Evaluation of the Florida Department of Children and Families Community-Based Care Initiative

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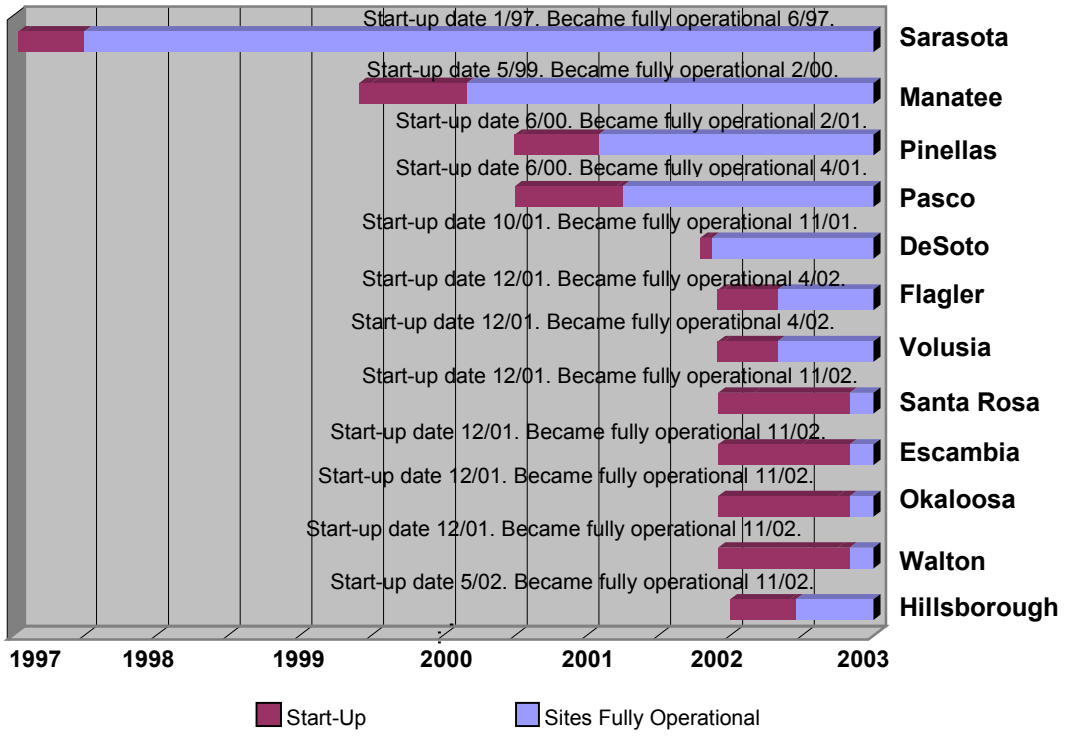
HIGHLIGHTS FROM THE 2002-2003 STATEWIDE EVALUATION OF COMMUNITY-BASED CARE

- One of Florida's responses to ensuring the safety and well being of children in its child welfare system is Community-Based Care (CBC). The purpose of CBC is to: 1) improve the safety and well being of children; 2) create community ownership around child welfare issues; 3) shift the responsibility for direct service delivery in child welfare from DCF to newly-created lead agencies; 4) create a more integrated and comprehensive child protective service system, and 5) more flexibly manage available resources.

- In 2001-02, the Florida Department of Children and Families (DCF) contracted with the University of South Florida Louis de la Parte Florida Mental Health Institute (FMHI) to conduct an evaluation of the four counties in which Community-Based Care (CBC) was operational in FY00-01: Sarasota, Manatee, Pinellas, and Pasco Counties. The Department contracted with FMHI again in 2002-03, and expanded the evaluation to include all counties that began implementing CBC in FY01-02. The current report includes information on Sarasota, Manatee, Pinellas, Pasco, Flagler, DeSoto, Hillsborough, Santa Rosa, Escambia, Walton, Okaloosa, and Volusia Counties. More detailed analysis is provided for two lead agencies: Hillsborough Kids Inc. (HKI) and FamiliesFirst Network (FFN), in order to provide an in-depth picture of their implementation process and identify emerging issues.

- As shown in Figure 1, Sarasota County, whose lead agency was the Sarasota YMCA Children, Youth and Family Services, Inc., was the first to provide services in Florida. Manatee County came under the Sarasota YMCA in 2000. Family Continuity Programs, Inc. (FCP), the lead agency in Pinellas and Pasco Counties, began implementation of CBC in 2000 and completed their effort in 2001. Desoto County began implementing in 2001 and became fully operational later that year. Flagler and Volusia Counties began implementing CBC in 2001, and became fully operational in 2002. Implementation also began in 2001 for FamiliesFirst Network of Lakeview Center, Inc., the lead agency for Santa Rosa, Escambia, Okaloosa, and Walton Counties, and in 2002 they became fully operational. Hillsborough County, whose lead agency was HKI, began implementation in 2002 and became fully operational that year.

Figure 1. Community-Based Care: Implementation Timeline



Status of CBC Implementation for Family Continuity Programs, Families First Network, Hillsborough Kids, Inc., and Sarasota YMCA Children, Youth, and Family Services, Inc.

- All four lead agencies have been successful in making the transition to Community-Based Care. Each developed different organizational models adapted to their local circumstances.

- The readiness assessment process, adequate start-up funds, and a planning year followed by a planned phase-in of services were critical to lead agency success.

- Establishing true partnerships between DCF (at both Central Office and District/Region levels) and the lead agency and between the lead agency and its provider network was a key element to successful implementation.

- To varying degrees, lead agencies and their provider networks evolved a "checks and balances" approach that was used for budget management, operations, review of performance indicators and service utilization, quality assurance and quality improvement. Regular reviews of budgetary and

performance information were used to identify and solve problems on an ongoing basis.

- Many lead agencies struggled with urban-rural differences that reflect cultural and ethnic diversity, imbalances in power over resources, and difficulties providing services across large distances in sparsely populated areas. Special attention needs to be paid to the problems associated with combining urban and rural areas within the structure of one lead agency.

- A much more substantial amount of time has been needed to fully accomplish systems change than was initially believed. One of the greatest challenges has been to change actual practice at the service delivery level.

- Three areas have continued to emerge as problematic: 1) in the sites visited, the role of community alliances was still unclear to many stakeholders, and in the sites visited, the community alliance had not taken a leadership role in developing local ownership of the child welfare system; 2) From the perspective of foster parents, the provision of adequate support for foster parents was a challenge during early CBC implementation; and 3) Involving parents and foster parents in treatment planning was a challenge for lead agencies.

- Lead agencies showed the capacity to develop important innovations, such as the Dependency Court Facilitation Program, the Children First Response Team, and care teams with shared responsibility for a group of families**.**

Quality

- Family participation was a critical and sometimes lacking factor in permanency planning and should be emphasized in lead agencies' quality improvement activities.

- Staffings of families in both sites focused on the safety of children and families, and provided a mechanism for care coordination.

- There is general agreement that the biggest impact on quality will be made by addressing reduction of caseload size and introducing competency-based skills development at the supervisory and direct practice levels.

Programmatic Outcomes

- The performance of CBC lead agencies in Florida was assessed on the Adoption and Safe Families Act (ASFA) required objectives (i.e., child

safety, permanency, and well-being). Six quantitative indicators were selected to measure child safety, permanency, and well-being: (a) the proportion of children exiting out-of-home care, (b) rates of reentry into out-of-home care, (c) rates of recurrence of maltreatment, (d) rates of reunification with parents, (e) rates of custodial placement with relatives, and (f) the proportion of children with finalized adoption. CBC counties were compared with each other and with the Rest-of-State on each indicator in order to develop a baseline performance level.

- Findings should be interpreted with caution, primarily because of the switch in data source from CIS to HomeSafenet (HSn). As developers and users refine HSn, more complex analyses of programmatic outcomes will occur in future evaluation studies.

Cost

- The overall conclusion about the difference in average costs per child was mixed. CBC and non-CBC sites experienced similar average costs per child for every year studied except FY00-01 and FY01-02. During those years, non-CBC sites experienced 29% and 16% higher average costs per capita for direct child protective services, respectively, than CBC sites. Findings for other per-child cost indicators should be interpreted with caution due to apparent undercounting by CIS and HSn of children who received child welfare services during FY00-01 and FY01-02.

- Approximately 4.5% of DCF's child welfare expenditures were for administrative expenses. The proportion of total expenditures used for administration ranged from 2.0% to 7.6% across the districts, and these administrative rates varied depending upon the method used for allocating Central Office administrative expenditures to the districts. The effect of CBC on administrative costs cannot be assessed from the data in this analysis, and conclusions cannot be made about the overall cost of CBC without considering the impact of administrative spending.

Policy Recommendations

- The Department of Children and Families should continue to encourage and support flexibility in how community stakeholders structure their CBC lead agencies. As noted earlier, the fit between the design of the lead agency, local resources, and context is a crucial factor in their success.

- The Department should encourage CBC organizational arrangements with a distribution and balance of control and accountability for budget

management, review of performance indicators, and continuous quality improvement processes.

- The Department should continue the practice developed over the past year of using technical assistance teams to support districts in their development of Community-Based Care.

- The partnership between DCF, the Professional Development Centers, and the lead agencies should prioritize skill development and competency training at the supervisory and case manager levels in evidence-based practices (e.g. family group conferencing, individualized care, and strengths based approaches).

- The role of the Community Alliances in some parts of the State needs to be resolved. Increased communication and role clarification between Community Alliances and lead agencies will benefit all parties.

- DCF and the lead agencies should continue to address and resolve several issues related to funding, such as appropriate levels of funding, inequities in funding levels across lead agencies, risk sharing, and administrative costs of lead agencies.

- A review should be conducted of laws and policies that assume that only "agents" of the State can carry out a function. For those functions that have been transferred to CBC, modifications are needed in statute or administrative code to allow the lead agencies to perform them.

- If a crisis similar to Rilya Wilson should unfortunately occur, it may not be appropriate or beneficial to apply uniform mandates statewide. Lead agencies should be allowed to provide evidence that they have practiced due diligence and be able to negotiate any additional actions that have been mandated in response to the crisis. If new tasks are required, additional resources should be allocated.

SECTION ONE: INTRODUCTION

In fiscal year (FY) 2001-02, the Department of Children and Families (DCF) contracted with the University of South Florida Louis de la Parte Florida Mental Health Institute (FMHI) to conduct an evaluation of the four counties in which Community-Based Care (CBC) was operational in FY00-01: Sarasota, Manatee, Pinellas, and Pasco Counties[1]. The Department contracted with FMHI again in FY02-03, expanding the evaluation to include all counties that began implementing CBC in FY01-02: Hillsborough, DeSoto, Okaloosa, Escambia, Santa Rosa, and Walton Counties.

The CBC Evaluation Plan has been designed in keeping with the legislative intent for CBC (s. 409.1671, F.S.), which is to assess quality of service, programmatic outcomes, and cost-efficiency of the CBC sites. Previous experience with the implementation of privatization and lead agencies in other parts of the nation has been inconsistent. In some cases the implementations were successful, while in others they have failed. Likewise, some implementations have achieved the promised benefits of privatization such as increased flexibility or reduced cost, and some have not, depending on local conditions and the implementation strategies used. However, a consistent finding is that in most cases, implementation took longer than expected (Gibelman & Demone, 1998). Because Florida's CBC initiative is still quite new in most counties, it is too soon to conclude whether the reform has succeeded or failed. Consequently, this evaluation focuses on preliminary outcomes and the advantages and disadvantages of privatization as it has been implemented in Florida thus far. This report's goal is to provide policymakers with concrete information and recommendations about next steps and mid-course corrections.

BACKGROUND

Ensuring the safety and well-being of children in the child welfare system has proven to be a long-term and complicated national problem, as noted in a recent national report by the Urban Institute (Malm, Bess, Leos-Urbel, Geen, & Markowitz, 2001). Ongoing issues identified in the report included: (1) escalating costs; (2) more families coming under care with more severe problems (e.g., substance abuse, family violence, and an increased severity of abuse and neglect); (3) increased public scrutiny of child welfare agencies; and (4) litigation against the system. Fragmented and uncoordinated services with little accountability to the state and the local community were also commonplace, as well as a chronic under funding of most state systems.

One proposed method for achieving more effective and efficient services has been privatization, known in Florida as Community-Based Care (CBC). The use

[1] For more information regarding the findings from the 2001-02 evaluation, refer to Appendix 1: Highlights from the 2001-02 Statewide Evaluation of Community-Based Care.

of privatization has steadily accelerated and can no longer be seen as a passing fad but rather as standard government practice (Daley, 1996; Freundlich & Gerstenzang, 2003; Greene, 1996). However, Community-Based Care encompasses more than just privatization. It was intended that CBC would: (1) create community ownership over child welfare issues; (2) improve the safety and well-being of children; (3) shift the responsibility for child welfare services to newly created lead agencies; (4) create a more integrated and comprehensive child protective service system, and (5) achieve cost efficiencies and more flexible management of resources.

The literature, however, tends to focus on the privatization issues rather than other characteristics of the CBC initiative (e.g., the use of a lead agency or local ownership of child welfare problems and services). The potential benefits of privatization are considered to be: (1) increased flexibility, particularly with respect to "red tape" and personnel matters; (2) greater competition and enhanced consumer participation; (3) better quality and more effective service; (4) enhanced coordination with other local agencies leading to greater continuity of care; (5) increased cost-effectiveness and administrative efficiency; (6) increased professionalism; (7) the promotion of innovation; (8) greater ability to alter or terminate programs; and (9) local investment in the governance process, which results in a better adaptation of the service system to local circumstances and increased local accountability (Gibelman & Demone, 1998; Paulson, 1988).

The privatization efforts that have taken place over the past 30 years have also revealed possible disadvantages to privatization that mirror the advantages. They have included such experiences as: (1) decreased public accountability and control; (2) difficulties in establishing, maintaining and monitoring performance standards and contractual obligations; (3) unrealized cost savings (partially caused by greater monitoring and contracting costs); (4) declines in service quality and the "skimming" of clients so that the most difficult and needy clients do not receive services; (5) unreliable and ineffective contractors; (6) the subjection of private agencies to public policy shifts and budget cuts that threaten the viability and stability of the agency; and (7) dramatic price increases as government loses the ability to provide the service itself (Fixler & Poole, 1987; Gibelman & Demone, 1998; Paulson, 1988).

The history of privatization efforts includes both major successes and major failures (Gibelman & Demone, 1998). While there has been an ongoing broadening of the kinds of services being privatized, the privatization of human services represents a relatively small percentage of all privatization efforts but has proven to be highly problematic. Unfortunately, there have been very few empirical examinations of these privatization efforts, which makes the evaluation of such programs even more important (Gibelman & Demone, 1998). Furthermore, a recent study of child welfare privatization activities by the Child Welfare League of America showed that privatization did not always lead to lower costs (CWLA, 2000). Part of the reason for this may be that child welfare

systems in general are chronically under-funded so there is little if any room for cost savings. Local circumstances and the implementation processes (the issues detailed in the policy framework described below) have been key factors in the success and failure of such efforts.

As part of this trend towards privatization and CBC, states and localities are increasingly turning to a model where a single agency is charged with coordinating and providing all services. The intent of this model is to reduce the need for families to negotiate a maze of individual agencies, improve the likelihood that there is a match between needs and services, increase access to services, and assume that families will be more accepting and trusting of local community agencies than services run by the state (McCullough & Schmitt, 2000; U.S. Government Accounting Office, 2000). This lead agency design has been the most common approach of state governments in the field of child welfare (McCullough & Schmitt, 2000).

In Florida, the 1996 Legislature mandated child welfare privatization and a lead agency design. The intent of the statute was to strengthen the support and commitment of local communities to the "reunification of families and care of children and their families," and increase the efficiency and accountability of services. The responsibilities of lead agencies, as defined by the original statute, were to:

- "Coordinate, integrate, and manage all child protective services in the community while cooperating with child protective investigations,
- ensure continuity of care from entry to exit for all children referred,
- provide directly or through contract with a network of providers all child protective services,
- accept accountability for achieving the federal and state outcome and performance standards for child protective services,
- have the capability to serve all children referred to it from protective investigations and court systems, and
- be willing to ensure that staff providing child protective services receive the training required by the Department of Children and Families" (s. 409.1671, F.S.).

In 1997, the move to Community-Based Care was impacted by the passage of the federal Adoption and Safe Families Act (ASFA), which amended Title IV-B (child welfare) and Title IV-E (out-of-home care and adoption assistance) programs of the Social Security Act. It was the first major child welfare legislation to be changed since 1980. ASFA stressed that child safety was paramount over reunification or placement issues and that there should be a focus on reducing the time children are in out-of-home care. In addition, ASFA established and set guidelines for child permanency hearings through which it must be determined in a timely manner whether reunification is a viable option. Services that a child and family need must be available right away to meet strict time guidelines. ASFA

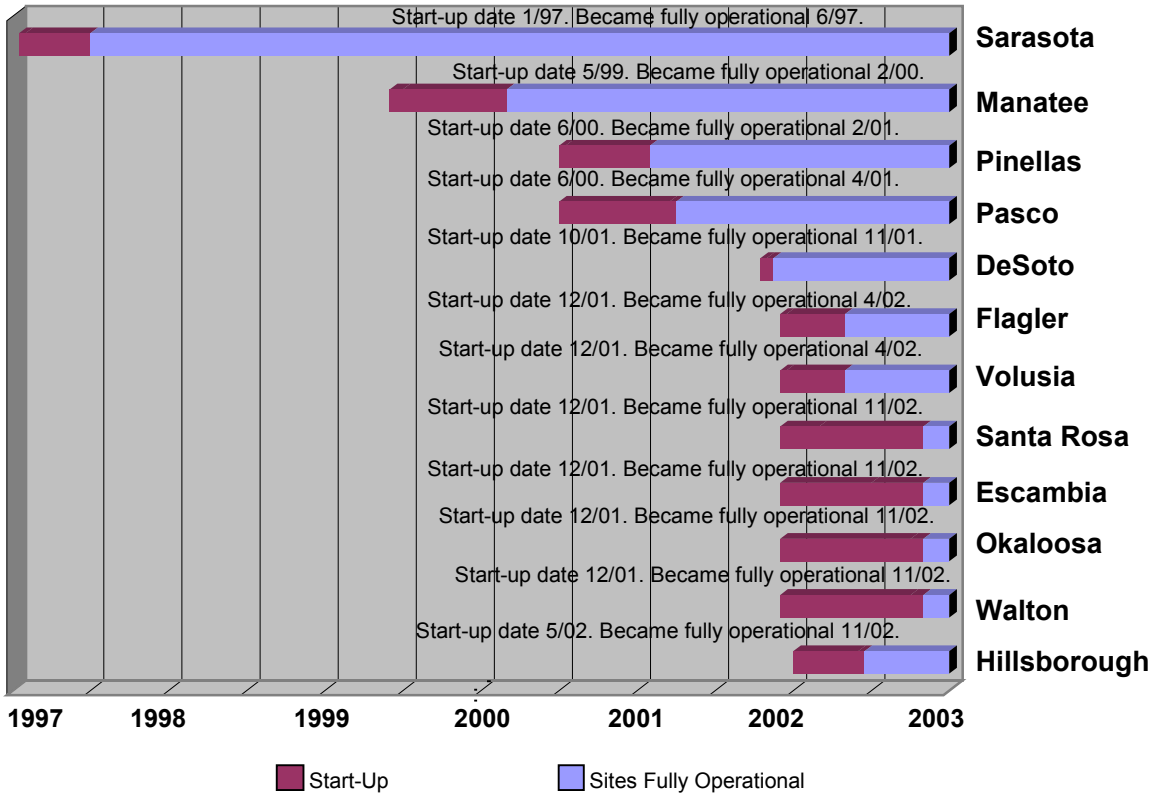
also required extensive coordination and communication between child protection and court systems. It expanded Title IV-E waivers for innovative child welfare services, and it required an annual report to Congress on how each state was meeting the ASFA standards. The seven major outcome goals that ASFA seeks to achieve in all states are:

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

In 1999, the Florida Legislature brought the State into compliance with ASFA by revising Chapter 39 and amending the original CBC bill, which expanded CBC statewide. The Community-Based Care Implementation Plan, issued in July 1999 by DCF, embraced the ASFA goals and the move to local community-based systems of care.

In most privatization arrangements across the country, lead agencies have been financed through capitation or case rate payments that reflect the actual number of people the agency is serving or likely to serve. Florida is the only state using a global budget transfer (see s. 409.1671, F.S.), that is, giving a fixed amount of money to the lead agency and making it responsible for providing all services needed to all children who enter the child welfare system (CWLA, 2000). Since a lead agency cannot unilaterally control, but can impact the number of children entering the system, it is at financial risk. This means that the financial stability and viability of the lead agencies and their provider networks must be evaluated as well. There have been reported instances where agency financial viability became problematic (Gibelman, 1998). DCF has recognized this possibility and worked with the lead agencies around issues such as sudden increases in enrollment and has taken steps to mitigate the potential financial risks under the purview of Senate Bill 632. This bill directs DCF, collaboratively with lead agencies, to develop a proposal regarding the long-term use and structure of a statewide, shared earnings program that addresses the financial risk resulting from unanticipated caseload growth or from significant changes in client mixes or services eligible for federal reimbursement.

Figure 1. Community-Based Care: Implementation Timeline



The lead agencies for the preceding counties are as follows: YMCA Children, Youth & Family Services, Inc. serves Sarasota, Manatee, and DeSoto Counties; Family Continuity Program serves Pinellas and Pasco Counties; Partners for Community-Based Care serves Flagler and Volusia Counties; FamiliesFirst Network serves Santa Rosa, Escambia, Okaloosa, and Walton Counties; and Hillsborough Kids, Inc. serves Hillsborough County.

As can be seen in Figure 1, lead agencies implemented CBC at varying times. It is important to remember this fact when evaluating their progress.

The YMCA, Children, Youth and Family Services, Inc. serves as the lead agency in three counties: Sarasota, Manatee, and DeSoto. Sarasota County began to provide services in January 1997 and reached full implementation in June 1997. The contract amendment for Manatee County was signed May 1999, operations began in June 1999, and they were fully operational in February 2000. DeSoto County became fully operational in November 2001, with the service contract signed in October of that same year. Family Continuity Programs, Inc. (FCP), the lead agency in Pinellas and Pasco Counties, took a different approach and organized services around 5 geographic service centers. The first of 3 service centers located in Pinellas County began operations in June 2000, the second in January 2001, and the third in February 2001. In Pasco County, the two

remaining service centers began operations in April 2001. The contract for both counties was effective on June 30, 2000.

Partners for Community-Based Care (PCBC), the lead agency in Flagler and Volusia Counties, signed a service contract in December of 2001. They began operating that same month and then became fully operational in April 2002.

Lakeview Center, Inc., which serves as lead agency for all four counties in District One (i.e., Escambia, Santa Rosa, Okaloosa, and Walton Counties) was awarded a start-up contract in April 2001, and signed the services contract in December 2001. The process of transitioning to CBC was staged to accommodate the multi-county coverage of the contract. Santa Rosa County was transitioned in March 2002, Escambia in July 2002, and finally Okaloosa and Walton Counties in October 2002. All four counties became fully operational in November 2002. FamiliesFirst Network is the Lakeview Center subsidiary organization that has day-to-day lead agency responsibility.

Hillsborough Kids, Inc. (HKI) was selected as the lead agency in Hillsborough County in March 2001, and signed a transition contract in May of that same year. The service contract was signed in May 2002, and HKI became fully operational in November 2002.

ORGANIZATION OF REPORT

Based on the framework described in the CBC Conceptual Model (see Figure 2, page 9), the evaluation used a mixed-method approach to investigate all of the domains of the conceptual framework. There were four major components to the evaluation (see Table 1), which together provided an integrated evaluation of the CBC initiative: (1) an implementation study examined the issues around CBC implementation and monitoring of CBC sites; (2) the study of quality of services provided under CBC; (3) an outcome analysis that used existing administrative child protection data; and (4) a cost analysis component.

Table 1. Community-Based Care Evaluation Summary

Research Evaluation Component	***Key Methodologies***	***General Purpose***
Implementation Analysis	Stakeholder interviews and review of key documents	Examined issues around CBC implementation and monitoring from multiple perspectives
Quality Analysis	Semi-structured interviews and observations	Examined quality of services from multiple perspectives in the site visit locations
Outcome Analysis	Analysis of existing administrative child protection data	Obtained baseline data and examined programmatic outcomes in CBC counties
Cost Analysis	Analysis of expenditure data	Examined differences in cost-efficiency and administrative costs between CBC and non-CBC counties

The conceptual model guiding the evaluation will be explained in the following section. The report is presented in four sections. The current section includes a review of pertinent issues and literature regarding the privatization of child welfare. The second section explains the conceptual model guiding the evaluation. This section also describes the overall research questions, the evaluation questions, and the indicators based on the CBC Conceptual Model. The next section presents the results of the evaluation and is divided into the four major evaluation components: (1) the implementation study, (2) the study of quality of care, (3) programmatic outcomes, and (3) the analysis of expenditures. The final section of the report includes a discussion of the findings, policy implications and recommendations.

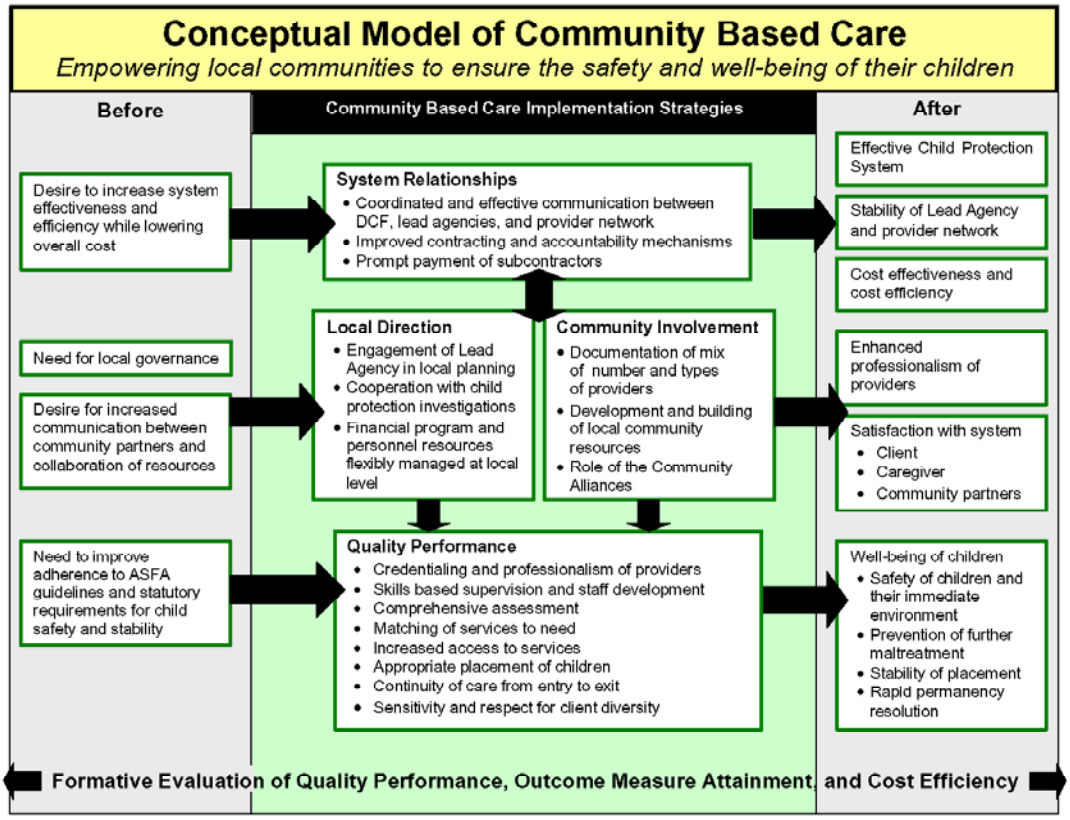
SECTION TWO: METHOD

CBC CONCEPTUAL MODEL

Figure 2 depicts the conceptual model used for this evaluation. The left side of the model highlights the conditions existing before CBC implementation and the justification for the legislation establishing Community-Based Care. These conditions summarize the issues facing child welfare agencies discussed in the background section of this report. The CBC implementation strategies depict the processes expected to lead to enhanced quality performance as well as the basic indicators of performance quality. This part of the model is based on the prior discussion of the potential advantages of privatization and the evolving public policy expectations for child welfare services as expressed in ASFA and the Florida statutes. Finally, the expected results of the privatization initiative are outlined on the right side of the model. This model provides the theoretical underpinning for the evaluation, which is designed to address most of the elements in the latter two stages of the model.

The evaluation used qualitative and quantitative study methods to enable as much triangulation (i.e., to compare the consistency of results across methods) as possible in answering the research and evaluation questions. The implementation component explored system relationships, local direction, and community involvement aspects of the conceptual model. The quality component attempted to assess the quality of service planning, parent satisfaction with system, and well-being of children. The programmatic outcomes component, in conjunction with the quality and the implementation pieces, was responsible for evaluating the effectiveness of the child protection system, the permanency of placements, and child well-being. The cost analysis component evaluated the cost-effectiveness and cost-efficiency of the CBC model. Each component addressed various research questions (see Table 2, Page 11). Again, the implementation study provides the context in which to interpret the findings of the individual components and to integrate them into a coherent whole.

Figure 2. Conceptual Model of Community-Based Care



RESEARCH AND EVALUATION QUESTIONS

The following table (Table 2) details the research questions in this evaluation, the evaluation questions related to these research questions, the indicators that were used to answer these questions, and the main source of data for the indicators.

Table 2. Research and Evaluation Questions

Research Question	*Evaluation Question*	*Indicator*	*Source*
Is Community-Based Care an effective child protective system?	How do total expenditures for child protective services (CPS) in the CBC sites pre- and post-CBC compare with expenditures in the non-CBC counties?	• Total direct services expenditures for child protective services • Total administrative expenditures for child protective services • Total expenditures for child protective services	Expenditure Data
	Are there cost-efficiency differences between the CBC and non-CBC sites?	• Average expenditures per child served • Average expenditures per child day • Average expenditures per capita	Expenditure Data
	Has the implementation of CBC facilitated a more effective child protective system compared to the state-run system?	• Quality of relationships between state, District/Region, and CBC • Client and partner satisfaction with CBC • Improved service accessibility	Implementation & Quality Data
	Has CBC effectively established accountability and contracting functions? Do the lead agencies and provider network members have sufficient financial stability and viability?	• Appropriate contracting and quality assurance systems are in place • Changes in funding and service priorities • Change in ratio of expenditures to income	Implementation & Expenditure Data
	What have been the barriers/facilitators to successful implementation? How is CBC organized with respect to the lead agency, District/Region Office, and Provider Network? Is there a fit between CBC local context, system design, and organization/system structure?	• Failure/success in meeting contract requirements • Reported implementation issues/successes in interviews • CBC organizational structure congruent with service delivery strategy	Implementation Data

Table 2. Research and Evaluation Questions (cont.)

Research Question	*Evaluation Question*	*Indicator*	*Source*
Does Community-Based Care identify and meet the needs of children and families?	Are child and family service plans comprehensive?	Service plans address: • the issues that brought the family to DCF, • the underlying causes of concern, • continuing safety risks, and • desired functional outcomes.	Quality Data
	Are needed services provided to children and their families in a coordinated manner?	• Services are provided to children and families in a way that is coordinated across disciplines and child serving agencies.	Quality Data
	Are local community resources being developed to meet identified needs?	• New and/or innovative services are being designed by lead agencies in conjunction with community partners.	Implementation & Quality Data

Table 2. Research and Evaluation Questions (cont.)

Research Question	*Evaluation Question*	*Indicator*	*Source*
Does Community-Based Care ensure the safety and well-being of children?	What is the proportion of children exiting out-of-home care during first 12 months after entry?	• Proportion of children who exited out-of-home care.	Programmatic Outcome Data
	What is the proportion of children reentering out-of-home care within 12 months after exiting their first episode in out-of-home care?	• Proportion of children reentering out-of-home care.	Programmatic Outcome Data
	What is the proportion of children with recurrence of maltreatment within 12 months of their first episode of maltreatment?	• Proportion of children who had recurrence of maltreatment.	Programmatic Outcome Data
	What is the percentage of children who were returned to parents?	• Percentage of children returned to parents.	Programmatic Outcome Data
	What is the percentage of children who were placed with relatives for long-term care?	• Percentage of children placed with relatives for long-term care.	Programmatic Outcome Data
	What is the percentage of children with finalized adoptions?	• Percentage of children with finalized adoptions.	Programmatic Outcome Data
	Are children safe from manageable risk?	• Children are living in settings in which they are free from imminent risk of abuse and/or neglect.	Programmatic Outcome & Quality Data Study
	Are children residing in stable and permanent placements?	• Children are living in stable placements with adequate supports to maintain the placement.	Quality Data Study

SECTION THREE: FINDINGS

STUDY OF THE IMPLEMENTATION OF COMMUNITY-BASED CARE

Rationale

This component of the evaluation relates primarily to the research question "Is Community-Based Care an effective child protective system?" and the implementation strategies portion of the CBC Conceptual Model. Although three additional counties are addressed in the Programmatic Outcomes section of this report (DeSoto, Flagler and Volusia), this component is limited to the counties where the evaluation team has conducted either stakeholder interviews and/or site visits (Manatee, Pasco, Pinellas, Sarasota, Hillsborough, Escambia, Santa Rosa, Okaloosa and Walton Counties).

The American system of government is characterized by both checks and balances, and multiple jurisdictions, which make the implementation of inter-governmental programs extremely complex. A landmark study of program implementation demonstrated that the implementation of complex programs is extremely difficult and time consuming even under the best of circumstances (Pressman & Wildavsky, 1979). Consequently, even when programs are well conceived, have sufficient resources, and have political and administrative support at multiple levels they are still likely to face substantial implementation problems because of the complexities of system change. This is particularly true when dealing with difficult problems like child protective services. System change takes a long time even under the best of circumstances (Pressman & Wildavsky, 1979). For example in Sarasota County, the oldest CBC site, the Department's reorganization and subsequent creation of the SunCoast Region added new challenges to their implementation of Community-Based Care.

It is important, therefore, not just to evaluate whether CBC is working but also to understand the implementation issues and the context in which the lead agency is operating and services are being provided. Looking at outcome data in isolation can lead to a distorted picture of reality, as there may be multiple interpretations of the same results. The implementation component, therefore provides the context within which quality, cost and programmatic outcomes can be interpreted. For example, if costs increase, there may be multiple causes: the lead agency was less efficient; the contracting, monitoring and data management costs were greater than anticipated; or, it could be that a higher level of services were being provided to individuals who did not have prior access to such services. Similarly, lower costs to the State may be a function of multiple causes: the lead agency found ways to increase local or federal revenues, or the lead agency shifted costs to other systems (either through enhanced cooperation or by referring to another agency). In other words, understanding the contextual

issues is crucial to interpreting the data in ways that enable policymakers to draw valid and meaningful conclusions. Additionally, since the implementation process involves multiple stakeholders with different agendas, the process is difficult to investigate. The best approach for studying these implementation issues is a qualitative methodology involving semi-structured, theory-driven interviews with stakeholders at multiple levels within the system (Yin, 1994).

This component of the evaluation used a general framework for looking at implementation policy (Elmore, 1980; Paulson, 1981, 1987; Pressman & Widavsky, 1979; Van Meter & Van Horn, 1975; Williams, 1976)[2]. The framework is comprised of five different areas, each relating to a separate set of implementation issues:

1. Policy
2. Characteristics and capacity of the implementing agencies
3. Leadership and commitment of the implementing agencies
4. Competing or conflicting priorities, programs, policies, or procedures which impeded implementation
5. Interorganizational relationships across multiple jurisdictions, particularly with respect to communication, authority, governance, and power

Additional questions relevant to understanding the overall history and context of CBC implementation were included.

Site visits were conducted at Hillsborough Kids, Inc. and FamiliesFirst Network in April 2003. Prior to each site visit, a designated team leader reviewed relevant documents and prepared a background report to familiarize team members with the agency. Activities included review of pertinent documents; interviews with key stakeholders from the lead agency, its partner agencies, district/regional staff and community stakeholders; observations of regularly scheduled meetings; observations of child staffings; focus groups with foster parents, and interviews with parents being served by the lead agency. A semi-structured interview protocol was used for the interviews with key stakeholders and parents, and The Team Observation Form[3] was used for the staffing observations. All interviews were audio taped and conducted by two team members.

After the site visit, team members submitted written notes to the team leader and audiotapes were transcribed. A content analysis of the transcriptions and written notes was conducted. The responses of the stakeholders were analyzed to

[2] The study of policy and program implementation was a robust field with substantial publications for a short period of time. A literature search turned up no new refereed publications and all materials examined turned out to be unpublished small scale evaluations of specific programs or studies of the implementation of specific treatment interventions such as the literature on fidelity scales.

[3] The Team Observation Form was developed by Dr. Michael Epstein at the University of Nebraska-Lincoln. It was designed to assess the degree to which evidence that behaviors observed throughout family case planning meetings reflect system of care and Wraparound principles. Trained observers attend meetings in which families are engaged by family counselors and other providers in identifying their needs and planning services, and record their observations.

identify critical issues and common themes, as well as the similarities and differences across each of the major perspectives.

Upon consultation with DCF Central Office, central office employees were not interviewed for this evaluation report. However, last year's report as well as future studies will include more viewpoints from this level. Therefore, a limitation of this report is that it reflects the perspectives of regional, district, and lead agency staff more so than central office staff.

Progress on FY01-02 Recommendations

Last year's evaluation identified four major issues that needed to be resolved:

1. The nature of the relationship between DCF and the lead agency and its provider network
2. The role of the Regional/District office
3. The program monitoring and auditing process
4. The management information system, data collection, and reporting processes

Fortunately, there has been some progress in all of these areas. The nature of the relationship between DCF and lead agencies is still challenging and steadily evolving. However, now that more lead agencies have received contracts, there is increased need for a forum to raise these issues and to work toward resolution. It is important to note that the lead agencies are sharing information among themselves and with DCF and continuing in good faith to attempt to resolve critical issues. DCF holds regularly scheduled leadership forums with the lead agency executive directors where these issues can be discussed. As previously noted, the role of district, Regional and the DCF Central Offices is currently under examination, including the distribution of functions across the different levels, the number of staff, and the nature of their functions as CBC implementation progresses.

Substantial progress has been made with respect to program monitoring and auditing. A number of audits have been combined, and in some cases accreditation visits have been scheduled to coincide with State monitoring. The number of audits and monitoring visits has therefore been reduced. However, this is still a work in progress. Again, the important trend to note is that more dialogue is occurring and there have been a number of attempts to make the monitoring and auditing process more efficient and useful.

While no one would say that HomeSafenet (Florida's name for its statewide automated child welfare information system) is without problems, respondents reported that Secretary Regier has been more flexible about how information may be entered and how the system is used. There now appears to be a greater dialogue between programmers and end users. Progress has been made in

getting reports out of the system, and HKI has in fact developed programs to extract data that the lead agency can use in its operations. There were still major concerns expressed by some interviews that HSn was not user friendly and was particularly cumbersome for use by case managers. The backing off of the policy by the new Secretary that case managers had to enter all the data was viewed as beneficial by the lead agencies.

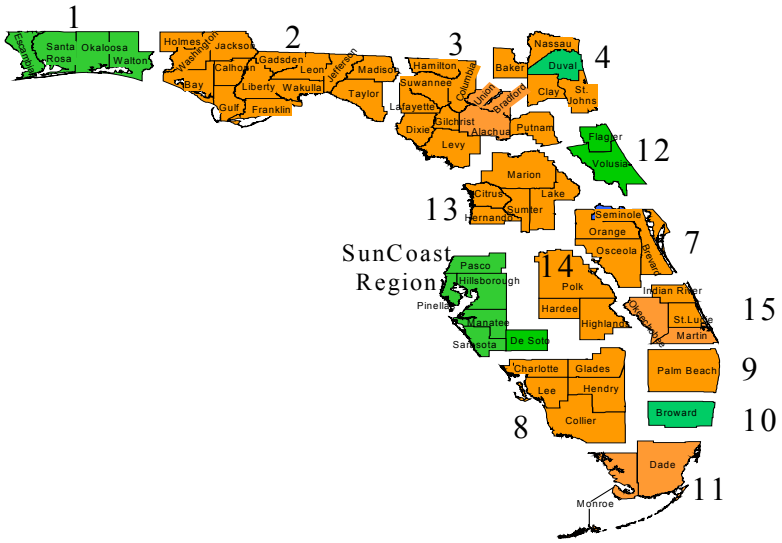
FY02-03 Findings

Lead Agency Organizational Characteristics

When comparing the results of the previous evaluation (June 2002) to the current one, it is important to remember that the pace of implementing CBC has accelerated dramatically. As illustrated in Figure 3 below, every district is now involved in some phase of the CBC implementation process. This creates a very different environment in which policy and jurisdictional issues need to be addressed, compared to prior years when only a few lead agencies were operational.

Three of the lead agencies (Sarasota YMCA, FCP, and HKI) are located in the SunCoast Region. The Region Office was able to learn from the experience of its successive implementations. In addition, the current CEO of HKI had previously been the CEO of the Sarasota CBC and was able to bring to HKI what had been successful in Sarasota (e.g., shared vision for agency mission, unified team for children and families, partnership among agencies). Furthermore, District One was the first to implement CBC entirely under the new Invitation to Negotiate (ITN) framework. The ITN process is designed to allow for the flexibility inherent in lead agency approaches, more so than the traditional request for proposal (RFP) process.

Figure 3. Status of CBC Implementation as of September 2003



Service Contracts
SunCoast Region
District 01
District 12
Duval County
District 10 (Phasing in services)

Start-Up Contracts	
District 15	Brevard
District 14	Orange/Osceola Counties
District 9	District 3
District 2a	St. Johns County
Seminole County	Nassau County
District 8	Clay/Baker Counties
District 13	District 11
District 2B	

In the June 2002 evaluation report, it was noted that change doesn't occur in a vacuum and that other major systems changes were occurring along with the implementation of CBC. This was also true for HKI and FFN. Both sites were profoundly affected by systems changes prompted by the Rilya Wilson case and the Governor's Blue-Ribbon Panel on Child Protection, as will be described later. There was also a major leadership change at DCF, a circumstance that commonly results in a period of uncertainty and transition. In District One, CBC was only one of three ongoing major system innovations involving many of the same agencies at the same time. The other two were Senate Bill 1258, which called for a financing and contracting redesign strategy for mental health and substance abuse services, and the Prepaid Mental Health Plan, a Medicaid managed care strategy. Both initiatives also demanded considerable time, talent, and resources.

Even though more CBC sites were in various phases of operation during FY01-02 and were seen as very important by DCF, they were still, nevertheless, only a small part of the agency's overall operation. Consequently, policies, procedures, and structures evolved as the need arose through a negotiated process rather than as a more organized "roll-out" that might be required in a statewide effort. This created a considerable added burden on DCF policymakers who had to consider every policy from two perspectives – that of DCF operations and that of the lead agencies. As a greater proportion of DCF operations fall under CBC, this dual role will become even more stressful and complex and will require major adjustments to the way in which DCF organizes and conducts its business. It is important to recognize that DCF is not only providing services to a vulnerable population in a highly-volatile political environment, but is also simultaneously making enormous changes to the structure and culture in which it operates. These organizational issues are further complicated by the fact that child welfare is only one of DCF's functions.

Models of Community-Based Care: Four Unique Approaches

The lead agencies included in this evaluation represent different models and strategies based on different sets of circumstances, and can serve as prototypes for future implementation. The following is a brief discussion regarding the sites included in the previous evaluation (Sarasota, Manatee, Pinellas, and Pasco Counties) followed by a more detailed description of the two new sites (Hillsborough County and District One). Some of the advantages and disadvantages of these different models will be presented, and the variety of questions new agencies have to answer (e.g., whether to contract for or provide services, how quickly to start operations, whether to centralize or decentralize certain functions) will be considered. Partners for Community-Based Care, PCBC, were not site-visited and therefore, we do not yet have detailed information on PCBC's implementation approach.

Sarasota YMCA: The Sarasota YMCA is a large agency with a well-developed infrastructure but with no prior experience in delivering child welfare services. Sarasota YMCA sees its role as being a leader and advocate, and contracts out all case management and intervention services in the three counties it serves. The intent was to deviate from the existing system where all the services were provided by one agency. They believe that having multiple sub-contractors provides a built-in system of checks and balances that doesn't exist when one agency has a monopoly on all services. Over time, the existence of these checks and balances, in which agencies are accountable to each other for their components of the service system, has been validated and identified as one of the strengths of the system. The lead agency has provided the administrative infrastructure (e.g., maintenance of all case records), and reports budgetary and programmatic information on a regular basis to its major committees. This approach assures that everyone shares responsibility for functions such as tracking trends and identifying problems. Since this lead agency has been

operating the longest, they are operating at full capacity and many implementation challenges have been resolved.

Family Continuity Programs: Unlike the Sarasota YMCA, FCP was a small mental health and substance abuse service provider with a less well-equipped infrastructure for such a major undertaking, forcing them to concentrate much of their initial effort on strengthening their infrastructure. The community in Pinellas and Pasco had been planning for CBC for several years and their top priority was integrated services. Because integrated service teams operating out of separate service centers would be a major cultural shift for all of the providers, FCP decided to maintain leadership over the integration by providing the case management function. FCP views case management as the "glue" for the service teams, although they plan to eventually subcontract case management services.

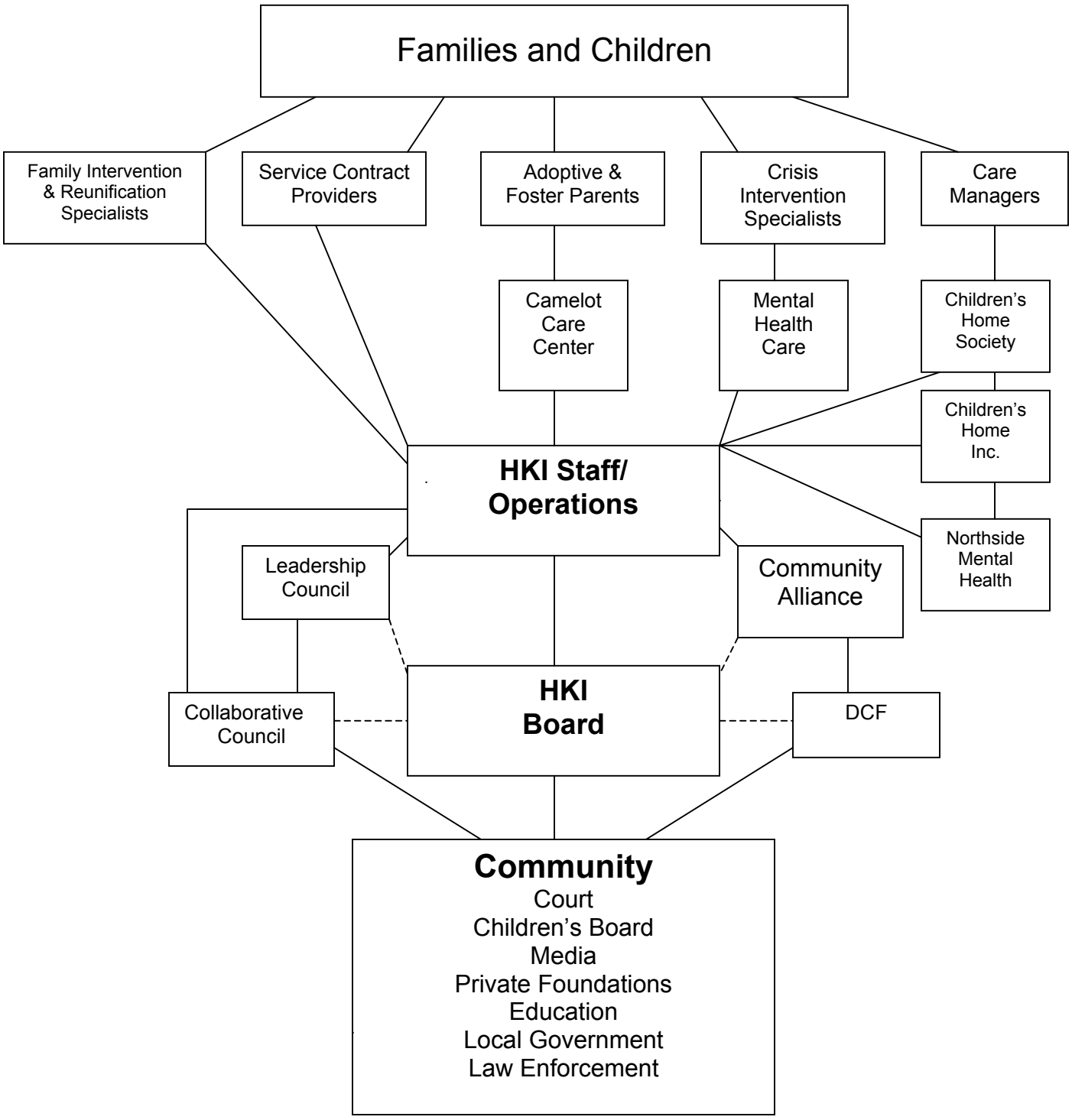
FCP decided to take a staged approach and opened their service centers one at a time. This approach enabled FCP to learn from each service center start-up so they could refine the model, rather than rush and try to implement them all at once, which might have stretched their administrative resources beyond their capabilities. However, because of the time involved in recruiting and training workers for the service teams as described above, and case worker turnover, FCP is only now approaching complete staffing (i.e., all staff have full caseloads). One disadvantage in bringing the centers online in stages was that, for a relatively extended transition period, there were areas that were understaffed and service teams that were under development.

Hillsborough Kids, Inc.: In Hillsborough County, planning for the transition to CBC started in May of 1998 under the sponsorship of the Hillsborough County Children's Board. The planning process included an Executive Oversight Committee, a number of subcommittees, as well as provider agencies, community leaders, and advocates. In the summer of 2000, the Hillsborough County Comprehensive Plan for CBC was released. There were a number of large provider agencies in the county, many of which wanted to be the lead agency. Rather than choose an existing agency, it was decided instead to create a new agency, Hillsborough Kids, Inc. (HKI) as an Administrative Service Organization (ASO). An ASO is a contractual arrangement whereby an organization provides only the administrative services required by a payer and subcontracts the service provision function. The CBC ITN was released in November 2000 and in March 2001, HKI was selected. HKI was created in a community that had a strong commitment to: (1) developing its own vision of a system of care, and (2) considerable local ownership. CBC was seen as an ideal vehicle for accomplishing this vision.

The Department of Children and Families and HKI signed a start-up contract in May 2001, a services contract in January 2002, and a lead agency contract in May 2002. HKI performs administrative services including financial management, data services and communication, and quality assurance. Child protection

services are performed by a network of local community-based agencies, including five partner agencies that share financial risk with HKI. Three partner agencies (Children's Home, Inc., Children's Home Society of Florida, and Northside Mental Health Center, Inc.) each operate a care center with geographic responsibility for child protection services (see Figure 4, HKI Organizational Structure).

Figure 4. Hillsborough Kids, Inc. (HKI) Organizational Structure



Each care center has a director, an operations manager, and six supervisors (two from each partner agency). A supervisor is responsible for five care teams, and the supervisor's teams are hired by his/her partner agency. Each team consists of a coordinator and two care managers, and is responsible for approximately 50 children. One team member has primary responsibility for each child, but each team member is familiar with all the children on the team. The five teams also use the services of a family support specialist.

A fourth partner, Camelot Community Care, Inc., has organized the Foster Home and Adoption Network (FHAN), a network of seven agencies responsible for recruitment, licensure, and training of foster and adoptive families. This network has created and employs Family Development Specialists whose role is to support foster and adoptive parents in caring for their children.

Mental Health Care, Inc., the fifth partner, operates the Children First Response Team, designed to respond immediately to crisis situations and prevent the need for a family to enter the formal system. The team works with child protective investigators and provides 6-9 weeks of early intervention services to prevent entry into the out-of-home care system.

FamiliesFirst Network: In contrast, District One presented an entirely different set of circumstances. The lead agency governs a predominantly rural, four-county district covering a large geographic area with many resources concentrated in Escambia County. Community leadership, particularly in Escambia County, is very stable. Those in leadership positions have worked together on numerous projects and have longstanding personal relationships with one another, creating an atmosphere of trust commonly found in a rural area. Although the District Administration initially felt that privatization was bad public policy, they agreed to implement CBC when it became clear that it would remain State policy.

Planning for the transition to CBC in District One began in 2000. The planning process initially included a steering committee in the District Office. The District had a very strong human services board. Before the board was abolished, it held community forums in each county and a district-wide forum in which service providers, judges, foster parents, and other community stakeholders were invited to discuss CBC. The forum participants expressed a desire for an agency with breadth and depth and the capacity to manage the large amount of money involved; they did not want a virtual agency, nor did they want to create a new agency. Given the relatively scarce resources available in the area, it made sense to rely on an organization that already had the capacities needed to operate as a lead agency. However, this approach greatly limited the available options for a lead agency, and made some respondents feel as if it "was a done deal". The ITN was released in the summer of 2000 and the response submitted in September 2000. Lakeview Center, Inc. was selected, and Lakeview created a new division called FamiliesFirst Network (FFN) to operate as the lead agency. Lakeview Center, Inc., is a non-profit behavioral health care center that has been

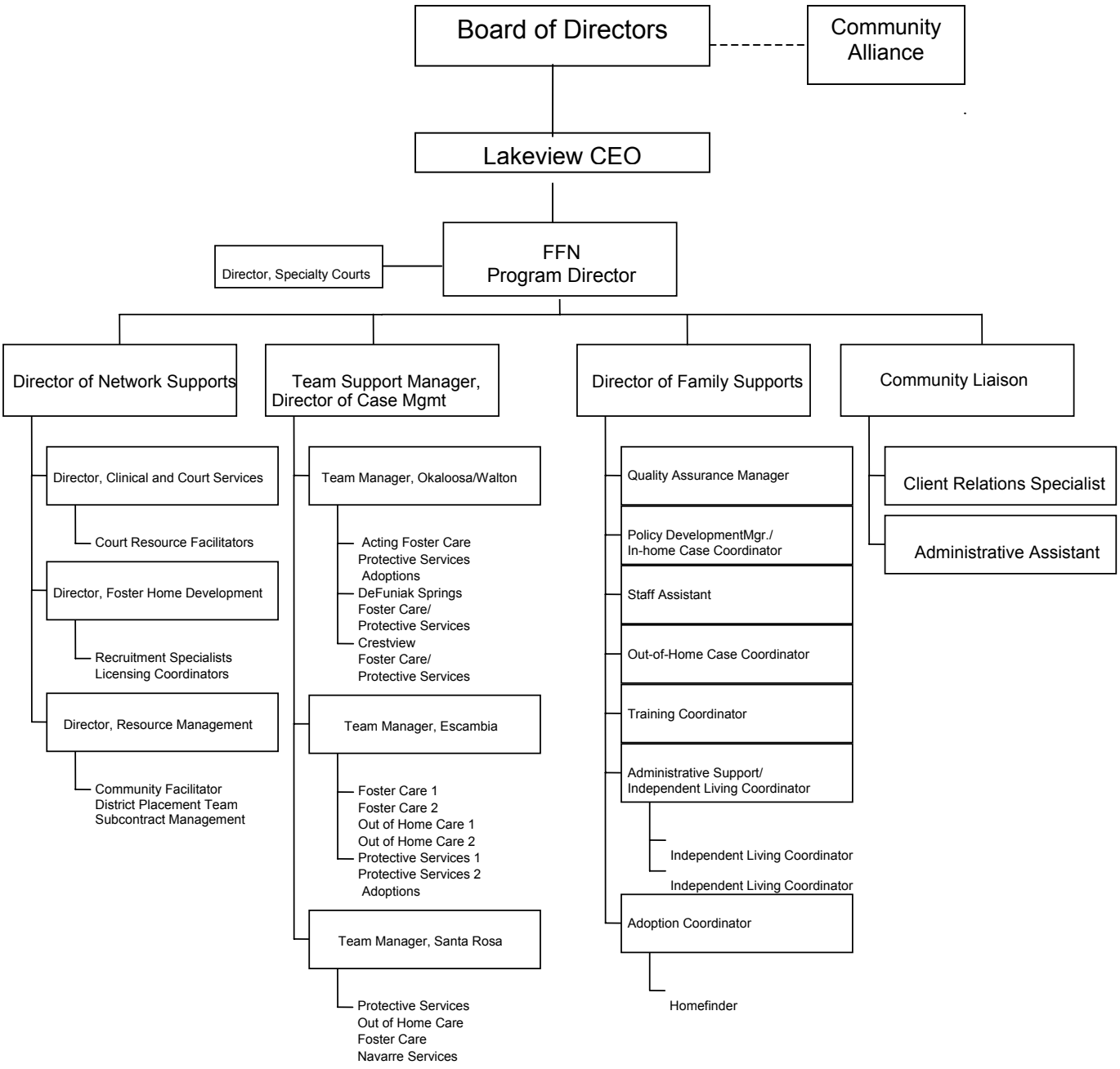
operational since 1954. Five years ago it became affiliated with Baptist Health Care, the largest health care provider in District One. The Lakeview Center Board of Directors governs FFN. DCF has continued to provide child protection investigation and legal services.

FFN performs administrative services including financial management, data services and communication, and quality assurance. In contrast to the other lead agencies, FFN provides nearly all services directly through six service centers in the four counties (although there are some subcontracts with other service providers).

As shown in the organizational chart in Figure 5, FFN has three team leaders: one supervising the two centers in Okaloosa and Walton Counties, one overseeing the Escambia County center, and one supervising the two service centers in Santa Rosa County. DCF protective investigation staff are co-located at each center. Each center has different numbers and types of workers.

In addition to the service centers, FFN has four distinct components. The foster home development program has district-wide responsibility for recruiting, training, conducting home studies, and making recommendations for licensure and re-licensure of foster homes. The District placement team makes all foster home and shelter placements and provides foster parent support services. The Dependency Court Resource Facilitation program has liaisons assigned to each of the dependency courts in the district and provides case coordination through the judicial process. FFN employs approximately 250 staff.

Figure 5. FamiliesFirst Network (FFN) Organizational Structure



Quality Assurance: Partnership Model vs. FFN's Approach

While all the models are a reasonable fit for their local context, several themes emerged that could be instructive for future lead agencies. First, every lead agency except FFN relied on a provider partnership for quality assurance. In the partnership model, monthly meetings were held with the CEOs of each partner and provider organization where information on budget, staffing, performance indicators, and service utilization were reviewed. Issues and problems experienced by everyone were openly shared. There were also joint operations and quality assurance meetings. Two significant benefits of the partnership model emerged from stakeholder interviews throughout the sites. The first benefit is that there was full disclosure of all information about each agency (i.e., budgets, staff, performance measures, etc.). Over time, the partnering agencies moved from a "me perspective" to a "we perspective". This resulted in the second benefit - shared ownership of the system of care and a commitment to continuous quality improvement. One provider agency, for example, volunteered funds to help out another agency. Greater creativity, flexibility, and energy seemed to result from the partnership model.

On the other hand, Lakeview Center is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and uses JCAHO's quality assurance standards. FFN adopted these JCAHO criteria. While FFN's approach lacked the same system of checks and balances found in the partnership model, the accreditation process provided an external check on their quality assurance process. Without these additional checks and balances, there is a danger of complacency (such as found in a monopoly), where there is less urgency in identifying emerging issues and a potential lack of innovation in solving problems.

As noted below, the Community Alliances had not served in a quality assurance role at three of the four sites. They had instead become a forum for major funders and other stakeholders to share information, plan, identify and resolve emerging community problems. In District One, the Alliance focused mainly on child welfare and had a greater quality control function. FFN regularly provided the Community Alliance with plans, outcomes, monitoring results, and program issues.

Cultural Differences Between Rural and Non-Rural Areas

A second theme is the challenge of equitably allocating resources and managing service provision when the service area is primarily rural. For example, in District One, some respondents from Okaloosa, Santa Rosa, and Walton Counties said there was a clear feeling in these rural counties that all of the resources were controlled by Lakeview Center, which is located in Escambia County.

It appeared that the culture in the rural counties differed from Escambia, as was observed when the rural parts of Pasco County were compared to Pinellas County. For example, in rural areas the work culture was based primarily on personal relationships. Most people tended to be from the area and professionals in particular were likely to have long standing relationships with each other in a variety of roles. Since there was relatively little turnover compared to urban areas, people established trust and felt free to simply pick up the phone and discuss a problem directly. There was also a tendency to view outsiders (especially those from urban areas) with some distrust and, until proven otherwise, a feeling that they did not understand their situation. It was evident that rurality had a significant impact on culture and other issues related to child welfare, and should be considered when creating alignments for lead agencies in such locations. Geographic contiguity does not necessarily mean cultural or even economic consistency (e.g., people may shop in another area). To achieve local ownership, it is important that there be a shared identity among key stakeholders.

Feasibility of Awarding Lead Agency Contract to New Organization

A third theme is that HKI has shown that it is feasible to award a lead agency contract to a new organization. In urban settings where there are multiple strong agencies, awarding the contract to one agency can have major political consequences and create strong antagonism between the lead agency and those who weren't chosen. This would make creating partnerships difficult and could result in the other agencies providing less than enthusiastic participation. HKI, in contrast, reportedly had been successful in creating a true collaborative partnership. This finding is based on interviews with all of the key partners and direct observation of several different types of meetings involving persons at various organizational levels. When the CEO was hired, he expanded the number of partners and became more inclusive rather than exclusive. Observations at a number of meetings also demonstrated that, even in the short time the lead agency had been operating, individuals acted as HKI participants, rather than as representatives of their respective partner agency. It was clear that there was a sense of joint ownership of both problems and solutions, with no energy lost to placing blame.

Staff Recruitment and Retention

There are a number of ongoing common issues for the lead agencies. Recruiting and retaining initial staff during the transition was still a problem despite considerable efforts by the Region and District Offices to directly support the transition. The fact that both HKI and FFN started at the same time as the Rilya Wilson incident further complicated their recruitment and retention efforts. Human resources issues presented special challenges to HKI where each of the major partners' personnel policies had different pay scales and benefit packages so that issues of equity among them and between existing workers and new workers brought on by DCF were particularly sensitive.

Innovations

Even though both lead agencies had only been operating for a short time, HKI and FFN had shown their capacity to establish important innovations. HKI created a Crises Response Team, which intervened immediately if the investigator felt that there was no immediate danger to the child and that services might prevent the family from becoming formally involved with the child protective system. The Crises Response Team provided intensive home services and had a reported 85% success rate in keeping their participants from being placed under DCF supervision. FFN has established Youth Transition Coordinators to work with adolescents in obtaining emancipation and transitioning into adulthood. This program was in its early stages but was an important response to a group of families who frequently fall between the cracks. In addition, FFN's Court Facilitation Program was a major innovation that forged a new partnership between the courts and the lead agency, which ultimately should lead to better assessments, interventions, and permanency decisions within the ASFA timelines. The program was developed out of concern that the court was not getting timely information in order to make decisions about the child's status and to meet ASFA standards for permanency. The facilitator's job was to identify problems in the system and to facilitate caseworkers in getting the information and preparing the reports for the court in a timely manner and in a format that would be most helpful to the court. The facilitator, therefore, was both a resource to the FFN case workers and to the courts. There were five Dependency Court judges in District One with a facilitator assigned to each judge. These innovations have the potential to improve performance at the child and family level.

Work Culture

It became clear during this evaluation that one of the most daunting implementation tasks is producing changes in actual practice, which is essential for improvements in the quality of care. There are several dimensions to this challenge that became more apparent during this stage in the evaluation.

The first is the dilemma of needing the experience and expertise of former DCF staff but also needing changes in the ways these staff have practiced for so many years. Many interviews noted that they could not have made the transition without the experienced DCF staff. However, they also reported that changing direct practice was harder for these staff than anyone anticipated. Considering that most of the staff hired were from DCF, it would be unreasonable to expect that they would change their practice patterns simply because the organizational auspices had changed. This is not unique to CBC, and has been well documented in similar human service reforms (Hoagwood, Burns and Weisz, 2002). Furthermore, it is considered "common knowledge" that it is easier to get an inexperienced worker to adopt new paradigms than someone who has been trained and practiced for a significant time under a different paradigm.

Innovations such as FFN's Dependency Court Resource Facilitation Program and having sufficient stability to implement practices such as family conferencing have potential to bring about these cultural changes, enhance the quality of practice and improve outcomes for children and families.

Second, the importance of the supervisors in bringing about such change and as key drivers in implementing CBC became very clear. More training, support, and sharing of experiences among supervisors needs to take place.

Roles of DCF Central Office and District/Region Office

Reorganization Challenges

Stakeholders also conveyed that DCF needed to reconsider how it was going to organize itself for its future role as purchaser of services and guarantor of quality. At this point, DCF is beginning to systematically look at its staffing patterns at both the central and regional level to determine what is needed for various functions at different levels. This is a positive step. The previous report discussed the dilemma faced by DCF in organizing itself for CBC implementation. The Department had chosen to separate out the CBC office to give it greater visibility and access to leadership as well as to assure it could concentrate on the initial implementation issues. Concerns had been raised, however, about the negative consequences of separating it from the Family Safety Program Office. Under the recent reorganization, the CBC office was placed under the Family Safety Program Office. This is a logical progression given that several lead agencies are operational and many of the most significant transitional problems have been worked out.

As countless implementation studies have shown, the support of leaders and constituents is key for successful program implementation. It is important to understand the nature of the commitment and leadership skills of the implementing officials at all levels (e.g., DCF, District/ Region, and lead agency). With the initial two sites, the CBC Office was able to devote considerable time to the transitions. As shown above, the Central Office is now involved in transition activities all across the State without any increase in staff. In addition, it was the perception of a few lead agency and district/regional office respondents that there was a less than optimal commitment on the part of a number of other divisions in the DCF Central Office and ambivalence in some quarters about the change to CBC. This perception was tied to the lack of responsiveness of some specialty offices and lower level staff for whom CBC was a minor part of their responsibilities.

On the other hand there were highly positive statements about DCF's leadership change this year with the change in administration. Respondents felt that there had been a positive change in policies and that they were seeing more flexibility and recognition of the special issues of CBC. For example, DCF is currently

addressing the lead agencies' need for an equitable level of funds for administrative costs. In addition, the leadership forum (consisting of lead agencies and DCF) is working to identify and resolve other policy and fiscal issues.

Even though participation in CBC required a major shift in priorities and business procedures of participating agencies, it was felt that such shifts had generally taken place. In addition to the systems just mentioned, the two kinds of participants for whom such shifts have been most difficult were the traditional providers who had to change their service delivery model, funding, and reporting relationships as well as DCF, who had to change roles and responsibilities and manage service delivery in a different way. The major issue in this domain was the fact that DCF did have another major priority - the ongoing operation of child protective services in the remainder of the State. While respondents acknowledged this was not a problem in their interactions with DCF's CBC leadership staff, some respondents reported difficulties this past year in their interactions with DCF personnel (e.g., legal, contracting, and budget office staff) not primarily involved with CBC.

Technical Assistance

The second issue related to the role of DCF was raised in District One. The perception of a few stakeholders in this community was that some individuals in DCF Central Office were still operating as if CBC and FFN didn't exist and that many policy arenas needed attention. There were examples provided that involved legal issues because current law and policies were written with the assumption that the workers would be state employees and thus "agents" of the state. For instance, as employees of FFN the case managers could not get access to information such as background checks. Another example was that it took six months to transfer vehicles used by Protective Services from the District to FFN after the transition had occurred.

Consequently, many of the policies had to be created by the District and/or FFN. There were numerous examples of extensive manuals such as "Chapter Two", which discusses the transition of cases from DCF Protective Investigations to the FFN case managers. It was felt that DCF Central Office should have been involved in reformulating these issues for statewide implementation.

The concerns expressed about lack of technical assistance and support were raised by District One and FFN stakeholders. It bears repeating that unlike HKI who had Regional personnel and a CEO with extensive experience in CBC, District One did not have administrative or management staff with previous experience in managing a CBC transition process. Interviewees also acknowledged that the central CBC Office was as helpful as feasible given staff restrictions and the additional lead agencies under development.

Need for a Review of Requirements of Lead Agencies

One respondent noted that much of what accrued in the DCF operated child protection system was not necessarily based in legislative mandate or administrative regulations. Instead, practices had evolved over time without any clear case for their current relevance. It was suggested that a ground up review be conducted to eliminate policies and procedures that no longer were effective. A rules review process is underway to address these problems.

Environmental Factors That Affected Implementation

Rilya Wilson Incident/ Governor's Blue-Ribbon Panel on Child Protection

There was agreement among lead agency, provider agency and district/regional office respondents across sites that the Rilya Wilson incident, the Governor's Blue-Ribbon Panel on Child Protection, and DCF's response imposed unreasonable timelines to implement new standardized policies. Some felt that the lead agencies were special cases, and as long as they demonstrated that they could account for the children under their care, the lead agencies should not have to comply in the same way and under the same timetable as was required for Miami. There was no disagreement about the monthly face-to-face in-home visits by the child's primary caseworker as all the lead agencies embraced that as simply a standard of good practice under any circumstance. However, the immediate counting, fingerprinting and picture taking of children in care were viewed by many interviewees as un-funded mandates, which had major impacts on the fiscal circumstances and operations of all of the sites. This example also illustrates the complexity of the nature of the relationship between the lead agencies and DCF. The lead agencies were expected to respond exactly as a district office and were not treated as a separate entity within a defined contractual relationship. While there were differences of opinion among the interviewees about the ethical implications of fingerprinting, its questionable utility, and potential negative impact on children, there was agreement that there should have been negotiation as to the manner and timetable in which these were accomplished.

Inadequate and Inequitable Funding Levels

In contrast to last year's findings, none of the four lead agencies believed they had sufficient funds to operate and develop the system of care the way they had envisioned. In addition, interviewees perceived inequalities in the funding levels across CBC sites. FFN reportedly received the lowest per capita funding of any site and FCP had half the funds as Broward County for only 100 less children. There is currently a Family Safety Allocation Workgroup with representation from lead agencies, which has developed an equity formula to address this issue. The attempts by this work group to come up with an equity formula were seen as a

positive first step. This 90-10 equity formula recommends that for a particular district the funding it would receive would be based on its population multiplied by 90% plus its percentage of all the State's direct service dollars spent under the full equity formula. However, in addition to regional inequities, the perception of many stakeholders was that the overall funding level for CBC was inadequate.

Federal Fiscal Requirements

Last year's evaluation report identified challenges in the lead agencies' capacity to understand the complex financing of child welfare services and in the limitations imposed by these systems. While this is no longer a problem for the original lead agencies, it is still a major learning curve for the new sites. In addition, some lead agency and district respondents reported frustration about the lack of information about projected annual budgets for lead agencies. And finally, many lead agency respondents felt that the degree of flexibility they had hoped for was not present due to many of the federal requirements. In some instances the CBCs' allocation between different federal revenue sources was problematic (e.g., IV-E) because the CBC has drawn down all the funds in one category but cannot spend all the money in another category. This issue is a result of federal regulations and statutes. While a more flexible system of matching a CBC's needs with the purpose of the fund or trading between sites would be extremely helpful, the state's options are limited because of the federal requirements. The DCF Family Safety Allocation Workgroup is addressing this issue as well.

According to respondents, the problems of cash flow reported last year have been resolved. A mechanism has been developed in which three months of operating expenses is provided up front. There was concern expressed that the State might not be able to maintain this procedure as more lead agencies became operational.

Role of Community Alliances

In all of the sites except District One, there were strong stakeholder groups in existence when the Community Alliances were created by the Legislature. This initially caused some confusion but over time there has been a somewhat consistent evolution. Although there were variations in each county, the Community Alliances have generally become functioning groups of funders and stakeholders who meet to share information about each other's operations, and to identify and solve community-wide problems. In most CBC counties, the Alliances have not, nor were they mandated to, focus specifically on child welfare (see s. 409.1671, F.S.). FFN regularly provides the Alliances with plans, outcomes, monitoring results, and program issues. In Hillsborough County there is discussion underway to merge the Community Alliance with the Purchasing Alliance, another leadership group with similar governance functions and members.

QUALITATIVE STUDY OF THE SERVICES PROVIDED UNDER COMMUNITY-BASED CARE

Rationale

This component of the evaluation relates primarily to the quality performance portion of the Conceptual Model of CBC and the research question, "Does Community-Based Care identify and meet the needs of children and families?" The site visits served dual purposes: the examination of implementation and the examination of quality.

A general guideline throughout the assessment of quality of services is that various perspectives were included, relying on direct communication with users as well as providers of the system. The implementation component of this analysis sought input from various stakeholders, including: (1) family members/consumers, (2) relative caregivers (3) juvenile court judges in dependency sections, (4) Guardians ad Litem (GALs), and (5) child protective investigators (CPIs). Each of these groups has a high stake in the success of CBC within their communities, and is included in this component of the evaluation.

There are three evaluation activities under the "quality" heading: (1) staffing observations and family member interviews, (2) Community Partners Survey of key constituency groups, and (3) general observations made during site visits and during stakeholder interviews (e.g., Judges, foster parents, etc.). Each of the evaluation activities is presented followed by findings.

Staffing Observations/Interviews

The examination of quality at each of the sites consisted of observation of practice and interviews with family members and caregivers (see Table 3). For both site visits, the plan was to observe case staffings and interview family members after the meeting. The evaluation team's assumption was that family members would be present at case staffings. This assumption is based on a best practice standard that children and their families should be involved as partners in the planning and delivery of services. As part of their inclusion, children and their families should be encouraged and assisted to identify their own strengths, needs, and goals and services needed to meet those goals.

At FFN, however, family members were not present at any of the 18 case staffings observed. The nine staffings in Santa Rosa County were Early Service Intervention (ESI) staffings and the nine in Escambia County were permanency staffings. It was explained that parents are not invited to ESI staffings because "they bring their attorneys", requiring FFN the additional expense of bringing their attorneys. While the case may be made that the circumstances surrounding the initial staffing of removals may result in lower attendance by parents, it is difficult

to explain why permanency staffings would be occurring so regularly without parent involvement. It was explained in one of the FFN Service Centers that permanency staffings occur every three months, but the focus is typically on the out-of-home caregivers. Family members are typically invited around the ninth month to address permanency. When asked how parents are invited, it was explained that parents are notified by letter stating the date, time and location of the staffings approximately one week prior to the meeting. This is not sufficient notice to allow for attendance by caregivers who may need to arrange time away from work, transportation, or childcare.

Table 3. Summary of Staffing Observations and Interviews

	Staffing Observations	*Interviews With Families*
Hillsborough County (HKI)	9	6*
Santa Rosa County (FFN)	9	0
Escambia County (FFN)	9	0

***Six interviews were conducted, representing five of the cases observed**

The Team Observation Form (see Appendix *2*) was used for the observations of staffings. This form was created by Dr. Michael Epstein at the University of Nebraska-Lincoln for the quantification of Wraparound practices. "Wraparound" is a term commonly used in children's mental health service delivery and it refers to a flexible process within a system of care that individualizes services for children, youth, and families having multi-system needs. This concept matches both the practice philosophy explicitly stated by HKI and the system of care plan designed by FFN as part of their original proposal. The Team Observation Form addresses seven domains determined to be of value in successful practice and meeting facilitation: (1) identification of community resources, (2) individualization of service plan, (3) sensitivity to family needs, (4) interagency collaboration, (5) desired outcomes, (6) management of the staffing, and (7) assessment of the staffing facilitator. A summary of findings is presented in Tables 4 through 10. Throughout review of the findings it is important to keep in mind that many of the items were answered "NA" due to lack of family attendance at the meeting or the nature of the staffing (e.g., adoptions or Early Service Intervention (ESI) staffings). As such, the quantitative findings presented in this report are more positive than the impressions formed by the evaluators.

Table 4. Identification of Community Resources (5 Items)

	Yes	*No*	*N/A*
Hillsborough (HKI)	44%	40%	16%
Santa Rosa (FFN)	24%	56%	20%
Escambia (FFN)	38%	42%	20%

A difference noted between HKI and FFN in the realm of community resources is the utilization of community providers in the plans for the families. Of the three

counties visited, Hillsborough identified community providers most frequently, followed by Escambia. This happened least frequently in Santa Rosa County. FFN tends to provide services under the Lakeview umbrella whereas HKI is more connected to various providers throughout the community. Care managers in the HKI system used the staffings as an opportunity to learn more about available resources. However, it was noted that few representatives from other agencies were present at the staffings. One community provider was present at one of the FFN staffings. On a positive note, GALs were present at a number of staffings - four in Escambia County and three at HKI staffings.

Table 5. Individualization of Service Plan (9 Items)

	Yes	*No*	*N/A*
Hillsborough (HKI)	47%	22%	31%
Santa Rosa (FFN)	49%	28%	22%
Escambia (FFN)	75%	2%	22%

The development of creative, individualized service plans continues to be a challenge within both lead agencies. This was evident in the observation of practice via the staffings as well as in interviews with multiple respondents, including practice and investigation supervisors. Respondents (i.e., case managers, supervisors, and foster parents) in both sites commented on the seeming unavailability of flex funds for use by case managers. Case managers and foster parents, in particular, frequently commented that "money is not available" when needed. Administrators in both sites lamented reductions in the availability of flex funds related to budget cuts.

In one county served by FFN, the case managers complained that the process for requesting flex funds from FFN was so cumbersome and so frequently rejected, that they have stopped making requests out of frustration. The Out-of-Home Coordinator who facilitated the staffings in Escambia County was particularly skilled at helping case managers identify strengths of families and incorporating those into service plans. The service plans, however, still tended to be limited to a traditional array of services (i.e., counseling and parenting classes).

The majority of service plans and planning processes observed within HKI were rated by the evaluators as being individualized, and the supervisors present at the staffings were challenging the care managers to be even more creative.

Table 6. Sensitivity to Family Needs (10 Items)

	Yes	*No*	*N/A**
Hillsborough (HKI)	41%	9%	50%
Santa Rosa (FFN)	7%	17%	77%
Escambia (FFN)	21%	7%	73%

*** Due to absence of family members at staffings.**

The ratings in Table 6 regarding the sensitivity to family needs are difficult to interpret due to the lack of family attendance at the staffings observed, particularly in Santa Rosa and Escambia Counties. Questions included in this section of the observation form include "The parent/child is seated or invited to sit where he/she can be included in the discussion", "Family members are treated in a courteous fashion at all times", and other questions pertaining to family involvement in the meeting.

While family members were present at the majority of the HKI staffings, there were a few unfavorable observations regarding their level of involvement and treatment during the meetings. For example, a family being spoken about rather than spoken to during the meeting (e.g., "When did her [referring to the mother sitting in the room] die?" and "Do they [the couple sitting in the room] speak English?). This example may also indicate a need for heightened attention to cultural and ethnic differences.

Case managers in Santa Rosa and Escambia Counties seemed to be more familiar with their families than did their counterparts in Hillsborough County. This made the fact that the parents and caregivers were not present even more unsettling. It appeared that some FFN case managers have established relationships with their families, but may not view their attendance at staffings as a high priority. In one FFN location, however, there was no discussion during the staffings about why the parents were not in attendance.

Table 7. Interagency Collaboration (7 Items)

	Yes	*No*	*N/A**
Hillsborough (HKI)	16%	16%	68%
Santa Rosa (FFN)	51%	21%	29%
Escambia (FFN)	33%	19%	48%

***Due to absence of providers at staffings or discussion of other providers.**

Interagency collaboration is somewhat difficult to assess using the Team Observation Form because the form asks specific questions about the participation of providers from other agencies in the staffing process. As noted in Table 7, there was limited representation of other agencies at any of the observed staffings. The staffings in Santa Rosa County were most consistently rated as evidencing interagency collaboration. This is likely because they were ESI staffings being held with the CPIs and FFN staff. It was difficult to determine if interagency collaboration was occurring in Escambia County since Lakeview Center continued to be the primary provider. Respondents during the FFN site visit noted that there were lingering issues around confidentiality and some providers were reluctant to share information with case managers about the families they were jointly serving. In Hillsborough County, there was evidence (e.g., as evidenced by discussions in staffings), although limited, that communication was occurring between providers outside of the meetings. It was

observed during both site visits (HKI and FFN) that multiple staff members were aware of case status of families, suggesting that internal communication was occurring.

Table 8. Measurable Outcomes (2 Items)

	Yes	*No*
Hillsborough (HKI)	67%	33%
Santa Rosa (FFN)	0%	100%
Escambia (FFN)	100%	0%

The two interrelated questions on the rating form under "desired outcomes" are (1) The plan of care goals are discussed in objective, measurable terms" and (2) "Objective or verifiable information on child and parent functioning is used as outcome data."

As noted in table 8, the staffings in Escambia County included goals and objectives that were presented clearly and followed by discussion regarding goal attainment. In the discussion of each case there were objective and measurable outcomes. This was primarily due to the facilitator's leadership and practice perspective. In Santa Rosa County supervisors presented the cases and there was little clarity regarding goals and objectives, resulting in the 0% figure presented above.

During the HKI site visit, there was variation across the three Care Centers primarily due to the leadership styles of the three individuals facilitating the meetings. For example, in one of the Care Centers, the facilitator focused on guiding the care manager through the presentation, whereas another facilitator focused on talking directly with the parents and caregivers in a therapy-style manner. As a result, there was variability in the amount of attention paid to either the discussion of objectives or their attainment.

In addition to the staffing observations, respondents in both systems indicated that the "numbers" (i.e., performance on key outcome measures) look favorable but that there was a lack of emphasis on the quality of services. The data do, in fact, look positive when reviewing Quality Assurance (QA) reports from both sites. Both HKI and FFN, in addition to the Region/District, have QA procedures in place that allow them to track compliance with Adoption and Safe Families Act (ASFA) standards.

Table 9. Management of the Staffing (5 Items)

	Yes	*No*	*N/A*
Hillsborough (HKI)	84%	0%	16%
Santa Rosa (FFN)	80%	0%	20%
Escambia (FFN)	80%	0%	20%

Some staffings in Hillsborough and Santa Rosa Counties took on a tone of "compliance" and a review of parent(s)' behavior. The observation that this is occurring in the absence of the parents is contrary to accepted best practices. Best practice literature suggests that family involvement is a key factor in the success of both prevention and intervention programs (Duchnowski, Kutash, & Friedman, 2002; Thomas, Leicht, Hughes, Madisan, Dowell, 2003). Overall, the management of the staffings and the performance of the staffing facilitators were seen as relative strengths during both site visits (in all three counties where staffings were observed). This is promising, indicating there is a mechanism for quality care coordination. Both lead agencies have adopted the practice of inviting family members to care planning meetings. The next steps in their practice evolution will be to engage families more fully in partnerships to meet their identified needs and goals.

It was interesting to note during one HKI staffing that the supervisor told the family there would be another, less formal opportunity for the family to get together with all of the players to discuss their future. It is not clear why the staffing that had all of the players together could not be used for that purpose.

Table 10. Assessment of the Staffing Facilitator (6 Items)

	Yes	*No*	*N/A*
Santa Rosa (FFN)	41%	59%	0%
Escambia (FFN)	100%	0%	0%
Hillsborough (HKI)	80%	11%	9%

This section of the Team Observation Form includes questions about the organization of the meeting. For example, does the meeting facilitator make the agenda clear, does he/she review goals and objectives, is the meeting strengths-focused, and is a subsequent meeting scheduled. In the majority of staffings observed, the staffing facilitator organized the meeting in such a way that its purpose was evident and issues needing to be addressed could be discussed. A relative, and important, strength observed in all staffings was the focus on safety of the children and families. This was particularly an issue in Santa Rosa County where there was a high incidence of domestic violence and substance use involved in the cases being staffed. Across both sites, the staffings were appropriately used by care coordinators/case managers as opportunities to ask questions about policies, procedures, and service options. During the HKI staffings where families were present, they also had the opportunity to raise questions about what services were available.

As noted in Table 10, the staffings in Escambia had the highest ratings for facilitation. The cases were presented clearly and had stated goals and objectives. A strengths perspective was inherent in the discussion of each case and there were objective and measurable outcomes. The staffings in Santa Rosa had the most variability in this area due to the fact that various case managers

presented their own cases and facilitated the staffings. In Santa Rosa County, supervisors also used the staffings as opportunities to ensure that fingerprints had been obtained and that other data had been entered into HomeSafenet.

Family Member Interviews

A brief interview format was developed specifically for this evaluation and typically took 15 to 30 minutes to complete (see Appendix 3). The interview included questions about contact with case managers, involvement in case planning activities, satisfaction with services, and involvement with lives of their children who are in out-of-home care. When family members were present, consent was obtained for the observation and/or the interview.

During the HKI site visit, staffings were observed in all three Care Centers. During the FFN site visit, staffings were observed at two of the six Service Centers (Metro and Milton offices). Reportedly, family members were invited to attend all of the staffings in both sites. Family members were present at only five of the HKI meetings. Of the remaining four staffings, two were adoption finalizations and two were no-shows. In the case of the adoption finalizations, the care manager had spoken with the adoptive families and the families had, in turn, made the decision that attendance was not worth missing work, as the meeting was basically a formality. Of the two no-shows, one family involved two teenage daughters and their estranged father; all three parties had made it clear they would not be attending. The other family was an initial staffing and no one had yet established a relationship with the mother to understand why she was not present.

Six interviews were conducted along with the HKI observations, reflecting five of the nine cases:

- A biological father and his sister (paternal aunt to the children in care) were interviewed together.
- A foster mother and father were interviewed. The biological mother had been at the staffing, but left prior to the interview.
- Non-relative caregivers (husband/wife) and biological mother were interviewed separately.
- A biological mother was interviewed.
- A biological mother was interviewed.

All of the parents/caregivers interviewed appreciated the opportunity to participate in the meetings regarding their children or the children in their care. The foster mother interviewed commented that it was the first time in 15 years as a foster parent that a staffing was scheduled around her work day. The parents and caregivers consistently stated they did not believe they were participants in the case planning process, but thought the meetings were an opportunity for them to be informed about what was happening. Parents and caregivers spoke positively about their care managers, reporting they were trying to help the families. However, one caregiver described the care manager as an objective

party to the process (e.g., someone to gather information) rather than as someone to support and advocate for the family. This is apparently how the case manager had described his role to the family.

Of the four biological parents interviewed as part of the HKI site visit, three of them had relatives caring for their children. Each reported that they were pleased the agency had been willing and able to place their children with family as opposed to foster care. In the remaining case, relative placements had been unsuccessfully pursued. Visitation with children in out-of-home care was occurring regularly, perhaps due to the family connections, but also due to HKI efforts. There were mixed views from the parents about how involved they were in decision-making regarding their children while they were in out-of-home care. It is only fair to also note that there was also apparent variability in the level of cooperation among the parents.

No family interviews were conducted during the FFN site visit. Initially, the evaluation team was provided names of "parents" (two biological parents, one pair of therapeutic foster parents, and two foster parents). While two foster parents were interviewed, neither of the biological parents were available for interviews, either in-person or on the phone. While on-site, evaluation staff made the request that they be allowed to "shadow" case managers or attend any meetings where families would be present. One interview occurred as a result of this effort. This interview was with a parent involved in the Neighborhood Partnership Project, one of the innovative units at the Metro Center. The meeting was an early orientation-type contact with the family and the caregiver was not yet able to discuss services.

The evaluation team is reluctant to make an assessment of the status of practice within FFN since direct practice was never observed, despite multiple efforts. What was observed, however, does not reflect the stated principle of "Children, their parents, and foster parents should be involved in the planning and delivery of services" that is found in FFN's CBC Readiness Assessment.

Community Partners Survey

The evaluation team slightly modified the Community Partner Survey previously conducted by DCF's Office of Mission Support and Performance. Rather than responding to their relationship with DCF, the identified partners were requested to evaluate their working relationship with the local lead agency (i.e., HKI or FFN). The identified partners who received the survey included protective investigators and their supervisors, Guardian ad Litem coordinators (GAL), and the juvenile court judges in each of the dependency sections. The number of responses was low and no follow-up attempts were made. It is recognized that in future evaluation studies, a stronger methodology is required to obtain a sufficient number of responses to allow for generalizable statements to be made. Future efforts at the Community Partners Survey will involve follow-up contacts. In total, 24 surveys were returned (15 from HKI and 9 from FFN). Over-

representation by one stakeholder group occurred at both sites; GALs from the HKI site and child protective investigators from FFN. No responses were received from dependency judges from either site. Fortunately, three judges were interviewed as part of the site visits. Their input is included under the heading of site visit observations.

The survey included 12 questions to which the respondent was asked to offer a rating, using the following scale: 5 – Strongly Agree, 4 – Agree, 3 – Neutral, 2 – Disagree, and 1 – Strongly Disagree. Overall findings are presented in Table 11. Caution needs to be offered in review of these findings. Surveys were returned by a self-selected, and perhaps particularly disappointed, subgroup of community partners. However, themes observed in review of these findings are consistent with interview findings during site visits. In particular, there were concerns in both sites about the inability of the case managers to make decisions on the spot (item #9) and the need for lead agencies to minimize bureaucratic red tape (item #11). The issue of the case managers being unable to make independent, onsite decisions also was observed in the Santa Rosa County court and staffing observations. Comments made during the HKI site visit were that workers had to run every decision past their supervisors, sometimes leaving families in unnecessarily difficult positions (e.g., responding to requests for assistance).

In summary, the Community Partners Survey highlights the need for ongoing and expanded partnering in both communities. While the lead agencies (HKI and FFN) bring with them new potential, it is important for them to build on existing systems and relationships. Case managers' inability to visit with families who had previously been visited by DCF case managers is an avoidable barrier. While survey respondents represent only a small sample of dissatisfied "partners", they did highlight the existing need. GALs and CPIs are both critical players in any child welfare system, public or private.

Table 11. Overall Ratings on the Community Partners Survey

In my opinion, the local lead agency . . .	*Average FFN (n=9)*	*Average HKI (n=15)*
1. cooperates well with our program.	3.38	3.21
2. is accessible to our program.	3.25	3.67
3. has staff who is competent.	3.00	2.80
4. shares appropriate information with our program.	3.11	3.13
5. has included us in ongoing planning	3.00	2.33
6. is consistent and fair in its dealings with our program.	3.25	2.80
7. responds in a timely manner.	2.78	3.33
8. responds in a manner that is sensitive to the people we serve.	2.88	2.92
9. provides its front-line staff with the necessary authority to act.	2.43	2.27
10. does a good job in following-up and monitoring its cases.	3.00	2.87
11. does a good job in surmounting bureaucratic obstacles.	2.38	2.27
12. overall is an effective partner with our program.	2.88	2.87

5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, and 1 = Strongly Disagree

Site Visit Observations

As indicated in the Community Partners Survey responses, there is a perception among some stakeholders that front-line staff do not have "the necessary authority to act". An issue repeatedly raised by case managers, their supervisors, and child protective investigators during the FFN site visit was the statutory inability of case managers to remove children. While this practice is consistent with Florida statute, it resulted in frustration on the part of the case managers themselves as well as the CPIs who have to add to their existing workload. A related issue that arose in both site visits was the perceived authority of CBC case managers in their communities. In the FFN site, there was a concern about workers inability to visit families on military installations. An issue shared by HKI

(revealed during care manager focus groups conducted by HKI, not as part of the site visit) was the inability of care managers to enter jails. In both cases, the previously existing jurisdiction of DCF has not been transferred to the lead agency case managers under CBC.

Interviews conducted with Judges and child welfare legal services (DCF in District 1 and the Office of the Attorney General in Hillsborough County) indicated that a great deal of attention had been paid to improving the interface between the courts and the child welfare service system. Hillsborough County had realigned its three dependency sections to coincide with the three HKI Care Centers and had begun using General Masters to hear judicial reviews. Open communication between the Office of Attorney General (OAG) and HKI allowed for consultation regarding preparation of cases for court and the timeliness of filing case plans. In District 1, FFN and the courts began using court facilitators in family cases where there have been delays in achieving permanency. This allows for an objective assessment of where the "stall" may be (either on the part of the family or the case manager) and facilitation is then provided by the court liaisons. Both initiatives were seen as early successes by lead agency and Department staff interviewed during the site visits. They would not, however, be successful without the direct support and interest of the Judges who are viewed as visionaries in both communities.

Foster parents (12 in Hillsborough County and 5 in District 1) were interviewed at both sites and reportedly faced challenges during the transition. At both sites foster parents reported other foster parents quitting during the transition, and that some others were threatening to quit. In attempts to validate these reports, a representative from the SunCoast Region reported that there were a small number of Hillsborough County foster parents who "quit" during the transition; it was much more the case that they were threatening to quit and complaining about changes. A FFN representative denied that any foster homes had voluntarily closed during the transition. Some District 1 foster parents reported being unable to access funds for entertainment (e.g., summer camps and outings) of their children that used to be available. Neither group of foster parents felt they had been involved in the planning processes prior to the implementation of CBC. Foster parents in both sites report not being made aware of change in policies until after the fact. For example, in Walton County foster parents used to submit mileage once or twice a year to create a "bonus" for themselves. It is now required monthly and will not be paid after sixty days. In Hillsborough County, a foster parent who wants a child removed from his/her home needs to submit a two-week "request for move." The process to initiate the move does not begin until the end of the two weeks. Data regarding foster parent retention and satisfaction during the transition to CBC will be tracked in future evaluation studies.

Quality services are most likely to be provided by staff who feel supported in their work and have a manageable workload. The Sarasota YMCA has been the most successful at reducing and maintaining caseload sizes to a reasonable level,

averaging 14 child cases per worker. FCP was again attempting to get its caseload size down, with an average of 27 child cases per manager. HKI has struggled to some extent to decrease caseloads, but is now averaging 20 cases per care manager. (Note: HKI care managers follow families throughout the system. As a result, some of their "cases" are protective service families and some are foster care children.) FFN was currently operating with an average caseload of 22 child cases per worker. However, the perception of respondents across sites was that the qualifications for case managers set by lead agencies are higher than prior to CBC.

A high number of cases per case manager can in some areas be further exacerbated by the amount of travel required to see children. During a group interview with three FFN case managers, the case managers reported that on a weekly basis they can put as much as 150 miles per day on their car, resulting in one completed home visit. HKI care managers have cell phones rather than desk phones, allowing them to continue their work while in the field. This is something the FFN case managers have requested. A major finding is that case managers in both sites believe they could better do their jobs if funds were more readily available for services and supports.

The perception of many stakeholders in both communities was that, in their interactions with CBC case managers, the behavior of the case managers has been more "professional" than that of DCF case managers in the past. By the same token, stakeholders in both communities reported that supervisors needed to change their way of doing business to reflect a holistic, strengths-based approach to both practice and supervision. Case managers in both sites reported wanting more field training and mentorship. Training provided by the PDC was believed to be a reasonable introduction, but far more is needed and requested. Staff in both sites were asked what additional training was offered. At FFN, training provided by Lakeview was viewed as an impediment to being able to complete their work (e.g., training held in Pensacola on days when court is in session in Milton). A series of Lakeview-sponsored training modules needs to be completed prior to being removed from probationary status. These training sessions are related to Lakeview's agency policies rather than case management practice. Some case managers reported this process taking over six months. What they reported they would rather have is additional training in working with "difficult" families, developing case plans, and engaging families in the service community (e.g., substance abuse and domestic violence).

Quality Conclusions

A summary of quality analysis methods is presented in Table 12. The guiding framework of the quality analysis was that practice could not be assessed without (1) talking to service recipients and (2) observing practice. The first assumption resulted in the individual caregiver interviews and group foster parent interviews. The second resulted in the staffing observations. Another tool introduced to the

evaluation was the Community Partners Survey, which was implemented to gain insight into the perceptions held by community stakeholders of the CBC lead agencies. While used in a limited manner it revealed important perspectives of key community stakeholders (i.e., Guardians ad Litem and child protective investigators). The Survey will be expanded for use during the FY03-04 evaluation efforts.

Table 12. Summary of Quality Analysis Methods

	HKI	***FFN***
Staffing observations	9 across all three Service Centers	9 in Santa Rosa County 9 in Escambia County
Family interviews	6 family members interviews (reflected 5 cases)	No family interviews
Foster parent interviews	12 interviewed	5 interviewed
Community Partners Survey	15 received	9 received

The quality analysis focused on the implementation of CBC in two sites – HKI in Hillsborough County and FFN in District 1. Direct comparison between the two sites is not appropriate due to differences in their structure and their developmental phase of implementation.

The overall observation during the HKI site visit was that there is a clear vision of how practice should occur (i.e., according to Wraparound principles). This practice is emerging and there is a general consensus that the biggest impact will be made by addressing reduction of caseload size, supervisory practices, direct practice approaches, and philosophies. As a whole, HKI has procedures in place to encourage family participation and to move toward permanency. A concern voiced by some key stakeholders in Hillsborough County was that cases are being “rushed” to assure timely permanency and that this emphasis may override a focus on quality.

The result of the quality analysis at FFN was a concern that family participation is not a high priority, and it was unclear during the site visit how practice will evolve to the standard presented in their proposed system of care. The introduction of the family conferencing model that is in the planning stages will begin to address this major concern. While caseloads were not particularly high, there may be challenges due the geographic distance traveled by some case managers. Additional challenges included some of the highest rates of domestic violence in the state, extreme poverty in the northern part of the district, and increased rates of substance abuse and related criminal activity (e.g., arrests for crystal methaline labs). There were, however, some promising practices in existence to address these concerns (e.g., Court Liaison and Neighborhood Projects).

Based on the multiple methods employed in the quality analysis, there are, however, some key findings that hold true for both sites. These findings reflect an early stage of implementation, and are likely to be true for any CBC site in its first year of implementation.

- Case managers believe they could better do their jobs if funds were more readily available for tangible supports (e.g., utility deposits and furniture) and needed child assessments.
- Florida Statute and Department policies need to be revisited to determine if they meet the needs of CBC (e.g., transfer of authority and removal of children).
- Training and supervision for case managers needs to be adapted to align more closely with the demands of CBC. Specific areas of training for case managers include: family-centered case management, development of services plans, and improved integration of community resources into the plans.
- Training for case management supervisors needs to support the changes expected in frontline practice.
- Foster parents need reassurance during the ongoing transition and need to be informed of changes in policies and practice as they occur.

PROGRAMMATIC OUTCOMES

Because the performance outcomes set up by the 1997 Adoption and Safe Families Act (ASFA) continue to be the primary goals in child welfare practice, monitoring and measuring of these outcomes remains an important task. Therefore, the performance of CBC agencies in Florida was assessed on ASFA required objectives (i.e., child safety, permanency, and well-being). Six quantitative indicators were selected to measure child safety, permanency, and well-being: (a) the proportion of children exiting out-of-home care, (b) rates of reentry into out-of-home care, (c) rates of recurrence of maltreatment, (d) rates of reunification with parents, (e) rates of custodial placement with relatives, and (d) the proportion of children with finalized adoption. The rate of reentry into out-of-home care and the rate of recurrence of maltreatment were selected as indicators of CBC counties' efforts to attain the goals of child safety and well-being. The proportion of children exiting out-of-home care, the rate of reunification with parents or relatives, and the proportion of children with finalized adoption were the indicators selected to examine the CBC counties' performance on achieving permanency. These quantitative child protection indicators were selected in consultation with the Office of Community-Based Care and were developed in collaboration with the Office of Family Safety. Although the quantitative child protection indicators used in these analyses were modeled after the Performance-Based Program Budgeting program[4] (PB^2) and federal Adoption and Out-of-Home Care Analysis and Reporting System (AFCARS) indicators, FMHI's access to the original, disaggregated child-protection databases allowed us to construct indicators that were more appropriate for detailed geographic and longitudinal statistical analysis. For example, analysis of these indicators developed by FMHI relied on entry or exit cohorts of children, as opposed to groups of children who were in care at a specific point-in-time, thus reducing selection bias. Moreover, the statistical methods used to analyze the data were chosen to maximize the utility of the out-of-home care episode-level data that were made available by DCF. The above-mentioned indicators were calculated for FY01-02 to collect baseline data during this time period as well as to uncover any differences between CBC counties.

Sources of Data

The primary source of data for the quantitative child protection indicators used in this report was the State Automated Child Welfare Information System (SACWIS) for the State of Florida – HomeSafenet (HSn). The Florida Abuse Hotline Information System (FAHIS) was used to obtain information on maltreatment reports because the transition of this database system to HomeSafenet had not occurred yet. HomeSafenet was used to obtain information on (a) period of time

[4] see http://ewas1.dcf.state.fl.us/mspt/enc/encyclopedia.cfm (website available via DCF Intranet only)

when services were provided to the child, (b) specific service provision (e.g., in or out-of-home care), (c) reasons for discharge (e.g., adoption finalization, emancipation, reunification with parents, relatives, etc.), and (d) dates of service initiation and service termination. Demographic information on children in the system that includes race, ethnicity, gender, age, and county of residence was also obtained from HomeSafenet.

Methodology

All counties that implemented or began their transition to Community-Based Care (CBC counties) were included in the analysis. The counties that did not begin the implementation of CBC were examined together and were referred to as "Rest-of-State" throughout the remainder of this section. The comparison was done by ranking all the CBC counties and Rest-of-State on each indicator. Because of the State transition to the new information system and the first attempt to calculate all of the above-mentioned indicators using this system, the primary goal of this analysis was to obtain baseline data for CBC counties and to compare 'more experienced' counties or counties where CBC was implemented more than 2 years ago with counties where the implementation of CBC is still in progress (see Figure 1). Because the data available for the analysis were collected during FY 2001-2002, only Sarasota and Manatee counties had implemented CBC for more than 2 years during that period of time. The following CBC counties were included in the analysis: (1) District one: (a) Escambia, (b) Okaloosa, (c) Santa Rosa, and (d) Walton; (2) SunCoast Region: (a) DeSoto, (b) Hillsborough, (c) Manatee, (d) Pasco, (e) Pinellas, and (f) Sarasota; and (3) District 12: (a) Flagler and (b) Volusia. Statistical methods included a survival analysis of time-to-event indicators (i.e., percentage of children exiting out-of-home care, reentry into out-of-home care, and recurrence of maltreatment) and calculation of percentages based on either entry or exit cohorts for point-in-time indicators (i.e., the percentage of children returned to parents, the percentage of children placed with relatives, and the percentage of children with finalized adoption). All indicators were calculated for the fiscal year 2001-2002 entry cohorts with 12 months follow-up.

Limitations

A few limitations should be noted. First, the calculation of the above-mentioned indicators (with the exception of Recurrence of Maltreatment rates) was calculated using data from the new database known as HomeSafenet. Because HomeSafenet was utilizing new fields, the examined indicators had to be redefined and new algorithms had to be developed.

Second, because HomeSafenet was recently implemented (the implementation began in January 2001 and ended in December 2001, and 2002 was the first full year when all counties were using HomeSafenet), the staff at local agencies were still in the process of learning the new system, which might have impacted timely data entry and the accuracy of these data. Therefore, the validity of the data entered has to be further tested. Finally, the system itself is in the process of

refinement, which in turn, impacts the possibility of calculating certain indicators (e.g., reentry into out-of-home care because of inconsistency of assigning the same identification number for the child who was reentering out-of-home care).

Proportion of Children Who Exited Out-of-Home Care

Description of the Indicator

The proportion of children who exited out-of-home care during the first 12 months after entry in FY01-02 was an estimate of the percentage of children who had fewer than 12 months length of stay in out-of-home care (one of the ASFA goals). The calculation of this indicator was also based on duplicated counts of children, that is, children could have multiple episodes of out-of-home care within a fiscal year. Hence, all children who entered out-of-home care during FY01-02 and began an out-of-home care episode, including children who began an episode more than once during the same year, were incorporated in the analysis.

This definition of an out-of-home care episode was developed in collaboration with the Department of Children and Families' Office of Family Safety. An out-of-home care episode was defined as a continuous period of time in out-of-home care, which begins on the date when the child was removed from parents or home caregivers (i.e., Removal Date) and ends on the date when the child was discharged from an episode of out-of-home care (i.e., Discharge Date). An out-of-home care episode may consist of multiple placements (e.g., family shelter home, residential treatment, pre-adoptive home, supervised practice independent living, etc), which were all included in an episode of out-of-home care if there is no Discharge Date after a placement ends. The indicator was based on entry cohorts, that is, only children who entered out-of-home care (i.e., had removal dates fall within FY01-02) during this particular fiscal year were included in the analysis. The decision to use entry cohorts was made in order to more accurately assess CBC program effects (i.e., to examine only children who came into care after CBC was implemented and exclude children who came into care before the implementation). The proportion of children who exited out-of-home care was calculated using survival analysis (a statistical procedure that allows analysis of data collected over time as well as incorporation of 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]).

Results

General results of the survival analyses are shown in Table 13.

Table 13. Proportion of Children who Entered Out-of-Home Care in FY01-02 and Exited Within 12 Months: CBC Counties and Rest-of-State.

Comparison Sites	*Results (%)*	*Total number of cases in entry cohorts*
Escambia	61.7	469
Flagler	56.3	16
Sarasota	54.5	183
Okaloosa	54.3	265
Santa Rosa	53.5	217
Manatee	51.0	415
Walton	50.8	71
Rest-of-State	44.9	13,580
DeSoto	36.6	55
Pinellas	35.9	1,133
Volusia	35.0	598
Pasco	31.4	307
Hillsborough	31.3	1,531

Mean = 45.9%; Median = 50.8

Table 13 shows the percentages of children exiting out-of-home care during FY01-02. The counties were ranked in descending order according to the proportion of exiting from out-of-home episode children. As shown in Table 13, Escambia had the highest (61.7%) proportion of children exiting out-of-home care during FY01-2002. All counties in District One (i.e., Escambia, Okaloosa, Santa Rosa, and Walton) had higher or equal the median percent (the Median for this distribution is 50.8) and higher than the average (the Mean for this distribution is 45.9) percentages of children exiting out-of-home care. In addition, Sarasota, Manatee, and Flagler were the counties with higher than average percentages of children exiting out-of-home care. This corresponds to shorter average lengths of out-of-home episodes for these counties. The percentage for the Rest-of-State was 44.9, which was not substantially below the average for these CBC counties. Hillsborough was the county with the smallest percentage of children exiting out-of-home care during FY01-02. The proportion of children

exiting out-of-home care in Hillsborough County was 30.4% lower than the proportion of children exiting out-of-home care in Escambia. Higher than average proportions of children exiting out-of-home care in Manatee and Sarasota counties might be explained by the fact that these counties were the first to implement CBC.

Reentry into Out-of-Home Care

Description of the Indicator

The calculation of this indicator was based on exit cohorts of children (i.e., children who exited their first out-of-home care episode during FY01-02, or who had a Discharge Date during this fiscal year) and on unduplicated counts of children (i.e., only children who exited their first episode of out-of-home care were counted). Survival analysis was used to calculate the proportion of children reentering out-of-home care within 12 months of FY01-02 after exiting their first episode. Reentry into out-of-home care was indicated by a new Removal Date after a Discharge Date existed for the same child identified by a unique number given by the HomeSafenet system. The calculation of this indicator had substantial limitations. First, not all children who exited out-of-home care were followed for 12 months after exit because the last day of the data extract in the requested dataset was December 31, 2002. Second, because of the potential inconsistency of assigning the same identification number for the child who was reentering out-of-home care, some children who reentered out-of-home care during FY01-02 could not be traced and as a result, could not be included in the analysis. In some counties (e.g., Flagler, Santa Rosa, and Walton) no children could be identified as reentering out-of-home care because of small population density and insufficient follow-up time.

Results

General results of the analysis of reentry into out-of-home care are shown in Table 14. The counties were ranked in ascending order according to the proportion of children reentering out-of-home care episode. However, due to an extremely small number of cases where reentry could be identified, these data should be interpreted with caution.

Table 14. Comparison of CBC Counties and Rest-of-State on Proportion of Children Reentering Out-of-Home Care

County	*Percentage*	*Total number of cases in exit cohorts*
Okaloosa	**0.6**	**147**
Sarasota	**0.9**	**99**
Volusia	**1.1**	**214**
Escambia	**1.8**	**281**
Pinellas	**1.9**	**425**
Rest-of-State	**2.0**	**7,950**
Manatee	**2.0**	**249**
Hillsborough	**2.8**	**617**
Pasco	**3.5**	**126**
DeSoto	**4.0**	**33**
Flagler	**n/a**	**7**
Santa Rosa	**n/a**	**81**
Walton	**n/a**	**26**

Mean = 2.06%; Median = 1.95

The Median for these reentry rates is 1.95 and the average (the Mean) percentage is 2.06. When compared to other counties and Rest-of-State, DeSoto showed the highest reentry rate (4%) while Okaloosa showed the lowest reentry rate (0.6).

Proportion of Children with Recurrence of Maltreatment

Description of the Indicator

The rates of recurrence of maltreatment reported here are estimates produced by survival analysis. Data for this analysis consist of unduplicated counts of maltreated children grouped by fiscal year entry cohort. Only children with "founded" maltreatment (i.e., when the protective investigation resulted in a finding of abuse, neglect, or threatened harm and when there was some indication of any type of maltreatment) were included in the analysis. Recurrence of maltreatment was defined as a second founded episode of maltreatment (i.e., when there was some indication of maltreatment or maltreatment was verified) within 12 months of a child's first founded episode.

Results

General results of the analysis of recurrence of maltreatment are shown in Table 15. The counties were ranked in ascending order according to the proportion of

children who had a second episode of founded maltreatment. As shown in Table 15, Escambia County has the lowest (9.1%) proportion of children with recurrence of maltreatment during FY01-02. The mean rate for this distribution is 10.99% and the median is 11.1. Walton County had the highest recurrence of maltreatment rate during FY01-02. Almost all counties in the SunCoast Region (Hillsborough County is the only exception) had equal or lower than the Median rate for recurrence of maltreatment.

Table 15. Recurrence of Maltreatment (Percentage)

County	*Percentage*	*Number of cases*
Escambia	**9.1**	**2,146**
Pasco	**9.6**	**3,187**
Pinellas	**10.1**	**7,562**
Rest-of-State	**10.1**	**93,725**
DeSoto	**10.2**	**334**
Sarasota	**10.6**	**1,766**
Manatee	**11.1**	**2,744**
Hillsborough	**11.3**	**9,382**
Flagler	**11.4**	**481**
Okaloosa	**11.4**	**1,945**
Santa Rosa	**12.1**	**1,521**
Volusia	**12.9**	**4,566**
Walton	**13.0**	**553**

Mean = 10.9%; Median = 11.1%

Proportion of Children Returned to Parents or Legal Guardians and Custodial Placement with Relatives After Exiting Out-of-Home Care

Description of the Indicator

Analysis of these two indicators was based on exit cohorts of children, defined here as the duplicated number of children who exited out-of-home care during FY01-02. Children in out-of-home care whose case status was not closed (i.e., did not have a Discharge Date) and children who exited out-of-home care after June 30, 2002 were excluded from the analysis. Classification of children returned to "parents of removal home caregivers" was based on "reasons for discharge" from the HomeSafenet dataset. The indicator "Custodial placement with relatives" also was based on "reasons for discharge" from HomeSafenet and included children placed with relatives or non-relatives who obtained guardianship and children placed with relatives who were given long-term custody. Both indicators were calculated as percentages. The numerator for the

percentage of children returned to parents of removal home caregivers is the number of children who exited out-of-home care and were returned to parents or legal guardians during FY01-02. The denominator is the total number of children exiting out-of-home care FY01-02 (the denominator was indicated as the number of cases in exit cohorts, Figures 6-17). The numerator for the percentage of children who had a Custodial placement with relatives is the number of children who exited out-of-home care and were placed with relatives who were given either long-term custody or guardianship during FY01-02. The denominator is the same as above.

Results

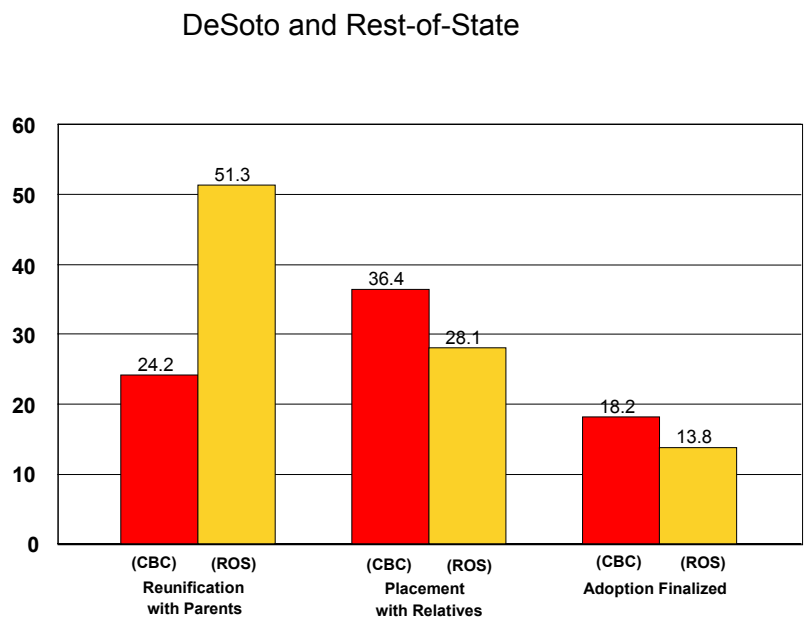
Children Returned to Parents of Removal Home Caregivers After Exiting Out-of-Home Care

General results of the analyses based on this indicator are shown in Figures 6-17. Findings indicated that Santa Rosa and Walton Counties had the highest proportions of children who were returned to parents (63% and 61.5% respectively) during FY01-02 (see Figure 12 and 16). As shown in Figures 6 and 7, Flagler and DeSoto Counties had the lowest proportions of children who were returned to parents (28.6% and 24.2%, respectively). Almost all counties in District One with the exception of Escambia had higher than average (the Mean for this distribution is 47.9) and greater than Rest-of-State (51.3%) proportions of children returned to parents. The Median for this distribution also was 51.3%.

Children Who Had Custodial Placement With Relatives After Exiting Out-of-Home Care

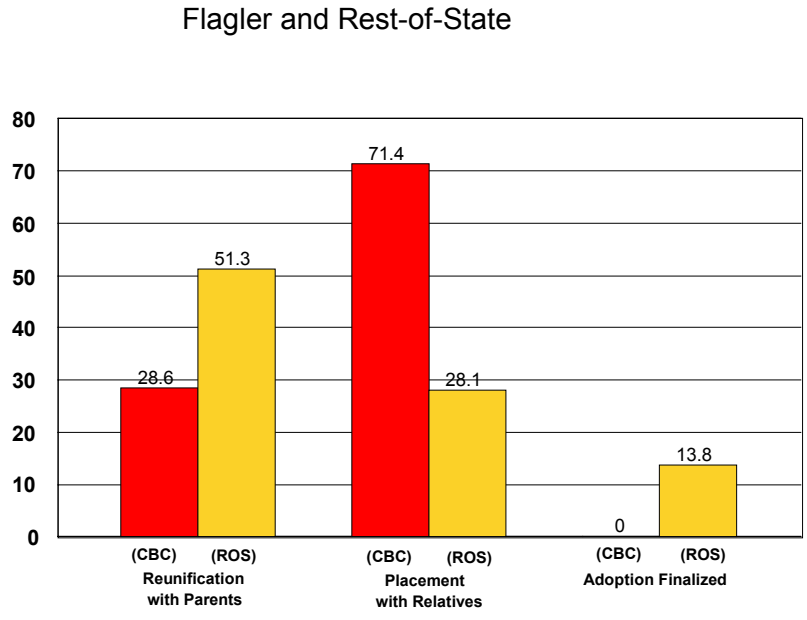
The results of the analysis regarding children who had custodial placements with relatives after exiting out-of-home care are also presented in Figures 6–17. The lowest percentage of children who were placed with relatives in FY01-02 was observed for Pasco County -- 15.9% (see Figure 10). As shown in Figure 7, the highest percentage of children who were placed with relatives was found in Flagler County (71.4%). However, because there were only 7 cases in Flagler County, this percentage should not be interpreted as an indication of what typically occurs in a Florida County. When Flagler County was excluded from the distribution the average percentage of children placed with relatives was 30.3% (the Median was 30.5), which is close to the percentage of children placed with relatives for Rest-of-State. Excluding Flagler County, the highest percentage of children who had custodial placement with relatives after exiting out-of-home care was observed in Pinellas County (see Figure 11). Almost all counties in the SunCoast Region (Pasco was an exception and Manatee was only 0.2 below average) had higher than average proportions of children who were placed with relatives for long-term care.

Figure 6



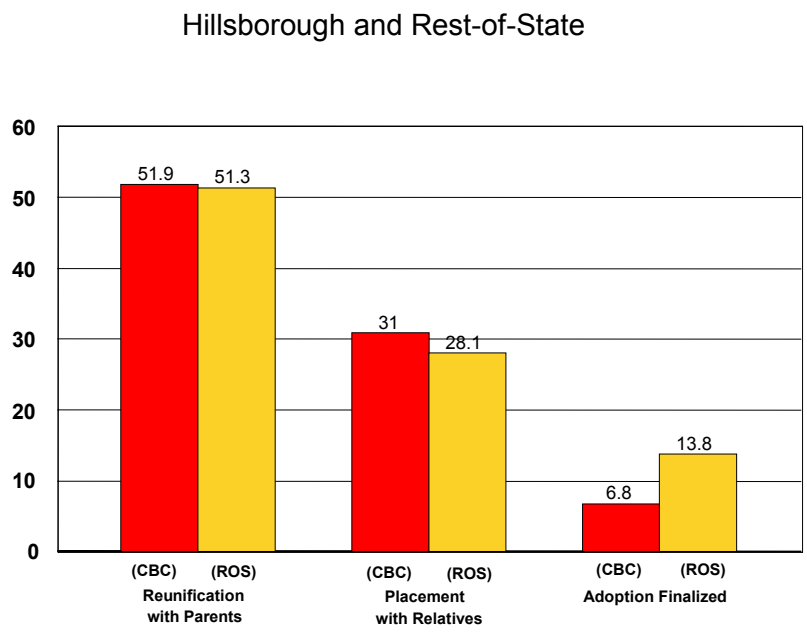
Total number of chidlren exited out-of-home care in DeSoto - 33
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 7



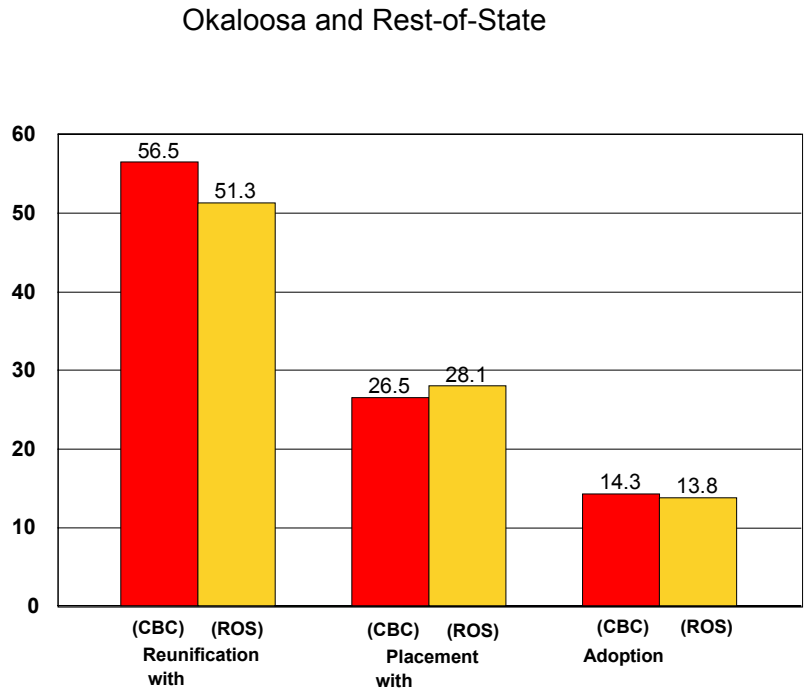
Total number of chidlren exited out-of-home care in Flagler - 7
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 8



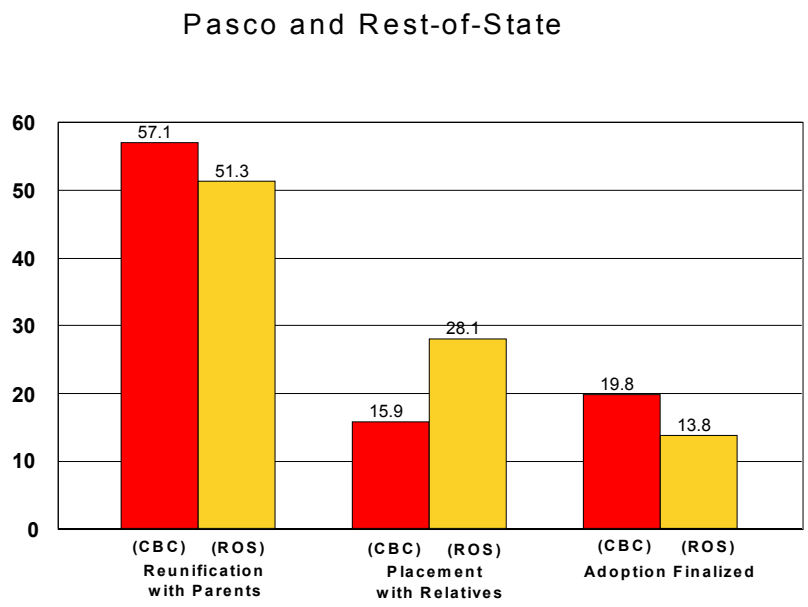
Total number of chidlren exited out-of-home care in Hillsborough - 617
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 9



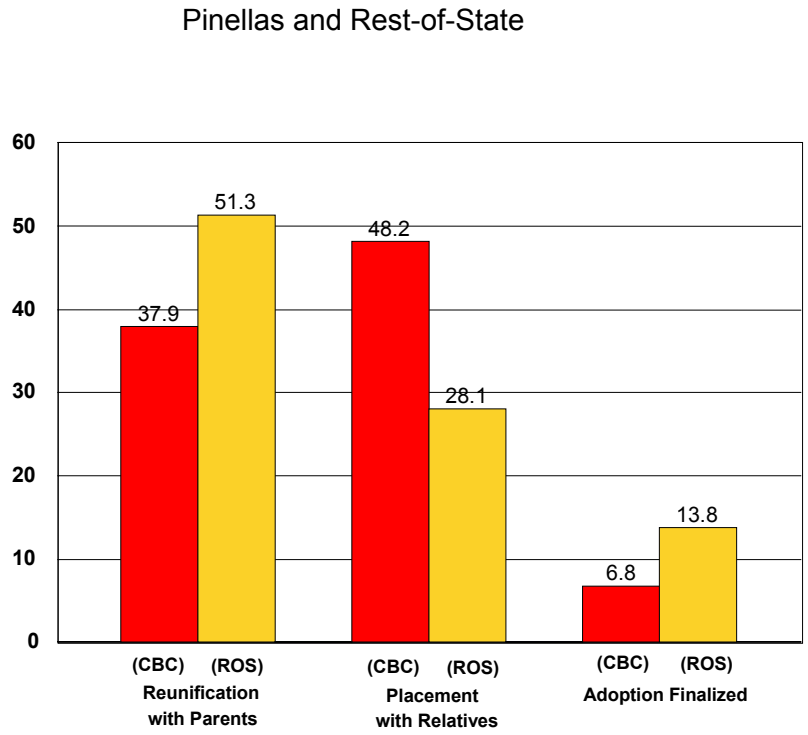
Total number of chidlren exited out-of-home care in Okaloosa - 147
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 10



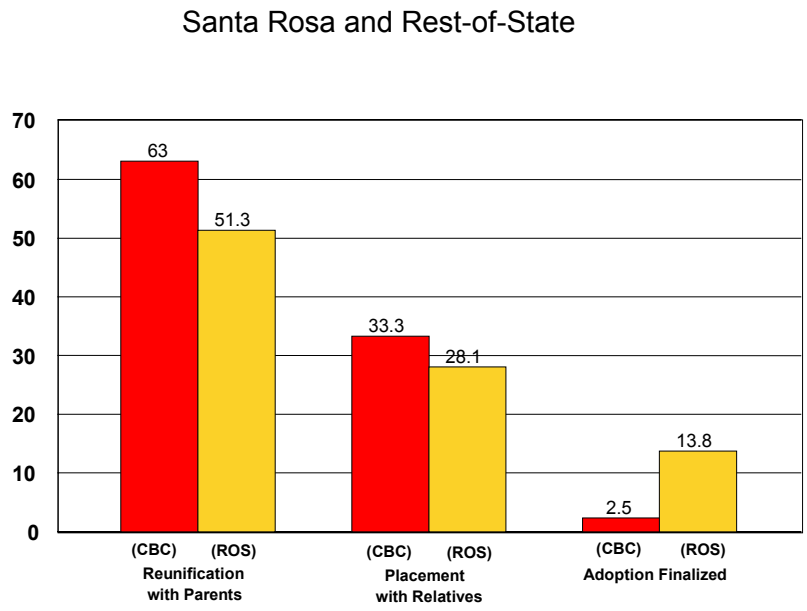
Total number of chidlren exited out-of-home care in Pasco - 126
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 11



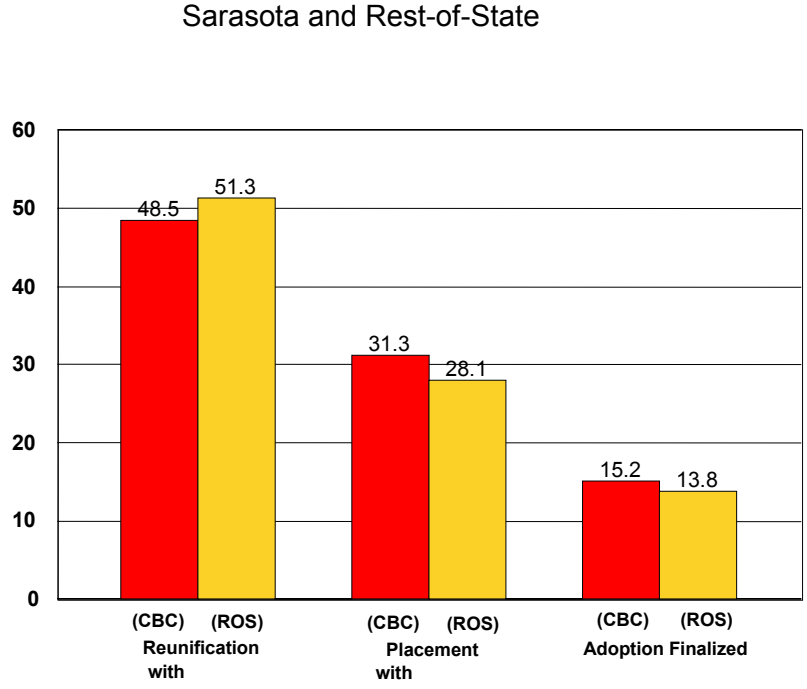
Total number of chidlren exited out-of-home care in
Total number of chidlren exited out-of-home care in Rest-of-State

Figure 12



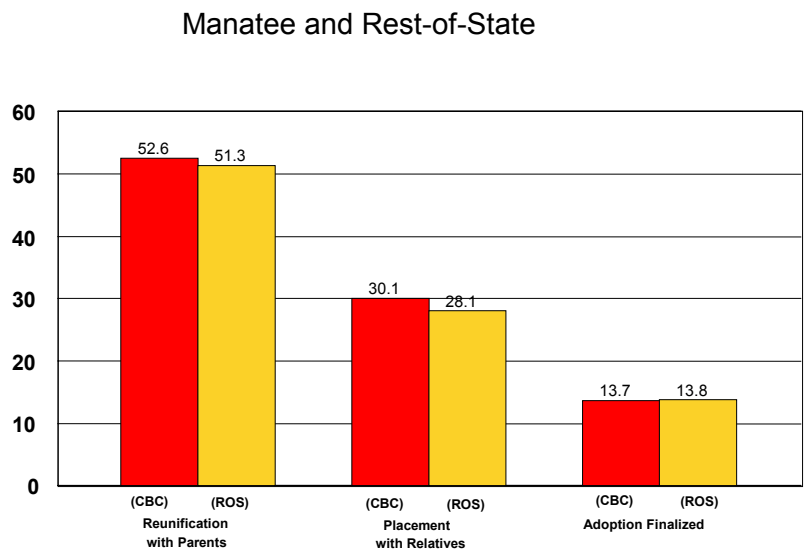
Total number of chidlren exited out-of-home care in Santa Rosa - 81
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 13



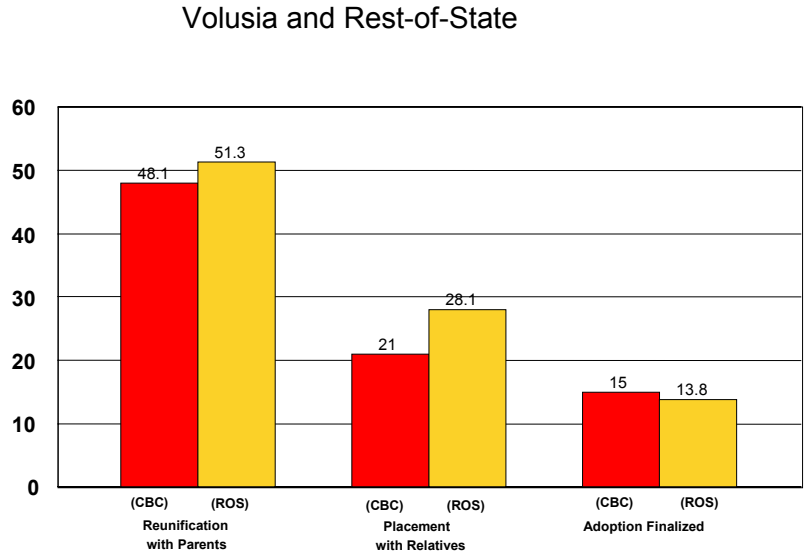
Total number of chidlren exited out-of-home care in Sarasota - 99
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 14



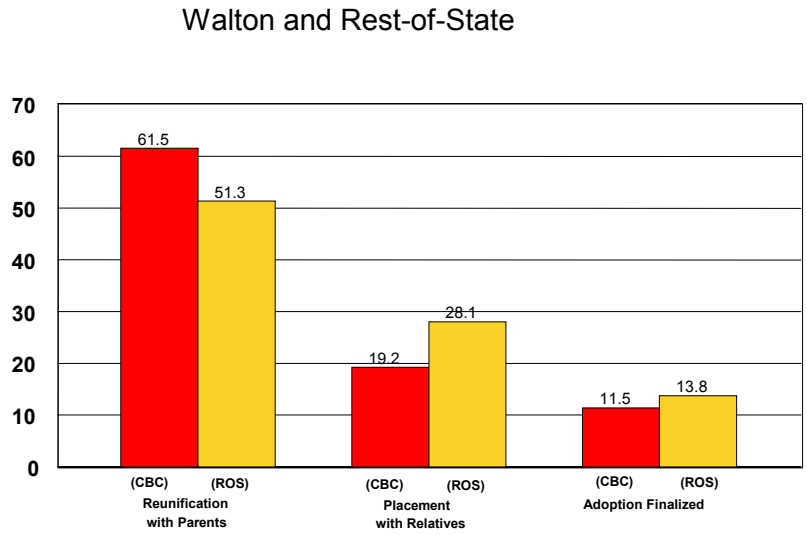
Total number of chidlren exited out-of-home care in Manatee - 249
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 15



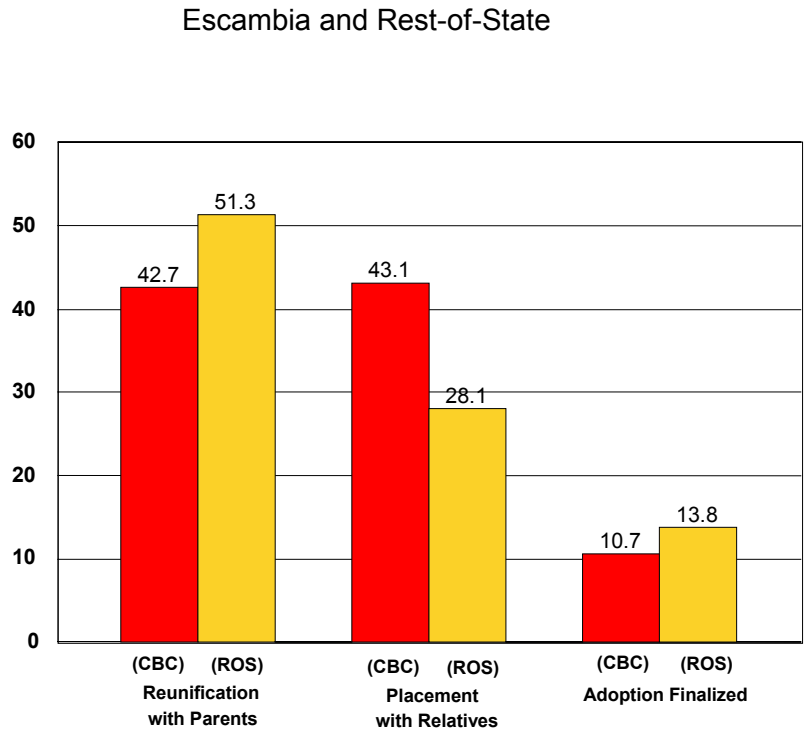
Total number of chidlren exited out-of-home care in Volusia - 214
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 16



Total number of chidlren exited out-of-home care in Walton - 26
Total number of chidlren exited out-of-home care in Rest-of-State - 7,950

Figure 17



Total number of chidlren exited out-of-home care in
Total number of chidlren exited out-of-home care in Rest-of-State

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

Description of the Indicator

This is a new indicator added to the current report at DCF's request. Analysis of this indicator was based on exit cohorts of children, defined here as the duplicated number of children who exited from out-of-home care during FY01-02. Classification of children with finalized adoption was based on "Reasons for Discharge" in the HomeSafenet database. The indicator was calculated as a percentage. The numerator for this indicator is the percentage of children exiting out-of-home care whose adoption was finalized during FY01-02. The denominator is the total number of children exiting out-of-home care during FY01-02.

Results

The results of the analysis regarding children with finalized adoption after exiting out-of-home care are presented in Figures 6-17. Findings indicated that Pasco County (see Figure 10) had the highest proportion of children whose adoptions were finalized (19.8%). In contrast, Santa Rosa County (see Figure 12) had the lowest proportion of children with finalized adoptions (2.5%). Flagler County did not have any cases with finalized adoptions (of seven cases all together in Flagler County, two children were returned to parents and five were placed with relatives for long-term care). The average percentage of children with adoptions finalized for this distribution was 12.4 and the Median was 13.8, which corresponds to the proportion of children with adoption finalized in the Rest-of-State. As shown in Figures 10, 6, and 13, the counties with the three highest ranks in this distribution were SunCoast Region counties (Pasco, DeSoto, and Sarasota).

Summary

There is great variability in the performance of CBC counties on different indicators, which might reflect the implementation process or specifically, different stages of the implementation process experienced by the counties in this timeframe. For example, Sarasota and Manatee Counties, where Community-Based Care was introduced first, performed well on achieving child permanency. The proportions of children returned to parents, with adoption finalized are higher compared to Rest-of-State and higher than average in Sarasota and Manatee Counties. The proportions of children placed with relatives for long-term care are higher than average in Sarasota, and considerably lower than average in Manatee but higher compared to Rest-of-State. The proportions of children exiting out-of-home care also are much higher than average in Manatee and Sarasota Counties. Other counties were

considered to be at the beginning of the implementation process during the time of data analysis and therefore the hypothesis regarding the association between the performance of CBC counties and the stages of the implementation process could not be tested. Future analysis will examine whether there are significant differences between counties that are fully operational, counties that have just started implementation, and counties that have been operational for more than two years.

The results of the quantitative analysis are confirmed by the findings of the quality analysis. Specifically, the quality analysis showed that the lead agencies made uneven progress while on roughly the same timeline chronologically, and there was great variability in their success in different areas, such as the reduction of caseload size, supervisory practices, and direct practice approaches. Consequently, until the lead agencies advance within the domain of quality performance, the outcomes for children are unlikely to change.

No definite conclusions can be made about the effectiveness of CBC counties regarding programmatic outcomes. Comparisons between counties are not appropriate at this stage because most CBC counties, with an exception of Sarasota and Manatee, were at the beginning of different implementation stages at the time of data analysis. Although all of the examined counties were referred to as CBC counties throughout the report, many had recently begun the transition to Community-Based Care and were not fully operational.

The interpretation of the calculated indicators also should be done with caution primarily because of the tenuous situation of switching data sources from CIS to HomeSafenet. The complexity of the new system requires a longer period of adjustment by the local agencies as well as system refinement by the users and developers. HomeSafenet data still have missing records and lower number of cases as a result, and incomplete or inaccurate records (e.g., 52% of missing records for the placement county field, 3% -- for the case county field, 3,5% of inaccurate date of birth, etc.). When interpreting indicators, missing or inaccurate records limit our ability to generalize the results; conclusions can be made only for the subset of children for whom data are available.

In conclusion, the results of the quantitative analysis indicated that Sarasota, Manatee, and CBC Counties in District 1 (i.e., Escambia, Okaloosa) appear to have achieved favorable outcomes on all the examined indicators. Future evaluation will show if these results are sustainable. Inclusion of the utilized indicators in future analysis will be necessary to allow for a proper longitudinal comparison.

ANALYSIS OF EXPENDITURES

This year's fiscal analysis has 2 components: an analysis of direct child protective services expenditures, and an examination of administrative expenditures related to child protective services. The evaluation questions, methodology, findings, and limitations for each component will be presented separately.

Analysis of Direct Child Protective Services Expenditures

Evaluation Questions

How do average expenditures per child for child protective services in the CBC sites compare with average expenditures per child in the non-CBC sites since the beginning of CBC? How are expenditures distributed across direct service categories in CBC sites compared to non-CBC sites?

Methodology

Direct services expenditures for child protective services were analyzed in every DCF district. For this analysis, direct services expenditures are defined as expenditures incurred at the district level for out-of-home care (e.g., family out-of-home care, independent living support), in-home services (e.g., family preservation), services related to adoption, and other child protective services (e.g., family support services) that don't fit into the previous three categories. See Appendix 4 for a complete list of services by service category.

Several child protective services expenditures were excluded so that the CBC and non-CBC sites could be compared on the same basis. Our objective was to insure that the services being compared would be comparable between CBC and non-CBC sites. This analysis excludes expenditures for projects unique to a particular district (e.g., contract with Broward Alcohol Rehabilitation Center for counseling and intervention services in District 10), programs not made available to CBC sites (e.g., Community Partners for Timely Adoptions), and legislative member projects (e.g., District 11 contract with Kristi House for increased services for sexually abused foster children); see Appendix 5 for a table that aggregates these excluded expenditures by district and fiscal year. Expenditures for protective investigation and legal services were also excluded. Although expenditures for childcare and adult protection service are related to child protection, they were also excluded. Administrative expenditures associated with child protective services were also omitted from this analysis but will be discussed in the second component of this Analysis of Expenditures.

DCF accounting data from the Florida Accounting Information Resource (FLAIR) were used to calculate child protective services expenditures. The Office of Revenue Management generated spreadsheets containing expenditures by District and Other Cost Accumulator (OCA) for Budget Entities (BEs) 60600700,

60910303, and 60910304. With guidance from Office of Revenue Management staff, appropriate BE-OCA combinations that were used for direct child protective services expenditures were identified (see Appendix 4 for a complete list of current OCAs by service category). This analysis covers the time period of FY 95-96 (the year prior to the first CBC implementation) through FY 01-02[5], the most recent year for which administrative data is available.

Two separate accounting system limitations prevented us from reporting exact expenditures for the Sarasota, Manatee, Pasco, and Pinellas CBC sites prior to FY00-01. The first limitation is that unique OCAs for CBC expenditures did not exist during FY96-97, FY97-98, FY98-99, and FY99-00. To overcome this limitation, Office of Revenue Management staff helped us identify the OCAs that were being used for CBC expenditures during those years. While the CBC program has been rolled out at the county level, FLAIR cannot report expenditures any lower than the district level. This second limitation particularly affects the analysis of expenditures in Manatee and Sarasota Counties prior to FY00-01, because Manatee and Sarasota did not comprise an entire district at that time in the same way as Pinellas and Pasco Counties (District 5). An expert panel was consulted to help accurately allocate district level expenditures to the counties within those districts. The panel advised us to allocate 18% of District 6's expenditures to Manatee and 27% of District 8's expenditures to Sarasota during each of the above fiscal years. Both system limitations were alleviated in FY00-01 with the creation of unique OCAs for CBC expenditure categories.

To adjust for inflation, expenditures from FY95-96, FY96-97, FY97-98, FY98-99, FY99-00, and FY01-02 were converted to FY00-01 dollars using the Consumer Price Index (CPI) for the South Region of the United States.

Ideally, total expenditures would be compared; however, counties vary by the number of children they are obligated to serve and the number of children enrolled in the child welfare system. Thus, average expenditures per child were calculated using 4 separate denominators: (1) total number of children served, (2) total number of child-days, (3) per capita, and (4) total number of investigative reports. A "child served" is defined as any child receiving protective supervision, ICCP, voluntary family services, other in-home services, out-of-home care, or adoptive home placement during the relevant fiscal year. The total number of children served is a duplicated count (i.e., a child who exits and reenters the system in the same year is counted twice). A "child-day" is defined as each day of service in which the child receives protective supervision, ICCP, voluntary family services, other in-home services, out-of-home care, or adoptive home placement during the relevant fiscal year. The "per capita" denominator reflects the number of children under age 18 in the county population at the midpoint (January 1) of each fiscal year. The investigative reports denominator is a duplicated count of the number of protective investigations conducted in the

[5] Expenditures that were incurred during FY01-02 but certified forward and not paid until FY02-03 were included.

county in the relevant fiscal year, and serves as a proxy for potential need for child welfare services. The advantage to presenting average expenditures per child using four separate measures of the number of children is that it is possible to analyze whether there were similar or dissimilar patterns that might aid interpretation.

Children served and child-day data were extracted from the Office of Family Safety's Client Information System (for FY95-96 through FY00-01) and HomeSafenet (for FY01-02). Due to the transition to HomeSafenet during FY00-01, data on the total number of children served and total child days for all 12 months were unavailable. Data available in CIS for that year ranged from 5-11 months, so the actual numbers of children served and total child days were higher than the amounts used in this report. Another limitation associated with the change in data systems is that the fields for computing the number of children served and child-days have changed. For example, the number of child days for FY01-02 is limited to the number of days in out-of-home care because there is no reliable way to count the number of days of in-home care. Consequently, it cannot be determined whether the FY01-02 numbers are totally comparable with previous years' data. The number of investigative reports was drawn from the Florida Abuse Hotline Information System (FAHIS)[6]. Population data came from the Florida Legislature's Office of Economic and Demographic Research.

In order to compare average expenditures in CBC sites to average expenditures in non-CBC sites, each county was assigned a CBC status by fiscal year. For the purposes of this expenditure analysis, a county's CBC status was determined by the first date that a lead agency had CBC service contract for that county (as indicated in Figure 1). For counties in which the service contract began during the middle of a fiscal year, their denominator data were allocated to CBC and non-CBC based upon the proportion of the year each county under a CBC service contract. For example, HKI's service contract for Hillsborough began in May 2002, which means Hillsborough was considered a CBC site for 2 months, or 16.7%, of FY01-02. The number of children served, child-days, investigative reports, and children in the population in Hillsborough County in FY01-02 were then allocated – 16.7% to CBC and 83.3% to non-CBC. This method is intended to more equitably attribute expenditures to the responsible payer (the lead agency for the time period after the service contract began, and the Department for the time period prior to the service contract). See Appendix 6 for a table that delineates the CBC/non-CBC allocation percentages for each CBC site.

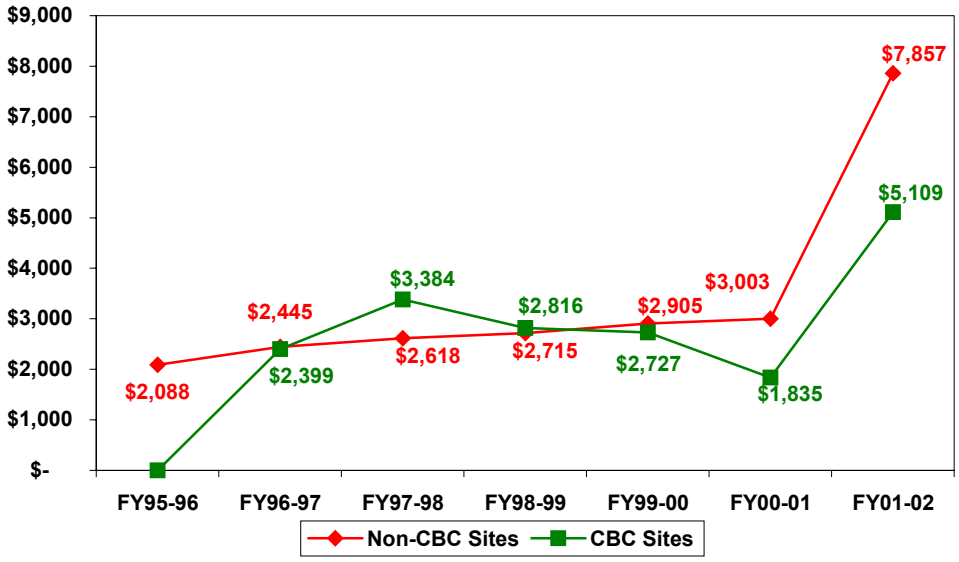
Findings

CBC sites and non-CBC sites experienced nearly opposite trends in average expenditures per child served over the study period. As shown in Figure 18,

[6] Data presented here represent the total number of cases associated with a report of maltreatment, neglect, or abuse. Each report may be comprised of more than one case (e.g., if there is more than one child in the home where the potential maltreatment occurred).

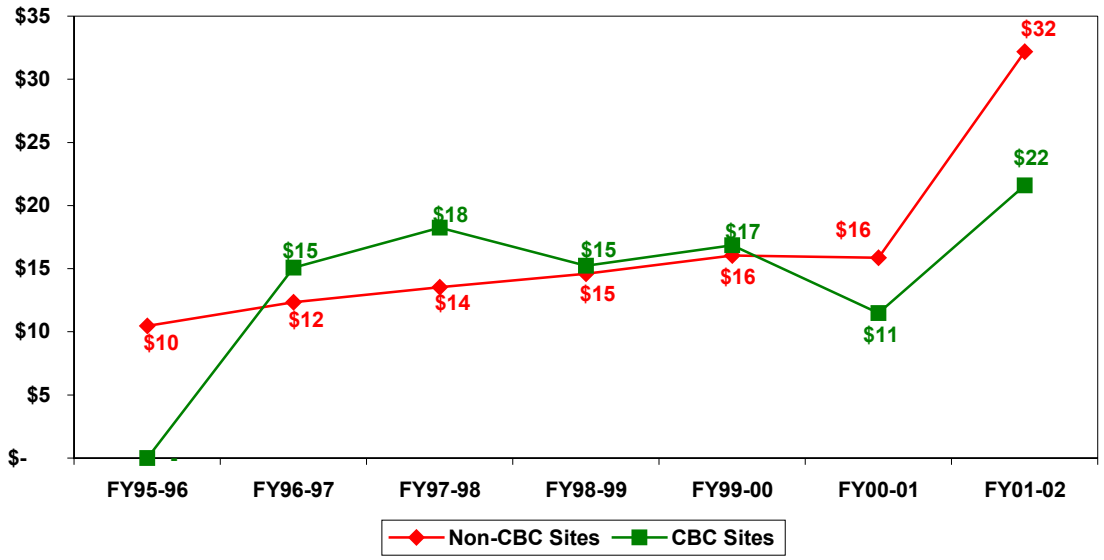
average expenditures in the CBC sites increased 41% from the first year of implementation (FY96-97) to the second implementation year (FY97-98), but decreased during the following 3 years to $2,727 in FY99-00. In contrast, non-CBC sites saw their average expenditures per child served increase steadily over the same time period, with average expenditures of $2,905 in FY99-00. In FY00-01, average expenditures per child served increased slightly in non-CBC sites and decreased substantially in CBC sites, but these results should be interpreted with caution because of substantial missing data due to the HSn transition. Average expenditures per child served increased significantly in CBC and non-CBC sites during FY01-02, but these results should also be interpreted with caution because it appears that HSn underreported the true number of children served and child days during that year.

Figure 18: AVERAGE EXPENDITURES FOR DIRECT CHILD PROTECTIVE SERVICES PER CHILD SERVED: CBC Sites vs. Non-CBC Sites



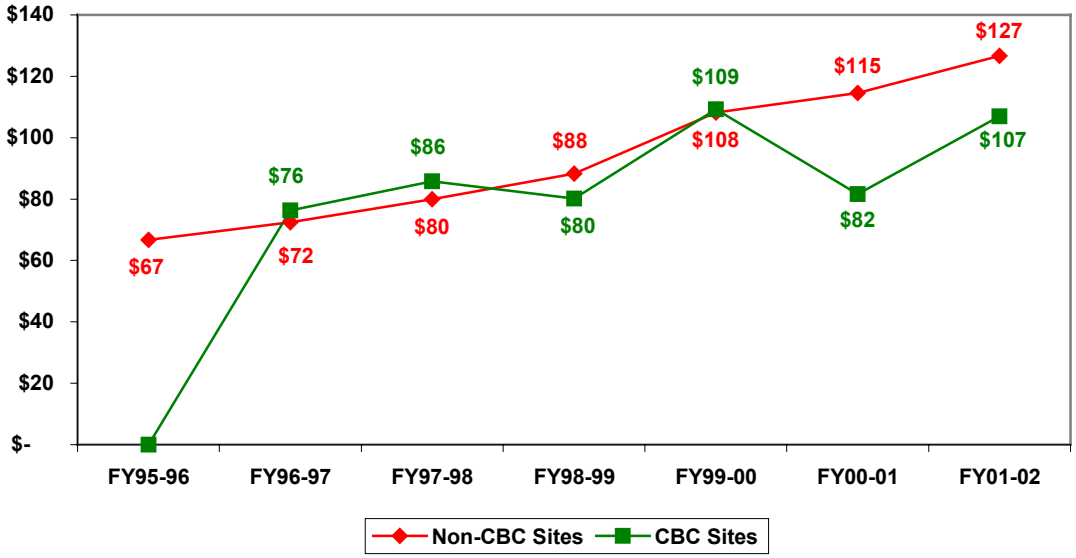
Average expenditures per child-day have been very similar in CBC and non-CBC sites except during FY00-01 and FY01-02, as shown in Figure 19. CBC sites had average expenditures per child-day that ranged from $15 to $18 from FY96-97 through FY99-00. Average expenditures per child-day in the non-CBC sites increased modestly each year, starting at $10 in FY95-96 and rising to $16 in FY99-00. Similar to the findings for average expenditures per child served, FY00-01 saw the CBC sites average expenditures per child-day drop by 35% while the average for the non-CBC sites remained the same as in FY99-00. The data suggest that average expenditures per child-day doubled from FY00-01 to FY01-02. As mentioned previously, the results from FY00-01 and FY01-02 should be viewed with caution.

Figure 19: AVERAGE EXPENDITURES FOR DIRECT CHILD PROTECTIVE SERVICES PER CHILD-DAY IN SYSTEM: CBC Sites vs. Non-CBC Sites



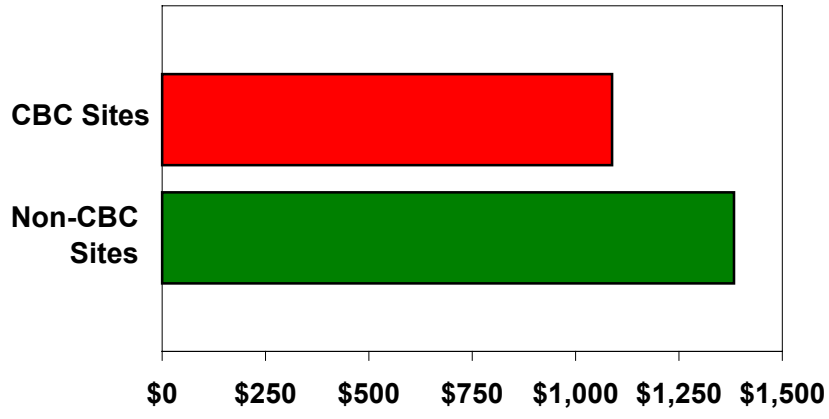
The trends in average expenditures per capita were very similar to the trends in average expenditures per child-day described above. As shown in Figure 20, CBC sites alternated between a modest increase and a modest decrease year-over-year in average expenditures per capita, and increased overall from $76 in FY96-97 to $107 in FY01-02. Non-CBC sites, on the other hand, experienced a steady increase in average expenditures per capita throughout the study period, and increased overall from $67 in FY95-96 to $127 in FY01-02. The largest year-over-year increases in average expenditures per capita occurred between FY98-99 and FY99-00 (36% in CBC sites and 23% in non-CBC sites) and between FY00-01 and FY01-02 (30% in CBC sites and 11% in non-CBC sites). Comparing CBC sites to non-CBC sites, average expenditures per capita were similar from FY96-97 through FY99-00, but non-CBC sites had 40% and 19% higher average expenditures per capita in FY00-01 and FY01-02, respectively, than CBC sites. These results should be reliable because they were calculated using population data rather than CIS or HSn data.

Figure 20: AVERAGE EXPENDITURES FOR DIRECT CHILD PROTECTIVE SERVICES PER CAPITA: CBC Sites vs. Non-CBC Sites



CBC sites also experienced lower average expenditures per investigative report in FY01-02 than in non-CBC sites, as shown in Figure 21. CBC sites spent an average of $1,088 per investigative report on direct services, while non-CBC sites spent an average of $1,383 per investigative report on direct services[7].

Figure 21: AVERAGE EXPENDITURES FOR DIRECT CHILD PROTECTIVE SERVICES PER INVESTIGATIVE REPORT: CBC Sites vs. Non-CBC Sites (FY01-02)



[7] These statistics do not reflect average cost per investigation.

While out-of-home care represents the largest portion of expenditures for direct child protective services, there were small differences between CBC and non-CBC sites in direct child protective services by type of service (as shown in Figures 22 & 23). During FY01-02, non-CBC sites had a slightly higher proportion of direct services dollars spent on out-of-home care (60%) than non-CBC sites (55%). Conversely, CBC sites spent a higher proportion of their service dollars on in-home services (27% vs. 21%). Non-CBC sites also had a slightly higher proportion of expenditures for adoption-related services than CBC sites (17% vs. 15%).

Figure 22. Direct Child Protective Services Expenditures by Type of Service (FY01-02) – Non-CBC Sites

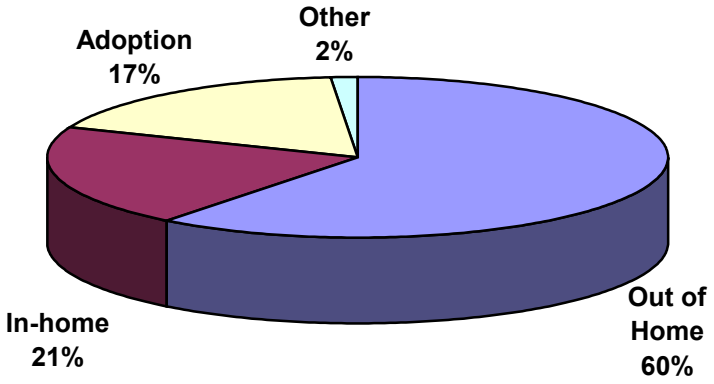
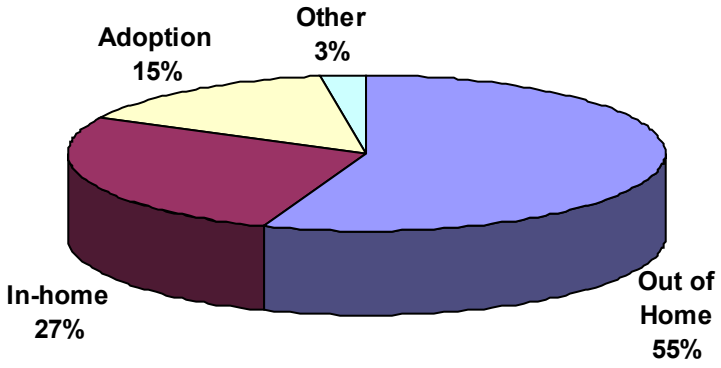


Figure 23. Direct Child Protective Services Expenditures by Type of Service (FY01-02) –CBC Sites



Conclusions & Limitations

The overall conclusion about the difference in average expenditures per child is mixed. On all 3 longitudinal measures, CBC and non-CBC sites experienced similar average expenditures per child for every year analyzed except FY00-01 and FY01-02. In FY99-00, the last year for which there is complete and reliable data, CBC sites had slightly lower average expenditures per child served ($2,727 vs. $2,905 in non-CBC sites) and slightly higher average expenditures per child-day ($17 vs. $16 in non-CBC sites). Average expenditures per capita, the only reliable indicator for FY00-01 and FY01-02, were significantly higher in non-CBC sites ($115 and $127 in FY00-01 and FY01-02, respectively) than in CBC sites ($82 and $107, respectively). These differences reflect 29% and 16% lower expenditures for CBC sites, respectively, in those two years.

Some of the difference in average expenditures per capita in FY01-02 may be attributable to an apparent difference in service mix between CBC sites and non-CBC sites. CBC sites devoted a smaller proportion (55%) of their total expenditures to out-of-home services than non-CBC sites (60%). Although determining the actual cost of delivering out-of-home services is beyond the scope of this analysis, it is likely that the cost of one month in foster care far exceeds the cost of one month of in-home services or other types of direct protective services. Consequently, CBC sites may have experienced lower average expenditures per capita than non-CBC sites because they provided less out-of-home care than non-CBC sites during FY01-02.

As mentioned earlier, the transition from CIS to HSn limited our ability to generate complete and reliable counts of the number of children served and child-days during FY00-01 and FY01-02. This limitation was identified in the FY00-01 data in last year's report, but the extent to which this was still a problem in FY01-02 is surprising because every district's data was supposed to appear in HSn beginning in June 2001. According to HSn data, the numbers of children served and child days in FY01-02 were much lower than expected based on previous years' counts. As shown in Table 16, the total number of children served statewide in FY01-02 was only 62,853, which is 52% lower than the number of children served during the first 11 months of FY00-01. Similarly, the total number of child days statewide in FY01-02 was 15,272,266, which is 38% lower than the total number of child days during the first 11 months of FY00-01. These decreases are inconsistent with the modest year-over-year increases in total expenditures for direct child protective services, total children under age 18 in the general population, and total number of investigative reports during the same time periods. This limitation did not allow for the accurate estimation of average expenditures per child served and average expenditures per child day for FY00-01 and FY01-02.

Table 16. Changes in Statewide Denominator Data vs. Changes in Statewide Numerator Data, FY99-00 thru FY01-02

	FY99-00	*FY00-01*	*Year-over-year change*	*FY01-02*	*Year-over-year change*
Total Expenditures for Direct Child Protective Services	$394 million	$413 million	+5%	$466 million	+13%
Total Children Served	136,017	131,840	-3%	62,853	-52%
Total Child Days	24.5 million	24.5 million	0%	15.3 million	-38%
Total Children Under Age 18 in General Population	3.64 million	3.71 million	+2%	3.76 million	+1%
Total Number of Investigative Reports	262,039	269,486	+3%	347,350	+29%

Despite this limitation, the estimates of average expenditures per capita are sufficiently reliable and, therefore, can be interpreted. The large difference in average CBC expenditures per capita compared with average, per capita expenditures for non-CBC sites during FY00-01 may have been caused by a larger increase in total expenditures for non-CBC sites than for CBC sites from FY99-00 to FY00-01. One cause of higher expenditures in the non-CBC group in FY00-01 occurred in District 10, where DCF spent additional dollars for child protective services in response to the Ward lawsuit. Excluding District 10's expenditure and child data from the comparison group had a slight impact on narrowing the gap in average expenditures per capita between CBCs and non-CBCs for FY00-01 (data not shown), but does not appear to fully explain the wide gap between CBC and non-CBC sites that year.

Another important limitation to these findings is that there are unobserved county- or district-level factors unrelated to community-based care that may affect expenditure levels for direct child protective services. For example, this analysis does not account for what many perceive as a historically inequitable distribution of child welfare system resources at the district level. Consequently, the differences in average expenditures per child reported here should be used for descriptive purposes only. We cannot infer from these findings that CBC sites had lower average expenditures per child than non-CBC sites because of the advent of CBC.

There are other limitations to these findings. FY00-01 was the first full year for system-wide changes to FLAIR. These changes included unique codes for CBC expenditures. While these updated OCAs are thought to be better suited for the type of analysis contained in this report, there is a concern that DCF district staff and CBC staff may not have used the new OCAs consistently initially. The inconsistent use of OCAs may explain some of the FY00-01 difference in average expenditures per child between CBC sites and non-CBC sites. The Office of Revenue Management has conducted a great deal of training on coding issues in the last 12 months, so we expect that the OCA level data was more reliable in FY01-02.

This analysis is done from the perspective of DCF. With its focus on direct expenditures, the analysis fails to capture indirect expenditures such as lost productivity due to time lost from work/school and morbidity. The analysis also excludes child welfare services paid via other funding sources (e.g., dollars raised by lead agencies in local communities). From a societal perspective, actual child protective services expenditures are much higher. The effect of CBC on indirect expenditures cannot be assessed from the data in this analysis, and conclusions cannot be made about the overall cost of CBC without considering the impact of administrative, infrastructure, and indirect expenditures.

Although per capita child expenditures were lower in CBC sites than in non-CBC sites during FY01-02, there are several possible explanations:

- CBC sites are delivering services more efficiently;
- CBC sites may be covering administrative expenses not previously funded in DCF's budget with funds that would otherwise be used for services;
- Lower expenditures per child could also reflect an under-delivery of necessary services

Another limitation of these findings is that efficient service delivery may not represent effective or high quality service delivery. While CBC sites spent an average of $20 less per capita than non-CBC sites during FY01-02, this potential efficiency gain may be nullified if children served in CBC sites fared worse on outcome indicators than their non-CBC counterparts. The Discussion and Policy Implications section of this report will interpret the efficiency findings in the context of the outcome indicators.

Analysis of Child Welfare Administrative Expenditures

Evaluation Questions

What proportion of Family Safety's total child welfare expenditures are used for administration? Does the proportion of administrative expenditures vary by district/region? How much do these estimates vary according to the allocation method used?

Methodology

Administrative expenditures for child welfare occur at three different levels. The Central Office level includes expenditures incurred by Family Safety, and this analysis will focus on Program Management & Compliance, Child Protection/Permanency, Child Abuse Prevention/Intervention, and Florida Abuse Hotline expenditures. Child Care Regulation and Adult Protection expenditures have been excluded. The second level is District-level, and this includes District Administration, Program Management & Compliance, and Child Protection/Permanency expenditures. CBC lead agencies represent the third level, although their expenditures appear in FLAIR data as part of District-level expenditures. This year's administrative expenditures analysis focuses on Central Office- and District-level expenditures, and does not distinguish CBC expenditures from other District-level expenditures.

FLAIR data was used for FY01-02[8] provided by the Office of Revenue Management to identify administrative expenditures at the Central Office and District levels. Using OCA level data from BEs 60910303, 60910304, and 60910307, appropriate BE-OCA combinations were identified that were used for administrative expenditures associated with child protection, protective investigation, and legal services. All administrative expenditures fell into one of two groups: (1) expenses incurred by a district and listed for that district (e.g., Family Safety program administration); (2) expenses incurred by the Central Office that benefit the entire state (e.g., DCF's contract with FMHI to evaluate CBC implementation). Non-operating expenditures and transfers to other agencies were excluded from the analysis.

The next step was to aggregate and calculate district-level administrative expenditures for each district. Expenditures from group (1) were added to calculate total district-specific administrative expenditures. For expenditures from group (2), two separate methods for allocating those statewide expenditures across districts were applied: based on child population, and based on investigative reports. As done in the direct services analysis, child population data from the Florida Legislature's Office of Economic and Demographic Research was used to calculate the number of children under age 18 in each district as of January 1, 2002. Under this method, statewide expenditures were allocated to each district in the same proportion as the district's proportion of total children statewide. For example, the Suncoast Region had a population of 632,219 children, which was 17% of the Florida's child population of 3,757,933, so we allocated 17% of statewide, Central Office level expenditures to the Suncoast Region. For the other allocation method, FAHIS data was used to calculate the number of duplicated (i.e., non-unique child) investigative reports for each district during FY01-02, and allocated statewide expenditures in the same proportion as the district's proportion of total investigative reports

[8] Expenditures that were incurred during FY01-02 but certified forward and not paid until FY02-03 were included.

statewide. For example, the Suncoast Region had 18% of the State's investigative reports, so we allocated 18% of statewide, Central Office level expenditures to the Suncoast Region. These two allocation methods were recommended by DCF's Allocation of Family Safety Child Protection Resources workgroup in their Phase I report, and the FMHI evaluation team strongly supports the workgroup's assertion that child population and the number of investigative reports equitably measure the potential need and demand for child protection.

Finally, total child welfare expenditures were derived in order to calculate administrative expenditures as a percentage of total child welfare expenditures. The data reported earlier on direct child protective services was used and expenditures associated with protective investigations and legal services were added to calculate direct service expenditures for child welfare for each district. The total administrative expenditures and total direct services expenditures were then combined to derive total child welfare expenditures.

Findings

District-specific administrative expenditures were $15.6 million, or about 55% of DCF's $28.6 million in total child welfare administrative expenditures during FY01-02. As shown in Table 17, district-specific administrative expenditures ranged from $98,166 in District 14 to nearly $2.3 million in District 11. District 10 had the third highest amount of district-specific administrative expenditures ($1.9 million) despite being only the 4th or 5th largest district, but this may be due to residual expenditures associated with the Ward lawsuit.

Table 17. Total Child Welfare Administrative Expenditures by District/Region, Adjusted for Child Population (FY01-02)

District	District-Specific Administrative Expenditures (A)	Share of Statewide Administrative Expenditures, Divided According to Size of District's Child Population (B)	Total Administrative Expenditures (C=A+B)
1	$ 901,174	**$ 532,868**	$ 1,434,042
2	$ 536,206	**$ 512,324**	$ 1,048,530
3	$ 842,481	**$ 393,282**	$ 1,235,763
4	$ 838,366	**$ 1,039,267**	$ 1,877,633
7	$ 1,388,415	**$ 1,696,522**	$ 3,084,937
8	$ 1,183,139	**$ 625,332**	$ 1,808,471
9	$ 1,293,427	**$ 854,301**	$ 2,147,728
10	$ 1,901,163	**$ 1,353,929**	$ 3,255,092
11	$ 2,285,387	**$ 2,025,352**	$ 4,310,739
12	$ 311,065	**$ 348,783**	$ 659,848
13	$ 1,182,424	**$ 541,804**	$ 1,724,228
14	$ 98,166	**$ 501,940**	$ 600,106
15	$ 643,876	**$ 346,457**	$ 990,333
SR	$ 2,201,999	**$ 2,178,819**	$ 4,380,818
Total	$ 15,607,288	**$ 12,950,980**	**$** 28,558,268

When adjusted for child population, the Suncoast Region had the highest total administrative expenditures ($4.4 million) in the State. District 11, at $4.3 million, was 2nd highest, followed by District 10 ($3.3 million) and District 7 ($3.1 million). District 14 had the lowest total administrative expenditures ($0.6 million) in the State.

Table 18. Total Child Welfare Administrative Expenditures by District/Region, Adjusted for Investigative Reports (FY01-02)

District	District-Specific Administrative Expenditures (A)	Share of Statewide Administrative Expenditures, Divided According to Number of Investigative Reports in District (B)	Total Administrative Expenditures (C=A+B)
1	$ 901,174	**$ 692,272**	$ 1,593,446
2	$ 536,206	**$ 652,452**	$ 1,188,658
3	$ 842,481	**$ 504,132**	$ 1,346,613
4	$ 838,366	**$ 1,113,781**	$ 1,952,147
7	$ 1,388,415	**$ 1,776,449**	$ 3,164,864
8	$ 1,183,139	**$ 592,013**	$ 1,775,152
9	$ 1,293,427	**$ 768,073**	$ 2,061,500
10	$ 1,901,163	**$ 979,741**	$ 2,880,904
11	$ 2,285,387	**$ 1,186,785**	$ 3,472,172
12	$ 311,065	**$ 478,181**	$ 789,246
13	$ 1,182,424	**$ 721,168**	$ 1,903,592
14	$ 98,166	**$ 739,550**	$ 837,716
15	$ 643,876	**$ 378,369**	$ 1,022,245
SR	$ 2,201,999	**$ 2,368,014**	$ 4,570,013
Total	$ 15,607,288	**$ 12,950,980**	$ 28,558,268

When adjusted for the district number of investigative reports, as shown in Table 18, district rankings for total administrative expenditures differed somewhat from the rankings associated with the totals in Table 17. The Suncoast Region was still the highest at $4.6 million, and still followed by District 11 ($3.5 million). District 7 moved from 4th highest to 3rd highest, at $3.2 million, while District 10 moved from 3rd highest to 4th highest ($2.9 million). Under the investigative reports adjustment method, District 8 (rather than District 14) had the lowest administrative expenditures ($0.8 million).

The differences in rankings are due to differences caused by the method used for allocating statewide administrative expenditures. As shown in Table 19, these differences can be quite dramatic. For example, District 11's share of statewide administrative expenditures based on child population was $2.0 million because that district contains 16% of the State's children. District 11's share drops by more than $800,000 (41%), to $1.2 million, if statewide administrative expenditures are allocated based on the number of investigative reports because District 11 had only 9% of the State's investigative reports in FY01-02. A similar phenomenon occurred for District 10, as their share of statewide administrative expenditures fell from $1.4 million to under $1 million (a 28% decrease) because

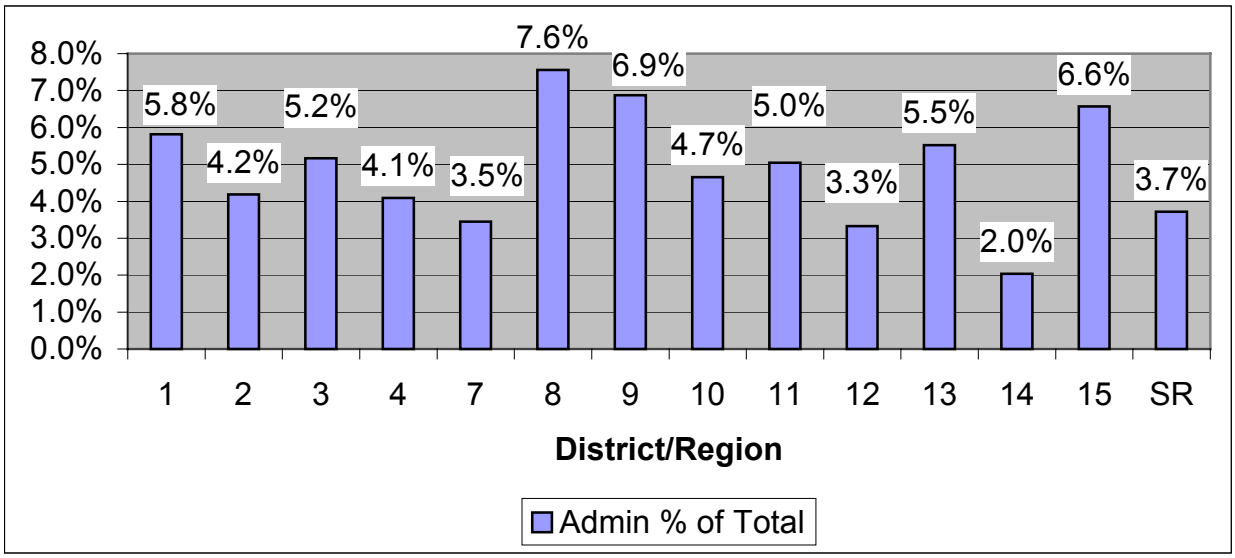
they had only 8% of the State's investigative reports, despite having 10% of the State's child population. District 14's share changed in the opposite direction: they increased by 47%, from $502,000 to $740,000, because they had 4% of the State's children but 6% of the State's investigations.

Table 19. Comparison of Methods for Dividing Share of Statewide Child Welfare Administrative Expenditures by District/Region, (FY01-02)

	Share of Statewide Administrative Expenditures, Divided According to Size of District's Child Population	Share of Statewide Administrative Expenditures, Divided According to Number of Investigative Reports in District	Difference Between Adjustment Methodologies
1	$ 532,868	$ 692,272	**$ (159,405)**
2	$ 512,324	$ 652,452	**$ (140,128)**
3	$ 393,282	$ 504,132	**$ (110,850)**
4	$ 1,039,267	$ 1,113,781	**$ (74,513)**
7	$ 1,696,522	$ 1,776,449	**$ (79,926)**
8	$ 625,332	$ 592,013	**$ 33,319**
9	$ 854,301	$ 768,073	**$ 86,228**
10	$ 1,353,929	$ 979,741	**$ 374,188**
11	$ 2,025,352	$ 1,186,785	**$ 838,567**
12	$ 348,783	$ 478,181	**$ (129,398)**
13	$ 541,804	$ 721,168	**$ (179,365)**
14	$ 501,940	$ 739,550	**$ (237,610)**
15	$ 346,457	$ 378,369	**$ (31,912)**
SR	$ 2,178,819	$ 2,368,014	**$ (189,195)**
Total	**$ 12,950,980**	**$ 12,950,980**	**$ 0**

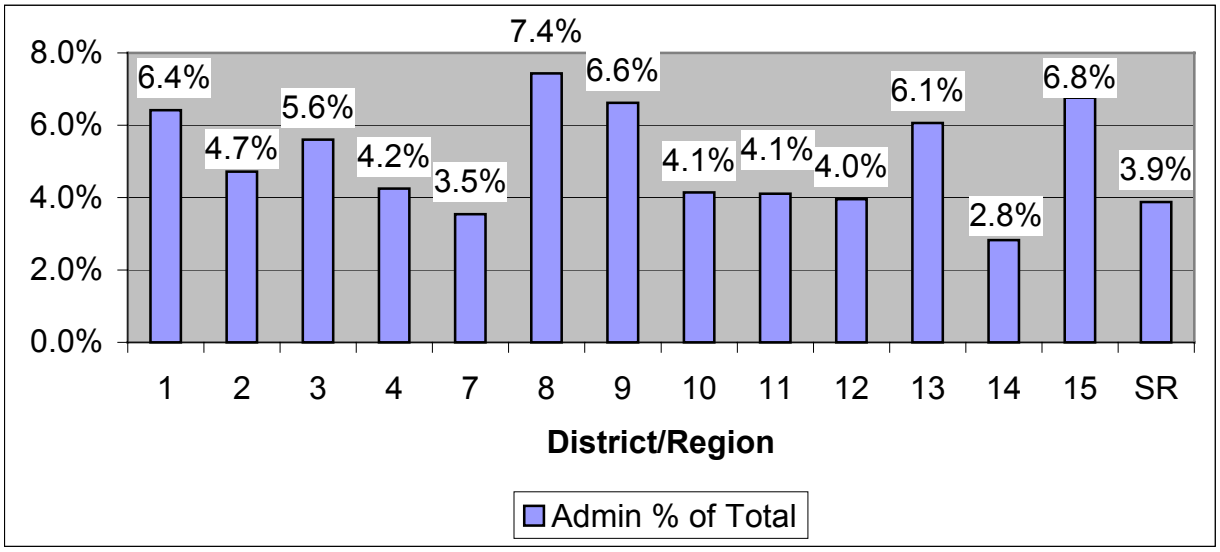
Administrative expenditures as a percentage of total child welfare expenditures were 4.5% statewide in FY01-02. Using the child population allocation method, District 8 had the highest proportion of administrative expenditures (7.6%), followed by District 9 (6.9%) and District 15 (6.6%), as shown in Figure 24. District 14 had the lowest proportion of administrative expenditures (2.0%).

Figure 24. Administrative Expenditures as a Percentage of Total Expenditures, by District/Region, When Statewide Administrative Expenditures Were Divided According to Child Population (FY01-02)



Administrative expenditures as a percentage of total child welfare expenditures were similar when administrative expenditures were adjusted for the number of investigative reports, as shown in Figure 25. District 8 still had the highest proportion of administrative expenditures (7.4%), while Districts 15 and 9 reversed positions as the districts with the 2nd and 3rd highest proportions of administrative expenditures (6.8% and 6.6%, respectively). District 14 maintained the lowest proportion of administrative expenditures (2.8%).

Figure 25. Administrative Expenditures as a Percentage of Total Expenditures, by District/Region, When Statewide Administrative Expenditures Were Divided According to Number of Investigative Reports (FY01-02)



Conclusions & Limitations

This analysis of FLAIR data indicates that DCF incurred an estimated $29 million of administrative expenditures for child welfare statewide during FY01-02. With direct services expenditures of $604 million in FY01-02, the $29 million of administrative expenditures represent approximately 4.5% of total child welfare expenditures that year. Nearly 45% of administrative expenditures were incurred at the Central Office level while 55% of administrative expenditures were incurred at the District/Region level or incurred by the Central Office on behalf of a specific district/region.

Administrative expenditures as a percentage of total expenditures varied somewhat among districts. Regardless of the method used to allocate Central Office expenditures to districts, the proportion of total expenditures used for administration ranged from 2.0% to 7.6% across the districts.

The allocation method used for distributing statewide, Central Office administrative expenditures across the districts/region had a significant impact on each district's/region's share of administrative expenditures. District 11's share of statewide administrative expenditures was $2.0 million under the child population allocation method, but fell to $1.2 million when those expenditures were allocated according to the number of investigative reports that occurred in each district. This $0.8 million difference was the largest among the districts. The allocation method also caused a large difference in District 10 ($374,000).

This finding has important implications for DCF as the Department grapples with administrative resource sharing for CBC lead agencies. Child population and the number of investigative reports both represent reasonable measures of the number of children a lead agency will be responsible for under CBC, but cannot be used interchangeably because population and investigations are not equally distributed in every district.

An important limitation to these findings is that there are unobserved county- or district-level factors that may affect administrative expenditure levels associated with child welfare services. As noted in the Analysis of Direct Child Protective Services Expenditures section of this report, this analysis does not account for what many perceive as a historically inequitable distribution of child welfare system resources at the district level. Consequently, the differences in administrative expenditures by district/region reported here should be used for descriptive purposes only.

There are other limitations to these findings. The analysis may include some non-recurring administrative expenditures that overstate a district's "true" level of recurring administrative costs. These data may underreport total administrative expenditures incurred by CBCs if lead agencies are covering some administrative costs with dollars raised locally (and thereby not submitted to DCF for reimbursement). These findings also don't allow us to disentangle administrative costs unique to lead agencies from other district-level administrative costs.

In spite of these limitations, this analysis represents a useful first step towards understanding current and historical levels of administrative expenditures associated with child welfare. In next year's evaluation, we plan to augment these data with additional historical data and CBC lead agency data to accomplish two goals -- (1) to disentangle district/region administrative expenditures from CBC lead agency administrative expenditures, and (2) to better understand how administrative expenditures are distributed across all three levels. Progress on these two goals will inform the administrative cost budgeting process as DCF further expands CBC statewide.

SECTION FOUR: DISCUSSION AND POLICY RECOMMENDATIONS

This report provided an evaluation of all CBC sites that were operational in FY01-02. Site visits were conducted at two relatively new sites: Hillsborough Kids, Inc. (HKI) and FamiliesFirst Network (FFN). Because of the lag time in obtaining clean administrative data, the outcome and cost data are for FY01-02, whereas the quality and implementation analysis reflect FY02-03 data. In this section we discuss the major conclusions that can be drawn from our findings and end with policy recommendations.

PROGRAMMATIC OUTCOMES

The task for this evaluation with respect to programmatic outcomes was establishing a baseline using HSn data for each of the CBC counties and the Rest-of-State that will allow for the tracking of performance over time in future reports. This was an essential first step because the transition to HSn hindered the analysis of changes in outcomes over time. It could not be determined whether any changes were the result of differences in performance or artifacts of the switch from one data source to another. Even with the baseline data a caveat is needed. The complexity of the new system requires a longer period of adjustment by the local agencies as well as system refinement by the users and developers.

The examination of the baseline data indicates that there is great variability in the performance of CBC counties on different indicators, which may reflect different stages of the implementation process experienced by the lead agencies.

QUALITY

The quality analysis focused on the implementation of CBC in two sites – HKI in Hillsborough County and FFN in District 1. Direct comparison between the two sites is not appropriate due to differences in their structure and their developmental phase of implementation.

Based on the multiple methods employed in the quality analysis, there are, however, some key findings that hold true for both sites. These findings reflect an early stage of implementation, and are likely to be true for any CBC site in its first year of implementation.

- Case managers believe they could better do their jobs if funds were more readily available for tangible supports (e.g., utility deposits and furniture) and needed child assessments.

- Florida Statute and Department policies need to be revisited to determine if they meet the needs of CBC (e.g., transfer of authority and removal of children).
- Training and supervision for case managers needs to be adapted to align more closely with the demands of CBC. Specific areas of training for case managers include: family-centered case management, development of services plans, and improved integration of community resources into the plans.
- Training for case management supervisors needs to support the changes expected in frontline practice.
- Foster parents need reassurance during the ongoing transition and need to be informed of changes in policies and practice as they occur.

COST

The overall conclusion about the difference in average expenditures per child is mixed. CBC and non-CBC sites experienced similar average expenditures per child during the first 4 years of Community-Based Care. During the last two years of analysis, CBC sites had 29% and 16% lower average expenditures per capita, respectively, than non-CBC sites. CBC sites also appeared to have lower average expenditures per child served and per child-day during FY00-01 and FY01-02, but this finding should be interpreted with caution because there is evidence that CIS and HSn underreported the actual number of children served and child days during those two years, respectively. It also cannot be concluded that CBC sites were more cost-efficient during those years because there are several plausible interpretations of these findings, as noted earlier.

The distribution of administrative expenditures across DCF's Family Safety, Region/District Offices, and lead agencies is an important issue as CBC expands statewide. DCF incurred an estimated $29 million of administrative expenditures for child welfare statewide during FY01-02, which represents approximately 4.5% of total child welfare expenditures that year. The proportion of total expenditures used for administration ranged from 2.0% to 7.6% across the districts, and these administrative rates varied depending upon the allocation method applied. Although these data may underreport total administrative expenditures incurred by lead agencies if they are covering some administrative costs with dollars raised locally (and thereby not submitted to DCF for reimbursement), these findings represent a first step towards understanding how administrative expenditures are distributed across the Central Office and District/Region levels of child welfare administration as DCF continues to expand CBC statewide.

IMPLEMENTATION

Upon consultation with DCF Central Office, central office employees were not interviewed for this evaluation report. However, last year's report as well as future studies will include more viewpoints from this level. Therefore, a limitation

of this report is that it reflects the perspectives of regional, district, and lead agency staff more so than central office staff.

Areas of Progress

In this year's evaluation we found that progress had been made on a number of issues that were identified last year. Last year's evaluation identified four major issues that needed to be resolved:

1. The nature of the relationship between DCF and the lead agency and its provider network
2. The role of the Regional office
3. The program monitoring and auditing process
4. The management information system, data collection, and reporting processes

The relationships between DCF, the lead agencies and Regional and District offices were still evolving. It is important to note that the lead agencies are sharing information among themselves and with DCF and continuing in good faith to attempt to clarify their respective roles and relationships. DCF holds regularly scheduled leadership forums with the lead agency executive directors where these issues are discussed. The roles of District, Regional and the DCF Central Offices is currently under examination, including the distribution of functions across the different levels, allocation of staff, and the nature of their roles as CBC implementation progresses.

Substantial progress has been made with respect to program monitoring and auditing. A number of audits have been combined, and in some cases accreditation visits have been scheduled to coincide with State monitoring. The number of audits and monitoring visits has therefore been reduced. However, this is still a work in progress. Again, the important trend to note is that more dialogue is occurring and there have been a number of attempts to make the audits more efficient and useful.

While no one would say that HomeSafenet is without problems, respondents reported that Secretary Regier has been more flexible about how information may be entered and how the system is used. There now appears to be a greater dialogue between programmers and end users. Progress has also been made in extracting reports from the system that can be useful for monitoring purposes.

New Findings

The evaluation of HKI and FFN reinforced the belief that there is not one best way to organize a lead agency, but rather the most important factor is the fit between local resources and context, and the model chosen. In Hillsborough County a new agency was created and served as an ASO, contracting out all service delivery. In District 1 a well-established agency with a long history of

service provision became the lead agency and provides most of the direct services with some small subcontracts.

A major finding in this evaluation cycle was that one of the most daunting implementation tasks is producing changes in actual practice. Such change is essential for improvements in the quality of care. The critical dilemma is needing the experience and expertise of former DCF staff but also needing changes in the way these staff have practiced for so many years. Even the two established lead agencies were still reported that there was more progress needed in achieving these changes. The importance of the supervisors in bringing about such change and as key drivers in implementing CBC also became very clear. The need for more training, coaching, and sharing of experiences among supervisors was evident across sites.

There were also a number of innovations, identified in the CBC sites such as the Children's Crisis Response Team, Youth Transition Coordinators who work with adolescents in obtaining emancipation and transitioning into adulthood, and the Court Facilitation Project. These promising approaches received favorable reports from respondents at various levels. The development of these new programs will continue to be tracked and analyzed in future evaluations.

The strengths of the partnership model also became clear in the course of this year's evaluation and were best exemplified at HKI. Its effectiveness in creating checks and balances, local ownership and commitment to the CBC system, identifying and solving system problems, and as a continuous quality improvement mechanism was apparent.

POLICY RECOMMENDATIONS

The findings of this study lead to a number of policy recommendations as Florida continues to develop, implement, and monitor Community-Based Care sites statewide.

- The Department of Children and Families should continue to encourage and support flexibility in how community stakeholders structure their CBC lead agencies. As noted earlier, the fit between the design of the lead agency, local resources, and context is a crucial factor in their success.

- The Department should encourage CBC organizational arrangements with a distribution and balance of control and accountability for budget management, review of performance indicators, and continuous quality improvement processes.

- The Department should continue the practice developed over the past year of using technical assistance teams to support districts in their development of Community-Based Care.

- The partnership between DCF, the Professional Development Centers, and the lead agencies should prioritize skill development and competency training at the supervisory and case manager levels in evidence-based practices (e.g. family group conferencing, individualized care, and strengths based approaches).

- The role of the Community Alliances in some parts of the State needs to be resolved. Increased communication and role clarification between Community Alliances and lead agencies will benefit all parties.

- DCF and the lead agencies should continue to address and resolve several issues related to funding, such as appropriate levels of funding, inequities in funding levels across lead agencies, risk sharing, and administrative costs of lead agencies.

- A review should be conducted of laws and policies that assume that only "agents" of the State can carry out a function. For those functions that have been transferred to CBC, modifications are needed in statute or administrative code to allow the lead agencies to perform them.

- If a crisis similar to Rilya Wilson should unfortunately occur, it may not be appropriate or beneficial to apply uniform mandates statewide. Lead agencies should be allowed to provide evidence that they have practiced due diligence and be able to negotiate any additional actions that have been mandated in response to the crisis. If new tasks are required, additional resources should be allocated.

In sum, the implementation of CBC is a complicated process which takes time. All of the lead agencies have made substantial progress in implementing Community-Based Care and one can see a clear developmental curve, however challenges remain. The evaluation team will continue to evaluate whether these reforms result in better outcomes for children and families.

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Appendix 1: Highlights from the 2001-02 Statewide Evaluation of Community-Based Care

Background

- Ensuring the safety and well-being of children in the child welfare system has proven to be a long term and complex problem. Issues at the national level include: 1) fragmented and uncoordinated services; 2) increased cost; 3) more families receiving care, and with more serious problems; 4) limited accountability within state and local agencies; 5) increased public scrutiny of child welfare organizations; and 6) litigation against the child welfare system.
- One of Florida's responses to such problems is the Community-Based Care (CBC) initiative. The intent of CBC is to: 1) improve the safety and well-being of children; 2) create community ownership around child welfare issues; 3) shift the responsibility for direct service delivery in child welfare from DCF to newly-created lead agencies; 4) create a more integrated and comprehensive child protective service system, and 5) more flexibly manage available resources.
- In 2001-02, the Department of Children and Families (DCF) contracted with the University of South Florida Louis de la Parte Florida Mental Health Institute (FMHI) to conduct an evaluation of the four counties in which Community-Based Care (CBC) was operational in FY00-01: Sarasota, Manatee, Pinellas, and Pasco Counties.
- As shown in Figure 1, Sarasota County, whose lead agency was the Sarasota YMCA Children, Youth and Family Services, Inc., was the first to provide services in Florida. Manatee County came under the Sarasota YMCA in 2000. Family Continuity Programs, Inc. (FCP), the lead agency in Pinellas and Pasco Counties, began implementation of CBC in 2000 and completed their effort in 2001. Flagler and Volusia Counties began implementing CBC in 2001, and became fully operational in 2002.

Status of CBC Implementation

- Key stakeholders agreed that there was a mutually respectful and flexible planning process during CBC implementation. In addition, there was policy consensus and clear agreement about the purposes of CBC and the role of a lead agency.
- The provision of a readiness assessment process, start-up funds, and a planning year before service delivery began were important to the success of CBC.
- Those interviewed felt there was a shared commitment to CBC on the part of leadership at each level, and those in leadership roles had done as much as possible throughout the implementation process to ensure the success of CBC.
- The need to consider policies and procedures from the point of view of DCF as well as the lead agencies is a consistent source of tension, and is

likely to become more problematic as CBC is implemented statewide. The dual objectives of flexibility at the local level (a key principal of CBC) and standardization (to ensure quality and a consistently available level of services across the state) are not always compatible. While CBC was seen as very important by DCF, it is currently only a small part of the agency's overall operation.

- Two different CBC models/approaches emerged. Both allowed for adaptability to local issues and cultural differences, indicating there is more than one way to successfully implement CBC. In Sarasota the lead agency was a large agency with a well-developed infrastructure but with no experience in delivering child welfare services. The Sarasota YMCA saw its role as being a leader and advocate, and contracted out all services. Family Continuity Programs was a small service provider with an infrastructure much less equipped for such a major undertaking, thus much of their initial planning focused on infrastructure development. FCP stressed the importance of integrated services, and maintained leadership over service integration by continuing to directly provide case management.
- Lead agencies evolved a checks and balances approach to network development and had management information systems (MIS) and quality assurance/quality improvement systems that allowed them to identify and solve problems on an ongoing basis.
- The CBC sites have made considerable progress developing the necessary fiscal, MIS, quality improvement (QI), and personnel infrastructure, but there is still room for improvement. Of particular concern are the recruitment, retention, and professionalization of program staff.
- Other major systems changes caused mid-stream adjustments to implementation timetables and strategies. These changes included the addition of Manatee County to the Sarasota site, and the creation of the SunCoast Region and the Community Alliances.

Safety and Well-being of Children

- The table on the following page summarizes key findings on child safety and permanency. In the area of child safety, CBC counties performed at least as well as counties where CBC was not introduced on all measured outcomes. The proportion of children in CBC counties who re-entered out-of-home care was not significantly different from the proportion of children in non-CBC counties who returned to out-of-home care. In addition, children in most CBC counties were less likely than children in non-CBC counties to be re-abused or re-neglected. CBC counties also performed as well as non-CBC counties in the area of permanency. The percentage of children exiting out-of-home care and returned to parent or legal guardian increased over time for all examined CBC counties except for Flagler/Volusia, and by FY00-01 the proportion of children returned to parent or legal guardian was higher in CBC counties, except for in

Flagler/Volusia. Moreover, the proportion of children returned to relatives and transferred to adoption was higher for CBC counties than non-CBC counties by FY00-01; Pasco/Pinellas was the exception, where the proportion of children returned to relatives was lower compared to Rest-of-State.

- There are a number of alternative interpretations for the programmatic outcomes, and it is difficult to piece together a clear picture without analyzing child-level data on child protection system use. External factors such as changes in information sources, policies, and practices of protective investigations and the courts all affect the indicators and their interpretation.
- It is important to recognize the developmental nature of CBC implementation and the large amount of change experienced by the CBC sites, DCF, and the Florida child welfare system. Implementation has been further complicated by a change in data system (to HomeSafenet) and changes in the collection of accounting data. In short, CBC implementation cannot yet be singled out as the cause of the reported outcomes.

Expenditures

- The CBC sites appear to have done as well as non-CBC sites without incurring additional cost to DCF for direct services, but this may be because FCP did not gain responsibility of all children in Pinellas and Pasco Counties until April 2001. Average expenditures in these two counties may have been much lower than in Sarasota and Manatee Counties in FY00-01 because the Department was still paying for many child services in Pinellas and Pasco Counties.
- No full assessment can be made about overall cost-efficiency because the analysis excluded administrative and other indirect costs of the programs.

Summary of Key Findings

Outcome	*Key Findings*
1. % exiting out-of-home care within 11 months	Increased for CBC counties and for non-CBC counties over time
2. % re-entering out-of-home care within 11 months after discharge	Increased slightly for CBC counties (except for Manatee/Sarasota) and decreased for non-CBC counties over time
3. % of recurrence of maltreatment	Increased for all CBC and non-CBC counties over time. Lower rates for CBC counties vs non-CBC counties
4. % returned to parents and legal guardians after exiting out-of-home care	Increased for all CBC counties and non-CBC counties over time. Higher percentages for CBC counties than non-CBC counties
5. % returned to relatives after exiting out-of-home care	Increased for all CBC counties and non-CBC counties over time. Higher percentages for CBC counties (except Pasco/Pinellas) than non-CBC counties
6. % transferred to adoption after exiting out-of-home care	Decreased for all CBC counties and non-CBC counties over time. Higher percentages for CBC counties than non-CBC counties in FY00-01
7. Average expenditures per child served	Slightly increased in both CBC and non-CBC sites for FY95-96 to FY99-00; decreased in CBC sites and increased in non-CBC sites in FY00-01. Pinellas and Pasco had lower average expenditures than non-CBC sites in FY00-01; Sarasota/Manatee, and non-CBC sites had similar average expenditures in FY00-01
8. Average expenditures per child-day	Same as finding number 7
9. Average expenditures per total child population	Same as finding number 7

Empowerment of Local Communities to Meet the Needs of Children and Families

- The Sarasota YMCA and Family Continuity Programs, Inc. (FCP) have been able to implement quality assurance plans that ensure appropriate identification of children's needs and evaluate the ongoing performance of the provider network.
- A comprehensive and integrated array of services provided by individuals who are properly qualified and supervised needs to be developed to meet

the needs of children and families identified by lead agencies. Respondents suggested that this is occurring on an increasingly consistent basis within the CBC sites, and that services are being provided in new ways, building on traditional child protective services (e.g., parenting, counseling, and placement).

Outstanding Issues and Recommendations

Outstanding issues as the Department moves into the role of purchaser include: 1) relationships between DCF, lead agencies, and the provider network; 2) staffing; 3) organizational dilemmas; 4) contracting; and 5) a past vs. future orientation. The following recommendations support the plan for a more rapid, statewide expansion of CBC:

- Continue to **develop and strengthen the CBC Leadership Forum.** This forum brings stakeholders throughout the state together on a regular basis to discuss emerging issues and policy changes, share lessons learned, and resolve conflicting interpretations of roles and relationships between DCF, lead agencies, and provider network agencies.
- **MIS issues need to be resolved** quickly. The child welfare MIS must provide a way for lead agencies to electronically submit all data required by state and federal agencies through one data entry source. The system needs the capacity to produce timely reports on outcomes and budgetary information at the county level.
- A **more balanced contract monitoring process** is needed. The executive and legislative branches should work together to identify priorities for the level of specification required by statute for each compliance requirement. Some current statutory requirements could be enforced via assurance, allowing auditors to focus their efforts on more critical contract aspects.
- **Fiscal processes need to be more efficient**. Issues of highest priority include: 1) the transfer of funds from CBC sites with lesser need to those in greater need; 2) the matching of services and expenditures to federal funding sources and categories; and 3) the resolution of cash flow problems. In addition, new lead agencies will need technical assistance to master the federal financing requirements.
- The **process of organizational culture change** at the Regional and District Office levels needs to accelerate so that the Department can be responsive to the anticipated, more rapid development of CBC sites.

- The current **organizational structure of the Department** needs to be examined as the Department moves into the role of purchaser. Each of its operations (contracting, accountability mechanisms, QI, and MIS) needs to be reviewed and aligned with the functions of a purchasing entity. In addition, the conflicting interpretations of relationships between the lead agency, DCF, and the provider network need to be resolved.

Conclusions

- Many people underestimated the complexity of change that was required for the implementation of CBC. For this reason it is not surprising that Sarasota County, the longest standing CBC county, performed best on the programmatic indicators.
- The CBC counties generally did as well on the outcome indicators as the comparison counties did without incurring additional cost to DCF for direct services. They also successfully changed the service delivery structure. On average, children in CBC care appear to be at least as safe as children were/are under the previous model. Significant progress in implementing a viable system of child welfare services has been made, but there is insufficient evidence at this point to conclude whether the CBC model is more effective (or less effective) than the previous model. Improvement of the organization, coordination, and quality of services is still a work in progress.

Appendix 2: Staffing Observation Form

COMMUNITY

1. Information about resources /interventions in the area is offered to the team.	Y	N	
2. Plan of care includes at least one public and/or private community service/resource.	Y	N	
3. Plan of care includes at least one informal resource.	Y	N	
4. When residential placement is discussed, team chooses community placements for child(ren) rather than out-of-community placements, whenever possible.	Y	N	NA
5. Individuals (non- professionals) important to the family are present at the meeting.	Y	N	

INDIVIDUALIZED

6. If an initial plan of care meeting, the parent is asked what treatments or interventions he/she felt worked/ didn't work prior to LPS.	Y	N	NA
7. Care Coordinator advocates for services and resources for the family (e.g., identifies and argues for necessary services).	Y	N	
8. All services needed by family are included in plan (i.e., no needed services were not offered).	Y	N	
9. Barriers to services or resources/ interventions are identified and solutions discussed.	Y	N	NA

10. The steps needed to implement the plan of care are clearly specified by the team.	Y	N	
11. Strengths of family members are identified and discussed at the meeting.	Y	N	
12. Plan of care that includes life domain(s) goals, objectives, and resources/interventions is discussed (or written).	Y	N	NA
13. Plan of care goals, objectives, or interventions are based on family/child strengths.	Y	N	NA
14. Safety plan/crisis plan developed/reviewed.	Y	N	NA

FAMILY

15. Convenient arrangements for family's presence at meeting are made (e.g., location, time, transportation, day care arrangements).	Y	N	NA
16. The parent/child is seated or invited to sit where he/she can be included in the discussion.	Y	N	NA
17. Family members are treated in a courteous fashion at all times.	Y	N	NA
18. The family's perspective is presented to professionals from other agencies. (*If NA, include 28,29)	Y	N	NA
19. The family is asked what goals they would like to work on.	Y	N	NA

20. The parent is asked about the types of services or resources/interventions he/she would prefer for his/her family.	Y	N	NA
21. Family members are involved in designing the plan of care.	Y	N	NA
22. In the plan of care, the family and team members are assigned (or asked) tasks and responsibilities that promote the family's independence (e.g., accessing resources on own, budgeting, maintaining housing).	Y	N	NA
23. The team plans to keep the family intact or to reunite the family.	Y	N	NA
24. Family members voice agreement/disagreement with plan of care.	Y	N	NA

INTERAGENCY/COLLABORATION

25. Staff from other agencies who care about or provide resources/ interventions to the family are present at the meeting.	Y	N	
26. Staff from other facilities or agencies (if present) have an opportunity to provide input.	Y	N	NA
27. Informal supports (if present) have an opportunity to provide input.	Y	N	NA
28. Problems that can develop in an interagency team (e.g., turf problems, challenges to authority) are not evident or are resolved.	Y	N	NA

29. Staff from other agencies describe support resources/interventions available in the community.	Y N NA
30. Statement(s) made by a staff member or an informal support indicate that contact/ communication with another team member occurred between meetings.	Y N NA
31. Availability of alternative funding sources is discussed before flexible funds are committed.	Y N NA

OUTCOMES

32. The plan of care goals are discussed in objective, measurable terms.	Y N NA
33. Objective or verifiable information on child and parent functioning is used as outcome data.	Y N

MANAGEMENT

34. Key participants are invited to the meeting (i.e., family members, CPS worker, teacher, therapist, others identified by the family).	Y N NA
35. Current information about the family (e.g., social history, behavioral and emotional status) is gathered prior to the meeting and shared at meeting (or beforehand).	Y N
36. All meeting participants introduce themselves (if applicable) or are introduced.	Y N NA

37. The family is informed that they may be observed during the meeting.	Y	N	NA
38. Plan of care is agreed on by all present at the meeting.	Y	N	

CARE COORDINATOR

39. Care Coordinator makes the agenda of meeting clear to participants.	Y	N	NA
40. Care Coordinator reviews goals, objectives, interventions, and/or progress of plan of care.	Y	N	NA
41. Care Coordinator directs (or redirects) team to discuss family/child strengths.	Y	N	
42. Care Coordinator directs (or redirects) team to revise/update plan of care.	Y	N	
43. Care Coordinator summarizes content of the meeting at the conclusion of the meeting.	Y	N	
44. Care Coordinator sets next meeting date/time.	Y	N	NA

Appendix 3: Caregiver Interview

Location	
	Escambia
	Hillsborough
	Okaloosa
	Santa Rosa
	Walton

Note: If caregiver is unable to participate in interview, please explain why**.**

Interviewer:
Date:

1. How are things going?

2. What is the biggest problem you are struggling with at the moment?

3. How long do you think it will be before this or other major problems are resolved?

4. Have you seen any improvements (i.e., in behavior, academics, or child's safety) since intervention by _____?

5. How often do you see/speak with your family counselor?

6. How often does your child see/speak with your family counselor?

7. How many family counselors have you/your child had?

8. Are you satisfied with the job your family counselor is doing?

9. Think about what needs to change in your child's/family's life. Which of these changes will he or she need special help with (i.e. require services)?

10. Think about what needs to change in your life. Which of these changes will you need special help with (i.e., require services)?

11. Do you know what the goals of your child's service plans are?

12. Do you or your child have a choice regarding services you and he or she receive?

13. How are you included in the planning and/or implementation of the service plan?

14. Do you feel the service plan supports you as well as your family?

15. What is the most important thing that needs to be done for your family?

16. Do you think the service plan will help your family live together successfully?

If in out-of-home placement:

17. How often do you visit with your child face to face? Where do you visit?

18. How often do you speak on the phone with your child?

19. Were family preservation services offered to keep your family together?

20. When do you anticipate your child's return home?

21. Do you think your child's placement is appropriate and what's best for him/her?

22. Is there anything else you would like to tell me about your child or your working relationship with _____?

Appendix 4: Direct Services and OCAs by Service Category (FY01-02)

Out-of-Home Services

OCA	*OCA_Title*
39EAS	IV-A EMERGENCY ASSIST. FOR SUBSTITUTE CARE
BX000	EMERGENCY SHELTER CARE
CHF0T	CHAFEE FOSTER CARE INDEPENDENCE PROGRAM - OTHER
CHFRB	CHAFEE FC INDEPENDENCE PROGRAM ROOM AND BOARD
CHKEM	SECURITY CHECKS OF CAREGIVERS
E1100	PSSF TIME-LIMITED FAMILY REUNIFICATION SERVICES
E110R	PSSF N'HOOD PARTNER. TIME-LIMITED FAMILY REUN.
E1400	PSSF COMMUNITY FACILITATION - OHS
E140R	PSSF N'HOOD PARTNER. COMMUNITY FACILITATION-OHS
FC00H	FOSTER CARE ADMINISTRATION-OUT OF HOME CARE
KR000	CHAFEE FC INDEPENDENCE PROGRAM
KT000	FOSTER CARE RECRUITMENT AND RETENTION
NA000	NONPSYCHIATRIC RESIDENTIAL GROUP CARE
PR005	MEDICAID ADMIN.- OHS - COMMUNITY-BASED CARE
PR006	CHAFEE FC INDEPENDENCE PROGRAM - CBC
PR020	IV-E FOSTER CARE CASE MANAGEMENT - CBC
PR021	IV-E FOSTER CARE PREPLACEMENT/PLACEMENT - CBC
PR022	IV-E FOSTER CARE ELIGIBILITY DETERMINATION - CBC
PR023	IV-E FOSTER CARE - OTHER SERVICES - CBC
PR024	SF CHILD WELFARE SVCS. OUT-OF-HOME ADMIN. - CBC
PR025	CHILD WELFARE SVCS.- OUT OF HOME - TSTF - CBC
PR026	IV-B CHILD WELFARE SVCS OUT-OF-HOME ADMIN. - CBC
PR027	CHILD WELFARE SVCS. - OUT OF HOME - O&MTF - CBC
PR050	IV-E FOSTER CARE MAINTENANCE PAYMENTS - CBC
PR051	IV-E FOSTER CARE MAINTENANCE - TSTF - CBC
PR052	IV-E FOSTER CARE MAINT.- EXCESS EARNINGS - CBC
PR4A0	TITLE IV-A EMERGENCY ASST.-OUT-OF-HOME-CBC
PR4A2	TITLE IV-A EMERGENCY ASSISTANCE - ADMIN. - CBC
PRC0T	CHAFEE FOSTER CARE INDEPENDENCE PRG. OTHER - CBC
PRCRB	CHAFEE FC INDEPENDENCE PROGRAM RM. & BOARD - CBC
PRE11	PSSF TIME-LIMITED FAMILY REUNIFICATION - CBC
PRE14	PSSF COMMUNITY FACILITATION - OUT-OF-HOME - CBC
PRS11	SSBG FOSTER CARE SVCS. OHS ADMINISTRATION - CBC
PRS29	SSBG OTHER CHILD WELFARE SERVICES - CBC
PRSS2	SSBG TANF XFER CHILD WELFARE SVC OHS ADMIN - CBC
PRT02	TITLE IV-A EMER. ASST. ELIGIBILITY DET. OH-CBC
PRV01	IV-E FOSTER CARE ELIGIBILITY DET.- PRV CONTRACTS
PRV02	STATE FUNDED OUT-OF-HOME ADMIN. - PRV. CONTRACTS
PRV06	CHAFEE FC INDEPENDENCE PROGRAM - PRIVATIZATION
PRV12	TITLE IV-A EMERG. ASST. ADMIN.- OH-PRV. CONTRACT
PRV13	IV-E FOSTER CARE PLACEMENT - PRIVATE CONTRACT
PRV15	IV-E FOSTER CARE CASE MANAGEMENT-PRV. CONTRACTS

PRV17	IV-E FOSTER CARE OTHER SERVICES - PRV. CONTRACTS
PRV18	IV-E FOSTER CARE LIC/RECRUIT/TRAIN-PRV. CONTRACT
PRV72	TITLE IV-B FOSTER CARE OUT-OF-HOME SERVICES
PRVB5	MEDICAID ADMIN.- FOSTER CARE - PRV. CONTRACTS
PRVT0	IV-A EMERG. ASST. ELIGIBILITY DET.-PRV. CONTRACT
RGC05	XIX MEDICAID ADMINISTRATION OUT-OF-HOME-RGC
RGC20	IV-E FOSTER CARE CASE MANAGEMENT-RGC
RGC21	IV-E FOSTER CARE - PLACEMENT OHS - RGC
RGC22	IV-E FOSTER CARE - ELIG. DETERMINATION OH - RGC
RGC23	IV-E FOSTER CARE OTHER-RGC
RGC24	STATE FUNDED MAINTENANCE PAYMENTS OHC - RGC
RGC50	IV-E FOSTER CARE MAINTENANCE - RGC
RGC60	CHILD WELFARE SVCS. - OHC ADMINISTRATION - RGC
SF00H	STATE FUNDED OUT OF HOME CARE
SFBAP	BEHAVIORAL ANALYST UNITS
SFFPS	FOSTER PARENT SUPPORTS CONTRACTED SERVICES
WH000	FOSTER CARE PROGRAM ADMINISTRATION
WO004	CHILD WELFARE MAINTENANCE PAYMENTS - OHS
WR000	IV-E FOSTER CARE MAINTENANCE PAYMENTS - OHS

In-Home Services

OCA	*OCA_Title*
2L000	FAMILY BUILDERS
2LM0E	FAMILY BUILDERS-TANF MOE
39IHS	TANF IN-HOME EMERGENCY SERVICES
89K00	HOUSEKEEPER/HOMEMAKER SERVICES FOR CHILDREN
89L00	SUPPORT SVCS FOR CHILDREN IN OUT-OF-HOME CARE
E1300	PSSF COMMUNITY FACILITATION - IN-HOME SUPPORT
E130R	PSSF N'HOOD PARTNER. COMMUNITY FACILITATION-IHS
E4000	PSSF FAMILY PRESERVATION SERVICES
E400R	PSSF N'HOOD PARTNER. FAMILY PRESERVATION SERVICE
PR105	MEDICAID ADMINISTRATION - IN-HOME - CBC
PR124	SF CHILD WELFARE SVCS. IHS ADMINISTRATION - CBC
PR125	CHILD WELFARE SERVICES - IN-HOME - TSTF - CBC
PR126	CHILD WELFARE SERVICES - IN-HOME - IV-B - CBC
PR127	CHILD WELFARE SERVICES - IN-HOME - O&MTF - CBC
PR2L0	FAMILY BUILDERS PROGRAM-COMMUNITY BASED CARE
PR2LM	FAMILY BUILDERS PROGRAM - TANF MOE - CBC
PR4A1	TITLE IV-A EMERGENCY ASSIST. ADM. IN-HOME - CBC
PRE04	PSSF FAMILY PRESERVATION SERVICES - CBC
PRE13	PSSF COMMUNITY FACILITATION - IN-HOME - CBC
PRS22	SSBG PROTECTIVE SERVICES - COMMUNITY-BASED CARE
PRSS1	SSBG TANF TRANSFER - IN-HOME SVCS. - CBC
PRT01	TANF ELIGIBILITY DETERMINATION - IH - CBC
PRV05	MEDICAID ADMIN.- IN-HOME - PRV. CONTRACTS

PRV10	TANF PROTECTIVE SVCS. ADMIN.- PRV. CONTRACTS
PRV21	STATE FUNDED PROTECTIVE SVCS.- PRV. CONTRACTS
PRV34	SSBG-PREVENTION/INTERVENTION-IN HOME SUPPORTS
PRV71	TITLE IV-B PROTECTIVE SUPERVISION-IH CASE PLAN
RGC15	XIX MEDICAID ADMINISTRATION IH - RGC
RGC30	IV-E FOSTER CARE - CASE MANAGEMENT IH - RGC
RGC34	STATE FUNDED CHILD WELFARE SERVICES IH -RGC
W6000	INTENSIVE CRISIS COUNSELING PROGRAM
WG000	PROTECTIVE SERVICES FOR CHILDREN

Adoption-Related Services

OCA	*OCA_Title*
39MAS	TANF MAINTENANCE ADOPTION SUBSIDY
AIA00	ADOPTION INCENTIVE AWARD
E1200	PSSF ADOPTION PROMOTION & SUPPORT SERVICES
LK000	PURCHASE OF ADOPTION SERVICES
MCSA0	MEDICAL COSTS OF SUBSIDIZED ADOPTIONS
MP000	NONRECURRING ADOPTION EXP. FOR SPEC. NEEDS CHILD
PR003	IV-E ADOPTION ASSISTANCE ADMINISTRATION - CBC
PR060	IV-E ADOPTION ASSISTANCE SUBSIDY PAYMENTS - CBC
PR061	IV-E ADOPTION ASSISTANCE MAINT.- TSTF - CBC
PR062	IV-E ADOPTION ASST. MAINT.- EXCESS EARNING - CBC
PRA05	MEDICAID ADMINISTRATION - ADOPTION - CBC
PRA24	SF CHILD WELFARE SVCS. ADOPTION ADMIN. - CBC
PRA25	CHILD WELFARE SERVICES - ADOPTION - TSTF - CBC
PRA25	CHILD WELFARE SERVICES - ADOPTION - TSTF - CBC
PRA26	CHILD WELFARE SERVICES - ADOPTION - IV-B - CBC
PRA27	CHILD WELFARE SERVICES - ADOPTION - O&MTF - CBC
PRA70	STATE FUNDS CHILD WELFARE ADOPTION SUBSIDY - CBC
PRA71	CHILD WELFARE ADOPTION SUBSIDIES - TSTF - CBC
PRA80	MEDICAL COSTS OF SUBSIDIZED ADOPTIONS - GR - CBC
PRA81	MEDICAL COSTS OF SUBSIDIZED ADOPTIONS-TSTF-CBC
PRA90	MAINTENANCE ADOPTION SUBSIDY - TANF - CBC
PRAIA	IV-E ADOPTION INCENTIVE GRANT - CBC
PRE12	PSSF ADOPTION PROMOTION & SUPPORT SERVICES - CBC
PRS01	SSBG ADOPTION SERVICES ADMINISTRATON - CBC
PRSSA	SSBG TANF TRANSFER - ADOPTION - CBC
PRT03	TANF ADOPTION ADMINISTRATION - CBC
PRV03	IV-E ADOPTION ADMINISTRATION - PRV. CONTRACTS
PRV04	STATE FUNDED ADOPTION ADMIN. - PRV. CONTRACTS
PRV73	ADOPTION ASSISTANCE-NON IV-E ELIGIBLE
PRVA5	MEDICAID ADMIN. ADOPTION - PRV. CONTRACTS
PRVT2	TANF ADOPTION ASSISTANCE ADMIN. PRV. CONTRACTS
WO006	CHILD WELFARE ADOPTION SUBSIDIES
WR001	IV-E ADOPTION SUBSIDIES

WY000	ADOPTION PLACEMENT ADMINISTRATION
WYC00	ONE CHURCH ONE CHILD

Other Direct Child Protective Services

OCA	*OCA_Title*
DR001	CAN BASIC GRANT PREVENTION & INTERVENTION
E3000	HOME VISITOR/HIGH RISK NEWBORN
E6000	PSSF FAMILY SUPPORT SERVICES - IHS
E600R	PSSF N'HOOD PARTNER. FAMILY SUPPORT SERVICES
PR008	CAPTA GRANT - COMMUNITY-BASED CARE
PR010	TANF RELATED CHILD WELFARE SERVICES - CBC
PRE06	PSSF FAMILY SUPPORT SERVICES - CBC
PRS04	SSBG COUNSELING SERVICES - COMMUNITY-BASED CARE
PRS20	SSBG PREVENTION/INTERVENTION - CBC
PRS29	SSBG OTHER CHILD WELFARE SERVICES - CBC
TCMCW	STATE SHARE OF CHILD WELFARE TARGETED CASE MGT.

Appendix 5: Total Expenditures for District Specific Projects by District and Fiscal Year

District	FY96	FY97	FY98	FY99	FY00	FY01	FY02	Total
1	141,225	127,718	129,854	152,860	26,105	241,482	0	**819,244**
2	227,792	207,253	210,718	205,221	45,625	62,998	0	**959,608**
3	148,590	149,784	152,288	152,181	158,838	385,576	225,604	**1,372,860**
4	258,691	233,765	232,142	275,506	24,653	8,895	0	**1,033,651**
5	147,788	131,542	154,341	232,547	56,618	0	0	**722,836**
6	268,481	220,222	251,890	486,610	200,459	253,503	0	**1,681,164**
7	258,164	238,929	244,204	321,587	72,436	0	0	**1,135,321**
8	200,412	99,980	141,193	124,083	23,489	2,860	0	**592,017**
9	68,687	62,103	63,232	114,597	12,638	0	0	**321,257**
10	192,663	168,286	178,527	219,839	39,065	52,230	0	**850,610**
11	191,067	172,670	163,514	341,743	184,173	723,028	456,614	**2,232,809**
12	85,291	76,289	78,565	90,894	14,642	137,566	0	**483,247**
13	123,421	107,950	145,480	138,355	1,631	2,418	0	**519,255**
14	160,211	143,920	154,793	137,916	17,794	12,005	0	**626,639**
15	113,103	110,111	119,138	120,399	32,354	250	0	**495,356**
23	0	0	0	0	0	0	0	**0**
Total	**2,585,587**	**2,250,522**	**2,419,878**	**3,114,338**	**910,520**	**1,882,809**	**682,218**	**13,845,874**

Appendix 6: Proportion of Each Study Year Data Were Allocated to CBC Status, by CBC Site

County	*Service Contract Date*	*FY9596*	*FY9697*	*FY9798*	*FY9899*	*FY9900*	*FY0001*	*FY0102*
Sarasota	1/1/1997	0.0%	49.6%	100.0%	100.0%	100.0%	100.0%	100.0%
Manatee	5/1/1999	0.0%	0.0%	0.0%	16.7%	100.0%	100.0%	100.0%
Pinellas	6/1/2000	0.0%	0.0%	0.0%	0.0%	8.2%	100.0%	100.0%
Pasco	6/1/2000	0.0%	0.0%	0.0%	0.0%	8.2%	100.0%	100.0%
DeSoto	10/1/2001	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	74.8%
Hillsborough	5/1/2002	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%
Flagler	12/1/2001	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	58.1%
Volusia	12/1/2001	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	58.1%
Walton	12/21/2001	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	52.6%
Escambia	12/21/2001	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	52.6%
Santa Rosa	12/21/2001	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	52.6%
Okaloosa	12/21/2001	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	52.6%

Appendix 7: Author Information

Robert I. Paulson, Ph.D., is a Visiting Research Professor at the Louis de la Parte Florida Mental Health Institute at the University of South Florida. He is co-principle investigator of the Evaluation of Community Based Care for the Florida Department of Children and Families Lead Research Scientist for the Center for Conflict Management in Mental Health funded by the Hewlett Foundation, and co-investigator of an ORC-MACRO sub-study examining the implementation of nine "graduating" CMHS System of Care Sites. He is currently on leave as Professor at the Graduate School of Social Work, Portland State University and aw Adjunct Professor in the Departments of Public Health and Preventive Medicine and Psychiatry at the Oregon Health Sciences University. He was Director of the NIMH funded Center for the Study of Mental Health Policy and Services. He was also Principal Investigator on a number of federally funded mental health research projects studying housing, employment, organization and financing issues for adults and children with major mental illness. He was formerly director of the Specialized Mental Health Training Program at the School of Social Work, University of Cincinnati. He has also served as a member of a number of federal grant review groups and consensus panels. Over the last 20 years he has served on the board of community mental health centers, as President of the Ohio Council of Community Mental Health Agencies, and as a board member of the Midwest Mental Health Leadership Consortium, the National Community Behavioral Health care Council (formally the National Council of Community Mental Health Centers), the Oregon Consumer Technical Assistance Center, and the National Alliance of the Mentally Ill-Oregon Chapter.

Mary I. Armstrong, **Ph.D.** is the Director of the Division of State and Local Support, Department of Child and Family Studies at the Louis de la Parte Florida Mental Health Institute, University of South Florida. She is responsible for the administration of the Division of State and Local Support including the direction of evaluation and research activities, and specialized consultation, training, and technical assistance to public sector entities nationally and in Florida. Current activities include a national study of managed care and its effects on children with serious emotional problems, child welfare privatization, the impact of welfare reform on the adolescent daughters of enrollees, and financing mechanisms for systems of care. She is an active member of the National Association of Social Workers and has many publications in both professional journals and textbooks.

Neil Jordan, Ph.D., is an Assistant Professor in the Department of Mental Health Law & Policy in the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida. Dr. Jordan is a health economist and health services researcher whose research interests include access to care for vulnerable populations, financing and delivery of mental health and substance abuse services, Medicaid policy, and cost-effectiveness analysis. Dr. Jordan has eight years of experience in the economic evaluation of human service systems,

medical procedures, and social policy. He has worked with the Florida Department of Children and Families in analyzing the costs of a community-based care system for child welfare services. He is collaborating with Marion Becker on a series of studies examining the use and cost of behavioral health services among children and families in the child welfare system. Dr. Jordan is currently the principal investigator for an evaluation of changes to the public behavioral health system in two areas of Florida. He is also leading an evaluation of the cost-effectiveness of the Broward County Mental Health Court.

Mary Ann Kershaw is an Assistant in Research in the Department of Child & Family Studies at the Louis de la Parte Florida Mental Health Institute at the University of South Florida. Originally trained as a clinician she has evolved over the past decade as a researcher and evaluator. Her experiences as both a therapist and case manager have influenced her examination of child welfare and children's mental health practice. Her primary area of interest is the interface between the two systems and the challenges inherent in providing quality services to the children and families involved. Methodologically, she is drawn to the application of qualitative techniques that gather information directly from front-line informants (i.e., consumers and direct line staff).

Frank C. Reyes, A.A. is a Human Service Program Specialist in the Department of Child & Family Studies at the Louis de la Parte Florida Mental Health Institute at the University of South Florida. He comes to the Department of Child & Family Studies after 18 years managing the Intensive Residential Treatment (IRT) unit and the Clinical Research and Education Units at FMHI. During that time he supervised the day staff, conducted psychoeducational groups, HIV education and training, managed daily treatment team meetings, and coordinated Quality Assurance. Prior to arriving at FMHI his background was in developmental services, serving as Executive Director of a residential programs and the Pasco Association for Retarded Citizens.

Amy Vargo, M.A. is a faculty member in the Department of Child & Family Studies at the Louis de la Parte Florida Mental Health Institute at the University of South Florida and is pursuing her doctorate in Applied Anthropology. In addition to experience as both a resident care worker and case management intern for mentally ill adults, she brings with her five years of experience in program development and evaluation. Her past evaluation and research efforts include the evaluation of Community-Based Care, infant and toddler mental health and service utilization, children with identified mental health needs within the child welfare system, teenage pregnancy prevention and intervention, quality of and access to HIV services for African Americans, and substance abuse treatment for women and children. Of particular interest methodologically are qualitative techniques and multiple levels of analysis (e.g., cultural norms vs. individual characteristics).

Svetlana Yampolskaya, Ph.D. is a Research Assistant Professor in the Department of Child & Family Studies at the Louis de la Parte Florida Mental Health Institute at the University of South Florida. She has extensive experience in research related to program development and evaluation. She has developed, conducted, and participated in numerous studies including the evaluation of Community-Based Care and the evaluation of the Florida Diagnostic and Learning Resources System (FDLRS). She has been a principle investigator for two projects that evaluated teen pregnancy prevention programs. In addition, she has participated in numerous studies involving the child welfare system and adolescents with serious emotional disturbances. She currently has a particular interest in problem behavior in adolescents with history of child abuse.