parents			
Public transportation			
Residential group care			
Respite care for foster parents			
Respite care for other caregivers			
Sexual abuse counseling (perpetrator)			
Sexual abuse counseling (victim)			
Specialized after school programs			
Specialized trauma counseling			
Statewide Inpatient Psychiatric Program (SIPP)			
Subsidized childcare			
Substance abuse outpatient			

Substance Abuse Treatment Center			
Supervised Independent Living			
Therapeutic foster care			
Therapeutic Group Home(s)			
Therapeutic recreation			
Transportation services			
Trauma/recovery services			
Tutoring			
Utility assistance			
Visitation support			
Youth mentoring services			
Other:			
Other:			
Other:			

**IV. Involvement in implementation**

6. Does anyone from your lead agency participate in any of the statewide IV-E Waiver workgroups and/or committees? If yes, who and which group(s)?

7. Please describe any local level planning groups that have been established regarding IV-E Waiver implementation?

Who has been included in these efforts?

Lead agency representatives?

Provider representatives?

Community representatives?

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

**V. Additional Data**

In an effort to minimize the potential burden on lead agencies during the evaluation, the team is interested in knowing what data may be readily available in local communities. In addition to statewide data, does your lead agency have any data that might be helpful in the evaluation of the IV-E Waiver (e.g., customer satisfaction, outcome tracking, etc.)? If yes, what data and who is the best contact to discuss access to these data?

**VI. Future Contact**

Please provide the following information for the individual who should be the contact for any future information requests:

Name:

Phone/Fax:

E-mail:

Appendix J.

Lead Agency Service Array Annual Report

**I. Agency Demographics:**

Person(s) responding to Survey:

Title:

Lead Agency:

Number/Name of Case Management Organizations:

Number of Service Centers:

**II. Strategies Consistent with IV-E Waiver Implementation**

In this context, the term “strategy” is used to refer to (a) a specific service (e.g., homemaker services), (b) a practice (e.g., family conferencing), or (c) a support (e.g., specialized training for care managers).

1. Please provide specific examples of any strategies currently employed to *prevent and/or divert out-of-home placements*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).
  
2. Please provide specific examples of any strategies currently employed to *reduce lengths of stay* in out-of-home care. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).
  
3. Please provide specific examples of any strategies currently employed to *engage families in service planning*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

4. Please identify any practices or service innovations that you believe have been developed or expanded as a result of the IV-E Waiver.
  
5. Please identify any practices or service innovations that you believe have been developed or expanded due to other factors (e.g., community alliance influence, local media coverage, influx of money from another source)
  
6. Please describe any ways in which caregivers (i.e., biological parents, relative caregivers, and foster parents) are involved in helping the lead agency to identify community service needs.

### III. Inventory of existing services

For each of the services below, please indicate the extent to which the service is available in the area served by your lead agency. 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.

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Educational stabilization			
Emergency cash assistance			
Employment services			
Family Builders Program			
Family counseling			
Family planning services			

Family preservation services			
Family support services			
Family therapy			
Father-specific groups/services/supports			
Food bank(s)			
Housing services			
Independent and transitional living services			
Individual counseling			
Individual therapy			
Information & Referral Services			
Intensive Crisis Counseling Program (ICCP)			
Kinship support services			
Mobile crisis services			
Outreach to families			
Parent support and advocacy			
Parent training and support			
Parenting groups			
Post-reunification supervision			
Pregnancy and parenting services for young parents			
Public transportation			
Residential group care			
Respite care for foster parents			
Respite care for other caregivers			
Sexual abuse counseling (perpetrator)			
Sexual abuse counseling (victim)			
Specialized after school programs			
Specialized trauma counseling			
Statewide Inpatient Psychiatric Program (SIPP)			
Subsidized childcare			
Substance abuse outpatient			

Substance Abuse Treatment Center			
Supervised Independent Living			
Therapeutic foster care			
Therapeutic Group Home(s)			
Therapeutic recreation			
Transportation services			
Trauma/recovery services			
Tutoring			
Utility assistance			
Visitation support			
Youth mentoring services			
Other:			
Other:			
Other:			

**IV. Additional Data**

In an effort to minimize the potential burden on lead agencies during the evaluation, the team is interested in knowing what data may be readily available in local communities. In addition to statewide data, does your lead agency have any data that might be helpful in the evaluation of the IV-E Waiver (e.g., customer satisfaction, outcome tracking, etc.)? If yes, what data and who is the best contact to discuss access to these data?

**VI. Future Contact**

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Name:

Phone/Fax:

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