

Community-Based Care Pilot Program Annual Report

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Executive Summary

The Louis de la Parte Florida Mental Health Institute (FMHI), University of South Florida, is contracted by the Department of Children and Families (DCF) to provide an evaluation of the 3-year pilot program for the Community-Based Care (CBC) lead agencies serving Miami-Dade, Monroe, and Broward Counties (Circuits 11, 16, and 17)¹ established by Ch. 2006-30, Laws of Florida. The key features of the pilot program are the provision of fiscal and administrative monitoring, and programmatic monitoring by independent, nongovernmental third party entities and the development of new lead agency outcome measures by the programmatic monitor in conjunction with the lead agencies and the Department.

This report describes the implementation status of the pilot program for the reporting period of July 2006 through November 2007 and begins an examination of the benefits and costs associated with the outsourcing of administrative, fiscal, and programmatic monitoring. An analysis of safety and permanency outcomes was used to compare the performance of the lead agencies in the pilot program to the performance of lead agencies, not in the pilot program.

A fiscal and administrative monitor, Abel & Associates, and a programmatic monitor, Chapin Hall Center for Children of the University of Chicago (Chapin Hall), have been contracted by the Department of Children and Families to complete the monitoring and outcome measures development tasks required in the pilot program. Stakeholder interviews and document review indicated that overall the stakeholders perceived the fiscal monitor to be of high value. The majority of stakeholders expressed satisfaction with the methods used by Abel & Associates and the collaborative nature of the monitoring process. The stakeholders were less satisfied with the programmatic monitoring and outcome measure development. One of the reported barriers was a perceived lack of effective communication between the programmatic monitor and the CBC lead agencies. Furthermore, the stakeholders would like the monitoring process to be more related to practice and less focused on theory and hypotheses. Even though challenges were identified with the status of programmatic monitoring, the majority of the stakeholders remained optimistic regarding eventual benefits, and it was expressed that programmatic monitoring, in the manner that was intended for the pilot program, is complex and will take more time to implement satisfactorily. In addition, DCF Central Office stakeholders expressed that the progress made toward improving the quality assurance process and developing new performance measures in the pilot program has been beneficial to the rest of the state.

¹ The Department of Children and Families service areas formerly referred to as Districts are now referred to using corresponding Judicial Circuits. Miami-Dade and Monroe Counties, formerly District 11, is now Circuit 11 and 16. Broward County, formerly referred to as District 10, is now Circuit 17.

An analysis of 11 safety and permanency outcomes was completed by FMHI to provide a baseline comparison of the performance of the lead agencies in the pilot program, Our Kids of Miami-Dade & Monroe, Inc. (Our Kids) and ChildNet, Inc. (ChildNet), to the performance of lead agencies not in the pilot program (or Rest-of-State). Overall, the lead agencies in the pilot achieved better safety outcomes for children compared to other lead agencies (Rest-of-State). Both lead agencies had significantly lower proportions of children who were abused during services, and who experienced recurrence of maltreatment within 6 months after service termination. Both lead agencies also achieved better outcomes on two of the permanency indicators, proportion of children who reentered out-of-home care, and proportion of children who entered out-of-home care after receiving in-home services. Combined, the pilot program lead agencies were less successful than Rest-of-State in achieving permanency outcomes, based on the proportion of children exiting into permanency within 12 and 24 months. Overall, ChildNet performed better than Our Kids on permanency indicators except for the proportion of children exiting care into adoption.

Recommendations

The following recommendations are offered to the Department of Children and Families, the CBC lead agencies, and the contracted providers of fiscal, administrative, and programmatic monitoring in the pilot program:

- A collaborative process involving DCF, CBC lead agencies, and fiscal monitoring management staff should be undertaken to identify stakeholder goals for fiscal and administrative monitoring.
- DCF, CBC lead agencies, and fiscal monitoring staff should discuss and agree upon the scope of issues to be monitored, minimum level of materiality to require corrective action, and priority of action items (statutory, contractual, quality improvement) from fiscal monitor reports, and delineate these agreed upon priorities in DCF's contracts with the fiscal monitor and lead agencies.
- It would be advantageous to improve coordination between the fiscal monitor and the CBC external auditors to optimize the benefit of any necessary overlap between fiscal monitoring and external auditing; economies of scale may allow either entity to explore other issues.
- The programmatic monitor needs to place greater emphasis on ensuring that lead agencies and DCF stakeholders understand the meaning and purpose of all proposed performance outcome measures.

- Open, consistent, and responsive communication should occur between the CBC lead agency executive staff, the programmatic monitor, and DCF in order to promote a clear understanding of the expectations and responsibilities of each party.
- Meetings among the programmatic monitor and the CBC lead agencies should connect the theoretical discussions of programmatic outcomes with practice-related applications.

Introduction

In 1996, the Florida State Legislature mandated that the Department of Children and Families contract with community-based, not-for-profit entities to provide child welfare services including but not limited to prevention, child protection, licensing, placement, foster care, adoptions, and independent living. This community-based lead agency model of providing child welfare services is unique to the State of Florida. As of June 2005, the transition to a community-based lead agency model was complete and currently the Department contracts with 20 lead agencies in 22 geographically defined service areas. In the Community-Based Care model, the Department remains the primary funder of services and maintains oversight and licensing responsibilities for the services being provided.

Background and Description of the Pilot Program

In June 2005 discussions began among the Community-Based Care lead agency, Our Kids of Miami-Dade & Monroe, Inc. and later, Child Net, Inc. of Broward County, their management staff, and board of trustees about how to address specific administrative challenges within the current model of Community-Based Care. The challenges, as reported by lead agency staff and outlined in the interim report provided by FMHI-USF (Sowell et al., 2007), included:

1. The complexity of the funding streams and fiscal structure of providing child welfare services requires that fiscal monitoring be conducted by independent, certified public accountants. The lead agencies were not satisfied with the level of oversight and monitoring provided by the DCF Contract Oversight Unit (COU).
2. The “use it or lose it” nature of the lead agency cost reimbursement contracts with the Department of Children and Families encouraged the agencies to spend money inefficiently. As a remedy, the agencies wanted fixed price contracts that allow unspent funds to be carried forward.
3. Restrictions on expenditures were too rigid and limited the agencies’ ability to conduct business.
4. Programmatic oversight provided by DCF was too focused on compliance; the lead agencies wanted oversight to be provided by a non-governmental entity with experts

in the field of child welfare and to be based on quality improvement. It was intended that the experts would also assist in establishing performance measures that would be a meaningful reflection of the quality of service provided by the lead agencies.

In addition to the challenges and goals enumerated above, the lead agencies also wanted the fiscal, administrative, and programmatic monitors to provide recommendations about ways to improve practice. These discussions about how to improve the local systems of care led to a White Paper that outlined the lead agencies' concerns and their proposed changes to legislation. This resulted in a bill (House Bill 5011) that was signed into law in May 2006. Ch. 2006-30, Laws of Florida (http://election.dos.state.fl.us/laws/06laws/ch_2006-030.pdf) established a 3-year pilot program for the Community-Based Care lead agencies serving Miami-Dade, Monroe, and Broward Counties to take effect July 1, 2006. The law provided the following key changes to the child welfare system:

- Fiscal monitoring, administrative monitoring, and programmatic monitoring shall be conducted by independent, nongovernmental third party entities under contract with DCF and shall be conducted in a manner jointly agreed to by the lead agencies and the Department. The Department shall fund the cost of contracting these entities.
- The third party entity serving as programmatic monitor will work in conjunction with the lead agencies and the Department to develop new outcomes designed to determine the quality of service provided by the lead agencies. Programmatic performance of the lead agencies will be measured and monitored using the new outcome measures and outcome measures contained in their contracts with the Department.
- Lead agency contracts will be fixed price funded, allowing unspent state funds to be carried forward to the next fiscal year, and the lead agencies will be allowed greater flexibility in their spending of child welfare funds.

Fixed price contracts and flexibility in spending as described in the legislation are in effect for the entire state. Additionally, at the time of data collection, fiscal monitoring was being conducted by an independent, third-party entity in the rest of the State; however, the fiscal monitoring in the pilot lead agencies follows a structure that is unique to the pilot program. The characteristics of fiscal monitoring practice in the pilot program are discussed later in this report.

Purpose of Evaluation

In addition to the specific oversight, contract, and funding related changes described above, Ch. 2006-30, Laws of Florida, mandates that the annual evaluation of Community-Based Care, required by s. 409.1671(4) (a), F.S., include an evaluation of the pilot program that compares performance and fiscal management of the Community-Based Care lead agencies in the pilot program to those that are not in the pilot program. DCF has contracted with the Louis de la Parte Florida Mental Health Institute at the University of South Florida (FMHI-USF) to fulfill this evaluation requirement. FMHI-USF submitted an interim report to the Department in February 2007. The interim report provided a description of the pilot program, including an overview of the Our Kids and ChildNet systems of care and an analysis of the implementation process (Sowell et al., 2007).

This annual report provides an evaluation of the implementation status for the period of July 2006 through November 2007 of outsourced fiscal, administrative, and programmatic monitoring, and the development of new outcome measures, an analysis of the benefits and costs of the outsourcing of monitoring as it is being performed in the pilot, and a programmatic outcome analysis comparing the performance of the Community-Based Care pilot lead agencies to the lead agencies in Rest-of-State. Table 1 provides an overview of the key research questions.

Table 1: Key Research Questions

Key Questions	Data Source	Interim Report July 2006- Feb. 2007 (Completed 2/28/07)	Annual Report Year 1 July 2006 – Nov. 2007 (Completed 12/14/07, rev. 07/11/08)	Annual Report Year 2 2007- 08- (To be Completed 12/ 2008)
1) Is the pilot program being implemented as intended?	Stakeholder interviews, document review	√	√	√
2) What are the benefits and costs associated with the outsourcing of lead agency fiscal, administrative, and programmatic oversight to an independent entity?	Stakeholder interviews, document review, and DCF fiscal data (Year 2)		√	√
3) Does the outsourcing of lead agency fiscal, administrative and programmatic oversight lead to improved safety and permanency outcomes for children and families involved in the child welfare system?	HomeSafenet/ Florida Safe Families Network (FSFN) data		√	√

Implementation and Benefit/Cost Analysis

Method

The research team conducted interviews with key stakeholders including the DCF Contract Managers, DCF Central Office staff, a representative of the fiscal and administrative monitoring agent, a representative of the programmatic monitoring agent, and key administrative staff at both lead agencies (see Appendix A). The interviews were audio

recorded and transcribed. The transcriptions were used by the research team to provide an evaluation of stakeholder perspectives on the implementation status of the pilot and an analysis of the benefits and costs associated with the outsourcing of fiscal, administrative, and programmatic monitoring. A review of pertinent documents related to the pilot was also conducted. These included fiscal and administrative monitoring reports dated August 2006 through September 2007, programmatic monitoring reports and outcome measures reports dated January 2007 through September 2007, Dimas Consulting presentation materials dated January 2007 through December 2007, contracts between DCF and the Community-Based Care lead agencies, the independent fiscal and administrative monitoring agency, and the independent programmatic monitoring agency, and monitoring reports and contracts for the fiscal, administrative, and programmatic monitoring being conducted in non-pilot areas of the state.

Findings

The findings are based on stakeholder interviews and document review data and are intended to answer the first two research questions: (1) Is the pilot program being implemented as intended? and (2) What are the benefits and costs associated with the outsourcing of lead agency fiscal, administrative, and programmatic oversight to an independent entity? The implementation and benefit/cost findings are categorized into the two primary functions of the pilot program: (a) administrative and fiscal monitoring, and (b) programmatic monitoring and outcome measure development.

Fiscal and Administrative Monitoring

Status of Implementation

To provide the fiscal and administrative monitoring of the two lead agencies, DCF contracted with Abel & Associates, effective August 1, 2006, through June 30, 2009. Abel & Associates is a Boca Raton-based certified public accounting firm that conducted fiscal monitoring of ChildNet, Inc. prior to the passage of the legislation establishing the pilot (since October 2003). Abel & Associates has sub-contracted with Maximus, a national company, to assist with completing some fiscal monitoring tasks for ChildNet related to adoption and IV-E subsidies. As outlined in their contract, Abel & Associates is required to complete and submit monthly Monitoring Reports for both lead agencies. The DCF Contract Manager for Abel & Associates reported that this requirement has been met without exception since the first report

was submitted in September 2006. Abel & Associates has conducted document reviews, site visits, and has gained 24-hour read-only access to each lead agency's fiscal data system.

From the perspective of Abel and Associates, the fiscal and administrative monitor, the pilot program has been satisfactorily implemented. Abel & Associates reported that, overall, the lead agencies have been responsive to the recommendations made in the monthly Monitoring Reports. The report recommendations are categorized into best practice and contract compliance and maintained on a matrix that is updated in each report. These updates include the date of the recommendation, the response from the lead agency, date updated, and date implemented if applicable. The fiscal monitor reported that, in general, the lead agencies have been more responsive to recommendations that were considered a contract compliance issue than to best practice recommendations, and both lead agency representatives agreed with this assessment. Abel & Associates, ChildNet, and DCF representatives all commented that the level of cooperation with fiscal and administrative monitoring has significantly improved since the departure of ChildNet's Chief Executive Officer and Chief Financial Officer in April 2007. ChildNet executive staff are now responding to recommendations, even if they do not agree with them. ChildNet is communicating with Abel & Associates and DCF Contract Management about plans of action and time frames, when applicable.

The stakeholder interviews and document review indicated that fiscal and administrative monitoring has been implemented as intended by the Legislature. These data also indicated that processes are in place for stakeholders to discuss concerns as they might arise and modify tasks if needed.

Benefits and Costs of Fiscal and Administrative Monitoring

All stakeholders interviewed in the pilot areas reported numerous direct benefits associated with the use of an external fiscal monitor and with Abel & Associates, in particular. Stakeholders reported that Abel & Associates has provided externally-based internal monitoring, which one stakeholder noted is a luxury not easily afforded within a typical CBC contract. Most stakeholders appreciated that Abel & Associates are certified public accountants and bring their public accounting and auditing experience to the fiscal monitoring task. Abel & Associates has read only electronic access to both lead agencies' fiscal systems, and both CBCs indicated satisfaction with this arrangement because it makes the monitoring process less intrusive. All stakeholders indicated that Abel & Associates provides specific, clear, concise reports containing actionable feedback. While the CBCs have responded to the fiscal monitor's recommendations to varying degrees, one challenge is balancing the relative priority of best

practice or contract compliance action items. In an effort to address this challenge, the Department made a recommendation for the lead agencies to present the matrix to their Board of Directors Finance Committee to discuss the best practices and contract compliance recommendations and decide whether they are going to accept the best practice recommendation. The DCF Contract Manager reports that ChildNet has adopted this practice.

CBC and DCF stakeholders reported satisfaction with Abel & Associates' fiscal monitoring process. Abel & Associates described the collaborative approach they use, and CBC stakeholders reported that they particularly liked this approach. The key to this collaboration is Abel & Associates' practice of providing feedback and recommendations to appropriate CBC staff and/or supervisors verbally prior to the information being included in a written draft report. CBC stakeholders reported that they felt like this approach emphasized quality improvement rather than compliance. CBC stakeholders also expressed approval of the traditional monitoring approach used by Abel & Associates, including the fiscal monitor's emphasis on materiality of fiscal issues rather than focusing on contract compliance. Local and Central Office DCF stakeholders reported valuing compliance and quality improvement more equally. A Central Office stakeholder had modest concerns about the independence of the fiscal monitor but was otherwise satisfied with the processes used by Abel & Associates.²

Stakeholders reported that there were other ways that the fiscal monitor provided valuable service beyond contractual requirements. For example, Abel & Associates assisted Our Kids in developing and implementing a monitoring tool for tracking subcontractor spending. Abel & Associates also provided recommendations and assistance with non-traditional accounting needs. For example, Abel & Associates made recommendations to both CBCs regarding computer security and HIPAA (Health Insurance Portability and Accountability Act) compliance. They also assisted Our Kids with fiscal management of their Client Trust Fund and reviewed contractor bids for facility expansion.

There is evidence of other indirect benefits associated with external fiscal monitoring in the pilot. Fiscal monitor reports provide useful documentation for each lead agency's external audit, although there may be overlap between Abel & Associates and the external auditors. According to the CBC stakeholders, the presence of an external fiscal monitoring process has reduced the amount of contact between the pilot CBCs and the DCF Central Office. While both CBCs report having a good working relationship with the Central Office, lead agency

² As this report went to press, DCF Central Office reported a concern with the method Abel & Associates has been using to test the allowability and correct reporting of expenditures that are charged to federal fund sources. We will analyze this issue and include our findings in the next CBC Pilot Program Annual Report, which is due to DCF in December 2008.

stakeholders feel that their interaction with the Central Office has become more efficient. Another indirect benefit of external fiscal monitoring is DCF's contract managers' ability to devote more time to quality assurance and stakeholder relations because the fiscal (and programmatic) monitors have taken on some of their former duties. One intangible benefit that CBC stakeholders indicated was an appreciation that Abel & Associates is a local organization with an interest in the local child welfare system.

There is modest agreement about the value of investing in external fiscal monitoring. Most of the CBC management staff interviewed indicated that fiscal monitoring is an excellent investment for DCF because effective fiscal monitoring can provide an important early warning sign of potential fiscal problems. Most of the DCF management staff interviewed concurred about the value of external fiscal monitoring. A minority of DCF and CBC stakeholders agreed that the fiscal monitor has provided high quality service, but felt that the fiscal monitoring contract would be more valuable if additional services were provided for the same contract amount. With the permission of the Department, Abel & Associates has performed special projects not detailed in their contract, but deemed essential for the monitoring process.

Conclusions and Recommendations

Evidence from interviews with DCF, CBC, and fiscal monitoring stakeholders and document review support the notion that fiscal monitoring in the pilot areas has been of high value to the Department and lead agencies. However, there are also opportunities to improve the fiscal monitoring function. We recommend that DCF revisit the goals and guidelines for fiscal monitoring to insure that all stakeholders are receiving maximum value from the current arrangement. Specifically, we recommend a collaborative process involving DCF, CBC, and fiscal monitoring management staff be undertaken to:

- Identify stakeholder goals for fiscal monitoring,
- Discuss and agree upon the scope of issues to be monitored, minimum level of materiality to require corrective action, and priority of action items (statutory, contractual, quality improvement) from fiscal monitor reports,
- Delineate these agreed upon priorities in DCF's contracts with the fiscal monitor and lead agencies,
- Improve coordination between Abel & Associates and the CBC external auditors to optimize the benefit of any necessary overlap between fiscal monitoring and external auditing; economies of scale may allow either entity to explore other issues.

Programmatic Monitoring and Outcome Measures Development

Status of Implementation

Chapin Hall Center for Children, based at the University of Chicago, is contracted for November 2006 through June 2009 to provide programmatic monitoring of the two pilot lead agencies, evaluate current contract performance measures, and develop new outcome measures in collaboration with the lead agencies and the Department. The Chapin Hall team consists of a Project Director and a locally based Project Manager. Chapin Hall has sub-contracted a portion of the monitoring tasks to Foster Care Review, Inc., a Miami-based agency with a history of providing foster care case review and advocacy. Chapin Hall has also sub-contracted with Dimas Consulting to provide analysis and consultation concerning the root causes of the lead agencies' performance on safety, permanency, and well-being outcome measures. Dimas Consulting meets with the lead agencies' executive staff on a bi-monthly basis.

Programmatic monitoring in the pilot program utilizes the same basic structure as DCF's three-tiered quality assurance process. Tier 1 is the responsibility of the Community-Based Care lead agencies and includes a quality management plan approved by the Department, case reviews, data analysis, and data reporting. Tier 2 is traditionally the role of the Department, with the purpose of verifying and validating the Tier 1 data provided by the lead agencies and implementation of the agencies' quality management plans. Within the pilot program, Tier 2 tasks, including evaluation of the lead agency's compliance on performance measures, are now the responsibility of Chapin Hall. Tier 3 includes Quality Assurance Reviews that prepare the state for federal performance reviews and completion of the Florida Child and Family Service Reviews (CFSR) for each lead agency. The Department's contract with Chapin Hall states that Chapin Hall will provide the CFSR report annually; however, the DCF Contract Manager reported that this requirement is being re-negotiated and will be amended in Chapin Hall's contract.

As contracted, Chapin Hall has provided DCF and the lead agencies with an initial *Contract Measures Report* and two *Performance Measures Development Reports* that outline the proposed changes to lead agency performance measures. In addition, extensive work has been conducted between Chapin Hall, Dimas Consulting, and the lead agencies concerning baseline performance and root cause analysis. During the bi-monthly meetings between Dimas Consulting and the pilot lead agencies' executives, Dimas presents the administrative outcome data comparing the pilot lead agencies' performance to the performance of the Rest-of-State. Examples of the outcome goals being discussed, as outlined in the Dimas presentation dated

July 9, 2007 include “*Reduce the Number of Children Entering Out-of-Home Care, Increase the Proportion of Children Initially Placed in a Family Setting, Decrease the Length of Stay in Placement, Increase the Proportion of Children Exiting Custody to Permanency, Decrease the Number and Percent of Children Re-entering Out-of-Home Care, and Increase Placement Stability for Children in Out-of-Home Care.*” However, the lead agencies’ contracts have not been amended to include such performance measures.

Chapin Hall has also completed quarterly Monitoring Reports for both pilot lead agencies. The Monitoring Reports are based on findings derived from case file review and HomeSafenet data, with the intent of eventually incorporating stakeholder and client interview data. During the process of finalizing the third quarter Monitoring Report, a draft of the report was published and editorialized in the local newspaper and disseminated widely. Instead of finalizing the draft that was disseminated, Chapin Hall decided to return to the case review data collection process and submit a new Monitoring Report for the third quarter. All of the key stakeholders reported that this event slowed down the execution of programmatic monitoring tasks. While the monitoring process will continue to follow the basic three-tier structure, beginning in October the case review process was changed based on recommendations made by Chapin Hall and approved by DCF and the lead agencies. Traditionally, Tier 2 case reviews used to validate the lead agency data were conducted after the lead agency Tier 1 case reviews were completed. A portion of the Tier 2 case reviews are now conducted in a side-by-side manner (i.e., simultaneously) with the Tier 1 reviews, and will involve peer review by a representative of the other CBC lead agency, as well as Chapin Hall.

In an effort to provide more structure to the operation and management of the programmatic monitoring, Chapin Hall, DCF, and the CBC lead agencies created an Executive Steering Committee. The Committee meets quarterly and includes the DCF Deputy Secretary, DCF Assistant Secretary for Programs, Southeast Regional Director, the Chief Executive Officer of each CBC lead agency, and the Chapin Hall Program Director.

As mentioned, the data indicate that processes are in place for the contracted entities to carry out the programmatic monitoring and outcome measure development, as required by the pilot. The majority of the stakeholders stated that the work has proceeded slower than anticipated. However, stakeholders also acknowledged that the tasks are complex and flexibility is required to allow for adjustments when challenges arise or when potential areas of improvement are identified. Furthermore, DCF Central Office stakeholders reported that the monitor has implemented methodological innovations that are being analyzed and adapted appropriately for incorporation into the new regional quality assurance model for child welfare.

The innovations include a number of components, including sampling methodology and an improved review process. In the newly implemented review process, lead agency staff and externals conduct a side-by-side review. DCF Central Office stakeholders commented that the process helps resolve conflict and clarify information that is in the file and it leads to an opportunity for discussion and consensus building around the real status of children and families. They also expressed that these innovative practices, over time, became well received in the region and helped stakeholders resolve some conflicts. Regional trainings will take place shortly and the implementation of this process will be rolled-out statewide in the near future. In addition, Central Office stakeholders reported that it was not easy to reach this consensus during the implementation stage, but the innovations added value to the pilot project.

One Central Office stakeholder summarized views about implementation, “As difficult as some of the journey was, it lead us to a better place that is going to improve the quality of the work that is being done with children in both Broward and Miami Dade. Ultimately, even though it took a little longer than we would have liked and required a few more conference calls and a bit more counseling sessions, ultimately it had a positive result”.

Benefits and Costs of Outsourced Programmatic Monitoring

The stakeholder interviews revealed mixed opinions about the benefits provided to date by outsourced programmatic monitoring and efforts to develop new outcome measures. One reason that DCF and the lead agencies agreed to contract with an external programmatic monitor was the belief that national experts could provide advice about practice and move the monitoring process toward quality improvement. The perspective of the lead agency stakeholders was that this benefit has not yet been realized.

Lead agency and DCF stakeholders conveyed dissatisfaction with the case review and focus group data collection processes that had occurred prior to the changes in October 2007. The majority of the stakeholders interviewed agreed that the case review process had been focused on compliance and case file maintenance. However, as mentioned above, all of the stakeholders expressed optimism about the potential benefits of the side-by-side and peer review process. In addition, stakeholders from DCF Central Office stated that the methodological changes made to the quality assurance process in the pilot are included in the new quality assurance process for the rest of the state. Specifically, it was expressed that the side-by-side case review process has been incorporated into DCF’s statewide quality assurance plan because of “the realization that it is the best way to do case review and it is beneficial as a monitoring vehicle, a teaching tool, and a consensus building tool.”

The findings from the client and staff focus group data collected by the programmatic monitor were initially reported in the third quarter draft Monitoring Report. However, these data were not included in the final version of the report. CBC lead agency stakeholders indicated that the quality of the work was not what they expected. The programmatic monitor stated that focus group data would be included in future reports. Representatives from both lead agencies indicated that up to this point, the dialogue concerning outcome measure development and the root causes of the agencies' performance on measures, while interesting, has been largely theoretical and academic. The lead agency stakeholders shared that they would like a more practice-friendly approach that includes concrete recommendations. The lead agency and DCF stakeholders agreed that the connection between the work that Dimas Consulting is doing to analyze and discuss hypotheses of the root causes of specific outcomes has, in their view, not yet been related to the programmatic monitoring or outcome measures development. The understanding of the lead agency representatives was that this work would be used to establish baselines to evaluate agency improvement on outcome measures over time. However, the stakeholders stated that, to their knowledge, baselines for the outcome measures that will be used to evaluate the lead agencies' contractual performance have not been formalized. DCF Central Office stakeholders reported that the progress that has been made toward the development of new performance measures in the pilot program would be beneficial to CBC lead agency and DCF leadership in the rest of the state. They also indicated that changes in monitoring would have a direct or indirect impact on the permanency and safety outcomes. It was said by a Central Office stakeholder that, "it will improve performance because; at least there will be a structure and a process and an effort to put it all together."

One barrier, as revealed in the stakeholder interviews, seems to be a lack of effective communication between the programmatic monitor and the CBC lead agencies. This has affected the lead agencies' responses to performance measure findings contained in monitoring reports. Even though the performance measure domains are the same or similar to those used by the Department, the method used to calculate the outcomes and the interpretation of the outcomes by the programmatic monitor are different. The lead agencies expressed that it is difficult to understand how they could have been doing well on an outcome, as reported by the Department, and now be deficient on the same or similar outcome reported in the programmatic monitoring reports. For example, placement stability, as typically measured by the Department, is the percent of children with no more than two placements within 12 months of removal, with a target of 87%, set by the Department. The September 2007 Programmatic Monitoring Report used case file review data to calculate placement stability. The indicator is the percent of

children in the sample (children admitted to out-of-home care for the first time between September 1, 2006 and February 28, 2007) who had moved once or more after initial placement, at the time of the case review.

DCF Central Office stakeholders reported that even though some of the discussions about performance between the pilot lead agencies and the programmatic monitor have been difficult, their perception is that these discussions were necessary and have led to improved working relationships between the lead agencies, the programmatic monitor, and DCF leadership as well as improvements in the quality of practice being performed in the pilot area.

While the lead agency stakeholders expressed some dissatisfaction with the benefits of the programmatic monitoring, it was also stated that the issues related to programmatic monitoring and developing outcome measures are not only complex, but also have an emotional component because they are about the permanency, safety, and well-being of children. One lead agency representative made the point that community stakeholders tend to have a stronger reaction to reading a report about a child's unmet dental or medical needs, as opposed to learning that an accounting practice was deficient. Stakeholders highlighted another related impact of utilizing an outsourced programmatic monitor; they reported that the Monitoring Reports are under greater public and media scrutiny than previous DCF monitoring reports. Mixed opinions were expressed about whether the increased attention would prove to be beneficial or detrimental.

Conclusions and Recommendations

Most stakeholders expressed varying degrees of satisfaction with the actual benefits of outsourced programmatic monitoring, thus far. This is a substantial change from the stakeholders' earlier perspective that displayed positive regard and high expectations, reported in the FMHI-USF Interim Report (Sowell et al., 2007). It is important to note that stakeholders remained optimistic regarding eventual benefits and it was expressed that programmatic monitoring, in the manner that was intended for the pilot program, is complex, and will require more time to implement satisfactorily. Changes in the case review process indicated that the structure of programmatic monitoring has some flexibility to respond to the needs and best interests of the system. Furthermore, DCF Central Office stakeholders expressed that the progress made toward improving the quality assurance process and developing new performance measures in the pilot program has been beneficial to the rest of the state.

Based on the findings of the implementation and benefit/cost analysis of outsourced programmatic monitoring, the following practice recommendations are offered:

- The programmatic monitor needs to place greater emphasis on ensuring that lead agencies and DCF stakeholders understand the meaning and purpose of all proposed performance outcome measures.
- Open, consistent, and responsive communication should occur between the CBC lead agency executive staff, the programmatic monitor, and DCF in order to promote a clear understanding of the expectations and responsibilities of each party.
- Meetings among the programmatic monitor and the CBC lead agencies should connect the theoretical discussions of programmatic outcomes with practice-related applications.

Programmatic Outcome Analysis

The following indicators were selected and developed by FMHI-USF in collaboration with the Department of Children and Families (see Appendix B). These indicators reflect the Community-Based Care lead agency's level of success toward providing permanency and safety for children involved in the child welfare system. It is hypothesized that these outcomes will be affected by the outsourced fiscal, administrative, and programmatic monitoring provided by the pilot program in Miami-Dade, Monroe and Broward Counties. They include:

- proportion of children whose case was open and who entered out-of-home care within 12 months,
- median length of stay for children entering out-of-home care,
- proportion of children exiting out-of-home care within 12 months into permanency,
- proportion of children exiting out-of-home care within 24 months into permanency,
- proportion of children exiting out-of-home care within 12 months for reasons of placement with relatives or reunification,
- proportion of children exiting out-of-home care within 24 months for reasons of placement with relatives or reunification,
- proportion of children exiting out-of-home care within 24 months into adoption,
- proportion of children who remained in out-of-home care after 12 months,
- proportion of children who exited out-of-home care for reasons of reunification or placement with relatives and re-entered within 12 months,
- proportion of children who were maltreated during services, and
- proportion of children who were maltreated within 6 months after termination of services.

Study Design

The evaluation's study design consisted of three sets of comparisons. The first set compared the pilot CBC lead agencies, Child Net and Our Kids³, to all other lead agencies referred to as Rest-of-State. The second set of comparisons included only Child Net versus Rest-of-State. Finally, the third set of comparisons consisted of Our Kids versus Rest-of-State.

³ Our Kids of Miami-Dade & Monroe, Inc. began providing Community-Based care services in FY05-06. Programmatic Outcome analysis findings that include FY03-04 and FY04-05 data indicate the performance in Dade and Monroe Counties, not specifically the performance of Our Kids.

These latter two comparisons were made in order to uncover any differences that might be attributable to either ChildNet or Our Kids. All three sets of comparisons were made by time, by site, and by a time-by-site interaction. A FY04-05 entry cohort was compared to a FY05-06 entry cohort for indicators requiring 12 months of follow-up, and a FY03-04 entry cohort was compared to a FY04-05 entry cohort for indicators that required 24 months of follow-up. The pilot program was implemented in FY06-07. The comparisons serve as baseline data to be used in the programmatic outcome analysis in FMHI's next annual evaluation of the pilot program, to be completed in December 2008.

Data Sources

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

Analytic Approach

All above mentioned indicators were calculated for Broward County, Miami-Dade and Monroe Counties, the pilot counties combined as one site, and the Rest-of-State. The data used spanned FY03-04 through FY06-07. The last date of data collection was June 30, 2007. Statistical analyses consisted of Life Tables— a type of event history or survival analysis⁴, Cox regression analyses (Cox, 1972)⁵, repeated measures analysis of variance (repeated measures ANOVA), multiple regression, and logistic regression.

⁴Survival analysis, referred to here as event history analysis, is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not exit out-of-home care during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points (e.g., in 12 months after entering out-of-home care).

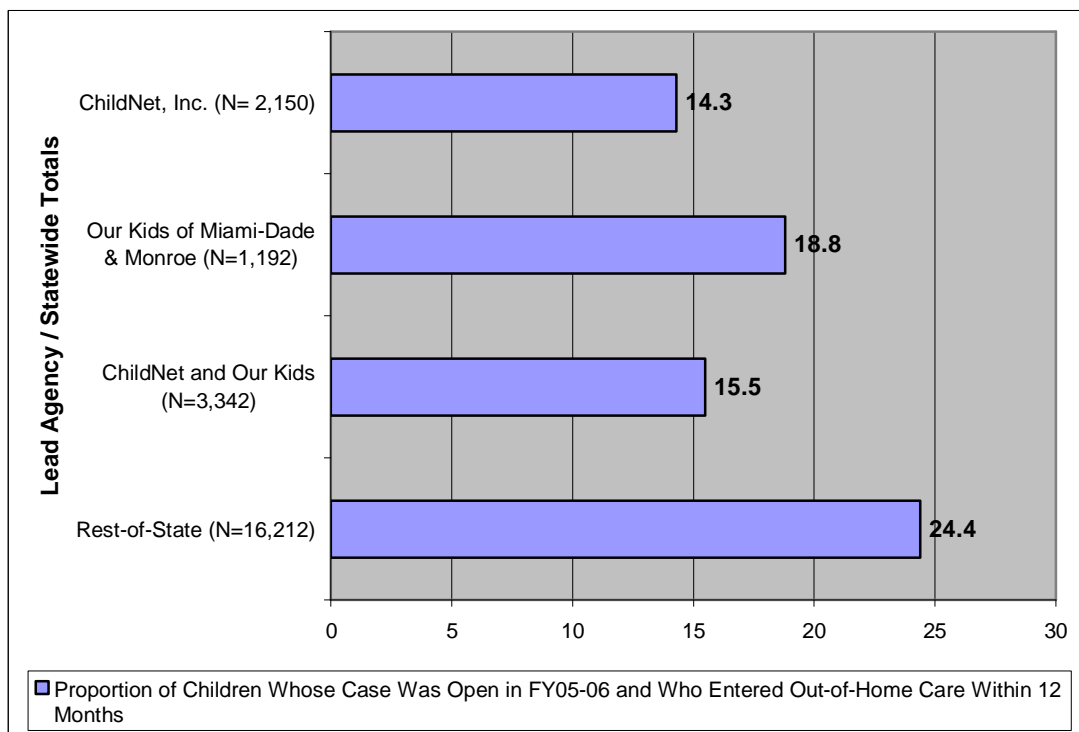
⁵ A type of event history analysis that allows for inclusion of predictor variables or factors that were hypothesized to affect the outcomes.

Findings

Proportion of Children Whose Case Was Open in FY05-06 and who Entered Out-of-Home Care Within 12 Months

This indicator related to the effectiveness of the examined sites at maintaining child permanency and providing effective prevention services. The proportion of children who entered out-of-home care was based on the FY05-06 entry cohort (i.e., includes all children whose case was opened during FY05-06).

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



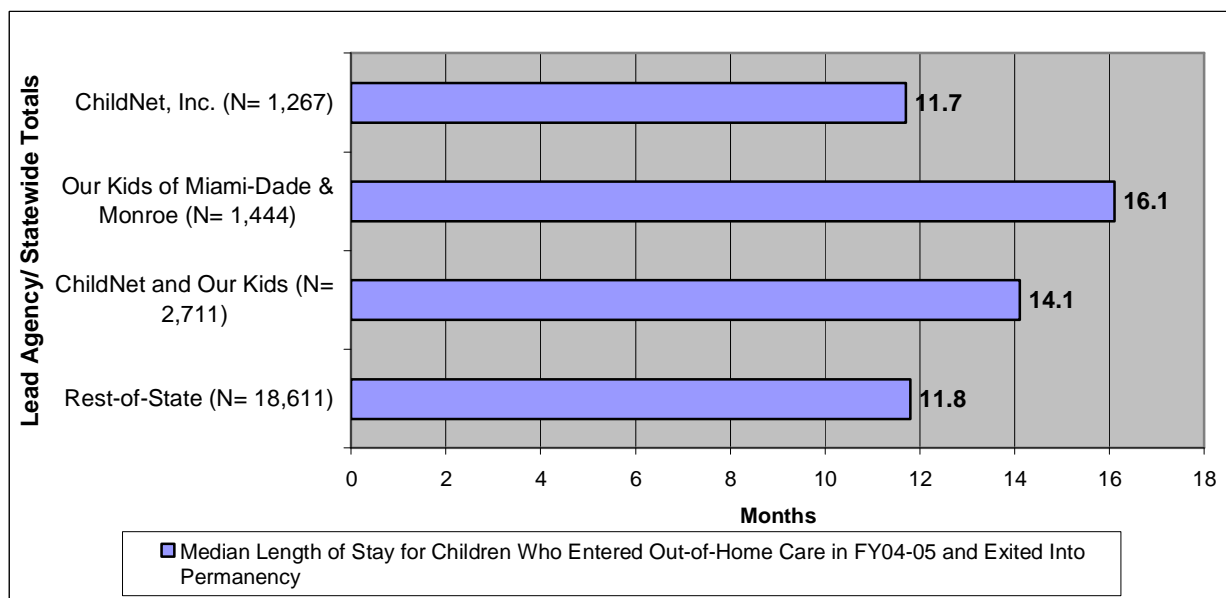
The proportions of children entering out-of-home care based on the FY05-06 cohort are shown in Figure 1. As shown in Figure 1, the proportion of children entering out-of-home care within 12 months after their case was open was higher for Our Kids (18.8%) compared to ChildNet (14.3%). When both pilot sites were compared to Rest-of-State, and children entering out-of-home care based on the FY05-06 were compared to the FY04-05 cohort, only comparison by site was found to be statistically significant. Specifically, ChildNet and Our Kids combined had significantly lower rates of children entering out-of-home care within 12 months after their cases were opened (15.5%), as compared to Rest-of-State (24.4%).

When children entering out-of-home care for ChildNet was compared to Rest-of-State, and children entering out-of-home care based on FY05-06 cohort were compared to children entering out-of-home care based on FY04-05 cohort, only time by site interaction was found to be statistically significant. That is, the rate of increase of children entering out-of-home care over time for Rest-of-State was significantly higher than for ChildNet. Similarly, the rate of increase over time for Rest-of-State was significantly higher for Our Kids compared to Rest-of-State (see Tables 1A, 1B, and 1C, Appendix C).

Median Length of Stay of Children who Entered Out-of-Home Care in FY04-05 and Exited Into Permanency

This indicator examined the subset of children who exited only for permanency reasons. “*Exited into permanency*” is limited to the following reasons for discharge: (a) adoption finalized, (b) guardianship to relatives, (c) long-term custody to relatives, (d) dismissed by the court, and (e) reunification with parents or original caregivers. Children who exited out-of-home care for reasons such as aging out, guardianship to non-relative, runaway, and transferred to another agency were not considered to be discharged for permanency reasons. The median length of stay (LOS) in out-of-home care or an out-of-home care episode for children who achieved permanency was calculated based on entry cohort FY04-05. As shown in Figure 2, Our Kids had the longest median length of stay for children exiting into permanency (approximately 16 months). ChildNet and Rest-of-State had similar median lengths of stay in out-of-home care before exiting into permanency (approximately 12 months).

Figure 2. Median Length of Stay of Children who Entered Out-of-Home Care in FY04-05 and Exited Into Permanency



Proportion of Children who Entered Out-of-Home Care in FY04-05 and Exited Into Permanency Within 12 and 24 Months by Lead Agency

The proportion of children who exited out-of-home care into permanency within 12 months and 24 months was calculated for the FY04-05 entry cohort. All children who entered out-of-home care during FY04-05, as indicated by the removal date in HSn, were followed for 12 months and 24 months, and the proportion of children who exited out-of-home care into permanency (e.g., discharged for permanency reasons) was calculated. Children who exited out-of-home care for reasons such as aging out, guardianship to non-relative, runaway, or transferred to another agency were not considered to be discharged for permanency reasons.

Figures 3 and 4 show the proportions of children exiting out-of-home care into permanency within 12 and 24 months by lead agency, lead agencies combined, and Rest-of-State, based on the FY04-05 cohort. Our Kids had the lowest proportions of children exiting out-of-home care into permanency within either 12 or 24 months, 37.8% and 64.2%, respectively.

Results of statistical analyses indicated that there was a statistically significant difference between proportion of children exiting into permanency by site and by time. The proportion of children exiting into permanency increased over time and the proportion of children exiting out-of-home care into permanency for the pilot sites combined was significantly lower when compared to Rest-of-State. Similarly, a significantly lower proportion of children exiting into permanency was found when Our Kids was compared to Rest-of-State, but ChildNet did not

differ significantly from Rest-of-State on proportion of children exiting into permanency within either 12 or 24 months (see Tables 2A, 2B, and 2C, Appendix C).

Figure 3. Proportion of Children who Entered Out-of-Home Care in FY04-05 and Exited Into Permanency Within 12 Months

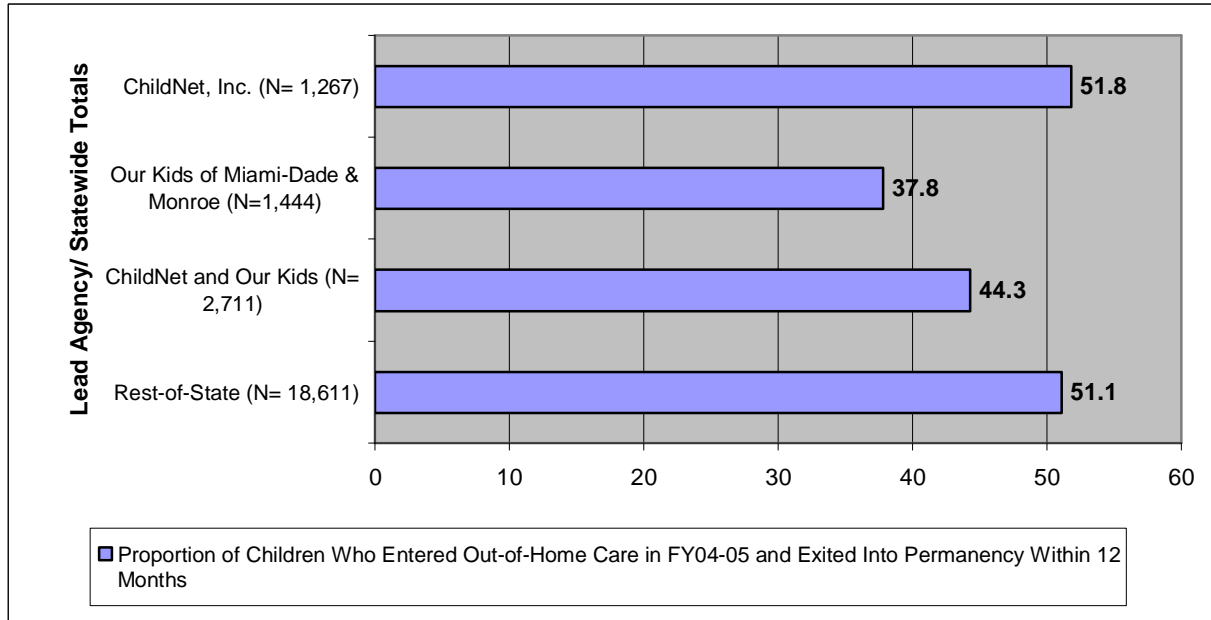
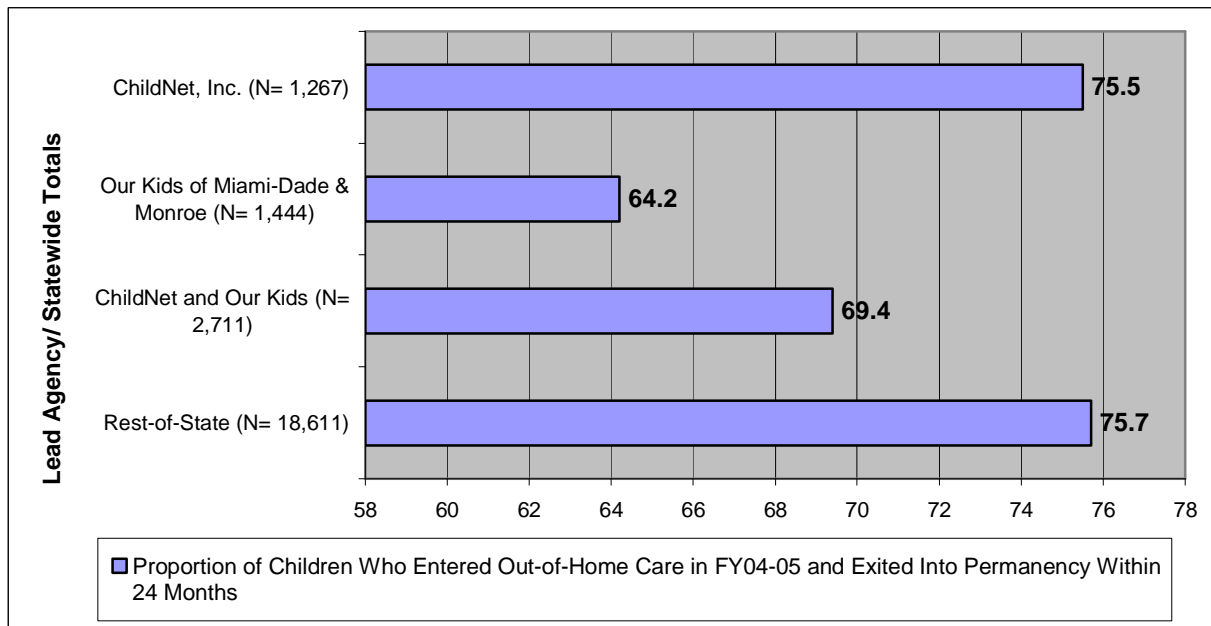


Figure 4. Proportion of Children who Entered Out-of-Home Care in FY04-05 and Exited into Permanency within 24 Months

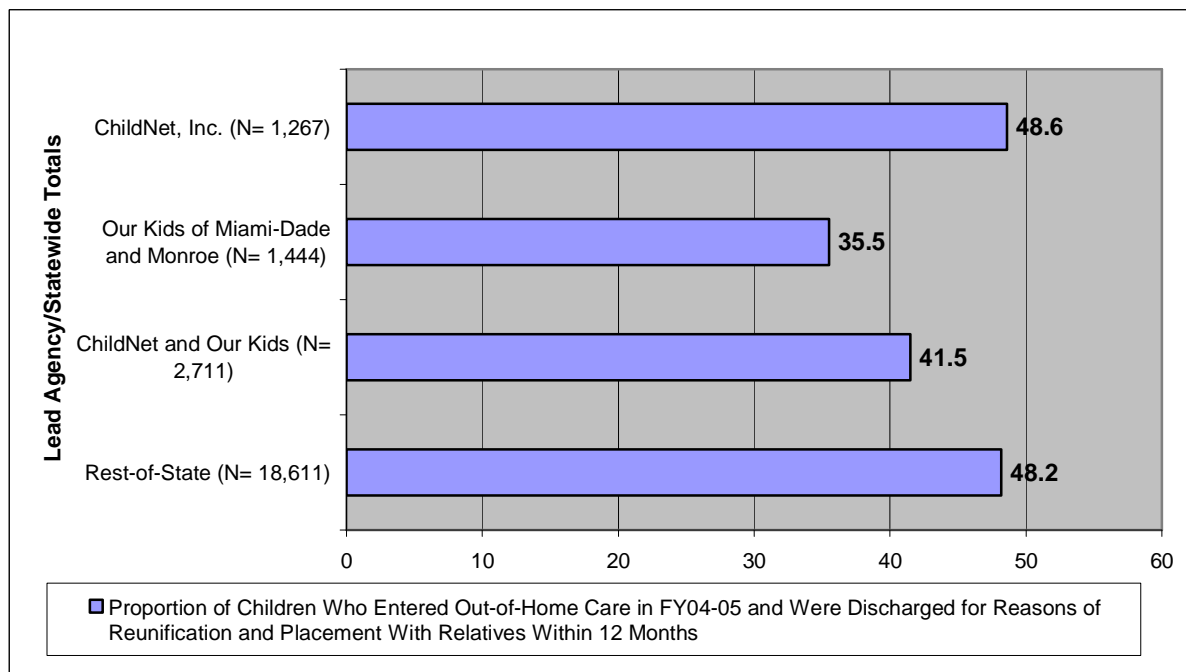


Proportion of Children who Entered Out-of-Home Care in FY04-05 and Were Discharged for Reasons of Reunification and Placement With Relatives Within 12 and 24 Months by Lead Agency

The proportion of children who entered out-of-home care and were discharged for reasons of either reunification or placement with relatives during 12 months and 24 months after entry, was calculated for the FY04-05 entry cohort. This indicator is a “subset” of the “Proportion of children exiting into permanency” indicator. Only three reasons for discharge were included in the calculation of this indicator: (a) long-term custody to relatives, (b) guardianship to relatives, and (c) reunification with parents or original caregivers.

Figures 5 and 6 show the proportions of children who entered out-of-home care in FY04-05 that were discharged for reasons of reunification or placement with relatives.

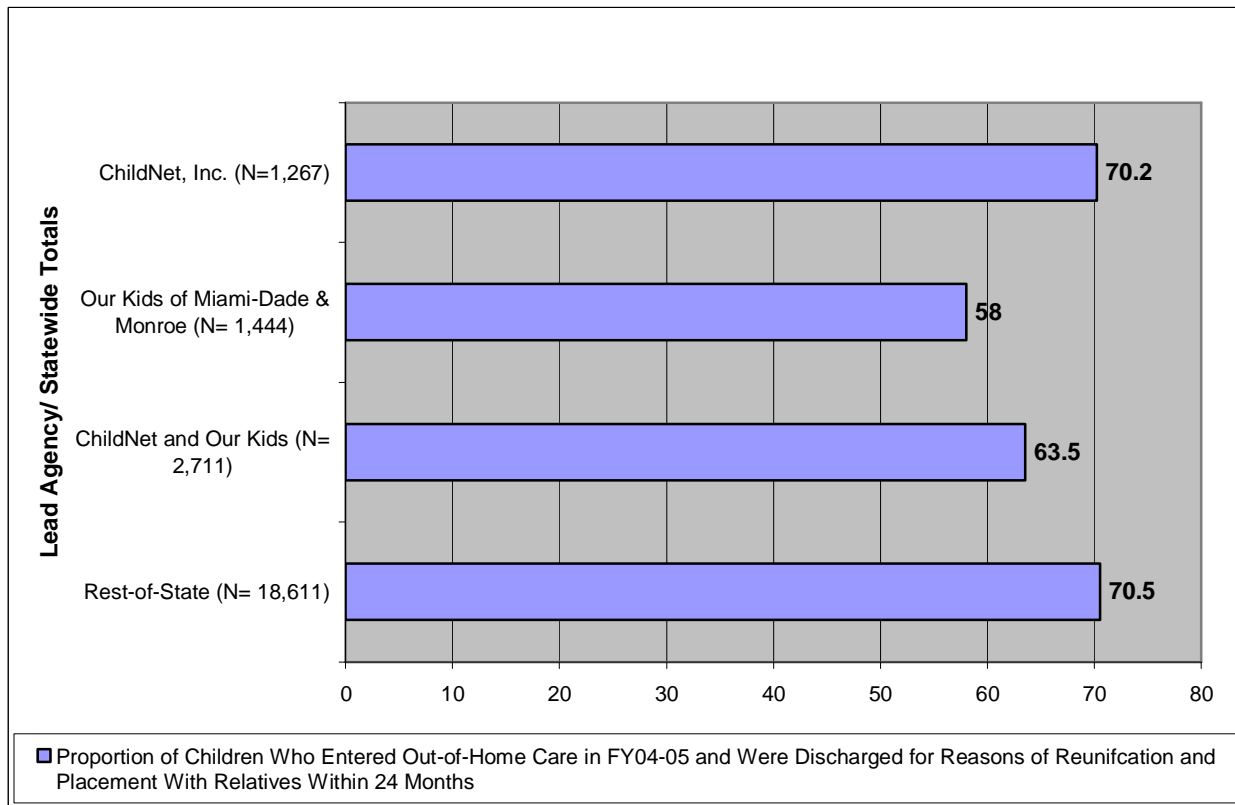
Figure 5. Proportion of Children who Entered Out-of-Home Care in FY04-05 and Were Discharged for Reasons of Reunification and Placement with Relatives within 12 Months



ChildNet had the highest proportion of children (48.6%) who were discharged within 12 months due to either reunification or placement with relatives. Our Kids had the lowest proportion of children (35.5%) who were discharged within 12 months due to reunification or placement with relatives. Similarly, Our Kids had the lowest proportion of children who were discharged within 24 months. The results of statistical analyses indicated that the proportion of

children exiting for reasons of either reunification or placement with relatives increased over time for the whole state. Additionally, the pilot sites, combined, had a significantly lower proportion of children exiting into reunification or placement with relatives within 12 and 24 months compared to Rest-of-State (see Table 3A, Appendix C). No difference was found when ChildNet was compared to Rest-of-State. However, the proportion of children exiting into reunification or placement with relatives within 12 and 24 months in Miami-Dade and Monroe Counties was significantly lower compared to Rest-of-State. No significant time by site interaction was found.

Figure 6. Proportion of Children who Entered Out-of-Home Care in FY04-05 and Were Discharged for Reasons of Reunification and Placement With Relatives Within 24 Months



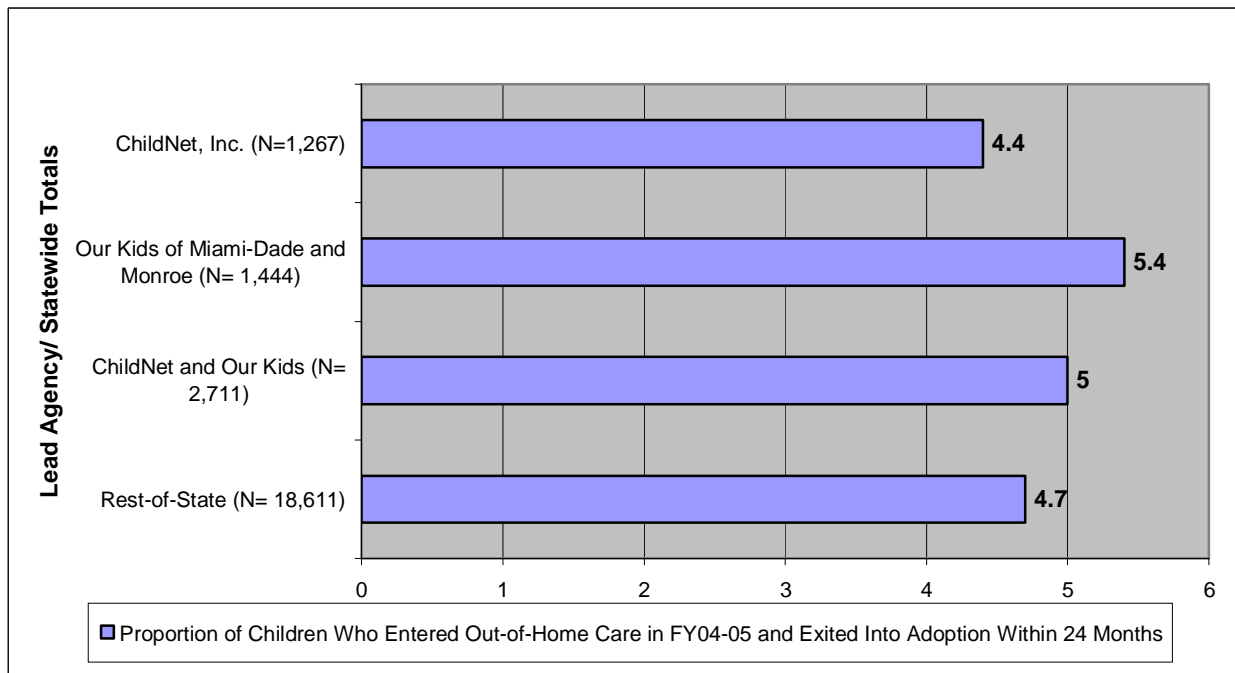
Proportion of Children who Entered Out-of-Home Care in FY04-05 and Exited Into Adoption Within 24 Months

The proportion of children who entered out-of-home care and were discharged within 24 months after entry due to adoption was calculated for the FY04-05 entry cohort. The entry cohort for this indicator represented all children who were initially placed in out-of-home care

during FY04-05. This indicator included only one reason for discharge, which is “adoption finalized”. Due to the Adoption and Safe Families Act (ASFA, 1997) requirements regarding the length of the out-of-home care episode for children whose parents’ rights were terminated (i.e., 24 months), the proportion of children who exited out-of-home care because of adoption was calculated for 24 months.

Figure 7 shows the proportions of children who entered out-of-home care in FY04-05 and exited because adoption was finalized. As shown in Figure 7, Our Kids had the highest proportion of children with adoption finalized within 24 months of removal (5.4%).

Figure 7. Proportion of Children who Entered Out-of-Home Care in FY04-05 and Exited Into Adoption Within 24 Months



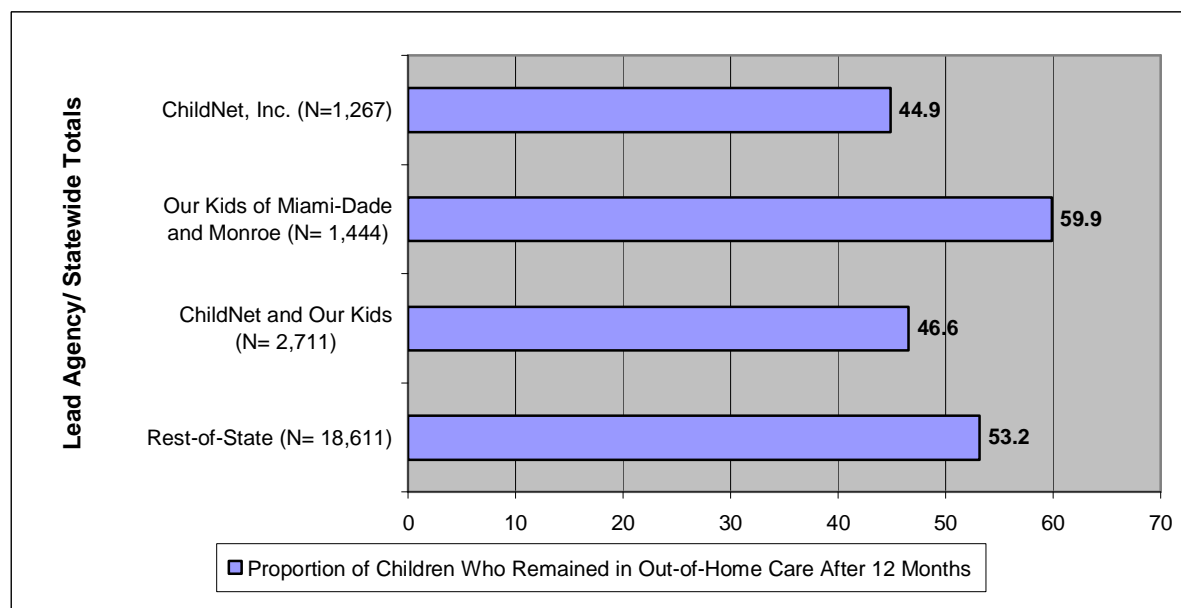
The proportion of children with adoption finalized increased over time, and the pilot sites combined had a significantly higher proportion of children with adoption finalized within 24 months compared to Rest-of-State. Similarly, when Our Kids was compared to Rest-of-State, a statistically significant difference was found. The proportion of children with adoption finalized was higher for children in the care of Our Kids compared to Rest-of-State. No difference was found when ChildNet was compared to Rest-of-State (see Table 4A, 4B, and 4C, Appendix C).

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

ASFA specifies that children who enter out-of-home care should achieve permanency (e.g., reunification, permanent relative care, etc.) in no more than 12 months, excluding adoption, which has to be finalized within 24 months after entry into out-of-home care. Following ASFA requirements regarding timeliness in achieving permanency, the proportion of children who remained in out-of-home care after 12 months was calculated. It is a complement to the measure of children exiting into permanency. The proportion of children who remain in out-of-home care after 12 months was based on the FY05-06 entry cohort (i.e., all children who entered out-of-home care during FY05-06). These children were followed for 12 months and the proportion remaining in care was calculated.

Figure 8 displays the proportion of children remaining in out-of-home care after 12 months following their initial placement. ChildNet had the lowest proportion (44.9%) of children remaining in care after 12 months of initial removal, and Our Kids had the highest proportion (59.9%).

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



The results of statistical analyses indicated that the proportion of children remaining in care in the pilot sites combined (46.6%) was significantly lower compared to Rest-of-State (53.2%). In addition, the proportion of children remaining in care significantly decreased over time for both pilot sites and Rest-of-State: the rate of change over time for pilots compared to Rest-of-State is not significant. No significant difference was found when ChildNet was

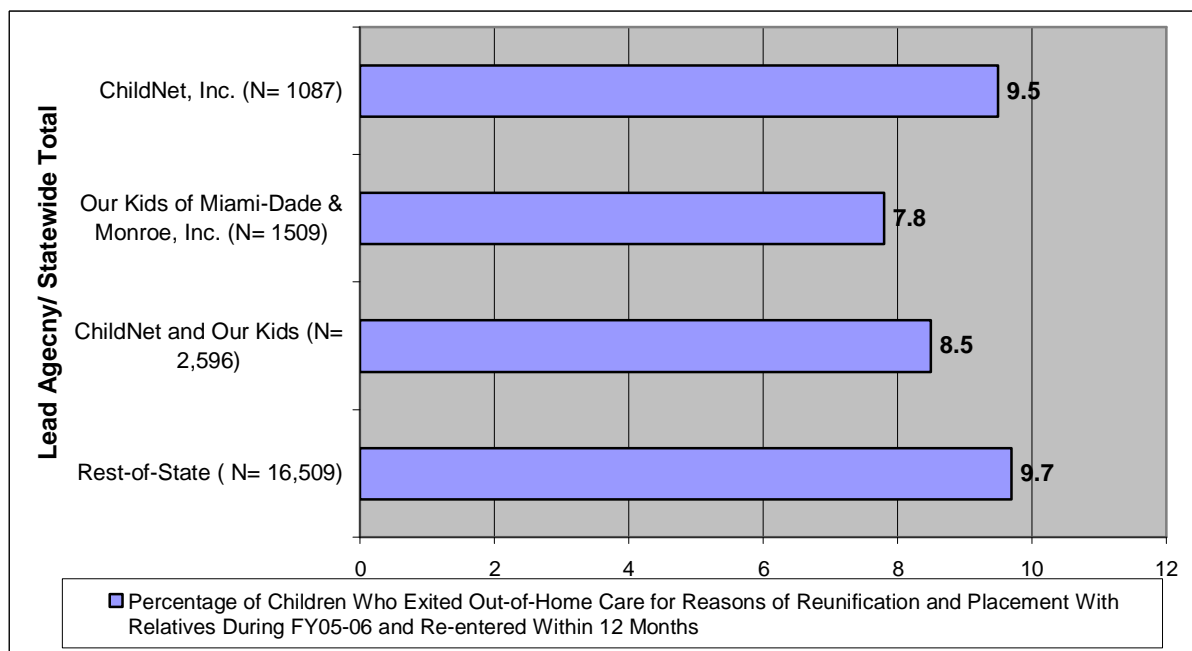
compared to Rest-of-State, but the proportion of children remaining in care in Our Kids was significantly higher compared to Rest-of-State (see Tables 5A, 5B, and 5C, Appendix C).

Re-entry into Out-of-Home Care

The calculation of this indicator was based on exit cohorts of children (i.e., children who exited their first out-of-home care episode during FY05-06 or who had a discharge date during FY05-06). A unique number given by the HSn system identified individual children, and re-entry into out-of-home care was indicated by a “Removal Date” after an existing “Discharge Date” for the same child. Only children who exited out-of-home care for reasons of reunification or placement with relatives during FY05-06 were included in the analysis. These children were followed for 12 months to determine if they re-entered out-of-home care.

Figure 9 shows the proportion of children reunified or placed with relatives during FY05-06 who subsequently re-entered out-of-home care within 12 months after exit. Compared to ChildNet and Our Kids combined, Rest-of-State had a higher rate of re-entry, and this difference is statistically significant. The rate of re-entry has significantly decreased over time for both pilot sites combined. When ChildNet and Our Kids were compared to Rest-of-State separately, no significant differences were found (see Table 6A, 6B, and 6C, Appendix C).

Figure 9. Proportion of Children who Exited Out-of-Home Care for Reasons of Reunifications and Placement With Relatives During FY05-06 and Re-entered Within 12 Months



Abuse During Services

This indicator was based on the number of children served by the Community-Based Care lead agencies. Any child whose case was open at least one day (i.e., the child received services for at least one day) during FY05-06 was included in the analysis. A child who was reported as being maltreated and whose maltreatment incident occurred after his or her case was opened, but before it was closed, was considered maltreated during services. Only cases with some indication of maltreatment or cases with verified maltreatment were included in the analyses.

Figure 10. Proportion of Children Who Were Abused During Services in FY05-06

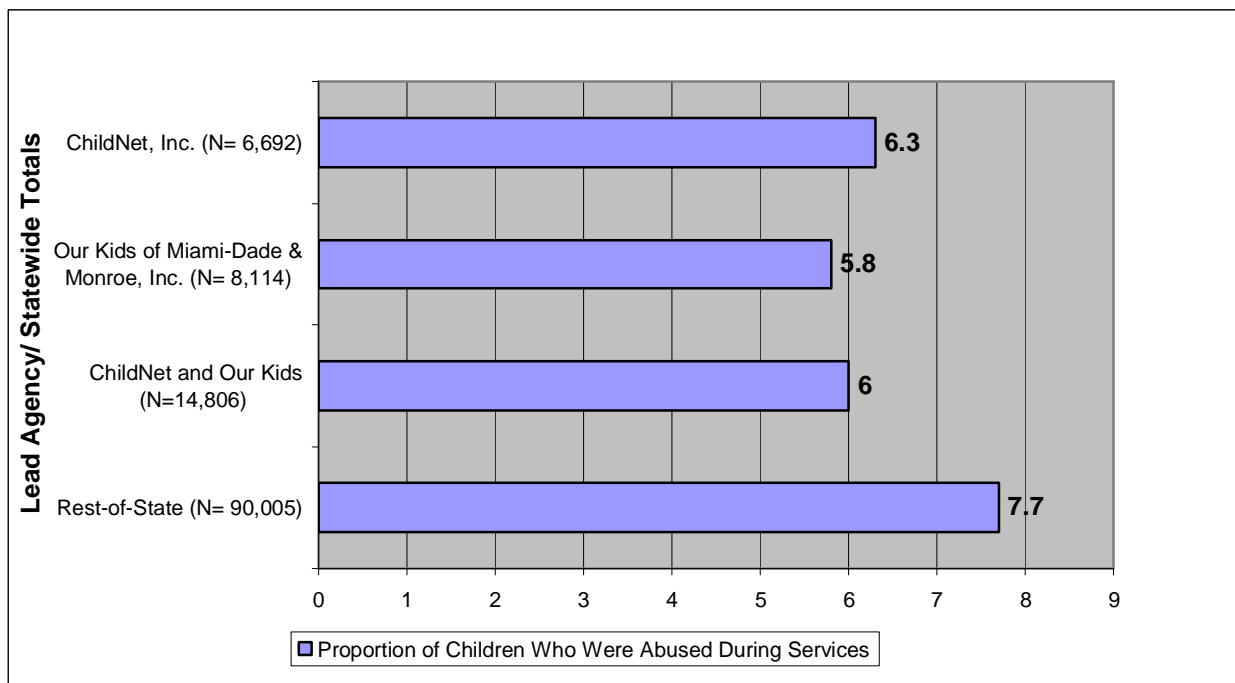


Figure 10 shows the proportion of children maltreated while receiving lead agency services. The highest proportion of children who experienced maltreatment during services was for Rest-of-State – 7.7%. When children served in FY04-05 were compared to children who were served in FY05-06, but not in FY04-05, the average number of abuse during services incidents increased over time. The rate of change (i.e., increase) for the pilots, regardless of whether they were compared together or separately, was significant, indicating that the increase in maltreatment incidents during services increased at a higher rate for Rest-of-State compared to the pilot sites (see Table 7A, 7B, and 7C, Appendix C).

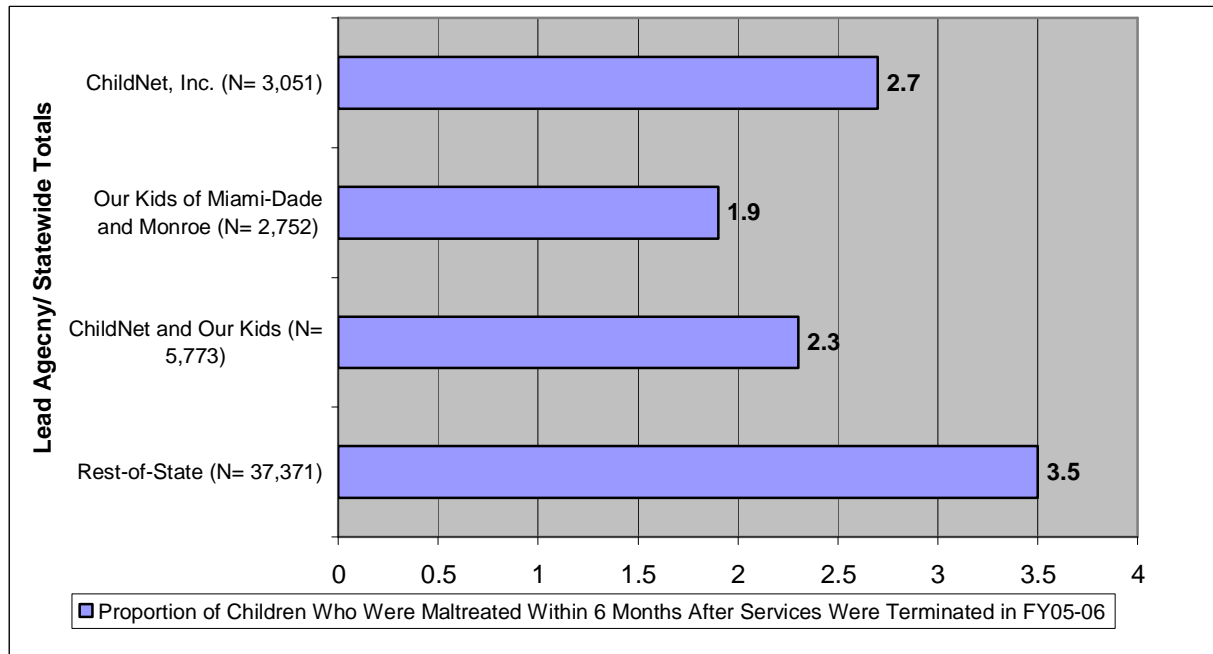
The results of analyses that compared the number of reported abuse incidents during services for children who were served in both FY04-05 and FY05-06 also indicated that the average number of maltreatment incidents increased over time for pilot lead agencies and Rest-of-State. However, this increase is considerably higher for Rest-of-State compared to ChildNet and Our Kids, combined. Similarly, the rate of increase of average number of reported maltreatment incidents was higher for Rest-of-State compared to either ChildNet or Our Kids (see Tables 8A, 8A1, 8B, 8B1, 8C, and 8C1, Appendix C).

Maltreatment Within 6 Months After Services Were Terminated

The calculation for this indicator was based on exit cohorts of children: children whose cases were closed during FY05-06 or who had a “Dependent end date” during FY05-06. These children were followed for six months to determine if they were reported as being maltreated. Only cases with some indication of maltreatment or with verified maltreatment were included in the analysis.

Figure 11 shows the proportion of children who experienced maltreatment within six months after their services were terminated. Although the proportion of children abused after services were terminated significantly decreased over time, no significant difference was found when Rest-of-State was compared to ChildNet and Our Kids combined. However, when Rest-of-State was compared to either ChildNet or Our Kids, a significant time by site interaction was found. Specifically, the rate of change (i.e., decrease) for either ChildNet or Our Kids was greater than the rate of change for Rest-of-State (see Tables 9A, 9B, and 9C, Appendix C).

Figure 11. Proportion of Children Who Were Maltreated Within 6 Months After Services Were Terminated in FY05-06



Conclusions

Lead agencies in Miami-Dade, Monroe, and Broward Counties achieved better safety outcomes for children compared to Rest-of-State. Both pilot sites had significantly lower proportions of children who were abused during services, experienced recurrence of maltreatment within 6 months after service termination, and who reentered out-of-home care. Furthermore, both pilot lead agencies had a lower proportion of children entering out-of-home care within 12 months of receiving in-home services than Rest-of-State. However, the pilots were less successful in achieving permanency outcomes. Although there were no statistically significant differences found when ChildNet was compared to Rest-of-State on almost all permanency outcomes, Our Kids has performed less successfully when compared to Rest-of-State on proportion of children exiting into permanency, proportion of children reunified, and proportion of children remaining in care past 12 months. The exception, however, was achieving permanency through adoption. Our Kids and Our Kids and ChildNet combined had a significantly higher proportion of children with adoption finalized within 24 months compared to Rest-of-State. Overall, the performance of ChildNet on permanency outcomes appeared to be better compared to Our Kids, based on the examined indicators.

Discussion

This report includes a description of the implementation status of the pilot program and begins an examination of the benefits and costs associated with the outsourcing of administrative, fiscal, and programmatic monitoring. An analysis of safety and permanency outcomes was also completed to compare the performance of the lead agencies in the pilot program to the performance of the lead agencies not in the pilot program.

Based on the findings, the necessary components of the pilot program have been implemented. As discussed, to provide the fiscal and administrative monitoring of the two lead agencies, the Department of Children and Families contracted with Abel & Associates, effective August 1, 2006 through June 30, 2009. In the past year, Abel & Associates sub-contracted some of the fiscal monitoring tasks related to adoption and IV-E subsidies to Maximus. Evidence from interviews with DCF, CBC, and fiscal monitoring stakeholders and document review indicated that fiscal monitoring provided by Abel & Associates in the pilot areas has been of high value to the Department and lead agencies. Most stakeholders appreciated that Abel & Associates are certified public accountants and utilize their public accounting and auditing experience when completing fiscal monitoring tasks. The majority of the stakeholders viewed the collaborative method, used by the fiscal monitors, as an asset of the pilot program. In terms of opportunities to improve the fiscal monitoring function, it is recommended that DCF revisit the goals and guidelines for fiscal monitoring to insure that all stakeholders receive maximum value from the current arrangement.

Additionally, Chapin Hall Center for Children was contracted for November 2006 through June 30, 2009 to provide the programmatic monitoring of the two lead agencies, evaluate current contracted performance measures, and to develop new outcome measures in collaboration with the lead agencies and the Department. Chapin Hall has sub-contracted a portion of the monitoring tasks to Foster Care Review, Inc. and Dimas Consulting. The data indicated that while the processes were in place for the contracted entities to carry out the programmatic monitoring and outcome measure development, as required by the pilot, the work has proceeded slower than anticipated. Furthermore, the stakeholder interviews revealed mixed opinions about the benefits provided to date by outsourced programmatic monitoring and efforts to develop new outcome measures. The stakeholders shared that they would like a more practice friendly approach that includes concrete recommendations and suggestions.

Even though challenges were identified with the status of programmatic monitoring, the majority of the stakeholders remained optimistic regarding eventual benefits, and it was expressed that programmatic monitoring, in the manner that was intended for the pilot program,

is complex and will take more time to implement satisfactorily. The changes made to the case review process and the forthcoming amendments to the programmatic monitor's contract with DCF indicate that the structure of programmatic monitoring has some flexibility in order to respond to the needs and best interest of the system.

The programmatic outcome analyses, completed by FMHI-USF, indicated that, overall, the lead agencies in Miami-Dade, Monroe, and Broward Counties performed better on safety outcomes for children compared to Rest-of-State. Both pilot lead agencies had significantly lower proportions of children who were abused during services, experienced recurrence of maltreatment within 6 months after service termination, or reentered out-of-home care, and a lower proportion of children whose case was open and who entered out-of-home care within 12 months than Rest-of-State. The lead agencies combined were not as successful on the indicators of permanency. However, overall, ChildNet performed better than Our Kids on permanency indicators, except for the proportion of children exiting care into adoption.

Recommendations

Based on the findings of the implementation and benefit/cost analysis of the pilot program, the following practice recommendations are offered:

- A collaborative process involving DCF, CBC lead agencies, and fiscal monitoring management staff should be undertaken to identify stakeholder goals for fiscal and administrative monitoring.
- DCF, CBC lead agencies, and fiscal monitoring staff should discuss and agree upon the scope of issues to be monitored, minimum level of materiality to require corrective action, and priority of action items (statutory, contractual, quality improvement) from fiscal monitor reports, and delineate these agreed upon priorities in DCF's contracts with the fiscal monitor and lead agencies.
- It would be advantageous to improve coordination between the fiscal monitor and the CBC external auditors to optimize the benefit of any necessary overlap between fiscal monitoring and external auditing; economies of scale may allow either entity to explore other issues.
- The programmatic monitor needs to place greater emphasis on ensuring that lead agencies and DCF stakeholders understand the meaning and purpose of all proposed performance outcomes measures.

- Open, consistent, and responsive communication should occur between the CBC lead agency executive staff, the programmatic monitor, and DCF in order to promote a clear understanding of the expectations and responsibilities of each party.
- Meetings among the programmatic monitor and the CBC lead agencies should connect the theoretical discussions of programmatic outcomes with practice-related applications.

Future Analyses

The next annual report will continue to address the following three key research questions related to the pilot program in Miami-Dade, Monroe, and Broward Counties and to assess the impact that the pilot program might have on the provision of child welfare services within these identified regions of Florida's system of Community-Based Care.

Is the Pilot Program being implemented as intended?

In the upcoming year, the research team will continue to utilize a qualitative research approach to analyze the implementation of the pilot program, including changes to the design of the program with a focus on identifying components that contribute to the pilot's success or present challenges. Stakeholder focus groups, stakeholder interviews, and document reviews will be conducted to determine whether the pilot program, based on the stated goals, is being executed as intended.

Does the outsourcing of lead agency fiscal, administrative, and programmatic oversight to an independent entity lead to improved fiscal efficiency and resource management in the community-based system of care?

Another important feature of the pilot program is the economic implications to the Department associated with the outsourcing of fiscal monitoring. The pilot program Legislation requires DCF to transfer programmatic and fiscal oversight of ChildNet and Our Kids lead agencies to independent entities. Although these oversight contracts include tasks formerly the responsibility of the Department, outsourced monitoring represents an additional cost to the State of Florida. What financial benefits will the Department and the State reap from this additional investment in fiscal, administrative, and programmatic monitoring? Unintended consequences associated with the outsourcing of fiscal monitoring that lead to additional costs or benefits will be examined.

The FMHI-USF evaluation team will apply a mixed-method approach to evaluate the net benefit of fiscal monitoring outsourcing. FMHI will conduct stakeholder interviews with DCF

Central Office, Region and Circuit staff and Our Kids and ChildNet personnel, as well as in a random sample of other sites, to identify the benefits and costs associated with the outsourcing of fiscal monitoring. The evaluation team will supplement this data collection with (1) a thorough review of fiscal monitoring contracts and reports from the fiscal monitoring entities, and (2) a cost-benefit analysis of relevant DCF fiscal data. The analysis will aim to determine if at the end of the 3-year pilot, there has been a net positive benefit associated with the outsourcing of monitoring in the pilot sites, relative to the rest of the State.

Does the outsourcing of lead agency programmatic oversight to an independent entity and change in performance measures lead to improved safety, permanency, and well being outcomes for children and families involved in the child welfare system?

The next annual report will include an analysis of the CBC lead agencies' performance on indicators of safety and permanency. As in the current analyses, two sets of comparisons will be conducted in order to assess any changes in the performance of the pilot program lead agencies. First, the pilot program lead agencies will be compared to all CBC lead agencies in Florida (i.e., Rest-of-State) on the selected set of performance measures. This comparison will be done in order to examine differences between lead agencies and the Rest-of-State. Second, in order to examine the performance of the pilot program lead agencies over time, the comparison will be done on selected performance measures between the previous and the current year. Lastly, time-by-site interaction terms will be created to examine changes in rates for each site over time.

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Appendix A
Pilot Program Stakeholder Focus Group/Interview Questions

Pilot Program
Stakeholder Focus Group/Interview Questions

- 1) Please discuss how changes to the fiscal and administrative monitoring process have impacted Community-Based Care in Districts 10 and 11 including the lead agencies, provider network, and the Department. (e.g., organizational structure, staff workload, staff responsibilities)
 - In what ways has the fiscal and administrative monitor been most valuable to you?
 - In what ways has the fiscal and administrative monitor been least valuable to you? In your view, are there fiscal and administrative monitoring activities that are inefficient or ineffective?
 - How helpful do you find the fiscal and administrative monitor's recommendations?
- 2) Please discuss how changes to the programmatic monitoring process have impacted Community-Based Care in Districts 10 and 11 including the lead agencies, provider network, and the Department. (e.g., organizational structure, staff workload, staff responsibilities)
 - In what ways has the programmatic monitoring process been most valuable to you?
 - In what ways has the programmatic monitoring process been least valuable to you? In your view, are there programmatic monitoring activities that are inefficient or ineffective?
 - How helpful do you find the programmatic monitor's recommendations?
- 3) Can you make any recommendations about how the outsourcing of fiscal, administrative, or programmatic monitoring could be improved?
- 4) In your opinion, will the changes in fiscal, administrative, and programmatic monitoring have an impact on permanency and safety outcomes? If yes, in what way and if no, why not?

(Questions for DCF)

- 5) In your opinion, what were the primary reasons that DCF changed from in-house fiscal, administrative, and programmatic monitoring to contracting for this essential function? What criteria did you use to select the contractors? What is the rationale for having a different fiscal monitoring process in the rest of state?
- 6) How are the Department's FTEs different with the contracting arrangement vs. FTEs when monitoring was done in-house? Are there new costs associated with contracting for monitoring? How do the costs of outsourced fiscal monitoring in Districts 10 and 11 compare to the costs in the rest of state?

Appendix B
Description of FMHI Measures

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

Methodology

Definitions	Children whose case was open was defined based on the dependent begin date in HSn.
Algorithm	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. 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 open. The denominator is the number of children whose cases were open during a given fiscal year.
Data Sources	Data were extracted from the HSn.

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

Methodology

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

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 Exiting Out-of-Home Care Into Permanency
 Within 12 months After Entry

Methodology

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

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

Methodology

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

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

Methodology

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

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

Methodology

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

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

Methodology

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

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

Methodology

Definitions	<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>
Algorithm	<p>This is a measure of timeliness in achieving permanency. This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. In this instance, because every child had 12 months follow-up data this measure is identical to a percent where the numerator is the number of children who remained in out-of-home care for more than 12 months. The denominator is all children who entered out-of-home care at any time during a specific fiscal year (as indicated by the removal date in HSn).</p>
Data Sources	<p>Data were extracted from the HSn.</p>

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

Methodology

Definitions	“Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.
Algorithm	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. 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 HSn 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 HSn 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 HSn.

Measure 10. Abuse During Services

Methodology

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

Measure 11. Maltreatment Within 6 Months After Services Were Terminated

Methodology

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

Appendix C
Programmatic Outcomes Tables

Table 1A. Results of Cox Regression. Children Whose Case Was Open in FY04-05 and FY05-06 and who Entered Out-Of-Home Care by Entry Cohort and by Site (ChildNet & Our Kids vs. Rest-of-State)

Children Entering Out-of-Home Care (N = 34,923)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	- .04	2.85	.96
Pilot Sites combined	- .49	15.41*	.61
Time by Pilot Sites combined	.03	.18	1.03

Note. *p < .05.

Table 1B. Results of Cox Regression. Children Whose Case Was Open in FY04-05 and FY05-06 and who Entered Out-Of-Home Care by Entry Cohort and by Site (ChildNet vs. Rest-of-State)

Children Entering Out-of-Home Care (N = 34,923)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	- .04	2.89	.96
ChildNet	- .09	.37	.91
Time by ChildNet	-.24	5.43*	.79

Note. *p < .05.

Table 1C. Results of Cox Regression. Children Whose Case Was Open in FY04-05 and FY05-06 and who Entered Out-Of-Home Care by Entry Cohort and by Site (Our Kids vs. Rest-of-State)

Children Entering Out-of-Home Care (N = 34,923)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	- .04	3.03	.96
Our Kids	-1.06	28.39*	.35
Time by Our Kids	.42	11.94*	1.52

Note. *p < .05.

Table 2A. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY03-04 and FY04-05 and Exited into Permanency by Entry Cohort and by Site (Pilot Sites combined vs. Rest-of-State)

Children Exiting Out-of-Home Care (N = 42,955)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	.11	78.33*	1.11
Pilot Sites combined	- .25	23.99*	.78
Time by Pilot Sites combined	.04	1.47	1.04

Note. * $p < .05$.

Table 2B. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY03-04 and FY04-05 and Exited into Permanency by Entry Cohort and by Site (ChildNet vs. Rest-of-State)

Children Exiting Out-of-Home Care (N = 42,955)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	.10	72.21*	1.11
ChildNet	- .01	.01	.99
Time by ChildNet	.01	.06	1.01

Note. * $p < .05$.

Table 2C. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY03-04 and FY04-05 and Exited into Permanency Entry Cohort and by Site (Our Kids vs. Rest-of-State)

Children Exiting Out-of-Home Care (N = 42,955)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	.11	81.28*	1.11
Our Kids	- .34	28.46*	.71
Time by Our Kids	.01	.10	1.01

Note. * $p < .05$.

Table 3A. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY03-04 and FY04-05 and Exited for the Reasons of Either Reunification or Placement With Relatives by Entry Cohort and by Site (Pilot Sites combined vs. Rest-of-State)

	Children Exiting Out-of-Home Care (N = 42,955)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	.09	46.32*	1.09
Pilot Sites combined	- .31	31.59*	.73
Time by Pilot Sites combined	.06	2.89	1.06

Note. * $p < .05$.

Table 3B. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY03-04 and FY04-05 and Exited for the Reasons of Either Reunification or Placement With Relatives by Entry Cohort and by Site (ChildNet vs. Rest-of-State)

	Children Exiting Out-of-Home Care (N = 42,955)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	.09	44.81*	1.09
ChildNet	.01	.01	1.01
Time by ChildNet	- .01	.01	1.00

Note. * $p < .05$.

Table 3C. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY03-04 and FY04-05 and Exited for the Reasons of Either Reunification or Placement With Relatives by Entry Cohort and by Site (Our Kids vs. Rest-of-State)

	Children Exiting Out-of-Home Care (N = 42,955)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	.09	47.57*	1.09
Our Kids	- .48	42.39*	.62
Time by Our Kids	.06	1.59	1.06

Note. * $p < .05$.

Table 4A. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY03-04 and FY04-05 and Exited for the Reasons of Adoption in the State of Florida by Entry Cohort (Pilot Sites combined vs. Rest-of-State)

	Children Exiting Out-of-Home Care (N = 42,955)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	.17	19.06	1.19
Pilot Sites combined	.34	6.10*	1.40
Time by Pilot Sites combined	-.09	1.02	.91

Note. * $p < .05$.

Table 4B. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY03-04 and FY04-05 and Exited for the Reasons of Adoption in the State of Florida by Entry Cohort (ChildNet vs. Rest-of-State)

	Children Exiting Out-of-Home Care (N = 42,955)		
Cohort	.15	14.98*	1.17
ChildNet	-.30	1.64	.74
Time by ChildNet	.13	.72	1.14

Note. * $p < .05$.

Table 4C. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY03-04 and FY04-05 and Exited for the Reasons of Adoption in the State of Florida by Entry Cohort (Our Kids vs. Rest-of-State)

	Children Exiting Out-of-Home Care (N = 42,955)		
Cohort	.18	20.25*	1.20
Our Kids	.59	13.74*	1.81
Time by Our Kids	-.15	1.75	.86

Note. * $p < .05$.

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

	Children Remaining in Out-of-Home Care (N = 42,955)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	.11	87.50*	1.11
Pilot Sites combined	-.25	27.64*	.78
Time by Pilot Sites combined	.05	2.78	1.05

Note. * $p < .05$.

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

	Children Remaining in Out-of-Home Care (N = 42,955)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	.10	81.31*	1.11
ChildNet	.01	.01	1.00
Time by ChildNet	.02	.26	1.02

Note. * $p < .05$.

Table 5C. Results of Cox Regression. Children who Entered Out-Of-Home Care in FY04-05 and FY05-06 and Remained in Care After 12 Months in the State of Florida by Entry Cohort (Our Kids vs. Rest-of-State)

	Children Remaining in Out-of-Home Care (N = 42,955)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	.11	90.12*	1.12
Our Kids	-.35	32.90*	.70
Time by Our Kids	.02	.30	1.02

Note. * $p < .05$.

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

Children Reentering Out-of-Home Care (N = 37,715)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	- .11	6.98*	.89
Pilot Sites combined	- .34	4.57*	.71
Time by Pilot Sites combined	.19	3.06	1.22

Note. * $p < .05$.

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

Children Reentering Out-of-Home Care (N = 36,648)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	- .11	6.41*	.90
ChildNet	- .30	1.67	.74
Time by ChildNet	.20	1.47	1.22

Note. * $p < .05$.

Table 6C. Results of Cox Regression. Children who Exited Out-Of-Home Care in FY04-05 and FY05-06 and Reentered Within 12 Months in the State of Florida by Exit Cohort (Our Kids vs. Rest-of-State)

Children Reentering Out-of-Home Care (N = 36,648)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	- .12	7.99*	.89
Our Kids	- .38	3.33	.69
Time by Our Kids	.19	1.89	1.22

Note. * $p < .05$.

Table 7A. Results of Regression Analysis. Children who Were Served in FY04-05 and FY05-06 and Were Maltreated During Services (Pilot Sites combined vs. Rest-of-State)

Cohort	Children who Were Served in Either FY04-05 or FY05-06 (N = 53,492)	
	<i>B</i>	<i>t</i>
TIME	1.32*	727.02
Pilot Sites combined	2.76	.01
Time by Pilot Sites combined	.068*	91.12

Note. * $p < .05$.

Table 7B. Results of Regression Analysis. Children who Were Served in FY04-05 and FY05-06 and Were Maltreated During Services (ChildNet vs. Rest-of-State)

Cohort	Children who Were Served in Either FY04-05 or FY05-06 (N = 53,492))	
	<i>B</i>	<i>t</i>
TIME	1.32*	711.31
ChildNet	4.63	.00
Time by ChildNet	.67*	68.36

Note. * $p < .05$.

Table 7C. Results of Regression Analysis. Children who Were Served in FY04-05 and FY05-06 and Were Maltreated During Services (Our Kids vs. Rest-of-State)

Cohort	Children who Were Served in Either FY04-05 or FY05-06 (N = 53,492))	
	<i>B</i>	<i>t</i>
TIME	1.32*	710.49
Our Kids	5.00	.01
Time by Our Kids	.068*	59.22

Note. * $p < .05$.

Table 8A. Results of Repeated Measures ANOVA. Children who Were Served Both During FY04-05 and FY05-06 and Were Maltreated During Services (Pilot Sites combined vs. Rest-of-State)

	Children who Were Served in Both FY04-05 and FY05-06 (N = 44.644)	
	<i>F</i>	<i>df</i>
Time	441.30*	1
Pilot Sites combined	85.95*	1
Time by Pilot Sites combined	11.37*	1

Note. * $p < .05$.

Table 8A1. Mean table: Abuse During Services for Children who Were Served in Both FY04-05 and FY05-06 (Pilot Sites combined and Rest-of-State)

	ChildNet and Our Kids	Rest-of-State
Abuse during services in FY04-05	.066	.092
Abuse during services in FY05-06	.089	.124

Table 8B. Results of Repeated Measures ANOVA. Children who Were Served Both During FY04-05 and FY05-06 and Were Maltreated During Services (ChildNet vs. Rest-of-State)

	Children who Were Served in Both FY04-05 and FY05-06 (N = 44.644)	
	<i>F</i>	<i>df</i>
Time	146.17*	1
ChildNet	17.33*	1
Time by S ChildNet	11.83*	1

Note. * $p < .05$.

Table 8B1. Mean table: Abuse During Services for Children Who Were Served in Both FY04-05 and FY05-06 (ChildNet and Rest-of-State)

	ChildNet	Rest-of-State
Abuse during services in FY04-05	.083	.092
Abuse during services in FY05-06	.098	.124

Table 8C. Results of Repeated Measures ANOVA. Children who Were Served Both During FY04-05 and FY05-06 and Were Maltreated During Services (Our Kids vs. Rest-of-State)

	Children who Were Served in Both FY04-05 and FY05-06 (N = 44.644)	
	<i>F</i>	<i>df</i>
Time	336.43*	1
Our Kids	1.19	1
Time by S Our Kids	95.05*	1

Note. * $p < .05$.

Table 8C1. Mean table: Abuse During Services for Children who Were Served in Both FY04-05 and FY05-06 (Our Kids and Rest-of-State)

	Our Kids	Rest-of-State
Abuse during services in FY04-05	.054	.092
Abuse during services in FY05-06	.082	.124

Table 9A. Results of Logistic Regression. Children Whose Case was Closed in FY04-05 and FY05-06 and who Were Maltreated Within 6 Months After Services Were Terminated (Pilot Sites combined vs. Rest-of-State)

Children Exited Child Protection System (N = 74,006)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	-.25	35.87*	.78
Pilot Sites combined	-.11	.37	.90
Time by Pilot Sites combined	-.17	2.02	.85

Note. * $p < .05$.

Table 9B. Results of Logistic Regression. Children Whose Case was Closed in FY04-05 and FY05-06 and who Were Maltreated Within 6 Months After Services Were Terminated (ChildNet vs. Rest-of-State)

Children Exited Child Protection System (N = 74,006)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	1.14	5420.09*	3.13
ChildNet	.75	142.74*	2.11
Time by ChildNet	- 5.26	70.87*	.62

Note. * $p < .05$.

Table 9C. Results of Logistic Regression. Children Whose Case was Closed in FY04-05 and FY05-06 and who Were Maltreated Within 6 Months After Services Were Terminated (Our Kids vs. Rest-of-State)

Children Exited Child Protection System (N = 74,006)			
	B	$\chi^2(1)$	Odds Ratio
Cohort	1.14	5420.09*	3.13
Our Kids	.43	38.96*	1.53
Time by Our Kids	-.55	62.40*	.58

Note. * $p < .05$.