



IV-E Waiver Demonstration Evaluation
Semi-Annual Progress Report 3 SFY07-08

Prepared by:

Amy C. Vargo, M.A.
Mary I. Armstrong, Ph.D.
Cathy Sowell, M.S.W.
Neil Jordan, Ph.D.
Tara King-Miller, M.A.
Patty Sharrock, M.S.W.
Svetlana Yampolskaya, Ph.D.

March 28, 2008

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



UNIVERSITY OF
SOUTH FLORIDA

Louis de la Parte Florida Mental Health Institute

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

Table of Contents

| | |
|---|----|
| LIST OF FIGURES..... | iv |
| LIST OF TABLES..... | v |
| EXECUTIVE SUMMARY | 1 |
| INTRODUCTION AND OVERVIEW..... | 5 |
| Florida’s Child Welfare System | 5 |
| Purpose and Specific Aims of the Evaluation | 5 |
| Conceptual and Methodological Framework..... | 5 |
| CHILD WELFARE PRACTICE ANALYSIS | 8 |
| Profile of Practice and Performance | 8 |
| Method | 9 |
| Limitations..... | 10 |
| Findings..... | 11 |
| Proportion of Children Whose Case Was Open in SFY05-06 and Who Entered Out- of-Home Care Within 12 Months | 11 |
| Proportion of Children who Entered Out-of-Home Care in SFY05-06 and Were Discharged for Reasons of Reunification or Placement With Relatives Within 12 Months | 14 |
| Re-entry into Out-of-Home Care | 16 |
| Summary..... | 18 |
| Innovative Practices..... | 20 |
| Limitations..... | 21 |
| Findings..... | 21 |
| Resource Specialist | 21 |
| Summary..... | 24 |
| Policy Recommendations..... | 25 |
| COST ANALYSIS..... | 26 |
| Method | 26 |
| Limitations..... | 27 |
| Findings..... | 27 |
| IV-E Budget vs. IV-E Actual Expenditures | 27 |
| Expenditures by Type of Service | 28 |
| Summary..... | 34 |

| | |
|---|----|
| Policy Recommendation | 36 |
| FUTURE EVALUATION ACTIVITIES | 37 |
| Implementation Analysis | 37 |
| Method | 37 |
| Data Analysis | 38 |
| Family Assessment and Services | 40 |
| Method | 40 |
| SUMMARY AND RECOMMENDATIONS..... | 44 |
| References..... | 48 |
| Appendix A. Description of FMHI Measures | 49 |
| Appendix B. Indicator Tables | 51 |
| Appendix C. Resources for Reunification Practice Guidelines | 54 |

List of Figures

| | |
|---|----|
| <i>Figure 1.</i> Proportion of Children Whose Case Was Opened in SFY05-06 and Who Entered Out-of-Home Care Within 12 Months by Lead Agency and the State | 12 |
| <i>Figure 2.</i> Proportion of Children who Entered Out-of-Home Care in SFY05-06 and Were Discharged for Reasons of Reunification or Placement With Relatives Within 12 Months by Lead Agency and the State | 15 |
| <i>Figure 3.</i> Proportion of Children who Exited Out-of-Home Care During SFY05-06 for Reasons of Reunification or Placement With Relatives and Re-entered Within 12 Months by Lead Agency and the State | 17 |
| <i>Figure 4.</i> Dependency Case Management (DCM) Expenditures as a % of Total Expenditures, SFY05-06 and SFY06-07 | 29 |
| <i>Figure 5.</i> Licensed Out-of Home Care (LOOHC) Expenditures as a % of Total Expenditures, SFY05-06 and SFY06-07 | 31 |
| <i>Figure 6.</i> Prevention/Family Preservation/In-home Expenditures as a % of Total Expenditures, SFY05-06 vs. SFY06-07 | 32 |
| <i>Figure 7.</i> Ratio of Out-of-Home Care Expenditures to Prevention/Family Preservation/In-home Expenditures, SFY05-06 vs. SFY06-07 | 33 |

List of Tables

| | |
|--|----|
| Table 1. Statewide IV-E Budgets vs. IV-E Actuals, SFY05-06 vs. SFY06-07..... | 28 |
| Table 2. Proposed Protocol Questions by Research Question and Method..... | 41 |

Executive Summary

Florida's IV-E Waiver was implemented in October 2006 through changes in state contracts with the Community-Based Care lead agencies. The purpose of the IV-E Waiver Evaluation is to determine the effectiveness of expanded child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. This report includes data gathered from 20 lead agencies serving all 67 counties. The period covered for this report includes State Fiscal Year (SFY) 2006-2007. The evaluation design and outcome variables were selected for the purpose of examining these aspects of Florida's child welfare system.

Child Welfare Practice Analysis

The current report utilizes lead agency performance outcome data and practice data to analyze the ways in which services and programs may have an impact on performance. The intent of the evaluation is to initiate a dialogue about hypotheses related to child welfare practice and performance outcomes. It does not provide statistical analyses of the relational or causal associations between practice and performance. In future reports, statistical comparisons and other analyses will be performed to examine the associations between practice and performance variables as more data are collected about each lead agency's services and programs.

The qualitative practice data were collected through a CBC lead agency survey process. Data for the quantitative child protection indicators came from HomeSafenet (HSn), the administrative data management system used by DCF during the period of data collection used for this report. The indicators include:

- proportion of children whose case was opened to a CBC lead agency for in-home services in SFY05-06 and who entered out-of-home care within 12 months,
- proportion of children who entered out-of-home care in SFY05-06 and were discharged for reasons of reunification or placement with relatives within 12 months, and
- proportion of children who exited out-of-home care during SFY05-06 for reasons of reunification or placement with relatives and re-entered within 12 months.

Findings, statewide, indicated that the proportion of children entering out-of-home care was equal to 23.3%. The two lead agencies with the lowest proportion of entry after receiving services, ChildNet (14.3%) and FSMO (15.5%), reported prevention strategies

that may be related to maintaining a child safely in the home without requiring out-of-home care. ChildNet has developed a network of community agencies that provide voluntary Family Intervention Services targeted towards families with children at imminent risk of removal from the home. FSMO utilizes a diversion program, Community-Based Interventions, Resource Specialists, family involvement in Initial Case Conferences, and Family Team Conferencing. A state or national target does not exist for this indicator; therefore, to evaluate success, this indicator will be measured over time.

For the proportion of children who entered out-of-home care in SFY05-06 and exited within 12 months for reasons of either reunification or placement with relatives, none of the lead agencies achieved the state goal of 76%. Statewide, 48% of children were discharged within 12 months of entry into out-of-home care. Of the CBC lead agencies, KCI and FFN had the highest proportion of children discharged within 12 months because they were either reunified or placed with relatives (62.7% and 59.0%, respectively). KCI reported using Diversion Staffings in an effort to identify family need and services early in the process and The Nurturing Program to support families involved in reunification from out-of-home care. FFN reported using Family Support Teams and Family Team Conferencing. Based on the responses provided on the IV-E Waiver surveys, the majority of lead agencies are making practice changes in an effort to increase the proportion of children discharged within 12 months.

The statewide proportion of re-entry into out-of-home care among children who were discharged in SFY05-06 because of reunification with their original caregivers or placement with relatives was 9.5%, which is higher than the national CFSR standard (8.6%) and the statewide standard (9%). Furthermore, twelve of the 19 current lead agencies did not meet the state standard for proportion of children who re-entered out-of-home care after reunification or placement with relatives in SFY05-06. The two lead agencies with the lowest reentry rates were HKI and Our Kids. While HKI and Our Kids both employ strategies that seem to be positively impacting this permanency and safety indicator, these two agencies also have the longest lengths of stay in out-of-home care (Vargo, et al., 2007). The specific relationship between these two variables needs further examination. As is discussed later in this report, the Implementation Analysis component of the IV-E Waiver Evaluation has begun to collect qualitative data from stakeholders concerning the relationship between a child's length of stay and re-entry into out-of-home care.

The purpose of the Innovative Practices component of the Child Welfare Practice Analysis is to identify and highlight lead agencies and community providers that are utilizing innovative and best practices in their system of care. Although the services and programs identified via this component may not be a direct result of the Waiver, it is expected that these innovative practices will bring about positive outcomes for children and families. The current reports highlights the strategy of incorporating Resource Specialists into the child protection system of care. This practice is used by two lead agencies: HKI serving Hillsborough County and FSMO serving Orange and Osceola Counties. The primary goal of the resource specialist is to provide Child Protective Investigations (CPI) staff and Case Management staff with information about and linkage to community resources that may assist families involved in a child welfare investigation. The Resource Specialist practice, as it has been implemented by both lead agencies, is a part of a larger system of diversion and prevention services.

Cost Analysis

While the Waiver is not expected to reduce overall expenditures for child protective services, it is hoped that the federal funding restrictions lifted by the Waiver, which primarily directed federal child welfare funds to out-of-home care, would eventually lead to a more efficient and effective use of federal and state resources. There are two purposes of the Cost Analysis: (1) to determine whether the flexibility afforded by the IV-E Waiver enabled Florida's lead agencies to spend all available IV-E foster care funding, and (2) to compare SFY05-06 and SFY06-07 lead agency expenditures for the largest and most policy-relevant categories of child protective services spending – dependency case management, licensed out-of-home care, and prevention/family preservation/in-home services – to determine if there are noticeable shifts in how child protective services funding is being used.

The underspending of budgeted IV-E funds was eliminated in SFY06-07. All 22 lead agency contracts utilized their entire IV-E budget, maximizing all available IV-E funds. This is a significant accomplishment for DCF and the CBCs, and this accomplishment can be attributed to the Waiver's lessening of restrictions on how IV-E funds can be spent. The lead agencies and DCF reported that this increased flexibility in the use of funds improved their ability to use all available resources more efficiently and effectively. In particular, using all available IV-E funding, which are Federal dollars, minimizes the burden on state taxpayers. It should also be noted that DCF and the lead

agencies jointly developed and implemented new methods for payment and invoicing during SFY06-07 that increased administrative efficiency for all parties.

With the advent of the Waiver and the evolution of Community-Based Care, it is anticipated that there might be small changes in the mixture of how child protective services expenditures are distributed, with trends toward higher dependency case management and prevention/family preservation/in-home expenditures, and a trend towards lower licensed out-of-home care expenditures. When comparing SFY06-07 data to SFY05-06 data, only one of these hypotheses was supported by the data. The proportion of spending on prevention/family preservation/in-home services increased from 3.2% to 5.7% statewide. Conversely, there was a modest increase in the proportion of spending on licensed out-of-home care, and a notable decrease in the proportion of spending on dependency case management.

On the other hand, there were substantial decreases in the ratio of dollars spent on out-of-home care services compared to dollars spent on prevention, family preservation, and in-home services. Statewide, this ratio dropped from 7.96 in SFY05-06 to 4.55 in SFY06-07, a decrease of 42.8%. This finding suggests that a sizable amount of the \$24 million in additional SFY06-07 IV-E funds were used for front-end services, although there was considerable variation across lead agencies within each service type.

These findings build our capacity to establish trends over time now that Community-Based Care is in its third year of complete statewide implementation. As system changes begin to occur because of the flexibility afforded by Florida's Federal IV-E Waiver, it is anticipated that there will be evidence of continued increases in spending on prevention, intensive in-home services to prevent placement of children outside the home, and reunification services, along with a commensurate decrease in out-of-home care spending.

Additional research components that will be included in the next IV-E Waiver Semi-Annual Progress report include an Implementation Analysis, focused on philosophies of care and exploration of data trends and a Family Assessment and Services component, designed to examine the process of assessing family needs in order to plan for appropriate services and family involvement.

Introduction and Overview

The Florida Department of Children and Families (DCF) has contracted with the

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

Florida's Child Welfare System

In 1996, the Florida Legislature mandated the outsourcing of child welfare services through the use of a lead agency design. The intent of the statute was to strengthen the commitment and oversight of local communities for caring for children and reunifying families, while increasing the efficiency and accountability of service provision. Currently, all of Florida's 67 counties have transitioned to this model.

Purpose and Specific Aims of the Evaluation

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

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

This report includes data gathered from 20 lead agencies serving all 67 counties.¹ The period covered for this report includes State Fiscal Year (SFY)06-07.

¹ These data were collected prior to the ending of the Nassau County BOCC contract.

Conceptual and Methodological Framework

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

Each component will be described in detail in the following sections of this report. In order to most accurately reflect the status of the demonstration project, data are triangulated from various information sources. Findings are integrated across components and over time in order to track the evolutionary process throughout the life of the demonstration project.

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

In addition, the evaluation was designed to be participatory, with input from the Florida Department of Children & Families (DCF), CBC lead agencies, and community partners, which is welcomed and requested at all phases of the evaluation.

Child Welfare Practice Analysis

The goal of the Child Welfare Practice Analysis is to describe the strategies used by Community-Based Care lead agencies that have been developed, both in response to and independently of the IV-E Waiver, that are consistent with the hypothesis that an expanded array of services will positively impact safety and permanency outcomes for children and families. The Child Welfare Practice Analysis consists of two components: Profile of Practice and Performance and Innovative Practices, with the purpose of answering the following research questions:

1. Which lead agency practices can be identified that may support findings of positive outcomes on indicators of prevention, permanency, and safety?
2. What innovative practices are used by lead agencies to improve child and family prevention, permanency, and safety outcomes?

Profile of Practice and Performance

The Profile of Practice and Performance component provides an analysis of child welfare practice across Florida and changes to child welfare practice that are hypothesized to be a result of the IV-E Waiver Demonstration. The current report utilizes lead agency performance outcome data and child welfare practice data to analyze the ways in which lead agency practices may have an impact on performance.

The intent of this evaluation of practice and performance is to initiate a dialogue about hypotheses related to child welfare practice and performance outcomes. It does not provide statistical analyses of the relational or causal associations between practice and performance. In future reports, statistical comparisons and other analyses will be performed to examine the associations between practice and performance variables as more data are collected about each lead agency's methods of child welfare practice.

First, statewide performance findings will be presented on selected indicators of prevention, child safety and permanency. Second, lead agency performance findings for these indicators will be presented along with a discussion about specific child welfare practices that may support the positive findings.

Method

The current analyses examined a subset of the child and family safety and permanency indicators used by FMHI-USF in the previous IV-E Waiver Semi-Annual Progress Report completed in September 2007 (Vargo et al., 2007). The selected indicators demonstrate the ability of the child welfare system to prevent children from entering out-of-home care, achieve permanency for children who have entered out-of-home care, and maintain permanency and safety for children who have exited out-of-home care. The indicators include:

- proportion of children whose case was opened to a CBC lead agency for in-home services in SFY05-06 and who entered out-of-home care within 12 months,
- proportion of children who entered out-of-home care in SFY05-06 and were discharged for reasons of reunification or placement with relatives within 12 months, and
- proportion of children who exited out-of-home care during SFY05-06 for reasons of reunification or placement with relatives and re-entered within 12 months.

Three different SFY05-06 cohorts of children were used to conduct the quantitative analyses of the indicators. The first entry cohort was defined as all children whose case was opened to a CBC lead agency for in-home services during SFY05-06, based on the date the case was open. The second entry cohort consisted of children who were placed in out-of-home care; this entry cohort was defined as all children who were removed from their original caregivers and placed in out-of-home care during SFY05-06. Finally, an exit cohort of children who exited out-of-home care during SFY05-06 because of reunification with their original caregivers or placement with relatives was used. To follow each cohort for 12 months, SFY05-06 and SFY06-07 out-of-home care entry and out-of-home care exit data were used. The last date of data collection was June 30, 2007.

Data for the quantitative child protection indicators came from HomeSafenet (HSn), the administrative data management system used by DCF during the period of data collection used for this report. Specifically, information regarding dependency status, out-of-home care services, and child outcomes after discharge from out-of-home care was obtained from the Case Module. Statistical analyses consisted of Life Tables—

a type of event history or survival analysis.² All indicators were calculated for each lead agency and for Florida.

Child welfare practice data collected through a CBC lead agency survey process were used in the Profile of Practice and Performance to identify lead agency practices that may support the quantitative findings on the safety and permanency indicators. A IV-E Waiver Demonstration Baseline Survey was completed by the lead agencies between December 2006 and March 2007, a follow-up survey was completed by the lead agencies between August 2007 and September 2007, and direct communication between lead agency staff and the research team occurred as needed to clarify responses to the surveys. The CBC lead agencies were asked to provide information concerning existing practices and programs, and changes in child welfare programs, services, system strategies, enhanced staff training, and community and consumer involvement in program planning. Nineteen of the 20 CBC lead agencies completed both surveys.

Based on the CBC lead agency quantitative findings, top performers for each of the three indicators were selected and Child welfare practice data that may support the performance outcomes is presented.

Limitations

A few limitations should be noted. First, this study was limited to the use of measures of lead agency performance that relate to child permanency and safety outcomes. No specific measures of well-being were examined. Second, the study design did not include a cross-sectional comparison group (e.g., counties where IV–E Waiver was not implemented). The absence of a comparison group is due to statewide implementation of the Waiver and the lack of available data for a suitable comparison group from another state. Third, the child welfare practice findings are based primarily on self-reported data by the CBC lead agencies using open-ended questions that allow varying levels of detail and specificity. Lastly, the discussion relating lead agency performance on permanency and safety indicators to specific practices is not based on statistical analyses.

² Survival analysis, referred to here as event history analysis, is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not exit out-of-home care during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points (e.g., 12 months after entering out-of-home care).

Findings

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

This is a new indicator first explored by FMHI-USF in 2007. This indicator relates to the effectiveness of the child welfare system at preventing families who are receiving community-based services from requiring out-of-home care to maintain child safety. The hypothesis is that the IV-E Waiver Demonstration Project will create an increase in prevention services available to the community. Therefore, over time the proportion of children entering out-of-home care is expected to decrease.

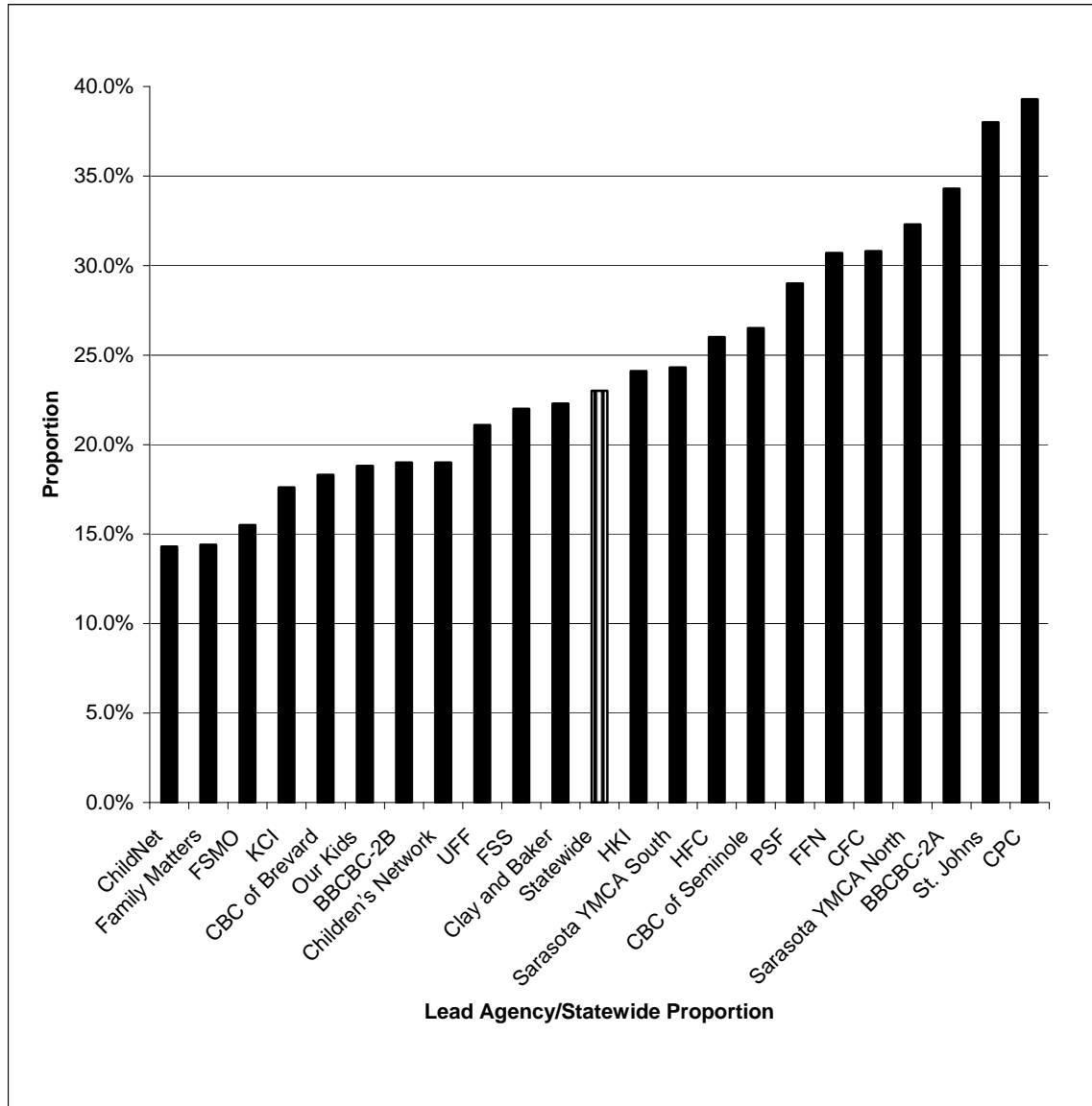
The proportion of children who entered out-of-home care within 12 months of receiving services was based on a SFY05-06 entry cohort of children whose case was opened for lead agency services and subsequent out-of-home care entry data (see a detailed description of the indicator in Appendix A, Measure 1).

Statewide, the proportion of children entering out-of-home care was equal to 23.3%. However, as indicated in the 2007 September report (Vargo, et al., 2007), there was a substantial variation among lead agencies (range = 14.3% - 39.3%) on this indicator. There is no target set by DCF for this measure and no national standard. State and lead agency performance on this indicator will be evaluated over time to assess the success of prevention and diversion services related to the IV-E Waiver.

Figure 1 shows the proportions, ranked in ascending order by lead agency, of children entering out-of-home care within 12 months of an opened service case (see Appendix B, Table 1 for specific lead agency findings). ChildNet had the lowest proportion (14.3%) of children entering out-of-home care within 12 months after their case was opened for services, followed by Family Matters² (14.4%) and FSMO (15.5%). While the majority of the lead agencies reported having prevention services as a part of their systems of care, the services provided by ChildNet and FSMO are described below.

² Family Matters of Nassau County did not participate in the IV-E Waiver Lead Agency Surveys. Since August 2007, Family Support Services of North Florida, Inc. manages community-based services in Nassau County. Therefore lead agency practices specific to Nassau County were not included in the findings.

Figure 1. Proportion of Children Whose Case Was Opened in SFY05-06 and Who Entered Out-of-Home Care Within 12 Months by Lead Agency and the State



Even though ChildNet directly provides traditional case management services, it also contracts with five community agencies to provide Family Intervention Services. As described by the lead agency in the IV-E Waiver Baseline Survey, the program offers intensive in-home family intervention services by a team of professionals to families on a voluntary basis. The target population includes families with children at imminent risk of removal from the home due to abuse, neglect, or abandonment. Families in which children are at imminent risk of sexual abuse or physical endangerment perpetrated by a member of their immediate household are not eligible to receive Family Intervention

Services unless the perpetrator is in, or has agreed to enter, a treatment program and the safety of the children may be enhanced through receipt of Family Intervention Services. The program's primary goal is to maintain the child in the home with his or her family while ensuring the child's safety and well-being. Broward County Sheriff's Office of Child Protective Investigations (CPI), the entity that is responsible for investigating reports of abuse and neglect, makes the initial referral for families to Family Intervention Services.

FSMO diverts families involved in an abuse or neglect investigation from out-of-home care through use of the Community-Based Interventions Program. The target population includes families involved in an abuse or neglect report where the risk to the child is deemed low to moderate, but where some services are needed. A judicial or child welfare case is not opened and the family is monitored outside of the formal child welfare system. The primary services provided include assessment, linkages, building of support systems, monitoring the family's use of services, and ongoing child safety assessment. Additionally, as will be discussed in the Innovative Practices section of this report, FSMO utilizes Resource Specialists that are co-located with DCF CPI to provide consultation and resource information for families during the investigations process with the goal of safely maintaining a child in the family home. FSMO reported that approximately 65% of families referred for services attend the Initial Case Conference, a meeting that utilizes the concepts of Family Team Conferencing. During 2007, FSMO began the implementation of a complete Family Team Conferencing model that is used with families involved in Voluntary Protective Services.

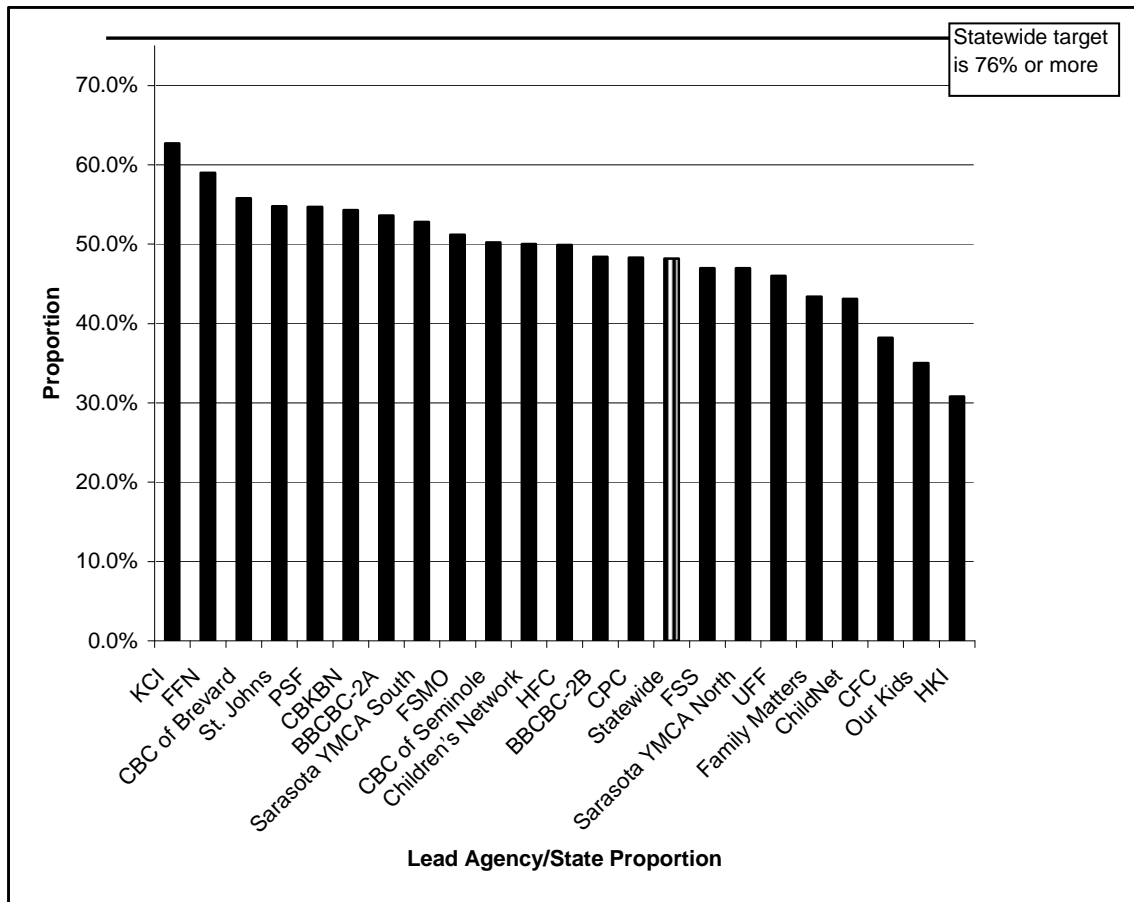
As mentioned previously, a performance standard does not exist for the proportion of children who enter out-of-home care after receiving in-home services. To determine the success of the lead agencies attempts to improve the availability and effectiveness of prevention and diversion services, this indicator will be analyzed over time.

Proportion of Children who Entered Out-of-Home Care in SFY05-06 and Were Discharged for Reasons of Reunification or Placement With Relatives Within 12 Months

The proportion of children who entered out-of-home care and were discharged for reunification or placement with relatives within 12 months after entry was calculated for the SFY05-06 entry cohort. Three reasons for discharge were included in the calculation of this indicator: (a) long-term custody to relatives, (b) guardianship to relatives, and (c) reunification with parents or original caregivers (see a detailed description of this indicator in Appendix A, Measure 2).

For Florida, 48.2% of children who entered out-home care in SFY05-06 exited within 12 months for reasons of either reunification or placement with relatives. As shown, in Figure 2, the range across lead agencies spanned from 30.8% to 62.7% (see Appendix B, Table 2 for specific lead agency findings). The state goal set by DCF for the proportion of children exiting within 12 months for reason of reunification is 76%. None of the lead agencies achieved this goal.

Figure 2. Proportion of Children who Entered Out-of-Home Care in SFY05-06 and Were Discharged for Reasons of Reunification or Placement With Relatives Within 12 Months by Lead Agency and the State



KCI had the highest proportion of children (62.7%) who were discharged within 12 months because they were either reunified or placed with relatives. KCI identified the use of Diversion Staffings as a method used by the lead agency and their community partners to increase the proportion of children exiting care within 12 months. The Diversion Staffing is a process used by KCI at the initial stage of a child protective investigation to identify a family's strengths and needs and provide a best match with available community services. Diversion Staffings are held once or twice a week in each county within the service area and are attended by a KCI representative who facilitates the staffing, the CPI assigned to the family, a Child Welfare Legal Services attorney, and representatives from community agencies. KCI indicated that although the primary goal of Diversion Staffings is to provide appropriate services while maintaining safety for the

child in the home, assessing need, risk, and offering services early in the process might also reduce a child's length of stay when out-of-home care is required.

In an effort to support the reunification process, KCI contracts with The Nurturing Program, the in-home parenting services component of The Child Abuse Prevention Project located at the University of Florida. The Nurturing Program services were initially developed as a prevention strategy, to provide parent education and support to families at-risk of abuse and neglect. However, in 2006, KCI expanded the contract to include in-home services to families involved in reunification from out-of-home care.

FFN, the second leading performer on this indicator, reported they used Family Support Teams and Family Team Conferencing (FTC) to improve permanency and safety outcomes for children. Family Support Teams provide wrap-around services to include basic housekeeping, budgeting, parenting skills, community service awareness, and child development. While CPIs utilize Family Support Teams as a means of diversion from the child welfare system, the practice is also used for families involved in the reunification process. FTC facilitators are located at each FFN service center to coordinate the conferencing process. Initial two-day training in FTC is required for all case management staff and a 2-hour refresher course is available to staff, as needed. FFN expanded the practice of Family Team Conferencing in 2007 to include families involved in the reunification process.

The next three performers on this indicator, CBC of Brevard, St. Johns, and PSF also report using FTC. St. Johns reported that FTC is used with all families with children in out-of-home care who are in the process of reunification. This initial focus on reunification is somewhat unique to St. Johns, as the majority of the lead agencies that reported using FTC, first utilized the practice as a prevention and diversion strategy for families that receive voluntary or court-ordered in-home services.

Re-entry into Out-of-Home Care

This indicator was based on an exit cohort of children who exited out-of-home care during SFY05-06 for reasons of reunification or placement with relatives. These children were followed for 12 months to determine if they re-entered out-of-home care (see a detailed description of this indicator in Appendix A, Measure 3).

Statewide, the proportion of children discharged in SFY05-06 to their original caregivers or with relatives that re-entered out-of-home care was 9.5%. This percentage is higher than the Child and Family Service Review (CFSR) standard which is 8.6% or

less (U.S. Department of Health and Human Services, 2003), and the State of Florida standard, which is 9% or less of children who re-entered foster care within 12 months of a prior foster care episode.

Figure 3. Proportion of Children Who Exited Out-of-Home Care During SFY05-06 for Reasons of Reunification or Placement With Relatives and Re-entered Within 12 Months by Lead Agency and the State

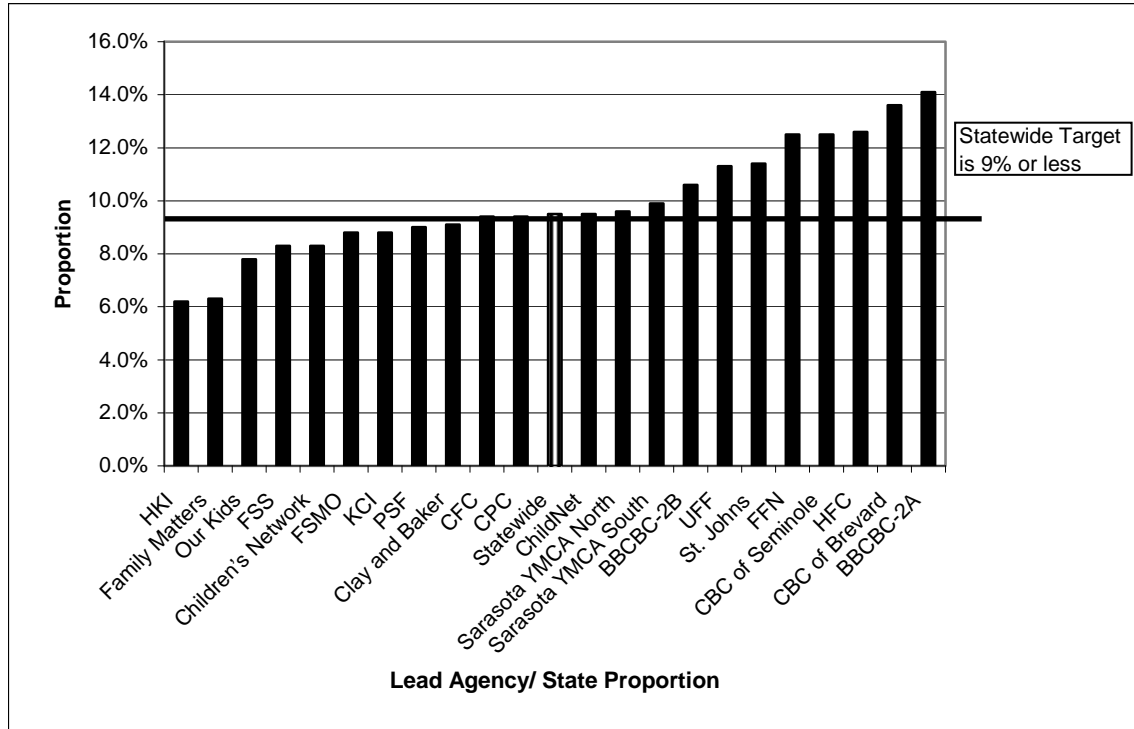


Figure 3 shows the proportion of children reunified or placed with relatives during SFY05-06 who subsequently re-entered out-of-home care within 12 months after exit. Among current lead agencies, HKI and Our Kids had the lowest proportion of children re-entering out-of-home care after exiting in SFY05-06, 6.2% and 7.8%, respectively. Five additional lead agencies, FSS, Children's Network, FSMO, KCI, and PSF met or exceeded the state goal (see Appendix B, Table 3 for specific lead agency findings).

In the IV-E Waiver Survey, HKI reported that they use Permanency Specialists to improve the likelihood of permanency for children and families involved in the child welfare system. The primary goals of this practice are to engage parents early in the process and maintain a focus on family needs or system challenges that may impact permanency. The Permanency Specialist is a lead agency employee who works with

both the family and the Case Management Organization's case manager. Each of the three Care Centers in Hillsborough County is assigned a Permanency Specialist who works with the team of case managers at that location.

Additionally, in SFY06-07, HKI implemented Family Reunification Services (FRS). In this process, HKI provided funding to all Case Management sub-contracts to establish FRS programs. According to the lead agency, the providers were encouraged to create a model of FRS as an expansion of their reunification procedures. Providers designed the program unique to their agency and practice. The practice includes clinical models that incorporate in-home therapeutic interventions for families during reunification and post-reunification. Other providers have implemented models based on non-clinical supports, such as in-home mentors who educate parents with the fundamentals of budgeting, parenting, accessing services and navigating the various social and educational services available to the family.

Our Kids, the second leading performer on the proportion of re-entry among current lead agencies, reported that they use a level of care assessment process throughout the period that a child and family are involved in the child welfare system. Our Kids' policy is to assess all children in court-ordered placements (either in-home or out-of-home care). As stated by Our Kids in the IV-E Waiver Survey, "the level of care assessment is a strength-based assessment, designed to evaluate the child's social, emotional, behavioral, and developmental functioning within the home, school, and community." Our Kids also reported that assessments are completed on an ongoing basis to (1) assess the level of risk to the child, (2) identify strengths and needs of child and family, (3) create and maintain an appropriate safety plan, (4) assist in matching the child to the most appropriate out-of-home caregiver, when needed, and (5) create an appropriate mix of services and supports to move a child towards permanency in a safe and stable environment. Appropriate and ongoing assessments that are tied to services and supports provided to the family might positively impact the number of children reentering out-of-home care.

Summary

To initiate a discussion of prevention, permanency and safety outcomes as they are related to CBC lead agency practice, three indicators were calculated for Florida and each CBC lead agency using SFY05-06 through SFY06-07 administrative data. The indicators included the proportion of children who received CBC lead agency services

and subsequently entered out-of-home care within 12 months, the proportion of children who were discharged for reasons of reunification or placement with a relative within 12 months, and the proportion of children who re-entered out-of-home care after reunification or placement with a relative. Lead agency specific practices and programs were highlighted based on the top performers on these indicators.

The proportion of children entering out-of-home care after receiving lead agency services is a new indicator intended to show the effectiveness of lead agency prevention and diversion services. For Florida the proportion of children entering out-of-home care was equal to 23.3%. The two lead agencies with the lowest proportion of entry after receiving services, ChildNet (14.3%) and FSMO (15.5%), reported prevention practices that may be related to maintaining a child safely in the home without requiring out-of-home care. ChildNet has developed a network of community agencies that provide voluntary Family Intervention Services targeted towards families with children at imminent risk of removal from the home. FSMO utilizes a diversion program, Community-Based Interventions, Resource Specialists, family involvement in Initial Case Conferences, and Family Team Conferencing. A state or national target does not exist for this indicator; therefore, to evaluate success, this indicator will be measured over time.

For the proportion of children who entered out-of-home care in SFY05-06 and exited within 12 months for reasons of either reunification or placement with relatives, none of the lead agencies achieved the state goal of 76%. Statewide, 48% of children were discharged within 12 months of entry into out-of-home. Of the CBC lead agencies, KCI and FFN had the highest proportion of children discharged within 12 months because they were either reunified or placed with relatives (63.7% and 59.0%, respectively). KCI reported using Diversion Staffings in an effort to identify family need and services early in the process and The Nurturing Program to support families involved in reunification from out-of-home care. FFN reported using Family Support Teams and Family Team Conferencing. Based on the responses provided on the IV-E Waiver surveys, the majority of lead agencies are making practice changes in an effort to increase the proportion of children discharged within 12 months.

The statewide proportion of re-entry into out-of-home care among children who were discharged in SFY05-06 because of reunification with their original caregivers or placement with relatives was 9.5%, which is higher than the national CFSR standard (8.6%) and the statewide standard (9%). Furthermore, twelve of the 19 current lead

agencies did not meet the state standard for proportion of children who re-entered out-of-home care after reunification or placement with relatives in SFY05-06. The two lead agencies with the lowest re-entry rates were HKI and Our Kids. While HKI and Our Kids both employ practices that seem to be positively impacting this permanency and safety indicator, these two agencies also have the longest lengths of stay in out-of-home care (Vargo, et al., 2007). The specific relationship between these two variables needs further examination. As is discussed later in this report, the Implementation Analysis component of the IV-E Waiver evaluation has begun to collect qualitative data from stakeholders concerning the relationship between a child's length of stay and re-entry into out-of-home care.

The FMHI-USF research team will continue to evaluate changes in child welfare practice that are related to the IV-E Waiver's goal of using an expanded array of services to improve safety and permanency outcomes for children. A revised IV-E Waiver survey process will be used to collect data from the CBC lead agencies about child welfare practices used in SFY07-08. An effort will be made to collect detailed information about lead agency practices including practice protocols and procedures and the proportion of children and families that participated in a specific service or program. Indicators of prevention and child safety and permanency will also be calculated for the next report using SFY07-08 administrative data. The child welfare practice data will be triangulated with the prevention, safety, and permanency indicators to examine relationships between practice and performance.

Innovative Practices

The purpose of the Innovative Practices component is to identify and highlight lead agencies and community providers that are utilizing innovative practices and best practices in their system of care. Although the practices identified in this section may not be a direct result of the Waiver, it is expected that these innovative practices will bring about positive outcomes for children and families. An innovative practice is defined as one that is unique to the particular service area or not a common practice throughout the state. The practice can also be clearly defined by the lead agency in terms of funding, resources, target population, staff involvement, training, implementation strategies, and measurement of the practice's impact.

In the September 2007 IV-E Waiver Semi-Annual Progress Report (Vargo, et al., 2007), three Innovative Practices were identified: Family Finding – Our Kids, Family Connections – CBC of Seminole, and Peaceful Paths – PSF.

The current report describes an additional child welfare practice: the use of Resource Specialists, utilized by two CBC lead agencies HKI and FSMO. Subsequent reports will evaluate the status of the innovative practices identified in the previous and current reports and describe additional practices, as they become part of CBC.

Limitations

The findings in this section are based on CBC lead agency staff self-reports. Other than direct communications with program staff and lead agency documentation, the data have not been verified or evaluated through other sources.

Findings

Resource Specialists

The practice of incorporating Resource Specialists into the child protection system of care is used by two lead agencies: HKI serving Hillsborough County and FSMO serving Orange and Osceola Counties. The primary goal of the resource specialist is to provide CPI staff and Case Management staff with information about and linkage to community resources that may assist families involved in a child welfare investigation. The Resource Specialist practice, as it has been implemented by both lead agencies, is a part of a larger system of diversion and prevention services.

HKI first implemented the practice of Resource Specialists in 2005 and then expanded the service in 2006 when CPI was transferred from DCF to the Hillsborough County Sheriff's Office. The program consists of a Director of Diversion Services who oversees the program, four general Resource Specialists, and a recently added Relative Caregiver Resource Specialist to provide information and assistance to relative caregivers. The HKI Resource Specialists are co-located in the Hillsborough County Sheriff's Office Child Protective Investigations Division building. After a CPI is assigned to a family that has an abuse or neglect report, the CPI can request the assistance of a Resource Specialist to connect the family with needed resources during the first 30 days of an investigation. The CPI can complete and submit a Request for Resource Specialist Services to the Director, also co-located. After a referral has been accepted, the assigned Resource Specialist will call or contact the family via mail, assess the needs of

the family, and make referrals to appropriate programs. Families receive written information about the resources, and the Specialist documents all contacts and information provided to the family in the Florida Safe Families Network (FSFN, the administrative data management system implemented by DCF in 2007). The Resource Specialists are also available to the CPIs for less formal assistance with community resources and family needs, and they rotate on a daily basis in the role of “Daily Consult”. The Resource Specialists keep a record of all referrals and consults which includes the Resource Specialist’s name, date of consult, identifying case information, CPI name, the type of maltreatment, the referred service, and information given. The Relative Caregiver Resource Specialist is available to all relative caregivers who have had children placed with them after being removed from a parent. It is the policy of the program for the Specialist to call or make a home visit to every new relative caregiver within 48 hours of placement. The Relative Caregiver Specialist can help the caregiver apply for financial assistance and refer or link the family to community agencies for services.

In addition to the referrals and consults managed by the Resource Specialists, the program also facilitates bi-weekly Diversion Staffings that are attended by the CPI and the community providers. The Diversion Staffing is an opportunity for the CPI to present an assigned family’s case to the group of service providers and a representative of the Resource Specialist program in an effort to identify and refer to community services that best fit with the family’s needs. The intended outcome of the staffing is that the “best fitting” community provider accepts the family for services.

The Resource Specialist program also manages the lead agency flex funds that are available to CPIs to assist families with emergency needs in an attempt to alleviate the risk to a child while remaining in the family home. Flex funds can be used to pay electric bills, purchase bedding, clothing, bus passes and other items or services considered necessary by CPI and the lead agency. In collaboration with the Hillsborough County Sheriff’s Office of Child Protective Investigations Division, the Resource Specialists maintain what is called a “Bundle Closet” that holds clothing and toiletries for children and adults. Backpacks (“Love Bundles”), donated by the Junior League of Tampa, that contain age and gender appropriate clothing, essential items, and a toy, are available to give to children involved in the child welfare system, as needed. In an effort to increase resources available to families in need, the Resource Specialists have networked with companies such as Wal-Mart and Home Depot to assist with clothing,

baby items, and home repairs. Resource Specialists also assist with pre-service and in-service training of CPI staff. The Resource Specialist staff present procedural and resource information about the program during pre-service training, and have prepared a packet that is given to all new and existing CPI staff. Community services and resource information has been organized by the program in a Resource Library that is accessible to all staff. For the CPIs bi-weekly staff meetings, Resource Specialists help organize trainings and presentations from community providers.

HKI will evaluate the success of the Resource Specialists program using a combination of case specific and countywide data. Using the consult and referral logs, the program is able to track permanency and safety outcomes for families served. Countywide statistics will be used to monitor the impact that the program might be having on diverting families from court ordered protective supervision and out-of-home care, while maintaining safety. Preliminary data, presented by HKI at the February 12, 2008 Community Alliance meeting, showed that of the 323 cases served by the Resource Specialist program between May 2007 and November 2007, 295 (91%) had no additional abuse or neglect reports as of February 2008. Sixteen cases had a report filed with an outcome of "No Indicators", 4 cases were still open, 4 were classified as "Special Condition", 3 had "Some Indicators", and 1 case had a subsequent report with "Verified" findings.

FSMO has included Resource Specialists in their system of care since they became the lead agency in Orange and Osceola counties in 2004. The program currently consists of a Director of Resource and Diversion and five Resource Specialists. One Resource Specialist is co-located with CPI staff at each of the four DCF service centers, and one Resource Specialist serves as a floater to assist the service centers as needed. The Resource Specialists are available to DCF CPI staff at any point during an investigations case. Unlike HKI, the program in Orange and Osceola counties does not log and track cases that have received assistance from the Resource Specialists. Consultation during the Investigations process is provided on a less formalized basis and is also available to case management staff when necessary. The program's goal is to divert families to community resources when case management supervision is not required to maintain safety. The Specialists are available to assist in defining and obtaining services for the family and are available to go with the CPI on an investigative visit to a family's home. In addition to identifying services, the Resource Specialist can

assist the CPI with the Child Safety Assessment and help ensure that information is properly gathered for an assessment.

If the CPI determines that formal supervision is necessary to maintain safety for the family, the Resource Specialists facilitate an Initial Case Conference. This is a meeting held to transfer a family from Investigations to a Case Management Organization (CMO) contracted by the lead agency. During the Initial Case Conference, the Resource Specialist can further identify services that may benefit the family and refer for Family Team Conferencing or diversion through the Community-Based Interventions program, if appropriate. As a team, the Resource Specialists also review all new cases weekly to determine if additional services or resources might be beneficial. These recommendations are then provided to CPI and the CMO.

Similar to HKI, the FSMO Resource Specialist program has established partnerships with companies including Wal-Mart, Home Depot, and Payless Shoes to obtain donations of gift certificates, items and services needed by families involved in the child protection system. The program also coordinates "Resource Road Shows" that include presentations by community providers and organizes trainings for both Child Protective Investigations and Case Management staff.

FSMO measures the success of the Resource Specialist program using Osceola and Orange County safety and permanency data to determine if families have safely been diverted from court-ordered protective supervision and out-of-home care. In addition to the permanency and safety data, the lead agency also evaluates the amount of donations received by the program to assist families in need. The prevention findings included in the Profile of Practice and Performance section of this report indicated that FSMO had the second leading performance among current lead agencies; only 15.5% of cases opened to the lead agency for services in SFY05-06 entered out-of-home care within 12 months.

Summary

The practice of incorporating Resource Specialists into a system of child welfare services has the potential for diverting families safely from court-ordered protective supervision and out-of-home care by providing resources and information to both investigations staff and families in need. Two CBC lead agencies have implemented Resource Specialists using similar models, but in a manner that demonstrates the flexibility that can be used to adapt to system of care differences. Subsequent IV-E

Waiver Demonstration Reports completed by FMHI-USF will evaluate the impact of this practice by analyzing indicators of prevention, permanency and safety over time.

Policy Recommendations

- The specific post-reunification and relative placement services provided to children and families exiting the child welfare system need further examination to determine if improvement in practices can be made in an effort to prevent re-entry into out-of-home care (see Appendix C for a list of resources related to reunification practice guidelines).
- The risk and needs assessment process used during a child and family's involvement with the child welfare system and specifically prior to a child's discharge from out-of-home care to reunification or placement with relatives should be examined across all lead agencies to identify if differences in assessment practice are related to permanency and safety outcomes.
- The impact and use of Resource Specialists should continue to be examined to determine if the practice could be beneficial to additional service areas.

Cost Analysis

With Florida 18 months into IV-E Waiver implementation as of this writing, it is an opportune time to begin assessing how lead agency spending has evolved in response to the Waiver. While the Waiver is not expected to reduce overall expenditures for child protective services, it is hoped that the federal funding restrictions lifted by the Waiver, which primarily directed federal child welfare funds to out-of-home care, would eventually lead to a more efficient and effective use of federal and state resources. Although it is unrealistic to expect sudden shifts in spending due to the long time horizon for system change, it is appropriate to assess whether there are small shifts in child protective services spending since the introduction of the Waiver.

In particular, many policymakers anticipated that high performing CBCs would enjoy lower spending on out-of-home care due to reduced lengths of stay and reduced maltreatment recurrence, while spending a greater proportion of funds on in-home, family preservation, and prevention services to reduce the number of children and families in out-of-home care and the entire child welfare system. There are two purposes of this analysis: (1) to determine whether the flexibility afforded by the IV-E Waiver enabled Florida's lead agencies to spend all available IV-E foster care funding, and (2) to compare SFY05-06 and SFY06-07 lead agency expenditures for the largest and most policy-relevant categories of child protective services spending – dependency case management, licensed out-of-home care, and prevention/family preservation/in-home services – to determine if there are noticeable shifts in how child protective services funding is being used.

Method

Lead agency appropriations and expenditures for SFY05-06 and SFY06-07 were analyzed for the 20 lead agencies that had a service contract for the entire fiscal year, representing 22 CBC service contracts³. Each lead agency's total budget for IV-E foster care funds was drawn from the final version of Attachment II (Schedule of Funding Sources) from each lead agency's SFY05-06 and SFY06-07 service contracts. SFY05-06 and SFY06-07 expenditure data were extracted from the Florida Accounting

³ The 20 lead agencies represent 22 services contracts (the Sarasota YMCA had 2 contracts for separate service areas in the SunCoast Region, and BBCBC had 2 contracts for separate service areas in the area formerly known as District 2.)

Information Resource (FLAIR)⁴. FLAIR data were combined with expenditure data from DCF Office of Revenue Management in order to capture expenditure adjustments that were not recorded in FLAIR. The overall difference between IV-E budget and IV-E expenditures (i.e., the budget variance) for each lead agency was calculated. The variance percentage, which is equal to the budget variance amount divided by the budget amount, was also calculated.

Lead agency expenditures for dependency case management, licensed out-of-home care, and prevention/family preservation/in-home services were determined by using appropriate combinations of budget entity (BE) and other cost accumulator (OCA) codes.

Limitations

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

Findings

IV-E Budget vs. IV-E Actual Expenditures

In SFY06-07, lead agencies spent all available IV-E foster care funds (\$179.6 million) for the first time in the history of Community-Based Care. This is in contrast to SFY05-06, when the CBCs underspent their IV-E budget by \$1.3 million (0.9%) (Table 1). Statewide IV-E spending rose from \$155.6 million in SFY05-06 to \$179.6 million⁵ in SFY06-07, an increase of \$24 million (15.5%).

⁴ Expenses that were incurred during SFY05-06 and certified forward were included if paid by September 30, 2006. Expenses that were incurred during SFY06-07 and certified forward were included if paid by September 30, 2007.

⁵ Numbers are not adjusted for inflation.

Table 1.

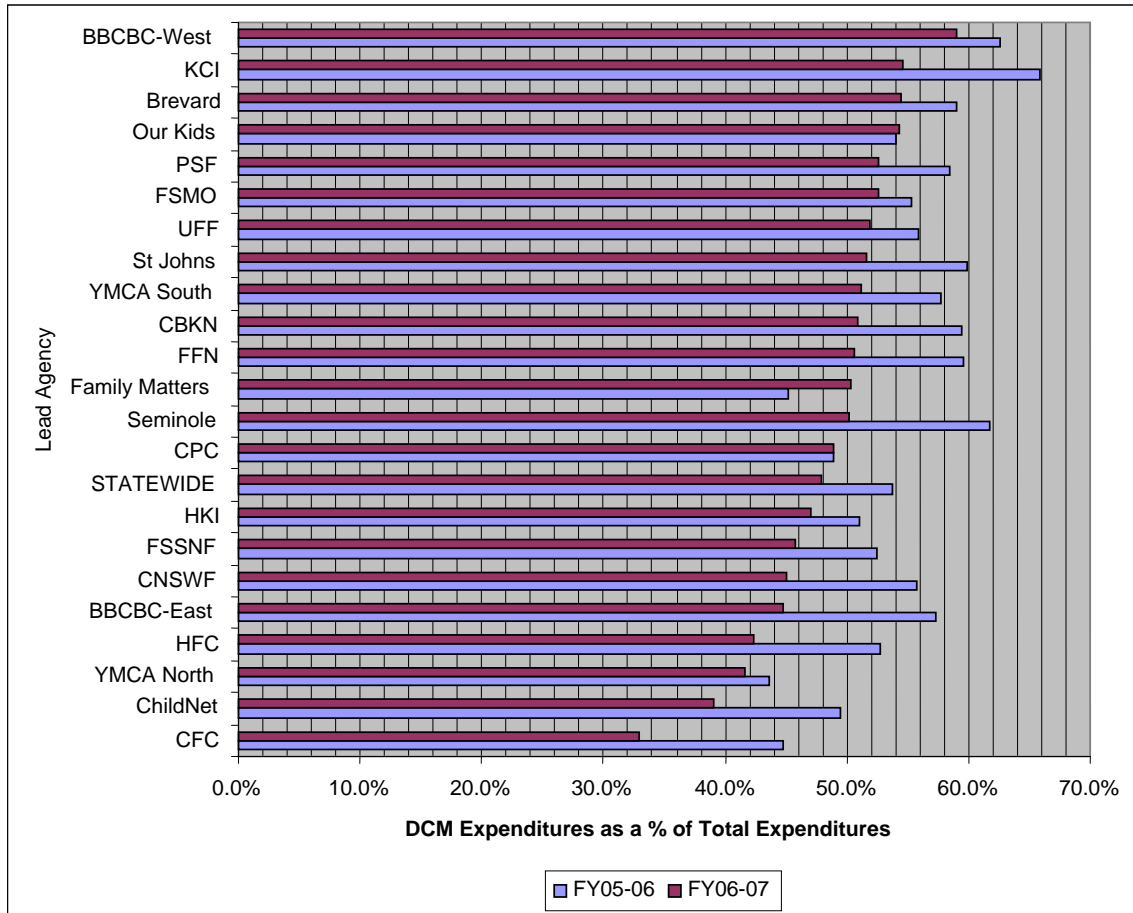
Statewide IV-E Budget vs. IV-E Actuals, SFY05-06 vs. SFY06-07

| <i>State Fiscal Year</i> | <i>Budget</i> | <i>Actual</i> | <i>Budget variance</i> | <i>Budget variance %</i> |
|---------------------------------|----------------------|----------------------|-------------------------------|---------------------------------|
| 05-06 | \$ 156,900,373 | \$ 155,563,594 | \$ (1,336,779) | -0.9% |
| 06-07 | 179,633,633 | 179,633,166 | \$ 0 | 0.0% |

Expenditures by Type of Service

Dependency case management continues to represent a majority of lead agency spending in Florida, but the proportion of total expenditures used for dependency case management was lower in SFY06-07 than in SFY05-06. The CBCs combined used 53.8% of their total contract budgets for dependency case management services during SFY05-06 and 47.9% of their total contract budgets during SFY06-07. Dependency case management spending ranged from 32.9% to 59.0% in SFY06-07 and 43.6% to 65.8% in SFY05-06 (see Figure 4).

Figure 4. Dependency Case Management (DCM) Expenditures as a % of Total Expenditures, SFY05-06 and SFY06-07

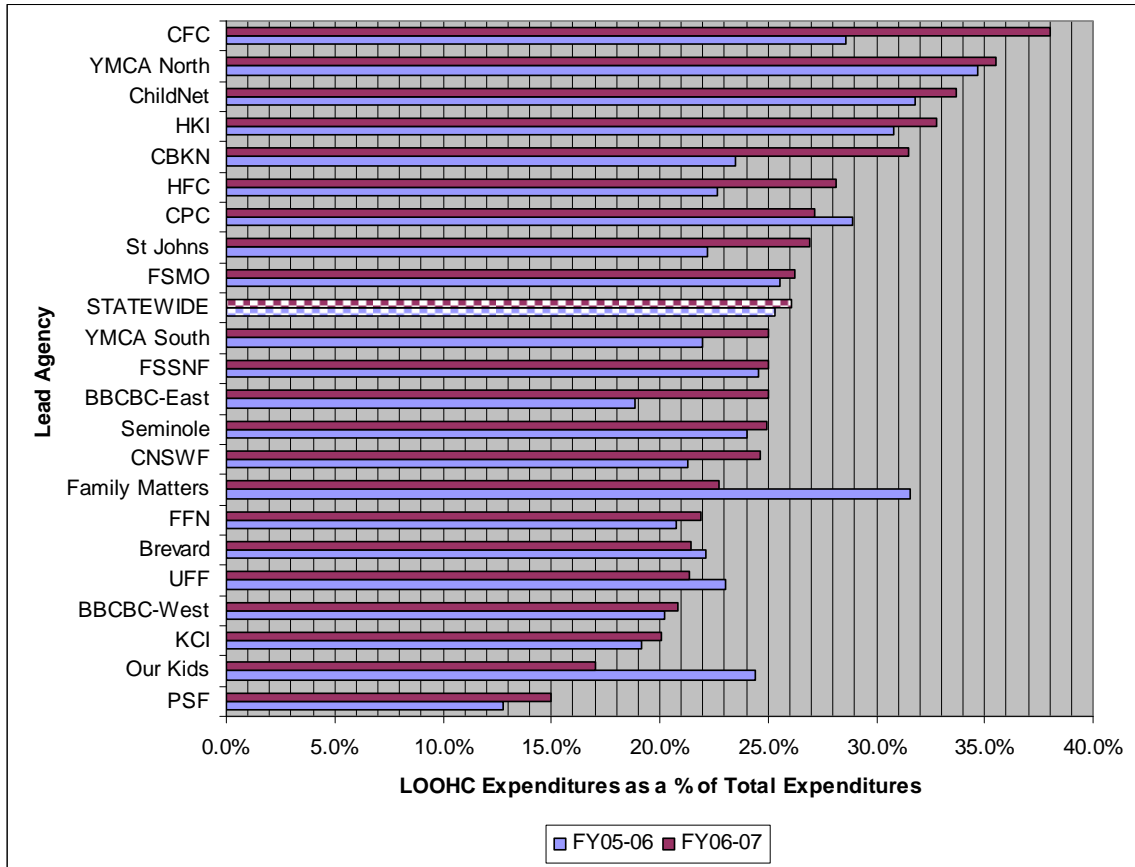


Nineteen of the 22 CBC contracts had decreases in the proportion of expenditures for dependency case management from SFY05-06 to SFY06-07. Seven of those 19 CBCs had decreases greater than 10 percentage points. BBCBC-East (-12.6%), CFC (-11.9%), and CBC of Seminole (-11.6%) experienced the largest decreases in dependency case management spending. Of the three lead agencies that experienced increases, only one (Family Matters, +5.2%) had a year-over-year increase higher than one percentage point.

Licensed out-of-home care is the second largest spending category, and the proportion of total dollars used for licensed out-of-home care rose slightly from SFY05-06 to SFY06-07. Statewide, the proportion of child protective services spending for licensed out-of-home care rose from 25.4% in SFY05-06 to 26.1% in SFY06-07 (see Figure 5). Seventeen of the 22 CBCs had year-over-year increases in the proportion of licensed out-of-home care spending, but most of those lead agencies experienced

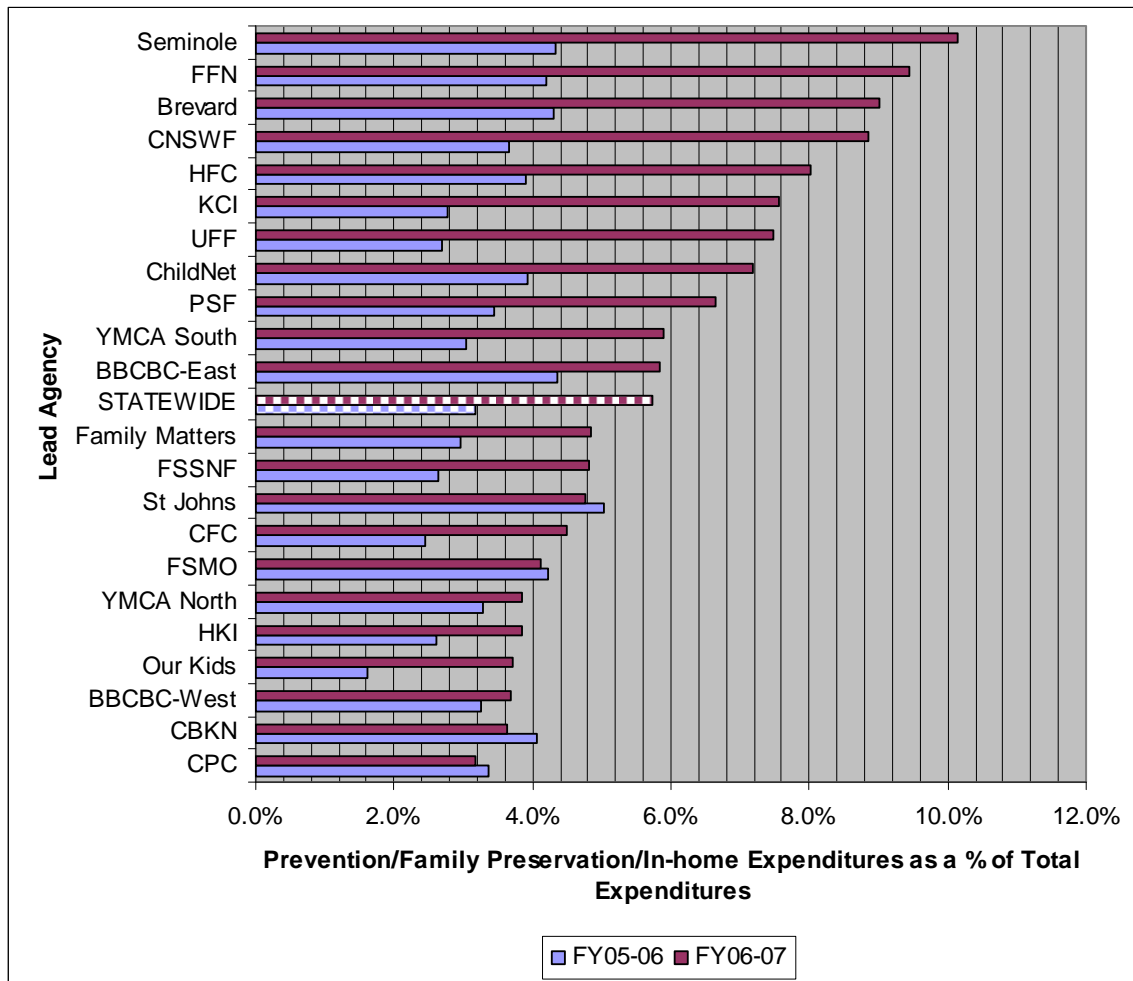
increases of less than five percentage points (see Figure 5). CFC (+9.4%) and CBKN (+7.9%) were the only CBCs to experience large year-over-year increases in licensed out-of-home care spending. Of the five lead agencies with year-over-year decreases in licensed out-of-home care spending, only Family Matters (-8.8%) and Our Kids (-7.4%) experienced substantial decreases. Licensed out-of-home care spending in SFY06-07 ranged from 15.0% to 38.0% of total lead agency expenditures.

Figure 5. Licensed Out-of-Home Care (LOOHC) Expenditures as a % of Total Expenditures, SFY05-06 and SFY06-07



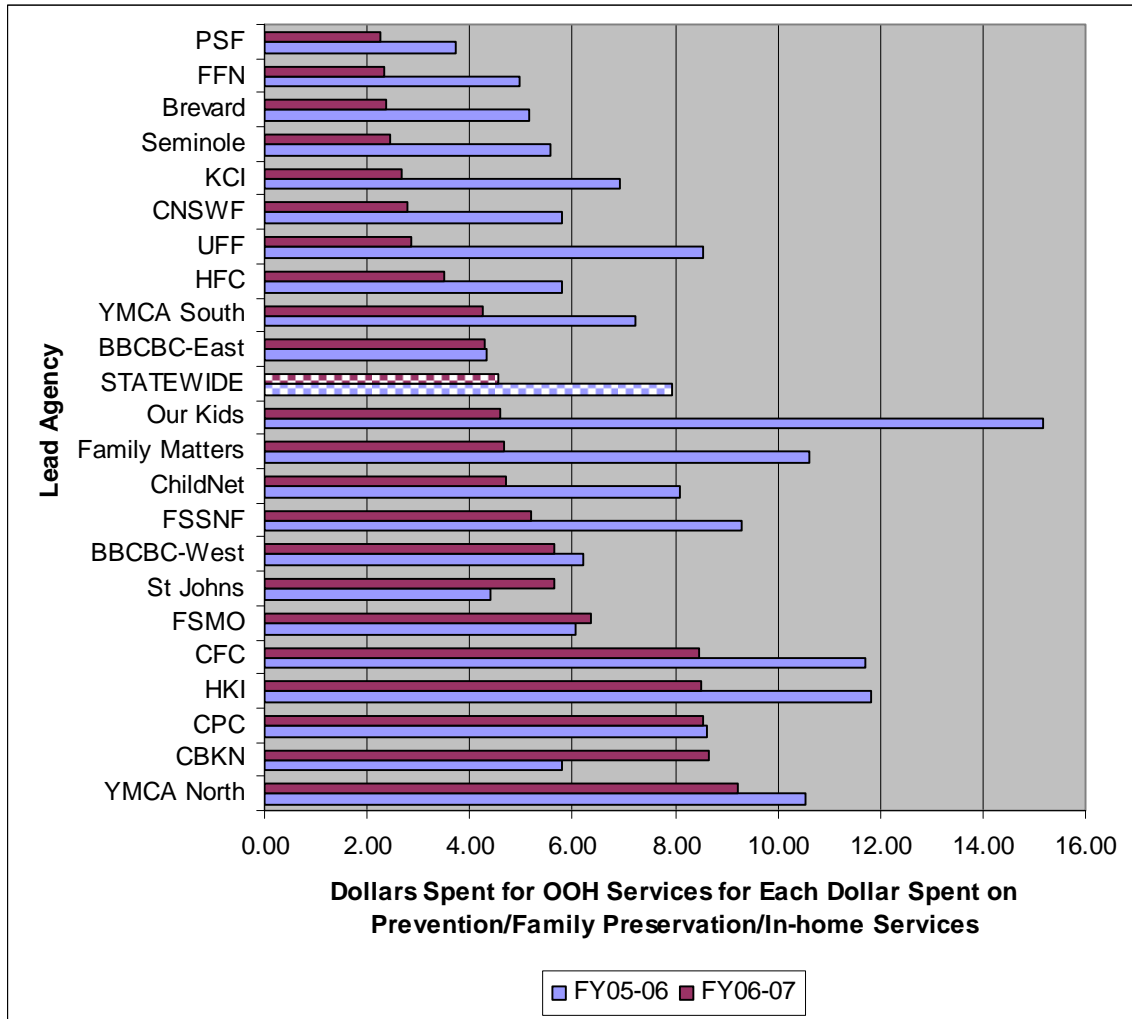
Although a relatively small portion of the total child welfare services budget, CBCs statewide nearly doubled the proportion of their total budgets used for prevention, family preservation, and in-home services from SFY05-06 to SFY06-07. Lead agencies statewide spent 5.7% of their total budget on these front-end services in SFY06-07, up from 3.2% in SFY05-06. Eighteen of 22 CBCs experienced a year-over-year increase in their proportion of spending for prevention, family preservation, and in-home services (see Figure 6). The rate of spending for front-end services more than doubled from SFY05-06 to SFY06-07 in seven lead agencies. Seminole, FFN, and Children’s Network experienced the largest percentage point increases in spending for prevention, family preservation, and in-home services. The proportion of spending for these services ranged from 3.2% to 10.2% of total CBC budgets in SFY06-07.

Figure 6. Prevention/Family Preservation/In-home Expenditures as a % of Total Expenditures, SFY05-06 vs. SFY06-07



The ratio of out-of-home care spending to spending for prevention, family preservation, and in-home services dropped substantially from SFY05-06 to SFY06-07 (see Figure 7). Statewide, lead agencies spent \$4.55 on out-of-home care services for every dollar spent on front-end services during SFY06-07. This is more than \$3 lower than the SFY05-06 statewide ratio of out-of-home care spending to spending on front-end services (\$7.96). All but 3 CBCs had lower ratios in SFY06-07 than in SFY05-06, and Our Kids and Family Matters experienced the largest year-over-year decline. The SFY06-07 ratio of out-of-home care spending to each dollar spent on front-end services ranged from \$2.26 to \$9.23.

Figure 7. Ratio of Out-of-Home Care Expenditures to Prevention/Family Preservation/In-home Expenditures, SFY05-06 vs. SFY06-07



Summary

The underspending of budgeted IV-E funds was eliminated in SFY06-07. All 20 lead agencies spent their entire IV-E budget, maximizing all available IV-E funds. This is a significant accomplishment for DCF and the CBCs, and this accomplishment can be attributed to the Waiver's lessening of restrictions on how IV-E funds can be spent. The lead agencies and DCF reported that this increased flexibility in the use of funds improved their ability to use all available resources more efficiently and effectively. In particular, using all available IV-E funding, which are Federal dollars, minimizes the burden on state taxpayers. It should also be noted that DCF and the lead agencies jointly developed and implemented new methods for payment and invoicing during SFY06-07 that increased administrative efficiency for all parties.

With the advent of the Waiver and the evolution of Community-Based Care, it is anticipated there might be small changes in the mixture of how child protective services expenditures are distributed, with trends toward higher dependency case management and prevention/family preservation/in-home expenditures, and a trend towards lower licensed out-of-home care expenditures. When comparing SFY06-07 data to SFY05-06 data, only one of these hypotheses was supported by the data. The proportion of spending on prevention/family preservation/in-home services increased from 3.2% to 5.7% statewide. Conversely, there was a modest increase in the proportion of spending on licensed out-of-home care, and a notable decrease in the proportion of spending on dependency case management.

On the other hand, there were substantial decreases in the ratio of dollars spent on out-of-home care services compared to dollars spent on prevention, family preservation, and in-home services. Statewide, this ratio dropped from 7.96 in SFY05-06 to 4.55 in SFY06-07, a decrease of 42.8%. This finding suggests that a sizable amount of the \$24 million in additional SFY06-07 IV-E funds were used for front-end services.

What is most noteworthy about expenditures across types of service is the considerable variation across lead agencies with each service type. As a proportion of total expenditures, dependency case management represented the largest spending category (47.9% statewide in SFY06-07) and ranged from 32.9% to 59.0%. Slightly more than one-quarter of all expenditures were used for licensed out-of-home care in SFY06-07, and lead agency spending for licensed out-of-home care ranged from 15.0% to 38.0%. Spending for prevention/family preservation/in-home services represented

5.7% of total expenditures in SFY06-07, and ranged from 3.2% to 10.2% across lead agencies.

There was a negative correlation between dependency case management spending and licensed out-of-home care. Lead agencies with relatively high expenditures for dependency case management had relatively lower expenditures for licensed out-of-home care. For example, BBCBC-West had the highest proportion of expenditures for dependency case management (59.0%) but among the lowest proportion of licensed out-of-home care expenditures (20.8%). Conversely, CFC had the lowest proportion of expenditures for dependency case management (32.9%) but the highest proportion of licensed out-of-home care expenditures (38.0%). This trade-off across CBCs between dependency case management and out-of-home care may reflect different practice philosophies and/or local child welfare population needs. Furthermore, these variations in spending are consistent with the CBC principles of local control over the management of the entire services continuum, which enable CBCs to adapt to the needs of the children and families in their service area.

These findings build our capacity to establish trends over time now that Community-Based Care is in its third year of complete statewide implementation. As system changes begin to occur because of the flexibility afforded by Florida's Federal IV-E Waiver, it is anticipated that there will be evidence of continued increases in spending on prevention, intensive in-home services to prevent placement of children outside the home, and reunification services, along with a commensurate decrease in out-of-home care spending.

This evaluation will continue to track changes in the ratio of out-of-home care spending to spending on prevention/family preservation/in-home services, incorporating expenditure data from SFY07-08. As part of this year's Implementation and Child Welfare Practice Analyses, we will collect qualitative data to help us better understand stakeholder perspectives on practice philosophies and local child welfare population needs and their impact on (1) the trade-off between dependency case management and licensed out-of-home care expenditures, and (2) the ratio of dollars spent on out-of-home care compared to spending for prevention, family preservation, and in-home services.

Policy Recommendation

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

Future Evaluation Activities

Implementation Analysis

The Implementation Analysis has been designed to track the planning process for IV-E Waiver implementation, in addition to assessing the eventual impact of the Waiver on the Department, Community-Based Care lead agencies, provider networks and local communities. The design of the Implementation Analysis reflects the IV-E Waiver Terms and Conditions evaluation requirements and addresses the challenges that evaluators have faced in other states when attempting to track and monitor the implementation process for their respective IV-E Waivers. One problem identified was the failure to make logical linkages between the Waiver, changes in service array, and subsequent outcomes for children (James Bell Associates, 2006). Focus groups with key stakeholders specific to Florida's theory of change during the first year of the evaluation addressed this challenge. In addition, both the Implementation and Practice Analyses solicited information from lead agencies about attribution of changes.

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

Method

Our goal during Year Two of the Implementation Analysis data collection is to follow up on themes emerging from the quantitative data and previous findings. The following list of questions will be presented to staff from each lead agency, Regional Director, and DCF state level stakeholders via focus groups in order to obtain more information on each:

1. Please discuss the relationship between the length of stay for children in out-of-home care and the rate of re-entry. Why are children with shorter lengths of stay at higher risk for re-entry into out-of-home care?
2. Performance data has shown that placement stability can be challenging for lead agencies and providers. What are the barriers to achieving placement stability for children in out-of-home care? What things can be done to facilitate stable placements?
3. In some areas of the state we have received feedback that parents of children involved in the child welfare system are not participating in formal community service planning meetings. What are the barriers to engaging this group of parents? What kinds of things can be done to facilitate family engagement?
4. What are the pros/cons, and facilitators/barriers for lead agencies to retain case management services, as opposed to sub-contracting for these services?
5. How does the child protection investigations staff find out about any new services or resources that are being offered in the community that are available for them to utilize?
6. Please provide your best estimate of what proportion of your total expenditures for SFY06-07 were used for administrative overhead expenses?
7. With fewer children entering the system, how does the assessment process guarantee that the most vulnerable children are identified and removed from the home when necessary?

A pilot test of this protocol was conducted during February 2008. Based on this pilot test, no further changes were made to the protocol. Findings from the pilot group will be merged with additional focus group data from the lead agency, Regional and State level and reported on in the September 2008 IV-E Waiver Progress Report.

Data Analysis

Content analysis of focus group transcripts will be used for the Implementation Analysis. Content analysis involves reviewing and coding qualitative data to identify common themes and trends. The primary goal of content analysis is to condense a large amount of qualitative data into a list of variables that can be examined for correlations, patterns and themes that will be reported on in subsequent IV-E Waiver Progress Reports. Additionally, we will use emergent themes to inform more structured survey

development, which may involve refinement of The Organizational Excellence Survey to be used in Years 3-5 of the Waiver evaluation. The Organizational Excellence Survey was standardized in the 1970s on specific scales (e.g., satisfaction, time & stress of job, burnout). The survey has been in use since the early 1980s and has been used in several state child welfare systems.

Family Assessment and Services

The overall intent of the Family Assessment and Services component of the Child Welfare Practice Analysis is to examine the process of assessing family needs in order to plan for appropriate services and family involvement. Accordingly, the following research questions will guide the evaluation activities of this component:

1. Were needs assessments conducted for children and families served in the child welfare system, and did these assessments lead to appropriate services and interventions?
2. Did families participate in case planning and decision-making?
3. Did families participate in community-based services and programs?
4. Were families who participated in community-based services satisfied with the services they received?

The current report presents an evaluation plan of research activities that will be conducted and presented in the IV-E Waiver Demonstration Semi-Annual Progress Report to be completed by FMHI-USF in September 2008.

Method

CBC case reviews, semi-structured parent interviews, and focus groups with case managers will be utilized to answer the research questions above. In order to conduct a focused evaluation and to maintain the feasibility of completing evaluation activities, the research team will concentrate on the population of parents with active cases in the child welfare system. For the upcoming September 2008 IV-E Progress Report, one lead agency and the associated judicial circuit will be included for examination at this time. Using a participatory approach, the research team will meet with the CBC lead agency serving the selected area to solicit their participation and input related to appropriate parent recruitment strategies and data collection methods and instruments. A caregiver consultant who has experienced the child welfare system will also be involved in the development of the research protocols. In addition, the research

team will involve case managers in these efforts, since they work directly with the target population of this evaluation.

Data collection activities will consist of the research team randomly selecting a sample of 30 cases to review at the CBC lead agency. The case review sample will be selected from open in-home and out-of-home cases that entered services during SFY07-08 and have received services from the case management organizations CMO(s) for a minimum of 90 days. A minimum of one focus group will be held with case managers. Finally, 10 parents will be targeted for inclusion in participation of semi-structured interviews.

Table 2 below presents examples of questions that may be included in protocols. They are organized by the research question they are designed to answer and method of data collection.

Table 2: Suggested Protocol Questions by Research Question and Method

| | |
|---|--|
| 1. Were needs assessments conducted for children and families served in the child welfare system, and did these assessments lead to appropriate services and interventions? | |
| Case review | <ul style="list-style-type: none"> • What types of assessments were used to determine child and family needs? What evidence is there in the case plan that the child and their family were involved in the needs assessment process? Does it appear that families' input was considered/reflected in the findings of the needs assessment? • What were the specific needs identified for the child and family as documented in the assessment? Were these needs reflected in the case plan for services? |
| Case manager focus group | <ul style="list-style-type: none"> • Are needs assessment tools adequate? How do you involve children and families in the needs assessment process? What specific types of questions do you ask families to solicit their input? • Overall, do the services available in your community meet the needs of the children and families, as identified in the assessment? |
| Parent | <ul style="list-style-type: none"> • Was your input solicited during the assessment process? Who, if |

| | |
|---|--|
| interview | anyone, asked you what you thought you might need to address the current issues? Was your or other family member's input considered/reflected in the assessment findings? |
| 2. Did families participate in case planning and decision-making? | |
| Case review | <ul style="list-style-type: none"> • What evidence is there that children and their families were involved in the development of the case plan? Does it appear that children and their families' input was considered/reflected in the case plan? |
| Case manager focus group | <ul style="list-style-type: none"> • How are children and families involved in developing the case plan? What specific types of questions are asked of families to solicit their input? • How is children and family input considered in the development of the case plan? |
| Parent interview | <ul style="list-style-type: none"> • How did your family participate in the development of the case plan? Who, if anyone, asked you what you thought should be in your case plan? Was your input considered/reflected in the case plan? |
| 3. Did families participate in community-based services and programs? | |
| Case review | <ul style="list-style-type: none"> • What evidence is there in the case file that children and their families received services recommended in the needs assessment? What documentation is there in the case plan relevant to family participation in services? What services, if any, did children and their families receive that were not included in their case plan? |
| Case manager focus group | <ul style="list-style-type: none"> • Generally, do children and families receive the services outlined in the case plan? Do families "participate" or do they just attend to fulfill their case plan? How do case managers think parents benefit from service received, if at all? |
| Parent interview | <ul style="list-style-type: none"> • What services did your family receive? How were the services helpful to your family, how did the services help you and your family change things for the better? How could services be improved? • What did you and your family need that you did not receive? Did |

| | |
|--|--|
| | your family participate in services that were not included in their case plan? |
| 4. Were families who participated in community-based services satisfied with the services they received? | |
| Case manager focus group | <ul style="list-style-type: none"> • What type of feedback, if any, have you received from families regarding their satisfaction with or helpfulness of services they receive? |
| Parent interview | <ul style="list-style-type: none"> • How satisfied were you with the services you received (5-point Likert scale ranging from very satisfied to very dissatisfied)? Who, if anyone, have you been able to share this feedback with? |

Once the lead agency stakeholders and caregiver consultant have had an opportunity to provide feedback to the FMHI-USF research team, the research protocols will be finalized and the team will proceed with data collection efforts. The data collected from the case reviews, focus group(s), and caregiver interviews will be analyzed to answer the research questions outlined above and themes related to the assessment of family needs and provision of services will be identified. These methods will be reviewed and revised as appropriate for use in future evaluation activities.

Summary and Recommendations

This third semi-annual report of Florida's IV-E Waiver marks the 18-month point of Waiver implementation and continues the examination of 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 overall evaluation tests the hypotheses that over time an expanded array of community-based care services available through the flexible use of Title IV-E funds will expedite the achievement of permanency, maintain child safety, increase child well-being, and reduce administrative costs.

The Child Welfare Practice Analysis component begins a dialogue regarding possible relationships between child welfare practice and performance outcomes. It does not provide statistical analyses of the relational or causal associations between practice and performance. Instead, statewide and lead agency-specific performance findings for three specific permanency and safety indicators are presented and accompanied by a discussion about specific child welfare practices that may support the positive findings. The indicators included the proportion of children who received CBC lead agency services and subsequently entered out-of-home care within 12 months, the proportion of children who were discharged for reasons of reunification or placement with a relative within 12 months, and the proportion of children who re-entered out-of-home care after reunification or placement with a relative. Lead agency specific practices and programs were highlighted based on the top performers on these indicators.

In future reports the research team will continue to evaluate changes in child welfare practice that are related to the IV-E Waiver's goal of using an expanded array of services to improve safety and permanency outcomes for children. The child welfare practice data will be triangulated with the prevention, safety, and permanency indicators to examine relationships between practice and performance.

The Innovative Practices section of the report continued the identification of lead agencies and community providers that are utilizing innovative practices and best practices in their system of care. An innovative practice is defined as one that is unique to the particular service area or not a common practice throughout the state. The practice can also be clearly defined by the lead agency in terms of funding, resources, target population, staff involvement, training, implementation strategies, and measurement of the practice's impact. The Innovative Practice highlighted in this report is the use of Resource Specialists who provide CPI staff and Case Management staff

with information about and linkage to community resources that may assist families involved in a child welfare investigation. Two CBC lead agencies have implemented Resource Specialists as part of a larger system of diversion and prevention services, but in a manner that demonstrates the flexibility that can be used to adapt to system of care differences. Subsequent IV-E Waiver Demonstration Reports completed by FMHI-USF will evaluate the impact of this practice by analyzing indicators of prevention, permanency and safety over time.

The Cost Analysis section of the report begins an ongoing assessment of how lead agency spending has evolved in response to the Waiver. Although it is unrealistic to expect sudden shifts in spending due to the long time horizon for system change, it is appropriate to assess whether there are small shifts in child protective services spending, with trends toward higher dependency case management and prevention/family preservation/in-home expenditures, and a trend towards lower licensed out-of-home care expenditures. When comparing SFY06-07 data to SFY05-06 data, only one of these hypotheses was supported by the data. The proportion of spending on prevention/family preservation/in-home services increased from 3.2% to 5.7% statewide. Conversely, there was a modest increase in the proportion of spending on licensed out-of-home care, and a notable decrease in the proportion of spending on dependency case management. On the other hand, there were substantial decreases in the ratio of dollars spent on out-of-home care services compared to dollars spent on prevention, family preservation, and in-home services. Statewide, this ratio dropped from \$7.96 in SFY05-06 to \$4.55 in SFY06-07, a decrease of 42.8%.

This evaluation will continue to track changes in the ratio of out-of-home care spending to spending on prevention/family preservation/in-home services, incorporating expenditure data from SFY07-08. In addition, qualitative data will be collected to help us better understand stakeholder perspectives on practice philosophies and local child welfare population needs and their impact on (1) the trade-off between dependency case management and licensed out-of-home care expenditures, and (2) the ratio of dollars spent on out-of-home care compared to spending for prevention, family preservation, and in-home services.

The report concludes with a description of two future activities embedded in the Implementation Analysis and the Child Welfare Practice Analysis. The Implementation Analysis component of the evaluation was designed to track the planning process for IV-E Waiver implementation, in addition to assessing the eventual impact of the Waiver on

the Department, Community-Based Care lead agencies, provider networks and local communities. The component addresses the challenges that evaluators have faced in other states when attempting to track and monitor the implementation process for their respective IV-E Waivers, including the failure to make logical linkages between the Waiver, changes in service array, and subsequent outcomes for children. To further explore some of these complex issues regarding system change and performance, the FMHI evaluation team is piloting a new focus group methodology and protocol. A pilot test of this protocol was conducted during February 2008 with CBC lead agency executive staff. Findings from the pilot group will be merged with additional focus group data from key stakeholders representing lead agencies and DCF and reported on in the September 2008 IV-E Waiver Progress Report.

The goal of the Family Assessment and Services component of the Child Welfare Practice Analysis is to examine the process of assessing family needs in order to plan for appropriate services and family involvement. The study activities will examine whether needs assessments were conducted for children and families, the extent to which these assessments lead to appropriate services and supports, the level of family participation in case planning and decision-making, and the level of family satisfaction with services. Case record reviews, semi-structured parent interviews, and focus groups with case managers will be utilized to answer the research questions above. Using a participatory approach, the research team will meet with the CBC lead agency serving the selected area and its case managers to solicit their participation and input related to appropriate parent recruitment strategies and data collection methods and instruments. A caregiver consultant who has experienced the child welfare system will also be involved in the development of the research protocols. For the upcoming September 2008 IV-E Progress Report, the findings from one lead agency and the associated judicial circuit will be included.

The following policy recommendations relate to the findings from the Child Welfare Practice Analysis and Cost Analysis sections of the report.

Policy Recommendations

- The specific post-reunification and relative placement services provided to children and families exiting the child welfare system need further examination to determine if improvement in practices can be made in an effort to prevent re-entry into out-of-home care.

- The risk and needs assessment process used during a child and family's involvement with the child welfare system and specifically prior to a child's discharge from out-of-home care to reunification or placement with relatives should be examined across all lead agencies to identify if differences in assessment practice are related to permanency and safety outcomes.
- The impact and use of Resource Specialists should continue to be examined to determine if the practice could be beneficial to additional service areas.
- The Department and the CBCs should collaborate on efforts to continue decreasing the ratio of out-of home care spending to spending on prevention/family preservation/in-home services.

References

- Armstrong, M., Vargo, A., Jordan, N., King-Miller, T., Roggenbaum, S., Sowell, C., Yampolskaya, S. (2007). *Semi-Annual Progress Report: IV-E Waiver Demonstration Waiver Evaluation*. Louis de la Parte Florida Mental Health Institute: Tampa, Florida
- James Bell Associates (2006). *Profiles of the Child Welfare Waiver Demonstration Projects*. Retrieved September 18, 2007, from [http://www.acf.dhhs.gov/programs/cb/programs_fund/cwwaiver/profiles_demo2006 .htm](http://www.acf.dhhs.gov/programs/cb/programs_fund/cwwaiver/profiles_demo2006.htm)
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2001). *Child and Family Services Review Final Assessment Florida*. Retrieved March 15, 2007, from <http://www.dcf.state.fl.us/publications/docs/childfamreview.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration of Children Youth and Families, Children's Bureau (2003). *Child Welfare Outcomes 2003: Annual Report: Safety, Permanency, & Well-being*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services, Administration for Children and Families. *Synthesis of Findings: Flexible Funding Child Welfare Waiver Demonstrations* (Washington, DC: U.S. Government Printing Office, 2005),
- Vargo, A., Armstrong, M., Jordan, N., King-Miller, T., Sharrock, P., Sowell, C., Yampolskaya, S. (2007). *IV-E Waiver Demonstration Evaluation Semi-Annual Progress Report 2 SFY06-07*. Louis de la Parte Florida Mental Health Institute: Tampa, Florida.

Appendix A. Description of FMHI Measures

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

Methodology

| | |
|---------------------|--|
| Definitions | Children whose case was open was defined based on the dependent begin date in HSn. |
| Algorithm | This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ⁶ In this instance, because every child had 12 months follow-up data this measure is identical to a percent. The numerator is the subset of the number of children in the denominator who were removed from their primary caregivers and placed into out-of-home care during the 12 month period following the date when the case was opened. The denominator is the number of children whose cases were opened during a given fiscal year. |
| Data Sources | Data were extracted from the HSn. |

Measure 2. Proportion of Children who Entered Out-of-Home Care in FY05-06 and Were Discharged for Reasons of Reunification or Placement With Relatives Within 12 Months

Methodology

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

⁶ Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not have second maltreatment during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points, such as in 12 months after the first maltreatment incident (Allison, 1984).

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

Measure 3. Proportion of Children who Exited Out-of-Home Care for Reasons of Reunification or Placement With Relatives During FY05-06 and Re-entered Within 12 Months by Lead Agency

Methodology

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

Appendix B.

Table 1.

Proportion of Children Whose Case Was Opened in SFY05-06 and Who Entered Out-of-Home Care Within 12 Months by Lead Agency and Statewide

| Lead Agency | Number of Cases | Percentage of children who entered out-of-home care within 12 months after their case was opened in SFY05-06 |
|--|------------------------|---|
| ChildNet, Inc. (ChildNet) | 2150 | 14.3 |
| Family Matters of Nassau County (Family Matters) | 72 | 14.4 |
| Family Services of Metro-Orlando, Inc. (FSMO) | 2256 | 15.5 |
| Kids Central, Inc. (KCI) | 2265 | 17.6 |
| Community-Based Care of Brevard (CBC of Brevard) | 967 | 18.3 |
| Our Kids of Miami-Dade & Monroe, Inc. (Our Kids) | 1192 | 18.8 |
| Big Bend Community Based Care 2B (BBCBC-2B) | 489 | 19.0 |
| Children's Network of Southwest Florida (Children's Network) | 520 | 19.0 |
| United for Families (UFF) | 955 | 21.1 |
| Family Support Services of North Florida, Inc. (FSS) | 489 | 22.0 |
| Clay & Baker Kids Net, Inc. (CBKBN) | 213 | 22.3 |
| Hillsborough Kids, Inc. (HKI) | 840 | 24.1 |
| Sarasota Family YMCA, Inc. South (Sarasota YMCA South) | 178 | 24.3 |
| Heartland for Children (HFC) | 1401 | 26.0 |
| Community Based Care of Seminole, Inc. (CBC of Seminole) | 401 | 26.5 |
| Partnership for Strong Families (PSF) | 1165 | 29.0 |
| Families First Network (FFN) | 1310 | 30.7 |
| Child & Family Connections, Inc. (CFC) | 650 | 30.8 |
| Sarasota Family YMCA, Inc. North (Sarasota YMCA North) | 974 | 32.3 |
| Big Bend Community Based Care 2A (BBCBC-2A) | 486 | 34.3 |
| St. Johns County Board of County Commissioners (St. Johns) | 65 | 38.0 |
| Community Partnership for Children, Inc. (CPC) | 488 | 39.3 |
| Statewide | 19,554 | 23.3 |

Table 2.

Proportion of Children who Entered Out-of-Home Care in SFY05-06 and Were Discharged for Reasons of Reunification and Placement With Relatives Within 12 Months by Lead Agency and Statewide

| Lead Agency | Number of Cases | Proportion of SFY05-06 Cohort Exiting within 12 Months |
|--|------------------------|---|
| Kids Central, Inc. (KCI) | 1,979 | 62.7 |
| Families First Network (FFN) | 1,661 | 59.0 |
| Community-Based Care of Brevard (CBC of Brevard) | 638 | 55.8 |
| St. Johns County Board of County Commissioners (St. Johns) | 202 | 54.8 |
| Partnership for Strong Families (PSF) | 985 | 54.7 |
| Clay & Baker Kids Net, Inc. (CBKBN) | 316 | 54.3 |
| Big Bend Community Based Care 2A (BBCBC-2A) | 812 | 53.6 |
| Sarasota Family YMCA, Inc. South (Sarasota YMCA South) | 695 | 52.8 |
| Family Services of Metro-Orlando, Inc. (FSMO) | 1,412 | 51.2 |
| Community Based Care of Seminole, Inc. (CBC of Seminole) | 388 | 50.2 |
| Children's Network of Southwest Florida (Children's Network) | 660 | 50.0 |
| Heartland for Children (HFC) | 1,433 | 49.9 |
| Big Bend Community Based Care 2B (BBCBC-2B) | 524 | 48.4 |
| Community Partnership for Children, Inc. (CPC) | 653 | 48.3 |
| Family Support Services of North Florida, Inc. (FSS) | 1,682 | 47.0 |
| Sarasota Family YMCA, Inc. North (Sarasota YMCA North) | 1,742 | 47.0 |
| United for Families (UFF) | 783 | 46.0 |
| Family Matters of Nassau County (Family Matters) | 106 | 43.4 |
| ChildNet, Inc. (ChildNet) | 1,394 | 43.1 |
| Child & Family Connections, Inc. (CFC) | 1,145 | 38.2 |
| Our Kids of Miami-Dade & Monroe, Inc. (Our Kids) | 1,627 | 35.0 |
| Hillsborough Kids, Inc. (HKI) | 2,025 | 30.8 |
| Statewide | 22,939 | 48.2 |

Table 3.

Proportion of Children who Exited Out-of-Home Care During SFY05-06 for Reasons of Reunifications or Placement With Relatives and Re-entered Within 12 Months by Lead Agency and Statewide

| Lead Agency | Number of Cases | Percentage Reentered |
|--|------------------------|-----------------------------|
| Hillsborough Kids, Inc. (HKI) | 1609 | 6.2 |
| Family Matters of Nassau County (Family Matters) | 112 | 6.3 |
| Our Kids of Miami-Dade & Monroe, Inc. (Our Kids) | 1509 | 7.8 |
| Family Support Services of North Florida, Inc. (FSS) | 1466 | 8.3 |
| Children's Network of Southwest Florida (Children's Network) | 626 | 8.3 |
| Family Services of Metro-Orlando, Inc. (FSMO) | 1274 | 8.8 |
| Kids Central, Inc. (KCI) | 1888 | 8.8 |
| Partnership for Strong Families (PSF) | 777 | 9.0 |
| Clay & Baker Kids Net, Inc. (CBKBN) | 243 | 9.1 |
| Child & Family Connections, Inc. (CFC) | 767 | 9.4 |
| Community Partnership for Children, Inc. (CPC) | 552 | 9.4 |
| ChildNet, Inc. (ChildNet) | 1087 | 9.5 |
| Sarasota Family YMCA, Inc. North (Sarasota YMCA North) | 1725 | 9.6 |
| Sarasota Family YMCA, Inc. South (Sarasota YMCA South) | 514 | 9.9 |
| Big Bend Community Based Care 2B (BBCBC-2B) | 378 | 10.6 |
| United for Families (UFF) | 575 | 11.3 |
| St. Johns County Board of County Commissioners (St. Johns) | 184 | 11.4 |
| Families First Network (FFN) | 1252 | 12.5 |
| Community Based Care of Seminole, Inc. (CBC of Seminole) | 297 | 12.5 |
| Heartland for Children (HFC) | 1106 | 12.6 |
| Community-Based Care of Brevard (CBC of Brevard) | 561 | 13.6 |
| Big Bend Community Based Care 2A (BBCBC-2A) | 547 | 14.1 |
| Statewide | 19,105 | 9.5 |

Appendix C.

Resources for Reunification Practice Guidelines

Child Welfare Information Gateway (2006). *Family Reunification: What the Evidence Shows*. http://www.childwelfare.gov/pubs/issue_briefs/family_reunification/family_reunification.pdf

Child Welfare League of America (2002). *Research to Practice Research Roundup, Family Reunification*. <http://www.cwla.org/programs/r2p/rrnews0203.pdf>

Dougherty, S. (2004) *Promising Practices in Reunification*. The National Resource Center for Foster Care & Permanency Planning, Hunter College School of Social Work, a service of the Children's Bureau. <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/promising-practices-in-reunification.pdf>

Freundlich, M. and Wright, L. (2003). *Post Permanency Services*. Casey Family Programs Center for Resource Family Support. Washington, DC http://www.casey.org/NR/rdonlyres/A96DC62B-190E-4F5C-A21B-984B0269C8E0/123/post_permanency_services.pdf

Wulczyn, F. (2004). Family reunification. *The Future of Children*, 14(1), 95-113. http://www.futureofchildren.org/usr_doc/6-wulczyn.pdf