Phase 6- Florida Title IV-E Demonstration Evaluation Semi-Annual Progress Report (04/2017-09/2017)

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Table of Contents

List of Figures

List of Tables

Phase 6- Florida's Title IV-E Demonstration Evaluation
Semi-Annual Progress Report (04/2017 – 09/2017)

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. The Demonstration 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 Demonstration project required the State to agree to a number of Terms and Conditions, including an evaluation of the effectiveness. 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 extension was granted (October 1, 2013 through September 30, 2018), this evaluation seeks to determine, under the expanded array of services made possible by the 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 cost analyses. Primary data was collected for this semi-annual report via interviews with case management organization leadership and electronic *Qualtrics* surveys to lead agencies. Secondary data analysis was performed for this report with extracts from the Florida Safe Families Network (FSFN, Florida's statewide SACWIS system), Florida Continuous Quality

Improvement (CQI)[1], Florida Medicaid, and the Substance Abuse and Mental Health Information System (SAMHIS).

Findings

Implementation analysis. The goal of the implementation analysis is to identify and describe implementation of the Demonstration extension. This semi-annual report includes findings from a set of 14 key stakeholder interviews conducted with leadership at Case Management Organizations (CMOs) during the reporting periods of October 2016 through March 2017 and April 2017 through September 2017. There were several strengths identified by stakeholders relating to child welfare practice. One major strength reported by multiple respondents was the ability to maintain strong relationships with lead agencies, investigators, the Sheriff's Office, state attorneys, and judges. CMO leadership also reported being able to help more children in-home, improve the quality of casework, and have increased flexibility in funding, which allowed for the expansion of prevention, diversion, and post-reunification services.

Some challenges reported by interviewees included CPI and case manager staff turnover, CPIs not completing the necessary tasks prior to case transfer, and newer CPIs being quicker to remove children than experienced CPIs (stakeholders suggested this might be due to a lack of knowledge about resources offered by the CBC). It was reported that CPIs were not adhering to the child welfare practice model in the same way that CMOs were expected to adhere to the child welfare practice model. Spikes in out-of-home care were also reported by interviewees. The perception of interviewees was that implementation of the child welfare practice model was directly related to the spikes in out-of-home care. Respondents also indicated that legislative officials lacked knowledge about the complexities of the child welfare system which made it difficult to obtain the needed funding and policy changes they desired for Florida's child welfare system.

In this regard, a prominent and consistent theme throughout interviews was concern that new administration at the Federal level may not realize the value of continuing IV-E Demonstrations in states that are coming to the end of their Demonstration term. The Demonstration was viewed as an overwhelmingly positive initiative for the State of Florida, and the children and families it serves.

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[1] Specifically, Florida data used for this report comes from the Federal Onsite Review Instrument (OSRI) and Online Monitoring System (OMS). Results in this report represent finalized Florida CQI data submitted on or before September 15, 2017 for the period under review (PUR) for SFY 15-16 through Quarter 1 (ending September 15, 2017) of SFY 17-18.

Services and practice analysis. The purpose of the services and practice analysis component is to assess progress in expanding the service array under the Demonstration, including the implementation of evidence-based practices and programs. This component also assesses changes in practice to improve processes for the identification of child and family needs and facilitation of connections to appropriate services, including enhanced use of in-home services to increase successful family preservation and reunification. For the current report, findings from the service array assessment and the evidence-based practice fidelity assessment are presented.

***Service array assessment*.** The Child Welfare Service Array Survey, was developed and administered to each CBC lead agency via *Qualtrics* from January to April 2017. This survey was designed to assess the current child welfare service delivery system statewide. Reminder emails were sent at 15-, 30-, 45-, and 60-days post-administration. Data from the Service Array Survey indicate that CBCs are providing a variety of Family Support and Safety Management services to prevent families from formally entering the child welfare system and to help children remain safely in their home. Service capacity and service utilization appear to vary considerably across CBCs, but a number of factors are likely to affect these numbers, such as population size, rural versus urban communities, and funding for services. Several reported services do show discrepancies between the number of referrals and number of families served.

***Evidence-based practice fidelity assessment*.** The Evidence-Based Practice (EBP) Survey was designed to assess the extent to which two identified EBPs (Wraparound and Nurturing Parenting Program) have been implemented throughout the State of Florida. This brief survey was intended to identify which lead agencies include these services in their service array, how the services are being used (based on Florida's four service categories: Family Support Services, Safety Management, Treatment, and Child Well-being services), where the agency is at in terms of implementing the service, and whether or not the agency currently measures fidelity. These data provide an initial implementation assessment of the two services. The survey was administered to each CBC Lead Agency via *Qualtrics* from May to August 2017, with reminder emails sent at 15-, 30-, 45-, and 60-days post-administration. Based on the EBP Survey responses, Wraparound is a highly utilized service across 80 percent of responding CBCs. Its most commonly reported use was as a Family Support Service, but other service categories were also reported. Nurturing Parenting Program appears to be less widely utilized, but was reported by 45 percent of responding CBCs. Its most commonly reported uses were as a Family Support Service and as a Treatment Service. For both of these services, several

CBCs indicated that they currently assess fidelity, but limited information was provided on precisely how fidelity is measured.

Outcome analysis: child permanency and safety. The outcomes analysis tracks changes in several successive state fiscal years (SFY 11-12, SFY 12-13, SFY 13-14, SFY 14-15, and SFY 15-16). The overall study design includes the comparison of successive annual cohorts of children entering/exiting out-of-home care. All permanency and safety indicators were calculated at the Circuit and state levels, and cohorts were constructed based on a state fiscal year. Overall, there is considerable variability among Circuits on the measured indicators. For example, during SFY 15-16 Circuit 8 had the highest proportion of children who achieved timely permanency. Circuits 6 and 19 had the highest proportions of children reunified within 12 months (24.6% and 28.9%, respectively). Circuits 4 and 8 had the highest proportion of children with finalized adoptions (61.3% and 57.3%, respectively) and Circuit 8 had the highest proportion of children without reentry into out-of-home care. Overall, there is a trend of a declining proportion of children who achieved timely permanency. Reentry into out-of-home care remained stable over time. When the effects of child and family characteristics on outcome indicators were examined, results showed that child age, parental substance abuse, history of domestic violence, and the presence of child physical health problems played an important role in predicting outcomes.

Outcome analysis: child and family well-being. The constructs of child and family well-being were examined per the applicable Florida CQI items. These outcomes focus on improving the capacity of families to address their child's needs; and providing services to children related to their educational, physical, and mental health needs. Overall, ongoing reviews largely show modest improvement for most performance items and well-being outcomes with few exceptions. Circuits 2, 10, 14, 15, and 17 most notably, stand out as consistently obtaining a higher percentage of strength ratings for many performance items. Although Circuits 1, 3, and 8 consistently had the lowest percentage of cases rated as strengths, Circuits 3 and 8 showed marked improvement for some performance items. This trend holds for both in-home and foster care cases.

The State is doing well with assessing the needs of and providing services to children and foster parents but falls short with providing for the needs of parents. The lower percentages of cases rated as a strength, statewide, in providing for the needs of parents coincide with the lower percentages of cases rated as a strength in case workers visiting with parents. It should be noted, though, that the greatest margin of improvement of all items assessed occurred with case workers visits with parents. Families' enhanced capacity to provide for the needs of their

children, Well-being Outcome 1, continues to be an area of concern with about half of foster care and in-home cases rated as substantially achieved**.**

Cost analysis. This component examined trends in the numbers of youth receiving out-of-home, in-home, and adoption services, and the costs for those services. The analysis used data that covered a pre-Demonstration period, the initial Demonstration, and the Demonstration extension. Compared to the pre-Demonstration period, the number of youth receiving out-of-home and in-home services has declined. In addition, compared to the pre-Demonstration period, costs for adoption services and adoptions increased. Costs for licensed care declined during the initial Demonstration, but increased during the Demonstration extension.

Child-level cost data as reported by fiscal agencies was also examined, as well as, the relationship between specific child and parent characteristics and the likelihood of a child's involvement with the child welfare system being of higher cost. Overall, a high cost youth tends to be older, more likely to be a victim of sexual abuse and/or neglect, with parents that were more likely to abandon the child or be unable to provide care. However, parental substance abuse or domestic violence in the household is less common. Such youth are more likely to have very severe behavioral problems perhaps reflecting the severity of the maltreatment and/or the severity of the child's mental health problems.

Sub-study two: services and practice analysis/outcome analysis for safe, but high risk for future maltreatment. To ensure that children whose safety is at risk are correctly identified and that their families receive the proper services, the Florida Department of Children and Families (DCF) initiated a multi-year effort to develop and implement the child welfare practice model (DCF, 2014). One feature of the child welfare practice model is a distinction between children who are unsafe, and therefore require DCF intervention, and children who are at risk, for whom families can be offered voluntary Family Support Services. It was expected that children assessed using the child welfare practice model would be more likely to receive the services they need, less likely to experience another referral, less likely to experience recurrence of maltreatment, and less likely to enter out-of-home care. To better understand the impact of the child welfare practice model, particularly with regard to the provision of voluntary services, longitudinal comparison of two groups was used. This sub-study aims to describe child outcomes for two identified groups, including re-referral, recurrence of maltreatment, placement in out-of-home care, and reentry.

Overall, findings indicated that children in the intervention group (i.e., who were assessed using the child welfare practice model) had better outcomes compared to children in the comparison group (i.e., those who were assessed using standard methodology).

Specifically, children in the intervention group had a lower rate of recurrence of maltreatment, lower rate on entry into out-of-home care, and although there was no significant difference, they had a lower proportion of repeat investigations and lower reentry rate.

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 IV-E Demonstration Project extension (Demonstration) that is effective through September 30, 2018. Florida's original five-year Demonstration Project was implemented in October 2006. The contract for Florida's IV-E Demonstration extension evaluation was executed in January of 2015 with the University of South Florida (USF). This semi-annual progress report provides an update of evaluation components completed during the reporting period of April, 2017 through September, 2017.

The context for Florida's Demonstration extension includes the implementation of Florida's Child Welfare Practice Model (child welfare 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 behavior change. Child protective investigators (CPIs), child welfare case managers, and community-based providers of substance abuse, mental health, and domestic violence services share these core constructs. The goal is that implementation of the child welfare practice model will support decision making of CPIs, child welfare case managers, and their supervisors in assessing safety, risk of subsequent harm, and strategies to engage caregivers in enhancing their protective capacities, including the appropriate selection and implementation of community-based services.

Other key contextual factors for the Demonstration include the role of Community-Based Care (CBC) lead agencies as key partners, as well as, the broader system of partners including the judicial system. Community-Based Care (CBC) lead agencies are organized in geographic Circuits, and they provide foster care and related child welfare system services within those circuits.

It is expected that the Demonstration extension will continue to result in the flexibility of IV-E funds. The flexibility allows for these funds to be allocated toward services to prevent or shorten the length of child placements into out-of-home care, prevent abuse, and prevent re-abuse. Consistent with the CBC model, the flexibility of the Demonstration has been used differently by each lead agency, based on the unique needs of each community. 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.

Evaluation Plan

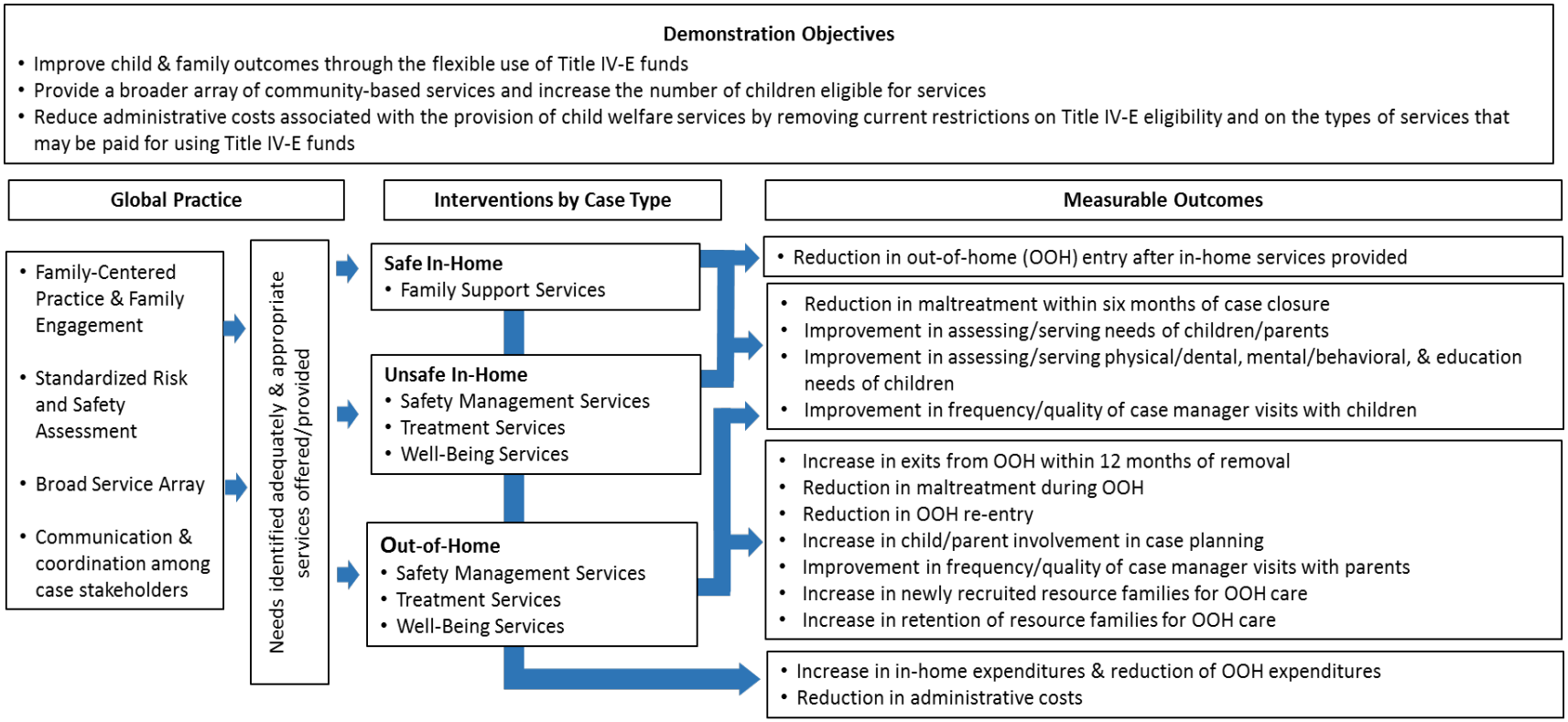
The goal of Florida's Demonstration extension is to impart significant benefits to families and improve child welfare efficiency and effectiveness through greater use of family support services and safety management services offered throughout all stages of contact with families. The evaluation design and outcome variables were selected for purposes of examining these aspects of Florida's child welfare system. The Administration for Children and Families has outlined Terms and Conditions for the Demonstration's extension. The Terms and Conditions include a requirement that the Demonstration evaluation be responsive to the hypotheses that an expanded array of community-based care services be 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, and
- Reduce the administrative costs associated with providing community based child welfare services.

The above listed outcomes are not addressed in every semi-annual report, but will continue to be addressed periodically throughout the evaluation of the Demonstration extension.

The Evaluation Logic Model (see Figure 1) displays the Demonstration objectives and how the implementation of the child welfare practice model can yield measurable outcomes for the Demonstration project.

Figure 1. IV-E Demonstration Project Evaluation Logic Model



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.

The evaluation is comprised of four related components: (a) a process analysis containing an implementation analysis and services and practice analysis, (b) an outcome analysis, (c) a cost analysis, and (d) two sub-studies. The goal of the implementation analysis is to identify and describe implementation of the Demonstration extension. The services and practice 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. The outcome analysis tests the relevant hypotheses listed in the amended Florida Demonstration Terms and Conditions by examining a variety of child-level outcomes that are expected to result from the extension of the Demonstration project. The cost analysis examines the relationship between Demonstration implementation and changes in the use of child welfare funding sources

One of the primary goals of the Demonstration is to provide greater flexibility in the use of funds to meet the needs of youth and families. To an important degree, such needs are addressed through federal and state-funded services brokered by CBC Lead Agencies. However, the SAMH and Medicaid programs are also important funding sources to address the needs of families in the child welfare system. To better understand the behavioral health care services received by parents with substance use problems, sub-study one performed a secondary data analysis to examine SAMH and Medicaid-funded services received by parents in the child welfare system with substance abuse problems.

The second sub-study examines and compares 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 the child welfare 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 Demonstration (FFYs 11-12, 12-13), where the children remained in the home and families were offered voluntary prevention services.

The USF Institutional Review Board (IRB) has approved the evaluation plan. 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 is obtained from all participants. Electronic documents containing identifying information are password protected and stored on a secure drive accessible only to evaluation staff. Hard copies of documents are

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.

This semi-annual report includes the results from aspects of the Demonstration evaluation. The process analysis includes an analysis of stakeholder interviews with leadership personnel at Case Management Organizations, an analysis of service array survey responses, and a status update on the evaluation of of two evidence-based practices. The outcomes analysis includes the examination of the permanency and safety indicator changes in several successive state fiscal years (SFY 11-12, SFY 12-13, SFY 13-14, SFY 14-15, and SFY 15-16), and findings related to well-being indicators. The cost analysis examines the trends in the numbers of youth receiving out-of-home, in-home, and adoption services, and the costs for those services. Sub-study one will not be reported on in this semi-annual report. The next steps section provides details regarding future evaluation research for sub-study one. Sub-study two describes child outcomes for two identified groups, including repeated child maltreatment reports recurrence of maltreatment, placement in out-of-home care, and reentry. Sub-study two also provides a status update on the case file reviews.

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.

Implementation Analysis

The goal of the implementation analysis is to identify and describe ongoing implementation of the Demonstration extension. This semi-annual report includes methods for data collection and data analysis (including a coding scheme), and findings from a set of key stakeholder interviews conducted with leadership at Case Management Organizations (CMOs) during the reporting periods of October 2016 through March 2017 and April 2017 through September 2017. CMOs are organizations that contract with lead agencies to provide case management services to families that come into contact with Florida's child welfare system. Some interviews were conducted with Community-Based Care lead agencies, because the case management services were provided by the CBC.

Methods. Fourteen semi-structured stakeholder interviews were conducted via telephone and in-person with leadership at CMOs (see Appendix A for interview protocol). The interviews focused on implementation strategies, supports and resources that have been utilized, and contextual and environmental factors. At the time the interviews were conducted there were 25 CMOs and four CBCs that provided case management services in the state of Florida. Organizations were randomly selected from each circuit. Case management organizations that provide services in more than one circuit were not interviewed twice. The 14 stakeholder interviews represent 12 Circuits in Florida (slightly more than half).

Members of the Demonstration evaluation team at the University of South Florida conducted the interviews. The interviews were audio-recorded with the permission of the participants. Audio files were uploaded to a secure, shared site and files were then transcribed. The same project team members who conducted the interviews completed the coding and data analysis. All participants provided fully informed consent according to University Institutional Review Board policy (see Appendix B for informed consent document).

Data analysis. Interview data were coded using three overarching domains that provide a framework for conceptualizing systems change: child welfare system and infrastructure, environment, and Demonstration impact. Data was analyzed with ATLAS.ti 6.2, a qualitative analysis computer software program. Interviewee responses were classified into codes that comprehensively represent participants' responses to each question. Three team members participated in an interrater reliability process that achieved a reliability score of 78%. Axial

coding in ATLAS.ti 6.2 was used 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). This report includes the most commonly found patterns and themes from the interviews.

Findings.

***Child welfare system and infrastructure*.** This domain examines data on the impact of CPI practice, the role of the Court system, and funding to continue to implement the Demonstration and support effective child welfare practice.

CPI and caseworker practice. Case management organization stakeholders were asked to reflect on the extent to which CPIs have made an effort to focus on Family Support and Safety Management Services, within the context of the flexibility the Demonstration allows. Interviewees reported that new CPIs are more likely to remove children than CPIs that have been on the job longer due to their lack of knowledge about the resources available to keep children safely in the home. One interviewee stated,

> I think turnover at the CPI level has a direct impact on removal rates, negatively, you know. And we've seen it. Where we struggle the most is getting the investigators to utilize the tools available to them so that we can prevent the removals.

The lack of CPI attention to family support and safety management services was also correlated to turnover amongst CPIs. “The turnover here in CPIs has been quite large and it's sometimes easier just to shelter” described another interviewee. CMOs reported that in order to combat this issue they do their best to inform the CPIs of what tools and resources are available to them in order to help prevent removals. “We've revised the safety management contract five times in order to get the PIs to use it”, explained an interviewee. Collaboration between the CPIs, the CBC, and the CMOs was reported as key to ensuring the safety of children.

In regards to changes in caseworker practice, interviewees reported that the flexibility that comes with the Demonstration has allowed them to help more kids in the home and improve the quality of casework. One respondent stated,

> I mean yeah it you know, it really just changed the way that we were able to work. Now the agency is able to be more flexible typically that translates down to the provider and provides the flexibility that we need to work with families.

Judiciary. Interviewees were asked what the role of the Court has been in facilitating the goal of fewer children needing to enter out-of-home care. First, respondents indicated that judges, particularly new ones, may not know what the Demonstration is. An interviewee explained,

> They're not going to understand necessarily what that [Demonstration] is other than, you know, when there's court improvement projects that come up and people say IV-E Waiver money can be used for this. So I would say it's not something that's talked about routinely with the court system, but they enjoy the benefits of the less restrictive funding without necessarily realizing why the funding is less restrictive with the services and resources we're able to put into play to help move children more efficiently, and with some really solid outcomes [for] families, through the system.

Second, respondents across circuits reported that the courts support the goals of the Demonstration, and that there are positive working relationships with judges and magistrates. Participants reported that the judiciary have added specialized courts, such as, early childhood court, crossover court, and baby court. One respondent stated, "So, my agency has a phenomenal relationship, working relationship, with the judiciary, the states attorney's office, legal services, even protective investigations…". Another respondent highlighted the positive working relationships with judges and other child welfare system stakeholders,

> [We are] very fortunate to have a judge who is singularly focused on dependency. [The judge] understands that to a child time is of the essence. Although [the judge] provides parents with full access to services and ensures that barriers to the case plan are managed, [the judge] does not unduly delay permanency for a child.

Rotating judges, judges lacking a comprehensive understanding of the child welfare practice model, and the judicial perception of court ordering more case manager contacts to increase child safety were reported as challenges to working with the judiciary. For example, one interviewee stated,

> Judges, you know, probably justifiably, although I think just without proper knowledge, believe that if they court order things to happen more often, that they are creating safety for children. But what really happens is I have no new additional staff. So, when my staff are court ordered to do something more frequently than statute generally, you know, requires, so whether that's sibling visits, parent/child visits, JR's, court hearings, whatever it is that's being court ordered, sometimes all of the above. What that means is that my already limited staff now just have to do five times as much because it's been court ordered. So, it actually compromises child safety.

One respondent also mentioned Guardian ad Litems (GALs) in relation to the goals of the Demonstration, indicating that the GALs in their area seem to understand the funding flexibility inherent to the Demonstration. This respondent went on to state, "I think the guardian

program understands the IV-E Waiver, I know they do, and they like to go into Court and order all kinds of services and they know that there may be money."

An interesting point was raised by one respondent regarding Children's Legal Services (CLS) and whom they represent. From the perspective of the CMO, CLS represents the State of Florida and not necessarily the CMO organization. This at times is problematic for the CMO when the Court takes on more of a social work role and micromanages a case, ordering specific protocols that are perhaps not realistic for a CMO to carry out within a crisis type situation for a family. An interviewee explained:

> A lot of judges begin to feel like they're really the social worker and they start micromanaging the case and telling you all kinds of things to do that are probably nice things to do but they're not *necessary* things to do. What hurts us as Case Management Organizations in that environment is that we don't really have a legal advocate. So, I've toyed with this all along is having my lawyer in there too. You know? [Because] you got this child welfare legal services person in there that is defending the State and talking about the State.

Further, although respondents acknowledged it is not DCF's fault, the CWLS attorneys are not funded to spend enough time in discussion and coordination with the CMOs, and preparation for hearings can be very rushed and chaotic.

Policies and procedures. Although stakeholders were not directly asked if their current operating policies and procedures supported the goals of the Demonstration, both strengths and challenges in this area arose during interviews. Respondents indicated that there was good problem solving on cases across system partners. An interviewee detailed,

> If there's a barrier we try to strategize, we try to come up with solutions …and we're going to reach out to all the partners in that particular case through the courts, the judges, the attorneys … all the different parties to try to come up with a solution, try to get to them as quickly as possible.

However, some frustration was expressed about the child welfare practice model and its implementation. While this issue is detailed more thoroughly in the Demonstration Impact section, the issue was also discussed in terms of potential confusion over implementation of the child welfare practice model, and how this confusion has led to policy and procedures at the CMO level that are not in keeping with the goals of the Demonstration. A CMO stakeholder explained:

> We do the safety management monitoring. And it has been, in my opinion, grossly unsuccessful. And what I have recently learned is that it is because of, either erroneous

> interpretation of statutes or administrative code, I don't know, but…I don't think we've done anything that really has increased safety through safety management services. I think, if anything, we have decreased safety with safety management services and/or it's the belief on my circuit's part of how it's to be used.

***Environment*.** Respondents were asked to identify the environmental issues that affect their ability to achieve the goals of the Demonstration extension. Their responses covered the areas of climate, contextual variables such as poverty and substance abuse, political support, and the availability of services and resources.

Climate. Some respondents reported a number of strengths regarding the climate of their child welfare system. The most common strength reported by CMOs, was having a strong and supportive lead agency. A strong and supportive lead agency was described as an agency that would bring all of the necessary stakeholders to the table, maintain communication with child welfare system partners, and be aware of the needs of the CMO and the community. One respondent reported feeling "lucky" to have a CBC that "is so good at maintaining funding when it comes to services."

Participants also reported some challenges within the interorganizational climate. Some interviewees reported gaps in communication between key partners, including communication between the CBC and CMOs. Other respondents reported strong communication with CBCs and other partners in the child welfare system of care. A CMO participant with contracts with several CBCs commented that the differences including whether or not there had been spikes in out-of-home rates, were associated with the leadership of the CBC and the strength of its communication structures. Another challenge noted by two participants was the natural conflict between DCF and the CBCs related to a privatized model. Community-Based Care is designed to allow for community control and customized solutions for caring for children and their families. At the same time, DCF has ultimate responsibility for the child welfare system and may tend towards uniformity and central control. Despite these vertical and horizontal challenges in the system of care, most respondents reflected ongoing efforts to maintain positive working relationships, as stated by one interviewee, "At the end of the day, we do keep coming back to the table and we do keep trying to improve our system and [make sure] everybody's at the table".

Substance abuse, poverty, and culture. The contextual variables that were identified most often were poverty and its related challenges, substance abuse and culture.

Interviewees specifically reported the high prevalence of heroin and opiate substance abuse in families coming into the dependency system. Respondents also mentioned how drug

epidemics affect rural counties differently than more densely populated counties. "You take a rural county where there's large family trees, and then you introduce drugs into the family and the whole tree is involved. You know, finding relative placements in those areas is tough." In addition, one interviewee noted the conflict between the permanency time limits of the child welfare system and the typical duration of substance abuse treatment services. Because treatment services take longer, the concern is that children are returned to parents too soon, and then re-abuse occurs due to repeated substance use.

Seven respondents discussed the challenge of poverty and how it encompasses lack of employment opportunities, finding affordable stable housing on a single parent income, and transportation. One respondent stated, "Well, it's a system that is... poverty is one of the biggest drivers. And so, the economics of it; you know, I've said that one of our best social services policies is a job." Another interviewee characterized this challenge as "we see a lot of overstressed families and overstressed communities---families with poverty, substance abuse, family violence, and children with extraordinary needs that the families cannot meet and [do not have] the resources to meet them."

A few respondents noted the role that culture plays in child welfare systems. One example is the high variation in removal rates across circuits. A participant noted that one reason for this difference is that removal rates are related to how abuse is interpreted and responded to, both within families and within communities. A second role is that different cultures have different child rearing practices; sometimes these practices may be viewed as abuse when the cultural norms are not understood.

Political support. Eight of the 14 respondents discussed challenges and opportunities related to the political environment. A few respondents reported developing relationships with, and feeling supported by, the local government. However, the majority of interviewees reported a lack of political support for the needs of the child welfare system at the state level. One respondent stated, "The lack of knowledge as to the complexities of the child welfare system on the part of the legislature hinders meaningful discussion and advocacy for appropriate funding and policy change." Another respondent explained, "Our policy makers and our funders do not seem to understand the relationship between trauma, childhood trauma, and adult problems." Another challenge noted is that funding priorities shift at both the federal and state levels with changes in leadership.

Services/resources. Interviewees were asked about asset mapping and needs assessments that facilitated service system change. Ten of the 14 respondents reported participating in asset mapping or needs assessments. Respondents indicated that the needs

assessments were conducted to increase attention to diversion and safety management services, to develop services to address the influx of children coming into care, and to fill any identified gaps in the service array for the community. One respondent stated,

> We did an analysis…in particular with the community in terms of trying to identify what resources were available in the community to serve the needs of our children and parents… We also were able to do an analysis of the causations of kids coming into care so when we built our service center there, we made it large enough that we could invite others to locate at our... percolate with us so we were able to get the domestic violence provider out there to provide us with resources in there.

According to respondents, the services that were developed in some circuits as a result of needs assessments included evidence-based parenting programs, diversion programs, domestic violence services, increases in intensive mental health programs and substance abuse residential beds.

***Demonstration impact*.**

Funding flexibility. Interviewees reported that the Demonstration has allowed for greater flexibility in funding, and the flexibility in funding has had a significant impact on what each lead agency/CMO has been able to accomplish. For example, respondents indicated being able to widen their service array, invest in front-end services, and implement innovative practices that could benefit the children and families they serve. One participant described how the funding flexibility contributed to the development of a comprehensive service center in a county that was responsive to local needs. Other responses described how the flexibility enabled their development of safety management services called for in the new practice model. As one respondent said,

> What the Waiver has done is created a tremendous amount of flexibility in how the lead agency purchased services and how, as providers we're able to problem solve what might be helpful for families to keep them out of the system.

Another respondent stated,

> Since we have had the Waiver I am able to move the funding around to different areas where it's needed. So, I am able to really respond and provide the services when the CPI's come to me.

Service array. The Demonstration has allowed for the expansion of the service array. Post-reunification services, in home services, family support services, specialized services, prevention services, a comprehensive diversion program, and safety services were all reported as service expansions under the Demonstration. Lead agencies and CMOs have been able to

identify needs in their communities and expand their service array and partnerships based on those needs. Another respondent elaborated on how the Demonstration has impacted their organization,

> I think that it's been an excellent opportunity to get in front of deep-end placements because it's allowed us to shift funds, do more prevention effort, and develop stronger evidence-based programs to serve families and children in their homes.

Removal decisions. Interviewees agreed with the goal of keeping children safely in the home. One respondent expressed that their lead agency supports removal as a last resort, "I know with our agency we want to make sure that we've tried every resource available, every option before we remove that child."

Participants reported that the Demonstration has allowed lead agencies and CMOs to implement programs that helped reduce the number of children entering out-of-home care. Circuit 4 was able to implement programs, such as, STEPS (Strengthening Ties and Empowering Parents) that helped them remain the lowest removal rate in the State. Circuit 18 was able to implement safety management team services along with therapeutic response and Wraparound, which gave them the ability to prevent over 140 children from being removed from their homes last year. One respondent stated, "So, IV-E actually put what I would consider pressure in the right spot to not incentivize keeping kids in foster care. We were incentivized to move them out."

Child safety, well-being, and permanency. Interviewees indicated that child safety, well-being, and permanency outcomes have improved since the Demonstration extension. One respondent stated, "We're doing better even than the general population in that regard as it relates to medical [and] dental immunizations." Some interviewees reported implementing specific practices that address child safety, well-being, and permanency: once a month permanency round tables, reductions in case manager caseloads, post reunification programs, and a policy focused on accelerating permanency without having to wait for the next judicial review

Respondents indicated two primary barriers to ensuring child safety, well-being, and permanency. The first barrier is the unreliable performance of informal safety monitors (a safety monitor the responsible party for ensuring the safety plan is adhered to). The second barrier mentioned was lack of recourse experienced by case managers in non-judicial cases. Specifically, it was reported that in non-judicial cases the parents will indicate to the CPI that they are willing to engage in services, but when the case manager arrives they are no longer willing to participate in case planning or services.

Mitigating factors. Respondents also discussed challenges to achieve the Demonstration goals of lowering out-of-home care rates, expanding the service array, and contributing to improved child outcomes. Interviewees from every circuit acknowledged that initially after the Demonstration implementation, there was a reduction in the number of children entering out-of-home care, but that recently there have been spikes in the out-of-home care population. Respondents reported that the spikes in out-of-home care have had a number of impacts on their organization and staff. One respondent stated,

> I think there is an adverse relationship between removals and discharges, in that when you see removals go up, you see discharges either stay flat or go down. Because I think there's a certain amount of capacity within a system to serve children and families, and when you have a big influx coming in, that's where your resources and your attention go.

Two major impacts of the spikes in out-of-home care are an increase in caseload sizes and an increase in case manager turnover. The highest caseload ratio reported was 40 cases per case manager and the lowest reported was 11 cases per case manager. The highest reported turnover rate was 60% and the lowest reported rate was 17%. Some interviewees that served only the non-judicial, family support cases had lower case load sizes of no more than 16 children per case manager. Respondents reported that large caseloads and spikes in out-of-home care can affect the quality of case management. As one respondent stated,

> Caseloads have gone up. Staff are stressed because there are lots of expectations on the workers. They don't feel like they are able to work with the families effectively, and they feel like they're just running around trying to put out fires.

Another challenge reported was an increase in children with severe problems coming into care, which CMOs feel the system is not equipped to handle. One participant explained:

> We have a huge increase in dual diagnosis children coming into care. Kids with severe mental health issues and behavioral issues and no placement, you know, we're doing 24/7 shifts. When the children are suicidal, we're constantly running and chasing them so they don't throw themselves in traffic and we're staying up all night with them and coming to work all day the next day.

Four respondents associated the spikes in out-of-home care to the implementation of the practice model, "Over the past couple of years, since the State implemented their practice methodology across the state, that additionally increased the calls. We've seen a significant increase of children entering out-of-home care." Two respondents noted positive gains related to the new model including a more individualized approach to practice. "I think as a whole it has

helped us evolve into a more family-centered approach, and get the family involved in the decision-making process more than we would in the past."

Summary. There were several strengths identified by stakeholders relating to child welfare practice. One major strength reported by multiple respondents was the ability to maintain strong relationships with lead agencies, investigators, the Sheriff's Office, state attorneys, and judges. CMO leadership also reported being able to help more children in-home, improve the quality of casework, and have increased flexibility in funding, which allowed for the expansion of prevention, diversion, and post-reunification services.

Some challenges reported by interviewees included: CPI and case manager staff turnover, CPIs not completing the necessary tasks prior to case transfer, and newer CPIs being quicker to remove children than experienced CPIs (stakeholders suggested this might be due to a lack of knowledge about resources offered by the CBC). It was reported that CPIs were not adhering to the child welfare practice model in the same way that CMOs were expected to adhere to the child welfare practice model. Spikes in out-of-home care were also reported by interviewees. The perception of some interviewees was that the implementation of the child welfare practice model was directly related to the spikes in out-of-home care. Respondents also indicated that legislative officials lacked knowledge about the complexities of the child welfare system which made it difficult to get the needed funding and policy changes they desired for Florida's child welfare system.

A prominent and consistent theme throughout was concern that new administration at the Federal level may not realize the value of continuing Demonstrations in states that are coming to the end of their Demonstration term, who have utilized the Demonstration to provide much needed services to children and families.

Services and Practice Analysis

The purpose of the services and practice analysis component is to assess progress in expanding the service array under the Demonstration, including the implementation of evidence-based practices and programs. This component also assesses changes in practice to improve processes for the identification of child and family needs and facilitation of connections to appropriate services, including enhanced use of in-home services to increase successful family preservation and reunification. For the current report, findings from the service array assessment and the evidence-based practice fidelity assessment are presented.

Methods. Two surveys were developed and administered to each CBC Lead Agency via *Qualtrics*, a web-based survey program. The first was a Child Welfare Service Array Survey (Service Array Survey), which was administered from January to April 2017. This survey was

designed to assess the current child welfare service delivery system, including procedures for determining eligibility and referring subjects for services, the array of services available to system-involved families, capacity for each service identified (e.g. the number of families that can be served at a time), the typical duration of each service, and the number of children and families referred and served within the past twelve months. Reminder emails were sent at 15-, 30-, 45-, and 60-days post-administration.

The second survey was an Evidence-Based Practice (EBP) Survey, designed to assess the extent to which two identified EBPs (Wraparound and Nurturing Parenting Program) have been implemented throughout the state of Florida. This brief survey was intended to identify which lead agencies include these services in their service array, how the services are being used (based on Florida's four service categories: Family Support Services, Safety Management, Treatment, and Child Well-being services), where the agency is at in terms of implementing the service, and whether or not the agency currently measures fidelity. These data provide an initial implementation assessment of the two services. The survey was administered to each CBC Lead Agency via *Qualtrics* from May to August 2017, with reminder emails sent at 15-, 30-, 45-, and 60-days post-administration.

Data analysis. Quantitative data collected through both surveys were analyzed using SPSS 22.0 statistics software. Basic descriptive statistics were calculated, such as frequencies, means, and medians, depending on the type of data concerned. Qualitative data were coded using an open-coding process to identify emergent themes. The intent of the analysis is to be descriptive of the services provided, not comparative across lead agencies, since many factors may affect the number and types of services that are available in different communities.

Findings. Responses were received from six lead agencies for the Service Array Survey (33.3% response rate) that were sufficiently complete to include in the data analysis. Four additional agencies started the survey, but did not provide responses beyond which CBC agency they represent, and one agency provided a copy of their response to the service array survey previously administered by DCF, but this did not include the necessary service information per the Demonstration Terms and Conditions (e.g. number of families served for each type of service, median duration of each service, referral procedures, etc.). For the EBP Survey, responses were received from 11 lead agencies (61% response rate). Results from the two surveys are described separately in the following sections.

Service array survey. The six agencies that submitted the Service Array Survey identified services provided to child welfare involved children and families in the following DCF service categories: Family Support Services, Safety Management Services, Treatment

Services, and Child Well-Being Services. Tables 1 through 4 present the findings from the survey, organized by service category. It should be noted that data are missing for some of the services, particularly with regard to service capacity, number of families referred, and number of families served.

Responses across CBCs were largely consistent with regard to client eligibility criteria for Family Support Services: most identified families as eligible for these services if the children have been deemed safe but are at high or very high risk of future maltreatment as determined by the CPI's assessment. One CBC stated that all families whose children are safe are eligible for services regardless of risk level, and another CBC indicated that they accept moderate to very high risk families for Family Support Services. Most CBCs further stated that the CPI refers the family directly to the Family Support Services provider, but some CBCs have intake staff who take referrals from the CPI and then assign the family to a service provider. Two CBCs also noted that families can contact the agency directly if they are in need of services without going through the CPI process; in this way, families can seek prevention services on their own before the situation escalates to a maltreatment report. Since the Demonstration is only applicable to families who enter the system through the abuse hotline, this suggests that some CBCs are utilizing additional funding sources in order to serve other families who would not otherwise be eligible.

Respondents identified anywhere from one to five distinct Family Support Services that are available within their service area (see Table 1). Services were reported to last, on average, anywhere from one month to six months. Service capacity for the various programs identified varied significantly, from as few as 20 families to as many as 450 families. The number of families served in the last twelve months by each identified program ranged from 60 to 1,617 families. When the number of families served is calculated at the CBC-level (i.e. by adding together the number of families served by each service offered through the CBC), the range was 148 to 2,268 families served in the last twelve months.[2]

[2] Numbers might be duplicative if a family was referred to and received more than one service; thus, a family receiving two different Family Support services would be counted twice.

Table 1

Family Support Services (n = 6)

CBC	Service	Capacity (# of families)	Median duration (months)	Number of families referred (past year)	Number of families served (past year)
Brevard Family Partnership	Wraparound/ Family Team Conferencing	450	4.5	800	650
Family Support Services of North Florida	Strengthening Ties Empowering Parents	330	2.5	1,114	651
	Community Resource Specialist	135	1	1,617	1,617
Heartland for Children	In-home Parenting Supports	48	2	275	200
	Nurturing Parenting	35	2.5	237	168
	Parenting Education/Support - Prevention Services	35	1	939	858
		N/A	1	337	337
	Financial Assistance, Service Linkage, etc.	30	1.5	150	125
	Individual/Family Therapy				
Children's Network of SW Florida	In-Home family Support	56	2	300	240
	Behavioral Intervention	20	2	300	150
Families First Network	Wraparound Family Support (multiple providers)	141	6	195	148
Kids Central, Inc.	Nurturing Parenting	100	4	200	180
	Family Connections	200	4	100	90
	Kinship Program	200	6	150	140
	Family Behavioral Therapy	75	4	75	60

For Safety Management Services, respondents indicated that client eligibility is based on the identification of present or impending danger by the CPI. Two CBCs also specified that the

family must have a Safety Plan, and one CBC stated that cases involving a drug-exposed newborn or a child death with surviving children are automatically referred to Safety Management, regardless of whether present or impending danger is identified. All CBCs reported that the CPI refers the family for Safety Management Services, in many cases directly to a contracted service provider, but two CBCs have specialized intake staff who receive the referrals from CPI and assign the case to services. Three CBCs further specified that referrals are accepted 24 hours a day and Safety Management providers are deployed within two hours if crisis stabilization is required.

Safety Management Services fall into several sub-categories: behavior management, crisis management, social connections, separation, and resource support. As shown in Table 2, many service providers package several of these services together into a cohesive program. For example, the Family Assessment Support Team (a program offered by FSSNF) provides families with behavior management, crisis management, social connections, and resource support. Not every CBC offers services in all of the sub-categories, but each CBC did identify services in at least two or more sub-categories. Based on the numbers reported, the most frequently used category of Safety Management Services was social connections, with 2,371 families served across the six CBCs. The least frequently reported category was crisis management, with 1,197 families served. The median service duration, across categories, ranged from less than one month to nine months. As indicated by the data presented in Table 2, many of these services are intended to be intensive and time limited.

Table 2

Safety Management Services (n = 6)

CBC	Service	Capacity (# of families)	Median duration (months)	Number of families referred (past year)	Number of families served (past year)
Behavior Management					
Brevard Family Partnership	Supervision and Monitoring	22	4	83	83
	Stress Reduction Friendly Visiting	N/A	.5	91	74
	Behavior Modification	N/A	3.75	123	109
Family Support Services of	Family Assessment Support Team	66	<1	707	707

North Florida					
Heartland for Children	Supervision and Monitoring	10	.5	57	55
	Stress Reduction	10	.5	57	55
	Behavior Modification	10	.5	57	55
Kids Central, Inc.	Neighbor to Family Program	40	1	-	55
	Family Connections	80	4		65
Crisis Management					
Brevard Family Partnership	Crisis stabilization/ management	N/A	<1	771	203
Family Support Services of North Florida	Family Assessment Support Team	66	<1	707	707
	Emergency Housing/Shelter	16	4.5	42	42
	Emergency Domestic Violence Shelter	-	1.5	-	-
Heartland for Children	Crisis Management	10	.5	57	55
Children's Network of SW Florida	Pathways - Crisis Management	24	2	35	30
	Lutheran Services – Crisis Management	32	2	45	40
Kids Central, Inc.	Neighbor to Family Program	40	1	-	55
	Family Connections	80	4	-	65
Social Connection					
Brevard Family Partnership	Stress Reduction Friendly Visiting	N/A	.5	91	74
	Basic Parenting	450	4.5	800	650
	Wraparound/ FTC	450	4.5	800	650
Family Support Services of	Family Assessment Support Team	66	<1	707	707

North Florida					
Heartland for Children	Friendly Visiting	10	.5	57	55
	Basic Parenting Assistance	10	.5	57	55
	Social Networking	10	.5	57	55
Children's Network of SW Florida	Pathways – Social Connection	24	2	35	30
	Lutheran Services – Social Connection	32	2	45	40
Families First Network	Neighbor to family Program	40	1	-	55
Separation					
Brevard Family Partnership	Family Therapy	N/A	3	29	25
Family Support Services of North Florida	Childcare	N/A	9	3,784	1,699
Heartland for Children	Separation	10	.5	57	55
Kids Central, Inc.	Neighbor to Family Program	40	1	-	55
Resource Support					
Brevard Family Partnership	Targeted Case Management	-	-	-	-
	Childcare	-	-	-	-
	Homelessness Services	-	-	-	-
Family Support Services of North Florida	Family Assessment Support Team	66	<1	707	707
	Emergency Housing/Shelter	16	4.5	42	42
	Emergency Domestic Violence Shelter	-	1.5	-	-
Heartland for Children	Resource Support	10	.5	57	55

Children's Network of SW Florida	Pathways - Resource Support	24	2	35	30
	Lutheran Services – Resource Support	32	2	45	40
Families First Network	Safety Management/ Resource Support Services (multiple providers)	113	-	231	211
Kids Central, Inc.	Neighbor to Family Program	40	1	-	55
	Family Connections	80	4	-	65

Procedures for determining client eligibility for Treatment Services were more varied than for the two previous service categories. Three CBCs indicated that the assigned case manager assesses the parents through the Family Functioning Assessment and identifies any mental health, substance abuse, or domestic violence needs. One CBC simply stated that clients with an open abuse investigation or an open case with case management are eligible for services, and another CBC reported that parents with substance abuse and/or co-occurring mental health needs are eligible with no indication as to how those needs are assessed. One CBC reported that each provider has their own specific eligibility criteria, and that the provider conducts an intake assessment to determine client needs. Most CBCs indicated that the primary case manager is responsible for service referrals, although in some cases a CPI might refer a family for services prior to transferring the case. Four CBCs indicated that there is a CBC staff position that either reviews and approves referrals before they are submitted to providers, or is available to consult with case managers to determine the most appropriate services and providers for a particular client.

Treatment Services fall into the following sub-categories: individual mental health and therapy, family therapy, domestic violence, substance abuse, and parenting (see Table 3). Two CBCs identified an additional sub-category of reunification services. It is noteworthy that data on the number of families referred and served are missing for a number of these services. The most frequently used service category was parenting services, with a reported 1,093 families served across the six CBCs in the last twelve months. The least frequently used category of service was domestic violence, with a reported 343 families served in the last twelve months, although missing data may account for some of the seemingly lower utilization. Many domestic violence providers have strict policies regarding confidentiality, and therefore it may be

challenging for CBCs to confirm the number of clients who actually receive such services. Median service duration ranged from roughly one month to nine months.

Table 3

Treatment Services (n = 6)

CBC	Service	Capacity (# of families)	Median duration (months)	Number of families referred (past year)	Number of families served (past year)
Mental Health/ Individual Therapy					
Brevard Family Partnership	Cognitive/ emotional Therapy	N/A	3.75	162	117
Family Support Services of North Florida	FAST Therapy	105	9	489	459
	Family Intensive Treatment Team	20	9	10	9
	Project Healthy Home (co-occurring MH and SA treatment)	15	9	15	15
	Behavioral Health Services/ Counseling	-	-	-	-
	In-home Therapeutic Services	30	4.5	-	-
Heartland for Children	Peace River Center	-	-	-	-
	Winter Haven Behavioral Health	-	-	-	-
	Chrysallis MH Services	-	-	-	-
	Big Bear Behavioral Health	-	-	-	-
	Families First MH/Therapy	350	7.5	300	215
	Neighbor to Family MH/Therapy	30	1.5	175	125
	Private Practice MH/Therapist	20	6	35	35
Families First Network	Counseling/ MH Services (multiple providers)	-	-	-	-

Family Therapy					
Family Support Services of North Florida	FAST Therapy	105	9	489	459
	High Risk Newborn Services	30	2.5	141	141
	Family Intensive Treatment Team	20	9	10	9
	Project Healthy Home (co-occurring MH and SA treatment services)	15	9	15	15
Heartland for Children	HEADS MH Services	-	-	-	-
	SCARF MH Services	-	-	-	-
	Youth Villages – Intensive Services for Families of High-Risk Children with Serious BH Problems	27 new clients/month	5	84	74
Families First Network	Homebuilders – Family Therapy	24	1.5	40	29
	Children's Home Society – Family Therapy	-	-	-	-
Kids Central, Inc.	Family Behavior Therapy	80	4	-	139
Domestic Violence					
Brevard Family Partnership	DV Behavioral Counseling	N/A	3.25	50	28
Family Support Services of North Florida	DV Specific Services/ Consultation	N/A	1.5	-	-
	Batterer's Intervention	N/A	6	-	-
	Anger Management	N/A	1 day	-	-
Heartland for Children	Confidential Counseling	-	7.5	52	52
	Vicsix – Services for DV victims	-	-	196	196
Families First Network	DV Housing/Shelter (multiple providers)	-	-	-	-

Kids Central, Inc.	Family Group Decision Making	-	3	-	67
Substance Abuse					
Brevard Family Partnership	Behavioral/ cognitive therapy	N/A	2.25	164	58
Family Support Services of North Florida	Family Intensive Treatment Team	20	9	10	9
	Project Healthy Home (co-occurring MH and SA treatment)	15	9	15	15
	Family Intervention Services	80	7.5	866	268*
	Medication Managed SA Recovery	N/A	3+	-	-
	NACDAC SA treatment and support groups	-	-	-	-
Heartland for Children	Tri-County Human Services SA Treatment	-	-	-	-
Families First Network	Community Drug and Alcohol Council	-	-	-	-
Kids Central, Inc.	Family Behavior Therapy	80	4	-	139
Parenting					
Brevard Family Partnership	Cognitive/ behavioral/ emotional therapy	N/A	3.25	111	85
Family Support Services of North Florida	Family Assessment Support Team	594	9	489	459
	High Risk Newborn Services	30	2.5	141	141
	Circle of Security Parenting	20	1	708	384
	Family Intensive Treatment Team	20	9	10	9
	Project Healthy Home (co-occurring MH and SA treatment)	15	9	15	15

	Parenting Education	-	-	-	-
Heartland for Children	Nurturing Parenting	35	2.5	237	168
Kids Central, Inc.	Nurturing Parenting	100	3	-	188
Other Treatment Services					
Brevard Family Partnership	Family Reunification Services	30	4	20	20
Heartland for Children	Home to Stay – Reunification Services	60	6	225	137

*Data only available for a portion of the last 12 months.

Responses regarding eligibility criteria and referral procedures for Child Well-Being Services were similar to those for Treatment Services, with CBCs indicating that many service providers have their own specific criteria and referral processes. Case managers are typically responsible for identifying child needs and submitting referrals, either directly to the service provider or to a CBC staff person who reviews and approves the request before assigning to a provider. One CBC identified specific assessments that are used to determine need: the Ages and Stages Questionnaire, the Adverse Childhood Experiences Questionnaire, and the Family Functioning Assessment. This CBC also noted that on judicial cases, all children are referred for a Comprehensive Behavioral Health Assessment, which is completed by a certified professional and provides specific service recommendations for the child.

Four primary sub-categories of Child Well-Being Services are identified: physical health, mental/behavioral health, developmental needs, and educational needs (see Table 4). Few CBCs identified physical health services, despite the fact that these are required for all children in the system. In addition, a substantial amount of service utilization data is missing. Thus, assessment of the actual number of Child Well-Being Services provided is an underestimate. Based on the data received, the most frequently utilized category of service is mental/behavioral health services, with a reported 307 children served in the last twelve months. The least frequently used category of service (not counting physical health, for which no utilization data was provided) is developmental needs, with a reported 210 children served in the last twelve

months. Two CBCs also identified additional types of Child Well-Being Services: preparation for independent living, and a teen pregnancy prevention program.

Table 4

Child Well-Being Services (n = 5)

CBC	Service	Capacity (# of children)	Median duration (months)	Number of children referred (past year)	Number of children served (past year)
Physical Health					
Heartland for Children	Pediatric/Physical Health Services (multiple providers)	-	-	-	-
	Dental Services (multiple providers)	-	-	-	-
Families First Network	Medical/Physical Health Services (multiple)	-	-	-	-
	Dental Services	-	-	-	-
Mental/Behavioral Heath					
Brevard Family Partnership	Mentoring	N/A	4.5	156	140
	Psychiatric/ Medication Management	N/A	1.5	112	48
Family Support Services of North Florida	Infant Mental Health Services	30	2.5	141	114
	Outpatient Therapeutic Services and Targeted Case Management	-	-	-	-
	Medication Management	-	-	-	-
	Trauma-focused Child Behavior Therapy	300	-	-	-
Heartland for Children	Behavioral Analysis	-	-	5	5
	Rhythm Trek – Drum Therapy Program	-	-	-	-
	Art Enrichment Program	-	-	-	-

	Selah Freedom – Mentoring for CSEC	-	-	-	-
	Yogi Business – Stress Reduction/Emotional Health	-	-	-	-
Families First Network	Sexual/ Physical Abuse MH Treatment (multiple providers)	80	7.5	-	-
Developmental Needs					
Family Support Services of North Florida	Infant Mental Health Services	30	2.5	141	114
	Center for Autism and Related Disabilities	-	-	-	-
	Early Steps	-	-	-	-
	Child Find – Developmental Screening	-	-	-	-
	Daniel Academy	48	K-6th grade	48	48
	Exceptional Student Education	48	K-6th grade	48	48
Heartland for Children	Early Steps	-	-	-	-
	Healthy Families	-	-	-	-
Families First Network	Developmental Services (multiple providers)	-	-	-	-
Educational Needs					
Brevard Family Partnership	Tutoring	N/A	3.75	77	64
Family Support Services of North Florida	Early Steps	-	-	-	-
	School Readiness Program	-	9	-	-
	Daniel Academy	48	K-6th grade	48	48
	Empower Tutoring	25	2	10	9
		48	K-6th grade	48	48

	Exceptional Student Education				
Heartland for Children	Learning Resource Center	-	-	46	46
Other Child Well-being Services					
Brevard Family Partnership	Preparation for independent living	N/A	N/A	86	135
Heartland for Children	Healthy Start Teen Pregnancy Prevention	-	-	-	-

A final set of questions asked CBCs about their service provider contracts. Specifically, CBCs were asked whether they require their providers to be trained in trauma-informed care, whether providers are required to be knowledgeable in serving clients with co-morbid conditions (defined as having two or more co-occurring conditions, such as substance abuse and a mental health diagnosis), whether they require providers to assess client-level outcomes, and whether they require providers to assess program fidelity. Five of the six responding CBCs answered these questions. All five reported that they require their service providers to be trauma-informed, and four reported that they require providers to be knowledgeable in serving clients with co-morbid conditions. Four of the CBCs reported that they require their providers to assess client-level outcomes, but one of these four indicated that they do not receive these outcomes data from their providers. Four CBCs also reported that they require their providers to assess program fidelity, and all four reported that they receive these fidelity data from their providers.

Evidence-based practice survey. Results indicate that the majority of respondents (81.8%) offer Wraparound services as part of their child welfare service array, while a smaller proportion of respondents (45.5%) offer the Nurturing Parenting Program (NPP), although it should be noted that two of the 11 agencies did not provide a response with regard to the provision of NPP. CBC lead agencies that reported offering Wraparound services in their array include Families First Network, Kids First of Florida, Family Support Services of North Florida, Community Partnership for Children, Kids Central Inc., Brevard Family Partnership, Sarasota Family YMCA, ChildNet Inc., and Devereux Families Inc. Agencies that reported offering Nurturing Parenting in their service array include Heartland for Children, Kids Central Inc., Family Support Services of North Florida, Partnership for Strong Families, and Brevard Family Partnership. It is possible that other agencies who did not respond to the survey also offer these services; the evaluation team will follow up via telephone with non-responders to

determine whether any additional agencies provide either of these services. Table 5 presents results from the survey regarding the provision of Wraparound services. Table 6 presents results regarding the provision of Nurturing Parenting.

Respondents who indicated that their service array includes Wraparound were asked about the current stage of Wraparound implementation for their service area with the following response options: 1) Pre-implementation: planning, training and preparation; 2) Early implementation: training and practice implementation began within the last 6 months; 3) Moderate implementation: at least 6-12 months of practice implementation, with roughly 50% of staff consistently practicing; and 4) Full implementation/maintenance: more than 50% of staff have been consistently practicing with fidelity to the model for more than 12 months. As shown in Table 5, almost half (44.4%) of the CBCs offering Wraparound services indicated that they were in the full implementation and maintenance stage. One agency reported being in the pre-implementation stage, one reported being in the early implementation stage, and one reported moderate implementation; two CBCs did not respond to this question.

Next, respondents were asked about how Wraparound services are being used in their community, based on Florida's four child welfare service categories: 1) Family Support Services; 2) Safety Management Services; 3) Treatment Services; and 4) Child Well-being Services. Since it is possible for a service to be used in a variety of ways to address various types of cases, respondents were able to mark as many service categories as applicable for their current service use. Several respondents indicated that they are in fact using Wraparound services in two or more of the service categories. The most commonly reported use of Wraparound was as a Family Support Service (77.8%). Use as a Treatment Service and as a Child Well-being Service were each reported by 33.3% of respondents. Safety Management was the least frequently reported use for Wraparound, with 22.2% of respondents indicating that the service is used in this way.

Finally, respondents were asked whether they currently measure and assess fidelity of Wraparound practice, and how they do so. Four of the nine CBCs (44.4%) reported that they measure fidelity. Of these, most did not specify what measures or methods are used to assess fidelity, with the exception of one agency that reported use of the Wraparound Team Observation Measure (TOM). The remaining three agencies indicated that they have either a contracted provider or a specific staff position (not necessarily at the CBC; e.g. one agency reported that there is an assigned staff at the managing entity) who is responsible for measuring fidelity. Responses suggest that these CBCs receive reports regarding the fidelity results, but may not know specific details about exactly how fidelity is measured.

Table 5

EBP Survey Results Regarding Provision of Wraparound Services

	Frequency	Percent
Agency currently includes Wraparound services as part of service array (n = 11)	9	81.8
Implementation status of Wraparound services (n = 9):		
Pre-implementation	1	11.1
Early implementation	1	11.1
Moderate implementation	1	11.1
Full implementation/maintenance	4	44.4
No response	2	22.2
Service category (n = 9):		
Family Support Services	7	77.8
Safety Management Services	2	22.2
Treatment Services	3	33.3
Child Well-being Services	3	33.3
Agency currently measures practice fidelity (n = 9)	4	44.4

Respondents were asked the same set of questions as described for Wraparound with regard to the provision of Nurturing Parenting Program. As shown in Table 6, most respondents indicate that they were either in moderate implementation (40%) or full implementation and maintenance stage (40%); one agency reported being in the pre-implementation stage. As with Wraparound, agencies reported multiple service uses for the Nurturing Parenting Program, with the most frequently reported uses being Family Support Service (80%) and Treatment Service (80%). Use as a Safety Management Service and as a Child Well-being Service were each reported by 40% of respondents. Finally, of the five CBCs that reported provision of Nurturing Parenting, three (60%) indicated that they currently measure and assess fidelity to the program model. Specific details on how fidelity is measured were not provided by respondents.

Table 6

EBP Survey Results Regarding Provision of Nurturing Parenting Program

	Frequency	Percent
Agency currently includes Nurturing Parenting Program as part of service array (n = 11)	5	45.5
Implementation status of Nurturing Parenting (n = 5):		
Pre-implementation	1	20.0
Early implementation	0	0
Moderate implementation	2	40.0
Full implementation/maintenance	2	40.0
Service category (n = 5):		
Family Support Services	4	80.0
Safety Management Services	2	40.0

Treatment Services	4	80.0
Child Well-being Services	2	40.0
Agency currently measures practice fidelity (n = 5)	3	60.0

Limitations. A number of challenges were encountered that significantly impacted data collection for the Service Array Survey. Several CBCs expressed feeling overly burdened by the survey request, due to a coinciding DCF service assessment. Although the data requested through this survey was different from the data collected through the DCF assessment, there was a perception that the effort was duplicative. This may have contributed to the low response rate. Furthermore, some of the data requested, such as number of families referred to a service and number of families who received the service, were difficult for CBCs to provide because these data are not currently entered into FSFN or another administrative data system. Thus, the amount of effort required to gather the requested data was extremely burdensome, and in some cases CBCs were unable to provide the requested data.

Summary. Data from the Service Array Survey indicate that CBCs are providing a variety of Family Support and Safety Management services to prevent families from formally entering the child welfare system and to help children remain safely in their home. Service capacity and service utilization appears to vary considerably across CBCs, but a number of factors are likely to affect these numbers, such as population size, rural versus urban communities, and funding for services; identifying the reasons for this variability is beyond the scope of the assessment. A number of reported services do show discrepancies between the number of referrals and number of families served.

Based on the EBP Survey responses, Wraparound is a highly utilized service across 80 percent of responding CBCs. Its most commonly reported use was as a Family Support Service, but other service categories were also reported. Nurturing Parenting Program appears to be less widely utilized, but was still reported by 45 percent of responding CBCs. Its most commonly reported uses were as a Family Support Service and as a Treatment Service. For both of these services, several CBCs indicated that they currently assess fidelity, but limited information was provided on precisely how fidelity is measured.

Next steps. The evaluation team is following up via telephone with the seven CBCs that did not complete the EBP Survey to determine if there are additional agencies that offer either of these services. Once the final list of agencies is established, follow up will occur with each agency offering each of the two services to discuss the fidelity assessment in greater detail. For agencies that already assess fidelity, the evaluation will identify what specific measures are currently used, and will provide the CBC with the option of simply sharing their fidelity data to

the evaluation team on a periodic basis. For agencies that do not currently assess fidelity, the evaluation team will discuss the available options for measuring fidelity (e.g. the WFI-EZ or the TOM for Wraparound) and allow the CBC to select which measure they would like to use. The evaluation team will then schedule any needed training with the CBC and their service provider(s) on the fidelity tools and establish a timeframe for data collection.

No further follow up on the Service Array Survey is proposed at this time. Given the amount of burden that the survey requirements placed on CBCs, we recommend that the evaluation focus on the two identified evidence-based practices, with future assessment examining the expansion of these services throughout the state.

Outcome Analysis

Permanency and Safety Indicators

The flexible funding associated with the Demonstration allowed for the use of IV-E funds for various services and activities beyond out-of-home care maintenance and administration. These services and activities include but are not limited to implementation of innovative services, enhancing existing interventions, and expanding services known to be effective in achieving child safety, expedited permanency, and well-being. Several key outcomes related to permanency and safety were hypothesized to improve over time and were examined in this outcomes analysis. First, an increased array of services available for families or caregivers was expected to substantially increase the number of children who achieve timely permanency (i.e., reunification with parents, placement with relatives or permanent guardians, or adoption). Second, enhanced services provided to families after reunification was expected to significantly reduce the number of children re-entering out-of-home care. To examine these hypothesized outcomes, specific indicators were developed and calculated. The indicators were selected based on the requirements outlined in the Terms and Conditions and were developed in collaboration with the Florida Department of Children and Families. In addition, the impact of several child and family characteristics on outcome indicators was assessed.

Methods. The outcomes analysis tracks changes in several successive state fiscal years (SFY 11-12, SFY 12-13, SFY 13-14, SFY 14-15, and SFY 15-16). The overall study design includes the comparison of successive annual cohorts of children entering/exiting out-of-home care. All indicators were calculated at the circuit and state levels, and cohorts were constructed based on a state fiscal year. The following indicators were examined:

Permanency indicators.

- Proportion of children who achieved permanency within 12 months of removal
- Proportion of children with adoption finalized

Safety indicator.

- Proportion of children who did NOT reenter out-of-home care within 12 months of discharge

Predictor variables.

- Child age
- Child gender
- Child race
- Presence of child serious physical health problems
- Parental family structure
- Parental substance abuse
- History of domestic violence in the family

Sources of data. The data sources for the quantitative measures 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[3]), Cox regression analyses (Cox, 1972)[4]. All analyses were conducted using SPSS software.

Findings.

Permanency.

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 after removal was calculated for five entry cohorts: SFY 11-12, 12-13, 13-14, 14-15, and 15-16. *"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 D, Measure 1).

As shown in Table 7, for entry cohort SFY15-16 Circuit 8 had the highest proportion of children exiting out-of-home care into permanency within 12 months (48.1%). Circuit 2 had the lowest proportion of children exiting into permanency within 12 months (approximately 21%).

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[3]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).

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

The average proportion of children exiting out-of-home care into permanency within 12 months in SFY 15-16 across the circuits was 34.7%.

As shown in Figure 2, 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 34.5% for the cohort SFY 15-16. Results of Cox regression analysis indicated that it was a significant decrease.

Figure 2. 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 Entry Cohort

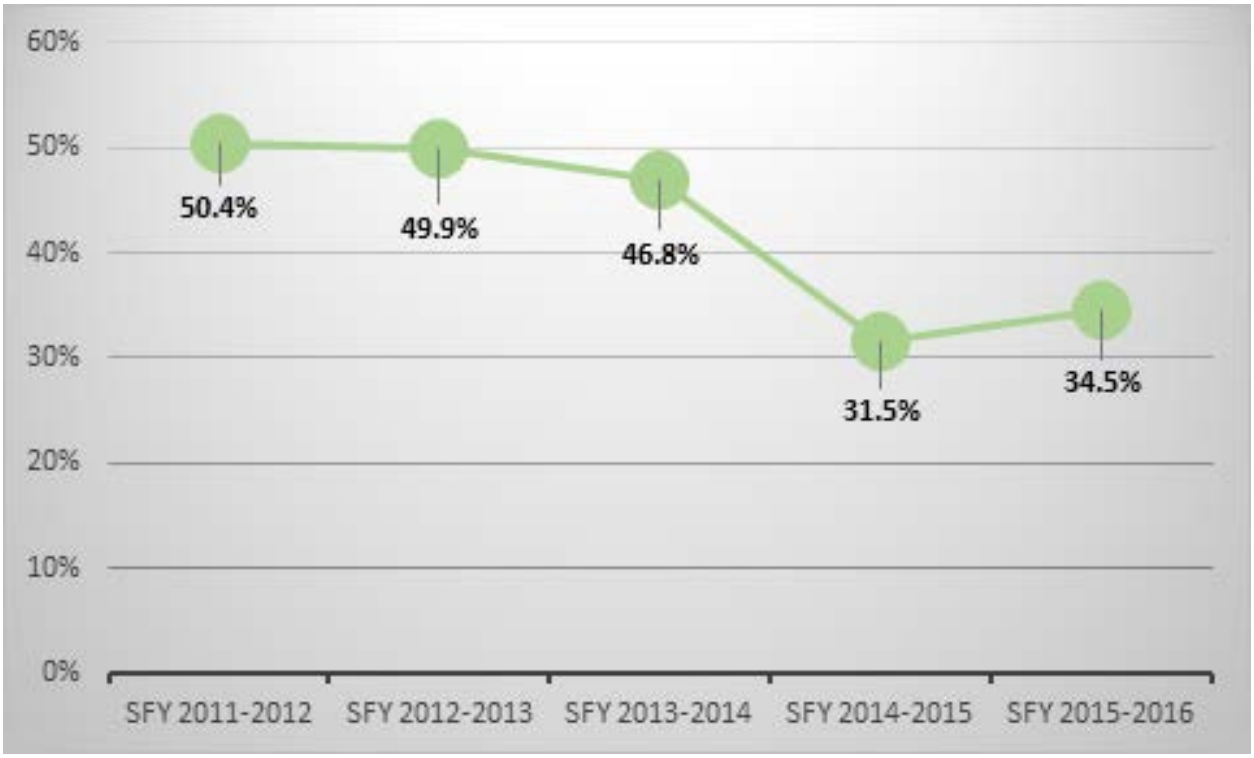


Table 7

Number and Proportion of Children Who Exited Out-of-Home Care for Permanency Reasons During SFY 15-16 within 12 Months of Last Removal in the State of Florida by the Circuit

Circuit	Counties in Circuit	Number of Cases	Proportion Achieved Permanency (%)
Circuit 1	Escambia, Okaloosa, Santa Rosa, Walton	776	29.5
Circuit 2	Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	258	21.1
Circuit 3	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor	338	44.7
Circuit 4	Clay, Duval, Nassau	796	38.4
Circuit 5	Citrus, Hernando, Lake, Marion, Sumter	1,077	35.5
Circuit 6	Pasco, Pinellas	1,421	35.7
Circuit 7	St. Johns, Flagler, Putnam, Volusia	1,096	23.2
Circuit 8	Alachua, Baker, Bradford, Gilchrist, Levy, Union	343	48.1
Circuit 9	Orange, Osceola	683	33.2
Circuit 10	Hardee, Highlands, Polk	832	33.7
Circuit 11	Miami-Dade	1,180	35.3
Circuit 12	DeSoto, Manatee, Sarasota	769	38.5
Circuit 13	Hillsborough	1,115	36.4
Circuit 14	Bay, Calhoun, Gulf, Holmes, Jackson, Washington	333	31.2
Circuit 15	Palm Beach	725	39.0
Circuit 16	Monroe	63	34.9
Circuit 17	Broward	972	30.0
Circuit 18	Seminole, Brevard	751	30.6
Circuit 19	Indian River, Martin, Okeechobee, St. Lucie	481	35.8
Circuit 20	Charlotte, Collier, Glades, Hendry, Lee	810	39.1
State of Florida		14,819	34.5

The effect of child and family characteristics on timely permanency. When predictor variables were examined using Cox regression, child age, race, presence of physical health problems, family structure, parental substance abuse problems and history of domestic violence problems in the family were found to be significantly associated with timely achievement of permanency. Older children were more likely to achieve permanency, and each year of additional age corresponds to a 1% higher odds of exit into permanency within 12 months of entry. Children who were Asian were 18% more likely to achieve permanency compared to children of other race/ethnicity. Youth with physical health problems were 24% less likely to achieve permanency within 12 months than children who did not have these problems (see Appendix E, Table E1). Children whose parents had substance abuse problems and children who came from a single parent family were less likely to achieve timely permanency. In contrast, children whose families had a history of domestic violence were more likely to achieve permanency (odds ratio of 1.15).

Reunification.

Proportion of children who were reunified with their original caregivers within 12 months. The proportion of children who entered out-of-home care in SFY 11-12, SFY 12-13, SFY 13-14, SFY 14-15, and SFY 15-16 and were discharged for reasons of reunification during 12 months after the latest removal was calculated for these entry cohorts (see the description of the indicator in Appendix D, Measure 2). As shown in Table 8, during SFY 15-16 Circuits 6 and 19 had the highest proportions of children reunified within 12 months (24.6% and 28.9%, respectively). Circuit 9 had the lowest proportion of children who achieved reunification within 12 months (approximately 14%). The average proportion of children reunified within 12 months for SFY 15-16 across circuits was 20.5%. The proportion of children reunified within 12 months of the latest removal for the State of Florida decreased from 34.4% in SFY 11-12 to 20.5% in SFY 15-16 - a significant decline over time (see Figure 3).

Table 8

Number and Proportion of Children Reunified within 12 Months of the Latest Removal During SFY 15-16 in the State of Florida by the Circuit

Circuit	Counties in Circuit	Number of Cases	Proportion Reunified (%)
Circuit 1	Escambia, Okaloosa, Santa Rosa, Walton	776	19.8
Circuit 2	Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	258	20.2

Circuit 3	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor	338	17.8
Circuit 4	Clay, Duval, Nassau	796	17.0
Circuit 5	Citrus, Hernando, Lake, Marion, Sumter	1,077	15.7
Circuit 6	Pasco, Pinellas	1,421	19.4
Circuit 7	St. Johns, Flagler, Putnam, Volusia	1,096	14.0
Circuit 8	Alachua, Baker, Bradford, Gilchrist, Levy, Union	343	18.1
Circuit 9	Orange, Osceola	683	19.5
Circuit 10	Hardee, Highlands, Polk	832	22.4
Circuit 11	Miami-Dade	1,180	21.0
Circuit 12	DeSoto, Manatee, Sarasota	769	24.6
Circuit 13	Hillsborough	1,115	28.9
Circuit 14	Bay, Calhoun, Gulf, Holmes, Jackson, Washington	333	19.5
Circuit 15	Palm Beach	725	22.5
Circuit 16	Monroe	63	22.2
Circuit 17	Broward	972	20.0
Circuit 18	Seminole, Brevard	751	22.5
Circuit 19	Indian River, Martin, Okeechobee, St. Lucie	481	24.5
Circuit 20	Charlotte, Collier, Glades, Hendry, Lee	810	21.1
State of Florida		14,819	20.5

Figure 3. Proportion of Children Who were Reunified within 12 Months of the Latest Removal in the State of Florida by Cohort

The effect of child and family characteristics on timely reunification or placement with relatives. When the effects of child and family characteristics were examined, all predictors with an exception of child gender and African American race were significantly associated with timely reunification (see Appendix E, Table E1). Specifically, younger children were 1% more likely to be reunified with their original cargivers, with each year of younger. Caucasian children were less likely to be reunified but the effect size (i.e., odds ratio of 7%) was very small, suggesting that this association is very weak. In contrast, Asian children were 27% more likely to experience timely reunification.

Compared to children without these challenges, children with physical health problems were 52% less likely to be reunified and children whose parents had substance abuse problems were 28% less likely to achieve reunification. In contrast, children who were placed in out-of-home care because their caregivers had domestic violence issues were 39% more likely to be reunified with them. Children who came from a single female parent family were 12% less likely to be reunified compared to children who came from two-parent family.

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 SFY 11-12, 12-13, 13-14, and 14-15 entry cohorts. Entry cohorts for this indicator represent 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, that is "adoption finalized" (see Appendix D, Measure 3). Based on ASFA (1997) requirements regarding the length of the out-of-home care episode for children whose parents' rights were terminated, the proportion of children who exited out-of-home care because of adoption was calculated for 24 months.

Table 9 shows the proportions of children adopted within 24 months of their latest removal based on SFY 14-15. For entry cohort SFY 14-15, Circuits 4 and 8 had the highest proportion of children with finalized adoptions (61.3% and 57.3%, respectively), Circuits 5 and 20 had the lowest proportions of children who exited out-of-home care because of adoption – 16% for Circuit 5 and 20.7% for Circuit 20. As shown in Figure 4, the proportion of children with finalized adoption for the State of Florida declined by 7.6%, but this decline was not statistically significant.

Table 9

Proportion of Children With Adoption Finalized within 24 Months of the Latest Removal During SFY 14-15 in the State of Florida by Circuit

Circuit	Counties in Circuit	Number of Cases	Proportion Adopted (%)
Circuit 1	Escambia, Okaloosa, Santa Rosa, Walton	384	26.6
Circuit 2	Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	120	50.8
Circuit 3	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor	100	46.0
Circuit 4	Clay, Duval, Nassau	279	61.3
Circuit 5	Citrus, Hernando, Lake, Marion, Sumter	268	16.0
Circuit 6	Pasco, Pinellas	488	43.0
Circuit 7	St. Johns, Flagler, Putnam, Volusia	352	31.8
Circuit 8	Alachua, Baker, Bradford, Gilchrist, Levy, Union	103	57.3
Circuit 9	Orange, Osceola	205	24.9
Circuit 10	Hardee, Highlands, Polk	172	31.4
Circuit 11	Miami-Dade	339	39.2

Circuit 12	DeSoto, Manatee, Sarasota	195	30.8
Circuit 13	Hillsborough	289	43.9
Circuit 14	Bay, Calhoun, Gulf, Holmes, Jackson, Washington	108	50.9
Circuit 15	Palm Beach	244	40.2
Circuit 16	Monroe	23	39.1
Circuit 17	Broward	382	23.8
Circuit 18	Seminole, Brevard	216	22.2
Circuit 19	Indian River, Martin, Okeechobee, St. Lucie	198	42.4
Circuit 20	Charlotte, Collier, Glades, Hendry, Lee	208	20.7
State of Florida		113,370	35.4

Figure 4. Proportion of Children with Finalized Adoptions within 24 Months of the Latest Removal in the State of Florida by Cohort

The effect of child and family characteristics on timely adoption. Several child and family predictors were significantly associated with timely adoption. The strongest predictors were child age and presence of physical health problems, (see Appendix E, Table E2). Younger

children were more likely to be adopted, and each year of younger age corresponded to a 5% increased likelihood of timely adoption. Children with physical health problems were two times more likely to be adopted than children without physical health problems. In addition, girls, or children whose parents had substance abuse problems were more likely to be adopted. In contrast, children who came from families with domestic violence history were 38% less likely to be adopted.

The number and proportion of children who did NOT reenter out-of-home care within 12 months of their most recent discharge from out-of-home care for permanency reasons. Reentry into out-of-home care was defined as all children who exited out-of-home care for permanency reasons during a given fiscal year (see description of the indicator in Appendix D, Measure 4).

As shown in Table 10, the proportion of children who did not reenter out-of-home care in SFY 15-16 ranged from 84.4% (Circuit 18) to 93.4% (Circuit 8). The average proportion of children who did not reenter in SFY 15-16 was 89.4%. As shown in Figure 5, for the state of Florida the proportion of children without reentry decreased by 2% over the five examined exit cohorts. Results of Cox regression analysis indicated no statistically significant difference in reentry into out-of-home care over time.

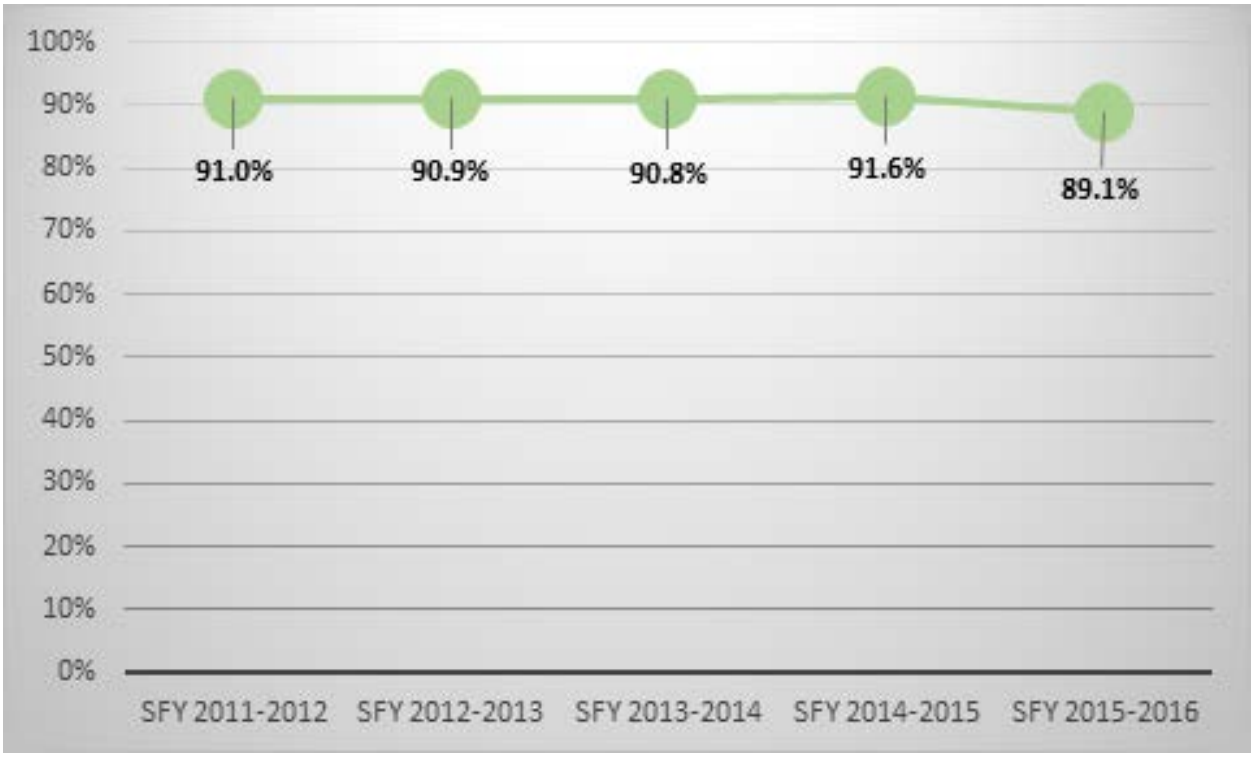
Table 10

Proportion of Children Exited Out-of-Home Care in SFY 15-16 and Not Re-entering within 12 Months

Circuit	Counties in Circuit	Total Number of Cases	Did Not Reenter Out-of-Home Care within 12 Months (%)
Circuit 1	Escambia, Okaloosa, Santa Rosa, Walton	513	89.5
Circuit 2	Franklin, Gadsden, Jefferson, Leon, Liberty, Wakulla	176	90.3
Circuit 3	Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee, Taylor	202	90.6
Circuit 4	Clay, Duval, Nassau	535	90.7
Circuit 5	Citrus, Hernando, Lake, Marion, Sumter	560	85.9
Circuit 6	Pasco, Pinellas	1,008	89.5

Circuit 7	St. Johns, Flagler, Putnam, Volusia	528	88.4
Circuit 8	Alachua, Baker, Bradford, Gilchrist, Levy, Union	183	93.4
Circuit 9	Orange, Osceola	512	91.2
Circuit 10	Hardee, Highlands, Polk	561	87.3
Circuit 11	Miami-Dade	1,129	90.1
Circuit 12	DeSoto, Manatee, Sarasota	493	88.0
Circuit 13	Hillsborough	701	88.1
Circuit 14	Bay, Calhoun, Gulf, Holmes, Jackson, Washington	238	88.2
Circuit 15	Palm Beach	650	90.6
Circuit 16	Monroe	47	91.5
Circuit 17	Broward	550	90.7
Circuit 18	Seminole, Brevard	437	84.4
Circuit 19	Indian River, Martin, Okeechobee, St. Lucie	396	89.1
Circuit 20	Charlotte, Collier, Glades, Hendry, Lee	509	90.0
State of Florida		14,712	89.4

Figure 5. Proportion of Children Who Exited Out-of-Home Care and Did Not Re-enter within 12 Months



The effect of child and family characteristics on re-entry into out-of-home care. When factors associated with re-entry were examined, child demographic characteristics, child physical health problems, and domestic violence history within the child's family were significantly associated with reentry into out-of-home care. Older children were more likely to experience reentry and each additional year of age was associated with 1% increased odds of reentry. Compared to children of other races/ethnicities, Caucasian children and African American children were more likely to reenter out-of-home care (25% increased odds for White children and 27% increased odds for African American Children). Children who came from families with a domestic violence issue were 7% more likely to reenter. In contrast, children whose parents had substance abuse issues and children with physical health problems were less likely to reenter. Children who had physical health problems were almost twice less likely to experience reentry.

Summary. Overall, there is considerable variability among circuits on the measured indicators. For example, during SFY 15-16 Circuit 8 had the highest proportion of children who achieved timely permanency. Circuits 6 and 19 had the highest proportions of children reunified within 12 months (24.6% and 28.9%, respectively). Circuits 4 and 8 had the highest proportion of children with finalized adoptions (61.3% and 57.3%, respectively) and Circuit 8 had the

highest proportion of children without reentry into out-of-home care. Overall, there is a trend of a declining proportion of children who achieved timely permanency including reunification and adoption. Reentry into out-of-home care remained stable over time.

When the effects of child and family characteristics on outcome indicators were examined, results showed that child age, parental substance abuse, history of domestic violence, and the presence of child physical health problems played an important role in predicting outcomes.

Limitations. It is important to note a few limitations in conducting the outcome analysis. First, FSFN data were extracted on the October 03, 2017, therefore the findings reflect data completion status on that date. Due to a substantial lag in completion of discharge dates, the assessed permanency and reunification rates may be lower than what is currently in the data set. Second, the study design did not include a comparison group (e.g., counties where the extension of the IV-E Demonstration project was not implemented) because the Demonstration was implemented statewide. Because a comparison group was not available, longitudinal comparison was performed using entry or exit cohorts. No time by group interaction was examined. Third, due to data limitations, predictor variables were limited to child demographic characteristics, presence of child physical health problems, and only two family characteristics: (a) presence of domestic violence in the family and (b) parental substance abuse. Finally, the findings do not account for the effects of the lead agency characteristics or characteristics of the circuits.

Next steps. Future evaluation activities of the outcomes analysis will include further examination of permanency indicators, such as median length of stay in out-of-home care, and safety indicators, such as recurrence of maltreatment, and maltreatment while receiving out-of-home child welfare services. Factors associated with child outcomes will also be examined.

Child and Family Well-Being

In SFY 15-16, Florida transitioned from quality of practice case reviews and quality service reviews, adopting use of the Child and Family Services Review (CFSR) On-Site Review Instrument (OSRI) into Florida's continuous quality improvement (CQI) system, which reflects federally-established guidelines to conduct ongoing case reviews (U.S. Department of Health and Human Services, 2014). Through this component of the CQI system, CBCs review cases to ascertain the quality of child welfare practices relevant to the safety, permanency, and well-being of children.

Data sources and data collection. As shown in Table 11, child and family well-being outcomes focus on improving the capacity of families to address their children's needs; and

providing services to children related to their educational, physical, and mental health needs. Each outcome includes one or more performance items. Florida CQI Child and Family Well-Being Outcomes 1, 2, and 3 are rated as Substantially Achieved (SA), Partially Achieved (PA), or Not Achieved (NA); accompanying performance items are rated as either a strength or an area needing improvement. Performance item ratings are used to calculate a summated rating 63of the performance items addressing each outcome. The On-Site Review Instrument and Instructions (USDHHS, 2014) include details regarding the review process.

Table 11

CFSR Well-Being Outcomes and Performance Items

CFSR Well-Being Outcome 1 Families have enhanced capacity to provide for their children's needs	
Performance Item 12	Needs and Services of Child, Parents, and Foster Parents
Performance Item 13	Child and Family Involvement in Case Planning
Performance Item 14	Case Worker Visits with Child
Performance Item 15	Case Worker Visits with Parents
CFSR Well-Being Outcome 2 Children receive appropriate services to meet their educational needs	
Performance Item 16	Educational Needs of the Child
CFSR Well-Being Outcome 3 Children receive adequate service to meet their physical and mental health needs	
Performance Item 17	Physical Health of the Child
Performance Item 18	Mental/ Behavioral Health of the Child

Data analysis. The following results show the number of cases reviewed that have been rated as substantially achieved or as a strength for performance items and well-being outcomes by Circuit. Results reported below represent finalized Florida CQI data submitted on or before September 15, 2017 for the period under review (PUR) for SFY 15-16 through Quarter 1 (ending September 15, 2017) of SFY 17-18. It is important to remember that the period under review is 12 months prior to review of the case. As such, the PUR for the first quarter of SFY 15-16, is the first quarter of the previous fiscal year. Due to insufficient data, Circuit 16 has been omitted from Circuit-level analyses; only two case reviews were completed as of the date the data were pulled.

The previous report detailed baseline CQI ratings for in-home cases separately from foster care cases to allow for comparisons to be made between the two. Findings reported here compare baseline data to ongoing CQI ratings for both in-home and foster care cases. To assess for significant differences between baseline data and that obtained through ongoing review, Wilcoxon matched-pairs signed-rank test was used. This is a non-parametric statistic used to compare ratings when the samples are not independent. This is the most appropriate test because ongoing review ratings include data reported at baseline. Significant differences are only assessed for statewide ratings.

Findings.

CFSR well-being outcome 1. The first well-being outcome pertains to enhancement of the family's capacity to provide for the needs of their children. Four performance items (12-15) encompass the first well-being outcome. Performance item 12 is further disaggregated into items 12A, 12B, and 12C to assess how the needs of the child(ren), parents, and foster parents or out-of-home caregivers, respectively, were addressed.

Performance item 12. This item pertains to the assessment of needs and the provision of appropriate services for children, parents, and foster parents. Three sub-items are aggregated for this item: needs assessment and services to children, needs assessment and services to parents, and needs assessment and services to foster parents. As shown in Table 12, statewide, 60% of in-home cases and 67% of foster care cases reviewed were rated as a strength at baseline. Ongoing review shows the percentage of cases rated as a strength statewide improved to 62% for in-home cases and improved slightly to 68% for foster care cases. Significant change did not result. Similarly, the percentage of cases rated as a strength improved with the more recent data for most circuits for both in-home and foster care cases. Most notably, Circuit 13 improved from 60% of cases rated as a strength at baseline for in-home cases to 83% during ongoing review. For both in-home and foster care cases, Circuits 1, 3, and 8 showed the lowest percentage of cases rated as a strength; however, a substantial percent of cases were rated as a strength for Circuits 2, 14, 15, and 17 at both time points. With few exceptions, at the circuit-level, a greater percentage of foster care cases compared to in-home cases were rated as a strength.

Table 12

Performance Item 12: Needs and Services of Child, Parents, and Foster Parents

	In-Home Cases				Foster Care Cases			
	N	**% Strengths Baseline**	**N**	**% Strengths Ongoing**	**N**	**% Strengths Baseline**	**N**	**% Strengths Ongoing**
C1	32	22% (n=7)	61	20% (n=12)	46	39% (n=19)	88	38% (n=33)
C 2	9	89% (n=8)	13	85% (n=11)	18	78% (n=14)	45	78% (n=35)
C 3	12	17% (n=2)	21	14% (n=3)	17	24% (n=4)	29	17% (n=5)
C 4	47	53% (n=25)	86	56% (n=48)	78	68% (n=53)	146	65% (n=95)
C 5	23	61% (n=14)	45	53% (n=24)	49	61% (n=30)	99	58% (n=57)
C 6	26	69% (n=18)	55	67% (n=37)	44	73% (n=32)	91	71% (n=65)
C 7	35	71% (n=25)	75	76% (n=57)	63	79% (n=50)	115	74% (n=85)
C 8	16	6% (n=1)	28	14% (n=4)	21	29% (n=6)	37	35% (n=13)
C 9	30	57% (n=17)	55	62% (n=34)	49	63% (n=31)	97	71% (n=69)
C 10	33	67% (n=22)	62	69% (n=43)	46	72% (n=33)	93	75% (n=70)
C 11	31	52% (n=16)	53	40% (n=21)	42	60% (n=25)	83	52% (n=43)
C 12	10	70% (n=7)	11	73% (n=8)	33	79% (n=26)	99	76% (n=75)
C 13	15	60% (n=9)	46	83% (n=38)	55	62% (n=34)	99	68% (n=67)
C 14	14	93% (n=13)	15	93% (n=14)	25	96% (n=24)	39	97% (n=38)
C 15	33	79% (n=26)	58	84% (n=49)	51	86% (n=44)	98	88% (n=86)
C 17	28	89% (n=25)	57	86% (n=49)	39	85% (n=33)	86	85% (n=73)
C 18	22	59% (n=13)	53	66% (n=35)	30	50% (n=15)	74	58% (n=43)
C 19	32	59% (n=19)	60	68% (n=41)	48	67% (n=32)	91	75% (n=68)
C 20	35	69% (n=24)	60	63% (n=38)	52	65% (n=34)	91	73% (n=66)
State	485	60% (n=292)	916	62% (n=567)	806	67% (n=538)	1601	68% (n=1087)

Note. Figures may not total to 100% due to rounding.
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Performance items 12A, 12B, and 12C. As already stated, Performance items 12A, 12B, and 12C give more detail into how the needs of the child(ren), parents, and foster parents, respectively, were assessed and addressed. As shown in Tables 13, 14, and 15, the percentage of cases rated as a strength varied for these three items. For in-home cases, 83% of cases reviewed were rated as a strength for addressing the child's needs in comparison with 66% of cases rated as a strength for addressing the needs of parents statewide at baseline. Some improvement was observed in ongoing reviews, although not significantly. Similarly, for foster care cases, 87% of cases were rated as a strength in meeting the needs of children

compared to 70% of cases being rated as a strength in meeting the needs of parents at baseline. Although these ratings slightly improved in ongoing review, the improvement was not significant. For foster care cases, the greatest percentage of cases were rated as a strength in meeting the needs of foster parents compared to the needs of the child or parents with 89% of cases rated as a strength statewide at both baseline and ongoing review. However, the percentage of cases rated as a strength in meeting the needs of children were comparable at the two time points (87% at baseline and 88% in ongoing review). Marked improvements in meeting the needs of children between baseline and ongoing review were observed for in-home cases in Circuit 3 (25% to 43%) and Circuit 8 (25% to 46%). Improvement was also observed for in-home cases in Circuits 13 (67% to 85%) and 19 (59% to 70%) in meeting the needs of parents. For foster care cases, substantial improvements are shown in Circuit 8 (43% to 62%) in meeting the needs of children, in Circuit 18 (36% to 55%) for meeting the needs of parents, and in Circuit 8 (55% to 69%) for meeting the needs of foster parents. Those circuits with the lowest percentage of cases rated as a strength for in-home in meeting the needs of children and parents, also generally had the lowest percentage of cases rated as a strength for foster care (see Circuits 1, 3 and 8). The same pattern is observed for those circuits with the highest percentage of cases rated as a strength (see Circuits 14, 15, and 17).

Table 13

Performance Item 12A: Needs Assessment and Services to Child

	In-Home Cases				**Foster Care Cases**			
	N	**% Strengths Baseline**	**N**	**% Strengths Ongoing**	**N**	**% Strengths Baseline**	**N**	**% Strengths Ongoing**
C1	32	59% (n=19)	61	56% (n=34)	46	70% (n=32)	88	75% (n=66)
C 2	9	89% (n=8)	13	92% (n=12)	18	89% (n=16)	45	93% (n=42)
C 3	12	25% (n=3)	21	43% (n=9)	17	47% (n=8)	29	55% (n=16)
C 4	47	87% (n=41)	86	86% (n=74)	78	87% (n=68)	146	87% (n=127)
C 5	23	83% (n=19)	45	84% (n=38)	49	82% (n=40)	99	86% (n=85)
C 6	26	81% (n=21)	55	80% (n=44)	44	89% (n=39)	91	89% (n=81)
C 7	35	89% (n=31)	75	92% (n=69)	63	94% (n=59)	115	90% (n=104)
C 8	16	25% (n=4)	28	46% (n=13)	21	43% (n=9)	37	62% (n=23)
C 9	30	87% (n=26)	55	93% (n=51)	49	86% (n=42)	97	91% (n=88)
C 10	33	91% (n=30)	62	94% (n=58)	46	87% (n=40)	93	91% (n=85)
C 11	31	84% (n=26)	53	74% (n=39)	42	86% (n=36)	83	75% (n=62)
C 12	10	80% (n=8)	11	82% (n=9)	33	94% (n=31)	99	92% (n=91)

C 13	15	87% (n=13)	46	96% (n=44)	55	91% (n=50)	99	91% (n=90)
C 14	14	93% (n=13)	15	93% (n=14)	25	100% (n=25)	39	100% (n=39)
C 15	33	94% (n=31)	58	97% (n=56)	51	94% (n=48)	98	95% (n=93)
C 17	28	96% (n=27)	57	98% (n=56)	39	95% (n=37)	86	94% (n=81)
C 18	22	73% (n=16)	53	83% (n=44)	30	93% (n=28)	74	92% (n=68)
C 19	32	100% (n=32)	60	98% (n=59)	48	90% (n=43)	91	92% (n=84)
C 20	35	89% (n=31)	60	85% (n=51)	52	90% (n=47)	91	91% (n=83)
State	485	83% (n=401)	916	85% (n=775)	806	87% (n=698)	1601	88% (n=1409)

Note. Figures may not total to 100% due to rounding.
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Table 14

Performance Item 12B: Needs Assessment and Services to Parents

	In-Home Cases				**Foster Care Cases**			
	N	**% Strengths Baseline**	**N**	**% Strengths Ongoing**	**N**	**% Strengths Baseline**	**N**	**% Strengths Ongoing**
C1	32	25% (n=8)	61	23% (n=14)	35	40% (n=14)	71	45% (n=32)
C 2	9	100% (n=9)	13	92% (n=12)	12	83% (n=10)	37	81% (n=30)
C 3	12	17% (n=2)	21	24% (n=5)	11	9% (n=1)	19	11% (n=2)
C 4	47	60% (n=28)	86	60% (n=52)	64	73% (n=47)	111	70% (n=78)
C 5	23	70% (n=16)	45	60% (n=27)	29	66% (n=19)	68	59% (n=40)
C 6	26	81% (n=21)	55	76% (n=42)	35	74% (n=26)	78	76% (n=59)
C 7	35	74% (n=26)	75	79% (n=59)	57	81% (n=46)	103	77% (n=79)
C 8	16	6% (n=1)	28	14% (n=4)	15	27% (n=4)	26	27% (n=7)
C 9	30	63% (n=19)	55	65% (n=36)	44	75% (n=33)	81	77% (n=62)
C 10	33	76% (n=25)	62	74% (n=46)	37	70% (n=26)	76	75% (n=57)
C 11	31	65% (n=20)	53	53% (n=28)	37	73% (n=27)	65	66% (n=43)
C 12	10	80% (n=8)	11	82% (n=9)	26	85% (n=22)	74	82% (n=61)
C 13	15	67% (n=10)	46	85% (n=39)	44	66% (n=29)	79	68% (n=54)
C 14	14	100% (n=14)	15	100% (n=15)	17	100% (n=17)	30	100% (n=30)
C 15	33	85% (n=28)	58	88% (n=51)	39	92% (n=36)	74	92% (n=68)
C 17	28	93% (n=26)	57	88% (n=50)	27	85% (n=23)	61	90% (n=55)
C 18	22	64% (n=14)	53	72% (n=38)	22	36% (n=8)	58	55% (n=32)
C 19	32	59% (n=19)	60	70% (n=42)	42	62% (n=26)	74	70% (n=52)
C 20	35	69% (n=24)	60	68% (n=41)	45	71% (n=32)	77	78% (n=60)

State	485	66% (n=319)	916	67% (n=612)	638	70% (n=446)	1263	71% (n=902)

Note. Figures may not total to 100% due to rounding.
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Table 15

Performance Item 12C: Needs Assessment and Services to Foster Parents

	In-Home Cases				**Foster Care Cases**			
	N	**% Strengths Baseline**	**N**	**% Strengths Ongoing**	**N**	**% Strengths Baseline**	**N**	**% Strengths Ongoing**
C1	---	---	---	---	46	63% (n=29)	86	67% (n=58)
C 2	---	---	---	---	17	100% (n=17)	44	98% (n=43)
C 3	---	---	---	---	17	47% (n=8)	29	52% (n=15)
C 4	---	---	---	---	78	87% (n=68)	143	85% (n=121)
C 5	---	---	---	---	47	82% (n=41)	93	87% (n=81)
C 6	---	---	---	---	43	98% (n=42)	88	91% (n=80)
C 7	---	---	---	---	61	95% (n=58)	112	95% (n=106)
C 8	---	---	---	---	20	55% (n=11)	36	69% (n=25)
C 9	---	---	---	---	44	84% (n=37)	88	88% (n=77)
C 10	---	---	---	---	43	98% (n=42)	87	99% (n=86)
C 11	---	---	---	---	41	83% (n=34)	82	71% (n=58)
C 12	---	---	---	---	32	94% (n=30)	92	92% (n=85)
C 13	---	---	---	---	53	94% (n=50)	92	97% (n=89)
C 14	---	---	---	---	22	95% (n=21)	35	97% (n=34)
C 15	---	---	---	---	46	96% (n=44)	91	98% (n=89)
C 17	---	---	---	---	35	97% (n=34)	76	91% (n=69)
C 18	---	---	---	---	28	100% (n=28)	72	94% (n=68)
C 19	---	---	---	---	43	98% (n=42)	85	98% (n=83)
C 20	---	---	---	---	51	90% (n=46)	87	90% (n=78)
State	---	---	---	---	766	89% (n=682)	1519	89% (n=1346)

Note. Figures may not total to 100% due to rounding.
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Performance item 13. This item pertains to efforts made to involve the parents and children (if developmentally appropriate) in case planning processes. Statewide, 60% of in-home cases and 66% of foster care cases reviewed were rated as a strength at baseline, as shown in Table 16. Ongoing review shows the percentage of cases rated as a strength

statewide declined slightly to 59% for in-home cases and improved to 68% for foster care cases. Significant change was not observed in ongoing review. A greater percentage of foster care cases were rated as a strength for most circuits, with few exceptions. A substantial percentage of in-home cases were rated as a strength for Circuits 14 (79%), 15 (97%), and 17 (82%) at baseline and for Circuits 14 (80%) and 15 (97%) in ongoing review. Circuits 1, 3, and 8 have the lowest percentage of cases rated as a strength at baseline and in ongoing review. Although improvement over time was observed in Circuit 8 (12.5% to 18%), the percentage of cases rated as a strength declined for Circuits 1 and 3 (from 22% to 21% and from 33% to 24%, respectively). For foster care cases, a substantial percentage of cases were rated as a strength for Circuits 2 (86%), 6 (86%), and 15 (87.5%) at baseline and for Circuits 6 (89%), 14 (88%), and 15 (92%) in ongoing review. Circuits 3 and 8 had the lowest percentage of cases rated as a strength at baseline and in ongoing review. Again, although improvements over time were observed in Circuit 8 (19% to 25%), a decline in the percentage of cases rated as a strength was observed in Circuit 3 (21% to 15%).

Table 16

Performance Item 13: Child and Family Involvement in Case Planning

	In-Home Cases				**Foster Care Cases**			
	N	**% Strengths Baseline**	**N**	**% Strengths Ongoing**	**N**	**% Strengths Baseline**	**N**	**% Strengths Ongoing**
C1	32	22% (n=7)	61	21% (n=13)	43	35% (n=15)	82	41% (n=34)
C 2	9	56% (n=5)	13	69% (n=9)	14	86% (n=12)	41	85% (n=35)
C 3	12	33% (n=4)	21	24% (n=5)	14	21% (n=3)	26	15% (n=4)
C 4	47	66% (n=31)	86	69% (n=59)	75	72% (n=54)	139	71% (n=98)
C 5	23	61% (n=14)	45	60% (n=27)	35	69% (n=24)	77	62% (n=48)
C 6	26	69% (n=18)	55	65% (n=36)	36	86% (n=31)	81	89% (n=72)
C 7	35	74% (n=26)	75	76% (n=57)	60	60% (n=36)	110	64% (n=70)
C 8	16	12.5% (n=2)	28	18% (n=5)	16	19% (n=3)	32	25% (n=8)
C 9	30	40% (n=12)	55	36% (n=20)	48	60% (n=29)	90	60% (n=54)
C 10	33	61% (n=20)	62	55% (n=34)	42	76% (n=32)	85	80% (n=68)
C 11	31	32% (n=10)	53	28% (n=15)	39	46% (n=18)	74	39% (n=29)
C 12	10	70% (n=7)	11	73% (n=8)	29	83% (n=24)	87	86% (n=75)
C 13	15	73% (n=11)	46	76% (n=35)	51	84% (n=43)	89	79% (n=70)
C 14	14	79% (n=11)	15	80% (n=12)	20	85% (n=17)	34	88% (n=30)
C 15	33	97% (n=32)	58	97% (n=56)	48	87.5% (n=42)	93	92% (n=86)

C 17	28	82% (n=23)	57	72% (n=41)	32	75% (n=24)	75	77% (n=58)
C 18	22	64% (n=14)	53	64% (n=34)	28	46% (n=13)	70	54% (n=38)
C 19	32	53% (n=17)	60	52% (n=31)	48	67% (n=32)	87	69% (n=60)
C 20	35	71% (n=25)	60	70% (n=42)	49	63% (n=31)	87	69% (n=60)
State	485	60% (n=290)	916	59% (n=541)	727	66% (n=483)	1460	68% (n=998)

Note. Figures may not total to 100% due to rounding.
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Performance item 14. This performance item considers the sufficient frequency and quality of visits between caseworkers and children to promote achievement of case goals in ensuring the safety, permanency, and well-being of the child. As depicted in Table 17, 59% of in-home cases reviewed and 69% of foster care cases reviewed were rated as a strength statewide at baseline. Ongoing review showed the percentage of cases rated as a strength improved to 61% for in-home cases but remained unchanged for foster care cases. The slight improvement observed for in-home cases was not significant. Similarly, the percentage of cases rated as a strength improved or remained unchanged for most circuits for both in-home and foster care cases in the frequency and quality of caseworkers' visits with children. Notable improvements were observed in Circuits 1 (16% to 26%), 2 (33% to 54%), and 8 (12.5% to 25%) for in-home cases, but marked declines were shown in Circuits 11 (from 55% to 45%) and 17 (from 93% to 84%). For foster care cases, marked improvement was observed in Circuit 1 (from 20% at baseline review to 33% in ongoing review) but a notable decline in the percentage of cases rated as a strength was observed in Circuit 11 (from 71% to 51%).

Table 17

Performance Item 14: Case Worker Visits with Child

	In-Home Cases				**Foster Care Cases**			
	N	**% Strengths Baseline**	**N**	**% Strengths Ongoing**	**N**	**% Strengths Baseline**	**N**	**% Strengths Ongoing**
C1	32	16% (n=5)	61	26% (n=16)	46	20% (n=9)	88	33% (n=29)
C 2	9	33% (n=3)	13	54% (n=7)	18	56% (n=10)	45	58% (n=26)
C 3	12	17% (n=2)	21	24% (n=5)	17	29% (n=5)	29	28% (n=8)
C 4	47	62% (n=29)	86	62% (n=53)	78	67% (n=52)	146	62% (n=91)
C 5	23	61% (n=14)	45	53% (n=24)	49	73% (n=36)	99	73% (n=72)
C 6	26	81% (n=21)	55	80% (n=44)	44	91% (n=40)	91	90% (n=82)
C 7	35	54% (n=19)	75	60% (n=45)	63	65% (n=41)	115	58% (n=67)

C 8	16	12.5% (n=2)	28	25% (n=7)	21	29% (n=6)	37	35% (n=13)
C 9	30	43% (n=13)	55	42% (n=23)	49	43% (n=21)	97	52% (n=50)
C 10	33	82% (n=27)	62	84% (n=52)	46	89% (n=41)	93	95% (n=88)
C 11	31	55% (n=17)	53	45% (n=24)	42	71% (n=30)	83	51% (n=42)
C 12	10	60% (n=6)	11	64% (n=7)	33	88% (n=29)	99	75% (n=74)
C 13	15	87% (n=13)	46	89% (n=41)	55	93% (n=51)	99	89% (n=88)
C 14	14	86% (n=12)	15	80% (n=12)	25	92% (n=23)	39	85% (n=33)
C 15	33	91% (n=30)	58	91% (n=53)	51	86% (n=44)	98	92% (n=90)
C 17	28	93% (n=26)	57	84% (n=48)	39	95% (n=37)	86	94% (n=81)
C 18	22	55% (n=12)	53	57% (n=30)	30	60% (n=18)	74	59% (n=44)
C 19	32	31% (n=10)	60	37% (n=22)	48	50% (n=24)	91	54% (n=49)
C 20	35	69% (n=24)	60	67% (n=40)	52	77% (n=40)	91	76% (n=69)
State	485	59% (n=287)	916	61% (n=555)	806	69% (n=557)	1601	69% (n=1097)

Note. Figures may not total to 100% due to rounding.
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Performance item 15. This performance item considers the sufficient frequency and quality of visits between caseworkers and children's parents to promote achievement of case goals in ensuring child safety, permanency, and well-being. As shown in Table 18, statewide, 44% of in-home cases and 36% of foster care cases reviewed were rated as a strength at baseline. Although the worst scores are evident within this performance item compared to the others assessing child well-being, the most improvement, though not significantly, is also observed for this item. Ongoing review showed the percentage of cases rated as a strength improved to 47% for in-home cases and improved to 40% for foster care cases. For most circuits and statewide, a greater percentage of in-home cases compared to foster care cases were rated as a strength in the frequency and quality of caseworkers' visits with children's parents. However, ongoing review showed the percentage of foster care cases rated as a strength improved for eleven circuits. Most notably, these improvements are observed in Circuits 15 (50% to 60%), 17 (29% to 40%), 18 (14% to 33%), and 19 (19% to 32%). The lowest percentage of cases rated as a strength in ongoing review for both in-home and foster care cases was observed for Circuits 3 (5% and 0%, respectively) and 8 (7% and 12%, respectively).

Table 18

Performance Item 15: Case Worker Visits with Parents

	In-Home Cases				Foster Care Cases			
	N	**% Strengths Baseline**	**N**	**% Strengths Ongoing**	**N**	**% Strengths Baseline**	**N**	**% Strengths Ongoing**
C1	32	19% (n=6)	61	20% (n=12)	36	28% (n=10)	72	36% (n=26)
C 2	9	67% (n=6)	13	54% (n=7)	11	64% (n=7)	34	50% (n=17)
C 3	12	8% (n=1)	21	5% (n=1)	11	0% (n=0)	19	0% (n=0)
C 4	47	49% (n=23)	86	60% (n=52)	63	51% (n=32)	114	51% (n=58)
C 5	23	26% (n=6)	45	31% (n=14)	26	31% (n=8)	63	30% (n=19)
C 6	26	54% (n=14)	55	51% (n=28)	32	59% (n=19)	75	59% (n=44)
C 7	35	46% (n=16)	75	48% (n=36)	55	24% (n=13)	97	27% (n=26)
C 8	16	6% (n=1)	28	7% (n=2)	14	7% (n=1)	25	12% (n=3)
C 9	30	30% (n=9)	55	31% (n=17)	43	30% (n=13)	79	34% (n=27)
C 10	33	70% (n=23)	62	61% (n=38)	37	43% (n=16)	76	46% (n=35)
C 11	31	26% (n=8)	53	25% (n=13)	38	26% (n=10)	65	20% (n=13)
C 12	10	50% (n=5)	11	55% (n=6)	24	71% (n=17)	71	65% (n=46)
C 13	15	80% (n=12)	46	76% (n=35)	45	40% (n=18)	79	43% (n=34)
C 14	14	79% (n=11)	15	87% (n=13)	16	56% (n=9)	29	55% (n=16)
C 15	33	55% (n=18)	58	64% (n=37)	38	50% (n=19)	72	60% (n=43)
C 17	28	64% (n=18)	57	65% (n=37)	24	29% (n=7)	58	40% (n=23)
C 18	22	55% (n=12)	53	53% (n=28)	22	14% (n=3)	58	33% (n=19)
C 19	32	31% (n=10)	60	42% (n=25)	42	19% (n=8)	74	32% (n=24)
C 20	35	40% (n=14)	60	38% (n=23)	44	25% (n=11)	74	27% (n=20)
State	485	44% (n=214)	916	47% (n=426)	621	36% (n=221)	1235	40% (n=493)

Note. Figures may not total to 100% due to rounding.
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Well-Being outcome 1 ratings. Table 19 details ratings for this outcome pertaining to families having the enhanced capacity to provide for their children's needs. The ratings shown are a compilation of the ratings for performance items 12 through 15. Statewide, 45% of in-home cases and 53% of foster care cases met the standards for substantial achievement of Well-Being Outcome 1 at baseline. Ongoing review showed only slight and non-significant improvement (to 46% and 55%, respectively). Although the percentage of cases rated as substantially achieved was similar for in-home and foster care cases at the circuit level, enhanced capacity to provide for children's' needs was greater for foster care cases. The

lowest percentage of cases rated as substantially achieved for both in-home and foster care cases at baseline was observed for Circuits 1 (9% and 28%, respectively), 3 (8% and 18%, respectively), and 8 (6% and 24%, respectively). In ongoing review, although these circuits remained as those with the lowest percentage of case rated as substantially achieved, some improvement was observed in Circuit 1 (to 11% and 28%, respectively). For in-home cases, Circuits 2 (from 44% to 54%) and 13 (from 60% to 74%) showed marked improvement in ongoing review.

Table 19

Well-Being Outcome 1: Family's Enhanced Capacity to Provide for Children's Needs

	In-Home Cases				**Foster Care Cases**			
	N	**% Strengths Baseline**	**N**	**% Strengths SA**	**N**	**% Strengths Baseline**	**N**	**% Strengths SA**
C1	32	9% (n=3)	61	11% (n=7)	46	28% (n=13)	88	28% (n=25)
C 2	9	44% (n=4)	13	54% (n=7)	18	61% (n=11)	45	58% (n=26)
C 3	12	8% (n=1)	21	10% (n=2)	17	18% (n=3)	29	10% (n=3)
C 4	47	43% (n=20)	86	45% (n=39)	78	54% (n=42)	146	55% (n=81)
C 5	23	39% (n=9)	45	36% (n=16)	49	55% (n=27)	99	47% (n=47)
C 6	26	62% (n=16)	55	51% (n=28)	44	66% (n=29)	91	67% (n=61)
C 7	35	46% (n=16)	75	52% (n=39)	63	48% (n=30)	115	44% (n=51)
C 8	16	6% (n=1)	28	4% (n=1)	21	24% (n=5)	37	24% (n=9)
C 9	30	37% (n=11)	55	31% (n=17)	49	39% (n=19)	97	45% (n=44)
C 10	33	48% (n=16)	62	50% (n=31)	46	61% (n=28)	93	68% (n=63)
C 11	31	29% (n=9)	53	23% (n=12)	42	36% (n=15)	83	31% (n=26)
C 12	10	50% (n=5)	11	55% (n=6)	33	73% (n=24)	99	71% (n=70)
C 13	15	60% (n=9)	46	74% (n=34)	55	58% (n=32)	99	62% (n=61)
C 14	14	71% (n=10)	15	73% (n=11)	25	84% (n=21)	39	82% (n=32)
C 15	33	79% (n=26)	58	83% (n=48)	51	73% (n=37)	98	81% (n=79)
C 17	28	82% (n=23)	57	77% (n=44)	39	72% (n=28)	86	76% (n=65)
C 18	22	50% (n=11)	53	51% (n=27)	30	40% (n=12)	74	43% (n=32)
C 19	32	34% (n=11)	60	37% (n=22)	48	50% (n=24)	91	58% (n=53)
C 20	35	49% (n=17)	60	45% (n=27)	52	56% (n=29)	91	59% (n=54)
State	485	45% (n=219)	916	46% (n=419)	806	53% (n=429)	1601	55% (n=883)

Note. Figures may not total to 100% due to rounding.
Note: SA= Substantial Achievement
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

CFSR well-being outcome 2. The second well-being outcome pertains to receipt of appropriate services to meet the educational needs of children. Only one performance item encompasses this outcome which evaluates efforts made to assess children's educational needs and appropriately address those needs. To avoid redundancy, since the results of Performance Item 16 mirror those of Well-Being Outcome 2, only the results of Outcome 2 will be shown. Also, due to the few number of applicable in-home cases at the circuit level, caution should be taken when interpreting results for in-home cases.

Well-Being outcome 2 ratings. Table 20 details ratings for this outcome pertaining to receipt of appropriate services to meet the educational needs of children. Statewide, 64% of in-home cases and 81% of foster care cases met the standards for substantial achievement of Well-Being Outcome 2 at baseline. Some improvement was observed in ongoing review (to 66% and 83%, respectively), although not significant. Similarly, at the circuit level, with few exceptions, improvements were also observed between baseline and ongoing review of foster care cases. Over 90% of foster care cases were rated as substantially achieved for five circuits at baseline. Ongoing review showed six circuits with 80% or more cases rated as substantially achieved. The lowest percentage of foster care cases rated as substantially achieved at baseline was observed for Circuits 3 (55%) and 8 (29%), however, improvements were observed for both Circuits in ongoing review (to 6% and 41%, respectively).

Table 20

Well-Being Outcome 2: Appropriate Services to Meet Children's Educational Needs

	In-Home Cases				**Foster Care Cases**			
	N	**% Strengths Baseline**	**N**	**% Strengths SA**	**N**	**% Strengths Baseline**	**N**	**% Strengths SA**
C1	6	17% (n=1)	13	31% (n=4)	36	69% (n=25)	64	80% (n=51)
C 2	3	100% (n=3)	3	100% (n=3)	16	100% (n=16)	36	97% (n=35)
C 3	0	---	0	---	11	55% (n=6)	23	61% (n=14)
C 4	8	62.5% (n=5)	14	71% (n=10)	61	89% (n=54)	118	90% (n=106)
C 5	5	80% (n=4)	5	80% (n=4)	39	85% (n=33)	73	85% (n=62)
C 6	14	71% (n=10)	25	64% (n=16)	33	76% (n=25)	69	84% (n=58)
C 7	3	100% (n=3)	4	100% (n=4)	45	80% (n=36)	91	81% (n=74)
C 8	2	0% (n=0)	4	25% (n=1)	14	29% (n=4)	27	41% (n=11)
C 9	3	67% (n=2)	4	75% (n=3)	38	92% (n=35)	77	91% (n=70)
C 10	7	43% (n=3)	12	67% (n=8)	35	94% (n=33)	76	97% (n=74)
C 11	22	77% (n=17)	39	72% (n=28)	35	77% (n=27)	75	68% (n=51)

C 12	6	67% (n=4)	7	71% (n=5)	26	81% (n=21)	83	86% (n=71)
C 13	7	86% (n=6)	17	82% (n=14)	47	79% (n=37)	79	80% (n=63)
C 14	0	---	0	---	22	100% (n=22)	35	91% (n=32)
C 15	7	71% (n=5)	12	83% (n=10)	44	91% (n=40)	81	90% (n=73)
C 17	1	100% (n=1)	3	67% (n=2)	38	74% (n=28)	85	76% (n=65)
C 18	3	67% (n=2)	5	80% (n=4)	26	77% (n=20)	64	86% (n=55)
C 19	2	0% (n=0)	4	25% (n=1)	41	76% (n=31)	74	76% (n=56)
C 20	7	14% (n=1)	10	30% (n=3)	42	71% (n=30)	72	81% (n=58)
State	107	64% (n=68)	182	66% (n=121)	649	81% (n=523)	1302	83% (n=1079)

Note. Figures may not total to 100% due to rounding.
Note. SA= Substantial Achievement
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

CFSR well-being outcome 3. The third well-being outcome pertains to receipt of adequate services to meet the physical and mental health needs of children. Results of the performance items for this outcome are shown in Tables 21 and 22. Again, due to the few number of applicable in-home cases at the circuit level, caution should be taken when interpreting results for in-home cases.

Performance item 17. This performance item addresses accurate assessment and receipt of appropriate services for the physical health needs of children. This item also addresses children's dental health needs. As shown in Table 21, 64% of in-home cases and 77% of foster care cases reviewed were rated as a strength at baseline. Ongoing review showed the percentage of strengths for in-home cases remained unchanged but improved slightly to 78% for foster care cases. Significant change between baseline and ongoing review for foster care cases was not found. At the circuit level, there was evidence of improvement in efforts to assess and address children's physical health in many circuits. The lowest percentage of foster care cases rated as a strength at baseline was observed for Circuits 3 (47%) and 8 (57%), however both these circuits showed improvement in ongoing review to 62% for both circuits. Substantial improvement was also observed for Circuit 18 (from 67% to 80%).

Table 21

Performance Item 17: Physical Health of the Child

	In-Home Cases				Foster Care Cases			
	N	**% Strengths Baseline**	**N**	**% Strengths Ongoing**	**N**	**% Strengths Baseline**	**N**	**% Strengths Ongoing**
C1	7	43% (n=3)	18	39% (n=7)	46	59% (n=27)	88	63% (n=55)
C 2	1	100% (n=1)	2	100% (n=2)	18	100% (n=18)	45	91% (n=41)
C 3	1	100% (n=1)	1	100% (n=1)	17	47% (n=8)	29	62% (n=18)
C 4	11	82% (n=9)	21	86% (n=18)	78	97% (n=76)	146	93% (n=136)
C 5	4	25% (n=1)	7	43% (n=3)	49	82% (n=40)	99	84% (n=83)
C 6	20	55% (n=11)	25	60% (n=15)	44	91% (n=40)	91	88% (n=80)
C 7	7	86% (n=6)	14	93% (n=13)	63	59% (n=37)	115	63% (n=73)
C 8	6	0% (n=0)	9	33% (n=3)	21	57% (n=12)	37	62% (n=23)
C 9	10	90% (n=9)	16	88% (n=14)	49	92% (n=45)	97	88% (n=85)
C 10	8	75% (n=6)	21	90% (n=19)	46	93% (n=43)	93	94% (n=87)
C 11	26	69% (n=18)	42	52% (n=22)	42	74% (n=31)	83	61% (n=51)
C 12	6	100% (n=6)	7	100% (n=7)	33	70% (n=23)	99	72% (n=71)
C 13	7	43% (n=3)	20	40% (n=8)	55	85% (n=47)	99	86% (n=85)
C 14	0	---	0	---	25	92% (n=23)	39	95% (n=37)
C 15	3	67% (n=2)	6	83% (n=5)	51	71% (n=36)	98	74% (n=73)
C 17	1	100% (n=1)	6	83% (n=5)	39	72% (n=28)	86	70% (n=60)
C 18	5	60% (n=3)	7	57% (n=4)	30	67% (n=20)	74	80% (n=59)
C 19	3	33% (n=1)	5	40% (n=2)	48	60% (n=29)	91	62% (n=56)
C 20	5	40% (n=2)	13	46% (n=6)	52	71% (n=37)	91	80% (n=73)
State	132	64% (n=84)	241	64% (n=155)	806	77% (n=620)	1601	78% (n=1247)

Note. Figures may not total to 100% due to rounding.
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Performance item 18. This performance item addresses accurate assessment and receipt of appropriate services for the mental and behavioral health needs of children. Table 22 shows 71% of in-home cases and 73% of foster care cases reviewed were rated as a strength at baseline. Ongoing reviews showed a slight decrease for in-home cases but improvement for foster care cases (to 75%). This improvement was not found to be significant. Most circuits showed improvement in efforts to assess and address children's mental and behavioral health needs. Most notably, Circuits 7, 8, and 10 showed the largest margin of improvement in foster care cases reviewed (from 65% to 80%, 0% to 24%, and 68% to 86%, respectively). Although

the lowest percentage of foster care cases rated as a strength at baseline was observed for Circuits 1 (44%), 3 (27%), and 8 (0%), Circuits 1 and 8 markedly improved in ongoing review (to 52% and 24%, respectively).

Table 22

Performance Item 18: Mental/ Behavioral Health of the Child

	In-Home Cases				Foster Care Cases			
	N	**% Strengths Baseline**	**N**	**% Strengths Ongoing**	**N**	**% Strengths Baseline**	**N**	**% Strengths Ongoing**
C1	17	47% (n=8)	33	48% (n=16)	27	44% (n=12)	44	52% (n=23)
C 2	0	---	0	---	14	93% (n=13)	28	89% (n=25)
C 3	1	100% (n=1)	3	100% (n=3)	11	27% (n=3)	19	26% (n=5)
C 4	19	79% (n=15)	31	77% (n=24)	45	84% (n=38)	88	88% (n=77)
C 5	6	33% (n=2)	10	20% (n=2)	20	85% (n=17)	43	81% (n=35)
C 6	14	79% (n=11)	27	70% (n=19)	22	91% (n=20)	51	90% (n=46)
C 7	12	92% (n=11)	29	93% (n=27)	31	65% (n=20)	71	80% (n=57)
C 8	6	50% (n=3)	12	42% (n=5)	8	0% (n=0)	17	24% (n=4)
C 9	13	77% (n=10)	22	82% (n=18)	23	83% (n=19)	48	79% (n=38)
C 10	14	71% (n=10)	23	78% (n=18)	22	68% (n=15)	51	86% (n=44)
C 11	20	75% (n=15)	35	69% (n=24)	28	89% (n=25)	59	75% (n=44)
C 12	3	100% (n=3)	3	100% (n=3)	22	77% (n=17)	58	79% (n=46)
C 13	6	67% (n=4)	16	69% (n=11)	37	68% (n=25)	60	70% (n=42)
C 14	3	100% (n=3)	3	100% (n=3)	17	94% (n=16)	23	96% (n=22)
C 15	17	82% (n=14)	28	82% (n=23)	33	85% (n=28)	64	83% (n=53)
C 17	4	75% (n=3)	9	67% (n=6)	28	71% (n=20)	65	72% (n=47)
C 18	6	67% (n=4)	8	75% (n=6)	15	73% (n=11)	36	58% (n=21)
C 19	4	50% (n=2)	16	81% (n=13)	34	62% (n=21)	54	67% (n=36)
C 20	13	54% (n=7)	27	44% (n=12)	27	67% (n=18)	46	63% (n=29)
State	178	71% (n=126)	335	70% (n=233)	464	73% (n=338)	926	75% (n=695)

Note. Figures may not total to 100% due to rounding.
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Well-Being outcome 3 ratings. CFSR Well-Being Outcome 3 pertains to receipt of adequate services to meet the physical and mental health needs of children. Caution should be taken when interpreting the results for in-home cases due to the low number of applicable cases for many circuits. As shown in Table 23, 65% of in-home cases and 70% of foster care cases

reviewed statewide met the standards of substantial achievement at baseline in adequately servicing the physical and mental health needs of children. Ongoing review showed no change in the percentage of cases rated as substantially achieved. Although the percentage of cases rated as substantially achieved was similar for in-home and foster care cases statewide, substantial achievement was greater for foster care cases. Although the lowest percentage of cases rated as a strength for foster care cases was observed for Circuits 1, 3, and 8 at both baseline and ongoing review, each of these Circuits showed improvement (48% to 52%, 24% to 34%, and 43% to 49%, respectively). Circuits 10 and 14 were among the highest percentage of cases rated as substantially achieved.

Table 23

Well-Being Outcome 3: Appropriate services to meet children's health needs

	In-Home Cases				**Foster Care Cases**			
	N	**% Strengths Baseline**	**N**	**% Strengths SA**	**N**	**% Strengths Baseline**	**N**	**% Strengths SA**
C1	21	48% (n=10)	41	46% (n=19)	46	48% (n=22)	88	52% (n=46)
C 2	1	100% (n=1)	2	100% (n=2)	18	94% (n=17)	45	87% (n=39)
C 3	2	100% (n=2)	4	100% (n=4)	17	24% (n=4)	29	34% (n=10)
C 4	25	80% (n=20)	44	80% (n=35)	78	88% (n=69)	146	86% (n=126)
C 5	8	25% (n=2)	14	21% (n=3)	49	80% (n=39)	99	81% (n=80)
C 6	24	58% (n=14)	40	60% (n=24)	44	89% (n=39)	91	86% (n=78)
C 7	15	87% (n=13)	37	92% (n=34)	63	54% (n=34)	115	60% (n=69)
C 8	10	20% (n=2)	18	33% (n=6)	21	43% (n=9)	37	49% (n=18)
C 9	18	83% (n=15)	32	84% (n=27)	49	86% (n=42)	97	79% (n=77)
C 10	19	68% (n=13)	36	81% (n=29)	46	85% (n=39)	93	89% (n=83)
C 11	29	59% (n=17)	49	47% (n=23)	42	74% (n=31)	83	55% (n=46)
C 12	6	100% (n=6)	7	100% (n=7)	33	67% (n=22)	99	68% (n=67)
C 13	8	50% (n=4)	24	46% (n=11)	55	69% (n=38)	99	71% (n=70)
C 14	3	100% (n=3)	3	100% (n=3)	25	92% (n=23)	39	95% (n=37)
C 15	17	82% (n=14)	29	83% (n=24)	51	69% (n=35)	98	69% (n=68)
C 17	5	80% (n=4)	13	77% (n=10)	39	59% (n=23)	86	57% (n=49)
C 18	9	56% (n=5)	12	58% (n=7)	30	63% (n=19)	74	64% (n=47)
C 19	6	50% (n=3)	18	72% (n=13)	48	50% (n=24)	91	55% (n=50)
C 20	16	50% (n=8)	33	48% (n=16)	52	63% (n=33)	91	67% (n=61)

State	243	65% (n=157)	457	65% (n=298)	806	70% (n=562)	1601	70% (n=1122)

Note. Figures may not total to 100% due to rounding. SA= Substantial Achievement
Data Source: CFSR Online Monitoring System
Date retrieved: September 15, 2017

Summary and next steps. Overall, ongoing reviews largely show modest improvement for most performance items and well-being outcomes with few exceptions. At the state-level, however, none of the improvements were found to be statistically significant. Circuits 2, 10, 14, 15, and 17 most notably, stand out as consistently obtaining a higher percentage of strength ratings for many performance items. Although Circuits 1, 3, and 8 consistently had the lowest percentage of cases rated as strengths, Circuits 3 and 8 showed marked improvement for some performance items. This trend holds for both in-home and foster care cases. The state is doing well with assessing the needs of and providing services to children and foster parents but falls short with providing for the needs of parents. The lower percentages of cases rated as a strength, statewide, in providing for the needs of parents coincide with the lower percentages of cases rated as a strength in case working visiting with parents. It should be noted, though, that the greatest margin of improvement of all items assessed occurred with case workers visits with parents. Families' enhanced capacity to provide for the needs of their children, Well-being Outcome 1, continues to be an area of concern with about half of foster care and in-home cases rated as substantially achieved**.** Concentrated efforts to improve assessing and addressing the needs of parents, as well as the frequency and quality of case workers visits with parents would improve scores for this outcome. A greater percentage of foster care cases scored as a strength compared to in-home cases at both the circuit level and state level generally, with one exception, Item 15. For performance Item 15, a greater percentage of in-home cases scored as a strength compared to foster care cases.

Subsequent reports will continue to disaggregate well-being outcome findings to allow for comparisons between in-home and foster care cases. Although the baseline data reported here will carry forward into the next report, findings from ongoing review will consist of the most recent Florida CQI data available at that time (the PUR for SFY 15-16 through the most recent FL CQI data available at the time).

Cost Analysis

The cost analysis for the Demonstration evaluation has examined changes in costs over time, and how costs have changed for specific services (e.g., out-of-home versus in-home) (e.g., Armstrong, Vargo, Cruz et al., 2016a 2016b). The analysis in this report extends prior evaluation work in two ways. First, aggregated expenditure data from SFY 04-05 through SFY

15-16 was examined. Analysis of these data provided information on patterns across time-periods that included a pre-Demonstration period, a (original) Demonstration period, and a Demonstration extension period. This provides a clearer picture of the overall effects of Florida's Title IV-E Demonstration Project than prior reports. Second, while aggregated data provide important information, this report also begins to examine child-level cost data reported by lead agencies through the Florida Safe Families Network (FSFN). Child-level data on costs are available from SFY 13-14 onward, and a preliminary analysis in this report examines child characteristics for children with the highest costs.

Research Questions

1 – How did the number of children receiving services change over time? More specifically, how did the number of children receiving out-of-home, in-home, and prevention services change between the pre-Demonstration period and the original Demonstration and the Demonstration extension?

2 – How did costs change over time? More specifically, how did costs for out-of-home, in-home, and prevention services change between the pre-Demonstration period and the original Demonstration and the Demonstration extension?

3 – In SFY 13-14 through 16-17, how many children were served by each fiscal agency?

4 – What types of services did children receive?

5 – What was the distribution of costs during SFY 13-14 through SFY 16-17?

6 – What child/family characteristics were associated with having costs in the top quartile?

Data Analysis

Aggregated time series data. The analysis begins with an assessment of time series data for the number of children served from SFY 03-04 through SFY 14-15, and costs from SFY 04-05 through SFY 15-16. Including data from SFY 03-04 allows the analysis to have a true 'pre' Demonstration period. Much of the Demonstration extension evaluation has focused on comparing a time-period prior to the extension to the time after the implementation of the extension. However, there was a IV-E Demonstration Project already in place during the time-period prior to the implementation of the Demonstration extension. Prior semi-annual reports have primarily considered whether the Demonstration extension changed costs and outcomes relative to the original Demonstration (e.g., Armstrong, Vargo, Cruz et al., 2016a 2016b). The inclusion of data from SFY 04-05 and SFY 05-06 enables comparison of a three time-periods: pre-Demonstration (SFY 03-04 through SFY 05-06), during the initial Demonstration (SFY 06-07 through SFY 12-13), and during the Demonstration extension (SFY 13-14 through SFY 14-15).

FSFN cost data. In addition to examining aggregate data, child level data were available from SFY 13-14 through SFY 16-17 (although data from May and June 2017 were incomplete). The data included child identifiers (DCF child ID, social security number, name, and date of birth), fiscal agency (typically the lead agency), service batch, service type and payment. Service batch is a broad service category (e.g., out-of-home care), while service type is a detailed descriptor of the service. Child level data enables examination of the wide variety of questions related to costs and outcomes. The primary limitation is that the data are limited to a time-period after the implementation of the Demonstration extension.

Findings

Number of children served over time. Table 24 contains the average number of children that received out-of-home, in-home, and adoption services pre-Demonstration, during the initial Demonstration, and during the Demonstration extension. Out-of-home services include case management, licensed care, and independent living services, while in-home services include prevention services. An average of 28,598 children received out-of-home services in each pre-Demonstration year, and 17,399 received in-home services. The number of children receiving out-of-home and in-home services fell during the implementation of the initial Demonstration. The number of children receiving out-of-home services has increased slightly during the Demonstration extension (from 20,485 to 20,985) and the number of children receiving in-home services has declined slightly (from 12,808 to 12,302). The number of children receiving adoption services increased during the initial Demonstration (from 3,105 to 3,359) and declined during the Demonstration extension (3,197).

Table 24

Average Number of Children by Service: Pre versus Post

Service	Pre-Demonstration	Initial Demonstration	Demonstration Extension
Out-of-home	28,598	20,485	20,985
In-home	17,399	12,808	12,302
Adoption	3,105	3,359	3,197

Note. Data Source: DCF Office of Revenue Management, Run date: 09-18-2017.

While changes in the number of children receiving services are important, it is also important to determine whether the changes are sufficiently large to be 'statistically' confident that the differences represent change or whether the changes reflect random fluctuations. Thus, a regression analysis examined changes in the number of children receiving out-of-home, in-home and adoption services over time. The *p* values for the Chi square statistics are

reported in Table 25. Changes in the number of children receiving out-of-home services and in-home services significantly changed between the pre-Demonstration period and the initial Demonstration (p=.0007 and p=.0001 respectively), and between the pre-Demonstration period and the Demonstration extension (p=.0061 and p=.0005 respectively). The number of children receiving adoption services has not changed sufficiently to report a statistically significant change.

Table 25

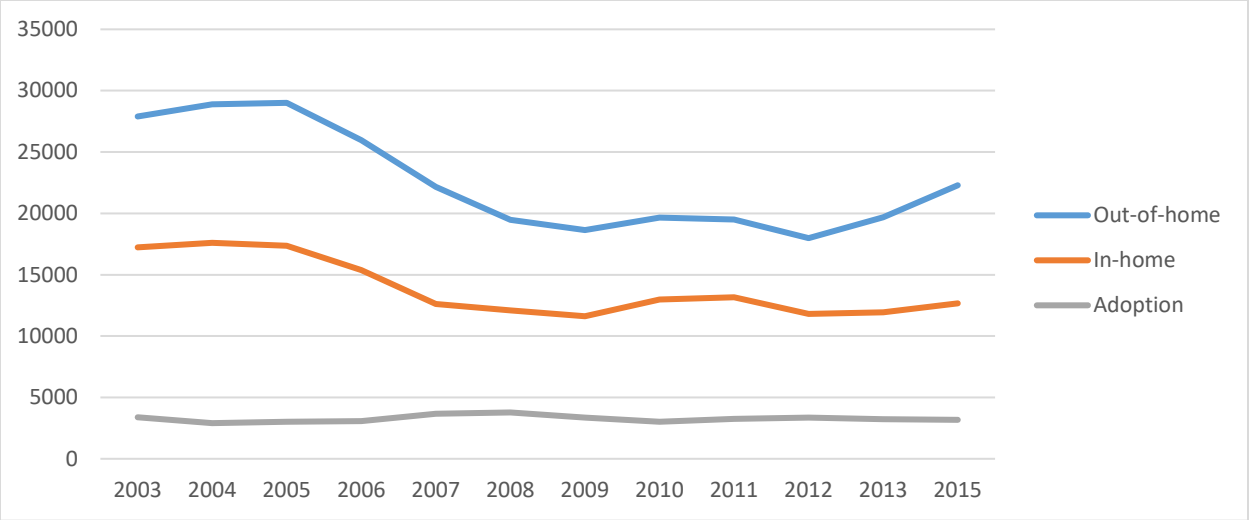
Statistical Significance of Changes over Time

	p values		
Service	**Pre-Demonstration**	**Initial Demonstration**	**Demonstration Extension**
Out-of-home	--	0.0007	0.0061
In-home	--	0.0001	0.0005
Adoption	--	0.1928	0.7072

Note. Data Source: DCF Office of Revenue Management, Run date: 09-18-2017.

The trends in the number of children receiving services are illustrated in Figure 6. The number of youth receiving out-of-home services declined after the implementation of the initial Demonstration and continued to trend downward until 2009, when the number of children receiving services stabilized. The number of children receiving out-of-home services has increased since the implementation of the Demonstration extension. There was a similar decline in the number of children receiving in-home services upon implementation of the initial Demonstration. However, there has not been a corresponding increase in the number of children receiving in-home services after implementation of the Demonstration extension. The number of children receiving adoption services has remained relatively stable over time.

Figure 6. Trends in Number Receiving Services



Note. Data Source: DCF Office of Revenue Management, Run date: 09-18-2017.

Changes in costs over time. Changes in costs over time are reported in Table 26. The comparisons were between a pre-Demonstration period (SFY 04-05 through SFY 05-06), the initial Demonstration (SFY 06-07 through 12-13), and the Demonstration extension (SFY 13-14 through SFY 15-16). Expenditures are reported for adoption services (services associated with the adoption, e.g., legal), adoptions (maintenance adoption subsidies), case management, independent living, licensed care (e.g., foster or group), and prevention (in-home) services. Expenditures for adoption services have increased over time. Expenditures for adoptions have increased from $102 million per pre-Demonstration year, to $156 million per year during the initial Demonstration, and $196 million per year during the Demonstration extension. Expenditures for case management were lower during the initial Demonstration ($264 million) than pre-Demonstration ($270 million), but increased during the Demonstration extension to a level greater than pre-Demonstration ($301 million). Expenditures for independent living nearly doubled during the initial Demonstration (from $17.6 million to $34.5 million), but declined during the Demonstration extension ($28.6 million). Spending during the Demonstration extension remained greater than spending prior to the initial Demonstration. Similarly, expenditures for licensed care increased during the initial Demonstration (from $134 million to $165 million), but declined during the Demonstration extension ($148 million). Expenditures for front-end prevention services (e.g., family support services) have increased from $16.8 million per pre-Demonstration year, to $39.6 million per year during the initial Demonstration, and $52.3 million per year during the Demonstration extension. Other prevention services, which are primarily allocated in-home case management and administrative expenses, declined during the original

Demonstration (from $188 million to $149 million), and remained below the levels prior to the Demonstration during the Demonstration extension ($148 million).

Table 26

Annual Costs by Service: Pre versus Post

Service	Pre-Demonstration	Initial Demonstration	Demonstration Extension
Adoption services	$ 4,170,780	$ 20,318,018	$ 23,432,805
Adoptions (includes alloc admin)	$ 102,321,233	$ 156,982,437	$ 196,179,797
Case Management	$ 270,299,581	$ 264,926,061	$ 301,042,311
Independent Living	$ 17,675,986	$ 34,574,707	$ 28,635,381
Licensed Care	$ 134,718,101	$ 165,075,546	$ 148,172,093
Front-end Prevention Services	$ 16,813,030	$ 39,648,052	$ 52,321,056
Other Prevention Services (includes alloc case management and admin)	$ 188,194,486	$ 149,358,378	$ 148,238,084

Note. Data Source: DCF Office of Revenue Management, Run date: 09-18-2017.

Once again, statistical significance was assessed through a regression analysis. The *p* values for the Chi square statistics are in Table 27. Changes in adoption services ($p<.0001$) and adoptions ($p=0032$ and $p=.0041$) are sufficient to be considered statistically significant. However, changes in case management, licensed care, and prevention services are not sufficient to be statistically significant. Changes in independent living expenditures changed significantly between the pre-Demonstration and original Demonstration ($p=.0060$), but change between the pre-Demonstration and the Demonstration extension did not meet the $p<.05$ criteria.

Table 27

Statistical Significance of Changes in Costs

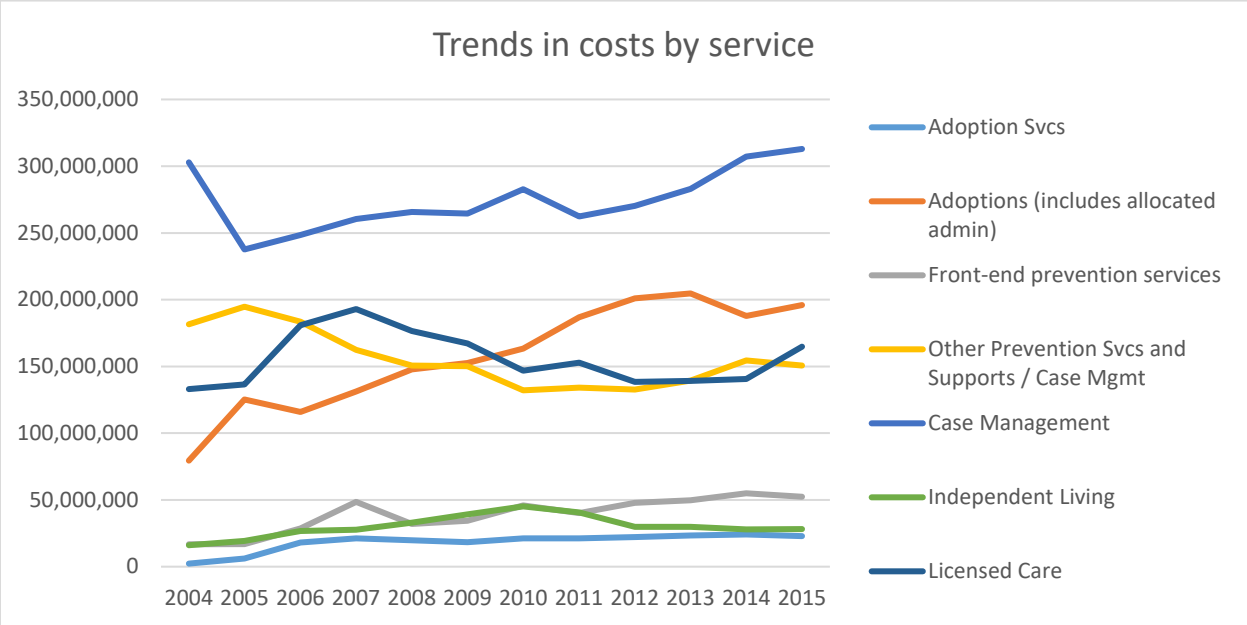
	p values		
Service	**Pre-Demonstration**	**Initial Demonstration**	**Demonstration Extension**
Adoption services	--	<.0001	<.0001
Adoptions (includes alloc admin)	--	0.0320	0.0041
Case Management	--	0.7337	0.1117

Independent Living	--	0.0060	0.0723
Licensed Care	--	0.0597	0.4237
Front-end Prevention Services	--	0.0022	0.0003
Other Prevention Services	--	0.0153	0.0244

Note. Data Source: DCF Office of Revenue Management, Run date: 09-18-2017.

The trends in expenditures are illustrated in Figure 7. Expenditures for adoptions increased through the initial Demonstration, and stabilized during the Demonstration extension. Expenditures for case management services increased throughout the initial Demonstration and continued to increase during the Demonstration extension. Expenditures for licensed care declined during the initial Demonstration, but increased during the Demonstration extension. Expenditures for independent living services have not shown any clear trends. Expenditures for front-end prevention services have trended upward, while expenditures for other prevention services have trended downward.

Figure 7. Trends in Costs by Service



Note. Data Source: DCF Office of Revenue Management, Run date: 09-18-2017.

Number of children served by fiscal agency. The cost data provide information on the fiscal agency that paid for the service. In most cases, this was the lead agency(s) for the circuit. In some cases (Office of Child Welfare - Headquarters), it was not the lead agency. The number of children served by each fiscal agency between SFY 13-14 through SFY 16-17 is in

Table 28. The data were unduplicated by child and fiscal agency, resulting in only one record per child served per fiscal agency. Thus, if multiple agencies served a child, the child counted once for each fiscal agency. Our Kids provided services to the most children (n=9,533), followed by Eckerd Community Alternatives-Hillsborough (n=9,321).

Table 28

Number of Children Serviced by Fiscal Agency: SFY 13-14 – SFY 16-17

Fiscal Agency	Number of Children	% of Children
Big Bend	3,723	3.65
CBC of Brevard	2,234	2.19
CBC of Central Florida	5,298	5.19
CBC of Seminole	1,260	1.23
CHARLEE of Miami-Dade County	524	0.51
Community Partnership for Children	4,009	3.93
Office of Child Welfare - Headquarters	1,652	1.62
ChildNet Broward	7,068	6.93
ChildNet Palm Beach	5,158	5.05
Children's Home Society	640	0.63
Children's Network of SW Florida	5,755	5.64
Center for Family and Child Enrichment	685	0.67
Devereux	3,129	3.07
Eckerd Community Alternatives – Pinellas/Pasco	8,762	8.59
Eckerd Community Alternatives - Hillsborough	9,321	9.13
Families First Network	5,760	5.64
Family Resource Center	780	0.76
Family Support Services	6,501	6.37
Heartland for Children	4,368	4.28
His House Children's Home	66	0.06
Kids Central	4,877	4.78
Kids First of Florida	924	0.91
Our Kids	9,533	9.34
Partnership for Strong Families	3,962	3.88
Sarasota YMCA	3,819	3.74
St. Johns County Commission	654	0.64
United for Families	1,429	1.4
Wesley House Family Services	151	0.15

Note. Data Source: DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

Number of service records. Descriptive statistics in Table 29 provide information on the number of service records for each service batch (adoption, foster care, group facility, independent living, non-recurring, and other services). Adoption services represent the most

common service batch, accounting for 62.8% of all services. Foster care is next at 20.1% of all services.

Table 29

Number of Service Records by Service Batch

Service Batch	**Number of Services**	**%**
Adoption	1,792,815	62.84
Foster care	572,290	20.06
Group facility	250,817	8.79
Independent living	157,133	5.51
Non-recurring	50,929	1.78
Other	29,204	1.02

Note. Data Source: DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

The data contained information on service batch, and a more detailed variable describing the service. The service type variable was very detailed, and different lead agencies seemed to refer to similar services using different names. Thus, efforts were made to create a service category variable that was more detailed than service batch, but less detailed than service type. Service types were grouped based on the service that was provided. In most cases, this was a straightforward procedure. However, in some cases, services could be assigned to multiple groups. Thus, education services provided as part of the transition to independence counted as education services. Similarly, services provided through Child Placing Agencies were assigned based on the service provided. In some cases, it could not be determined what the actual service was, with the service type merely listed as Child Placing Agency (CPA). Such services counted as CPA services.

Table 30 contains the number of records in each service group. Adoption services were most common, followed by foster care and group home services. Other service categories with a considerable number of records included education (93,199), clothing (57,221), and shelter (26,847) services.

Table 30

Number of Service Records by Service Group

Service Group	Number of Service Records	%
Adoption	1,802,952	63.19
Aftercare/Transitional	10,629	0.37
Child Placing Agency service	222	0.01
Chance-Trafficking services	2,318	0.08
Clothing	57,221	2.01
EFC-Allowance	23,981	0.84
EFC-OSLA	23,281	0.82
EFC-Other	9,208	0.32
Education	93,199	3.27
Foster care	572,705	20.07
Group home	201,489	7.06
Health care (mental and physical)	2,979	0.1
Independent living-other	201	0.01
Other	6,664	0.23
Parenting programs	1,235	0.04
Prevention services	322	0.01
SIPP	117	0
STFC	7,788	0.27
STGH	3,488	0.12
Shelter	26,847	0.94
Travel reimbursement/mileage	6,342	0.22

Note. Abbreviations: EFC – extended foster care; OLSA – other supervised living arrangement; SIPP – Statewide Inpatient Psychiatric Program; STFC – Specialized Therapeutic Foster Care; STGH – Specialized Therapeutic Group Home.
Note. Data Source: DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

Costs – per child and total. Costs per child are reported in Table 31. Costs were examined over the entire four-year time-period. There was cost data available for 92,276 children, with average total costs of $14,712 per child for SFY 13-14 through SFY 16-17.

Table 31

Number of children served and costs

	Number of Children	Per children Cost ($)	Total Cost ($)
All services	97,276	14,712	1,431,216,272

Note. Data Source: DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

Averages and totals are useful, but it is also important to understand the distribution of costs. Table 32 contains the distribution of costs. Ten percent of children had costs less than $484, while 25% of children had costs below $2,652. Children in the top 10% had costs over $26,321.

The 9,864 youth with costs below the 10th percentile comprised only .1% of total costs. Children between the 10th and 25th percentiles comprised 1.4% of total costs. Children between the 50th and 75th percentiles (25 percent of all children) had 25% of all expenditures. Children between the 75th and 90th percentiles (15% of children) had 20.8% of all expenditures. Finally, the top 10% of children incurred 41.6% of total expenditures. Thus, the distribution of expenditures was highly skewed with a small proportion of children accounting for a large proportion of expenditures.

Table 32

Distribution of costs

Percentile	**Children**	**$**	**$ In Group**	**% of Total $**
10 pctl	9,864	484	1,748,201	0.10%
25 pctl	14,455	2,652	19,651,354	1.40%
50 pctl	24,334	11,210	158,553,121	11.10%
75 pctl	24,304	18,208	358,463,797	25.00%
90 pctl	14,592	26,321	297,326,164	20.80%
>90 pctl	9,727	--	595,473,635	41.60%

Note. Data Source: DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

Table 33 compares the costs from the FSFN cost data to total expenditures provided by the DCF Department of Revenue Management (Table 26). The FSFN cost data did not include all service costs. The FSFN cost data contained between 37.5% and 41.9% of total costs. There were two primary types of services not included in the data. First, dependency case management, which represented over 30% of all expenditures, was not included in the data. Second, there were few prevention services in the data. In order to compare costs from the two sources of data for similar services, total expenditures were computed using the data from Table 26 for adoptions, adoption services, independent living, and licensed care. The average expenditures during the Demonstration extension were $396 million for the four service categories, close to the expenditures in the FSFN cost data reported in Table 33.

Table 33

Costs by Year

Year	Total costs ($)	Costs in FSFN data ($)	% in FSFN cost data
2013/14	868,969,201	325,434,621	37.5%
2014/15	897,129,153	364,501,972	40.6%
2015/16	927,978,222	388,373,888	41.9%
2016/17	--	352,905,792	--

Note. Data Source: DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

Costs by service batch are provided in Table 34. Costs are examined for the entire four year period, not annually. More than 59,000 children received some type of adoption services with an average cost of $11,408. Group care represented the highest per user costs, with 16,931 children receiving group care at an average cost of $24,644. Nearly twice as many children received foster care services, but average costs were far lower at $6.363.

Table 34

Costs by Service Batch (aggregated for SFY 13-14 – 16-17)

Service batch	Number of children	Per user cost ($)	Total cost ($)
Adoption	59,065	11,408	673,805,228
Foster care	33,617	6,363	213,903,169
Group facility	16,931	24,644	417,239,024
Independent living	5,771	17,519	101,101,374
Non-recurring	23,244	757	17,588,195
Other	7,831	968	7,579,283

Note. Data Source: DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

Costs by service group are in Table 35. Groups with the most users included adoption services (n=59,274), foster care (n=33,191), and the CHANCE-Trafficking[5] (n=25,690) programs. Groups with the highest average costs per user included group homes ($25,496), EFC-Allowance ($21,038), and Specialized Therapeutic Foster Care ($27,927). Finally, in terms of total costs, adoption ($682 million), foster care ($214 million), and group homes ($357 million) were the most costly service groups.

[5] Trafficking includes services for victims of human trafficking for commercial sexual exploitation or labor reasons; CHANCE is the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation intervention.

Table 35

Costs by Service Group

Service group	Number of children	Per youth cost ($)	Total cost ($)
Adoption	59,274	11,515	682,524,558
After/Trans	2,058	2,634	5,420,188
CPA service	184	6,878	1,265,589
CHANCE-Trafficking	25,690	367	9,419,812
Clothing	37	3,842	142,137
EFC-Allowance	3,802	21,038	79,987,992
EFC-OSLA	1,940	2,004	3,888,623
EFC-Other	1,692	5,880	9,949,482
Education	1,080	1,008	1,088,595
Foster care	33,191	6,453	214,171,341
Group home	14,014	25,496	357,307,082
Health care	1,272	2,727	3,468,529
IL-other	30	3,640	109,200
Other	2,882	671	1,934,142
Parenting	425	710	301,925
Prevention	125	4,460	557,476
SIPP	5,248	9,226	48,417,658
STFC	15	27,927	418,902
STGH	623	6,343	3,951,381
Shelter	357	18,180	6,490,357
Travel/mileage	1,011	397	401,302

Note. Data Source: DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

The number of children serviced, per child costs, and total costs for each fiscal agency are reported in Table 36. OurKids, Eckerd Community Alternatives – Hillsborough, and Eckerd Community Alternatives – Pinellas/Pasco served the most children. Average costs were highest for the Office of Child Welfare - Headquarters ($20,615), ChildNet – Broward ($18,966), CBC of Central Florida ($16,370), and CBC of Seminole ($16,360). All services with the fiscal agency listed as the Office of Child Welfare – Headquarters were nonrelative caregiver placements. Overall, among the lead agencies, average costs were $2,594 higher for ChildNet - Broward than the next highest lead agency. Among the lead agencies, total costs were highest at OurKids, Eckerd Community Alternatives – Hillsborough, and Eckerd Community Alternatives – Pinellas/Pasco.

Table 36

Costs by Fiscal Agency

Fiscal Agency	Number of Children	Per Child Cost ($)	Total Cost ($)
Big Bend	3,723	13,930	51,859,903
CBC of Brevard	2,234	15,765	35,218,194
CBC of Central Florida	5,298	16,370	86,728,075
CBC of Seminole	1,260	16,360	20,613,393
CHARLEE of Miami-Dade County	1,652	488	806,426
Community Partnership for Children	524	10,957	5,741,558
Office of Child Welfare - Headquarters	7,068	20,615	145,710,096
ChildNet Broward	5,158	18,966	97,825,033
ChildNet Palm Beach	640	11,316	7,242,284
Children's Home Society	5,755	10,612	61,070,997
Children's Network of SW Florida	685	12,036	8,244,847
Center for Family and Child Enrichment	4,009	14,235	57,067,932
Devereux	3,129	13,372	41,840,471
Eckerd Community Alternatives	8,762	14,077	123,342,370
Eckerd Community Alternatives - Hillsborough	9,321	13,497	125,809,699
Families First Network	5,760	12,045	69,378,409
Family Resource Center	780	7,943	6,195,347
Family Support Services	6,501	13,858	90,088,392
Heartland for Children	4,368	15,428	67,387,667
His House Children's Home	66	3,786	249,897
Kids Central	4,877	12,955	63,181,976
Kids First of Florida	924	13,942	12,882,683
Our Kids	9,533	14,399	137,268,155
Partnership for Strong Families	3,962	12,493	49,497,847
Sarasota YMCA	3,819	13,938	53,230,771
St. Johns County Commission	654	12,200	7,978,739
United for Families	1,429	2,180	3,114,893
Wesley House Family Services	151	10,862	1,640,217

Note. Data Source: DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

Research often studies individuals with the highest costs to determine whether there are ways that high cost children differ from other children served. Most research on high cost users (sometimes referred to as super utilizers) focuses on health care costs, however similar questions regarding high cost children may be important for child welfare services as well. From a policy perspective, the question would be whether there are modifiable characteristics of

children that interventions influence to improve outcomes for these children. For example, child alcohol and drug problems, or child behavior problems may be modifiable factors that influence child outcomes. From a fiscal perspective, a small proportion of children account for a significant proportion of costs. It is important to understand whether steps can be taken to reduce costs for these children (without diminishing outcomes).

In order to examine child characteristics, a cohort of children removed from the home in SFY 13-14 was examined. The characteristics of children in the top quartile of expenditures were compared to the remaining 75% of children. Data were available for age, race (Asian, White, Black; in some cases multiple categories were selected and in some cases none were selected), substance abuse for parent and child, reasons for removal and other household characteristics, as well as child outcomes (reunification, guardianship, adoption, remained in out-of-home care, or aged out of child welfare system).

The results are in Table 37. Children in the top quartile of costs had median costs of $36,033 compared to $1,908 for the other 75% of children. Children with the highest costs were older with a median age of 9.8 years compared to 4.1 years for other children. Children who are Black were more likely to be in the high cost group compared to whites. Thirty-eight percent of the lower cost group was Black compared to 42.7% of the high cost group. Interestingly, parental drug abuse and domestic violence in the household were associated with a lower probability of being in the high cost group. Nearly 40% of the low cost group involved parental substance abuse compared to 24.6% of the high cost group. Children in the high cost group were more likely to be the victims of sexual abuse or neglect, and more likely to have multiple forms of maltreatment (e.g., sexual abuse and neglect). Children in the high cost group were also more likely to have reported behavioral problems (8.4% versus 1.7%).

Children in the high cost group had very different outcomes than other children. Discharge from out-of-home care was less likely for children in the high cost group. In particular, reunification with the parents and adoption were less likely. Reunification occurred for 40.9% of the low cost group, and 19.2% of the high cost group. Adoption was the outcome in 14.5% of cases in the low cost group compared to only 1.5% of the high cost cases. Rates of guardianship were also lower for children in the high cost group (2.6% versus 9.3%). Clearly, the lower likelihood of achieving permanency led to longer lengths of stay and higher costs.

Table 37

Child and Household Characteristics: High Cost Children Compared to Other Children

Characteristics	Lower cost (n=8,046)		High cost (n=2,682)		p value
	Children	Median/%	Children	Median/%	
Cost		$1,908		$36,033	<.0001
Age		4.1		9.8	<.0001
Race					0.0003
Asian	34	0.4%	12	0.5%	
Black	3,063	38.1%	1,144	42.7%	
White	5,353	66.5%	1,640	61.5%	
Alcohol and drug abuse					
Child alcohol abuse	18	0.2%	<10	0.2%	n/a
Parent alcohol abuse	384	4.8%	116	4.3%	0.3413
Child drug abuse	89	1.1%	42	1.6%	0.0616
Parent drug abuse	3,210	39.9%	659	24.6%	<.0001
Reasons for removal and household factors					
Sexual abuse	255	3.2%	182	6.8%	<.0001
Physical abuse	1,204	14.9%	416	15.5%	0.4902
Neglect	1,615	20.1%	673	25.1%	<.0001
Physical neglect	170	2.1%	52	1.9%	0.5837
Medical neglect	312	3.9%	114	4.3%	0.3920
Threatened harm	120	1.5%	34	1.3%	0.3995
Abandonment	787	9.8%	462	17.2%	<.0001
Relinquishment	93	1.2%	40	1.5%	0.1749
Caregiver unable	1,070	13.3%	505	18.8%	<.0001
Parent death	122	1.5%	27	1.0%	0.0528
Parent incarcerated	942	11.7%	288	10.7%	0.1725
Domestic violence	1,288	16.0%	242	9.0%	<.0001
Inadequate supervision	1,170	14.5%	436	16.3%	0.0312
Inadequate housing	908	11.3%	358	13.4%	0.0042
Child behavior problems	136	1.7%	226	8.4%	<.0001
Outcomes					
Goal is adoption	2,608	32.4%	804	29.9%	0.0190
Discharged	5,404	67.2%	870	32.4%	<.0001
Reason for discharge					<.0001
Permanency	5,219	64.9%	625	23.3%	<.0001
Adoption	1,163	14.5%	39	1.5%	<.0001
Child turned 18/Emancipation	107	1.3%	238	8.9%	<.0001
Other	10	0.1%	<10	0.1%	n/a
Guardianship	751	9.3%	70	2.6%	<.0001

Reunification	3,290	40.9%	515	19.2%	<.0001
Transferred to another agency	71	0.1%	<10	0.1%	n/a

Note. Data Source: FSFN and DCF Office of CBC/ME Financial Accountability, Run date: 09-18-2017.

Summary

This report examined the trends in the numbers of children receiving out-of-home (including independent living services for young adults ages 18 and older), in-home, and adoption services, and the costs for those services. The analysis used data that covered a pre-Demonstration period, the initial Demonstration, and the Demonstration extension. Compared to the pre-Demonstration period, the number of children receiving out-of-home and in-home services has declined. In addition, compared to the pre-Demonstration period, costs for adoption services, adoptions, and front-end prevention services increased. Costs for licensed care declined during the initial Demonstration, but increased during the Demonstration extension. The Demonstration was expected to increase the use of prevention services resulting in a reduction in the use of out-of-home care. Indeed, front-end prevention services (family support services) have increased during the initial Demonstration and the Demonstration extension. The number of children in out-of-home care was lower in the initial Demonstration and Demonstration extension compared to the pre-Demonstration period.

This report also examined child-level data on costs as reported by fiscal agencies, and examined the relationship between specific child and parent characteristics and the likelihood of a child being a high cost case. Overall, a high cost child tends to be older, more likely to be a victim of sexual abuse and/or neglect, with parents that were more likely to abandon the child or be unable to provide care. However, parental substance abuse or domestic violence in the household is less common. Such children are more likely to have very severe behavioral problems perhaps reflecting the severity of the maltreatment and/or the severity of the child's mental health problems.

The results indicating that child behavioral problems are important determinants of child welfare costs merits additional discussion and attention in future work. The prevalence rates for reported behavioral problems are well below expectations. Research indicates that 50-60% of children entering the child welfare system have behavioral health problems. Only 3% of children had behavioral problems reported in FSFN.

Next Steps

Next steps include a more detailed analysis of why some children have higher child welfare costs. First, what types of child welfare services and Medicaid-funded services do high cost children receive? Second, are services associated with outcomes for children with similar

characteristics? Child-level service and cost data will be from the FSFN cost data, while Medicaid claims and encounter data have been an integral component of Substudy 1. Services received by high-cost children will be compared to services received by other children. Children outcomes will include permanency, reunification, guardianship, and adoption.

Sub-Study 2: Services and Practice Analysis/Outcome Analysis for Safe, but High Risk for Future Maltreatment

One of the goals of the Child Welfare System is to improve outcomes for children and families including safety, permanency and well-being. Specifically, it is important that child welfare services provided to the families reduce the risk of entering out-of-home care, expedite the achievement of permanency, while decreasing the likelihood of re-abuse and reentry into-out-of-home care. Thus, efforts should be made to keep children in the care of their families while addressing immediate safety concerns. The decision-making process is complicated for the CPS professionals because they are not always able to predict whether the course they choose for a given child is the best one (Pinto, & Maia, 2013).

To ensure that children whose safety is at risk are correctly identified and that their families receive the proper services, DCF implemented the child welfare practice model (DCF, 2014). One of the main goals of the child welfare practice model is to differentiate between children who are unsafe, and therefore require removal from the original families, and children who are at risk but considered safe and for whom families can be offered voluntary Family Support Services. It was expected that the assessment of the families reported for child maltreatment using the child welfare practice model would be more accurate and these families are more likely to receive the services they need. As a consequence, they will be less likely to experience another referral, less likely to experience recurrence of maltreatment, less likely to enter out-of-home care, and less likely to reenter out-of-home care. To better understand the impact of the child welfare practice model, particularly with regard to the provision of voluntary services, a longitudinal comparison of two groups (described below under Outcomes Analysis) was used. This section of the report aims to describe child outcomes for two identified groups, including repeated child maltreatment reports recurrence of maltreatment, placement in out-of-home care, and reentry.

Outcomes Analysis

Methods. Two groups were identified: (a) the intervention group, that is, the group of children assessed under the child welfare practice model, and (b) the comparison group, that is, those children who were assessed prior to the implementation of the child welfare practice model. The intervention group was identified based on the following characteristics: (a) children who were assessed under the child welfare practice model between February 1, 2016 and June 30, 2016, (b) who were deemed safe to remain at home, yet are at a high or very high risk of future maltreatment in accordance with the child welfare practice model, and (c) voluntary services were completed or partially completed. A matched comparison group included similar

cases with the dates for maltreatment reports between July 1, 2011 and July 1, 2012. These children remained in the home. Voluntary services were offered to all families in both groups.

Matching cases between the intervention and comparison groups was accomplished using the propensity scoring method (Rosenbaum & Rubin, 1984). This technique allows for equating group differences simultaneously on multiple variables by reducing all relevant characteristics to a single composite score (Rubin, 1997). Cases for the comparison group were selected by matching on child demographic characteristics and variables that differentiate between groups (e.g., maltreatment type). Since the implementation of the child welfare practice model was phased in as sites were approved for full implementation across the state, the number of cases that meet all the requirements for the intervention group was limited. There was a much larger number of cases available for the comparison group. Therefore, cases were matched using the nearest neighbor technique, wherein cases for the comparison group were selected based on propensity scores that are closest to propensity scores of the cases in the intervention group (Dehejia & Wahba, 2002).

There were 1,442 cases in the intervention group. After selecting the matched cases, the comparison group consisted of 1,369 cases. As shown in Table 38 both groups consisted of 55% males. The average age for this sample was approximately 7 years (*M* = 7.2; *SD* = 4.75) ranging from birth to 18 years. A majority (57% for intervention group and 59% for the comparison group) of children were Caucasian, 29% were African-American, approximately 4% were Hispanic, and the remaining 9% were from other racial or ethnic groups.

The most prevalent types of maltreatment among study cases were threatened harm (approximately 65%) and neglect (51%), followed by physical abuse (approximately 15%). Less than one percent of children experienced a caregiver loss due to death, incarceration, long-term hospitalization, or abandonment.

Table 38

Characteristics of Children in the Intervention and the Comparison Groups

Child Characteristics	**Two Groups**	
	Intervention Group (N = 1,442)	Comparison Group (N = 1,369)
Gender (Male)	55%	55%
African American	29%	29%
Hispanic	4.3%	4.7%
Caucasian	57.0%	59.0%
Age	*M* = 7.2 (*SD* = 4.7)	*M* = 7.2 (*SD* = 4.8)

Maltreatment types		
Sexual abuse	2.5%	2.7%
Physical abuse	15.7%	15.3%
Neglect	52.1%	50.0%
Threatened Harm	63.7%	65.7%
Caregiver loss	1.0%	0.4%

Because the groups were matched, the results of analysis of variance (ANOVA) and chi-square test indicated no significant differences between groups when the groups were examined on each of the covariates (i.e., child characteristics) included in the propensity score.

Findings.

***Child maltreatment re-reporting*.** The proportion of children who were reported as being maltreated and were reported again within 6 months of the previous child maltreatment report was calculated for comparison group entry cohort SFY 11-12 and the intervention group entry cohort SFY 15-16. Initial reports and subsequent reports were included regardless of the results of the child protection investigations. Approximately 18% (18.3%) of children in the intervention group and approximately 20% (20.1%) children in the comparison group experienced a subsequent child maltreatment report. Although there was a smaller proportion of children in the intervention group who experienced a subsequent child maltreatment report, the results of chi-square analysis indicated that there is no statistically significant difference.

***Recurrence of maltreatment*.** Recurrence of maltreatment was defined as a second incident of verified maltreatment within 6 months of a child's first verified maltreatment incident. Only children with "verified" maltreatment (i.e., when the protective investigation resulted in a verified finding of abuse, neglect, or threatened harm) were included in the analysis. The first and second episodes of maltreatment were selected based on the received dates of child maltreatment reports.

Almost 4% (3.8%) of children in the intervention group and 9% of children in the comparison group experienced recurrence of maltreatment. The results of chi-square analysis indicated that there was a significantly higher proportion of children with recurrence of maltreatment in the comparison group than in the intervention group, χ^2 (1, N = 522) = 5.54, p < .05.

***Placement in out-of-home care*.** The proportions of children who did not enter out-of-home care after initial child maltreatment report within 12 months were calculated for the state fiscal year 2011-2012 (i.e., comparison group) and state fiscal year 2015-2016 (intervention group). The proportion of children who entered out-of-home care within 12 months was higher

for the comparison group – 8.3% than for the intervention group – 4.1%. The results of chi-square analysis indicated that there was a statistically significant difference between the two groups (χ^2 (1, N = 2,811) = 21.81, $p < .05$).

***Reentry into out-of-home care*.** For the purposes of this sub-study reentry was defined as all children who exited out-of-home care for permanency reasons (i.e., reunified, placed with relatives, or adopted) during a given fiscal year and reentered witin 12 months of initial removal. Reentry into out-of-home care was calculated based on exit cohorts (i.e., children who were discharged from out-of-home care as indicated by the Discharge date in FSFN).

There were 4.1% of children in the comparison group who reentered out-of-home care after discharge. The proportion of children who reentered out-of-home care in the intervention group was smaller – 3.7% but the results of chi-square analysis indicated that this difference was not statistically significant.

Practice Analysis

The practice analysis includes two components: a set of case file reviews, followed by corresponding interviews with case managers and parents. The intent of this analysis is to compare a set of cases that received Family Support Services under the child welfare practice model (intervention group) with a set of cases that received voluntary services under the old practice model (comparison group) to examine practice changes implemented under the child welfare practice model and the impact that such changes have had on family engagement and participation in voluntary services. Eckerd Community Alternatives (Circuit 6) was selected for this analysis because they had the greatest number of cases that met the intervention criteria (n = 1,584). Some challenges were encountered in the process of drawing the sample for the study. Initially, a random sample of ten cases was drawn from all cases that met the intervention group criteria, and another random sample of ten cases was drawn from all cases that met the comparison group criteria. When the list of case numbers was provided to Eckerd, they determined that the majority of cases were closed by CPI and never came to their agency for services. The evaluation team consulted with DCF, and was able to identify another variable in FSFN to determine which cases actually received prevention services for the intervention group. A new intervention sample was drawn, and this time the cases matched Eckerd's records, but a resolution has still not been found for drawing the comparison group. A decision was made to proceed with the intervention group case file reviews, and a tentative set of dates were arranged with Eckerd for the evaluation team to be on site, but had to be cancelled due to Hurricane Irma. The evaluation team is working with Eckerd to reschedule the case file reviews.

Summary

Overall, findings indicated that children in the intervention group (i.e., who were assessed using the new child welfare practice methodology) had better outcomes compared to children in the comparison group (i.e., those who were assessed using standard practice). Specifically, children in the intervention group had a lower rate of recurrence of maltreatment, lower rate on entry in out-of-home care, and although there no significant difference, they had a lower proportion of repeat investigations and lower reentry rate.

Next Steps

Case file reviews for the intervention cases will be conducted during the Fall of 2017. The evaluation team is currently implementing a solution about how to draw a sample for the comparison group. The case manager and family interviews will be scheduled and completed following the case file reviews. An interview protocol will be developed after the case file reviews are completed and will be informed by findings from the reviews. Findings from the practice analysis will be presented in the next progress report.

Summary

This semi-annual progress report is for the period April 1, 2017 – September 30, 2017 for Florida's IV-E Demonstration. The Demonstration evaluation includes four related components: (a) a process analysis comprised of an implementation analysis and a services and practice analysis, (b) an outcome analysis comprised of safety, permanency, and child well-being indicators, (c) a cost analysis, and (d) two sub-studies.

Implementation Analysis

Fourteen semi-structured stakeholder interviews were conducted via telephone and in-person with leadership at case management organizations. The interviews focused on implementation strategies, supports and resources that have been utilized, and contextual and environmental factors.

There were several strengths identified by stakeholders relating to child welfare practice. One major strength reported by multiple respondents was the ability to maintain strong relationships with lead agencies, investigators, the Sheriff's Office, state attorneys, and judges. CMO leadership also reported being able to help more children in-home, improve the quality of casework, and having increased flexibility in funding, which allowed for the expansion of prevention, diversion, and post-reunification services.

Some challenges reported by interviewees included: CPI and case manager staff turnover, CPIs not completing the necessary tasks prior to case transfer, and newer CPIs being quicker to remove children than experienced CPIs (stakeholders suggested this might be due to a lack of knowledge about resources offered by the CBC). Regarding spikes in out-of-home care, the perception of some interviewees was that the increase was associated with implementation of the child welfare practice model. Respondents also indicated that legislative officials lacked knowledge about the complexities of the child welfare system, which made it difficult to obtain the needed funding and policy changes for Florida's child welfare system.

A prominent and consistent theme throughout was concern that the new administration at the Federal level may not realize the value of continuing IV-E Demonstrations in states that are coming to the end of their Demonstration term.

Services and Practice Analysis

The purpose of the services and practice analysis component is to assess progress in expanding the service array under the Demonstration, including the implementation of Evidence-Based Practices and programs. For this report, two surveys were developed and administered to each CBC Lead Agency. The first was a Child Welfare Service Array Survey, which was designed to assess the current child welfare service delivery system, including

procedures for determining eligibility, the array of services available, and for each identified service the capacity, the typical duration, and the number of children and families referred and served within the past twelve months. The second survey was an Evidence-Based Practice (EBP) Survey, designed to assess the extent to which two identified EBPs (Wraparound and Nurturing Parenting Program) have been implemented throughout the State of Florida.

Data from the six CBCs that responded to the Service Array Survey indicate that lead agencies are providing a variety of Family Support and Safety Management services to prevent families from formally entering the child welfare system and to help children remain safely in their home. Service capacity and service utilization appears to vary considerably across CBCs, but a number of factors are likely to affect these numbers, such as population size, rural versus urban communities, and funding for services. A number of reported services do show discrepancies between the number of referrals and number of families served.

Based on the EBP Survey responses, 80% of the responding 11 CBCs use wraparound. Its most commonly reported use was as a Family Support Service, but other service categories were also reported. Nurturing Parenting Program appears to be less widely utilized, but was still reported by 45% of responding CBCs. The most commonly reported uses were as a Family Support Service and as a Treatment Service. For both of these services, several CBCs indicated that they currently assess fidelity, but limited information was provided on precisely how fidelity is measured.

Outcome Analysis: Permanency and Safety Indicators

The outcomes analysis tracks changes in several successive state fiscal years (SFY 11-12, SFY 12-13, SFY 13-14, SFY 14-15, and SFY 15-16). The overall study design includes the comparison of successive annual cohorts of children entering/exiting out-of-home care. Two permanency indicators (permanency within 12 months of removal and finalized adoption) and one safety indicator (re-entry into out-of-home care) were examined.

There was considerable variability among Circuits on the measured indicators. For example, during SFY 15-16 Circuit 8 had the highest proportion of children who achieved timely permanency. Circuits 6 and 19 had the highest proportions of children reunified within 12 months (24.6% and 28.9%, respectively). Circuits 4 and 8 had the highest proportion of children with finalized adoptions (61.3% and 57.3%, respectively) and Circuit 8 had the highest proportion of children without reentry into out-of-home care. Overall, there was a decline in the proportion of children who achieved timely permanency. Reentry into out-of-home care remained stable over time.

When the effects of child and family characteristics on outcome indicators were examined, results showed that child age, parental substance abuse, history of domestic violence, and the presence of child physical health problems played an important role in predicting outcomes.

Outcome Analysis: Child and Family Well-Being

Three CFSR outcomes were examined that focus on improving the capacity of families to address their children's needs; and providing services to children related to their educational, physical, mental health needs. Baseline data was compared to ongoing CFSR ratings for both in-home and foster care cases.

Overall, ongoing reviews show slight improvement for performance items and well-being outcomes, although, at the state-level, the improvements were not statistically significant. Circuits 2, 10, 14, 15, and 17 stand out as consistently obtaining a higher percentage of strength ratings for many performance items. Circuits 1, 3, and 8, however, appear to be less effective in the quality of child welfare practices relevant to the well-being of children. Families' enhanced capacity to provide for the needs of their children, Well-being Outcome 1, continues to be an area of concern statewide with only 54% of foster care cases and 46% of in-home cases rated as substantially achieved. Scores for this outcome could increase through concentrated efforts to improve assessing and addressing the needs of parents, as well as the frequency and quality of caseworkers' visits with parents would improve scores for this outcome

Cost Analysis

This report used data that covered a pre-Demonstration period, the initial Demonstration, and the Demonstration extension to examine trends in the numbers of children receiving out-of-home, in-home, and adoption services, and the costs for those services. Compared to the pre-Demonstration period, the number of children receiving out-of-home and in-home services has declined. In addition, compared to the pre-Demonstration period, costs for adoption services and adoptions increased. Costs for licensed care declined during the initial Demonstration, but increased during the Demonstration extension.

This report also examined child-level cost data and examined the relationship between specific child and parent characteristics and the likelihood of a child's involvement in the child welfare system being most costly. Overall, a child receiving high cost services tends to be older, more likely to be a victim of sexual abuse and/or neglect, with parents that were more likely to abandon the child or be unable to provide care. However, parental substance abuse or domestic violence in the household is less common. Such children are more likely to have very

severe behavioral problems perhaps reflecting the severity of the maltreatment and/or the severity of the child's mental health problems.

Sub-Study 2: Services and Practice Analysis/Outcome Analysis for Safe, but High Risk for Future Maltreatment

One feature of the child welfare practice model is a distinction between children who are unsafe, and therefore require DCF intervention, and children who are at risk, whose families can receive voluntary Family Support Services. It was expected that children assessed using the child welfare practice model would be more likely to receive the services they need, less likely to experience another referral, less likely to experience recurrence of maltreatment, and less likely to enter out-of-home care. Two groups of cases were selected for study: (a) the intervention group, that is children assessed under the child welfare practice model, and (b) the comparison group, that is, children who were assessed prior to the implementation of the child welfare practice model.

Overall, findings indicated that children in the intervention group (i.e., who were assessed using the new child welfare practice methodology) had better outcomes compared to children in the comparison group (i.e., those who were assessed using standard practice). Specifically, children in the intervention group had a lower rate of recurrence of maltreatment, lower rate of entry in out-of-home care, and although there was no significant difference, they had a lower proportion of repeat investigations and lower reentry rates.

Lessons Learned

The goal of the Demonstration is to increase the number of children who can safely remain at home. A common theme across several components of this report are Circuit-level variations in issues related to this goal, including performance on resource family indicators and child and family well-being indicators, differences in the use of CBC appropriations by service type, and differences in caseworker perspectives. The evaluation will continue to examine and track these cross-Circuit variations.

Overall, ongoing Child and Family Service Reviews largely show slight improvement for performance items and well-being outcomes, although, at the state-level, none of the improvements were found to be significant. Circuits 2, 10, 14, 15, and 17 most notably, stand out as consistently obtaining a higher percentage of strength ratings for many performance items. Circuits 1, 3, and 8, however, appear to be less effective in the quality of child welfare practices relevant to the well-being of children. Concentrated efforts to improve assessing and addressing the needs of parents, as well as the frequency and quality of case workers visits with parents would improve scores for this outcome.

Next Steps

For the implementation analysis, the next step is a second round of interviews with the leadership of the CBC lead agencies. The evaluation team will collaborate with the Office of Child Welfare to develop an interview protocol that best suits the needs of the Department.

For the services and practice analysis, the evaluation team will follow up with the seven CBCs that did not complete the EBP Survey to determine if there are additional agencies that offer either of these services. Once the final list of agencies is established, follow up will occur with each agency offering either of the two services to discuss the fidelity assessment in detail. For agencies that already assess fidelity, the evaluation will identify what specific measures are currently used, and will provide the CBC with the option of simply sharing their fidelity data to the evaluation team on a periodic basis. For agencies that do not currently assess fidelity, the evaluation team will discuss the available options for measuring fidelity and allow the CBC to select which measure they would like to use. The evaluation team will then schedule any needed training with the CBC and their service provider(s) on the fidelity tools and establish a timeframe for data collection.

Future evaluation activities of the outcomes analysis will include further examination of permanency indicators, such as median length of stay in out-of-home care, safety indicators, such as recurrence of maltreatment, and maltreatment while receiving out-of-home child welfare services. Factors associated with child outcomes will be examined and recommendations will be discussed.

Regarding the child and family well-being outcomes, subsequent reports will continue to disaggregate well-being outcome findings to allow for comparisons between in-home and foster care cases. Although the baseline data reported here will carry forward into the next report, findings of the ongoing review will consist of the most recent Florida CQI data available at that time (the PUR for SFY 15-16 through Quarter 1 of SFY 17-18).

Upcoming activities for the cost analysis will include an examination of how expenditures vary across CBCs based on the characteristics of youth served by the CBCs. Aggregated expenditure data starting in SFY 04-05 will provide information on patterns across a time that includes a pre-Demonstration period, an (original) Demonstration period, and a Demonstration extension period. This may provide a clearer picture of the overall effects of the IV-E Waiver.

For the sub-study on cross system services and costs, the next report will examine the differences across time and across circuits in more detail. In particular, the relationship between youth characteristics and service use will be examined to determine how much of the changes over time and across circuits can be explained by differences in youth

characteristics. Youth that only received DCF in-home services will also be included and compared to youth that received out-of-home services. Finally, the relationship between service use patterns will be examined as well as whether changes in service use are associated with outcomes.

The practice analysis for Sub-Study 2 will include two components: a set of case file reviews, followed by corresponding interviews with case managers and parents. Eckerd Community Alternatives (Circuit 6) was selected for this analysis by identifying the number of cases from each agency that met the intervention criteria and selecting the agency with the highest number of qualifying cases. A random sample of ten cases will be drawn from the intervention group, and another random sample of ten cases from the comparison group. The case file reviews will compare the two groups to examine practice changes implemented under the child welfare practice model and the impact that such changes have had on family engagement and participation in voluntary services.

References

Armstrong, M., Vargo, A., Cruz, A., Johnson, M., Landers, M., Robst, J, & Yampolskaya, S. (2016a). Phase 3-Florida's Title IV-E Demonstration Waiver Interim Evaluation Report (10/01/2013-03/31/2016). Retrieved from Florida's Center for Child Welfare Website: http://centerforchildwelfare.fmhi.usf.edu/Datareports/IVEReport.shtml

Armstrong, M., Vargo, A., Cruz, A., Johnson, M., Landers, M., Robst, J, & Yampolskaya, S. (2016b). Phase 4-Florida's Title IV-E Demonstration Waiver Interim Evaluation Report (04/2016-09/31/2016). Retrieved from Florida's Center for Child Welfare Website: http://centerforchildwelfare.fmhi.usf.edu/Datareports/IVEReport.shtml

Appendix A

Interview protocol

Case Management Organization Leadership

1. What are your views regarding how the IV-E Waiver extension has impacted lead agencies and/or case management organizations (e.g., changes to the service array, changes in cost allocations and spending, etc.)?
2. 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., case managers and supervisors)?
    a. Have you implemented any strategies to address turnover issues?
3. As your case managers prepare for and attend court proceedings, what has been the role of the courts in facilitating the goal of fewer children needing to enter out-of-home care?
4. Are there any ways in which your lead agency or case management organization has uniquely adapted the flexibility that came with the IV-E Waiver to your local system's and community's needs? Please explain.
5. 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.
6. What adaptations has your organization made to increase attention to Family Support and Safety Management Services in relation to what the IV-E Waiver allows?
    a. To what extent have CPIs increased attention to Family Support and Safety Management Services in relation to what the IV-E Waiver allows?
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 a result of the IV-E Waiver? And if so, has it had an impact on child safety, permanency or well-being over time? How so?
    a. Can you describe any barriers or supports/facilitators?
8. Whether your work is done at the policy or practice level, what are some of the current social, cultural, economic and political issues that most often impact the work that you do for children and families?

Appendix B

Verbal 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, Svetlana Yampolskaya, Melissa Johnson, John Robst, Monica Landers, and Areana Cruz.

The research will be conducted at child welfare agencies, stakeholder offices, and through phone interviews 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 are a judge, magistrate, or other courtroom personnel that works in or is 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 30-45 minutes to complete. The interview will be audio-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

CMO Code List

Environment

Contextual Variables

Poverty

Housing

Employment – regarding clients seeking jobs or the current job market that may influence turnover rates for case workers or CPIs

Domestic Violence

Substance abuse

Mental health

Juvenile justice system

APD youth

Unaccompanied minors

Human trafficking

Other reform efforts – Coinciding reform efforts to the IV-E Waiver other than the Florida Practice Model

Staff Support – the extent to which there is support and buy-in for the Waiver among DCF front-line staff (e.g. CPS workers, caseworkers, and supervisors), including issues pertaining to personal beliefs and values; and, the process to change laws to better support child welfare practice goals/goals of the IV-E Waiver

Shared Accountability – the extent to which there is a sense of shared accountability for Waiver outcomes among leadership, staff and stakeholders

Political Support – discussion of the political environment and extent to which political support and buy-in for the Waiver exists, including issues pertaining to personal beliefs and values as well as support for funding; legislature support

External Communication – discussion of collaboration and communication processes with system partners; 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; discussion of issues in working/interacting with external stakeholders (e.g. judges, GALs, etc.) that impact child welfare practice; Does not include CBCs, DCF, or CMOs

Climate – discussion of aspects of the organizational climate, e.g. issues such as communication (between DCF, CBCs, and CMOs), trust, and respect between leadership

and front-line staff, the extent to which there is an environment that supports teamwork and problem solving, etc.; morale

Services/Resources – discussion of community resources currently in place, and/or service/resource needs, including any asset mapping or strategic planning processes around gaps in the service array

Media – influence of either news media or social media on child welfare activities

Child Welfare System and 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; child safety and well-being

Caseworker Skills – discussion of the extent to which caseworkers have the necessary knowledge and skills, 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

CPI Practice – changes in CPI practice

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.

Judiciary – changes in the practice of judges

GALs – changes in the practice of GALs

Child Welfare Legal Services – changes in the practice of CWLS

Caseload Size- Discussion of the caseload size for caseworkers

Waiver Impact

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

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, and Permanency – ways in which the waiver has impacted child safety, well-being, and permanency outcomes

Service Array – changes in the availability/accessibility of services since implementation

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

Removal Decisions – how the IV-E Waiver has impacted changes in how the decision is made to place a child out of home

Funding – how the Waiver has impacted funding and funding flexibility such as strategies being used to find new/different ways to fund needed services, how positions are funded, and how assessments are funded, etc.

Mitigating Factors – Factors that affect the impact of the IV-E Waiver such as, the FL practice model, turnover, spikes in out-of-home care, and removal decisions

Conclusion

Recommendations – any specific recommendations that are made about how to improve waiver implementation

Lessons – any discussion of lessons learned about implementation

Decision Rules for Coding

1. Don't double code, except for policy recommendations OR in cases where there are coinciding events where in there is a precursor and antecedent (e.g., funding cuts and reductions in services, OR media and removals)
2. If things come up that are directly stated as lessons learned and recommendations, please directly code as such. If an important issue comes up that lends itself to our making a recommendation or summarizing a lesson learned, please double code to the relevant topic and lessons learned or recommendations.
3. Don't code the actual protocol question in isolation or with the data, unless the data does not actually answer that question
4. Don't code things as Impact unless they have actually happened (e.g., hopes for impact might go under vision or goals)
5. Don't make a new global code for strengths/facilitators and barriers/challenges; please insert these two codes as needed at a third level underneath each topic
6. The protocol question about needs assessments should be coded as Environment, service array

Appendix D

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.[6] 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.

Measure 2

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

[6] Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not 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.

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 3

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.

Measure 4

The number and proportion of children who did NOT reenter out-of-home care within 12 months of their most recent discharge from out-of-home care for permanency reasons.

This measure is based on exit cohort. An exit cohort is as the children who "left" out-of-home care during a certain time period. Specifically, an exit cohort is defined as all children who exited out-of-home care for permanency reasons during a given fiscal year and it is based on the date the child was discharged from out-of-home care as indicated by a *Discharge Date* in FSFN. Children will be followed for 12 months from the date of discharge from out-of-home care for permanency reasons to determine whether they are subsequently placed in out-of-home care as indicated by a new *Removal Date* in FSFN.

This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. Because every child will have 12 months follow-up data, this measure is identical to a percent where the numerator is the number of children who did NOT enter out-of-home care within 12 months after exit for permanency reasons only. Only children who exited out-of-home care for reasons of permanency will be included in the calculation of the measure. The denominator is all children who had a Discharge Date in FSFN during a specified fiscal year (i.e., exit cohorts) and who were discharged for permanency reasons. The measure is based on children who exited their first episode of out-of-home care.

Appendix E

Results of Statistical Analyses

Table E1

Children Exited Out-of-Home Care for Permanency Reasons within 12 Months of the Latest Removal in the State of Florida by Cohort (SFYs 2011 through 2013-2016)

	Children Entering Out-of-Home Care (N = 66,601)		
	β	$\chi^2_{(1)}$	OR
Age	0.0	161.19*	1.01
Child gender	0.01	0.40	1.01
Race			
White	0.01	0.42	1.01
African American	0.02	0.95	1.02
Asian	0.16	5.77*	1.18
Physical health problems	- 0.21	35.75*	0.81
Single female family structure	- 0.08	60.11*	0.93
Single male family structure	- 0.08	8.52*	0.93
Parental substance abuse	- 0.04	17.50*	0.96
Domestic violence	0.14	134.32	1.15

Note. *p < .05.

Table E2

Results of Cox Regression. Children Reunified within 12 Months of the Latest Removal in the State of Florida by Cohort (SFYs 2011 through 2013-2016)

	Children Entering Out-of-Home Care (*N* = 59,930)		
	β	$\chi^2_{(1)}$	OR
Age	- 0.01	7.40*	0.99
Child gender	0.03	2.66	1.03
Race			
White	- 0.02	0.40	0.98
African American	0.03	1.18	1.03
Asian	0.12	0.95	1.13
Physical health problems	-0.27	21.55*	0.77
Single female family structure	- 0.03	4.10*	0.97
Single male family structure	- 0.06	2.48	1.06
Parental substance abuse	- 0.28	303.07*	0.75
Domestic violence	0.22	133.51*	1.25

Note. *$p < .05$.

Table E3

Results of Cox Regression. Children With Adoption Finalized within 24 Months of the Latest Removal in the State of Florida by Cohort

(SFYs 2011 through 2013-2014)

	Children Entering Out-of-Home Care (*N* = 15,948)		
	β	$\chi^2_{(1)}$	OR
Child gender	- 0.07	13.53*	0.93
age	- 0.06	507.55*	0.95
Race			
White	0.05	0.20	1.05
African American	-0.09	5.68*	0.91
Asian	- 0.02	0.01	0.98
Physical health problems	0.69	221.85*	2.00
Single female family structure	0.01	0.16	1.01
Single male family structure	- 0.04	0.45	0.96
Parental substance abuse	0.07	12.45*	1.08
Domestic violence	- 0.17	28.93*	0.85

Note. *$p < .001$.

Table E4

Results of Cox Regression. Children Who Did Not Reenter Out-of-Home Care within 12 Months of the Discharge in the State of Florida by Cohort (SFYs 2011 through 2013-2014)

	Children Entering Out-of-Home Care (N = 61,502)		
	β	$\chi^2_{(1)}$	OR
Age	0.01	21.60*	1.01
Child gender	0.06	6.52*	1.06
Race			
White	0.22	25.41*	1.25
African American	0.24	32.24*	1.27
Asian	0.19	1.17	1.21
Physical health problems	-0.72	94.17*	0.49
Single female family structure	0.03	1.09	0.30
Single male family structure	0.01	0.02	0.01
Parental substance abuse	- 0.11	20.86*	0.90
Domestic violence	0.07	4.77*	1.07

Note. *p < .05.