Florida Title IV-E Waiver Demonstration Project Semi-Annual Report #2

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Executive Summary

Background

On October 1, 2006 Florida was granted a waiver to certain provisions of Title IV-E of the Social Security Act of 1935 which allowed the state to use certain federal funds more flexibly, for services other than room and board expenses for children served in out-of-home care. The Florida Title IV-E Waiver was granted as a Demonstration project, and required the state to agree to a number of Terms and Conditions, including an evaluation of the effectiveness of the Demonstration. The Terms and Conditions explicitly state three goals of the Demonstration Project:

- Improve child and family outcomes through the flexible use of Title IV-E funds;
- Provide a broader array of community-based services, and increase the number of children eligible for services; and
- Reduce administrative costs associated with the provision of child welfare services by removing current restrictions on Title IV-E eligibility and on the types of services that may be paid for using Title IV-E funds.

As specifically required by the Terms and Conditions under which the Demonstration continuation was granted (October 1, 2013 through September 30, 2018), this evaluation seeks to determine, under the expanded array of services made possible by the more flexible use of Title IV-E funds, the extent to which the state was able to:

- Expedite the achievement of permanency through either reunification, adoption or legal guardianship.
- Maintain child safety.
- Increase child well-being.
- Reduce administrative costs associated with providing community-based child welfare services.

The Terms and Conditions of the Demonstration require a process, outcome and costs analyses. Primary data was collected for this report via interviews with The Department of Children and Families (DCF) and lead agency stakeholders. Secondary data analysis was performed with extracts from the Florida Safe Families Network (FSFN, Florida's statewide SACWIS system).

Findings

Implementation Analysis. The primary goal of the implementation analysis is to describe implementation of the Title IV-E Waiver Demonstration Project (the Demonstration), to track changes, and to identify lessons learned that might benefit continued implementation of the Demonstration. Interview data were coded using six overarching domains that provide a framework for conceptualizing systems change: leadership/commitment, vision/values, environment, stakeholder involvement, organizational capacity/infrastructure, and Demonstration impact.

Stakeholders were asked specifically about the past two years of the Demonstration continuation and whether there had been a clear vision for continued implementation of the Demonstration. Interviewees generally agreed that continuation of the Demonstration had been fairly uninterrupted and that the Demonstration had become how things are done. The Demonstration was seen as supportive in developing family safety services because agencies are able to use the Waiver funds to provide a more diverse set of services that includes an expanded array of prevention and diversion services. Lack of familiarity with Florida's practice model was another primary barrier. Responses suggested that until Child Protective Investigators (CPIs) and other stakeholders become familiar with Florida's practice model, CPIs may be more likely to err on the side of caution and remove children, contributing to a higher number than intended of children in out-of-home care (p. 23).

The most commonly expressed concern was continued tracking and documentation of Title IV-E eligibility. While lead agency stakeholders understood that the Federal government to have waived Florida's child welfare system from many of the IV-E reimbursement requirements, the Department is under the understanding that the Federal requirements have been maintained, and therefore view their directive to maintain eligibility compliance to be in keeping with the Federal government. A lead agency stakeholder said of the continued requirement for eligibility documentation: "I think this is one of the biggest detriments to the Waiver as we have ever faced". Therefore, this issue may be more directly resolved in the immediate sense by facilitating dialogue on the topic between DCF and lead agencies, if the Federal requirement is unchanged. Another concern that emerged in interviews was discouragement that Florida had returned to a funding design that existed before the first five years of the Demonstration implementation in Florida, in that the CBC allocation formula provided more funds to agencies that had more children in out-of-home care. From the perspective of some interviewees, the

allocation formula seems to be in stark contrast to the goals of the Demonstration in terms of possibly creating fiscal incentives to bring more children and families into care. From the Department's perspective, although Statute and formulas have evolved over time (e.g., current law is s. 409.991, F.S., Allocation of funds for community-based care lead agencies), this is a more complicated issue than the perception of some interviewees that a higher number of children in out of home care brings more funding to a lead agency (pp. 24-25). Concern was also expressed by lead agency stakeholders that practice had shifted from a more prevention/early intervention model where families are linked to immediate crisis services as soon as an investigator begins working with the family, to a model where a child and family assessment process needs to run its course before families can be offered services. From the Department's perspective, this is not the case, so the issue may be easily resolved by improved communication and training (p. 22).

The Demonstration was cited as having a significant, positive impact overall. Respondents indicated that the Demonstration has given them the flexibility to implement more prevention and diversion programs to prevent removals. The Demonstration has also been seen to have an impact with judges although interactions with judges appear to vary depending on the Circuit. Substance abuse, poverty, mental health issues, and challenges with health insurance coverage were the primary contextual factors addressed by respondents. Domestic violence was also mentioned but not described in detail like the other factors. Substance abuse issues were indicated as a contextual factor among all respondents, but the issue was more prominent in some counties over others (pp. 27-29).

Child Permanency. Achieving timely permanency for children placed in out-of-home care due to abuse, neglect, or dependency is one of the primary goals of the child welfare system, and improving permanency outcomes is one of the key goals associated with the Demonstration project. The following indicators were examined: (a) Proportion of children who exited into permanency within 12 months of the latest removal, (b) Median length of stay for children who entered out-of-home care, (c) Proportion of children who were reunified with their original caregivers within 12 months, (d) Proportion of children who acquired permanent guardianship within 12 months, and (e) Proportion of children with adoption finalized (see Appendix E) (p.32). The outcomes analysis tracks changes in three (SFY 11-12, SFY 12-13 and SFY 13-14) successive entry cohorts of children who were followed from the time they were placed in out-of-home care. All indicators were calculated by the Circuit and statewide, and cohorts were constructed based on a state fiscal year. The data used to produce these

indicators covered the time period SFY 11-12 through SFY 14-15, so children in all three entry cohorts can be followed for 12 months.

Circuit 8 had the highest permanency rate throughout the three years (between 62% and 64%), one of the lowest lengths of stay averaging 10 months, the highest proportion of children who acquired guardianship (25%), and it is among Circuits with the highest proportion of children with adoption finalized (73% for SFY 11-12 and 70% for SFY12-13). In contrast, Circuit 7 had one of the lowest proportions of children exiting into permanency (between 39% in SFY11-12 and 32% in SFY13-14), one of the highest median lengths of stay (approximately 15 months across three entry cohorts), and the lowest proportions of children reunified (21% for SFY 13-14) or acquired guardianship within 12 months of the latest removal (6% for SFY13-14). Overall, Circuits varied on which outcome measures they performed well on.

There is a trend during these baseline years indicating a decreasing proportion of children achieving permanency over time including those who exited into permanency in general and who achieved permanency for reason of reunification, guardianship, or adoption. This trend was observed for the majority of Circuits and for the state of Florida. In conclusion, Circuits that performed well on reunification and adoption did not perform that well on the measure of guardianship. In contrast, Circuits that achieved favorable outcomes on guardianship did not achieve similar results on reunification and adoption rates.

Current trends in Florida and implications for costs. The evaluation of the initial Demonstration period in Florida found important changes in service provision (p. 47). Expenditures on out-of-home treatment declined and expenditures on in-home services increased. A report from the Florida Department of Children and Families (June 2015) indicated that recent years have seen these trends reversed. For example, the number of children in out-of-home care has increased from 17,991 in June 2013 to 22,004 in May 2015. The increase in out-of-home care has been driven by an increase in removals and a decrease in discharges. At the same time the number of families and children receiving in-home services has declined since 2012. Overall, the number of children being served remains lower than in 2006.

Thus, during the five years of the original Demonstration, expenditures on out-of-home services declined and expenditures on in-home services increased. These trends have not continued during the Demonstration continuation. However, important changes in the way decisions are made about removing children from the home, including the introduction of Florida's practice model, coincided with the Demonstration continuation, which may have had an effect on these trends. Additional work is needed to determine why we have seen trends in out-of-home and in-home services change in recent years.

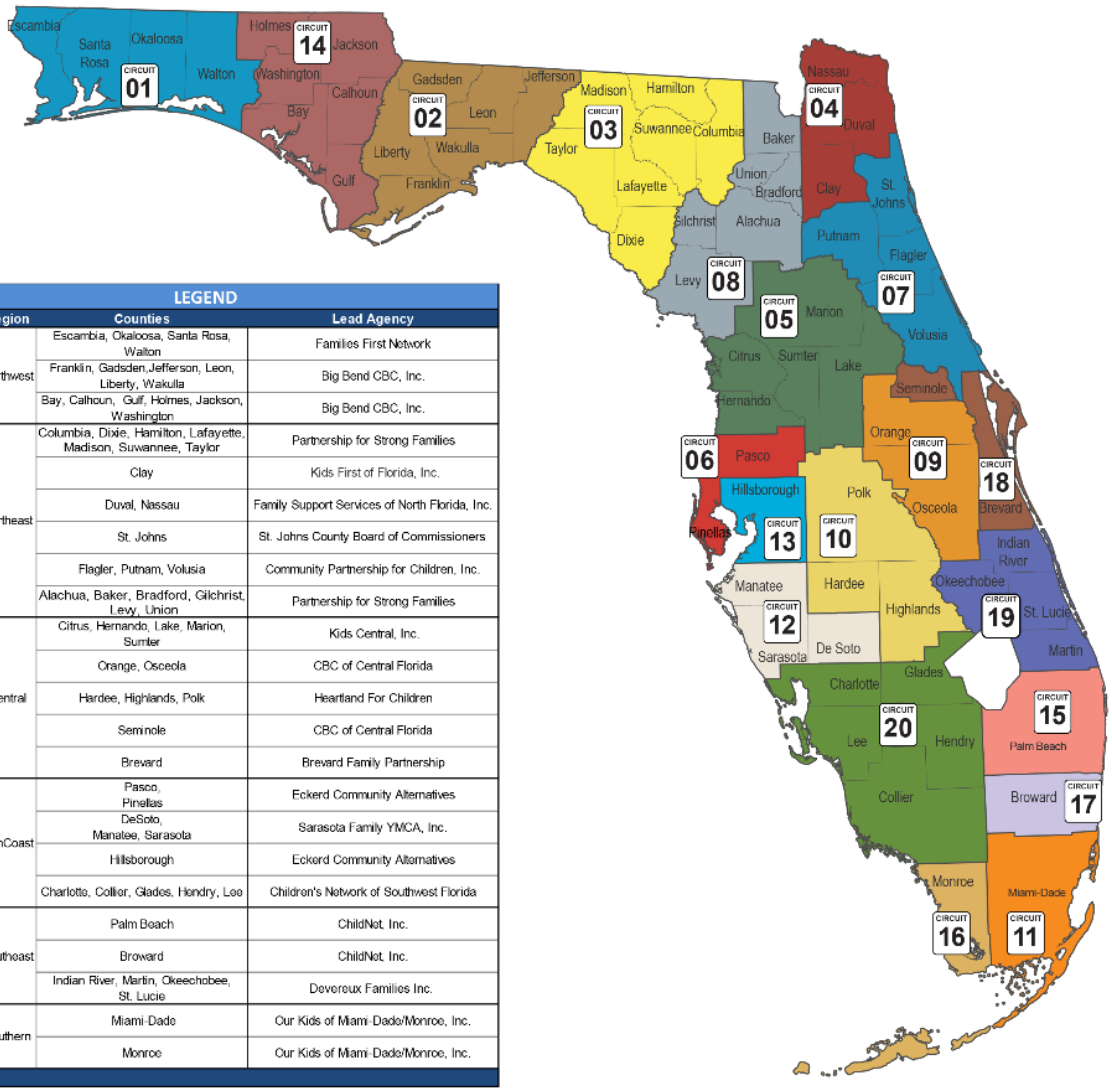
Introduction

The Florida Department of Children and Families (the Department or DCF) has contracted with the Louis de la Parte Florida Mental Health Institute at the University of South Florida (USF) to develop and conduct an evaluation of Florida's Demonstration continuation that is effective through September 30, 2018. The Demonstration allows for flexibility in the use of federal IV-E funds granted to the state's child welfare agencies. The increased flexibility in funds allows child welfare agencies to develop and implement innovative programs that emphasize parental involvement and family connections while ensuring the safety and well-being of children. This report includes a summary of work completed to date on the evaluation.

The context for the Demonstration includes the recent implementation of Florida's Safety Methodology Practice Model (Florida's practice model) which provides a set of core constructs for determining when children are unsafe, the risk of subsequent harm to the child, and strategies to engage caregivers in achieving change. These core constructs are shared by child protective investigators (CPIs), child welfare case managers, and community-based providers of substance abuse, mental health, and domestic violence services. Other key contextual factors include the role of Community-Based Care (CBC) lead agencies as key partners with shared local accountability in the delivery of child welfare services as well as the broader system partners including the judicial system. Community-Based Care (CBC) lead agencies are organized in geographic Circuits (see Figure 1 for the current map).

The Demonstration implementation will continue to result in increased flexibility of IV-E funds. The flexibility will allow these funds to be allocated toward services to prevent or shorten the length of child placements into out-of-home care or prevent abuse and re-abuse. Consistent with the CBC model, the flexibility will be used differently by each lead agency, based on the unique needs of the communities they serve. The Department has developed a typology of Florida's Child Welfare service array that categorizes services into four domains: family support services, safety management services, treatment services, and child well-being services. The typology provides definitions and objectives for the four domains as well as guidance regarding the conditions when services are voluntary versus when services are mandated and non-negotiable.

Figure 1. Florida Community-Based Care Lead Agency Circuit Map



LEGEND				
Circuit		Region	Counties	Lead Agency
	1	Northwest	Escambia, Okaloosa, Santa Rosa, Walton	Families First Network
	2		Franklin, Gadsden,Jefferson, Leon, Liberty, Wakulla	Big Bend CBC, Inc.
	14		Bay, Calhoun, Gulf, Holmes, Jackson, Washington	Big Bend CBC, Inc.
	3	Northeast	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor	Partnership for Strong Families
	4		Clay	Kids First of Florida, Inc.
	4		Duval, Nassau	Family Support Services of North Florida, Inc.
	7		St. Johns	St. Johns County Board of Commissioners
	7		Flagler, Putnam, Volusia	Community Partnership for Children, Inc.
	8		Alachua, Baker, Bradford, Gilchrist, Levy, Union	Partnership for Strong Families
	5	Central	Citrus, Hernando, Lake, Marion, Sumter	Kids Central, Inc.
	9		Orange, Osceola	CBC of Central Florida
	10		Hardee, Highlands, Polk	Heartland For Children
	18		Seminole	CBC of Central Florida
	18		Brevard	Brevard Family Partnership
	6	SunCoast	Pasco, Pinellas	Eckerd Community Alternatives
	12		DeSoto, Manatee, Sarasota	Sarasota Family YMCA, Inc.
	13		Hillsborough	Eckerd Community Alternatives
	20		Charlotte, Collier, Glades, Hendry, Lee	Children's Network of Southwest Florida
	15	Southeast	Palm Beach	ChildNet, Inc.
	17		Broward	ChildNet, Inc.
	19		Indian River, Martin, Okeechobee, St. Lucie	Devereux Families Inc.
	11	Southern	Miami-Dade	Our Kids of Miami-Dade/Monroe, Inc.
	16		Monroe	Our Kids of Miami-Dade/Monroe, Inc.

Evaluation Plan

The goal of the Demonstration continuation is to impart significant benefits to families and improve child welfare efficiency and effectiveness through greater use of family support services and safety services offered throughout all stages of contact with families. The evaluation design and outcome variables were selected for purposes of examining these aspects of Florida's child welfare system. The Administration for Children and Families have

outlined Terms and Conditions for the Demonstration's continuation. The Terms and Conditions states that the Demonstration needs to be evaluated on the hypotheses that an expanded array of community-based care services available through the flexible use of Title IV-E funds will:

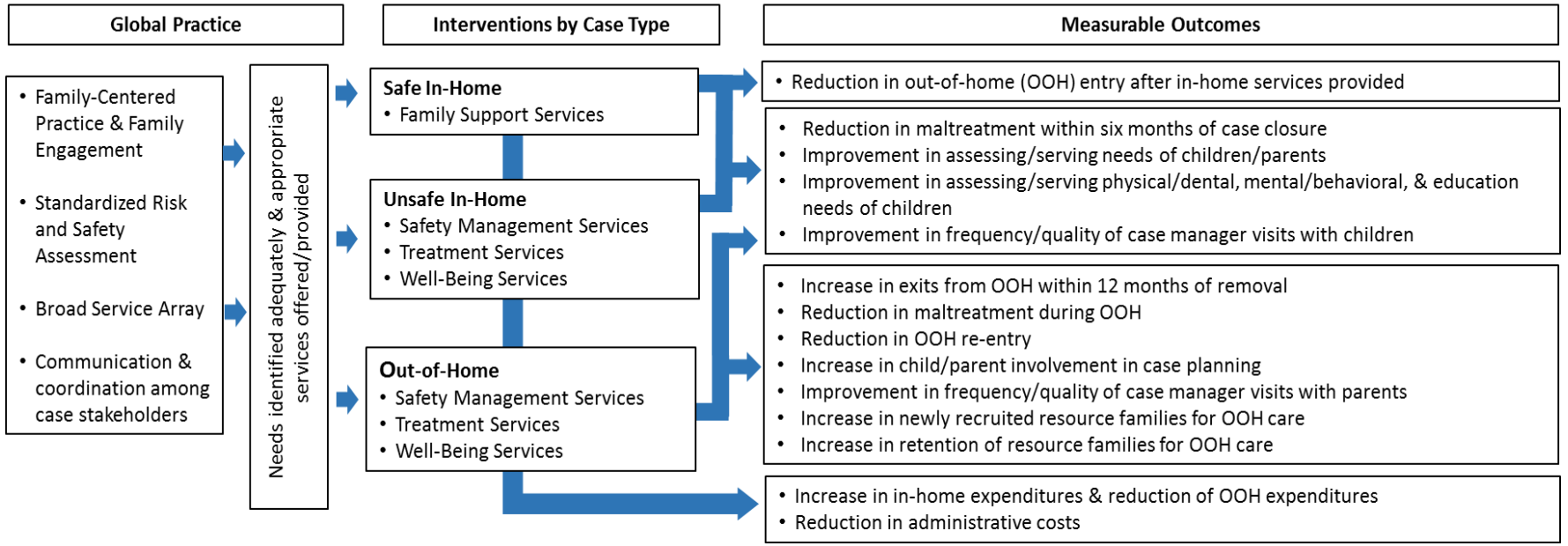
- Improve physical, mental health, developmental, and educational well-being outcomes for children and their families
- Increase the number of children who can safely remain in their homes
- Expedite the achievement of permanency through either reunification, permanent guardianship, or adoption,
- Protect children from subsequent maltreatment and foster care re-entry
- Increase resource family recruitment, engagement, and retention
- Reduce the administrative costs associated with providing community based child welfare services

The evaluation is comprised of four related components: (a) a process analysis comprised of an implementation analysis and a services and practice analysis, (b) an outcome analysis, (c) a cost analysis, and (d) two sub-studies. The Evaluation Logic Model (Figure 2) provides an illustration of the beliefs and expectations about how these outcomes will be achieved through the Demonstration. The Evaluation Logic Model displays an overview of the Demonstration objectives and how the implementation of Florida's practice model can yield measurable outcomes for the Demonstration project.

IV-E Waiver Demonstration Project Evaluation Logic Model

Demonstration Objectives

- Improve child & family outcomes through the flexible use of Title IV-E funds
- Provide a broader array of community-based services and increase the number of children eligible for services
- Reduce administrative costs associated with the provision of child welfare services by removing current restrictions on Title IV-E eligibility and on the types of services that may be paid for using Title IV-E funds



Definitions:

Safe In-Home: The investigator determines that children are safe from impending danger but are at high or very high risk for maltreatment based on the completed Risk Assessment.

Unsafe In-Home: The investigator determines that there are present danger threats to the children, but there is at least one caregiver with sufficient protective capacities to maintain the children safely in the home with an active safety plan.

Out-of-Home: The investigator determines that there are present danger threats to the children and there is no caregiver with sufficient protective capacities to maintain the children safely in the home. Children are removed and placed in out-of-home care, and conditions for return that address the immediate danger threats to children are established.

Implementation analysis.

The implementation analysis component of the process analysis builds on what is known from implementation science including the need to assess various aspects of organizational capacity to support effective implementation. The implementation analysis addresses these questions:

Evaluation Questions	Methods	Timeline
1. What was the planning process for the Waiver demonstration extension?	Document review, observation	Ongoing.
2. Who was involved in implementation of the Waiver extension and how were they trained?	Document review, observation	Ongoing.
3. What were the implementation strategies used by the lead agencies (e.g., training, coaching) and the stakeholders' perceptions of success of these strategies?	Document review, observation, stakeholder interviews/focus groups	Baseline, mid-project, and final year.
4. Were the organizational supports (e.g., leadership, organizational policies, and quality assurance activities) in place to support implementation of the Waiver extension at the state and CBC levels? Were these resources utilized to implement an expanded service array?	Document review, stakeholder interviews/focus groups	Baseline, mid-project, and final year.
5. What were the confounding social, economic and political forces coinciding with implementation of the Waiver extension?	Stakeholder interviews/focus groups, logic model refinement	Baseline, mid-project, and final year.
6. What challenges were encountered during the Waiver extension implementation and how were they overcome?	Stakeholder interviews/focus groups	Baseline, mid-project, and final year.

The implementation analysis generates interim and final findings to assess the achievement of progress toward the intended outcomes of the Demonstration. In addition, these findings will be used by DCF and the CBCs to identify opportunities for improvement as targets for quality improvement initiatives to strengthen and improve implementation and service quality.

Services and practice analysis.

The services and practice analysis component includes a comparison of how services and practices under the Demonstration differ from those available prior to the change in Florida's practice model and Demonstration continuation period. The services and practice analysis answers these questions:

Evaluation Questions	Methods
1. What are the array of services available, including any evidence-based practices and programs?	Surveys, focus groups
2. What are the procedures for assessing child and family needs (including types of assessments used) and determining client eligibility?	Document review, focus groups
3. What are the referral processes and mechanisms?	Document review, surveys, focus groups
4. What practices are being used to effectively engage families in services?	Surveys, focus groups
5. What are the intended goals, types, and duration of services provided?	Surveys
6. What is the number of children and families served for each type of service (e.g. Family Support, Safety Management, Treatment, and Child Well-Being)?	Surveys, FSFN (to the extent that such data exist)
7. What evidence-based practices (EBPs) are being utilized, and to what extent have EBPs been implemented with fidelity?	Surveys, fidelity assessment TBD

The analysis includes an examination of progress in expanding the array of community-based services, supports, and programs provided by CBC lead agencies or other contracted providers, as well as changes in practice to improve processes for identification of child and family needs and connections to appropriate services.

Outcome analysis.

The outcomes analysis has specific hypothesis that align with the Terms and Conditions. The hypothesis and evaluation questions are as follows:

Permanency Hypothesis *The achievement of permanency will be expedited through reunification, permanent guardianship, or adoption.*
Permanency Outcome Evaluation Questions

1. What is the number and proportion of all children exiting out-of-home care regardless of the reason for discharge within 12 months of the latest removal? (Entry cohorts SFYs 11-12 through 16-17)

2. What is the median length of stay for children in out-of-home care (i.e., the number of months at which half of the children are estimated to have exited out-of-home care into permanency)? (The full length of stay for every child in Entry cohorts for SFYs 11-12 through 16-17 will be utilized in the analysis. The median will be used as a summary statistic.)

3. What is the number and proportion of children who were reunified (i.e., returned to their parent or primary caregiver) within 12 months of the latest removal? (Entry cohorts SFYs 11-12 through 16-17)

4. What is the number and proportion of children who exited out-of-home care into permanent guardianship (i.e., long-term custody or guardianship by relatives or non-relatives) within 12 months of the latest removal? (Entry cohorts SFY 11-12 through 16-17)

5. What is the number and proportion of children with finalized adoptions (i.e., the date of the Court's verbal order finalizing the adoption) within 24 months of the latest removal? (This will be calculated by taking the number of children adopted within 24 months of the latest removal [numerator] and dividing by the total number of children adopted [denominator] within the Exit cohorts for SFYs 11-12 through 16-17.)

Safety Hypothesis
There will be an increase in the number of children who can safely remain in their homes.

Safety Outcome Evaluation Questions

1. What is the number and proportion of children who were removed from their primary caregiver(s) and were placed into out-of-home care within 12 months of the date their in-home case was opened? (Entry cohorts SFYs 11-12 through 16-17)

Safety Hypothesis
Children will be protected from subsequent maltreatment and foster care re-entry.

Safety Outcome Evaluation Questions

1. What is the rate of verified maltreatment as a proportion of the State's child population and/or as a proportion of the child population in each DCF Circuit? (All children in Florida that experienced verified maltreatment will be included in the numerator and all children in Florida will be included in the denominator for SFYs 11-12 through 16-17.)

2. What is the number and proportion of children that experience verified maltreatment while receiving out-of-home child welfare services? (Children served during SFYs 11-12 through 16-17)

3. What is the number and proportion of children that experience verified maltreatment within six months of case closure (i.e., termination of out-of-home services or in-home supervision)? (Exit cohorts SFYs 11-12 through 16-17)

4. What is the number and proportion of children who re-enter out-of-home care within 12 months of their most recent discharge from out-of-home care? (Exit cohorts SFYs 11-12 through 16-17)

Well-Being Hypothesis
There will be improvement in the physical, mental health, developmental, and educational well-being outcomes for children and their families.

Well-Being Outcome Evaluation Questions

1. Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?
2. Did the agency address the physical health needs of children, including dental health needs?
3. Did the agency address the mental/behavioral health needs of children?
4. Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?
5. Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?
6. Were the frequency and quality of visits between caseworkers and children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?
7. Were the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals?

Resource Family Hypothesis
There will be improvement in the recruitment and retention of resource families.

Resource Family Outcome Evaluation Questions

1. What is the number of new and active licensed foster families that have been recruited?
2. What is the number of licensed foster families that have remained in an active status for at least 12 months?
3. What is the average number of months licensed foster families remain in an active status?

As part of their quality assurance program, the Department is utilizing the federally-establish guidelines to conduct ongoing case reviews in accordance with the Child and Family Services Review (CFSR) process (U.S. Department of Health and Human Services, 2014). Therefore,

the constructs of child and family well-being will be examined in future evaluation reports according to the applicable CFSR outcomes and performance items.

Cost analysis.

The cost analysis examines the relationship between the Demonstration implementation and changes in the use of child welfare funding sources. Similar to the outcome analysis the cost analysis also has specific hypothesis that align with the Terms and Conditions. The hypothesis and evaluation questions are:

Cost Analysis Hypotheses	
1. *There will be an increase in expenditures per child served for prevention, early intervention, and diversion services, and a decrease in expenditures per child served for out-of-home services.* 2. *There will be changes in how agencies use Temporary Assistance for Needy Families (TANF), State, and local dollars, as well as other major child welfare funding sources.*	
Evaluation Questions	**Data Sources**
1. Was the Waiver implementation associated with a substitution from out-of-home expenditures to in-home prevention/early intervention/diversion expenditures using IV-E funding?	Florida Accounting Information Record (FLAIR), Florida DCF Office of Revenue Management, stakeholder interviews
2. How has the Waiver implementation impacted the use of other child welfare funding such as TANF and State funds?	FLAIR, Florida DCF Office of Revenue Management, stakeholder interviews
3. Is the increased flexibility of the Waiver associated with a reduction in administrative costs?	Florida DCF Office of Revenue Management
4. Was the Waiver implementation cost-effective? What services were most cost-effective?	Florida DCF Office of Revenue Management, FSFN, stakeholder interviews

Sub-studies.

The first sub-study employs a cost analysis. It is important to examine how changes in the child welfare services provided to youth also affect service use and costs for other public sector systems. Specific public-sector systems that will be examined are Medicaid, Juvenile Justice, and Baker Act (involuntary examinations). The analysis will examine trends in service use and costs for youth served by the child welfare system and other state systems.

The second sub-study will examine and compare child welfare practice, services, and several safety outcomes for two groups of children: (a) children who are deemed safe to remain at home, yet are at a high or very high risk of future maltreatment in accordance with Florida's practice model (intervention group) and are offered voluntary Family Support Services, and (b) a matched comparison group of similar cases during the two federal fiscal years immediately preceding the extension of the Waiver demonstration (FFYs 11-12, 12-13), where the children remained in the home and families were offered voluntary prevention services.

Florida's Demonstration does not contain a plan to evaluate progress featuring a formal randomized research effort. Rather, the measurement of success relies on a comparison of child and family outcomes at periods before and throughout the Demonstration period. Success is also understood in terms of maintaining cost neutrality over the Demonstration period with a capped allocation of Title IV-E foster care funds. Children and families benefit from a wide array of services and resources as a result of the Demonstration. Rules that restricted the provision of critical services only to children placed in out-of-home care were removed so that a child and his/her family could receive them as the child continued to reside safely in the home.

Evaluation staff submitted the appropriate evaluation study application documentation to the USF Institutional Review Board (IRB) for their review and approval after the evaluation plan was approved by the Children's Bureau. The evaluation staff have received USF IRB approval. All study activities are conducted in accordance with the applicable regulations, laws, and institutional policies to ensure safe and ethical research and evaluation practice and to preserve the integrity and confidentiality of study participants and data. Informed consent will be obtained from all participants. Electronic documents containing identifying information will be password protected and stored on a secure drive accessible only to evaluation staff. Hard copies of documents will be kept in locked filing cabinets when not in active use. When applicable, evaluation staff will obtain review and approval from state and lead agency IRBs.

Process Analysis

The process analysis is comprised of two research components: an implementation analysis and a services and practice analysis. Descriptions of these components (goal, methods, and findings) are provided below. Each evaluation component will be ongoing and span the duration of the Demonstration.

Implementation Analysis

The goal of the implementation analysis component of the process evaluation is to identify and describe implementation of the Demonstration within the domains of leadership,

vision and values, environment, stakeholder involvement, organizational capacity and infrastructure, Demonstration impact, and lessons learned throughout the process. This progress report includes methods for data collection, method for data analysis including a coding scheme, and themes from the stakeholder data.

Methods.

Data collection. Semi-structured stakeholder interviews were conducted via telephone with 13 relevant stakeholders at both the lead agency and state level in order to assess the contextual factors that may enhance or impede the implementation of the Demonstration. These interviews focused on implementation strategies that have been used, supports and resources that have been utilized, stakeholder involvement, training, oversight and monitoring, contextual and environmental factors, and both the facilitators and barriers encountered during implementation, as well as the steps taken to address these barriers (see Appendix A for interview protocol). The interview questions will continue to be used as the research team completes further interviews with leadership during the first half of the Demonstration. A revised protocol will be used during the second half of the Demonstration, as well as with different stakeholder populations, such as the judiciary.

Faculty at the University of South Florida conducted the stakeholder interviews. Audio files were uploaded to a secure, shared site and files were then transcribed for coding by the same faculty who conducted the interviews. The interviews represent data from 13 stakeholder respondents across six lead agencies and the Department. Additional interviews will be scheduled with remaining lead agencies and DCF staff for inclusion in upcoming progress reports. The current findings represent emerging and initial trends in the implementation data and will be more thoroughly discussed in subsequent reports. Fully informed consent was obtained from all participants according to University IRB policy (see Appendix B for informed consent document).

Data analysis. The primary goal of the implementation analysis is to describe the Demonstration implementation, to track changes, and to identify both lessons learned. Interview data were coded using six overarching domains that provide a framework for conceptualizing systems change: leadership/commitment, vision/values, environment, stakeholder involvement, organizational capacity/infrastructure, and Demonstration impact.

Stakeholder interview data was transcribed and analyzed with Atlas-Ti 6.2, a qualitative analysis computer software program. The analysis was conducted by classifying responses into codes that comprehensively represent all participants' responses to every question. Two team members participated in an iterative process aimed at achieving consistent understanding and

coding of the interview transcripts. Through this iterative process of open coding, comparison, and discussion, definitions were refined and the coding team established consistency among coders for accurate data output.

Axial coding in Atlas was then employed to group codes by domain and to see how ideas and emergent themes clustered. Selective coding was applied to pull specific examples from transcripts that were illustrative of key points (see Appendix C for code list). The most commonly found patterns and themes from the current set of interviews are reported within this progress report, and a follow up report will provide a comprehensive implementation analysis that includes additional interviews and observational data. For purposes of this report, the code family "stakeholder involvement" was excluded due to a limited amount of data for this code. In addition, policy recommendations are not yet offered due to the limited initial sample size. It is anticipated that policy recommendations will be presented in an upcoming progress report pending additional data collection.

Findings.

Leadership. The first domain examined is leadership. Leadership is crucial in establishing and promoting the vision for change, creating a sense of urgency around this vision, and creating buy-in for the change effort at all levels of the system. Systems change is most likely to be successful when key leaders are engaged and committed to the change effort and share accountability for achieving systems change outcomes. Interviews explored stakeholder perspectives regarding the inclusion of key leaders in the Demonstration and their commitment to the systems change effort, and the extent to which there is shared accountability across key stakeholder groups for child outcomes.

Stakeholders discussed leadership at the Department level. The current Secretary and his key staff have set a direction regarding an emphasis on ensuring the safety of children. A lead agency stakeholder described, "They [DCF leadership] have been plain that we need to do what's right for kids." A secondary emphasis was reducing out-of-home care placements where children could be safely maintained in the home. Some respondents contrasted this prioritization to the first five years of the Demonstration where they perceived more emphasis placed on decreasing out-of-home care populations across the state. From the Department's perspective priorities had not changed per se, but they had refined their methodology for determining which children were most appropriate to serve via in-home services versus out-of-home care. The point was also raised that implementation of Florida's practice model could have gone more smoothly if there had been consistency across priorities and direction between outgoing and incoming leadership of DCF. While changes in leadership and corresponding disruptions to

implementation of any initiative are outside of the individual's control, the desires for dealing with higher than expected out-of-home care populations across the state was also expressed.

***Vision and values*.** The next key element necessary for implementing sustainable systems change is a shared vision and values to guide the systems change effort. Capacity in this domain entails consensus among leaders and stakeholders on the vision for change, and a shared understanding of the values and principles that provide a framework for the systems change. The vision defines the goals of the change effort and the approach that will be taken to achieve those goals, while core values and principles provide a supportive framework that guides this work.

Stakeholders were asked specifically about the past two years of the Demonstration continuation and whether there had been a clear vision for continued implementation of the Demonstration. A lead agency stakeholder commented, "I think for the most part it's pretty seamless." Interviewees agreed with this providing further clarification that there was not a lot of ongoing discussion about the Waiver, because the Waiver had become integrated into practice and policy. Another lead agency stakeholder commented, "I knew that there was a lot of work done and that it was important that we got the Waiver, but it was presented in a much more holistic way of this is how we are going to treat families. Families are better off to be treated, with prevention and early intervention services that keep children in their homes." It was at times challenging in the interviews for stakeholders to concretely describe "the Waiver" because it had served as a foundation for several years and was continuing to serve as a foundation for system wide practice change and philosophical change.

Environment. In the context of systems change, the environment refers not so much to the physical environment (which typically cannot be changed, but must be worked within) but rather the political, social, and cultural environment in which services are provided. Building environmental capacity entails ensuring that there is political will and community readiness and acceptance for the identified changes, and fostering an organizational and system culture that promotes open communication and creative problem solving to identify and address barriers, resistance, and conflict that may hinder successful implementation of the change effort. It includes development of system-wide structures to support implementation and shared accountability across system partners. Interviewees were asked to discuss what environmental factors they believed support the Demonstration and what factors may hinder the success and sustainability of the systems change effort. System collaboration and Florida's practice model were reported as supportive factors to the systems change efforts. Timing of engagement of services (e.g., to engage families at the time of investigation or subsequent to investigation and

assessment) and lack of familiarity with the Florida's practice model were indicated by lead agency stakeholders as primary barriers to the success and sustainability of the Demonstration. Interviewees stated that the "family assessment" needed to be completed before a family could be engaged in "community services." According to Florida's practice model the family assessment does not need to be completed before a family is engaged in services (when the CPI initiates safety management that is considered engaging the family in services). The responses from stakeholders indicate that there is a possible disconnect between communication and training regarding Florida's practice model.

In describing the supportive aspects of system collaboration, one respondent stated "We've been very fortunate this last year in getting the new funding in, but you know it takes all of our systems interfacing. Whether it's Department, juvenile justice, or child welfare, or early learning…our continuing need for organizations to work together for the funding that's needed for kids and their families." Other respondents indicated that positive relationships with the judiciary system were supportive, as was being able to coordinate with staff in other child serving agencies that were aware of the Demonstration and its beneficial uses.

The Demonstration was seen as supportive in developing family safety services because agencies are able to use the Waiver funds to provide a more diverse set of services. One respondent had the following to say about family safety services and Demonstration funds:

> "You know, with our new practice model, a large number of our cases are children who are found safe but have either high risk or very high risk. Whenever we are able to engage the family, which our practice model encourages, we can refer those families to family support services. They really are trying to prevent them from getting deeper into the system…So we definitely see one of the things that we think we can do is continue and increase the use of Waiver dollars to serve children in their own home - even the *unsafe* children."

Another respondent stated "The Waiver will allow us to use [service dollars] for safety services, so that will help a CPI make a determination that we can safely leave the kids at home. Or not have to shelter them." These responses indicate that the Demonstration has allowed agencies to develop more collaborative practices and allocate more funds to family safety practices that could result in fewer removals of children.

In high risk cases timing can be critical. One respondent stated "there are a couple of very big red flags in my mind. One of them very specifically is the timing at which community services are engaged with a family." Based on the responses there is a lack of agreement regarding the decision not to engage families until the assessment process is completed, rather than up front when an investigation is in process. Another respondent indicated the benefits of

being able to engage high risk families sooner rather than later:

> "Because we had the Waiver, we really were in a position to, with some tweaking of our existing diversion programs, retraining …we were able to stem the tide and, you know, get that back into place. And we used our diversion team as we implemented safety methodology to become the safety managers for the investigators. So now what we have is much better continuity because we're actually engaged in a case a little sooner on the highest risk cases."

Lack of familiarity with Florida's practice model was identified as another primary barrier. The responses suggested that until CPIs and other stakeholders become familiar with Florida's practice model then there will be a tendency on the part of the CPIs to err on the side of caution and request removal, thereby bolstering a trend toward overall increases in the number of removals statewide. A specific example of this was the following response from one stakeholder: "Right now, as I said. This whole new system process - The CPIs have to get comfortable with it. It's really not being followed the way it should. And so we're all getting like - When you're not sure what to do, you remove." Another respondent explained how an increase in familiarity with the practice model could yield more favorable outcomes: "…I think once we get our feet under us, with everybody becoming familiar with the new methodology, we'll be able to successfully [achieve some of the goals of the Demonstration] again. It's having to recraft the service to make sure that prevention and intervention services are meeting the needs that the CPI sees."

***Organizational capacity/infrastructure*.** This domain focuses on the organizational and system capacities that can directly support the implementation and sustainability of the Demonstration. Analysis of capacity and infrastructure examines the development and implementation of policies and procedures that support effective practice, provision of training, skill-building, coaching, supervision, and technical assistance to support effective implementation of practice changes, and the availability and use of data and oversight processes to monitor implementation and support continuous quality improvement. The analysis identified strengths, challenges, and recommendations to improve organizational capacity.

The four primary themes that emerged within the organizational capacity and infrastructure domain were training and technical assistance, oversight and monitoring, funding, and ability to engage families. First, interviewees were asked to discuss training and technical assistance that has been provided to prepare stakeholders to implement the Demonstration, as well as additional/on-going training and technical assistance needs. Approximately half of stakeholders who participated in interviews did not feel that there were training needs specific to

the Demonstration, with the belief that those previously trained were not experiencing any known issues with sustained implementation. Interviewees commented on the Demonstration supporting improvements in how families were engaged in services, and so from a service delivery and training level, trainings were more about the client-caseworker dynamic rather than the Demonstration. A Department stakeholder explained, “I cannot remember training around the fact that it was IV-E Waiver. But, there has been a real emphasis on how to provide intervention services so that we don’t have to remove children, which is the purpose of the Waiver.” Trainings that occurred with CPIs and Sheriff’s Offices were also mentioned by stakeholders as being particularly helpful in engaging families at the front end of services and preventing families who are struggling with poverty from formally entering the child welfare system. “I think we've really tried to educate the investigators right up front to call us no matter what time, day or night, we have staff that work, you know, 24/7 just to alleviate situations like that.” This stakeholder went on to describe fiscal accounts the lead agency maintained to support families in need of emergency assistance to pay for utilities and safe housing.

Second, interviewees were asked to discuss processes for the collection and review of data relevant to the Demonstration. The most commonly expressed concern was continued tracking and documentation of Title IV-E eligibility. While lead agency stakeholders understood that the Federal government to have waived Florida’s child welfare system from many of the IV-E reimbursement requirements, the Department is under the understanding that the Federal requirements have been maintained, and therefore view their directive to maintain eligibility compliance to be in keeping with the Federal government. A lead agency stakeholder said of the continued requirement for eligibility documentation: “I think this is one of the biggest detriments to the Waiver we have ever faced.” Therefore, this issue may be more directly resolved in the immediate sense by facilitating dialogue on the topic between DCF and lead agencies, if the Federal requirement is unchanged. In addition, the Department recently launched an enhanced IV-E eligibility module that was of specific concern in terms of going against the intended flexibility of the Demonstration as well as intended reductions in administrative cost.

Third, interviewees were asked to discuss any current issues with how services are funded, as it relates to the Demonstration. The primary concern addressed in interviews was discouragement that Florida had returned to a funding design that existed before the first five years (2006-2011) of the Demonstration implementation in Florida. A lead agency stakeholder described, “Florida's funding design has evolved to a place that mimics the old IV-E. The CBC allocation formula now and statutes are more about how many kids you have in care than

anything else." From the perspective of lead agencies interviewees, this seemed to be in stark contrast to the goals of IV-E in terms of eliminating funding incentives to bringing more kids into care than should be in care. According to the interviewees, those agencies who have kept their out of home care population down with an emphasis on prevention and diversion are more likely advocates of bringing Florida Statute and CBC allocation formulas back into alignment with the goals of the Demonstration. From the Department's perspective, although Statute and formulas have evolved over time (e.g., current law is s. 409.991, F.S., Allocation of funds for community-based care lead agencies) this remains a more complicated issue than the perception of some interviewees that a higher number of children in out of home care brings more funding to a lead agency.

Fourth, interviewees were asked to discuss issues pertaining to how, or to what extent or what problems exist in the current system regarding family engagement. The primary area discussed within this topic was how families are engaged on the front end of services during the investigation process. Concern was expressed by lead agency stakeholders that practice had shifted from a more prevention/early intervention model where families are linked to immediate crisis services as soon as an investigator begins working with the family, to a model where a child and family assessment process needs to run its course before families can be offered services. From the Department's perspective, this is not the case, so the issue may be more easily resolved by improved communication and training. A lead agency stakeholder commented, "Everything that I know about human being's behavior tells me that the closer you get to the point of crisis the more likely you are to see change. I don't know why we would delay." The opposing viewpoint offered was that an assessment needs to be completed before it can be determined what services are needed. Interviewees talked about how that might make sense in theory but perhaps did not make sense in actual practice, suggesting that families might be more open to realizing that there is a problem and partnering with case managers on a voluntary basis rather than waiting until time has passed and an adversarial relationship may have set in.

***Demonstration impact*.** This domain examines ways in which Florida's child welfare system has been impacted by the Demonstration continuation. For example, the Demonstration has impacted lead agencies, casework practice with families, judges and their removal decisions, in addition to ways in which child safety and child and family well-being have been impacted. Stakeholders were asked about ways in which the Demonstration implementation has impacted various stakeholders and practices within the child welfare system. These data are

summarized within four primary areas: impact on lead agencies, impact on judges, impact on caseworkers and practice, and impact on children and families.

A prominent theme regarding the impact of the Demonstration was its impact on organizational structure. It was commonly reported that the Demonstration has become an integral part of daily operations and an “invaluable” resource. One respondent said, “I can't overemphasize how critical the Waiver has been to our agency and I just think for the state of Florida. I just, I can't imagine states not having it, quite frankly.” The Demonstration has also helped organizationally by allowing funds to be shifted to allow for spending in different areas such as hiring new staff and spending money on prevention programs. An interest in using IV-E funds for post adoption services was also expressed. Another respondent indicated that the Demonstration has allowed them to communicate better with CPIs, so that CPIs can call if they are in a “questionable situation” regarding removing a child.

The Demonstration is also viewed as having an impact with judges. The interactions of child welfare caseworkers with judges appear to vary depending on the Circuit, because some judges are entering retirement and new judges are coming into the process. In general, interviewees reported that there is a positive relationship between the lead agencies and the judicial system. It was also reported that the judges may not have had enough training on the Demonstration. Respondents stated that judges know about the Demonstration and some of what it allows for, but this knowledge comes from conversations and not specific trainings on the Demonstration itself:

> “A number of the justices are currently in learning mode on child welfare. We participated with the statewide court initiatives for parenting. I think that's been helpful. It doesn't directly address the Waiver. What it has enabled us to do is talk about how the outcomes that we're experiencing through our parenting programs can help facilitate more timely reunifications with children and their parents; and perhaps prevent some removals. So I don't know if we've had a conversation in the context of how the Waiver makes it possible to fund [these services].”

The Demonstration has had a significant impact on the flexibility of what agencies can do. Respondents indicated that the Waiver has given them the flexibility to implement more prevention and diversion programs to prevent removals. A respondent noted a specific example of the flexibility of the Demonstration makes possible: “…if we have a child that maybe was arrested through DJJ for touching his siblings, we will access those funds to put an alarm on the door so that the parents would know if the child's door opens in the middle of the night.” Other examples that were noted were putting barriers around pools, helping with means of transportation, and being able to adjust “service delivery based upon the incoming case.”

In conjunction with the flexibility the Demonstration offers, it also offers agencies the opportunity to provide different types of services. One respondent mentioned some new services that have been utilized since the implementation of the Demonstration:

> "We have a lot of innovative programs we do for our teen population to stabilize them and provide them with what I call life experiences that really provide them with rebuilding their self-esteem, which is a major issue with teenagers in care. So we have a specialized scuba diving certification program. So we'll take eight of our teenagers, based on qualifications, and train them on scuba diving, get them a certified license. Then we have an arts and performance camp. We take some of our toughest kids and spend three weeks teaching them the arts and letting them express themselves through the arts every day. It's very therapeutic. Here we have developed a leadership program for our teenagers in care to allow them to really, you know, some of the kids who are more stable, really start teaching them life skills and leadership skills and really help them prepare them for secondary education and/or job creation and job programming."

It was also reported that the Demonstration has assisted in allowing for more services such as family support and safety management.

Interviewees also acknowledged that the Demonstration has had an impact on the number of removals. Respondents reported that overall, the Demonstration has helped them decrease the number of removals through the use of diversion programs, safety management services, and reunification services:

> "[Without the Waiver] I would see an increase in the number of children per case manager. Right now we try to fund case management at the federal level of 1 to 12, 1 case manager per 12 children. You would see an increase in that so we would not beat that federal standard or it would be close to that federal standard. We probably will see more kids entering care because we wouldn't be able to provide divergence services upfront so that the children do not enter the formal child welfare system, and we wouldn't be able to provide reunification services so that children are reunified."

***Contextual variables*.** Substance abuse, poverty, mental health, and challenges with health insurance were the primary contextual factors that affect Demonstration implementation addressed by respondents. Domestic violence was also mentioned but not described in as much detail. Substance abuse issues were indicated as a contextual factor by all respondents, but the issue was more prominent in some sites. One respondent commented on how parents with substance abuse issues are being addressed:

> "I think that the continued issue of having possibly not the right focus of services for substance abuse and mental health for the child welfare population is an issue

> for us. I think that both of those services often…….treat our child welfare population just like they do anybody else, anybody else that walks in the door without a full understanding of the urgency that we have because permanency is an issue and safety is an issue but also that their treatment needs to be more around helping parents build parental capacity not just fix their problem around substance abuse."

Some respondents reported that their community was experiencing an overwhelming increase in substance abuse issues: "…We have a horrible, horrible epidemic going on with heroin in that county. So, you know, that's something I think's a barrier because our children are, you know, the children that we would get in before where we could reunify. We're actually getting children in care whose parents have overdosed and have passed away"

Poverty issues were described in the general sense as a lack of understanding about how poverty might impact a family's ability to provide food and housing for their children, and that this inability to financially provide may sometimes be confused with child maltreatment. One respondent stated "I mean you definitely have to talk about poverty and education. And then homelessness; you have families that come to us because of homelessness and that has a very big impact on us and parents not being able to care for their children because they can't find employment and attain employment, so that is a very big impact on the people that we're dealing with." Another respondent put the contextual variable of poverty in these terms:

> "You know, I certainly think that the lack of understanding of poverty plays a huge role, because it's not really just about money. It's much more. I think the lack of understanding about- true understanding, especially of generational poverty by legislators, by agency heads, by managers, by case managers, by CPIs… I think that is unfortunate that people don't have a better understanding including the educational system - you know, I could spend my career, the rest of my career, I think, if we just understood poverty, how much better our service delivery could be."

Respondents indicated that there was a deficit in effective approaches to treating mental health concerns throughout childhood and adolescence. An example of this concern was the following: "Particularly on the mental health side of things. The trauma that children incur as a result of removals and what they went through in their lives, the therapy that we apply to it, although effective, I think, for younger children, doesn't seem to be as effective with teenagers." Another respondent stated, "Some of the stuff just doesn't exist much. The trauma around teenagers and utilization of chemical control, for lack of a better word, as opposed to good therapeutic control, and I'm just not sure that we have, we have the adequate resources in the

community to do all the things we need to do." Based on the responses, there seems to be a lack of therapeutic resources for treating children and adolescents with significant mental health concerns.

In regards to the contextual variables of health insurance challenges some respondents indicated that they have already begun to address the issue:

> "We're having a lot of this conversation through the existence of the managing entity, that's been very helpful. The Medicaid reform and having the child welfare carved out - I think it's been helpful because really - especially now under the CBCIH, we're all partners with the organization that holds the contract with the HMOs. It really is focusing on mental health services, outcomes, and needs of the children in our care. It's going to be hard to see which part is the Waiver, and which is other reforms. We're all looking at all of these blueprints of wellbeing for children a whole lot more closely."

Another challenge is that Medicaid and managed care plans have a significant impact on the services that can be offered to families:

> "Definitely the changes to the MMA plans has impacted community mental health and substance abuse services both for children and families. We're finding shorter authorization coming through these private agencies, which then are leaving children with identified treatment needs, then again losing a funding source. So then again, you have kids who have a funding source and just because they're trying to maximize for profit gains, they become dependent because the child welfare system can access additional dollars."

These contextual factors suggest that the Demonstration can allow for growth in service delivery areas as well as engaging families, but that issues such as poverty, housing shortages, substance abuse, and domestic violence can only be lessened by collaboration between service systems at the community level.

Services and Practice Analysis

The services and practice analysis is designed to assess progress in expanding the service array under the Demonstration continuation, including the implementation of evidence-based practices and programs, and changes in practice to improve processes for identification of child and family needs and connections to appropriate services. A mixed-methods evaluation approach has been proposed, which incorporates the administration of surveys to lead agencies, focus group interviews with front-line staff, observation of meetings and trainings that relate to practice and service provision, and review of relevant policy and practice documents. The current report primarily provides a status update on planning and protocol development activities, as data collection for this component has not begun.

Service array assessment. The timeline for administering the Service Array Survey to the Community Based Care lead agencies (CBCs) has been revised to accommodate current activities by DCF in this area and eliminate redundancy. A survey was conducted by DCF from roughly January to May of 2015 to collect data on the current array of available services across CBCs, and at present the Department is conducting follow up site visits with each CBC to discuss their service array and clarify responses from the survey. For these reasons, agreement has been reached to wait until Year 2 of the evaluation to administer the Service Array Survey to the CBCs. A member of the evaluation team will be attending several of the site visits with the CBCs to observe the service array discussions. This will help to inform the development of the Service Array Survey protocol. A draft protocol will be prepared by February of 2016, with administration to the CBCs expected to begin in either March or April 2016.

The data collected through the DCF Service Array Survey was shared with the evaluation team. This survey asked CBCs to provide information about Family Support Services and Safety Management Services provided in their communities. A full analysis cannot be provided for the current report, but some brief highlights will be discussed here. Results from these surveys reveal a wide variety in the services provided across the state, but they also indicate considerable confusion on the part of the CBCs regarding the new service categories introduced by DCF as well as lack of understanding about levels of evidence for the programs provided in their communities. For example, of 275 services reported by the CBCs as “Family Support Services,” at least half did not actually fit the definitional criteria of Family Support Services as provided by DCF. A large number of services reported were Treatment Services (e.g. mental health assessments, counseling/therapy, domestic violence programs, etc.), as well as some Child Well-being Services and other community resources, such as housing, which may be provided to the family using flexible IV-E funds but do not specifically qualify as a Family Support Service. The results also indicate the considerable overlap that may exist across some of the service categories, depending on the nature of the program; for example, some programs may meet the definitional criteria for Family Support Services as well as Safety Management Services, Treatment Services or Child Well-Being Services, creating a lack of clarity as to how such services should be categorized.

Respondents indicated that the majority of the services identified (n = 206) are designed for families at all risk levels, based on the DCF family risk assessment. Thirteen services were reported to target families at High/Very High Risk only, 33 were reported to target families at Moderate to High/Very High Risk, and eight services were reported to be for families at Low to Moderate Risk only. Of the 275 services reported, respondents reported that 189 of these are

documented in FSFN, although there does seem to be some variability in where staff are documenting this service delivery. Respondents indicated that 153 of these services are documented in the Family Support module of FSFN. Case notes were the next most commonly reported place where service delivery is documented. Respondents also reported that 151 of these services are trauma-informed in their delivery. Based on responses, it appears that a significant number of providers require staff to complete trauma-informed care training. For 29 services, respondents either did not know if service delivery was trauma-informed or did not provide a response.

Finally, while respondents reported that 133 of these 275 services were "Supported-Efficacious" evidence-based programs, very few of the reported services actually included an identified program model, and only a small number of those that did identify a program model actually meet the criteria to be considered either "supported by research evidence" or a "promising practice." Level of evidence was assessed using the California Evidence-based Clearinghouse criteria, which range from Level 1 (Well-Supported by Research Evidence) to Level 5 (Concerning Practice) (for definitions and criteria, please see http://www.cebc4cw.org/ratings/scientific-rating-scale/). In reviewing the data, only five identified program models (reported across seven CBCs) have sufficient research evidence to be considered well-supported or promising programs: Homebuilders (Level 2 Evidence: Supported by Research), Nurturing Parenting (Level 3 Evidence: Promising Research), Wraparound (Level 3 Evidence: Promising Research), Parents as Teachers (Level 3 Evidence: Promising Research), and Effective Black Parenting (Level 3 Evidence: Promising Research). Of these, Homebuilders, Nurturing Parenting, and Wraparound were the most frequently reported programs, although none of these programs appear to be implemented across significant areas of the state. Since the vast majority of responses did not include sufficient information to determine whether a manualized program model is being used, furthermore, it is difficult to fully assess implementation fidelity. The site visits with the CBCs will help to provide a clearer picture of what services are being provided throughout the state. Following these site visits, a decision will be made in collaboration with DCF on two evidence-based programs to assess for the fidelity analysis component of the evaluation.

Practice assessment. Planning and protocol development for the practice assessment component is currently underway, with data collection anticipated to begin in November 2015. The proposed plan is to conduct focus groups with CPIs and case managers in six different Circuits. For each selected Circuit, there will be one focus group conducted with CPIs and one focus group conducted with case managers. For Circuits that have more than one CBC, case

managers from both CBCs will be invited to participate. The focus group discussions will examine practice issues related to the Waiver, such as safety and risk assessment procedures, changes in practice guidelines and expectations, processes and procedures for identifying family needs and connecting families to appropriate services, and processes for effectively engaging families in services.

Circuits were selected using a stratified random sampling process based on child removal rates (as reported in the CBC Lead Agency Trends and Comparisons Report, June 26, 2015). Circuits were stratified into three categories: low removal rates (less than five removals per 100 investigations), moderate removal rates (five to six removals per 100 investigations), and high removal rates (greater than six removals per 100 investigations). Next, two Circuits were randomly selected from each category using a random number generator. The Circuits selected through this process are as follows:

- Circuit 4 (Family Support Services of North Florida & Kids First of Florida, Inc.),
- Circuit 9 (CBC of Central Florida),
- Circuit 19 (Devereux Families, Inc.),
- Circuit 12 (Sarasota Family YMCA, Inc.),
- Circuit 11 (Our Kids of Miami-Dade/Monroe, Inc.), and
- Circuit 15 (ChildNet, Inc.).

Over the next month, the evaluation team will work with local DCF offices and CBCs in each of these six Circuits to schedule the focus group sessions. Administrators at the local DCF offices and CBC lead agencies will be asked to share the information about the focus groups with front-line staff and invite them to participate. Participation in the focus groups will be entirely voluntary. A draft Focus Group Interview Guide is included in Appendix D.

Outcome Analysis

One of the goals of the Demonstration is to improve outcomes for children, including safety, permanency, and child well-being. The flexible funding associated with the Demonstration allows for the use of IV-E funds for various services and activities beyond out-of-home care maintenance and administration. Therefore, it was expected that increased flexibility in using available funds would enable providers to (a) expand prevention services that would reduce the risk of re-abuse and removal children from home, (b) expand case management and other child welfare services that would expedite the achievement of permanency, and (c) extend services that would improve child well-being. Under the Demonstration, the state would be able to implement and expand child welfare services and practices that would better meet the needs

of children and families; implement individualized services; and use evidence-based interventions known to be effective in achieving better child safety, permanency, and well-being outcomes for children within the child welfare system. The outcome analysis for this report focuses on permanency outcomes.

Achieving timely permanency for children placed in out-of-home care due to abuse, neglect, or dependency is one of the primary goals of the child welfare system, and improving permanency outcomes is one of the key goals associated with the Demonstration project. Permanency is critical because it is inherent to the well-being of a child (U.S. Department of Health and Human Services [U.S. DHHS], 2014) and it is difficult to improve child well-being without achieving permanency. In addition, research has shown that children are at risk to experience a variety of adverse outcomes when permanency is not achieved (Aguiniga, Madden, & Hawley, 2015; Murphy, Zyl, Camargo, & Sullivan, 2012; Newton, Litrownik, & Landsverk, 2000; Zima, Bussing, Freeman, Xiaowei, Belin, & Forness, 2000). Although reunification is the most common permanency goal, the U.S. Department of Health and Human Services (U.S. DHHS) recognizes other ways a child can achieve permanency including placement with a fit and willing relative or non-relative custodian; acquiring legal guardianship, and adoption (U.S. DHHS, 2008). While reunification is an important permanency outcome, adoption and guardianship have become frequent permanency solutions and are regarded as positive outcomes for children who cannot be reunified with their parents (Park & Ryan, 2009). Furthermore, examination of guardianship along with other permanency outcomes are of interest because the Demonstrations are largely responsible for the inclusion of guardianship as an additional permanency option for children placed in out-of-home care. It is important, however, to assess the full array of permanency outcomes because an increase in the number of adoptions may lead to fewer children achieving permanency through reunification. Similarly, an effort to increase the number of children placed with relatives may lead to fewer adoptions. In order to better understand the extent to which permanency is being achieved in a timely way for children placed in out-of-home care, this section focuses on all three outcomes including reunification with original caregivers, placement or guardianship with relatives or non-relatives, and adoption. To examine these hypothesized outcomes, specific indicators were selected and developed in collaboration with DCF and calculated.

Methods

The study design consists of longitudinal comparison of three successive baseline entry cohorts who were followed from the time they were placed in out-of-home care. Because the Demonstration continuation was not granted before the end of 2013, three years (i.e., three entry cohorts) were available and used as baseline data. This basic information gathered before the Demonstration continuation began is used for future comparison or as a control in the evaluation. Therefore, changes in permanency indicators were tracked in three state fiscal years (SFY 11-12, SFY 12-13 and SFY 13-14).

All indicators were calculated for each Circuit and statewide for the State. Cohorts were constructed based on a state fiscal year (SFY), July1 through June 30. The data used to produce these indicators covered the time period SFY 11-12 through SFY 14-15 so children in all three entry cohorts can be followed for 12 months. The following permanency indicators were examined:

- Proportion of children who achieved permanency within 12 months of removal
- Median length of stay in out-of-home care
- Proportion of children who were reunified within 12 months of removal
- Proportion of children who exited out-of-home care into permanent guardianship (i.e., long-term custody or guardianship by relatives or non-relatives) within 12 months of removal
- Proportion of children who were adopted within 24 months of removal

Sources of data. The data sources for the permanency indicators used in this report were data abstracts taken from the Florida Safe Families Network (FSFN).

Analytical approach. Statistical analyses consisted of Life Tables (a type of event history or survival analysis[1]), Cox regression analyses (Cox, 1972), and analysis of variance (ANOVA). Cox regression was conducted with the circuit (i.e., the geographical area where children received out-of-home care services) as a stratification variable in order to address possible differences between these groups of children. When cohort was used as a stratification variable the results of the analyses for each circuit were combined and the general effect of a predictor was shown. The percentages were obtained from Life Tables using the Kaplan-Meier procedure (Kaplan and Meier, 1958).

Limitations. It is important to note a few limitations in conducting the outcome analysis. First, the study design did not include a comparison group (e.g., counties where the extension of

[1]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).

the Demonstration project was not implemented) because the Demonstration was implemented statewide. Because a comparison group was not available, longitudinal comparison was performed using entry cohorts and no time by group interaction was examined. Second, this study was limited to measures of lead agency performance that relate to child permanency outcomes. Finally, the findings do not account for the effects of child or family socio-demographic characteristics or any of the lead agency characteristics or characteristics of the Circuits.

Findings

Proportion of children who exited into permanency within 12 months of the latest removal. The proportion of children who exited out-of-home care into permanency during the first 12 months was calculated for the three baseline entry cohorts including SFY11-12, SFY12-13, and SFY13-14. *"Exited into permanency"* is defined as an exit status involving any of the following reasons for discharge: (a) reunification with parents or original caregivers, (b) permanent guardianship (i.e., long-term custody or guardianship) with a relative or non-relative, (c) adoption finalized, and (d) dismissed by the court (see the description of the indicator in Appendix E, Measure 1). The National Standard for Permanency in 12 months for children entering foster care is 40.5% (U.S. DHHS, 2015).

As shown in Table 1, the results of Life tables indicated that, for entry cohort SFY11-12 Circuit 8 had the highest proportion of children exiting out-of-home into permanency within 12 months (61.8%). Circuits 7 and 19 had the lowest proportions of children exiting into permanency within 12 months (approximately 39% and 43%, respectively). The average proportion of children exiting out-of-home care into permanency within 12 months in SFY 11-12 for the state was 50%. For entry cohort SFY12-13 Circuit 5 and Circuit 8 had the highest proportions of children exiting out-of-home into permanency within 12 months – approximately 60% and 61%, respectively, and Circuit 16 had the lowest proportion of children exiting into permanency – 41%. Finally, for entry cohort SFY13-14 Circuit 8 had the highest proportion of children who achieved timely permanency (64%) and Circuit 7 had the lowest – 32%. The overall proportion of children who exited out-of-home care into permanency within 12 months for the state of Florida decreased from 50.4% for the cohort SFY11-12 to 46.8% for the cohort SFY 13-14. Results of Cox regression analysis indicated that it was a significant decrease (see Table 1, Appendix F) although the proportion remains higher than the national standard of 40.5%.

Table 1

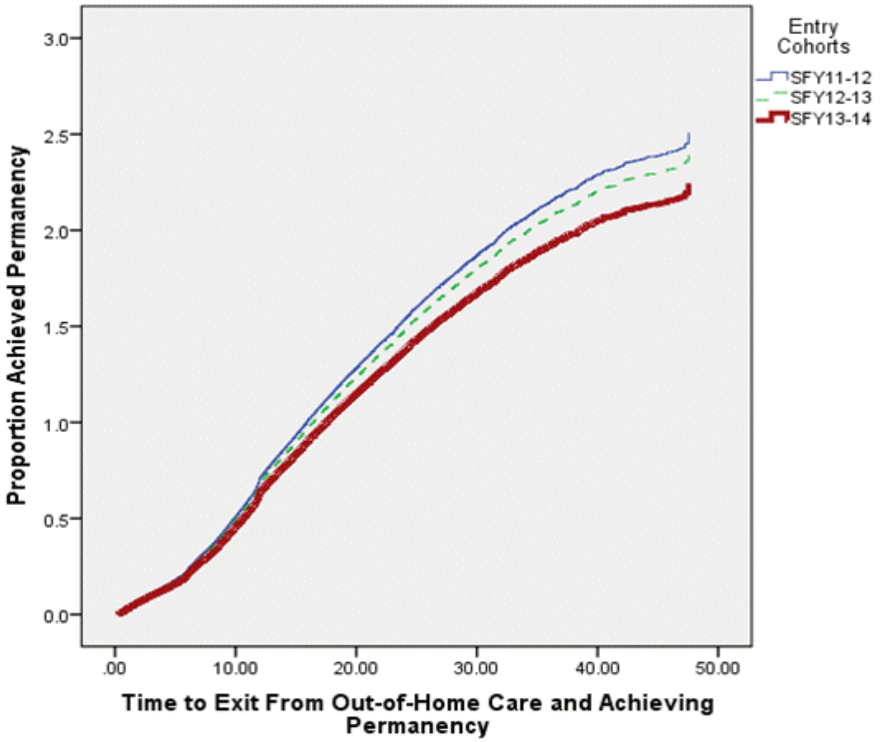
Number and Proportion of Children who Exited Out-of-Home Care for Permanency Reasons within 12 Months of Last Removal in the State of Florida by Cohort

Circuit	Entry Cohort SFY 2011-2012		Entry Cohort SFY 2012-2013		Entry Cohort SFY 2013-2014	
	Number of Cases	Proportion Achieved Permanency (%)	Number of Cases	Proportion Achieved Permanency (%)	Number of Cases	Proportion Achieved Permanency (%)
Circuit 1	1,053	54.3	679	47.9	860	44.2
Circuit 2	402	55.0	274	47.8	296	40.5
Circuit 3	251	56.6	265	53.6	286	44.8
Circuit 4	893	57.7	696	53.3	923	55.4
Circuit 5	1.035	57.1.0	886	59.9	904	52.5
Circuit 6	1,931	47.0	1,622	57.6	1,521	51.2
Circuit 7	1,030	39.3	765	42.9	672	32.4
Circuit 8	317	61.8	288	61.1	308	64.0
Circuit 9	818	48.2	729	46.7	822	39.5
Circuit 10	1,001	51.1	814	47.7	936	51.0
Circuit 11	1,188	48.7	1,180	44.3	1,708	44.2
Circuit 12	695	50.5	512	50.6	551	47.2
Circuit 13	1,233	53.8	1,144	51.8	1,150	54.9
Circuit 14	334	40.7	297	44.8	277	33.6
Circuit 15	741	47.0	780	47.6	1,121	52.8
Circuit 16	48	50.0	63	41.3	87	39.1

Circuit 17	803	51.1	945	45.9	1,103	38.1
Circuit 18	744	51.9	661	50.5	743	44.0
Circuit 19	500	42.6	457	44.2	472	41.3
Circuit 20	646	51.4	642	46.3	914	44.9
State of FL	15,664	50.4	13,705	49.9	15,656	46.8

As shown in Figure 3, the hazard function portrays late peaks indicating that chances for achieving permanency steadily increases, with the highest chances observed at the end of the study period. As also shown in Figure 3, at the 12-month mark on the x-axis, approximately 50% of children achieved permanency with slightly lower proportion in SFY13-14 (i.e., red line).

Figure 3. Time to Exit From Out-of-Home Care and Achieving Permanency



Median length of stay for children who entered out-of-home care. Statewide performance on permanency, based on entry cohorts, was also examined by calculating the median length of stay in out-of-home care for children who exited out-of-home care, regardless

of how permanency was achieved (see the description of the indicator in Appendix E, Measure 2). In fiscal year 2014, the median length of stay nationwide was 13.3 months (U.S. DHHS, 2015).

Table 2

Proportion and Median Length of Stay for Children in Out-of-Home Care in the State of Florida by Cohort

Circuit	Entry Cohort SFY 2011-2012		Entry Cohort SFY 2012-2013		Entry Cohort SFY 2013-2014	
	Number of Cases	Median Length of Stay (in months)	Number of Cases	Median Length of Stay (in months)	Number of Cases	Median Length of Stay (in months)
Circuit 1	1,053	11.6	679	12.6	860	13.4
Circuit 2	402	10.7	274	13.0	296	15.1
Circuit 3	251	10.6	265	11.5	286	13.4
Circuit 4	893	10.9	696	11.1	923	11.4
Circuit 5	1,035	10.7	886	10.4	904	11.5
Circuit 6	1,931	13.0	1,622	11.1	1,521	11.9
Circuit 7	1,030	14.2	765	13.7	672	17.8
Circuit 8	317	10.5	288	10.0	308	10.1
Circuit 9	818	12.6	729	12.9	822	15.4
Circuit 10	1,001	11.8	814	12.5	936	11.8
Circuit 11	1,188	12.4	1,180	14.3	1,708	13.8
Circuit 12	695	11.9	512	11.9	551	12.7
Circuit 13	1,233	11.5	1,144	11.7	1,150	11.5

Circuit 14	334	14.2	297	13.5	277	17.7
Circuit 15	741	12.7	780	12.6	1,121	11.5
Circuit 16	48	12.0	63	16.5	87	14.9
Circuit 17	803	11.9	945	13.5	1,103	16.2
Circuit 18	744	11.7	661	11.9	743	14.3
Circuit 19	500	14.7	457	14.4	472	14.2
Circuit 20	646	11.8	642	13.1	914	14.3
State of FL	15,664	11.9	13,705	12.0	15,656	13.0

Table 2 shows the median length of stay for children placed in out-of-home care in SFY11-12, SFY12-13, and SFY13-14. Median length of stay was calculated using survival analysis. As indicated in Table 2, children who entered out-of-home care in SFY11-12 and who were served by Circuit 8 had the shortest median length of stay in out-of-home care (approximately 11 and a half months). Children who were served by Circuit 19 had the longest median length of stay in out-of-home care (over 14 months). The median length of stay for the state of Florida in SFY11-12 (i.e., the number of months when 50% of children exited out-of-home care) was less than 12 months.

For SFY12-13, Circuits 5 and 8 has the shortest median length of stay in out-of-home care (approximately 10 months) and children served by Circuit 16 had the longest median length of stay in out-of-home care – approximately 16 months. The number of months children stayed in out-of-home care for the state of Florida for SFY12-13 was approximately 12 months. During SFY13-14 several Circuits, including Circuits 4, 5, 6, 8, 10, 13, and 15, had median length of stay in out-of-home care less than 12 months. The median length of stay for the state of Florida in SFY13-14 was approximately 13 months, a significant increase compared to SFY11-12 (see Table 2, Appendix F).

Proportion of children who were reunified with their original caregivers within 12 months.

Table 3

Number and Proportion of Children who were Reunified within 12 Months of the Latest Removal in the State of Florida by Cohort

Circuit	Entry Cohort SFY 2011-2012		Entry Cohort SFY 2012-2013		Entry Cohort SFY 2013-2014	
	Number of Cases	Proportion Reunified (%)	Number of Cases	Proportion Reunified (%)	Number of Cases	Proportion Reunified (%)
Circuit 1	1,053	44.0	679	36.8	860	34.5
Circuit 2	402	34.3	274	35.0	296	31.1
Circuit 3	251	29.5	265	28.3	286	22.4
Circuit 4	893	31.7	696	28.6	923	25.0
Circuit 5	1,035	32.6	886	37.7	904	32.7
Circuit 6	1,931	30.4	1,622	36.4	1,521	34.3
Circuit 7	1,030	25.5	765	25.5	672	21.0
Circuit 8	317	31.6	288	26.7	308	26.3
Circuit 9	818	34.1	729	34.3	822	29.3
Circuit 10	1,001	34.1	814	30.0	936	30.8
Circuit 11	1,188	38.6	1,180	33.5	1,708	35.1
Circuit 12	695	33.4	512	29.1	551	28.3
Circuit 13	1,233	43.4	1,144	42.1	1,150	46.2

Circuit 14	334	27.5	297	33.0	277	21.7
Circuit 15	741	32.1	780	31.7	1,121	37.6
Circuit 16	48	31.3	63	33.3	87	31.0
Circuit 17	803	37.2	945	35.9	1,103	29.1
Circuit 18	744	40.5	661	37.1	743	32.2
Circuit 19	500	36.4	457	35.0	472	34.1
Circuit 20	646	25.9	642	26.3	914	31.2
State of FL	15,664	34.4	13,705	33.7	15,656	32.3

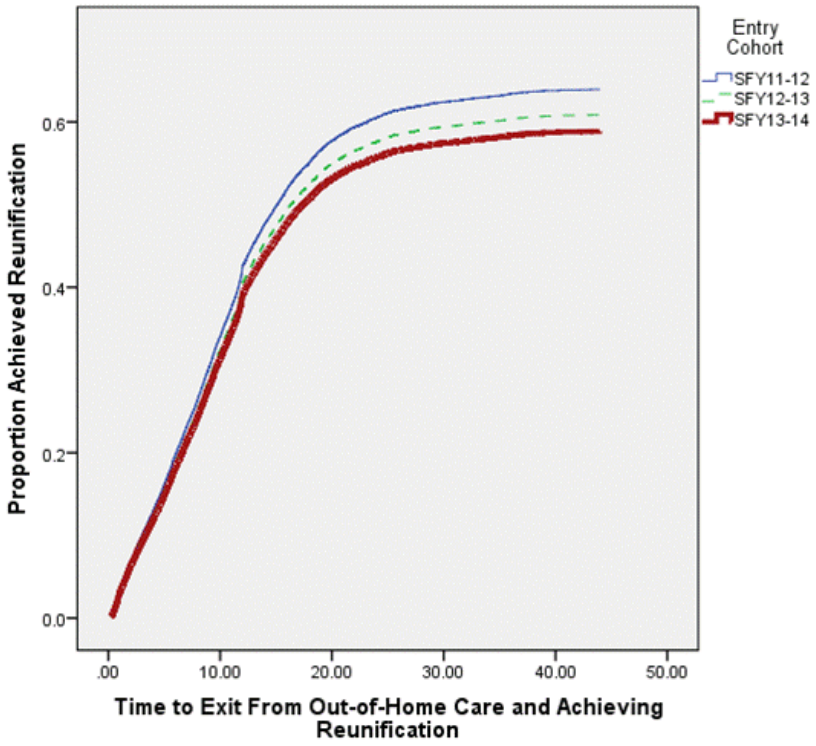
The proportions of children who entered out-of-home care in SFY11-12, SFY12-13, and SFY13-14 and were discharged for reasons of reunification during 12 months after the latest removal were calculated for these entry cohorts (see the description of the indicator in Appendix E, Measure 3). There is no national standard for this indicator. As shown in Table 3, during SFY11-12 Circuit 1 had the highest proportion of children reunified within 12 months (44%). Circuits 7 and 20 had the lowest proportions of children achieving reunification within 12 months (approximately 26%). The average proportion of children reunified within 12 months for SFY11-12 in the state of Florida was 34% (see Table 3).

Results of survival analysis, specifically Life Tables indicated that for entry cohort SFY12-13, Circuit 13 had the highest reunification rate – 42%, and Circuit 7 had the lowest proportion of children reunified – approximately 25%. The proportion of children reunified within 12 months after placement into out-of-home care for the state of Florida during SFY12-13 did not substantially change and remained close to 34% (see Table 3). When entry cohort SFY13-14 was examined, Circuit 13 still had the highest reunification rate – approximately 46%, and Circuits 7 and 14 had the lowest reunifications rates (21% and 21.7%, respectively). The proportion of children reunified within 12 months of the latest removal for the state of Florida was 32.3% - a small but significant decline over time (see Table 3, Appendix F).

As shown in Figure 4, the hazard function portrays increasing chances for achieving reunification, with the highest chances observed at approximately 20 months. As also shown in

Figure 4, at the 12-month mark on the x-axis, slightly more than 30% of children achieved reunification with lower proportion in SFY13-14 (i.e., red line).

Figure 4. Time to Exit From Out-of-Home Care and Achieving Reunification



Proportion of children who acquired permanent guardianship within 12 months.

Table 4

Number and Proportion of Children who Exited Out-of-Home Care into Permanent Guardianship within 12 Months of the Latest Removal in the State of Florida by Cohort

Circuit	Entry Cohort SFY 2011-2012		Entry Cohort SFY 2012-2013		Entry Cohort SFY 2013-2014	
	Number of Cases	Proportion with Guardianship (%)	Number of Cases	Proportion with Guardianship (%)	Number of Cases	Proportion with Guardianship (%)
Circuit 1	1,053	9.3	679	8.4	860	8.0

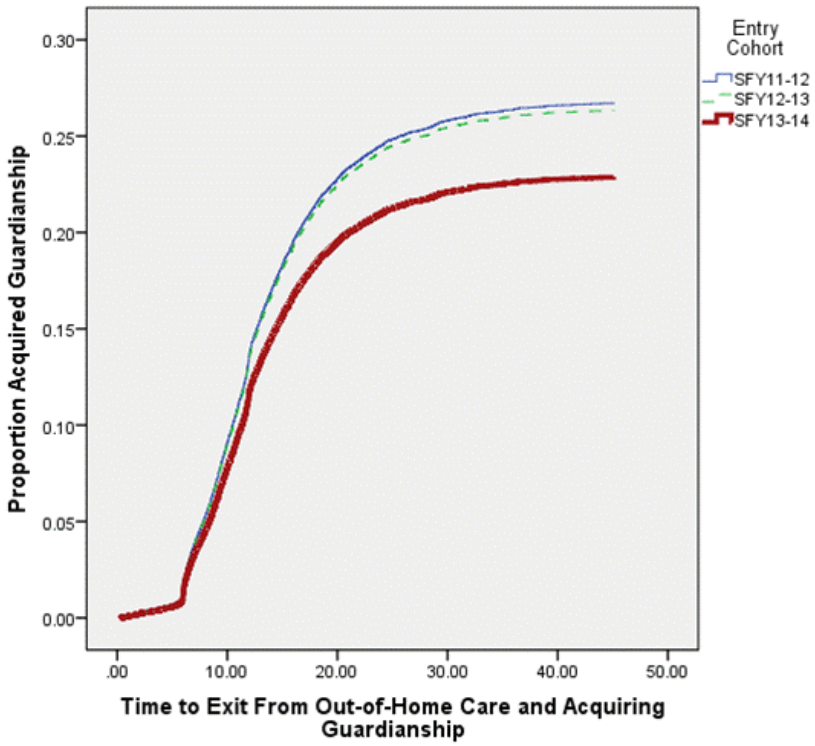
Circuit 2	402	13.2	274	6.2	296	4.1
Circuit 3	251	24.3	265	21.1	286	19.2
Circuit 4	893	11.7	696	8.6	923	11.2
Circuit 5	1.035	22.9	886	21.1	904	18.4
Circuit 6	1,931	14.8	1,622	19.0	1,521	13.7
Circuit 7	1,030	10.8	765	13.7	672	6.3
Circuit 8	317	21.1	288	25.0	308	27.9
Circuit 9	818	11.0	729	8.5	822	6.8
Circuit 10	1,001	15.4	814	14.4	936	16.6
Circuit 11	1,188	6.3	1,180	7.9	1,708	7.0
Circuit 12	695	16.6	512	19.9	551	17.8
Circuit 13	1,233	8.0	1,144	8.0	1,150	6.8
Circuit 14	334	11.1	297	6.7	277	9.0
Circuit 15	741	12.0	780	12.8	1,121	12.6
Circuit 16	48	18.8	63	6.4	87	5.8
Circuit 17	803	11.6	945	8.3	1,103	7.5
Circuit 18	744	9.5	661	11.5	743	9.0
Circuit 19	500	5.0	457	7.4	472	3.6
Circuit 20	646	23.8	642	17.8	914	12.6
State of FL	15,664	12.9	13,705	12.8	15,656	10.9

Permanent guardianship was defined as discharge from out-of-home care for the following reasons: (a) guardianship to non-relative, (b) guardianship to relative, (c) long-term

custody to relative, (d) living with other relatives, and (e) other guardianship (see the description of the indicator in Appendix E, Measure 4). There is no national standard for this indicator.

As shown in Table 4, the proportions of children who exited out-of-home care for permanent guardianship in SFY11-12 ranged from 5% (Circuit 19) to 24% (Circuits 3 and 20). Similarly, for SFY12-13 the proportion of children acquiring guardianship ranged from 6% (Circuits 2 and 16) to 25% (Circuit 8). For SFY13-14 Circuit 8 had the highest proportion of children who exited out-of-home care for the reason of guardianship (28%) and Circuits 2 and 19 had the lowest (approximately 4%). The statewide proportion of children discharged into guardianship decreased from almost 13% in SFY11-12 to 11% in SFY13-14. The overall decrease in the proportion of children who acquired guardianship for the state of Florida was statistically significant (see Table 4, Appendix F). As shown in Figure 5, the hazard function portrays increasing chances for acquiring guardianship, with the highest chances observed at approximately 20 months. As also shown in Figure 5, at the 12-month mark on the x-axis, approximately 10% of children acquired guardianship with significantly lower proportion in SFY13-14 (i.e., red line).

Figure 5. Time to Exit From Out-of-Home Care and Acquiring Guardianship



Proportion of children with adoption finalized. The proportion of children who entered out-of-home care and were discharged within 24 months after placement in out-of-home care because of adoption was calculated for the SFY11-12 and SFY12-13 entry cohorts. All percentages were obtained from Life Tables. Entry cohorts for this indicator represents all children who were initially placed in out-of-home care and had *adoption* in their case plans as their primary goal. This indicator includes only one reason for discharge, which is "adoption finalized" (see Appendix E, Measure 5). There is no national standard for this indicator.

Table 5

Number and Proportion of Children with Finalized Adoptions within 24 Months of the Latest Removal in the State of Florida by Cohort

Circuit	Entry Cohort SFY 2011-2012		Entry Cohort SFY 2012-2013	
	Number of Cases	Proportion with Finalized Adoption (%)	Number of Cases	Proportion with Finalized Adoption (%)
Circuit 1	335	35.8	280	37.9
Circuit 2	93	52.7	97	53.6
Circuit 3	68	57.4	84	54.8
Circuit 4	352	74.4	313	70.3
Circuit 5	200	33.0	141	43.3
Circuit 6	547	41.0	419	39.9
Circuit 7	314	41.4	229	36.2
Circuit 8	102	72.6	104	70.2
Circuit 9	193	43.5	174	32.8
Circuit 10	180	31.1	158	50.0

Circuit 11	332	41.3	344	34.3
Circuit 12	168	35.7	158	44.9
Circuit 13	241	42.3	222	43.7
Circuit 14	109	41.3	116	44.0
Circuit 15	189	48.7	169	45.6
Circuit 16	10	20.0	11	36.4
Circuit 17	183	37.7	245	28.6
Circuit 18	147	35.4	128	18.8
Circuit 19	152	20.3	157	29.3
Circuit 20	177	36.7	198	33.3
State of FL	4,092	43.0	3,751	41.8

Table 5 shows the comparison between proportions of children adopted within 24 months of their latest removal based on SFY11-12 and SFY12-13. For entry cohort SFY 11-12, Circuits 4 and 8 had the highest proportion of children with finalized adoptions (74.4% and 72.6%, respectively), Circuits 16 and 19 had the lowest proportions of children who exited out-of-home care because of adoption – 20%. For the entry cohort SFY12-13, the highest proportion of children with finalized adoption was observed for Circuits 4 and 8 – 70%, and the lowest proportion of children who were adopted after exiting from out-of-home care was observed for Circuit 18 – approximately 19%. The proportion of children with finalized adoption for the state of Florida slightly declined by 1%, but this decline was not significant (see Table 5).

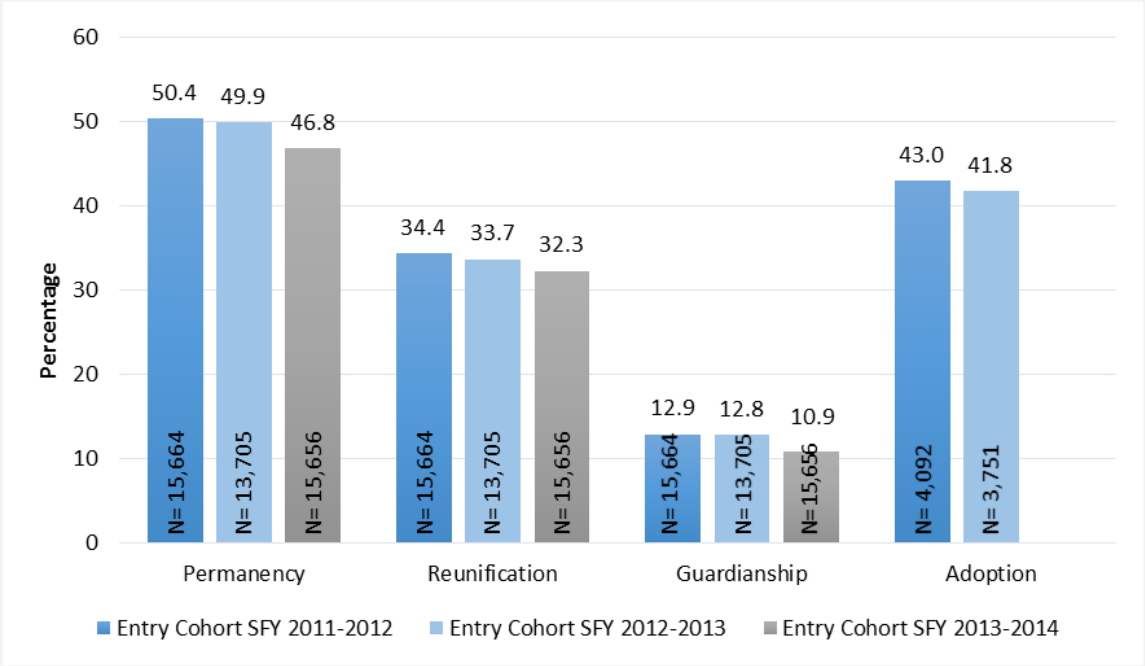
Summary

Overall, there is a considerable variability among Circuits on measured indicators. For example, Circuit 8 had the highest permanency rate throughout the three years (between 62% and 64%), one of the lowest lengths of stay averaging 10 months, the highest proportion of children who acquired guardianship (25%), and is among the Circuits with the highest proportion of children with adoption finalized (73% for SFY 11-12 and 70% for SFY12-13). In contrast, Circuit 7 had one of the lowest proportions of children exiting into permanency (between 39% in SFY11-12 and 32% in SFY13-14), one of the highest median lengths of stay (approximately 15

months across three entry cohorts), and the lowest proportion of children reunified (21% for SFY 13-14) or acquired guardianship within 12 months of the latest removal (6% for SFY13-14).

There is an overall trend indicating a decreasing proportion of children over time including those who exited into permanency in general and who achieved permanency for reason of reunification, guardianship or adoption. This trend was observed for the majority of Circuits and for the state of Florida (see Figure 6).

Figure 6. Permanency Outcomes for the State of Florida



In conclusion, it appears that during the three state fiscal years, most Circuits were more successful in reaching positive outcomes on separate indicators but not on all indicators. Typically, Circuits that performed well on reunification and adoption do not perform that well on the measure of guardianship. In contrast, Circuits that achieve favorable outcomes on guardianship do not achieve similar results on reunification and adoption rates.

Cost Analysis

The Evaluation of Costs

The following section reviews the results of several Demonstrations that have been evaluated across the country. The majority of evaluations have found favorable results for outcomes, but have paid less attention to costs. The focus has been on documenting cost

neutrality and the examination of administrative costs. In addition, we discuss some of the cost implications from the results of a recent service array survey performed in the State of Florida to determine what evidence-based practices are being used by lead agencies in the State. While the Demonstration allows the flexible use of funding, it is important to document that lead agencies are using cost effective evidence-based practices. In this section, we will review some of the literature on cost-effectiveness for services being used in the State of Florida. Finally, we examine recent trends in placement patterns in Florida and discuss the implications for costs.

States have taken a number of approaches to examining the cost impact of the Demonstrations. The majority have focused on the required aspects of costs; e.g., cost neutrality and administrative costs. In general IV-E Demonstrations have had little to no impact on overall costs as States have reinvested any savings in additional services for children and families. Title IV-E funding reimburses States for a portion of expenditures for a restricted set of child welfare services. Allowable services are primarily focused on out-of-home services including foster care maintenance and administration and training services related to foster care. In addition, payments to adoptive parents are reimbursable. One of the primary purposes of IV-E Demonstrations is to provide States with greater flexibility in the services that can be paid using IV-E funding. Such flexibility can allow States to provide in-home preventive services that would otherwise require IV-B funding. While the combination of IV-E and IV-B funding would suggest that both in-home and out-of-home services can be provided using Federal funding, IV-E funding is far greater than IV-B funding leading to a greater emphasis on out-of-home services.

Demonstrations with capped IV-E allocations. We review the results from six states that have implemented and completed Demonstrations under a capped IV-E Waiver allocation. Under this program, IV-E payments from the Federal government are capped at a certain level and states are given greater flexibility in how those dollars are spent. The six states are California, Florida, Ohio, North Carolina, Indiana, and Oregon. Major findings from the evaluations of costs are summarized below.

California implemented a IV-E Demonstration in Alameda and Los Angeles Counties. Both counties saw a reduction in foster care assistance expenditures due to a reduction in placement days and fewer days in more expensive group care. The evaluation by Ferguson and Duchowny concluded that counties were ‘better off fiscally for having participated in the Capped Allocation Project’ (2012, p. 174). The counties had greater flexibility in the use of funds and received more funding than they would have received in the absence of the Demonstration. Interestingly, the evaluators argued that the capped funding was a benefit because funding was

stable and predictable. Stable and predictable funding allowed counties to make decisions and plans without concern about short-term changes in federal funding.

In Florida, the IV-E Demonstration was successful at shifting resources from out-of-home services to in-home services. Evaluation of the Demonstration found a 18.2% decline (from $163.4 million to $133.7 million) in out-of-home service expenditures between FFYs 04-05 and 10-11 and a corresponding 205.4% increase (from $15.0 million to $45.7 million) in expenditures for front-end services. Front-end services include prevention, diversion, family preservation, and other in-home services. The evaluation lacked a clear comparison group as the Demonstration was implemented statewide. Cost neutrality was achieved and there was suggestive evidence presented that the Demonstration led to a reduction in administrative costs.

The evaluation of Indiana's Demonstration included an examination of cost effectiveness. Overall, expenditures from all sources averaged $12,614 per children in the Demonstration group during the 24-months following case opening versus $11,123 per children in the comparison group. Costs were lower in Demonstration counties for three of four child welfare outcomes: placement avoidance, length of placement, and reunification. Only for the outcome 'avoidance of out-of-state placement' were costs for children in the Demonstration group greater than children in the comparison group. Overall, the evaluation found the intervention was cost-effective for three outcomes, although the effects were only modest.

North Carolina made additional IV-E dollars available for services to both IV-E-eligible and non-IV-E-eligible children that probably would not have been provided without the Demonstration (Osher, Wildfire, Duncan, Meier, Brown, & Salmon, 2002). Many counties used such reinvestment funds to provide services to children that were not IV-E eligible. Demonstration counties reduced the number of children in out-of-home care and thus lowered the foster care maintenance costs. However, the difference narrowed over time, and maintenance costs in Demonstration counties exceeded comparison counties in some months towards the end of the Demonstration. Demonstration counties were also able to control the growth of administrative costs in contrast to comparison counties. The evaluation noted that some Demonstration counties were hesitant to change practice patterns due to the limited time frame of the Demonstration. However, spending levels increased as the Demonstration neared its end as counties become concerned about losing unspent funding.

Ohio had two different Demonstration periods with the second Demonstration period covering 2005 through 2008 with the evaluation conducted by the Health Services Research Institute (2010). There was a reduction in paid placement days and daily cost of foster care during the second Demonstration period. However, the change did not achieve statistical

significance. There was a reduction in foster care expenditures as a share of total child welfare expenditures in 26 of 33 counties with the reduction being greater in Demonstration counties. With the shift away from out-of-home care, 11 of 12 original Demonstration counties received capped allocations that were greater than payments would have been based on actual provision of out-of-home care. Consistent with the goals of the Demonstration, most of this difference was used to fund non-foster care services.

The evaluation of the Oregon Demonstration concluded the Demonstration had little impact on total costs. Overall child welfare expenditures, including funding from TANF, Title XIX, State General Fund, and Title IV-E, increased 53% over the five year Demonstration. The Demonstration had relatively little ability to change this overall trend as Demonstration-related expenditures comprised less than one percent of total child welfare spending.

Thus, as anticipated Demonstrations have resulted in a shift of funds away from out-of-home services to focus more on prevention. The Demonstrations were required to be cost neutral. In others words, achieving a cost savings was not a desired goal. Rather the requirement was that the Demonstration did not cost the federal government additional money. States were able to achieve this requirement based on the use of capped funding. Any savings were reinvested into providing additional services.

The use of capped funding shifts the risk from the federal government to State and local governments (U.S. DHHS, 2011). Florida, Indiana, North Carolina, and Ohio passed at least some of the financial risks associated with the Demonstration down to local child welfare agencies. In contrast, Oregon bore all costs of local agency efforts that did not prove to be cost neutral. The greater degree of risk assumed by localities in some States may negatively affect their willingness to test innovative approaches to service delivery (U.S. DHHS, 2011). As noted in the California evaluation, while a capped Demonstration may involve some risk that service needs will exceed the capped allocation, there is also a reduction in uncertainty concerning future funding as federal funding levels are known in advance.

However, this discussion highlights an important issue regarding the goals of the Demonstration. Should Demonstrations be used to test innovative programs or to implement evidence-based programs and practices? While there are certainly instances where both are appropriate, to some degree that focus should depend on the level of risk State and local agencies are willing to accept. Numerous evidence-based practices exist that local agencies can implement that have considerable evidence of being cost effective. Thus, local agencies seeking to minimize risk could focus on existing evidence based practices with evidence of cost effectiveness. Unlike innovative programs that do not have research support, there can be

greater confidence that evidence based interventions will have beneficial effects. States and local agencies seeking to test innovative programs that do not have an evidence base must be willing and able to undertake the financial risk.

Other Demonstrations. A number of other Demonstration programs have also been implemented. We did not review results from all Demonstrations, but highlight findings from several evaluations. Mississippi had a Demonstration program from 2001 until 2004 (Institute of Applied Research, 2005). The Demonstration was discontinued after only 42 of the planned 60 months due to concerns about staffing and cost neutrality. Staffing shortages were due to a state hiring freeze leading several counties to suspend Demonstration activities. Cost neutrality concerns were generated by higher than expected administrative costs. During the Demonstration, non-placement services were greater for children and families in the Demonstration group than for children assigned to the comparison group. Demonstration funds accounted for 25% of all funds used for families in the Demonstration group. Mississippi's Demonstration was not the only one to end early. A James Bell Associates report (2012) indicated that Arizona, Colorado, Connecticut, Illinois, Iowa, Maryland, North Carolina, Tennessee, and Washington also had Demonstrations that were not completed as scheduled.

Several states had Demonstration programs that focused on enhancing specific services including Illinois and New Hampshire. Illinois implemented the Alcohol and Other Drug Abuse (AODA) Demonstration. The examination of costs by Ryan (2006) focused on the issue of cost neutrality. The evaluation computed cumulative IV-E payments for a control group that did not receive Demonstration services. The average IV-E payment for the comparison group was multiplied by the number of children in the Demonstration group to compute what estimated costs would have been in the absence of the Demonstration. The State was able to reinvest over $5 million in IV-E savings into other services as a result of the Demonstration.

New Hampshire's Demonstration targeted families with substance abuse problems and maltreatment. The Demonstration was implemented in two district offices and provided enhanced services using licensed alcohol and drug counselors to provide assessment, assist in linking families to treatment, and provide assistance to child protective services. Families in the two districts were randomly assigned to the Demonstration program. The net costs were lower with the enhanced model due to greater stability of placements and greater likelihood of reunification with birth parents.

In addition to Demonstrations focusing on substance abuse, several Demonstrations have focused on subsidized guardianship programs. Among States with experimental research designs, data suggest that subsidized guardianship was less expensive than foster care.

Demonstrations in Illinois, Tennessee, and Wisconsin demonstrated that subsidized guardianship decreased the average number of days spent in foster care, leading to reduced administrative expenses associated with providing ongoing case management and supervision.

Evidence-based and cost effective practices in Demonstrations. Evaluation of Demonstrations have often focused on specific issues such as cost neutrality and administrative costs because of their importance and interest to the federal government. Evaluations have found that expenditures shifted from out-of-home services to preventive in-home services. However, studies have not typically included a cost-benefit or cost-effectiveness analysis. While the cost analyses in prior evaluations have largely focused on overall trends in expenditures, whether such changes are cost effective may depend on how the funding flexibility changed the use of specific services and interventions. The Casey Foundation released a report on benefit-cost data for Demonstration interventions (Pecora, O'Brien, & Maher, 2015). However, their review did not focus on the results of specific evaluations. Rather the focus of the report was to discuss specific interventions that have been used in Demonstrations, and to discuss the overall research evidence regarding those specific interventions. In addition, interventions are classified as 'well supported by research', 'supported by research evidence', 'promising level of research evidence', and interventions with 'effectiveness data but no economic data' and interventions with neither outcome nor benefit-cost data. Thus, a key point to emphasize is that interventions must be effective (improved outcomes) and cost effective to have 'research evidence'. Cost effectiveness requires an intervention to have a lower cost per unit improvement in outcome. An intervention is cost effective when it leads to better outcomes and lower cost, but cost effectiveness doesn't necessarily require lower costs. An intervention is also cost effective if outcomes improve by a greater percentage than costs increase. For example, an intervention that increases costs by 10% but improves outcomes by 25% would still lead to a lower cost per unit improvement in outcome.

This type of discussion can be important for a number of reasons. First, evaluations of Demonstrations are by necessity short-term in nature. Even a five year evaluation often only includes a small time period over which benefits from an intervention may accrue. Second, evaluations have focused on costs to the child welfare program. Children in the child welfare system may be involved with other public-sector systems including Medicaid and Juvenile Justice. It is important to examine cross system costs and benefits as well as costs and benefits to the child welfare system. Many studies on service interventions take a societal view on measuring costs and benefits to provide a clearer picture of the effects of an intervention. A

societal view includes the costs and benefits to all involved parties including public sector payers as well as families and children.

As noted earlier, recently the Florida Department of Children and Families surveyed lead agencies to determine the specific services provided by lead agencies and whether the agencies consider these services to be evidence-based. The vast majority of services were identified as evidence-based by the lead agencies. However, lead agencies were often not specific on the service model that was used. For example, lead agencies often reported the use of therapy that was evidence-based. But it was unclear whether therapy services indicated cognitive-behavioral therapy (CBT), interpersonal psychotherapy (IPT), Multisystemic therapy (MST), or one of the many other types of therapy interventions. Thus, while the vast majority of programs were reported by lead agencies as evidence-based, we could not make any conclusions about whether lead agencies in Florida are routinely using practices that were deemed cost-effective in the Casey Foundation report.

While most services reported by agencies were not specific, there were a few cases of identified services being reported. As noted earlier, several lead agencies reported using the Homebuilders model. Two Homebuilders models have been assessed by considerable research. The Homebuilders model of family-based services was listed by the Casey report as being supported by research evidence. The Homebuilders program has been shown to be cost effective as a Washington State Institute for Public Policy (WSIPP) report found that the Homebuilders Intensive Family Preservation interventions had a $8.28 benefit for every dollar spent per participant (WSIPP, 2015). Several lead agencies also reported using a Wraparound-type program. Wraparound is listed by the Casey report as having a promising level of research evidence. Evaluations of Wraparound programs in California, Wisconsin, Ohio, and Oklahoma have found the intervention to be cost effective. Additional interventions reported by lead agencies included Nurturing Parenting Program and Parents as Teachers. Both programs are listed as having a promising level of research, however, the cost effectiveness results in the literature are modest. The Nurturing Parenting Program has not been judged to be cost effective in the short run but may be cost effective in the long run (Maher, Corwin, Hodnett, & Faulk, 2012), Parents as Teachers has shown a modest $1.07 benefit for every dollar in cost (WSIPP, 2015). Lead agencies reported that most services were provided by trauma informed providers. According to the Children's Bureau, "Child welfare systems that are trauma informed are better able to address children's safety, permanency, and well-being needs." (Child Welfare Information Gateway, 2015, p. 3). Despite the focus on trauma informed care, lead agencies did not provide information on specific trauma focused treatments. For example, the Casey

Foundation and the Children's Bureau both report Trauma-Focused Cognitive Behavioral Theory and Parent-Child Interaction Therapy as being cost effective. Thus, as this Evaluation progresses it will be important to gather additional data on specific services and programs provided by lead agencies to confirm that cost effective interventions are being provided.

Current trends in Florida and implications for costs. The evaluation of the initial Demonstration period in Florida found important changes in service provision. Expenditures on out-of-home treatment declined and expenditures on in-home services increased. A report from the Florida Department of Children and Families (June 2015) indicated that recent years have seen these trends reversed. For example, the number of children in out-of-home care has increased from 17,991 in June 2013 to 22,004 in May 2015. The increase in out-of-home care has been driven by an increase in removals and a decrease in discharges. At the same the time the number of families and children receiving in-home services has declined since 2012. Overall, the number of children being served remains lower than in 2006.

Thus, during the implementation of the original Demonstration period, expenditures on out-of-home services declined and expenditures on in-home services increased. However, this pattern has not continued since the initiation of the Demonstration continuation. While it may be tempting to conclude that the Demonstration is no longer having the desired effect, such a conclusion would be premature. Florida DCF has instituted significant changes to Florida's practice model that have coincided with the Demonstration continuation. Florida's practice model has represented a major change in the way decisions are made about the removal of children from the home and it is not surprising that some lead agencies have seen increased use of out-of-home care. Thus, it would be inappropriate to suggest that the Demonstration caused increased expenditures on out-of-home services.

A second report from DCF in June 2015 showed that there were considerable differences in the trends between two groups of lead agencies. While the two groups of lead agencies served similar populations, the groups differed in "entry rates, discharge rates, trends, and the use of group care" (DCF, 2015b, p. 2). There was an 11.4% increase in the number of children served in out-of-home care by Group A lead agencies between June 2013 and May 2015, but a 44.5% increase among lead agencies in Group B. Removal rates are higher in Group B lead agencies, while discharge rates are higher among Group A lead agencies. Group B lead agencies place over 25% of children in group care, which represents a significant cost factor. Group A lead agencies place 19.3% of children in group care. As a result of these trends, core services funding has increased among Group B lead agencies. Thus, as this evaluation

progresses it will be important to analyze outcomes to determine if there is any relationship between child outcomes and services provided by specific lead agencies.

A broader view. Child well-being, as measured using the Child and Family Services Reviews (CFSR) process (U.S. DHHS, 2014), is of course a key outcome of interest. The CFSR process assesses needs and subsequent services provided to children and families, involves children and families in case planning; examines the frequency and quality of case manager visits with children and parents; and addresses physical/dental health, mental/behavioral health, and educational needs of children. Thus, child well-being is more involved than the simple discussion of out-of-home expenditures versus preventative care expenditures, and the flexible use of IV-E funding. For example, services provided by DCF are funded by a variety of federal programs including Social Services Block Grant, TANF, Medicaid, Substance Abuse and Mental Health block grants, Child Abuse Treatment and Prevention Act (CAPTA), and others. Thus, child well-being is far more complex than the Demonstration alone and funds from other sources must be used effectively to maximize child well-being. Thus, as this Evaluation continues, it will be important to compare all sources of funding to all outcomes, and not solely focus on a narrow aspect of funding and outcomes (Mahoney, 2015).

Florida's Demonstration provides a pre-determined amount of federal funding for foster care. The Demonstration Terms and Conditions requires that savings resulting from the Demonstration be used for the further provision of child welfare services; this clause is also referred to as "maintenance of effort." In order to track changes in expenditures over time, the DCF Office of Revenue Management compared planned expenditures for SFY 14-15 to actual FFY 04-05 expenditures (see Table 6). The FFY 04-05 expenditures are prior to the implementation of the original Demonstration. Thus, the differences represent a cumulative effect of the original Demonstration and the Demonstration extension.

In calculating FFY 04-05 and SFY 14-15 planned expenditures, two sets of adjustments were made. The base year requirement has been reduced for reductions in federal funds (and associated state matching funds) that are unrelated to the Demonstration. In addition, the amount of planned SFY 14-15 federal funds includes an adjustment for the annual increase that is part of the pre-determined federal funding. This adjustment prevents a reduction in state commitment due to increased federal funds. In other words, the State's funding level for child welfare services cannot be reduced because of the annual federal funding increase. When adjusted for reductions in federal funds (and associated state match) unrelated to the Demonstration, the base year funding requirement was $704,135,682. Planned expenditures for SFY 14-15, after adjustment for Demonstration related increases, are $780,544,921. This

difference of $76,409,239 indicates that the State of Florida will exceed the level of effort (as measured by expenditures) that existed prior to the original Demonstration, assuming all planned expenditures are actually incurred.

There are several noteworthy changes in specific categories. For example, State Independent Living expenditures (beyond match requirement; row 8) increased from $514,660 in FFY 04-05 to $19,250,167 in SFY 14-15. Expenditures for adoption services increased dramatically from both Federal and State funding sources (rows 21 and 22). Finally, State funding for Prevention, Intervention, and In-Home Supports (row 10) increased from $27,540,388 in FFY 04-05 to $68,926,694 in SFY 14-15.

Table 6

Title IV-E Base-Year Level of Effort Worksheet

		Federal	State	Federal	State
Row	Fund Source	Expenditures - October 1, 2004 through September 30, 2005	Expenditures - October 1, 2004 through September 30, 2005	Planned Expenditures SFY2014-15 for IVE-IVB Services	Planned Expenditures SFY2014-15 for IVE-IVB Services
1	IV-E Foster Care Maintenance	50,754,233	33,163,382	0	13,879,389
2	IV-E Foster Care Administration w/o SACWIS	83,178,110	83,178,099	167,983,114	92,147,138
4	Title IV-B, Part 1	15,655,725	11,347,611	13,160,237	4,324,739
5	Title IV-B, Part 2	14,228,992	1,315,263	14,869,367	370,812
6	Chafee IL Match	7,889,242	3,547,100	5,979,489	1,494,873
7	Education and Training Voucher	3,521,171	603,723	2,396,966	599,242
8	State Independent Living Beyond Match Requirement	0	514,660	0	19,250,167
9	State Funded Maintenance Payments - Non IV-E	0	36,136,640	0	18,496,569
10	Prevention, Intervention, In-Home Supports State Funded - Non TANF	0	27,640,388	0	65,199,151
11	Medicaid Administration - Child Welfare	1,265,398	1,265,398	1,240,988	1,240,988
12	State Access and Visitation - Child Welfare	404,817	0	498,271	0

13	Promoting Safe and Stable Families - Marriage Grants	534,747	0	0	0
14	Child Abuse Prevention and Treatment	769,651	0	1,101,921	0
15	Community Based Child Abuse Prevention - Family Resource and Support	1,454,155	363,538	1,409,513	352,378
16	TANF MOE - Child Welfare	0	42,394,833	0	88,403,998
17	TANF Federal - Child Welfare	96,501,978	0	56,642,709	0
18	SSBG Funded Child Welfare Federal	15,859,779	0	9,003,108	0
19	SSBG II Funded Child Welfare Federal	41,216,118	0	41,305,125	0
20	Other State Funded Title IV-B-or IV-E Equivalents	0	55,069,533	0	35,560,129
21	TANF/State Funded Adoption Assistance Non Title IV-E	7,662,366	9,761,620	16,037,534	30,581,895
22	Title IV-E Adoption Assistance Subsidy Payments	37,056,174	24,959,079	67,734,753	49,882,503
23	Total	377,952,656	331,260,867	399,363,095	421,783,971
24	Adjustment arising from factors other than waiver** beyond control of the State (1)	(4,136,818)	(941,023)	(40,602,145)	0
25	Adjusted Requirement	373,815,838	330,319,844	358,760,950	421,783,971
			704,135,682	**76,409,239**	780,544,921

** Represents Federal Award adjustments since the base year that are out of the control of the Department. For the SFY 2014-15 Federal column, the $40 million adjustment represents the annual Federal increases to the Title IV-E Waiver since its implementation through SFY 13-14. These increases cannot be used to meet the State's "Savings" requirement pursuant to Section 2.2(l) of the Title IV-E Waiver Terms and Conditions contract.

Training costs will be reimbursable separately in addition to the amount of the capped allocation, therefore, training costs are not included in SFY 2014-15 and have been removed from the base year.

The effect of CS/SB 1036-Extended Foster Care to State funds in SFY 14-15 have been applied to Foster Care Room and Board and Maintenance Adoption Subsidies based on the fiscal analysis. The estimated effect was also adjusted in the base year for the same amount.

(1) The federal award adjustments since the base year that are out of the control of the Department has not been updated to reflect FFY 2014 grant awards since they are not known at this time.

While the above data provide an initial view of expenditure patterns over time, more detail will be provided in future reports. We are currently in the process of collecting (SFY 11-12, SFY 12-13 and SFY 13-14) cost data. We have requested updated cost numbers from DCF for out-of-home care, dependency case management, front end services, and other services, and pending receipt of data from DCF will incorporate the updated data in the next semiannual report. In addition, based on reported differences across lead agencies in the use of out-of-home care in the June 2015 DCF report, we plan to examine detailed expenditures (out-of-home care, dependency case management, front end services, and other) from DCF for each Circuit.

One of the sub-studies in the approved Work Plan requires the use of data from the Medicaid and Juvenile Justice programs. We have made progress in gaining approval to use Medicaid enrollment and encounter data. The data use agreement request has undergone several levels of review at the Agency for Healthcare Administration; we are hopeful that the request will be approved in the near future. The data request for the Department of Juvenile Justice data has been completed and will be submitted for review at their next Institutional Review Board meeting in December 2015.

Summary and Discussion

This is the second of a series of semi-annual evaluation reports for the Demonstration. The evaluation includes four related components: (a) a process analysis comprised of an implementation analysis and a services and practice analysis, (b) an outcome analysis, (c) a cost analysis, and (d) two sub-studies. This report includes both components of the process analysis (implementation analysis and services and practice analysis), outcome analysis, and cost analysis. The two sub-studies will be conducted at later points during the Demonstration period.

The goal of the implementation analysis component of the process evaluation is to identify and describe implementation of the Demonstration in terms of leadership, vision and values, environment, stakeholder involvement, organizational capacity and infrastructure, Demonstration impact, and lessons learned throughout the process. This report includes findings from interviews conducted with 13 key stakeholders representing six lead agencies and

the Department.

Regarding leadership, a key theme was the direction being set by the Department's current leadership regarding an emphasis on ensuring the safety of children. There was also an acknowledgement that this direction as well as other external factors could result in an increase in the out of home population; and that the challenge then becomes how to handle this increase. When asked about a vision for the Demonstration implementation, most respondents agreed that the Demonstration's vision has become the way of doing business for Florida's child welfare system of care and that this vision continues to serve as a foundation for system wide reform and for practice change.

Two primary themes emerged regarding the environmental factors that support Demonstration implementation. The first theme is the importance of interagency collaboration especially with the judiciary system as a facilitator of Demonstration implementation. The second theme is the relationship between the Demonstration and Florida's practice model. Respondents discussed how the flexible use of Demonstration funds can facilitate the development of a more diverse set of services and supports for families. Two potential barriers were identified: lack of understanding about engagement of families in services before the initial assessment process is completed and the learning curve related to learning and effectively implementing Florida's practice model.

Four primary themes emerged related to organizational capacity and infrastructure: training and technical assistance, oversight and monitoring, funding, and ability to engage families. The most commonly expressed concern was continued tracking and documentation of Title IV-E eligibility; there was both confusion and frustration about this requirement. A key theme regarding the impact of the Demonstration was its impact on organizational structure. As noted earlier, the Demonstration has become an integral part of daily operations and has helped organizationally by allowing funds to be shifted to allow for spending in different areas such as hiring new staff and spending money on prevention and diversion programs.

The services and practice analysis section of the report summarized the findings of the Department's recent Service Array Survey administered to CBC lead agencies. The report describes the planning for the practice assessment component that is currently underway, with data collection anticipated to begin in November 2015. The plan is to conduct focus groups with CPI and case managers in six different Circuits. For each selected Circuit, there will be one focus group conducted with CPI and one focus group conducted with case managers. Circuits were selected using a stratified random sampling process based on child removal rates. Circuits were stratified into three categories: low removal rates (less than five removals per 100

investigations), moderate removal rates (five to six removals per 100 investigations), and high removal rates (greater than 6 removals per 100 investigations). Next, two Circuits were randomly selected from each category using a random number generator.

The outcome analysis section of the report describes the methodology and findings for a set of permanency indicators that were selected in collaboration with the Department. The outcomes analysis tracks changes in three (SFY 11-12, SFY 12-13 and SFY 13-14) successive baseline entry cohorts of children who were followed from the time they were placed in out-of-home care. All indicators were calculated by the Circuit and statewide, and cohorts were constructed based on a state fiscal year. Overall, there was considerable variability among Circuits on measured indicators. There is a trend indicating a decreasing proportion of children over time including those who exited into permanency in general and who achieved permanency for reason of reunification, guardianship or adoption. This trend was observed for the majority of Circuits and for the state of Florida.

The Cost Analysis section reviews the cost-related results of several Demonstrations that have been evaluated across the country. The majority of evaluations have found favorable results for outcomes, but have paid less attention to costs. In addition, the section discusses some of the cost implications from the results of the Department's recent Service Array Survey and from recent trends in placement patterns in Florida.

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Appendix A: Interview Protocol

IV-E Waiver Stakeholder Questions

1. Please discuss how the implementation process for the IV-E Waiver Extension is proceeding thus far regarding:
    (a) staff structure,
    (b) changes in policy or procedure,
    (c) administrative oversight,
    (d) problem resolution, and
    (e) funding committed.

2. Please discuss any relevant asset mapping or needs assessments that were done in conjunction with the Waiver Extension, or to facilitate service system changes desired as the result of Waiver Extension.

3. Please discuss any salient issues regarding staffing and training to carry out the IV-E Waiver Extension (e.g., experience, education and characteristics of staff). How many and which staff are focused on IV-E Waiver implementation?

4. What are your views regarding how the IV-E Waiver Extension will impact the Department and/or lead agencies (e.g., changes to the service array, changes in cost allocations and spending, etc.)

5. Whether your work is done at the policy or practice level, what are some of the current social, economic and political issues that most often impact the work that you do for children and families?

6. One of the expectations with the IV-E Waiver was that fewer children would need to enter out-of-home care. Have you seen this trend in your local system? What impact has it had on your organization and staff (e.g., providers, case managers, supervisors)?

7. Another expectation of the IV-E Waiver is that changes in practice (e.g., implementation of the state service delivery model) would lead to improved outcomes for children. Have you been able to change practice as the result of the IV-E Waiver? And if so, has it had an impact on child safety, permanency or well being? How so?

8. What has been the role of the courts in the IV-E Waiver Extension period? Has it changed since the Waiver was renewed? Please describe, including any examples of efforts to jointly plan and communicate between the Court and DCF, or the Court and lead agencies.

9. What adaptations have your agency, providers, CPIs and staff made to increase attention to Family Support and Safety Management Services? Have you been able to shift resources for this purpose since Waiver implementation?

10. Are there any ways in which your lead agency has uniquely adapted the flexibility that came with the IV-E Waiver to your local system's and community's needs? Please explain.

11. What are some of the other reform efforts (besides the IV-E Waiver) that your agency is a part of or you are aware of that impact the work that you do for children and families?

Thank you for your time.

Appendix B: Informed Consent

Verbal Informed Consent to Participate in Research Involving Minimal Risk

Information to Consider Before Taking Part in this Research Study

Pro # __5830146300____

You are being asked to take part in a research study. Research studies include only people who choose to take part. This document is called an informed consent form. Please read this information carefully and take your time making your decision. Ask the researcher or study staff to discuss this consent form with you, please ask him/her to explain any words or information you do not clearly understand. The nature of the study, risks, inconveniences, discomforts, and other important information about the study are listed below.

We are asking you to take part in a research study called: **Title IV-E Waiver Demonstration Evaluation**

The person who is in charge of this research study is Mary I. Armstrong, Ph.D**.** This person is called the Principal Investigator. However, other research staff may be involved and can act on behalf of the person in charge. Other research team members include Amy Vargo, Patty Sharrock, Svetlana Yampolskaya, Melissa Johnson, John Robst, and Monica Landers.

The research will be conducted at Child welfare agencies and stakeholder offices in Florida.
This research is being sponsored by The Department of Children and Families.

Purpose of the study

The purpose of this research study is to examine the process, effectiveness, and impact of Florida's IV-E Waiver Demonstration Project and Community-Based Care. Specifically, the study focuses on implementation, organizational characteristics, monitoring, accountability, child level outcomes, cost effectiveness, and quality of services. The findings from this study will help guide policy recommendations regarding Community-Based Care and the IV-E Waiver.

Why are you being asked to take part?

We are asking you to take part in this research study because you work in or are affiliated with a child welfare agency, or have been identified as having knowledge about certain aspects of Florida's Title IV-E Waiver and Community-Based Care.

Study Procedures:

If you take part in this study, you will be asked to give us your opinions through an interview that will take about 30-90 minutes to complete. The interview will be tape-recorded (with your permission) to make sure our notes are correct.

Total Number of Participants

A total of 200 individuals will participate in the study at all sites over the next five years.

Alternatives / Voluntary Participation / Withdrawal

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study. Your decision to participate or not participate will not affect your job status in any way.

Benefits

There are no direct benefits anticipated as a result of your participation in this study. However, some personal positive aspects that you might experience are:

- You may enjoy sharing your opinions about this important topic.
- It may be beneficial that your responses could be combined with those of other individuals like yourself in a report that will be disseminated about the IV-E Waiver and Community-Based Care.
- You will help us learn more about the IV-E Waiver and Community-Based Care. What we learn from your input may help other areas as they refine their child welfare system.

Risks or Discomfort

This research is considered to be minimal risk. That means that the risks associated with this study are the same as what you face every day. There are no known additional risks to those who take part in this study. Some people may get angry or excited when responding about some of their experiences. If you have any difficulty with a question, you may skip it and come back to it later. If necessary, you may choose not to respond to the survey and/or complete it at another time.

Compensation

You will receive no payment or other compensation for taking part in this study.

Costs

It will not cost you anything to take part in the study.

Privacy and Confidentiality

We will keep your study records private and confidential. Certain people may need to see your study records. Anyone who looks at your records must keep them confidential. These individuals include:

- The research team, including the Principal Investigator, study coordinator, and all other research staff.
- Certain government and university people who need to know more about the study, and individuals who provide oversight to ensure that we are doing the study in the right way.

- Any agency of the federal, state, or local government that regulates this research. This may include employees of the Department of Health and Human Services.
- The USF Institutional Review Board (IRB) and related staff who have oversight responsibilities for this study, including staff in USF Research Integrity and Compliance.
- The sponsors of this study and contract research organization. The Department of Children and Families, the agency that paid for this study, may also look at the study records.

We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

You can get the answers to your questions, concerns, or complaints

If you have any questions, concerns or complaints about this study, or experience an unanticipated problem, call Mary Armstrong at 813-974-4601.

If you have questions about your rights as a participant in this study, or have complaints, concerns or issues you want to discuss with someone outside the research, call the USF IRB at (813) 974-5638.

Consent to Take Part in this Research Study

I freely give my consent to take part in this study. By participating in this interview, I understand that I am agreeing to take part in research. I have received a copy of this form for my records.

Appendix C: Code Definitions

Florida Code List

(update: 091815)

Role – interviewee's position/job description and role relevant to the Waiver, including discussion of type of caseload normally carried

Recommendations and Lessons Learned – any discussion of lessons learned about implementation and any specific recommendations that are made about how to improve Waiver implementation

Contextual Variables

Poverty

Housing

Employment

Domestic Violence

Substance abuse

Mental health

Juvenile justice system

Changes in Target Population

Changes in Policy

Leadership

Leadership Involvement – discussion of ways leaders at various levels of DCF have been included in the Waiver planning and implementation process

Leadership Commitment – discussion of commitment, support, buy-in, etc. among DCF leadership

Strategic Planning – discussion of development and use of a strategic plan for implementation, and/or leadership knowledge/understanding of how to implement effectively

Shared Accountability – the extent to which there is a sense of shared accountability for project outcomes among leadership

Vision/Values

Rationale – discussion of reasons why the Waiver was desired

Waiver Goals – specific goals of the Waiver

Personal Vision – discussion of things the individual personally wants to see change as a result of the Waiver

Shared Vision/Values – discussion of the extent to which there is a shared vision for change among leadership, staff and stakeholders

Consistency – continuity in values/vision across the lifespan of the Waiver

Environment

Staff Support – the extent to which there is support and buy-in for the project among DCF front-line staff (e.g. CPS workers, caseworkers, and supervisors), including issues pertaining to personal beliefs and values

Political Support – discussion of the political environment and extent to which political support and buy-in for the project exists, including issues pertaining to personal beliefs and values

Community Support – discussion of the broader social environment and extent to which there is support and buy-in among the general community (e.g. community providers/organizations, advocacy groups, and families), including issues pertaining to personal beliefs and values

DCF Climate – discussion of aspects of the organizational climate at DCF, e.g. issues such as trust and respect between leadership and front-line staff, the extent to which there is an environment that supports teamwork and problem solving, etc.

System Collaboration – discussion of the extent to which system partners (e.g. judges, GALs, providers, etc.) work together as a system, including joint planning with system partners

External Stakeholders – discussion of issues in working/interacting with external stakeholders (e.g. judges, GALs, etc.) that impact child welfare practice

Internal Communication – discussion of communication processes within DCF

External Communication – discussion of communication processes with system partners outside DCF

Service Array/Resources – discussion of community resources currently in place, and/or service/resource needs

Family Safety Methodology Practice Model – discussion of ways the model has impacted policy, practice, and climate within DCF and among stakeholders

Stakeholder Involvement

Staff Involvement – inclusion of front-line staff (CPS workers, caseworkers, supervisors) in planning, decision-making, and implementation of the Waiver

External Stakeholder Involvement – inclusions of external stakeholders (judges, GALs, attorneys, providers, etc.) in planning, decision-making and implementation of the Waiver

Family/Children Involvement – inclusion of family and children representatives in planning, decision-making, and implementation of the Waiver

Organizational Capacity/Infrastructure

Policies & Procedures – discussion of the extent to which policies and procedures are aligned with the Waiver goals, changes/revisions that have been made to align policies and procedures, or changes that are still needed in order to align them

Training and Technical Assistance – discussion of training and technical assistance that has been provided to prepare staff/(internal & external) stakeholders to implement the Waiver, and additional/on-going training and technical assistance needs

Caseworker Skills – discussion of the extent to which caseworkers have the necessary knowledge and skills to successfully implement the Waiver, and skill-building that is still needed

Family engagement – discussion of issues pertaining to how or what extent or what problems exist in the current system regarding family engagement

Assessments – discussion of assessment tools and strategies including strengths and challenges related to their use

Supervision – discussion of supervision processes, including coaching, mentoring, etc. and what supervision is needed to support successful implementation

Quality Improvement Processes – discussion of the use of data to inform decision-making and identify areas for practice improvement, and processes for the development of improvement plans based on the data

Oversight & Monitoring – discussion of processes for the collection and review of data, but without a clear connection to implementation of practice improvement processes

Funding – discussion of how services are funded, strategies being used to find new/different ways to fund needed services, how positions are funded, and how assessments are funded, etc.

SACWIS – discussion of Florida's SACWIS system, including strengths and challenges related to its use.

Waiver Impact

Removal Decisions – changes in how the decision is made to place a child out of home

CPS Practice – ways in which the Waiver has impacted/affected/changed practice of CPS workers

Family engagement – how the Waiver has impacted the extent to which and what methods are used to engage families

Caseworker Practice – ways in which the Waiver has impacted/affected/changed practice of caseworkers

Supervisory Practice – ways in which the Waiver has impacted/affected/changed practice of supervisors

Judiciary – ways in which the Waiver has impacted/affected/changed practice of judges

GALs – ways in which the Waiver has impacted/affected/changed practice of GALs

Attorneys - ways in which the Waiver has impacted/affected/changed practice of attorneys

Family Well-being – ways in which the Waiver has impacted family outcomes (e.g. strengthening families, increasing access to resources, increasing self-sufficiency, etc.)

Child Safety/Well-being – ways in which the Waiver has impacted child safety and well-being outcomes

Services – changes in the availability/accessibility of services since implementation

Organizational – ways in which the Waiver has impacted the organizational environment/processes

Client Characteristics – ways in which the Waiver has impacted the characteristics of families served by the child welfare/foster care system

Morale – ways in which the Waiver has impacted morale among DCFS staff/leadership

Flexibility – ways in which the Waiver has impacted agency's ability to be flexible in response to child and family needs for services

Appendix D: Title IV-E Waiver Evaluation

Focus Group Interview Guide

This focus group is being conducted as part of the evaluation for the Florida Title IV-E Waiver. The Demonstration allows states the flexibility to use federal funds normally allocated to foster care services for other child welfare services, such as in-home and diversion services to prevent out-of-home placement, or post-reunification services to reduce the likelihood of recidivism. The intent of these questions is to better understand your practice and your perceptions of the services available to child welfare involved families in your community, including both the strengths and the challenges or barriers present in the current child welfare system. Your participation in this discussion is completely voluntary. We value your opinions and experiences, and we want to know what you think could be done to improve the system in your community and throughout the state of Florida.

1. In your opinion, what is the primary purpose of the child welfare system?
    - What is your role?

2. What things support you in doing your job well? What things make it difficult for you to do your job?

3. How has the new safety methodology impacted your practice?
    - Are there any other initiatives or recent practice/policy changes that have impacted your practice?

4. What do you think are the greatest challenges or barriers for families involved in the child welfare system? (e.g. in caring for their children, in completing their case plan, in making sustainable changes to improve their personal and family functioning)
    - How do you support and encourage the families on your caseload?

5. What do you think ideal family engagement looks like?
    - What are best practices or strategies? What are the greatest challenges?

6. How are family needs identified and assessed?
    - How are families engaged in this process? (Probe: parents, children, others)
    - What are the processes for connecting clients to appropriate services based on their identified needs?

7. How do you assess a family's progress and changes over time (e.g. behavior change)?
    - How is the family engaged in this process?

8. How does practice differ between in-home and out-of-home cases?

9. In your experience, what are the primary reasons for removing children from the home?

10. How are decisions made about whether a child can remain safely in the home?

- What factors, indicators and/or evidence inform these decisions?
- Under what circumstances can an in-home safety plan be implemented?
- What circumstances warrant the removal of the child?
- What strategies are used to avoid unnecessary out-of-home placement?

11. What are your primary concerns about keeping children in the home when there is a substantiated report of abuse or neglect?
    - What could be done to alleviate these concerns?

12. What do you think are the benefits of keeping children in the home while working with families?

13. For out-of-home cases, how are decisions made about reunification and when a child can be returned home?
    - What factors, indicators or evidence inform these decisions?

14. To the best of your knowledge, how would you describe the availability of services for families involved with the child welfare system in your community?
    - To what extent are adequate services available to meet the various needs of clients? What EBPs are used? What are the current barriers/gaps in the service array?

15. Have you observed any changes over the past couple years in the availability of in-home services? Of other types of child welfare services?

16. What do you like most about your job? What do you like least or find most challenging?

17. What would you like to see change about the current child welfare system?

Appendix E. Permanency Outcomes

Measure 1

The number and proportion of all children exiting out-of-home care for permanency reasons within 12 months of the latest removal.

This measure is based on entry cohort. An entry cohort is defined as all children who were placed into out-of-home care during a given fiscal year and it is based on the date the child was removed from his/her home as indicated by a *Removal Date* in FSFN. Only children who were in out-of-home care for at least eight (8) days were included in the calculation of this measure. Children were followed for 12 months from the date of removal from home to determine whether they were discharged from out-of-home care as indicated by *Discharge Date* in FSFN and achieved permanency. Permanency is defined as discharge from out-of-home care to a permanent home for the following reasons as indicated in FSFN: (a) reunification, that is the return of a child who has been removed to the removal parent or other primary caretaker, (b) permanent guardianship (i.e., long-term custody or guardianship) with a relative or non-relative, (c) adoption finalized, that is when the Court enters the verbal order finalizing the adoption, and (d) case dismissed by the court.

This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis.[2] Because every child was followed for 12 months, this measure is identical to a percent where the numerator is the number of children who exited out-of-home care for permanency reasons within 12 months after entry. The denominator is all children who entered and stayed for at least 8 days in out-of-home care at any time during a specific fiscal year.

[2] 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, such as in 12 months after out-of-home care entry (Allison, 1984). This technique was chosen over a percent because (a) it represents the state of art for analyzing longitudinal data, (b) it allows to efficiently dealing with complex data, and (c) it allows estimating the probability of an event to occur beyond the study period.

Measure 2

The median length of stay for children in out-of-home care (i.e., point in time measured in number of months at which half of the children are estimated to have exited out-of-home care)

This measure is based on entry cohort. An entry cohort is defined as all children who were placed into out-of-home care during a given fiscal year and it is based on the date the child was removed from his/her home as indicated by a *Removal Date* in FSFN. Only children who were in out-of-home care for at least eight (8) days were included in the calculation of this measure. This measure is presented in number of months between the date of removal from home as indicated by the *Removal Date* in FSFN and the date the child is discharged from out-of-home care as indicated by the *Discharge Date*. Children were followed for at least 12 months to assess the number of months passed before 50% of these children exited out-of-home care. An estimate of the median number of months spent in out-of-home care was generated by Life Tables, which is a type of Event History Analysis. [1] This measure reports the number of months at which half of the children are estimated to have exited out-of-home care into permanency.

Measure 3

The number and proportion of children who were reunified (i.e., returned to their parent or primary caregiver) within 12 months of the latest removal.

This measure is based on entry cohort. An entry cohort is defined as all children who were placed into out-of-home care during a given fiscal year and it is based on the date the child was removed from his/her home as indicated by a *Removal Date* in FSFN. Only children who were in out-of-home care for at least eight (8) days were included in the calculation of this measure. Children were followed for 12 months from the date of removal from home to determine whether they were discharged from out-of-home care as indicated by *Discharge Date* in FSFN and achieved reunification, that is, the return of a child who has been removed to the removal parent or other primary caretaker. Reunification is identified based on one of the reasons for discharge as indicated in FSFN.

This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. [1] Because every child was followed for 12 months, this measure is identical to a percent where the numerator is the number of children who exited out-of-home care for reunification reason within 12 months after entry. The denominator is all children who entered and stayed for at least 8 days in out-of-home care at any time during a specific fiscal year.

Measure 4

The number and proportion of children who exited out-of-home care into permanent guardianship (i.e., long-term custody or guardianship by relatives or non-relatives) within 12 months of the latest removal.

This measure is based on entry cohort. An entry cohort is defined as all children who were placed into out-of-home care during a given fiscal year and it is based on the date the child was removed from his/her home as indicated by a *Removal Date* in FSFN. Only children who were in out-of-home care for at least eight (8) days were included in the calculation of this measure. Children were followed for 12 months from the date of removal from home to determine whether they were discharged from out-of-home care as indicated by *Discharge Date* in FSFN and achieved permanent guardianship. Permanent guardianship is defined as discharge from out-of-home care for the following reasons as indicated in FSFN: (a) guardianship to non-relative, (b) guardianship to relative, (c) long-term custody to relative, (d) living with other relatives, and (e) other guardianship.

This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. [1] Because every child was followed for 12 months, this measure is identical to a percent where the numerator is the number of children who exited out-of-home care for the reason of permanent guardianship within 12 months after entry. The denominator is all children who entered and stayed for at least 8 days in out-of-home care at any time during a specific fiscal year.

Measure 5

The number and proportion of children with finalized adoptions (i.e., the date of the Court's verbal order finalizing the adoption) within 24 months of the latest removal.

This measure is based on entry cohort. An entry cohort is defined as all children who were placed into out-of-home care during a given fiscal year and had 'adoption' in their case plans as their primary goal. Placement in out-of-home care is based on the date the child was removed from his/her home as indicated by a *Removal Date* in FSFN. Children were followed for 24 months from the date of removal from home to determine whether they were discharged from out-of-home care as indicated by *Discharge Date* in FSFN and were adopted. Adoption finalized is defined as discharge from out-of-home care for adoption reason as indicated in FSFN and is the date of the Court's verbal order finalizing the adoption.

This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis.[1] Because every child was followed for 24 months, this measure is identical to a percent where the numerator is the number of children who exited out-of-home care for the reason of adoption within 24 months after entry. The denominator is all children who entered out-of-home care at any time during a specific fiscal year and whose primary treatment goal was adoption.

[1] 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, such as in 12 months after out-of-home care entry (Allison, 1984). This technique was chosen over a percent because (a) it represents the state of art for analyzing longitudinal data, (b) it allows to efficiently dealing with complex data, and (c) it allows estimating the probability of an event to occur beyond the study period.

Appendix F: Results of Statistical Analyses

Table 1. *Results of Cox Regression. Children Exited Out-of-Home Care for Permanency Reasons within 12 Months of the Latest Removal in the State of Florida by Cohort (State Fiscal Years 2011 through 2013-2014)*

	Children Entering Out-of-Home Care (*N* = 61,588)		
	β	$\chi^2_{(1)}$	OR
Cohort	- 0.05	90.19*	0.95

Note. *$p < .05$.

Table 2. *Results of ANOVA. Length of Stay for Children in Out-of-Home Care in the State of Florida by Cohort (State Fiscal Years 2011 through 2013-2014)*

Cohort	Average number of months in out-of-home care	*N* = 45,025	
		F	*df*
SFY 11-12	15.7	641.8*	2
SFY 12-13	14.6		
SFY 13-14	11.1		

Note. *$p < .001$.

Table 3. *Results of Cox Regression. Children Reunified within 12 Months of the Latest Removal in the State of Florida by Cohort (State Fiscal Years 2011 through 2013-2014)*

	Children Entering Out-of-Home Care (*N* = 61,588)		
	β	$\chi^2_{(1)}$	OR
Cohort	- 0.05	55.28*	0.95

Note. *$p < .05$.

Table 4. *Results of Cox Regression. Children Exited Out-of-Home Care into Permanent Guardianship within 12 Months of the Latest Removal in the State of Florida by Cohort (State Fiscal Years 2011 through 2013-2014)*

	Children Entering Out-of-Home Care (*N* = 61,588)		
	β	$\chi^2_{(1)}$	OR
Cohort	- 0.06	23.61*	0.945

Note. *$p < .001$.

Table 5. *Results of Cox Regression. Children with Finalized Adoptions within 24 Months of the Latest Removal in the State of Florida by Cohort (State Fiscal Years 2011 and 2012)*

	Children With Adoption as a Primary Goal (*N* = 7,848)		
	β	$\chi^2_{(1)}$	OR
Cohort	0.01	0.04	1.01

Note. *$p < .05$.