

Report to the Legislature
Evaluation of the Department of Children and Families
Community-Based Care Initiative
Fiscal Year 2004-2005

Prepared by:

Amy C. Vargo, M.A.
Mary Armstrong, Ph.D.
Neil Jordan, Ph.D.
Mary Ann Kershaw, B.S.
Jennifer Pedraza, B.A.
Svetlana Yampolskaya, Ph.D.



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

February 8, 2006

The authors gratefully acknowledge the assistance provided by Roxann McNeish, Patricia Robinson, Stephen Roggenbaum, and Stephanie Romney.

Table of Contents

LIST OF FIGURES	iii
LIST OF TABLES.....	iv
EXECUTIVE SUMMARY	v
POLICY RECOMMENDATIONS.....	viii
INTRODUCTION.....	1
<i>Background</i>	1
The Context for Outsourcing.....	2
An Overview of Outsourcing Practice and Trends.....	3
Evidence of Success and Common Challenges	4
Florida’s Community-Based Care Initiative	4
Florida’s Current Community-Based Care Initiative	5
<i>Organization of Report</i>	8
Research Questions	8
RESEARCH QUESTION 1: Programmatic Outcomes	10
<i>Introduction</i>	10
<i>Sources of Data</i>	11
<i>Methodology</i>	11
<i>Limitations</i>	13
Proportion of Children with Recurrence of Maltreatment	13
Percentage of Children Obtaining Permanency	16
Children Returned to “Parents of Removal Home Caregivers” After Exiting Out-of-Home Care.....	16
Children Who Were Placed With Relatives After Exiting Out-of-Home Care.....	17
Children With Adoption Finalized After Exiting Out-of-Home Care	18
Proportion of Children Who Exited Out-of-Home Care.....	20
Reentry into Out-of-Home Care.....	23
<i>Summary & Discussion</i>	26
RESEARCH QUESTION 2: Quality Performance.....	30
<i>Introduction</i>	28
<i>Methods</i>	29
<i>Limitations</i>	30
<i>Findings</i>	30
Staffing Structure	30

Customer Satisfaction.....	41
SECTION 3: Cost Analysis.....	45
<i>Introduction</i>	45
<i>Methods</i>	46
<i>Limitations</i>	47
<i>Findings</i>	48
Lead Agency Budget Versus Actuals.....	48
Lead Agency Average Expenditures per Child Served	49
Lead Agency Average Expenditures per Child Day.....	50
Lead Agency Expenditures by Type of Service.....	51
Average Expenditures FY03-04 vs. FY04-05	52
Discussion and Implications	54
Conclusion... ..	57
Policy Recommendations	60
References.....	62
Appendix A:	65
Appendix B: Types of Case Staffing Structures	67

List of Figures

<i>Figure 1.</i> Status of CBC Implementation as of 2005.....	6
<i>Figure 2.</i> Percentage of Children in Florida With Recurrence of Maltreatment Within 12 Months After the First Incident (Entry Cohorts FY01-02, FY02-03, and FY03-04).....	15
<i>Figure 3.</i> Percentage of Children Reunified with Parents by Lead Agency for FY04-05).	17
<i>Figure 4.</i> Percentage of Children Placed with Relatives by Lead Agency for FY04-05	18
<i>Figure 5.</i> Percentage of Children Adopted by Lead Agency FY04-05.....	19
<i>Figure 6.</i> Proportion of Children who Achieved Permanency Based on FY01-02, FY02-03, and FY04-05 Cohorts in Florida.....	20
<i>Figure 7.</i> Statewide Proportion of Children who Exited Out-of-Home Care in Florida Within 12 Months by Entry Cohort	23
<i>Figure 8.</i> Statewide Median Length of Stay by Entry Cohort.	23
<i>Figure 9.</i> Proportion of Children in Florida who Exited Out-of-Home Care and Reentered Within 12 Months by Exit Cohort.....	26
<i>Figure 10.</i> Average Expenditures per Child Served by Lead Agency, FY 2005.....	50
<i>Figure 11.</i> Average Expenditures per Child Day by Lead Agency FY 2005.....	51

<i>Figure 12. Direct Services Expenditures by Type of Service by Lead Agency, FY 2005.....</i>	<i>52</i>
<i>Figure 13. Average Expenditures per Child Served, FY 2004 vs. FY 2005</i>	<i>53</i>
<i>Figure 14. Average Expenditures per Child Day, FY 2004 vs. FY 2005.....</i>	<i>53</i>
<i>Figure 15. Proportion of Direct Services Expenditures for Out-of-Home Care, FY 2004 vs. FY 2005.....</i>	<i>54</i>

List of Tables

<i>Table 1. Lead Agencies and Counties Included in the Evaluation.....</i>	<i>7</i>
<i>Table 2. Research Questions.....</i>	<i>9</i>
<i>Table 3. Research Question 1: Programmatic Outcomes</i>	<i>10</i>
<i>Table 4. Percentage of Children With Recurrence of Maltreatment Within 12 Months After the First Incident by Lead Agency (FY03-04 Entry Cohorts).....</i>	<i>14</i>
<i>Table 5. Proportion and Median Length of Stay of Children who Entered Out-of-Home Care in FY03-04 and Exited Within 12 Months by Lead Agency</i>	<i>21</i>
<i>Table 6. Percentage of Children who Exited Out-of-Home Care During FY03-04 and Reentered Within 12 Months by Lead Agency.....</i>	<i>25</i>
<i>Table 7. Research Question 2: Quality Performance.....</i>	<i>28</i>
<i>Table 8. Staffings at Time of Transfer from CPI to Lead Agency.....</i>	<i>32</i>
<i>Table 9. Permanency Staffings</i>	<i>34</i>
<i>Table 10. Adoption-related Staffings</i>	<i>35</i>
<i>Table 11. Case Review Staffings/Family Team Meetings</i>	<i>37</i>
<i>Table 12. Placement Maintenance Staffings.....</i>	<i>38</i>
<i>Table 13. Unique Staffing Practices.....</i>	<i>39</i>
<i>Table 14. System-wide Planning Meetings</i>	<i>40</i>
<i>Table 15. Research Question 3: Cost Analysis</i>	<i>45</i>
<i>Table 16. Lead Agency Budget Vs. Actual Expenditures (FY04-05).....</i>	<i>49</i>

Executive Summary

In Florida, the 1996 Legislature mandated the outsourcing of child welfare services through the use of a lead agency design (FL Statute 409.1671). The statute's intent was to strengthen the support and commitment of local communities to the "reunification of families and care of children and their families," and increase the efficiency and accountability of services (s.409.1671, F.S.). The federal Adoption and Safe Families Act (ASFA), passed in 1997, stressed that child safety is paramount over reunification or placement issues and that there should be a focus on reducing the time children are in out-of-home care settings. ASFA also set guidelines for child permanency hearings and required extensive coordination and communication between child protection and court systems. The Community-Based Care Implementation Plan, issued in July 1999 by the Florida Department of Children and Families, embraced the ASFA goals and the statewide move to community-based systems of care.

This evaluation examines the status of Community-Based Care (CBC) in Florida, with a special focus on child and family outcomes, service quality, and cost. Across components, the analysis covers all 20 lead agencies and 22 service contracts currently operational in Florida's 67 counties. The evaluation is organized by a set of research questions regarding the effectiveness of Community-Based Care.

The first aspect of CBC examined was its **effectiveness in achieving safety and permanency outcomes for children and families**. While in previous evaluation years, there has been insufficient longitudinal data to determine definitively whether Community-Based Care is more effective than the former state-operated system, this report offers the first indication that CBC has impacted child-level outcomes in a positive direction. During FY01-02 through FY03-04, as implementation of CBC expanded throughout the State, the proportion of children exiting care within 12 months increased while lengths of stay decreased. During the same timeframe, the maltreatment recurrence rate remained stable and the rate of out-of-home care re-entry increased only slightly.

This evaluation also examined where children go when they exit out-of-home care and found that the rate of reunification with parents has decreased over the past three fiscal years, while the rate of placement with relatives and adoptions has increased. These findings indicate that Community-Based Care's impact, thus far, has been consistent with ASFA guidelines. Although a slightly lower proportion of children are achieving permanency through reunification, the indicators suggest that children are increasingly safer and achieving more permanent placements.

Regarding the performance of individual lead agencies on indicators of child safety and permanency during FY04-05, it is important to not only consider which agencies did well or poorly on specific indicators, but also to examine overall agency performance. Specifically, this evaluation sought to identify agencies that achieved positive results across multiple indicators without sacrificing performance on one indicator to achieve higher scores on another. The permanency indicators examined were reunification, placement with relatives, adoptions, and re-entry into out-of-home care. Lead agencies with the highest proportion of children reunified (e.g., Big Bend Community-Based Care - 2A and Kids Central, Inc.) differed from those that had higher proportions of placement with relatives (e.g., St. Johns County Board of County Commissioners and Community-Based Care of Volusia & Flagler). There were only three lead agencies that surpassed the average score on both indicators: Heartland for Children, Big Bend Community-Based Care - 2B, and Families First Network.

When finalized adoptions were considered, those agencies that did the best (e.g., Child & Family Connections, Inc. and Nassau County Board of County Commissioners – Family Matters) performed below the State average on reunification, while those that had the lowest proportion of finalized adoptions (e.g., Kids Central, Inc., Big Bend Community-Based Care - 2A, and Community-Based Care of Seminole) had higher rates of reunification. No lead agency surpassed the State average for these three permanency indicators, but Families First Network and Sarasota Family YMCA - South came within two percentage points of this accomplishment.

Other indicators examined in this evaluation were recurrence of maltreatment (a safety indicator), length of stay, and the proportions of children exiting and then re-entering out-of-home care (permanency indicators) within a 12-month timeframe. As observed in previous reports (Armstrong et al, 2005), a trend can be seen across current data wherein agencies that maintained shorter average lengths of stay (e.g., St. Johns County Board of County Commissioners) and had higher proportions of children exiting care (e.g., Clay & Baker Kids Net, Inc.), were often the agencies that had the highest proportions of recurrence of maltreatment and children re-entering care. In contrast, while Hillsborough Kids, Inc. had the smallest proportion of children exiting care and United for Families had the longest length of stay, they both did well at preventing recurrence of maltreatment. Community-Based Care of Seminole was the only lead agency that performed above average across four of the six indicators (e.g., length of stay, exiting, re-entry, and maltreatment recurrence).

The effectiveness of CBC at engaging stakeholders and assessing quality was the second area investigated for this report. Lead agency staffing procedures were considered, as well as existing customer satisfaction measures and processes. An increase in the

implementation of family conferencing models to address both case planing and permanency issues was observed. This shift to family conferences is reflective of a more inclusive child welfare practice that highlights the role of the family in achieving permanency. It was also noted that due to the multiple purposes of some staffings at various lead agencies, the potential for duplication of efforts is present and should be examined.

In terms of customer satisfaction measures, both Partnership for Families and Heartland for Children have developed intensive customer satisfaction processes, which involve collecting satisfaction data from a wide variety of stakeholders, such as adoptive parents, adolescents, case management organizations, and partner providers. There were also five lead agencies actively engaged in the process of developing tools to use (e.g., Families First Network, Big Bend Community-Based Care, Family Services of Metro-Orlando, Community-Based Care of Brevard, and United for Families), several of whom planned to borrow from the DCF Customer Satisfaction Survey that was used prior to most outsourcing efforts. While the State no longer requires the gathering of customer satisfaction data, it is encouraging to witness the systems being developed and implemented by lead agencies across Florida. Future efforts need to address how the findings from satisfaction data can be used to inform policy decisions and continue quality improvement.

The final area examined for this report was **the effectiveness of CBC at managing all resources and costs efficiently**. Average spending across the 16 lead agencies (accounting for 18 service contracts) included in this analysis was 3.2% under budget. Budget variances ranged from -16.4% to +3.9%, with only one lead agency exceeding their budget during FY04-05. The lead agency exceeding its budget (Big Bend Community-Based Care – 2A) took over a service area via an emergency services contract on March 1, 2005, so the excess spending may be due to additional services provided to address unmet need from earlier in the fiscal year or for recovery and rebuilding efforts.

Ten of the 16 lead agencies incurred expenditures that were 3% lower than their allocation amount. Five of these 10 lead agencies underspent by 7% or more, and all five of those lead agencies were “new” lead agencies during the prior fiscal year. These findings suggest that there may be need for additional training or technical assistance for lead agency and/or DCF contract monitoring staff during the early stage of new service contracts. One limitation of the budget variance analysis is that accounting data do not allow the assessment of whether underspending can be attributed to more efficient service provision, withholding of necessary services, or restrictions on use of funds. Because lead agencies are not allowed to carryover unspent dollars to the next fiscal year, the incentive is to spend every dollar budgeted.

Furthermore, federal Title IV-E funds, the largest source of child welfare funding, can only be used for out-of-home or adoption services, so underspending may actually reflect a lead agency's inability to shift unused Title IV-E funds to pay for in-home services.

Average lead agency expenditures per child served during FY04-05 ranged from \$4,141 to \$10,319, with a statewide average of \$6,678. Average lead agency expenditures per child day for FY04-05 ranged from \$23 to \$53, with a statewide average of \$32.¹ Both of these findings indicate that there was wide variation in average expenditures per child across lead agencies. Out-of-home services constituted the largest spending category in FY04-05. The proportion of direct services expenditures spent on out-of-home services ranged from 47% (Heartland for Children) to 76% (Family Services of Metro-Orlando), with a statewide average of 62%. Spending on out-of-home care is driven by the price of out-of-home care services and the number of days of out-of-home care provided, both of which vary by lead agency. Future research should explore the impact of these two variables.

Policy Recommendations

The Policy Recommendations are based on findings from both the current Report to the Legislature and an additional study conducted by FMHI regarding Florida's Community-Based Care initiative (Armstrong et al., 2005).

- To maximize timely exits from out-of-home care, lead agencies are encouraged to review their policies regarding permanency staffings, service referrals for families of origin, adoptive family recruitment, and other efforts that may facilitate the transition to permanency.
- To minimize re-entry into out-of-home care, lead agencies are encouraged to examine their current provision of family support services following a child's exit from out-of-home care. In particular, lead agencies should consider extending the duration of follow-up support services to families following reunification.
- Each lead agency should develop an individualized system for collecting customer satisfaction data that best fits the needs and goals of the agency. These systems should be re-evaluated on a yearly basis as the agencies grow to ensure that they continue to be useful and relevant to the agencies and the families they serve. Further, lead

¹ Average lead agency expenditures reported here may differ from other reports due to the timeframe being reported, the lead agencies included in the report, and the integrity of the data used for the analysis

agencies are encouraged to continue to employ a broad definition of “customer” when measuring customer satisfaction.

- The Florida Coalition should provide technical assistance by serving as a conduit for dissemination of all existing forms and procedures utilized to measure customer satisfaction so that lead agencies have a variety of assessment examples and options as they develop their own local system.
- Lead agencies are encouraged to review their staffing procedures and to examine the purpose (rather than the title) of each staffing. When appropriate, lead agencies should consider combining staffings that are held for similar purposes or with the same participants.
- Lead agencies should continue to take steps to actively involve families in conferences and staffings in which decisions regarding case planning and permanency are made.
- The Department of Children & Families should pursue a Title IV-E Waiver in order to increase the flexibility of how federal funds can be spent.
- DCF should allow lead agencies to carry over unused dollars into their subsequent contract years, thus encouraging efficiency in service provision rather than rewarding the ability to spend all monies allocated to the lead agency.

Introduction

Background

The national child welfare system encompasses a myriad of programs and services, including child protection, family preservation and support services, foster care and adoption, and transition services for youth exiting foster care. State and county child welfare agencies typically administer these programs. For the past two decades, efforts have been made at the federal level to reform child welfare through an evolving system of financial support associated with a series of major legislation. Parallel to these federal efforts, state and local administrators have invented, tested, evaluated, and advocated for various reforms to improve child welfare services and the financing of these services. Many of the reforms have called for major philosophic, governance, and practice changes in an attempt to improve performance (Kamerman & Kahn, 1999).

Efforts have been made to develop evaluation tools to assess state child welfare agencies. The Child & Family Service Review (CFSR) is one such tool. Specifically, the CFSR is “designed for the Children’s Bureau to evaluate state child welfare agency practice and ensure that it is in conformity with Federal child welfare requirements, to determine what is actually happening to children and families as they are engaged in state child welfare services, and to assist States to enhance their capacity to help children and families achieve positive outcomes (ACF, 2004).” However, in spite of increased funding and federal, state and local improvement efforts, the CFSRs have provided ample evidence that the nation’s child welfare system continues to face serious challenges. The reviews have shown us that, too often, children in the care and custody of the state are not safe; they are left for too long in unstable and often unsuitable foster care settings waiting for a permanent placement; and their health, mental health, and education needs are not always identified or addressed while they are in care. As the Pew Commission on Children in Foster Care report noted:

On any given day in the United States, half a million children and youth are in foster care, removed from their homes because of abuse or neglect. On average, children in foster care have three different placements. Almost half of these children spend at least two years in care, while almost 20 percent wait five or more years. While in care, many children do not receive appropriate services, whether they are infants suffering the effects of trauma or older adolescents about to leave foster care to live on their own (Pew, 2004).

The Context for Outsourcing

Even before the publicly-funded safety net was developed, sectarian and non-sectarian agencies created and funded various services analogous to today's child protection, congregate care, and foster care services. Since the emergence of publicly-funded child welfare in the 1880s, state and local governments have paid private, voluntary agencies to provide services (Rosenthal, 2000). This is sometimes referred to as *privatization*. Although there is no single definition of privatization, the term generally has come to refer to a range of strategies that involve "the provision of publicly funded services and activities by non-governmental entities" (Nightingale & Pindus, 1997). In addition to privatization, other forms of *outsourcing* have also been utilized, including contracts with smaller government entities. Bendick (1985) wrote that outsourcing may be conceptualized in one of two ways. First, it may be viewed as a technique for "governmental load shedding" in which government divorces itself from both service delivery and financing (Bendick, 1985). Recent examples of this type of outsourcing include the sales during the 1990s of community hospitals to for-profit firms (Cooper, 2003). Alternatively, as Bendick (1985) points out, outsourcing may be viewed as a mechanism for changing the conduct of public business so that government retains some level of funding responsibility, but delegates provision of the services or production of goods. It may take several forms—contracting out (i.e., outsourcing), franchising, or service vouchers. Specifically, with regard to contracting out - the model most frequently used in child welfare – the government continues to finance services, while private entities provide them (Freundlich & Gerstenzang, 2003).

A number of published reports have attempted to identify driving forces or the impetus for these new approaches to outsourcing. The following are among the factors cited:

- *Managed Care*: In the 1990s, at a time when managed care in the health and behavioral health care sectors was perceived to be balancing cost, quality, and access to services; child welfare administrators and legislators increasingly asked: Why not in child welfare? The General Accounting Office (GAO) found that the most attractive features of managed care for child welfare administrators were the use of financing mechanisms to control costs and shift risk to providers and the use of a single point of entry, such as a lead agency, to enhance accountability (U.S. GAO, 1998).
- *Federal Mandates*: The passage of the Adoption and Safe Families Act (ASFA) in 1997 - and parallel child welfare reforms in many states - placed greater demands for accountability on the public child welfare system. Some public administrators, faced with increased pressure to get better results and evidence that they were not meeting standards, re-examined their contracts with an eye towards holding contractors accountable for achieving outcomes consistent with federal mandates. The GAO found

that outsourcing has generally been prompted by political leaders and top program managers responding to an increased demand for services and a belief that contractors can provide higher quality services more cost effectively (U.S. GAO, 1998).

- *External Pressures:* Finally, in some states, there have been external pressures that pushed states and counties toward outsourcing—including a growing public dissatisfaction with the quality of child welfare services, a view of the public system as inherently flawed, and the perception by many that the private sector, by virtue of being private, brings quality, efficiency, and cost-effectiveness that will “fix” the child welfare system. In some states, including Florida, the legislatures have responded to public dissatisfaction with various mandates for outsourcing (McCullough & Schmitt, 2003).

As the interest in outsourcing increased, various individuals and organizations raised questions as to whether the new forms of outsourcing were appropriate for child welfare. The National Association of Child Advocates (2000), for example, expressed concern that relying on market competition is inappropriate given the nature of the services. While the federal government does have a policy indicating that *inherently government functions* should not be contracted out (Burman, 1992), there appear to be no specific prohibitions on outsourcing any child welfare services. Although federal law sets a range of standards for child welfare practice that states must meet to receive federal funding, these standards govern public child welfare agencies and rarely address standards for private child welfare agencies, except as “agents” of the public system. Public-private contracting in the child welfare system has been governed by state law and regulation and, to date, has not been the subject of federal law (Freundlich, 2005).

An Overview of Outsourcing Practice and Trends

There is a growing body of literature on child welfare outsourcing. There have been periodic national or targeted surveys of public administrators conducted to: collect both quantitative and qualitative information on the types and prevalence of changes; identify barriers and any perceived or actual successes; track trends over time and identify emerging issues; and report and disseminate findings, often including recommendations for improvement. Other researchers have used case studies and independent evaluations.

What is clear across a preliminary review of published reports is that there is broad interest in outsourcing; there is great variation in the scope of current initiatives (in terms of geographical reach, target population, the number of clients served, and structural design); there is variation in financing mechanisms but with a common thread that attempts to link improved performance to reimbursement amounts or payment schedules; there are different

approaches to defining and monitoring results, with most initiatives focused on outcomes related to state and federal mandates; and, there are mixed findings as to actual success related to effectiveness (the ability to improve outcomes) and efficiency (costs) (McCullough, 2003).

Evidence of Success and Common Challenges

Proponents of outsourcing cite many benefits—including greater efficiency, higher quality, and improved outcomes (Snell, 2000). Illinois, for example, expanded contracting of services (Method, 2001), citing greater flexibility and creativity than traditional contracting provides, including opportunities to experiment with new programs to improve outcomes for children; the latitude it provided the State to discontinue contracts when performance was inadequate; and the opportunity to use financial awards and penalties to promote goal achievement.

Key factors for success, across different designs, appear to relate to the sophistication of the purchaser in planning, procurement, and contract oversight; the alignment of resources with expectations; the adequacy of funding and contractor rates; the buy-in from stakeholders; the care with which system designs were developed; the clarity and appropriateness of the expected outcomes; and the infrastructure, leadership, and innovation of the contractor and the public purchaser.

Florida's Community-Based Care Initiative

In Florida, the 1996 Legislature mandated the outsourcing of child welfare services (known in Florida as Community-Based Care) through the use of a lead agency design. The intent of the original statute was to strengthen the support and commitment of local communities to the “reunification of families and care of children and their families,” and increase the efficiency and accountability of services. The responsibilities of lead agencies, as defined by the original statute, include the ability to:

- “Coordinate, integrate, and manage all child protective services in the community while cooperating with child protective investigations,
- Ensure continuity of care from entry to exit for all children referred,
- Provide directly or through contract with a network of providers all child protective services,
- Accept accountability for achieving the federal and state outcome and performance standards for child protective services,

- Have the capability to serve all children referred to it from protective investigations and court systems, and
- Be willing to ensure that staff providing child protective services receive the training required by the Department of Children and Families.” (s. 409.1671, F.S.)

In 1997, the evolution of Community-Based Care (CBC) was impacted by the passage of the ASFA, which amended Title IV-B (child welfare) and Title IV-E (out-of-home care and adoption assistance) programs of the Social Security Act. It was the first major child welfare legislation to be enacted since 1980. ASFA stressed the importance of child safety, permanency, and well-being over reunification or placement issues. The legislation also focused on reducing the time children spend in out-of-home care. The seven major outcome goals that ASFA seeks to achieve in all states are to:

- “Reduce the reoccurrence of child abuse and/or neglect,
- Reduce the incidence of child abuse and neglect in out-of-home care,
- Increase permanency for children in out-of-home care,
- Reduce time in out-of-home care to reunification without increasing reentry to out-of-home care,
- Reduce time in out-of-home care to adoption,
- Increase placement stability, and
- Reduce placements of young children in group homes or institutions.”
(U.S. Department of Health and Human Services, 1998)

Statewide expansion of CBC was mandated in 1998. In 1999, the Florida Legislature brought the State into compliance with ASFA by revising Chapter 39 of the Florida Statutes and amending the substantive legislation regarding CBC. The CBC Implementation Plan, issued in July 1999 by the Florida Department of Children and Families (DCF), embraced the ASFA goals, while transitioning to local community-based systems of care.

Florida’s Current Community-Based Care Initiative

All of the districts in Florida have now implemented a Community-Based Care contract. There are currently 20 lead agencies with 22 contracts serving Florida’s 67 counties.² See Figure 1 for a map of lead agencies in Florida.

² Big Bend Community-Based Care and Sarasota YMCA each held two service contracts for distinct geographic areas during FY04-05

Table 1 lists the lead agencies (and counties) included in this evaluation, as well as the acronym used to identify each agency throughout the remainder of the report. The total number of children served by each lead agency in FY04-05 is also included in Table 1.

Table 1.
Lead Agencies and Counties Included in the Evaluation

District	Lead Agency & Counties Served	Number of Youth served FY04-05 Unduplicated Count
District 1	Family First Network (FFN) <i>Escambia, Santa Rosa, Okaloosa, & Walton</i>	4,991
District 2A & 2B	Big Bend Community Based Care 2A³ (BBCBC-2A) <i>Holmes, Washington, Bay, Jackson, Calhoun, & Gulf,</i>	1,967
	Big Bend Community Based Care 2B (BBCBC-2B) <i>Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, & Taylor</i>	1,846
District 3	Partnership for Strong Families (PSF) <i>Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Putnam, Suwannee, Levy, & Union</i>	3,457
District 4	Family Support Services of North Florida, Inc. (FSS) <i>Duval</i>	4,476
	Nassau County Board of County Commissioners (Family Matters) <i>Nassau</i>	305
	St. Johns County Board of County Commissioners (St. Johns) <i>St. Johns</i>	519
	Clay & Baker Kids Net, Inc. (CBKN) <i>Clay & Baker</i>	887
SunCoast Region	Sarasota Family YMCA, Inc. North⁴ (Sarasota YMCA North) <i>Pasco & Pinellas</i>	6,071
	Sarasota Family YMCA, Inc. South (Sarasota YMCA South) <i>Manatee, De Soto, & Sarasota</i>	1,829
	Hillsborough Kids, Inc. (HKI) <i>Hillsborough</i>	7,158
District 7	Community Based Care of Seminole, Inc. (CBC of Seminole) <i>Seminole</i>	1,144
	Family Services of Metro-Orlando, Inc. (FSMO) <i>Orange & Osceola</i>	5,874
	Community-Based Care of Brevard (CBC of Brevard) <i>Brevard</i>	2,689
District 8	Children's Network of Southwest Florida (Children's Network) <i>Charlotte, Lee, Glades, Hendry, & Collier</i>	2,656
District 9	Child & Family Connections, Inc. (CFC) <i>Palm Beach</i>	3,005
District 10	ChildNet, Inc. (ChildNet) <i>Broward</i>	6,130
District 11	Our Kids of Miami-Dade & Monroe, Inc. (Our Kids) <i>Miami-Dade & Monroe</i>	8,202
District 12	Community-Based Care of Volusia & Flagler Counties (CBCVF) <i>Volusia & Flagler</i>	2,513
District 13	Kids Central, Inc. (KCI) <i>Marion, Citrus, Sumter, Lake, & Hernando</i>	7,424
District 14	Heartland for Children (HFC) <i>Polk, Hardee, & Highlands</i>	5,659
District 15	United for Families (UFF) <i>Okeechobee, St. Lucie, Indian River, & Martin</i>	2,972

³ Formerly Partnership for Families

⁴ Formerly Family Continuity Programs, Inc.

Organization of Report

This evaluation will examine the status of Community-Based Care (CBC) in Florida, with a special focus on child and family outcomes, quality, and cost. The report includes 20 lead agencies⁵ serving all 67 Florida counties. Community-Based Care of Brevard, Inc. (CBC of Brevard) and Our Kids, Inc. of Miami-Dade and Monroe Counties (Our Kids) will be excluded from the Programmatic Outcomes and Cost Analysis sections of the report, because their service contracts did not begin until after the beginning of FY04-05, thus data is not available for the entire year. These two lead agencies were included in the Quality Performance analysis, as it assesses current agency practices. It is also important to note that Community-Based Care of Seminole and Big Bend Community-Based Care – 2A were new contracts awarded during FY04-05 and that data partially reflect the previous system of care in each area. This is noted in the body of the report.

The period covered by this report includes fiscal year 2004-2005 (FY04-05). The Programmatic Outcomes and Cost Analysis sections also utilize data from previous fiscal years as indicated. The evaluation is organized by a set of research questions regarding the effectiveness of Community-Based Care.

Research Questions

The following research questions are the guiding framework for the evaluation and serve as the foundation for the organization of the report. The research questions address the three legislatively-mandated components of this evaluation (Programmatic Outcomes, Quality and Cost):

How effective is Community-Based Care at:

1. Meeting the Adoption and Safe Families Act (ASFA) outcome requirements for child safety and permanency?
2. Engaging stakeholders and assessing quality?
3. Managing all resources and costs efficiently?

Table 2 delineates each research question and corresponding evaluation questions. The indicators that were used to answer these questions and the main data

⁵ As noted previously, there are 20 lead agencies and 22 service contracts

sources for each indicator can be found in an expanded version of the table under each research question report section.

Table 2.
Research Questions

Section	Evaluation Question(s)
<p style="text-align: center;"><i>Section 1: Programmatic Outcomes</i></p> <p>How effective is Community-Based Care at meeting the Adoption and Safe Families Act (ASFA) outcome requirements for child safety and permanency?</p>	Do the lead agencies assure that the outcomes for children meet ASFA requirements?
	Do these outcomes differ across lead agencies?
	Do these outcomes differ over time for the state of Florida?
<p style="text-align: center;"><i>Section 2: Quality Indicators</i></p> <p>How effective is CBC at engaging stakeholders and assessing quality?</p>	Are there mechanisms in place at the lead agency level to assure continued focus on child safety, permanency and well-being?
	Are there processes in place at the lead agency level to measure satisfaction of various consumer constituencies?
<p style="text-align: center;"><i>Section 3: Cost Analysis</i></p> <p>How effective is Community-Based Care at managing all resources and costs efficiently?</p>	How do actual lead agency expenditures compare to budgeted amounts?
	How do average expenditures per child service and average expenditures per child day vary across lead agencies?
	What is the range of lead agency expenditures for out-of-home services as a part of total direct services expenditures
	How do average expenditures per child served, child day, and out-of-home services dollars as proportion of total direct services expenditures vary over time?

Programmatic Outcomes

Research Question 1: How effective is Community-Based Care at meeting the Adoption and Safe Families Act (ASFA) outcome requirements for child safety & permanency?

Table 3.
Research Question 1: Programmatic Outcomes

Section	Evaluation Question	Indicator	Source
<p><i>Section 1: Programmatic Outcomes</i></p> <p>How effective is Community-Based Care at meeting the Adoption and Safe Families Act (ASFA) outcome requirements for child safety and permanency?</p>	Do the lead agencies assure that the outcomes for children meet ASFA requirements?	1. Proportion of children with recurrence of maltreatment 2. Proportion of children who were returned to parents or legal guardian	HSn
	Do these outcomes differ across lead agencies?	3. Proportion of children who were placed with relatives	HSn
	Do these outcomes differ over time for the state of Florida?	4. Proportion of children with adoption finalized 5. Proportion of children exiting out-of-home care 6. Proportion of children who reentered out-of-home care	HSn

Introduction

Child welfare was designed to provide safety, permanency, and well-being for children who have experienced abuse and/or neglect. The main goal of Community-Based Care (CBC), Florida's overarching strategy to work in partnership with local communities, is to provide services to families so that children can return home as soon as possible and to provide out-of-home care for children who cannot safely remain at home. Another key goal is to facilitate the transition of children to a permanent place when they cannot be safely returned home. The purpose of this analysis is to assess the performance of CBC agencies in Florida on selected ASFA required objectives and to compare lead agencies on the quantitative child protection indicators that were designed to measure these objectives.

Sources of Data

The data source for the quantitative child protection indicators used in this report was the State Child Welfare Information System (SCWIS) for the State of Florida, HomeSafenet (HSn). 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 maltreatment incidents was obtained from the Child Safety Assessment Module. Information regarding out-of-home care, out-of-home care placements, and child outcomes after discharge from out-of-home care was obtained from the Case Module.

Methodology

To assess the impact of Community-Based Care on child outcomes (i.e., child safety and permanency), the following six indicators were selected:

- (a) proportion of children with recurrence of maltreatment,
- (b) proportion of children reunified with parents,
- (c) proportion of children placed with relatives,
- (d) proportion of children with finalized adoption
- (e) proportion of children exiting out-of-home care, and
- (f) rates of reentry into out-of-home care.

The proportion of children reunified with parents, placed with relatives, and adopted are considered permanency outcomes and based on “reasons for discharge” from the HSn dataset. Other reasons for discharge include guardianship and long-term custody to non-relative, other guardianship, aging out of system (i.e., reached the age of 18 and transitioned to independent living), emancipation, family escape with child, runaway, loss of Florida jurisdiction, and transfer to another agency. Only adoption, placement with relatives, and reunification with parents were included in the analyses. Guardianship to non-relative and other types of guardianship were not examined primarily because of very small numbers. For example, children who exited out-of-home care due to “guardianship to non-relative” represent only 0.5% of cases overall and children who exited out-of-home care due to “other guardianship” represent 1.2% of all cases. Furthermore, there were no cases where discharge was due to “other guardianship” in FY04-05. Child aging out and emancipation were also excluded from the analysis.

Each indicator was calculated at the State level for FY01-02, FY02-03, FY03-04, and FY04-05 and for each lead agency for FY04-05, except for Community-Based Care of Brevard (CBC of Brevard) and Our Kids, Inc. of Miami-Dade and Monroe Counties (Our Kids), whose service contracts did not start until after the beginning of FY04-05. The percentages of children exiting out-of-home care, rates of reentry into out-of-home care, and proportions of children with recurrence of maltreatment shown in this report were estimates obtained from Life Tables; a type of event history analysis (Kaplan & Meier, 1958).⁶ The last date of the follow-up period for this report was June 30, 2005. Other statistical methods included Cox regression (Cox, 1972), a type of event history analysis that allows for comparison of time-to-event indicators (i.e., percentage of children exiting out-of-home care, reentry into out-of-home care, and recurrence of maltreatment) and logistic regression, a statistical analysis that allows for the comparison of binary point-in-time indicators (i.e., reunification with parents, placement with relatives, and finalized adoption).

Limitations

A few limitations should be noted. First, although the indicators were calculated for 18 lead agencies (excluding CBC of Brevard and Our Kids) for FY04-05, some lead agencies have been operational for several years, including the Sarasota Family YMCA – South, which has been fully operational for seven years. Other lead agencies only recently implemented service contracts. Although previous analysis has not shown a disparity in outcomes related to service implementation, it is still important to consider the difference in implementation time when comparing different lead agencies. Second, when State-level child outcomes were compared over time (i.e., FY01-02 through FY04-05), the number of counties that transitioned to Community-Based Care during each fiscal year was not controlled for. New lead agency service contracts may have a negative impact on statewide outcome measures as the new lead agency begins implementation and different numbers of agencies are implemented each year. Finally, the examination of child safety and permanency was limited to only six quantitative indicators; however, other indicators could be selected to evaluate child safety and permanency.

⁶ Survival analysis, referred to here as event history analysis, is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not exit out-of-home care during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points (e.g., in 12 months after entering out-of-home care).

Proportion of Children with Recurrence of Maltreatment

The percentages of children with recurrence of maltreatment reported here are proportions obtained from Life Tables.⁷ The proportion of children with recurrence of maltreatment was calculated based on fiscal year entry cohorts; in other words, the proportion of all children who experienced a maltreatment incident during a specific fiscal year was calculated. Only children with “founded” maltreatment (i.e., when the protective investigation resulted in a finding of abuse, neglect, or threatened harm and/or when there was some indication of maltreatment) were included in the analysis. Recurrence of maltreatment was defined as a second founded episode of maltreatment (i.e., when there was some indication of maltreatment or maltreatment verified within 12 months of a child’s first founded episode).

General results of the analysis of recurrence of maltreatment are shown in Table 4.

⁷ Life Tables are a type of event history analysis

Table 4.
Percentage of Children With Recurrence of Maltreatment Within 12 Months After the First Incident by Lead Agency (FY03-04 Entry Cohorts)

Lead Agency	Number of Cases	Proportion with Recurrence
Children's Network of SW Florida	3,577	6.9%
Community-Based Care of Seminole	2,118	7.2%
Family Support Services of North Florida	7,994	7.6%
Child & Family Connections	8,298	7.6%
United for Families	3,305	7.9%
ChildNet, Inc.	10,089	8.2%
Hillsborough Kids, Inc.	9,050	8.5%
Family Matters of Nassau County	487	8.6%
Family Services of Metro-Orlando, Inc.	11,675	8.8%
Sarasota YMCA - South	4,976	8.9%
Partnership for Families	4,874	9.6%
Heartland for Children	6,821	9.6%
Clay & Baker Kids Net, Inc.	2,265	9.9%
Sarasota YMCA - North	10,770	9.9%
Families First Network	6,351	10.0%
Big Bend Community-Based Care – 2B	2,736	10.6%
Kids Central, Inc.	9,019	10.8%
Community-Based Care of Flagler & Volusia	4,741	11.0%
St. Johns County Board of County Commissioners	1,259	12.2%
Big Bend Community-Based Care - 2A	3,800	12.9%
Total⁸	114,205	9.3%

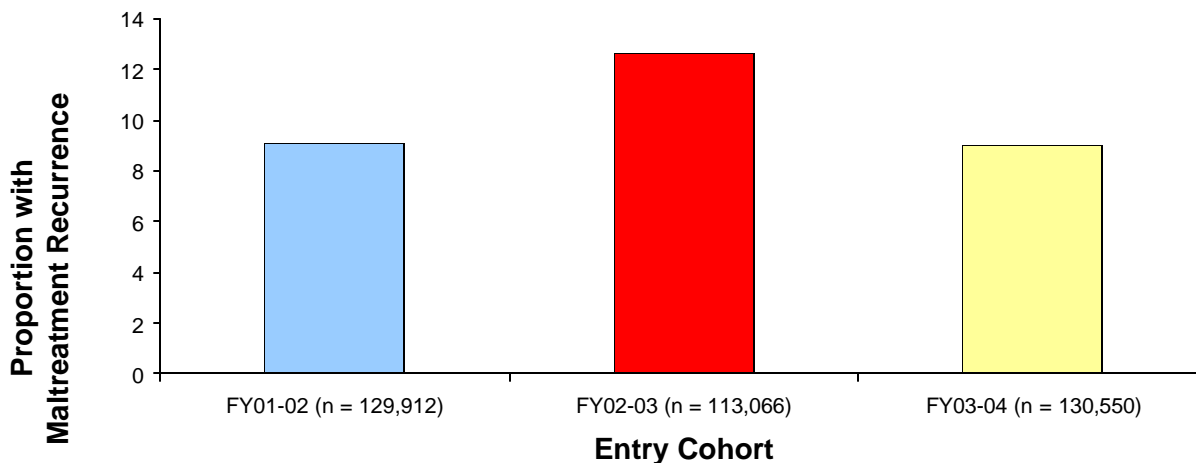
As shown in Table 4, there was substantial variability in maltreatment recurrence rates among lead agencies during FY04-05. Children's Network of Southwest Florida (Children's

⁸ Total of lead agencies included in the analysis for recurrence of maltreatment within 12 months

Network) had the lowest proportion (6.9%) of children with recurrence of maltreatment, while Big Bend Community-Based Care, Inc. - 2A (BBCBC – 2A) had the highest recurrence of maltreatment (12.9%). The mean and the median rates of maltreatment recurrence for lead agencies included in this analysis was 9.3%.

As shown in Figure 2, the rates of maltreatment recurrence were also calculated at the State level and were compared for children who entered the child protection system in FY01-02, FY02-03, and FY03-04.

Figure 2.
Percentage of Children in Florida With Recurrence of Maltreatment Within 12 Months After the First Incident (Entry Cohorts FY01-02, FY02-03, and FY03-04)



The statewide rate of recurrence of maltreatment significantly increased in FY02-03 (12.6%) compared to FY01-02 (9.12%), followed by a significant decrease in FY03-04 (9.02%) (see Table 3A, Appendix A). However, the change from FY01-02 to FY03-04 was not statistically significant. The observed increase in recurrence of maltreatment in FY02-03 was largely due to higher rates of recurrence for Partners for Community-Based Care (PCBC)⁹ and Hillsborough Kids, Inc. (HKI), as well as counties that were subsequently served by Partnership for Families (PFF)¹⁰ and Heartland for Children (HFC) (Armstrong et al., 2004).

⁹ The contract for Partners for Community-Based Care was terminated and Community-Based Care of Volusia & Flagler took over

¹⁰ The contract for Partnerships for Families (PFF) was terminated March 1, 2005

Percentage of Children Obtaining Permanency

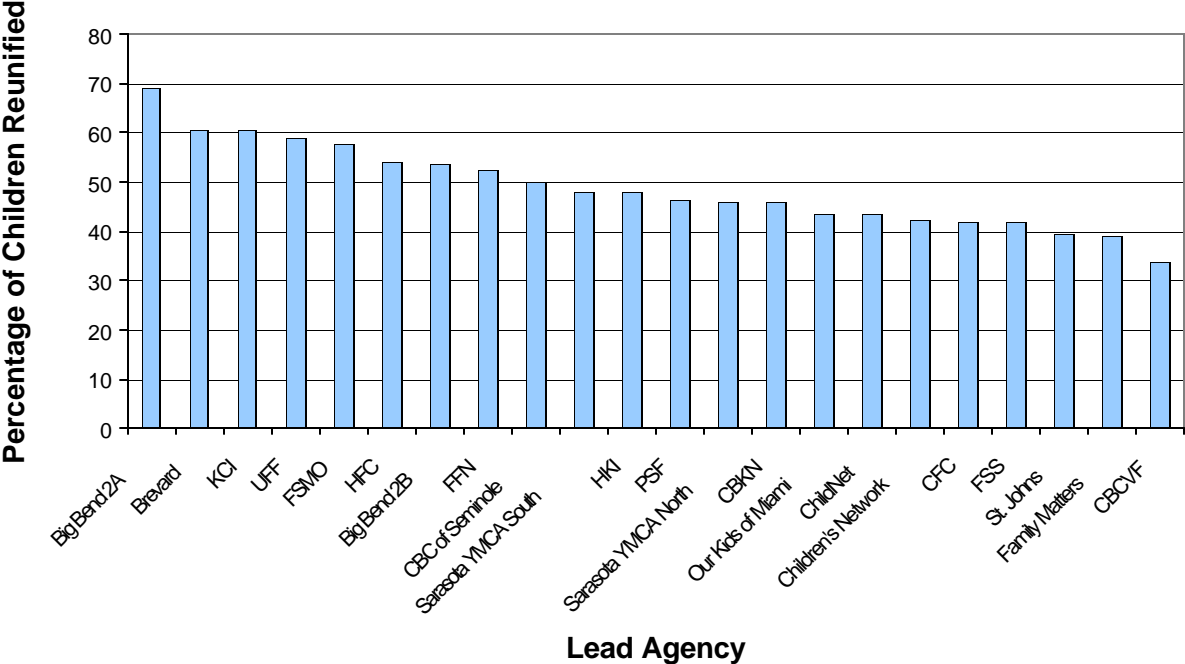
Analysis of the indicators *children returned to parents of removal home caregivers* and *children placed with relatives after exiting out-of-home care* was based on exit cohorts of children, defined here as the duplicated number of children who exited out-of-home care during FY04-05. Children in out-of-home care whose case status was not closed (i.e., did not have a Discharge Date) were excluded from the analysis. Classification of children returned to “parents of removal home caregivers¹¹” was based on “reasons for discharge” from the HSn dataset. The indicator “placement with relatives” was also based on “reasons for discharge” from HSn and included children placed with relatives who obtained guardianship and children placed with relatives who were given long-term custody. Both indicators were calculated as percentages. The numerator for the *percentage of children returned to “parents of removal home caregivers”* is the number of children who exited out-of-home care and were returned to parents or legal guardians after exiting out-of-home care in FY04-05. The numerator for the *percentage of children who were placed with relatives* is the number of children who exited out-of-home care and had a placement with relatives who were given either long-term custody or guardianship during FY04-05. The denominator for both indicators is the total number of children exiting out-of-home care in FY04-05.

Children Returned to “Parents of Removal Home Caregivers” After Exiting Out-of-Home Care

General results of the analyses for this indicator are shown in Figure 3. The lead agencies are listed in descending order according to the proportion of children reunified with their parents. BBCBC – 2A had the highest proportion of children reunified with their parents (68.9%). CBCVF and Nassau County Board of County Commissioners (Family Matters) lead agencies had the lowest proportions (33.9% and 39.2%, respectively) of children reunified with parents. The mean for the included lead agencies was 48.9% and the median was 47.2%. When the proportion of children reunified with parents was compared overtime for the State of Florida, a statistically significant decrease (6% - see Figure 6) was observed. However, the odds ratio of 0.92 shows that there was little change in the proportion of children reunified with parents.

¹¹ “Parents of removal home caregiver” is a HomeSafenet term used to identify the parent or legal guardian from which the child was initially removed.

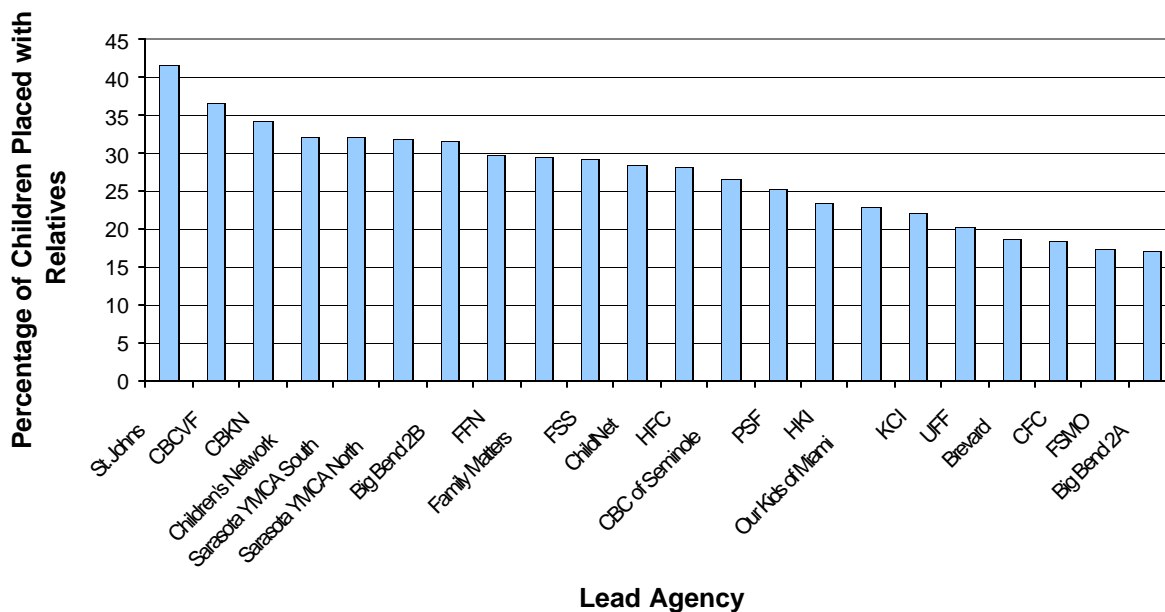
Figure 3. Percentage of Children Reunified with Parents by Lead Agency for FY04-05



Children Who Were Placed With Relatives After Exiting Out-of-Home Care

The results of the analysis regarding children who were placed with relatives after exiting out-of-home care in FY04-05 are presented in Figure 4. St. Johns County Board of County Commissioners (St. Johns) and CBCVF had the highest proportion of children placed with relatives (41.6% and 36.6%, respectively), while BBCBC - 2A and Family Services of Metro-Orlando, Inc. (FSMO) had the lowest proportions (17.0% and 17.4%, respectively) of children placed with relatives. The average for the included lead agencies was 27% and the median was 28.3%. When the proportion of children placed with relatives was compared over a four year period (from FY01-02 through FY04-05) for the State of Florida, a small (1.5%) increase was observed. Regardless, a very small odds ratio reflects an almost insignificant change in the proportion of children placed with relatives (see Figure 6).

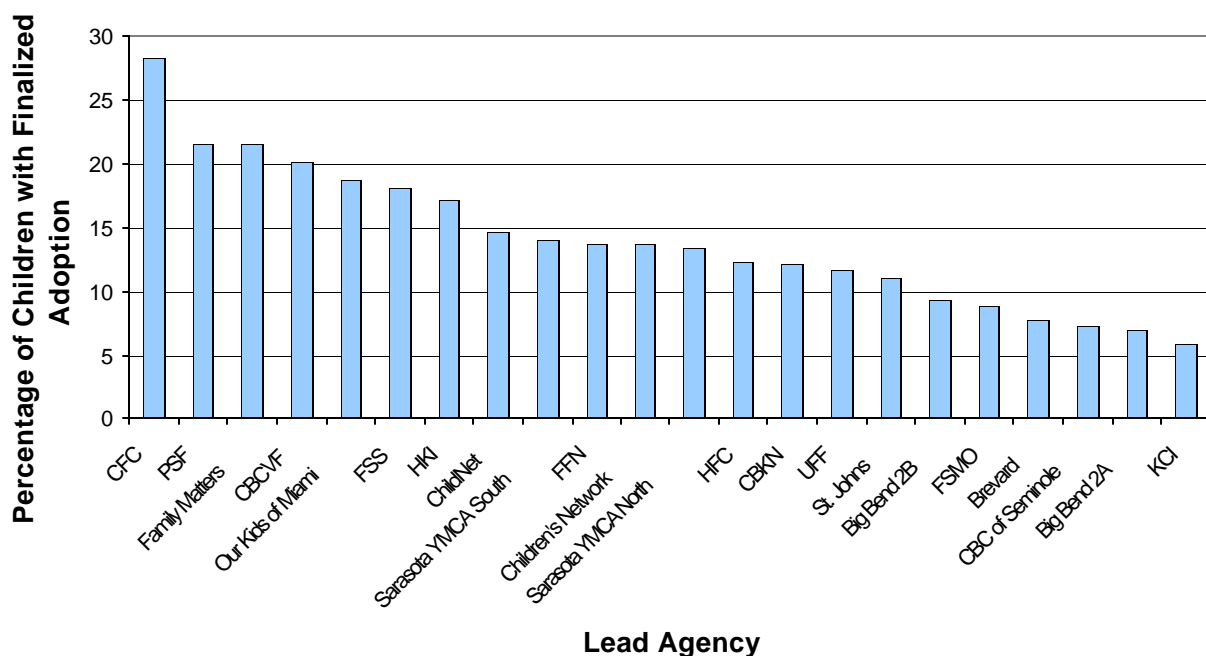
Figure 4.
 Percentage of Children Placed with Relatives by Lead Agency for FY04-05



Children With Finalized Adoptions After Exiting Out-of-Home Care

This indicator was based on exit cohorts of children, defined here as the duplicated number of children who exited out-of-home care during FY04-05. Classification of children with a finalized adoption was based on “Reasons for Discharge” in the HSn database. The indicator was calculated as a percentage. The numerator for this indicator is the number of children exiting out-of-home care whose adoption was finalized during FY04-05. The denominator is the total number of children exiting out-of-home care during FY04-05.

Figure 5. Percentage of Children Adopted by Lead Agency during FY04-05

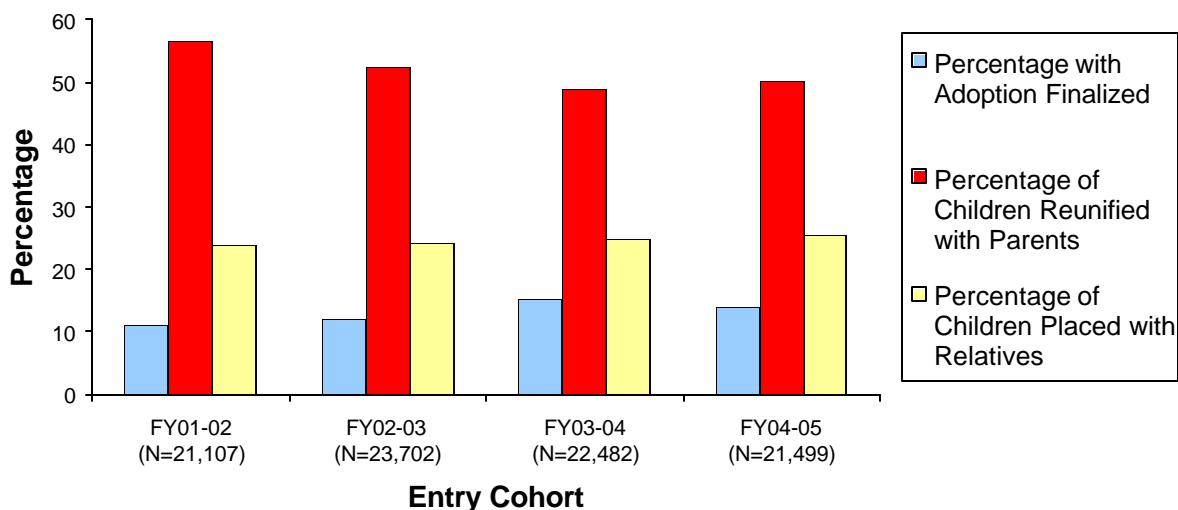


The results of the analysis regarding children with finalized adoption after exiting out-of-home care are presented in Figure 5. Findings indicated that Kids Central, Inc. (KCI), BBCBC - 2A, and Community-Based Care of Seminole (CBC of Seminole) had the lowest proportion of children with finalized adoptions (5.9%, 7.0%, and 7.4% respectively) while Child & Family Connections (CFC) had the highest proportion of children with finalized adoptions (28.3%). The average for the included lead agencies was 14% and the median was 13.7%.

Over a period of four years, from FY01-02 through FY04-05, the proportion of children with finalized adoptions in the State of Florida significantly increased by 3% (Figure 6). However, the odds ratio of 1.1 indicates that the increase is not substantial (see Table 4A, Appendix A).

Figure 6.

Proportion of Children who Achieved Permanency Based on FY01-02, FY02-03, and FY04-05 Cohorts in Florida



Overall, the findings, as shown in Figure 6, indicate that every lead agency had a much higher proportion of children reunified with parents than placed with relatives and a higher proportion of children placed with relatives than children with finalized adoptions. CFC was the only exception; the agency had a higher proportion of children with finalized adoptions (28.3%) than children placed with relatives (18.4%). Although the proportion of children reunified with parents decreased over the last four years, the change was minor. As noted previously, the change in the proportion of children placed with relatives and the proportion of children with finalized adoptions was not significant.

Proportion of Children Who Exited Out-of-Home Care

The proportion of children who exited out-of-home care during the first 12 months after entry in FY03-04 was obtained from Life Tables. All children who entered out-of-home care during FY03-04, as indicated by the removal date in HSn, were followed for 12 months and the proportion of children who exited out-of-home care (e.g., discharged) was calculated. The proportion of children exiting out-of-home care was calculated for each lead agency and for the state of Florida. The median length of stay (LOS) in out-of-home care or an out-of-home care episode was also calculated based on an entry cohort from FY03-04. An out-of-home care episode was defined as a continuous period of time in out-of-home care, which begins on the date when the child was removed from their parents' or caregivers' home (i.e., Removal Date) and ends on the date when the child was discharged from an episode of out-of-home care (i.e., Discharge Date). An out-of-home care episode may consist of multiple placements (e.g., family

shelter home, residential treatment, pre-adoptive home, supervised practice, independent living), which were all included in an episode of out-of-home care if there was no Discharge Date after the placement ended. Children who exited out-of-home care due to “aging out” only represents 5.7% of cases overall and they were not included in the analysis. General results of the event history analysis¹² are shown in Table 5.

Table 5.

Proportion and Median Length of Stay of Children who Entered Out-of-Home Care in FY03-04 and Exited Within 12 Months by Lead Agency

Lead Agency	Number of Cases	Median Length of Stay (in months)	Proportion exited
Clay & Baker Kids Net, Inc.	275	9.3	74.3%
St. John's County Board of County Commissioners	195	7.4	71.8%
Community-Based Care of Seminole, Inc.	264	8.6	65.5%
Heartland for Children, Inc.	1,361	10	62.8%
Partnerships for Strong Families	840	10.4	62.3%
Kids Central, Inc.	2,117	8.5	61.3%
ChildNet	1,215	10.7	60.3%
Sarasota YMCA South	557	10.3	59.9%
Big Bend Community-Based Care - 2A	691	9.6	59.6%
Big Bend Community-Based Care - 2B	471	9.3	56.6%
Families First Network *	1,254	11.0	56.3%
Family Services of Metro-Orlando, Inc.	1,179	9.8	53.3%
United for Families, Inc.	742	11.5	51.9%
Family Support Services of North Florida, Inc.*	1,454	12 or more	47.41
Community-Based Care of Flagler/Volusia*	516	12 or more	46.57
Child & Family Connections*	715	12 or more	42.25
Family Matters of Nassau County*	122	12 or more	41.84
Sarasota YMCA North *	1,592	12 or more	39.89

¹² 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).(SPSS Inc., 1993).

Children's Network of Southwest Florida*	583	12 or more	37.72
Hillsborough Kids, Inc.*	1,821	12 or more	31.45
Total¹³	20,000	10.2	Mean = 54.1 Median = 56.4

*Less than 50% of children exited care by the end of the year, so Median LOS is 12 months or more at the end of FY04-05.

Table 5 shows the proportion of children exiting out-of-home care¹⁴ based on FY03-04 entry cohorts and the median LOS in out-of-home care. Lead agencies are listed in descending order according to the proportion of children exiting from out-of-home care. As shown in Table 5, Clay & Baker Kids Net, Inc. (CBKN) had the highest proportion of children exiting out-of-home care (74.3%) within 12 months and HKI had the lowest proportion of children exiting out-of-home care (31.5%). St. Johns had the shortest median LOS (7.4 months), while United for Families (UFF) had the longest median LOS (11.5 months).

Similarly, the statewide proportion of children exiting out-of-home care and median length of stay was calculated for FY01-02, FY02-03, and FY03-04 (see Figure 7). As shown in Figure 7, the proportion of children exiting out-of-home care increased over the three-year period and there was a corresponding decrease in median LOS (see Figure 8). The increase in proportion of children exiting out-of-home care was statistically significant. Even so, the odds ratio shows relatively little change in the proportion of children discharged from out-of-home care over the three-year period examined; however, the observed direction of the change is positive in respect to federal guidelines.

¹³ Total for Median Length of Stay and percentage of children who exited out-of-home care within 12 months only.

¹⁴ This is an estimated probability of an event occurring (i.e., discharge from out-of-home care) by the end of a given interval, such as 12 months (SPSS Inc., 1993).

Figure 7.
 Statewide Percentage of Children who Exited Out-of-Home Care in Florida Within 12 Months by Entry Cohort

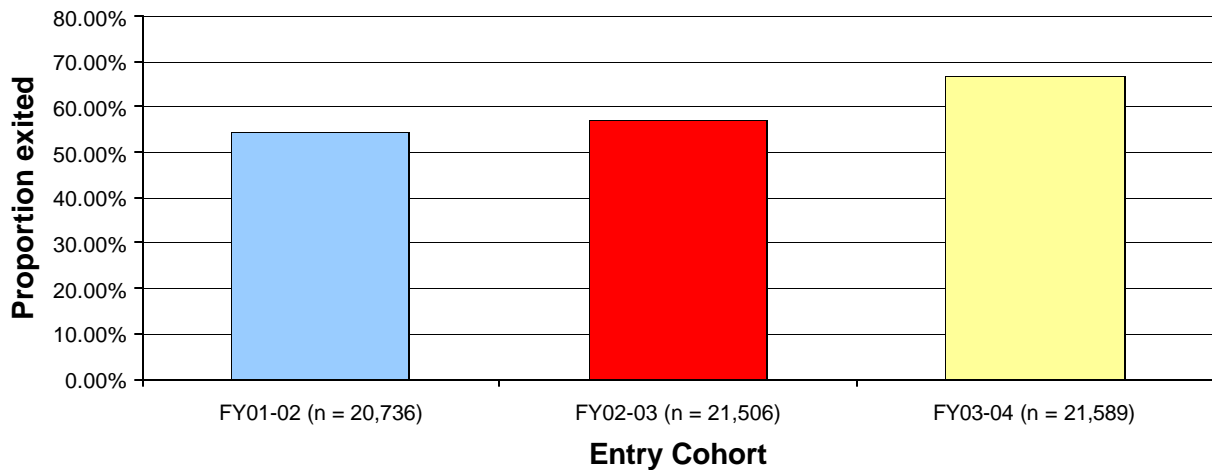
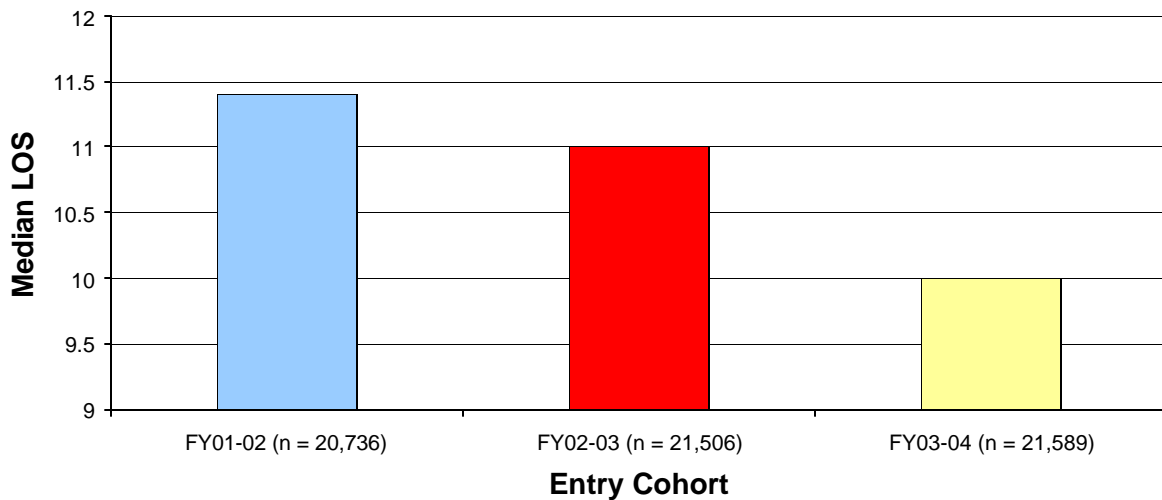


Figure 8.
 Statewide Median Length of Stay (LOS) by Entry Cohort



Reentry into Out-of-Home Care

The calculation for this indicator was based on exit cohorts of children (i.e., children who exited their first out-of-home care episode during FY03-04 or who had a Discharge Date during FY03-04). An unduplicated count of children (i.e., only children who exited their first episode of out-of-home care) was used for this indicator. A unique number given by the HSn system identified individual children and reentry into out-of-home care was indicated by a Removal Date after an existing Discharge Date for the same child. All children who were discharged during

FY03-04 were followed for 12 months to determine if they reentered out-of-home care. The last day of the follow-up period was June 30, 2005.

General results of the analysis of reentry into out-of-home care are shown in Table 6. The lead agencies are listed in ascending order according to the proportion of children reentering out-of-home care. The median reentry rate for the examined lead agencies is 7.9%, with an average of 8.2%. Family Support Services of North Florida, Inc. (FSS) had the lowest rate of reentry (3.4%), while Families First Network (FFN) had the highest reentry rate (12.5%). The high re-entry rate seen by FFN and the Sarasota YMCA - South (11.2%) raises concerns as they are both among the older and more established of the lead agencies in Florida. It is also important to note that BBCBC – 2A (11.56%) may have a higher reentry rate due to the turnover of the lead agency contract during FY03-04 and FY04-05 (Partnership for Families).

Table 6.

Percentage of Children who Exited Out-of-Home Care During FY03-04 and Reentered Within 12 Months by Lead Agency

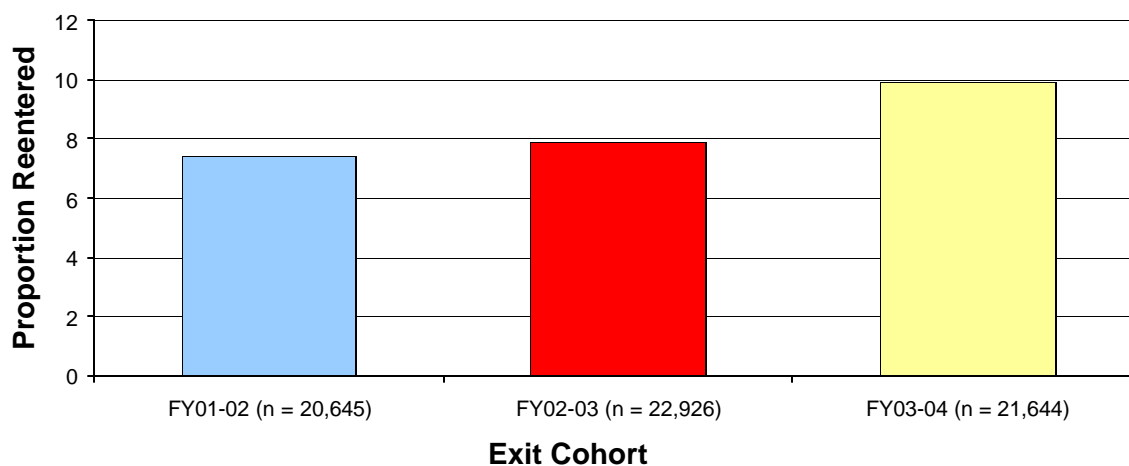
Lead Agency	Number of Cases	Proportion reentered
Family Support Services of North Florida, Inc.	1,375	3.35
Child & Family Connections	1,211	5.04
Family Matters of Nassau County	59	5.08
Sarasota YMCA North	1,663	5.56
ChildNet, Inc.	1,536	6.12
Partnerships for Strong Families	983	6.51
Community-Based Care of Flagler/Volusia	600	6.67
Community-Based Care of Seminole	283	7.42
Clay & Baker Kids Net, Inc.	185	7.57
Heartland for Children, Inc.	1,637	7.82
St. Johns County Board of County Commissioners	202	7.92
Hillsborough Kids, Inc.	1,553	8.44
Family Services of Metro-Orlando, Inc.	1,212	9.16
Kids Central, Inc.	1,555	9.45
Big Bend Community-Based Care – 2B	438	9.59
Children's Network of Southwest Florida	718	10.72
Sarasota YMCA South	735	11.16
Big Bend Community-Based Care – 2A	493	11.56
United for Families, Inc.	624	12.34
Families First Network	1,267	12.47
Total¹⁵	21,443	Mean = 8.2%; Median = 7.9%

Statewide reentry into out-of-home care was calculated based on exit cohorts in FY01-02, FY02-03, and 03-04 (see 8).

¹⁵ Total for the percentage of children who exited out of home care and reentered within 12 months

Figure 9.

Percentage of Children in Florida who Exited Out-of-Home Care and Reentered Within 12 Months by Exit Cohort



The percentage of children reentering out-of-home care increased by 2.5% over the three-year period analyzed (Figure 9). As indicated by the odds ratio (Odds ratio = 1.18) this is a very small increase (see Table 2A, Appendix A).

Summary & Discussion

The analysis of these six programmatic outcomes suggests that there is great variability in lead agency performance. Statewide, the rate of permanency due to finalized adoptions has increased, while the rate of parental reunification has dropped. On average, children whose parental rights were terminated and who were subsequently adopted spent approximately 29 months in out-of-home care (Armstrong et al., 2005). However, children who were discharged because they were reunified with their families were almost eight times more likely to reenter out-of-home care compared to children who were discharged for other reasons. In addition, previous analysis (Armstrong et al., 2005) has indicated that a shorter length of stay usually corresponds to a faster rate of reentry into out-of-home care. Other factors found to be significantly associated with reentry into out-of-home care include ethnic/racial¹⁶ status, child age, and presence of physical disability. Specifically, non-minority children, younger children, and children with physical disabilities are significantly more likely to reenter out-of-home care. While it is important to achieve higher proportions of children exiting out-of-home care, it is also important to have a smaller proportion of children reentering. It appears that while some lead

¹⁶ Ethnic/racial status is a dichotomous variable including minority or non-minority status

agencies are doing much better at achieving permanency (e.g., BBCBC – 2A on reunification [68.9%] and St. John’s on placement with relatives [41.6%]), other lead agencies achieve better outcomes at ensuring children’s safety, such as lower reentry rates and lower rates of maltreatment recurrence (e.g., CBC of Seminole [7.4% and 7.2% respectively]).

Current data indicates that there are six lead agencies (CBC of Seminole, CBKN, St. Johns, ChildNet, Partnership for Strong Families, and HFC) that have higher than average proportions of children exiting out-of-home care while lower than average reentry rates. Similarly, different rates can be observed when examining permanency outcomes among lead agencies. For example, BBCBC - 2A and KCI returned a high proportion of children back to their parents, but a relatively small proportion of children were adopted. In contrast, Family Matters, CFC, and CBCFV arranged adoptions for a great number of children exiting out-of-home care, while a relatively small percentage of children (approximately 37%) were reunified with their parents.

Examination of safety and permanency indicators in Florida for the last four years indicates that there is a definite trend toward increasing the proportion of children exiting out-of-home care within 12 months. There has also been a slight increase in the rate of reentry during this time period. Recurrence of maltreatment rates fluctuated, but there was a decreasing number of recurring maltreatment incidents within 12 months of the first incident. The observed increase in recurrence of maltreatment in FY02-03 was largely due to higher recurrence rates in PCBC and HKI and counties that were subsequently served by PFF and HFC (Armstrong et. al., 2004). Finally, the proportion of children with adoption finalized and the percentage of children placed with relatives steadily increased over the last four years, while the proportion of children reunified with parents steadily decreased.

In conclusion, the results of the quantitative analysis indicates that there is a positive trend in the direction of achieving ASFA goals (i.e., child safety and permanency). The proportion of children exiting out-of-home care increased over time while the rate of recurrence of maltreatment decreased. Lead agencies shortened the length of stay in out-of-home care and achieved permanency for over 80% of discharged children; however, the patterns of achieving permanency for these children differed.

Quality Performance

Research Question 2: How effective is CBC at engaging stakeholders and assessing quality?

Table 7.
Research Question 2: Quality Performance

Section	Evaluation Question(s)	Indicator	Source
<p style="text-align: center;"><i>Section 2: Quality</i></p> <p>How effective is CBC at engaging stakeholders and assessing quality?</p>	Are there mechanisms in place at the lead agency level to assure continued focus on child safety, permanency and well-being?	Description of case staffings at each lead agency	Lead agency communication
	Are there processes in place at the lead agency level to measure satisfaction of various consumer constituencies?	Description of consumer satisfaction tools and processes at each lead agency	Lead agency communication

Introduction

The purpose of the quality performance component is to document the quality of service provision by lead agencies throughout the State and to identify promising approaches to child welfare service delivery. Key elements to quality service provision have been identified as: family engagement, assessment, and service planning. These key elements parallel the three Child and Family Well-Being (WB) indicators of the Child and Family Services Reviews (CFSR):

- (1) WB 1- Families have enhanced capacity to provide for their children’s needs,
- (2) WB2 - Children receive appropriate services to meet their educational needs, and
- (3) WB3 - Children receive appropriate services to meet their physical and mental health needs.

This report includes two descriptive evaluation activities that reflect these key elements:

1. An update of the lead agencies’ staffing mechanisms (reflecting all three key elements) and
2. A survey of lead agencies’ existing customer satisfaction measures and processes (primarily reflecting family engagement).

Since the fall of 2003, a consistent feature of the quality performance component has been a survey of all lead agencies' case staffing mechanisms. This activity grew out of an interest in engaging families in the planning and delivery of services. It has revealed a number of promising approaches to the inclusion of families in service planning (i.e., various family conferencing models) as well as the increased involvement of other community stakeholders. The continuity of this component has allowed the evaluation to document a shift in service delivery practice from the Department of Children and Families (DCF) to a series of independent lead agencies. For the purposes of the evaluation, a staffing has been defined as "any team process in which the lead agency meets with family members and/or service providers to share information, coordinate activities, and address concerns that may impact a move toward permanency."

The second activity reported on in this section is the survey for lead agency customer satisfaction measures and processes. The *2005-2008 Strategic Plan* released by DCF in October 2005 asserts that "the Florida taxpayer [is] a significant stakeholder that requires evidence of efficiency and effectiveness." The related success indicator is an "increased percent of customers satisfied with service provided by or funded by the Department." Prior to 2002, DCF had a department-wide customer satisfaction measure that was used. That instrument was a 9-item Likert scale survey with one open-ended question that was given to various constituencies. It is uncertain at this time whether the Department will reinstate the use of that measure or if they will be reliant upon provider-generated data. With that uncertainty in mind, it was decided to scan for existing measures and procedures being implemented by lead agencies. At the outset, it was anticipated that measures would be in place to determine satisfaction of parents and caregivers. Upon requesting information from the lead agencies, it became evident that multiple measures and processes are being implemented to gather customer satisfaction from various constituencies (e.g., parents, foster parents, and community providers).

Methods

Each lead agency executive director was contacted via e-mail and asked to respond to two requests. The first request was to complete or update the staffing form developed for the CBC evaluation (see Appendix B). Lead agencies that had previously responded to this request were sent their prior response and offered the option of updating the form rather than re-creating the form. The second request was to provide information regarding all customer

satisfaction tools and processes. Follow-up contact was made in the form of repeated e-mail communication.

Limitations

This entire section is based on self-reported data provided by the lead agencies. No attempts have been made to clarify or validate the responses. This results in a lack of detail that may be desired by some readers. For example, it is not clear in reviewing the staffing mechanisms table whether each “X” on the table reflects a separate staffing, a function performed during a staffing, or both. One agency may indicate one staffing that serves multiple purposes whereas another lead agency may report by purpose (resulting in what appears to be multiple staffings). In short, the findings presented in this section are intended to be illustrative rather than comparative.

Findings

Staffing structures

Nineteen of the 20 lead agencies responded to the request for information. Three lead agencies (i.e., BBCBC, CFC, and ChildNet) indicated that no staffing procedural changes had been made since their previous response. St. Johns did not respond to the current request, but their prior response is included.

Table 8 presents the various staffing structures that have been implemented to help facilitate the transfer of cases from the child protective investigations (CPI) unit to lead agency services units. The findings of this most recent survey continue to show a shift away from the Early Services Intervention (ESI) staffings that were held by the CPI units to staffings that are more inclusive of family members and community providers. ESI staffings continue to be statutorily mandated, but are being combined with other early intervention activities. FSMO, CBCVF, and HFC are implementing community resource/diversion staffings to assist families who can benefit from services without adjudication. For example, FSMO’s Community-Based Interventions staffings are held monthly and are attended by CPIs, a Resource Specialist, a Diversion contractor, other community stakeholders, and FSMO leadership in order to be able to access flexible dollars if needed for intervention. As noted in a previous report (Armstrong et al., 2005), three agencies (FFN, HKI, and ChildNet) have adopted assessment review staffings where a multidisciplinary team joins with the family to review the comprehensive behavioral health assessment or another family assessment. Five lead agencies have implemented a telephone triage procedure (noted on Table 8 as Intake triage & referral, also sometimes

referred to as Intake & Placement) that initiates the placement of a child in out-of-home care, while also assuring relative searches are occurring (FSMO) and engaging a relative caregiver support coordinator when children are to be placed with relatives (CBC of Seminole). These shifts in staffings reflect a move toward more front-end services for families as they come to the attention of the lead agencies.

Table 8.
Staffings at Time of Transfer from CPI to Lead Agency

Lead Agency	ESI Staffing	ESI Conflict Resolution	Comprehensive/ Family Assessment Review Staffing	Pre-Shelter Conference	Initial Family Case Conference	Intake triage & referral	Case transfer staffing	Preliminary staffing	Initial Staffing	Protective Investigations	Community Resources/ Diversion
Families First Network	X		X								
Big Bend Community Based Care, Inc.							X	X			
Partnership for Strong Families							X		X		
Family Support Services of N. Florida	X										
Family Matters of Nassau County	X										
St. Johns County Board of County Commissioners*	X										
Clay & Baker Kids Net, Inc.						X					
Sarasota Family YMCA, Inc.	X										
Hillsborough Kids, Inc.	X	X	X		X		X				X
Community Based Care of Seminole, Inc.	X					X					
Community Based Care of Brevard, Inc.							X				
Family Services of Metro- Orlando, Inc.					X	X					X
Children's Network of SW FL						X					
Child & Family Connections	X				X						
ChildNet, Inc.	X		X		X					X	
Our Kids of Miami-Dade & Monroe, Inc.									X		
Community-Based Care of Volusia/Flagler	X				X	X	X				X
Kids Central, Inc.	X			X							
Heartland for Children	X	X					X			X	X
United for Families							X				

* June 2005 response used

Timely achievement of permanency is a primary focus for all child welfare agencies and Florida's lead agencies are no exception. As such, lead agencies have developed various practices that allow them to move families through the system and toward permanency resolution (see Table 9). One common solution to minimize opportunities for cases to "stall" has been to increase the frequency of permanency staffings (e.g., three-month permanency staffings and "as needed" case status staffings). Heartland holds staffings for permanency at 3, 5, 8 and 11 months. CBCVF reported that they conduct permanency staffings upon the initial case plan and before every judicial review. According to various agency reports, permanency staffings are also increasingly inclusive of family members and are attentive to the best interests of the children as movement toward permanency occurs. Five lead agencies (FFN, CBKN, Children's Network, CBCVF, and HFC) are now implementing special reviews for children and youth with challenging permanency options. FSS has introduced a new staffing to review sibling separation for the purposes of reunification (in addition to sibling separation for adoption). CBKN reported special staffings for visitation/reunification of children under age 5, recognizing the increased vulnerability of these children.

Table 9.
Permanency Staffings

Lead Agency	Permanency Staffing	3-Month Permanency Staffing	Independent Living (13 & 14 year olds)	Independent Living (15-17 years old)	Independent Living/ Child Aging Out	Permanency/ Reunification	Expedited TPR	Sibling Separation for Reunification	Challenging Children Permanency Option Review	Case Status Staffing
Families First Network	X	X	X	X	X	X	X		X	
Big Bend Community Based Care, Inc.	X				X	X				
Partnership for Strong Families	X				X	X	X			X
Family Support Services of N. Florida	X				X		X	X		
Family Matters of Nassau County	X					X				
St. Johns County Board of County Commissioners*	X					X				
Clay & Baker Kids Net, Inc.	X		X	X	X	X	X		X	X
Sarasota Family YMCA, Inc.	X				X	X				
Hillsborough Kids, Inc.	X	X		X	X	X				
Community Based Care of Seminole, Inc.					X	X				
Community Based Care of Brevard, Inc.	X				X					
Family Services of Metro-Orlando, Inc.	X		X	X	X	X				
Children's Network of SW FL	X				X	X	X		X	
Child & Family Connections	X	X			X	X				
ChildNet, Inc.	X	X			X	X				
Our Kids	X									
Community-Based Care of Volusia/Flagler	X		X	X	X	X	X		X	X
Kids Central, Inc.	X									
Heartland for Children	X	X	X	X	X	X	X		X	
United for Families	X				X	X				

* June 2005 response used

For those children for whom adoption is the most realistic permanency option, staffing structures that allow for careful consideration of placement options have also proliferated (Table 10). Particular attention is being paid to assure that time is not lost as a child is transferred from ongoing family services to adoptions. Also, there is increased effort to assure that the legal requirements are being met so as to reduce court-related delays. Every lead agency attends to issues related to sibling separation when addressing adoption (the Sarasota YMCA includes this type of review as part of their adoption staffing).

Table 10.
Adoption-related Staffings

Lead Agency	Adoption Staffing	Family Selection/ Adoption Match	Adoption Review Committee	Adoption Action Plan Review	Separated Siblings	Adoption Audit	Adoption Transfer Staffing	Adoption Legal Risk Match
Families First Network	X	X	X		X	X	X	X
Big Bend Community Based Care, Inc.		X	X		X			
Partnership for Strong Families		X	X					
Family Support Services of N. Florida		X	X		X			
Family Matters of Nassau County					X			
St. Johns County Board of County Commissioners*	X	X	X		X			
Clay & Baker Kids Net, Inc.	X							
Sarasota Family YMCA, Inc.	X	X	X	X	X	X	X	
Hillsborough Kids, Inc.		X			X	X		
Community Based Care of Seminole, Inc.					X			
Community Based Care of Brevard, Inc.		X	X		X			
Family Services of Metro-Orlando, Inc.	X	X	X		X			
Children's Network of SW FL		X	X		X		X	X
Child & Family Connections	X	X	X	X	X			
ChildNet, Inc.	X	X	X		X		X	
Community-Based Care of Volusia/Flagler	X		X		X			
Kids Central, Inc.		X	X		X			
Heartland for Children								
United for Families								

* June 2005 response used

Table 11 presents the various case review staffings that are being covered by the lead agencies. According to descriptions offered by the lead agencies, these meetings are the most likely to include some type of family meeting. While most lead agencies report case plan conferences, PSF added an additional component, using the opportunity to mediate cases with the support of child welfare legal staff, a guardian ad litem (GAL), and a court-appointed mediator. Family conferences were a special focus of the June 2005 CBC Evaluation report (Armstrong et al., 2005). At that time, nine lead agencies reported employing some form of family conference and an additional agency (HKI) was planning to begin. Upon completion of the most recent survey, a total of 13 agencies have begun implementation of a family conferencing model, including HKI. CBC of Seminole reports broadening their Family Service Teams to incorporate permanency staffings and length of stay reviews. In the June 2005 report, preliminary examination of Family Team Conferences as an independent variable indicated that the practice results in significant reductions in length of stay in out-of-home care and decreased likelihood of re-entry into out-of-home care within 12 months.

Table 11.
Case Review Staffings/Family Team Meetings

Lead Agency	Case Review Staffing	Case Plan Conference	Goal Change Staffing	Family Team Conference	Family Service Teams	Family Group Conference	Utilization Review	Case Staffings	Case Closure Staffing
Families First Network		X		X				X	
Big Bend Community Based Care, Inc.		X							
Partnership for Strong Families		X		X				X	
Family Support Services of N. Florida				X					
Family Matters of Nassau County	X	X							
St. Johns County Board of County Commissioners*				X					
Clay & Baker Kids Net, Inc.		X							
Sarasota Family YMCA, Inc.		X	X						X
Hillsborough Kids, Inc.	X	X		X					
Community Based Care of Seminole, Inc.					X				
Community Based Care of Brevard, Inc.				X			X		
Family Services of Metro-Orlando, Inc.		X				X			
Children's Network of SW FL		X							
Child & Family Connections		X							
ChildNet, Inc.	X	X		X					
Our Kids		X		X			X		X
Community-Based Care of Volusia/Flagler	X	X		X					X
Kids Central, Inc.					Planning				
Heartland for Children		X		X					
United for Families	X	X							

* June 2005 response used

In addition to safety and permanency, child welfare professionals are required to maintain a focus on stability for children. Table 12 presents the various staffing structures that have been developed with this emphasis in mind. Staffings are covered to consider various

changes in placement that move toward a long-term goal of permanency and stability. A new staffing mechanism noted in this survey is Seminole's Out of Home Licensed Care Review, which includes a review of siblings separated in placement. There appears to be an increased sensitivity to the issue of sibling separation as evidenced by new staffing mechanisms related to permanency, adoptions, and now, placement maintenance.

Table 12.
Placement Maintenance Staffings

Lead Agency	Placement Change	Placement Stabilization	Placement Support	Placement Review	Family Service Planning Team (FSPT)	Residential Review	High End Reviews	Disruption/Conflict	Institutional Staffings	Out of Home Licensed Care Review	Critical Incidents	Residential Discharge	Length of Stay Review	Group Home Staffing	Level of Care	Visitation
FFN		X		X		X		X				X			X	X
BBCBC													X	X		
PSF											X					
FSS				X												
Family Matters		X		X												X
St. Johns	X														X	X
CBKN			X	X		X		X					X		X	
Sarasota Family YMCA, Inc.		X														
HKI							X									
CBC of Seminole		X													X	
CBC of Brevard	X												X		X	
FSMO								X								
Children's Network of SW FL			X					X								
CFC	X	X	X			X		X	X			X	X	X		
ChildNet											X				X	
Our Kids					X										X	
CBCVF				X		X			X						X	
KCI						X		X	X							X
HFC																
UFF																

* June 2005 response used

Table 13 presents various staffings that have been developed by lead agencies to address specific issues at a case level. For example, Complaint staffings would only occur in those cases where a complaint has been made about the lead agency or any of their contract providers. Of note in this general category is the number of lead agencies (nine) that use multidisciplinary teams (MDT) to review challenging cases; these typically include mental health provider involvement. FSMO implemented an additional MDT in conjunction with its local Child Protection Team (CPT). These staffings are held as needed and are generally attended by CPIs, case managers, and child welfare legal services.

Table 13.
Unique Staffing Practices

Lead Agency	High Risk Staffings	Complaint Staffings	Facilitation Staffing	Conflict Resolution	Multidisciplinary Staffing	Clinical Committee Meeting	Child Welfare Legal Staffing	Medicaid Determination	Born into Active Cases	Teen Runaway Staffing	Drug Court	Critical Juncture Staffings
FFN	X	X	X		X				X		X	X
BBCBC								X				
PSF	X											
FSS	X	X										
Family Matters	X				X							
St. Johns*		X										
CBKN			X	X	X				X	X	X	
Sarasota Family YMCA, Inc.					X							
HKI					X							
CBC of Seminole			X									
CBC of Brevard					X							
FSMO									X	X		
Children's Network of SW FL	X	X		X	X		X	X	X	X	X	
CFC							X					
ChildNet		X			X					X		X
Our Kids						X						
CBCVF	X				X					X		X

* June 2005 response used

Table 14 presents various staffings/meetings that have been created by lead agencies to address the “business” of implementing Community-Based Care (e.g., High Utilization Review or CQI Priority Review) and to address system-wide issues as opposed to case specific matters. These meetings begin to venture away from the already broad definition used for “staffing,” but do address the important steps being taken by lead agencies to work in partnership with other local providers and state departments to meet the needs of the children and families they serve.

Table 14.

System-wide Planning Meetings

Lead Agency	CQI Priority Review	QA Committee	High Utilization Review	Child Death Review	Missing Children	SAMH Monthly Meetings	STFC Provider Meeting	Local Advocacy Council	Level of Care Assessment Meetings	DCF/DJJ/CBC Meeting	DJJ Audit
Families First Network		X		X							
Big Bend Community Based Care, Inc.		X									
Partnership for Strong Families		X		X							
Family Support Services of N. Florida		X									
Clay & Baker Kids Net, Inc.		X		X							
Hillsborough Kids, Inc.	X										X
Children’s Network of SW FL					X						X
Child & Family Connections		X	X								
ChildNet, Inc.								X			
Our Kids						X	X		X	X	
Community-Based Care of Volusia/Flagler		X	X	X							

The current review of staffing mechanisms continues to reflect an increase in the implementation of family conferencing models. As already discussed, a total of 13 lead agencies now report such practice. Another observation is that lead agencies who do implement family

conferences are using those meetings to address both case plans and permanency issues. In the past, a typical practice had been that case plan conferences and permanency staffings were separate meetings that were often attended by different constituents. Most notably, by administrative rule, permanency staffings held by DCF did not routinely include biological parents. The shift to family conferences is reflective of a more inclusive child welfare practice that highlights the role of the family in achieving permanency. This review of staffing mechanisms further emphasized the importance of family in the lives of children by an increased report of staffings designed to address issues related to sibling separation for adoption, reunification, and placement.

Customer satisfaction.

As noted, every lead agency was asked to share customer satisfaction measures and processes. Of the 20 lead agencies, 14 responded to this request. “Customer” has been broadly defined by many lead agencies to include the children and families served, various community stakeholders, contract providers, foster parents, and adoptive parents. Of the 14, one lead agency (CBC of Seminole) indicated that they do not have anything formal in place for assessing satisfaction at this time. The remaining 13 agencies reported a combination of processes including surveys and interviews with various respondents.

Two lead agencies (Children’s Network and CBCVF) indicated that they do not keep any quantitative data regarding customer satisfaction, but do participate in interviews for a qualitative review of satisfaction. For example, Children’s Network does “not keep quantitative data for client satisfaction,” but uses qualitative data gathered during quality reviews of cases throughout the year. CBCVF reported that the agency does not use a formal customer satisfaction tool, but cooperates with the local Foster Care Coalition surveys that are completed annually.

Several lead agencies continue to use mechanisms (i.e., exit interview and the previous Departmental satisfaction survey) designed and implemented by DCF for their measures of consumer satisfaction. Two lead agencies specifically mentioned the importance of the child exit interviews for feedback on their system. FSS reports that the exit interviews conducted when children are moved is the only “current/consistent tool” that they have. FFN uses the interviews to gather valuable information regarding children’s experiences in foster care and will continue to do so until their own measures are developed. Heartland reviews exit interviews and passes identified issues to a program specialist for further research, as necessary, and resolution.

The previously used DCF Client Satisfaction Survey is a 9-item Likert scale survey (with one additional, open-ended question asking for suggestions for service improvement) that had previously been implemented across all DCF program areas. Items are rated from 5 (Strongly agree) to 1 (Strongly disagree). Those items include:

1. I was treated with respect.
2. I was seen for services on time.
3. I was able to talk with staff when I needed to.
4. I received services when I needed them.
5. It was easy for me to get to the office.
6. If I had a complaint(s), it was handled well.
7. I received services that were very helpful.
8. The staff helped me find other services that I needed.
9. Overall, I am satisfied with the services that I received.

Five lead agencies (FFN, Family Matters, Sarasota Y, HKI, and FSMO) use the DCF satisfaction survey, either in its entirety or with minor revisions. For example, Family Matters has adapted one item to read “I was able to talk with staff when I needed to *and within the 24-hour time line.*”

In addition to using the DCF survey, HKI has developed a Child Satisfaction Survey that has eight yes/no items that include:

1. Did your care manager talk with you alone during your home visits?
2. Were you comfortable speaking to your care manager about your needs?
3. If over 13 years old, did your care manager tell you about staffings and court hearings regarding your case? If yes, did you attend?
4. Were you offered services (example: counseling, independent living services)?
5. Do you think HKI wanted what was best for you and your family?
6. Were you able to maintain contact with your parents and siblings?
7. Were you happy with the way HKI has handled your case?
8. Is there anything that you would like to share that you think HKI could have done better (with space for comments)?

Five lead agencies are in the process of using or developing their own measures for customer satisfaction.

- **FFN** – continues to use the discontinued DCF Customer Satisfaction Survey until they are able to develop an instrument of their own. This task is part of FFN's annual plan for the current year. Ultimately, they plan to add referral source and stakeholder surveys as well.
- **BBCBC** – includes the development of customer satisfaction measures and processes is part of their Quality Assurance/Quality Improvement Plan. No time estimates for completion were offered.
- **FSMO** – uses the DCF survey for children over the age of 12, parents/caregivers, and referral sources; but plans to revise the survey at the beginning of 2006. Their process also includes a survey of contract providers and partners.
- **CBC of Brevard** – is developing their own tools and will begin focus groups and surveys in February 2006; the agency wanted time to transition to their new role as a CBC lead agency before undergoing any data collection.
- **UFF** – uses their customer satisfaction surveys for three primary groups/purposes: to get input from case managers on specific services performed by providers, to get input from adoptive families, and to get input from foster families

There are two lead agencies that have developed intensive customer satisfaction processes. Both of these lead agencies, PSF and HFC, have made efforts to link the satisfaction process with the team planning process. For example, PSF's surveys include items specific to key respondents' knowledge about and involvement in family team meetings and HFC takes advantage of attendance at various staffings as an opportunity to collect satisfaction information from attendees.

- **PSF** – has developed a series of related satisfaction surveys for stakeholders, adoptive parents, children and adolescents, contract providers, foster parents, and parent/guardians. These surveys all include items related to PSF responsiveness, availability, cultural sensitivity, as well as questions specific to the Family team meetings. The agency collects and has quantitative data available regarding responses.
- **HFC** – has developed a series of processes that assess customer satisfaction at the case level, the agency procedure/process level, and the community level. Surveys for children and families, foster parents, case management organizations, and partner providers have been developed. In addition, HFC staff conduct telephone surveys with a

random sample of caregivers who have received a monthly visit from their case manager to ask questions about those interactions. Telephone interviews are also conducted with randomly selected foster parents to assess their interactions with case managers as well as the completeness of records provided by the agency regarding children in their care. In order to assess involvement of various stakeholders in staffings, surveys are conducted at randomly selected ESI staffings, CPI staffings, and permanency staffings. These surveys ask, for example, about their comfort with the staffing process, their ability to participate, and the overall utility of the meetings.

At a macro level, HFC has also used the Interagency Collaboration Scale developed by Drs. Paul Greenbaum and Robert Dedrick at the University of South Florida as a community partners' survey. Although not developed as a satisfaction instrument per se, it was considered invaluable in obtaining community perspective on "connectedness" to the lead agency. Connectedness is one of five areas measured by the scale (the other areas are: beliefs, collaborative activities, organizational practices, and service diversity) and includes items such as "How difficult is it to contact the organization when you need information or help?" and "How familiar are you with the services provided by the organization?"

Assessment of customer satisfaction is a key element in the quality assurance/improvement plan for any human service agency. While the State no longer contractually requires gathering of customer satisfaction data, it is encouraging to report that systems are still being developed and implemented by lead agencies across Florida. What is not present in this review is a discussion of how findings are used to inform agency planning or decision-making. Open forums for lead agencies to share their efforts and discuss how information is used should be encouraged. Such forums could be facilitated by DCF, the Coalition for Children, or by the lead agencies.

Research Question 3: Cost Analysis

How effective is Community-Based Care at managing all resources and costs efficiently?

Table 15.
Research Question 3: Cost Analysis

Section	Evaluation Question(s)	Indicators	Sources
<p><i>Section 3: Cost</i></p> <p>How effective is Community-Based Care at managing all resources and costs efficiently?</p>	How do actual lead agency expenditures compare to budgeted amounts?	Total lead agency expenditures; total lead agency service contract amounts	FLAIR, FY04-05 lead agency service contracts
	How do average expenditures per child served and average expenditures per child day vary across lead agencies?	Average expenditures per child served, average expenditures per child day	FLAIR, HS _n
	What is the range of lead agency expenditures for out-of-home services as part of total direct services expenditures?	Out-of-home services expenditures as a proportion of total direct services expenditures	FLAIR
	How do average expenditures per child served, child day, and out-of-home services dollars as a portion of total direct services expenditures vary over time?	Average expenditures per child served, average expenditures per child day, out-of-home services expenditures as a proportion of total direct services expenditures	FLAIR, HS _n

Introduction

One of the goals of the CBC legislation is for CBC lead agencies to manage child welfare resources and costs efficiently and effectively. Because lead agency service contracts now exist in every county in the State, the analysis of child protective services expenditures will begin to explore budget and expenditure differences across lead agencies and over time. Specifically, the analysis presented here will begin with a comparison of FY04-05 budgeted and actual expenditures by lead agency. The analysis will also assess the extent to which FY04-05 average expenditures per child served and average expenditures per child day varied across lead agencies. The proportion of lead agency direct services expenditures used for out-of-home, in-home, and adoption services will be presented.

Finally, for the six lead agencies that had service contracts for the entire fiscal years FY03-04 and FY04-05, a comparison of average expenditures per child served, average expenditures per child day, and out-of-home expenditures as a proportion of total child protective services expenditures over time will be calculated.

Methods

Lead agency allocations and expenditures for FY04-05 were analyzed for every lead agency that had a service contract for the entire FY04-05.¹⁷ Allocation amounts (i.e., the lead agency's total budget for child protective services) reflect each lead agency's total contract amount for the fiscal year and were pulled from the final version of Attachment II from each lead agency's FY04-05 service contract. The overall difference between allocation and expenditures (i.e., the variance) for each lead agency was calculated. The variance percentage, which is equal to the variance amount divided by the budget amount, was also calculated.

Direct services expenditures for child protective services were broken out for each lead agency. For this analysis, direct services expenditures are defined as expenditures incurred by lead agencies for out-of-home care (e.g., family out-of-home care, independent living support), in-home services (e.g., family preservation), services related to adoption, and other child protective services that do not fit into the previous three categories (e.g., prevention services, training).

DCF accounting data from the Florida Accounting Information Resource (FLAIR) were used to calculate child protective services expenditures. The Office of Financial Management generated spreadsheets containing expenditures by lead agency and Other Cost Accumulator (OCA) for budget entities (BEs) 60910303 (Child Abuse Prevention/Intervention), 60910304 (Child Protection Permanency), and 60910307 (Family Safety - Program Management & Compliance). With guidance from Office of Revenue Management staff, appropriate BE-OCA combinations that were used for direct child protective services expenditures were identified.¹⁸ This analysis covers FY03-04 and FY04-05,¹⁹ the most recent year for which data is available.

Ideally, total expenditures would be compared; however, lead agencies vary by the number of children they are obligated to serve and the number of children enrolled in the child

¹⁷ This analysis includes a total of 16 lead agencies. This excludes the following lead agencies that had service contracts that began after the beginning of the fiscal year; including CBC of Brevard, CBC of Seminole, Our Kids of Miami-Dade/Monroe, and Partnership for Strong Families.

¹⁸ Expenditures reflect actual spending and these data include any DCF overpayments that have been returned by lead agencies after year-end reconciliation.

¹⁹ Expenditures that were incurred during FY04-05 but certified forward and not paid until FY05-06 were included if recorded by December 31, 2005.

welfare system. Thus, average expenditures per child were calculated using two separate denominators: (1) total number of children served,²⁰ and (2) total number of child-days. A “child served” is defined as any child receiving protective supervision, Intensive Crisis Counseling Program (ICCP), voluntary family services, other in-home services, out-of-home care, or adoptive home placement during the relevant fiscal year. The total number of children served is an unduplicated count (i.e., a child who exits and reenters the system in the same year is only counted once). A “child-day” is defined as each day of service in which the child received protective supervision, ICCP, voluntary family services, other in-home services, out-of-home care, or adoptive home placement during the relevant fiscal year. The advantage to presenting average expenditures per child using two separate measures of the number of children is that it is possible to analyze whether there were similar or dissimilar patterns that might aid interpretation. Children served and child-day data were extracted from HSn.

In order to assess change over time, we compared average expenditures from FY03-04 to FY04-05 among the six lead agencies that had service contracts for the entire two years (CBCVF, ChildNet, FFN, FSS, HKI, and Sarasota YMCA - South). To adjust for inflation, expenditures from FY03-04 were converted to FY04-05 dollars using the Consumer Price Index (CPI) for the South Region of the United States.

Limitations

Some limitations are associated with the cost analysis. None of the expenditure data have been adjusted to reflect differences in case mix, historical geographic differences in allocations, or other factors that may influence spending for child protective services. These results may not generalize to the four lead agencies that were excluded from the analysis. Because only six lead agencies had sufficient service contract history to allow a longitudinal comparison, the year-over-year findings may not be generalizable to the remaining 14 lead agencies. These results should be treated as descriptive and inferences should not be drawn from them. Additional data from FY04-05 and future years will improve the ability to make valid and reliable comparisons across lead agencies. Another limitation of the current data is that they do not include FY04-05 certified forward expenditures that were recorded in FLAIR after December 31, 2005, which may result in a slight underreporting of actual expenditures for some lead agencies. Due to these limitations, readers should realize that expenditures reported are based on data available at the time of the analysis.

²⁰ In their January 2006 presentations to legislative committee staff, DCF used a different denominator (three-month average number of children served) to calculate average budget per child.

Findings

Lead Agency Budget Versus Actuals

Among the 16 lead agencies and 18 service contracts analyzed,²¹ average actual expenditures were 3.2% lower than the average allocation during FY04-05. As shown in Table 16, three of the 16 lead agencies (CBCVF, ChildNet, and HKI) spent within 1% of their budget and another three agencies (BBCBC - 2B, FSS, and KCI) spent within 2% of their budget. Two of the 16 lead agencies were more than 10% under budget – CBKN (16.4%) and Family Matters (14.1%). Only one lead agency exceeded its FY04-05 budget; BBCBC - 2A, which took over PCBC in District 2A with an emergency services contract on March 1, 2005, went 3.9% over budget during the remainder of the fiscal year.

²¹ Big Bend and Sarasota YMCA each had two service contracts for distinct geographic areas during FY04-05.

Table 16.
Lead Agency Budget Vs. Actual Expenditures (FY04-05)

Lead Agency	Budget	Actual*	Variance	Variance %
Big Bend Community-Based Care - 2A**	\$4,108,654	\$4,270,655	\$162,001	3.9%
Big Bend Community-Based Care - 2B	\$12,726,793	\$12,568,809	(\$157,984)	-1.2%
Community-Based Care of Volusia & Flagler	\$20,466,957	\$20,435,439	(\$31,518)	-0.2%
Child & Family Connections	\$32,583,312	\$31,598,142	(\$985,170)	-3.0%
ChildNet, Inc.	\$62,532,938	\$62,424,488	(\$108,450)	-0.2%
Clay & Baker Kids Net, Inc.	\$6,834,412	\$5,716,088	(\$1,118,324)	-16.4%
Children's Network of Southwest Florida	\$23,232,042	\$21,804,837	(\$1,427,205)	-6.1%
Family Matters of Nassau County	\$2,153,259	\$1,850,049	(\$303,210)	-14.1%
Family Services of Metro-Orlando, Inc.	\$39,774,291	\$36,985,869	(\$2,788,422)	-7.0%
Families First Network	\$28,266,035	\$26,675,371	(\$1,590,664)	-5.6%
Family Support Services of North Florida	\$31,804,166	\$31,204,297	(\$599,869)	-1.9%
Heartland for Children	\$34,555,525	\$33,064,088	(\$1,491,437)	-4.3%
Hillsborough Kids, Inc.	\$51,456,206	\$51,456,205	(\$1)	-0.0%
Kids Central, Inc.	\$31,854,022	\$31,274,673	(\$579,349)	-1.8%
Sarasota YMCA North	\$42,360,085	\$40,964,120	(\$1,395,965)	-3.3%
Sarasota YMCA South	\$21,174,952	\$20,267,609	(\$907,343)	-4.3%
St John's County Board of County Commissioners	\$4,167,744	\$3,762,267	(\$405,477)	-9.7%
United for Families	\$17,056,858	\$15,704,703	(\$1,352,155)	-7.9%
Total				

* Actual expenditures include all FY04-05 expenditures that were recorded in FLAIR by 12/31/05.

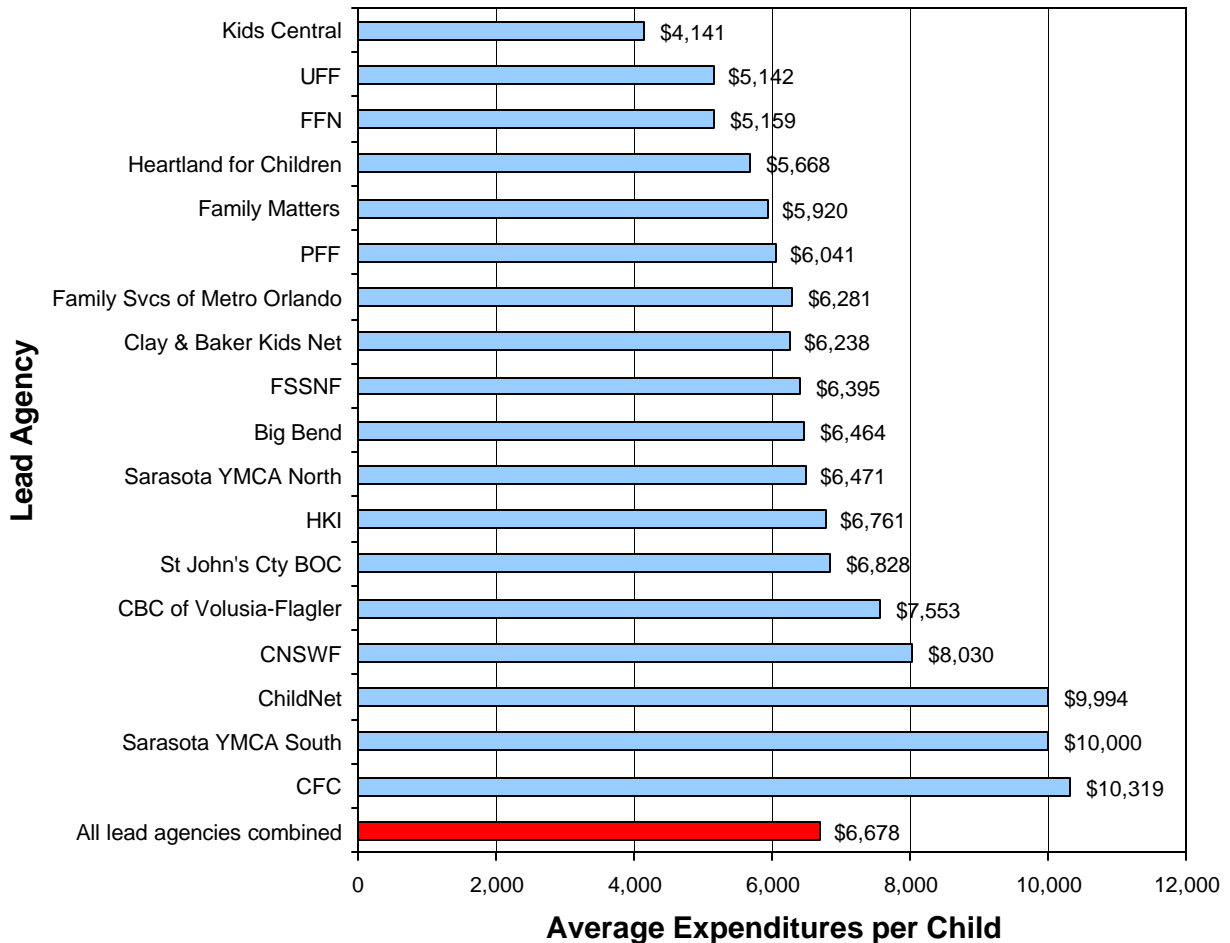
**Only reflects emergency contract, which began 3/1/05; PFF excluded from this analysis because we didn't have information about their contract, which ended 2/28/05.

Lead Agency Average Expenditures per Child Served

Across all of the lead agencies with service contracts for the entire fiscal year, average expenditures per child served for the fiscal year were \$6,678, as shown in Figure 10. CFC had

the highest average expenditures per child served of any lead agency last year (\$10,319), followed by Sarasota YMCA - South (\$10,000), and ChildNet (\$9,994). KCI had the lowest average expenditures per child served of any lead agency during FY04-05 (\$4,141), followed by UFF (\$5,142) and FFN (\$5,159).

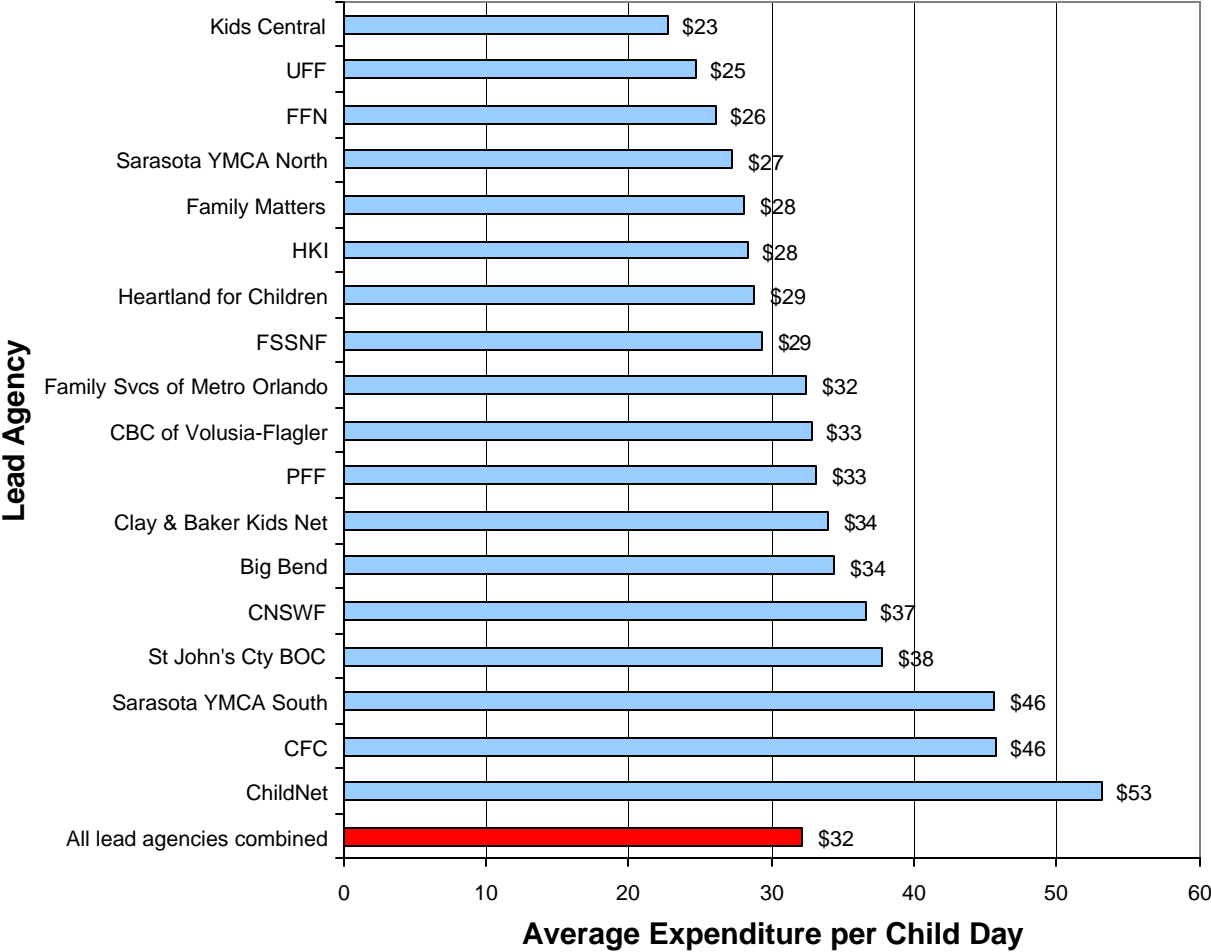
Figure 10.
Average Expenditures per Child Served by Lead Agency, FY 2005



Lead Agency Average Expenditures per Child Day

During FY04-05, average expenditures per child day for all of the lead agencies combined were \$32. As shown in Figure 11, the results across lead agencies were similar to those found for average expenditures per child served. ChildNet had the highest average expenditures per child day of any lead agency in FY04-05 (\$53), followed by CFC (\$46) and Sarasota YMCA - South (\$46). KCI had the lowest average expenditures per child served of any lead agency last year (\$23), followed by UFF (\$25) and FFN (\$26).

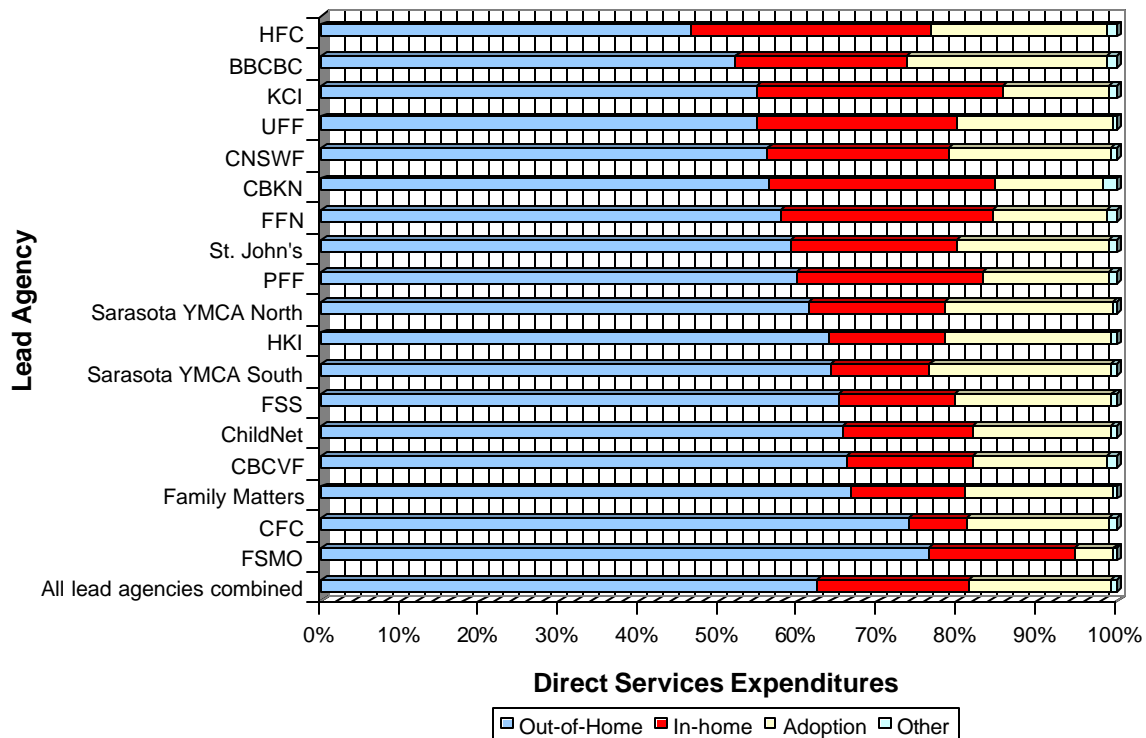
Figure 11.
Average Expenditures per Child Day by Lead Agency FY 2005



Lead Agency Expenditures by Type of Service

On average, CBC lead agencies spent 62% of their direct services expenditures on out-of-home services during FY04-05, as shown in Figure 12. Family Services of Metro Orlando (FSMO) spent the highest proportion of direct services expenditures on out-of-home care (76%), followed closely by CFC (74%). HFC spent the lowest proportion of direct services expenditures for out-of-home services (46%), followed by BBCBC – 2A (52%). In-home services accounted for 19% of direct services expenditures by lead agencies during FY04-05. KCI (31%) and HFC (30%) had the highest proportion of in-home services expenditures, while CFC (7%) had the lowest proportion of in-home services expenditures. Adoption services accounted for 18% of direct services expenditures by lead agencies last year. The proportion of adoption services expenditures ranged from 25% (BBCBC – 2B) to 5% (FSMO).

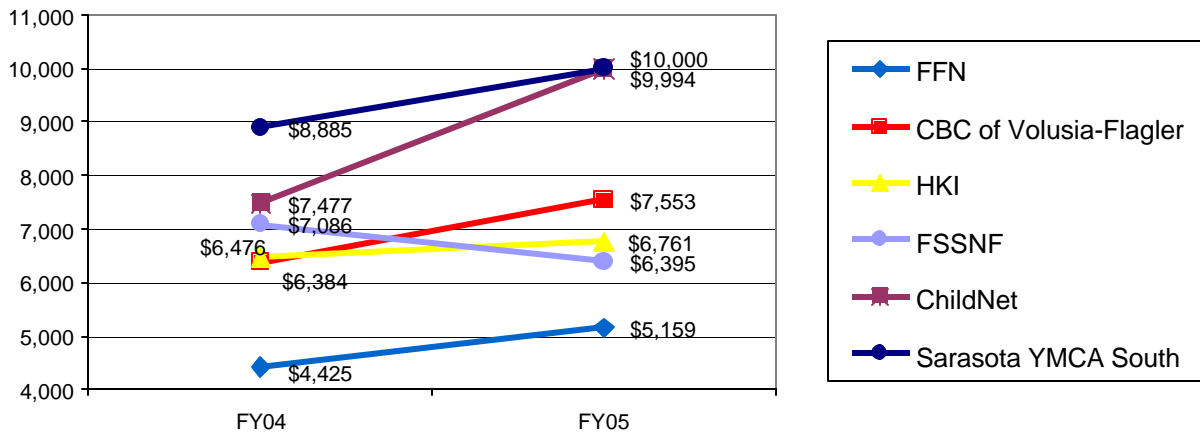
Figure 12.
Direct Services Expenditures by Type of Service by Lead Agency, FY 2005



Average Expenditures FY03-04 vs. FY04-05

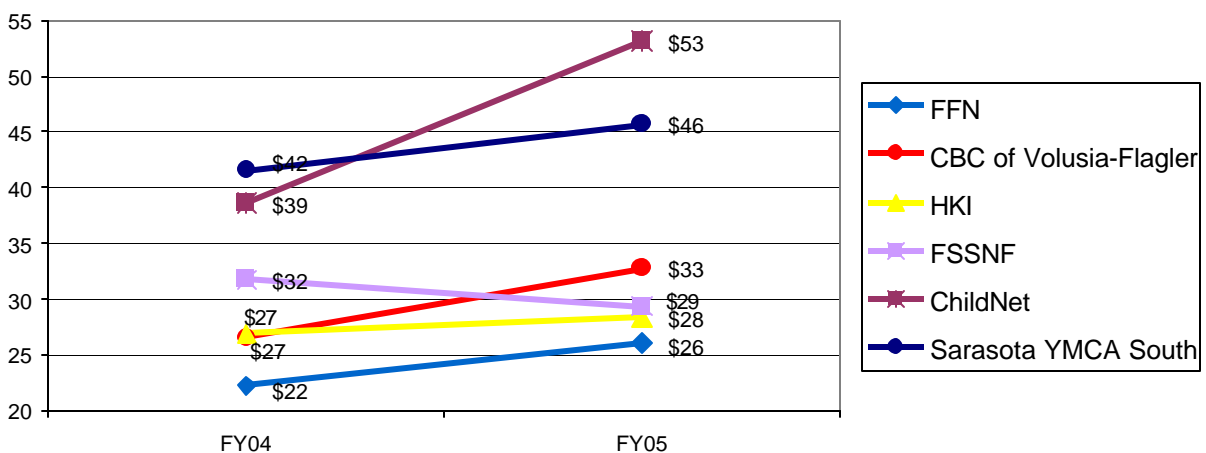
Average expenditures per child served increased from FY03-04 to FY04-05 for five of the six lead agencies examined. As shown in Figure 13, ChildNet experienced the highest year-over-growth in average expenditures, increasing 34%, from \$7,477 in FY03-04 to \$9,994 in FY04-05. CBCVF (18%) and FFN (17%) experienced the next highest increases in average expenditures per child served. FSS was the only lead agency for which average expenditures per child served decreased (-10%), from \$7,086 (FY03-04) to \$6,395 (FY04-05). There are many potential explanations for changes in average expenditures per child served over time, but the available data do not allow us to draw any specific conclusions that explain these changes.

Figure 13.
Average Expenditures per Child Served, FY 2004 vs. FY 2005



There was a similar trend for the year-over-change in average expenditures per child day, with five of six lead agencies experiencing an increase (see Figure 14). Average expenditures for ChildNet rose from \$39 to \$53, an increase of 38%. CBCVF (23%) and FFN (17%) experienced the next highest increases in average expenditures per child day. Average expenditures per child day for FSS decreased by 8%, from \$32 to \$29. There are many potential explanations for changes in average expenditures per child day over time, but the available data do not allow us to draw any specific conclusions that explain these changes.

Figure 14.
Average Expenditures per Child Day, FY 2004 vs. FY 2005

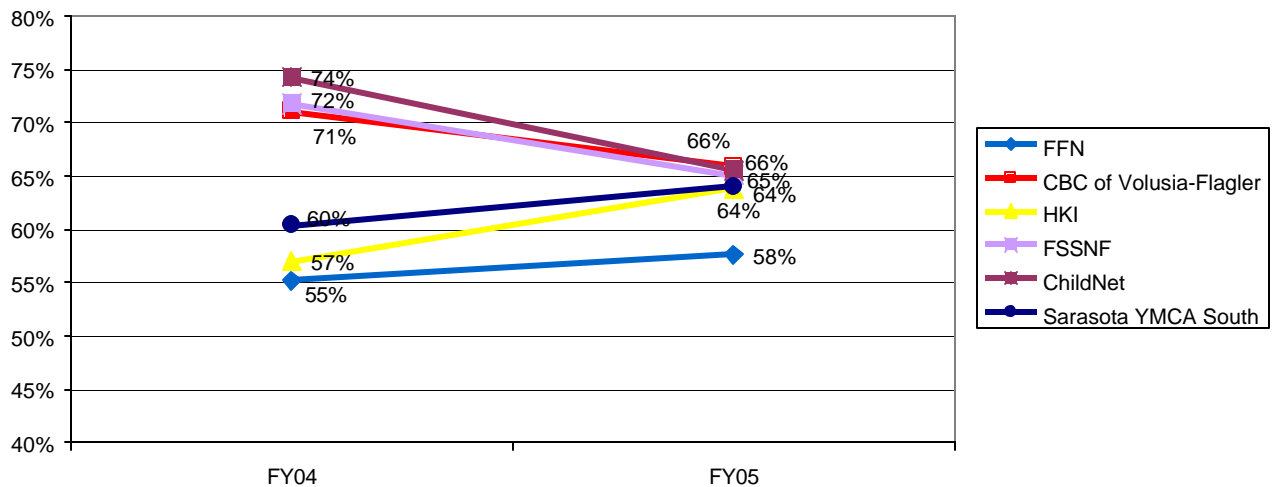


There was an interesting year-over-year change among the six lead agencies in the proportion of direct services dollars spent on out-of-home care, as shown in Figure 15. Direct

services expenditures for out-of-home care during FY03-04 ranged widely, from 55% (FFN) to 74% (ChildNet). In contrast, the FY04-05 proportion of direct services dollars spent on out-of-home care was between 64% and 66% for five of the six lead agencies analyzed. FFN was the exception, with only 58% of direct service dollars used for out-of-home care.

Figure 15.

Proportion of Direct Services Expenditures for Out-of-Home Care, FY 2004 vs. FY 2005



Discussion and Implications

While these data do not allow us to draw firm conclusions about the efficiency or effectiveness of lead agency resource management, the results presented offer a first look at the range of budget variances and average expenditures per child by lead agencies during the first year in which nearly all of Florida's child protection services were being managed and/or provided by CBC lead agencies for the entire fiscal year. Average spending across the 16 lead agencies (accounting for 18 service contracts) included in this analysis was 3.2% under budget. Budget variances ranged from -16.4% to +3.9%, with only one lead agency exceeding their budget during FY04-05. That lead agency (BBCBC – 2A) took over a service area via an emergency services contract on March 1, 2005, so the excess spending may be due to additional services provided to address unmet need from earlier in the fiscal year.

A more important finding from the budget variance analysis relates to the magnitude of unspent allocations during FY04-05. Ten of the 16 lead agencies (covering 11 service contracts) incurred expenditures that were at least 3% lower than their allocation amount. According to findings from the *Statewide Evaluation of Florida's Community-Based Care: 2004 Final Report*

(Armstrong et al., 2004), the five lead agencies analyzed in the report all spent within 3% of their allocation. Five of the 10 lead agencies underspent by 7% or more, and all five of those lead agencies were “new” lead agencies during the prior fiscal year. These findings suggest there may be need for additional training or technical assistance for lead agency or DCF contract monitoring staff during the early stage of new service contracts.

Another limitation of the budget variance analysis is that accounting data do not allow us to assess whether underspending can be attributed to more efficient service provision, withholding of necessary services, and/or restrictions on uses of funds. Federal Title IV-E funds, the largest source of child welfare funding, can only be used for out-of-home and adoption services and training, so underspending may reflect a lead agency’s inability to shift unused Title IV-E funds to pay for in-home services. DCF should pursue a IV-E waiver in order to increase the flexibility of how federal funds can be spent.

Average lead agency expenditures per child served during FY04-05 ranged from \$4,141 to \$10,319, with a statewide average of \$6,670. Average lead agency expenditures per child day for FY04-05 ranged from \$23 to \$53, with a statewide average of \$32. Both of these findings indicate that there was wide variation in average expenditures per child across lead agencies, which is consistent with findings from previous years (Armstrong et al., 2004, Armstrong et al., 2005). A limitation associated with using administrative data is the lack of data on severity, which would allow us to assess whether average expenditures per child were more similar across lead agencies after adjusting for differences in lead agency case-mix.

These data also allow a glimpse at the variation in expenditures by child protective service type. As noted in previous years, out-of-home services were the largest spending category in FY04-05. The proportion of direct services expenditures spent on out-of-home services ranged from 47% to 76%, with a statewide average of 62%. Spending on out-of-home care is driven by the price of out-of-home care and the number of days of out-of-home care provided, both of which vary by lead agency. Future research should explore these two variables.

Although statewide spending on in-home services (19%) and adoption (18%) was similar, there was considerable variation across lead agencies. In-home services spending ranged from 7% to 31%, while adoption services spending ranged from 5% to 25%. These findings reflect lead agency variation in practice.

Six lead agencies had service contracts for two complete years (FY03-04 and FY04-05), allowing a first look at longitudinal trends in lead agency spending. Average expenditures per child served and average expenditures per child day increased year-over-year for five of the six

lead agencies. Out-of-home services expenditures converged to 64%-66% in FY04-05 for five of the six lead agencies after exhibiting a wider range (55%-74%) in FY03-04. Given that the FY04-05 statewide average was 62%, these findings may reflect a natural progression of the implementation process towards a mean value.

Conclusion

The first aspect of CBC examined was its **effectiveness in achieving safety and permanency outcomes for children and families**. While in previous evaluation years, there has been insufficient longitudinal data to determine definitively whether Community-Based Care is more effective than the former state-operated system, this report offers the first indication that CBC has impacted child-level outcomes in a positive direction. During FY01-02 through FY03-04, as implementation of CBC expanded throughout the State, the proportion of children exiting care within 12 months increased while lengths of stay decreased. During the same timeframe, the maltreatment recurrence rate remained stable and the rate of out-of-home care re-entry increased only slightly.

This evaluation also examined where children go when they exit out-of-home care and found that the rate of reunification with parents has decreased over the past three fiscal years, while the rate of placement with relatives and adoptions has increased. These findings indicate that Community-Based Care's impact, thus far, has been consistent with ASFA guidelines. Although a slightly lower proportion of children are achieving permanency through reunification, the indicators suggest that children are increasingly safer and achieving more permanent placements.

Regarding the performance of individual lead agencies on indicators of child safety and permanency during FY04-05, it is important to not only consider which agencies did well or poorly on specific indicators, but also to examine overall agency performance. Specifically, this evaluation sought to identify agencies that achieved positive results across multiple indicators without sacrificing performance on one indicator to achieve higher scores on another. The permanency indicators examined were reunification, placement with relatives, adoptions, and re-entry into out-of-home care. Lead agencies with the highest proportion of children reunified (e.g., Big Bend Community-Based Care - 2A and Kids Central, Inc.) differed from those that had higher proportions of placement with relatives (e.g., St. Johns County Board of County Commissioners and Community-Based Care of Volusia & Flagler). There were only three lead agencies that surpassed the average score on both indicators: Heartland for Children, Big Bend Community-Based Care - 2B, and Families First Network.

When finalized adoptions were considered, those agencies that did the best (e.g., Child & Family Connections, Inc. and Nassau County Board of County Commissioners – Family Matters) performed below the State average on reunification, while those that had the lowest proportion of finalized adoptions (e.g., Kids Central, Inc., Big Bend Community-Based Care -

2A, and Community-Based Care of Seminole) had higher rates of reunification. No lead agency surpassed the State average for these three permanency indicators, but Families First Network and Sarasota Family YMCA - South came within two percentage points of this accomplishment.

Other indicators examined in this evaluation were recurrence of maltreatment (a safety indicator), length of stay, and the proportions of children exiting and then re-entering out-of-home care (permanency indicators) within a 12-month timeframe. As observed in previous reports (Armstrong et al, 2005), a trend can be seen across current data wherein agencies that maintained shorter average lengths of stay (e.g., St. Johns County Board of County Commissioners) and had higher proportions of children exiting care (e.g., Clay & Baker Kids Net, Inc.), were often the agencies that had the highest proportions of recurrence of maltreatment and children re-entering care. In contrast, while Hillsborough Kids, Inc. had the smallest proportion of children exiting care and United for Families had the longest length of stay, they both did well at preventing recurrence of maltreatment. Community-Based Care of Seminole was the only lead agency that performed above average across four of the six indicators (e.g., length of stay, exiting, re-entry, and maltreatment recurrence).

The effectiveness of CBC at engaging stakeholders and assessing quality was the second area investigated for this report. Lead agency staffing procedures were considered, as well as existing customer satisfaction measures and processes. An increase in the implementation of family conferencing models to address both case planing and permanency issues was observed. This shift to family conferences is reflective of a more inclusive child welfare practice that highlights the role of the family in achieving permanency. It was also noted that due to the multiple purposes of some staffings at various lead agencies, the potential for duplication of efforts is present and should be examined.

In terms of customer satisfaction measures, both Partnership for Families and Heartland for Children have developed intensive customer satisfaction processes, which involve collecting satisfaction data from a wide variety of stakeholders, such as adoptive parents, adolescents, case management organizations, and partner providers. There were also five lead agencies actively engaged in the process of developing tools to use (e.g., Families First Network, Big Bend Community-Based Care, Family Services of Metro-Orlando, Community-Based Care of Brevard, and United for Families), several of whom planned to borrow from the DCF Customer Satisfaction Survey that was used prior to most outsourcing efforts. While the State no longer requires the gathering of customer satisfaction data, it is encouraging to witness the systems being developed and implemented by lead agencies across Florida. Future efforts need to

address how the findings from satisfaction data can be used to inform policy decisions and continue quality improvement.

The final area examined for this report was **the effectiveness of CBC at managing all resources and costs efficiently**. Average spending across the 16 lead agencies (accounting for 18 service contracts) included in this analysis was 3.2% under budget. Budget variances ranged from -16.4% to +3.9%, with only one lead agency exceeding their budget during FY04-05. The lead agency exceeding its budget (Big Bend Community-Based Care – 2A) took over a service area via an emergency services contract on March 1, 2005, so the excess spending may be due to additional services provided to address unmet need from earlier in the fiscal year or for recovery and rebuilding efforts.

Ten of the 16 lead agencies incurred expenditures that were 3% lower than their allocation amount. Five of these 10 lead agencies underspent by 7% or more, and all five of those lead agencies were “new” lead agencies during the prior fiscal year. These findings suggest that there may be need for additional training or technical assistance for lead agency and/or DCF contract monitoring staff during the early stage of new service contracts. One limitation of the budget variance analysis is that accounting data do not allow the assessment of whether underspending can be attributed to more efficient service provision, withholding of necessary services, or restrictions on use of funds. Because lead agencies are not allowed to carryover unspent dollars to the next fiscal year, the incentive is to spend every dollar budgeted. Furthermore, federal Title IV-E funds, the largest source of child welfare funding, can only be used for out-of-home or adoption services, so underspending may actually reflect a lead agency’s inability to shift unused Title IV-E funds to pay for in-home services.

Average lead agency expenditures per child served during FY04-05 ranged from \$4,141 to \$10,319, with a statewide average of \$6,678. Average lead agency expenditures per child day for FY04-05 ranged from \$23 to \$53, with a statewide average of \$32.²² Both of these findings indicate that there was wide variation in average expenditures per child across lead agencies. Out-of-home services constituted the largest spending category in FY04-05. The proportion of direct services expenditures spent on out-of-home services ranged from 47% (Heartland for Children) to 76% (Family Services of Metro-Orlando), with a statewide average of 62%. Spending on out-of-home care is driven by the price of out-of-home care services and the number of days of out-of-home care provided, both of which vary by lead agency. Future research should explore the impact of these two variables.

²² Average lead agency expenditures reported here may differ from other reports due to the timeframe being reported, the lead agencies included in the report, and the integrity of the data used for the analysis

Policy Recommendations

The Policy Recommendations are based on findings from both the current Report to the Legislature and an additional study conducted by FMHI regarding Florida's Community-Based Care initiative (Armstrong et al., 2005).

- To maximize timely exits from out-of-home care, lead agencies are encouraged to review their policies regarding permanency staffings, service referrals for families of origin, adoptive family recruitment, and other efforts that may facilitate the transition to permanency.
- To minimize re-entry into out-of-home care, lead agencies are encouraged to examine their current provision of family support services following a child's exit from out-of-home care. In particular, lead agencies should consider extending the duration of follow-up support services to families following reunification.
- Each lead agency should develop an individualized system for collecting customer satisfaction data that best fits the needs and goals of the agency. These systems should be re-evaluated on a yearly basis as the agencies grow to ensure that they continue to be useful and relevant to the agencies and the families they serve. Further, lead agencies are encouraged to continue to employ a broad definition of "customer" when measuring customer satisfaction.
- The Florida Coalition should provide technical assistance by serving as a conduit for dissemination of all existing forms and procedures utilized to measure customer satisfaction so that lead agencies have a variety of assessment examples and options as they develop their own local system.
- Lead agencies are encouraged to review their staffing procedures and to examine the purpose (rather than the title) of each staffing. When appropriate, lead agencies should consider combining staffings that are held for similar purposes or with the same participants.
- Lead agencies should continue to take steps to actively involve families in conferences and staffings in which decisions regarding case planning and permanency are made.
- The Department of Children & Families should pursue a Title IV-E Waiver in order to increase the flexibility of how federal funds can be spent.

- DCF should allow lead agencies to carry over unused dollars into their subsequent contract years, thus encouraging efficiency in service provision rather than rewarding the ability to spend all monies allocated to the lead agency.

References

- Administration for Child & Families. Child & Family Services Review. Retrieved January 4, 2006 from <http://nccanch.acf.hhs.gov/general/legal/legalres/cfsr.cfm>
- Armstrong, M., Jordan, N., Kershaw, M. A., Vargo, A., Wallace, F., & Yampolskaya, S. (2004). *Statewide Evaluation of Florida's Community-Based Care: 2004 Final Report*. Tampa, FL: University of South Florida.
- Armstrong, M., Jordan, N., Kershaw, M.A., Pedraza, J., Vargo, A., & Yampolskaya, S. (2005). *Statewide Evaluation of Florida's Community-Based Care: 2005 Final Report*. Tampa, FL: University of South Florida, Dept. of Children & Families.
- Austin, M. & Ezell, M. (2004). Educating future social work administrators. NY: Haworth Press. (Special Issue of *Administration in Social Work*, Vol. 28, No. 1).
- Bendick, M. (1985). Privatizing the delivery of social welfare services, working paper #6: Project on the federal role. Washington, DC: National Conference on Social Welfare.
- Bess, R. & Scarcella, C. (2004). Child welfare spending during a time of fiscal stress. Washington, DC: Urban Institute.
- Burman, A. (1992). OFPP Policy Letter 92-1. Retrieved August 2, 2005 from <http://www.acqnet.gov/Library/OFPP/PolicyLetters/Letters/PL92-1.html>
- Chibnall, S., Dutch, N., Jones-Harden, Brenda, Brown, A., Gourdine, R., Smith, J., Boone, A., & Snyder, S. (2003). Children of color in the child welfare system. Perspectives from the child welfare community. Washington, DC: Department of Health and Human Services, Children's Bureau.
- Cooper, P. (2003). *Governing by contract*. Washington, DC: Congressional Quarterly Press.
- Cox, D. R. (1972). Regression models and life tables. *Journal of the Royal Statistical Society*, 34, 187-220.
- Cross, T. (personal communication, July 29, 2005)
- Ezell, M. (2002). A case study of an agency's three family preservation contracts. *Family Preservation Journal*, 6 (1), 31-50.
- Fostering the Future (2004). Washington, DC: The Pew Commission on Children in Foster Care.
- Freundlich, M. & Gerstenzang, S. (2003). An assessment of the privatization of child welfare services. Washington, DC: CWLA Press
- Freundlich, M. & Gerstenzang, S. (2003). An assessment of the privatization of child welfare services. Washington, DC: CWLA Press

- Freundlich, M. (personal communication, July 11, 2005)
- Goode, T. D., & Jackson, V. H. (2003). Planning, implementing and evaluating cultural and linguistic competency for comprehensive community mental health services for children and families. Washington, DC: National Center for Cultural Competence, Georgetown University.
- Hatry, H.P. & Durman, E. (1985). Issues in competitive contracting for social services. Falls Church, VA: National Institute of Governmental Purchasing.
- James Bell Associates. (2001, March). *External evaluation of the Kansas child welfare system, July 2000-March 2001*, (FY2001 Third Quarterly Report). Arlington, VA
- Kamerman, S. & Kahn, A. (1999). Contracting for child and family services. Baltimore, MD: Annie E. Casey Foundation.
- Kaplan, E. L., & Meier, P. (1958). Nonparametric estimation from incomplete observations. *Journal of the American Statistical Association*, 53, 457-481.
- M. Freundlich in Wulczyn, F. & Orlebeke, B. (1998). Four case studies of fiscal reform and managed care in child welfare. Chicago, IL: University of Chicago Chapin Hall Center for Children.
- Mauery, R., Collins, J., McCarthy, J., McCullough, C., & Pires, S. (2003). Contracting for coordination of behavioral health services in privatized child welfare and Medicaid managed care. Washington, D.C., Center for Health Care Strategies, Inc.;
- McCullough, C. & Schmitt, B. (2003). Management, finance, and contracting survey final report. Washington, DC: CWLA Press.
- McCullough, C. (2003). Financing & contracting practices in child welfare initiatives & Medicaid managed care. Retrieved July 20, 2005 from www.chcs.org.
- McDonald, T., Bryson, S., & Poertner, J. (2006). Balancing reunification and reentry goals. *Children and Youth Services Review*, 28, 47-58.
- Method, J. (2001). DYFS' Illinois counterpart: Public mission, private solution. Asbury Park Press.
- Nightingale, D.S, & Pindus, N. (1997). Privatization of public social services: A background paper. Washington, DC: Urban Institute.
- Privatization of human services – Is it the best choice for children? (2000). Washington, DC: National Association of Child Advocates.
- Rosenthal, M. G. (2000). Public or private children's services? Privatization in retrospect. *Social Service Review*, 74(2), 281-305.
- Snell, L. (2000). Child welfare reform and the role of privatization. Policy Study No.271: 1-26. Retrieved August 2, 2005 from <http://www.rppi.org/ps271.html>.

State of Florida, Senate Committee on Children and Families (2001). (testimony of Charlotte McCullough).

U.S. Government Accounting Office. (1998). Child welfare: Early experiences in implementing a managed care approach (Publication No. HEHS-99-8). Washington, DC: Government Printing Office.

U.S. Government Accounting Office. (1998). Privatization: Questions state and local decision makers used when considering privatization options (Publication No. USGAO/GGD-98-97). Washington, DC: Government Printing Office.

Wehr, E., Rosenbaum, S., Shaw, K., & Valencia, R. (1999). Managing Child Welfare: An Analysis of Contracts for Child Welfare Service Systems. The Center for Health Care Strategies, Inc.;

Appendix A

Programmatic Outcomes Additional Tables

Table 1A. Results of Cox Regression. Children Exiting Out-Of-Home Care in the state of Florida by Entry Cohort

	Children Exiting Out-of-Home Care (N = 84,775)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	0.15	1128.05*	1.17

Note. * $p < .05$.

Table 2A. Results of Cox Regression. Children Reentering Out-Of-Home Care In the State of Florida by Exit Cohort

	Children Reentering Out-of-Home Care (N = 65,138)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	0.17	91.47*	1.18

Note. * $p < .05$.

Table 3A. Results of Cox Regression. Children With Recurrence of Maltreatment In the State of Florida by Entry Cohort

	Children With Recurrence of Maltreatment (N =373,528)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	0.25	316.10*	1.28

Table 4A.

Results of Logistic Regression. Children Who Achieved Permanency in FY04-05.

Permanency Outcomes N = 88,790			
	B	$\chi^2(1)$	Odds Ratio
Reunification with parents	-0.90	208.61*	0.92
Placement with relatives	0.03	16.28*	1.02
Adoption finalized	0.11	148.53	1.12

Appendix B.
Types of Case Staffing Structures

Staffing = any team process in which the lead agency meets with family members and/or service providers to share information, coordinate activities, and address concerns that may impact a move toward permanency.

TYPE OF STAFFING	MEETING CONVENER	INVITED ATTENDEES	FREQUENCY	AUTHORITY
e.g., Early Intervention	Protective Investigations Unit	PI, PI supervisor, lead agency supervisor	Once at time of transfer	Statutorily mandated upon sheltering child