IV-E Waiver Demonstration Evaluation
Outcomes, Fiscal Issues, and Changes in Practice

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IV-E Waiver Evaluation - Research Components

Child Welfare Practice Analysis
Examination of the changes in child welfare practice that are directly and indirectly related to the IV-E Waiver Demonstration

Outcome Analysis
Examination of permanency safety, and well-being outcomes for children and families involved in the child welfare system

Implementation Analysis
Examination of the planning and implementation process for the IV-E Waiver and the impact of the Waiver on DCF, CBC lead agencies, provider networks and local communities.

Cost Analysis
Examination of the impact that the IV-E Waiver has on CBC lead agency expenditures, specifically related to - dependency case management, licensed out-of-home care, and prevention/family preservation services
HYPOTHESIS 1:

*Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care*

Average number of children served in out-of-home care on the last day of each month by fiscal year

- Reports produced by DCF were used as the source of data
- This analysis covers the period September 2003 through January 2009 (i.e., 65 months)
HYPOTHESIS 1:
Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care

Strategies to Safely Prevent Children from Entering Out-of-Home Care

- Involvement of lead agency diversion staff with CPI staff to prevent out-of-home placement at the point of the initial child protection investigation

- Identifying community resources and services families need

- Voluntary protective service or court ordered services including Family Support Teams, In-Home Support Services, Behavior Analyst Service Programs, and Diversion Case Management

- Immediate crisis intervention services including Mobile Crisis Response Teams, Intensive Crisis Counseling Programs
HYPOTHESIS 2:

Changes in practice will affect child outcomes, including child permanency, safety, and well-being

Percent of Children Reunified With Their Original Caregivers Within 12 Months of the Latest Removal

HSn and FSFN were used as the sources of data to calculate some safety and permanency indicators; Reports produced by DCF were used as the source of data for other indicators
HYPOTHESIS 2:

Changes in practice will affect child outcomes, including child permanency, safety, and well-being

Adoption Within 24 Months of a Removal
HYPOTHESIS 2:

*Changes in practice will affect child outcomes, including child permanency, safety, and well-being*

**Strategies to Promote Children’s Permanency**

- Family Team Conferencing (FTC) model as a strategy to engage families in service planning
- Engaging families very early on at formal meetings such as the Early Services Intervention (ESI) and diversion staffings
- Providing supports and services to families working toward reunification from out-of-home care
- Use of relative caregiver specialists to support the movement of children to relative caregivers and prevent placement disruptions
- Post Adoption Services and Supports
  - Adoption Support Groups
  - Adoption Case Managers
HYPOTHESIS 2:

Changes in practice will affect child outcomes, including child permanency, safety, and well-being

Re-Entry into Out-of-Home Care Within 12 Months
HYPOTHESIS 2:

Changes in practice will affect child outcomes, including child permanency, safety, and well-being

Maltreatment Within Six Months After Services Were Terminated
HYPOTHESIS 2:

Changes in practice will affect child outcomes, including child permanency, safety, and well-being

**Strategies to Improve Children’s Safety**

- Enhanced risk assessment strategy, such as the involvement of a multidisciplinary assessment team and CPI supervisors in the initial case assessment during a child protective investigation
- Providing concrete services to families immediately to alleviate risk of re-abuse
- Engaging parents as early as possible
HYPOTHESIS 2:

Changes in practice will affect child outcomes, including child permanency, safety, and well-being

Placement Stability: Children who had Fewer than Three Placements in the First 12 Months of a Removal Episode
HYPOTHESIS 2:

Changes in practice will affect child outcomes, including child permanency, safety, and well-being

Strategies to Promote Placement Stability and Child Well-Being

- Timely and appropriate assessment of children and matching to services including assessment of children’s educational, dental, physical, and mental/behavioral health needs
- Utilizing additional resources for assessment purposes, such as CPI assessment reports, prior abuse reports, and Comprehensive Behavioral Health Assessments
- Enhanced foster home recruitment, retention and capacity
- Identifying and providing support for relative placements
- Providing behavioral support training
- Identifying children at risk for placement disruption and providing targeted case management and wraparound services
HYPOTHESIS 3:
Costs associated with out-of-home care will 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.

Analysis 1 Findings

Actual Expenditures by Fund Source (2008 dollars)

Data source: FLAIR, DCF Office of Revenue Management
HYPOTHESIS 3:
Costs associated with out-of-home care will 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.

Analysis 2 Findings:
Total expenditures by type of service (2008 dollars)

Data source: FLAIR, DCF Office of Revenue Management
HYPOTHESIS 3:
Costs associated with out-of-home care will 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

Analysis 2 Findings:
Average Expenditures per Child Served,
Pre-Waiver vs. Post-Waiver (2008 Dollars)

<table>
<thead>
<tr>
<th></th>
<th>SFY 05-06 (Pre-Implementation)</th>
<th>SFY 06-07 (Implementation)</th>
<th>SFY 07-08 (Post-Implementation)</th>
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<tbody>
<tr>
<td>Total Expenditures</td>
<td>$685,438,816</td>
<td>$732,203,711</td>
<td>$729,631,438</td>
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<tr>
<td>Total Children Served</td>
<td>85,362</td>
<td>91,272</td>
<td>71,605</td>
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<tr>
<td>Average Expenditures per Child Served</td>
<td>$ 8,030</td>
<td>$ 8,022</td>
<td>$ 10,190</td>
</tr>
</tbody>
</table>

Data source: FLAIR, DCF Office of Revenue Management, FSFN
HYPOTHESIS 4:
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. Consistent with the Community-Based Care model, the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve.

Innovative Practices

- **Family Connections — a prevention program**
  - Countywide collaborative of four stakeholder agencies
  - Utilizes Family Team Conferencing and strength-based assessment

- **Family Finding — a permanency strategy**
  - Connects youth in out-of-home care to relatives
  - Goal is to identify sources of support and permanency options for children

- **Resource Specialists — collaborative diversion**
  - Co-location of child protective investigations (CPI) and CBC lead agencies
  - Provides CPI staff with immediate access to community resources

- **Foster Parent Mentor Program — placement stability**
  - Immediate contact with all newly licensed foster parents
  - Foster parent mentors paid a monthly stipend
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Evaluation reports may be accessed at:
http://centerforchildwelfare.fmhi.usf.edu/kb/dataper/flperfd...