IV-E Waiver Demonstration Evaluation
Semi-Annual Progress Report 6
SFY 09-10

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Executive Summary

Florida's IV-E Waiver was implemented in October 2006 through changes in State contracts with Community-Based Care (CBC) lead agencies. This report is sixth in a series of IV-E Waiver Progress Reports. The purpose of the IV-E Waiver evaluation is to test a theory of change regarding the effectiveness of expanded child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. Specifically, the evaluation tests the hypotheses that an expanded array of community-based services available via the flexible use of Title IV-E funds will reduce the number of children in out-of-home care, expedite the achievement of permanency through reunification or adoption, maintain child safety, increase child well-being, and reduce administrative costs associated with providing community-based child welfare services.

The evaluation design and outcome variables were selected for the purpose of examining these aspects of Florida's child welfare system. Four analysis components were used to address hypotheses inherent to the theory of change: a programmatic outcome analysis, an implementation analysis, a child welfare practice analysis, and a cost analysis. This report includes data gathered from all lead agencies serving Florida's 67 counties and covers SFY 01-02 through SFY 08-09, depending on the data source and methodology. Findings are detailed as they relate to four main hypotheses in an effort to better convey the story of Florida's IV-E Waiver impact to date.

Hypothesis 1: Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care. When comparing SFY 08-09 to SFY 07-08, the average number of children in out-of-home care decreased steadily from 24,754 in SFY 07-08 to 21,020 in SFY 08-09. The range (i.e., the difference between the smallest and the largest numbers) was equal to 3,734. The results of analysis of variance (ANOVA) showed that this reduction is statistically significant. In addition, the average proportion of children placed in out-of-home care after being served at home initially in SFY 07-08 across all lead agencies was 20%. Although this proportion is slightly higher (by 1%) compared to SFY 06-07, no statistically significant difference was found when the two cohorts were compared.

Results showed that younger children, girls, Caucasian children, children who came from a female single parent family, children who had physical health problems, and children who had parents with substance abuse problems were more likely to enter out-of-home care after initially receiving in-home services. Although all these child characteristics are significant

predictors of child entry into out-of-home care, the strongest predictors include: having physical health problems, and having parents with substance abuse problems.

Hypothesis 2: Over the life of the demonstration project, there will be improvements in child outcomes, including child permanency, safety, and well-being. For exit cohort SFY 08-09, the average percentage of children reunified with an original caregiver or placed with relatives across all lead agencies was 64.8%. The results of chi-square analysis indicated a significant increase in the number of children who were reunified or placed with relatives in a timely manner compared to exit cohort SFY 07-08. For exit cohort SFY 08-09, the average percentage of children who were adopted within 24 months of their latest removal across all lead agencies was 41.9%. Results indicated no significant difference between the number of children who were adopted in a timely manner for SFY 08-09 cohort and the number of adopted children for SFY 07-08 cohort. For exit cohort SFY 07-08, the average proportion of children who reentered out-of-home care within 12 months after their discharge across all lead agencies was 9.6%. The results of Cox regression analysis indicated a significant reduction in re-entry rates for exit cohort SFY 07-08 compared to exit cohort SFY 06-07.

When the effect of child characteristics on safety and permanency indicators was examined, results showed that age, race, parental substance abuse, and family structure played an important role in predicting outcomes. Examination of child demographic data indicated that while older children were likely to be reunified and re-enter out-of-home care, younger children were likely to be adopted and placed in out-of-home care after receiving initial in-home services.

Hypothesis 3: Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies. Consistent with the CBC model, the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve. CBC lead agencies have reported an expanded array of services since the implementation of the Waiver that are designed to maintain children safely with their families without requiring out-of-home care. Specifically, 16 of the 20 lead agencies reported an expansion of prevention and diversion services during SFY 08-09. The types of expanded services included intensive in-home services that utilize a wraparound approach and are intended to provide support to families at risk including housekeeping, parenting skills, child development education, community resource referrals, and budgeting.

Based on lead agency survey findings, the use of Family Team Conferencing (FTC) as a strategy to engage families in service planning expanded substantially during SFY 08-09. Nine

of the eleven CBC lead agencies that utilize family team conferencing reported an increase in the use of the strategy. In addition to utilizing FTC, CBC lead agencies reported an overall shift toward family-centered practice, giving examples of increased support of biological parents as well as services and supports for relative caregivers including the use of support groups and caregiver resource specialists that help caregivers connect to community services.

Lead agency survey findings indicated that the use of Family Finding as a strategy to reduce a child's length of stay in out-of-home care has increased. Two lead agencies with existing Family Finding programs increased the capacity of the service and one lead agency implemented a new Family Finding program during SFY 08-09. Services focused on adolescents in out-of-home care have also reportedly increased. Among these are independent living support services and the use of programs that provide treatment and support for youth with behavioral health difficulties. This includes the use of the Youth Villages Intercept program by two lead agencies.

CBC lead agencies also reported an expansion of placement stability services and supports and permanency specialists who have oversight responsibilities for out-of-home care and adoption cases to ensure that the case plan goals are appropriate and that the child is moving through the system toward permanency. One innovative practice, Parenting with Love and Limits, is also highlighted in this report.

Hypothesis 4: Expenditures associated with out-of-home care will decrease following Waiver implementation, while expenditures associated with prevention and in-home services will increase, although no new dollars will be spent as a result of Waiver implementation. Statewide spending on front-end services has increased steadily since the Waiver was implemented in October 2006. Inflation-adjusted spending for front-end services nearly doubled from SFY 05-06 to SFY 08-09 and now constitutes 6% of total child welfare services expenditures. After a steep increase during the first year of Waiver implementation, the relative increase in front-end services spending has leveled off in the past year. Although there exists no systematic count of the number of children and families not currently in the child welfare system that have received front-end services, lead agencies have been tracking these data and they will be included in future analyses.

Additionally, licensed out-of-home care expenditures have steadily decreased since Waiver implementation, both in total and compared to relative spending on front-end services. This decline has primarily been driven by a decrease in the number of youth in institutional foster care (IFC) placements and spending on IFC, which both dropped by about 25%. Despite a similar drop in the number of youth in family foster care (FFC) placements during the first 2¾

years of the Waiver, FFC expenditures declined by only 9%. Stakeholder interviews indicated that with the increased resources being devoted to diversion or prevention services, the youth entering out-of-home placements since Waiver implementation are more likely to have special needs and/or require more intensive (and expensive) services. Stakeholders also reported that youth entering independent living programs have more needs related to work or school success, on average, than in the pre-Waiver years. For our next evaluation report, FSFN data will be used to describe the change in child-level characteristics across out-of-home care placement types in order to better understand changes in placement counts and expenditures.

Policy Recommendations

Based on findings explicated throughout this report, the following recommendations are made to CBC lead agencies, case management organizations, and DCF:

- Findings from these analyses indicate that children with specific characteristics (e.g., African Americans, with one female caregiver) were more likely to experience negative outcomes. This suggests that targeted interventions should be developed for these children and their families, or access to any such programs already in existence should be expanded. Furthermore, these interventions should focus on cultural competency and develop specific strategies and practices that can enhance cultural competency for children and their families.
- Findings also suggest that needs assessments should identify specific child and family characteristics so that interventions can be tailored to meet the child's and family's unique needs. This is likely to enhance the effectiveness of intervention efforts and therefore facilitate further reduction in the number of children entering out-of-home care.
- Enhanced supports and services should be provided for reunified families, particularly for families with older children. Finally, because parental substance abuse has been associated with detrimental consequences for children (Frame, Berrick, & Brodowski, 2000; Sprang, Clark, & Bass, 2005) and was shown to have a negative effect on child safety and permanency in this study, new approaches to address issues with families dealing with substance abuse should be explored.
- As CBC lead agencies utilize the flexibility of the Waiver to implement best practice strategies in their communities, a forum should be created to share and discuss the related successes, challenges, and outcomes.

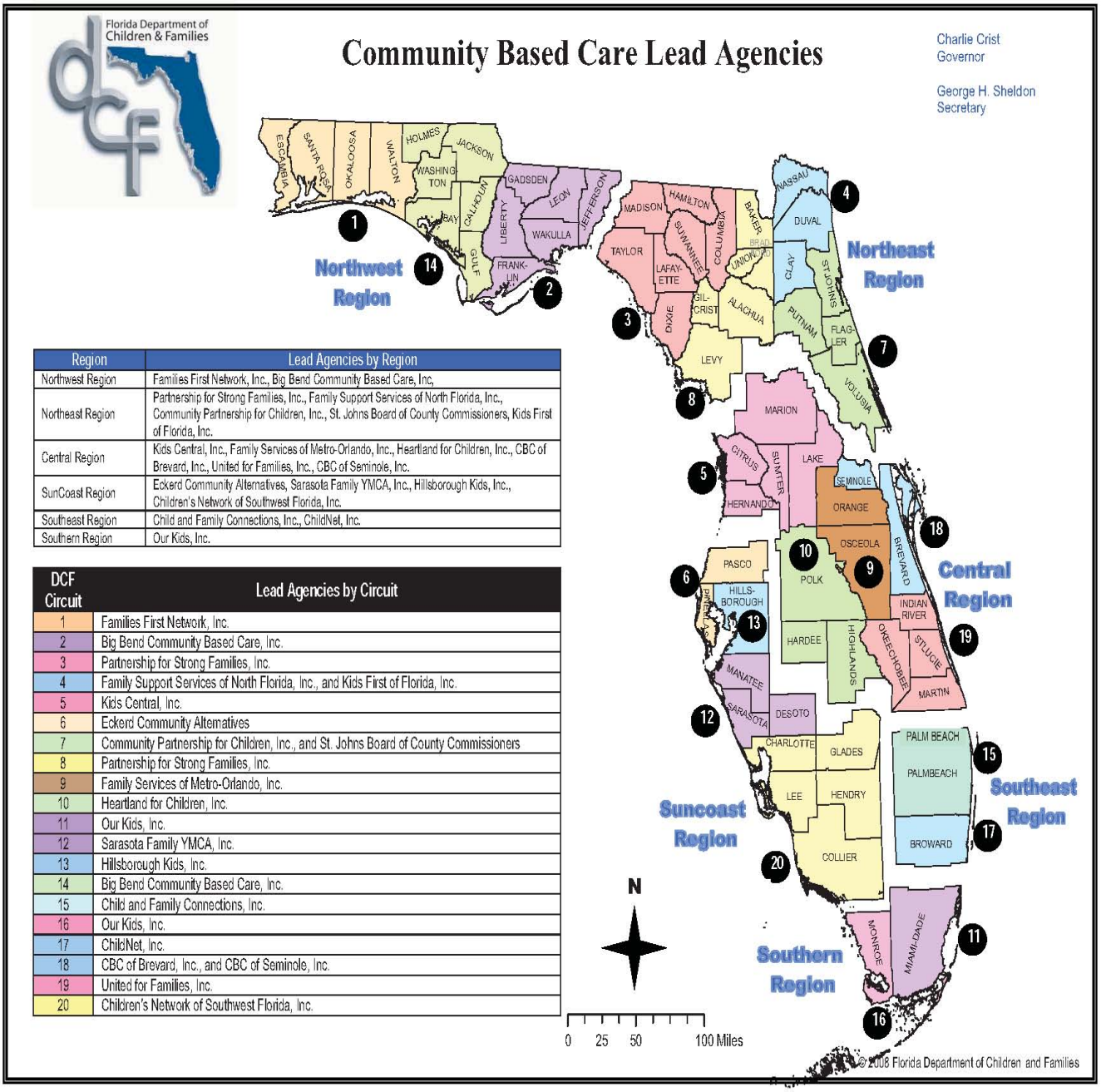
- Lead agencies should explore creative and innovative ways to increase the availability of kinship/relative caregiver support services and pre-/post-adoption support services to meet the needs in the community.

Introduction and Overview

The Florida Department of Children and Families (the Department, DCF) contracts with the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida (USF) to evaluate Florida's statewide IV-E Waiver Demonstration Project. The purpose of the IV-E Waiver evaluation is to determine the effectiveness of expanded child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement.

In 1996, the Florida Legislature mandated the outsourcing of child welfare services through the use of a lead agency design. The intent of the statute was to strengthen the commitment and oversight of local communities in caring for children and reunifying families, while increasing the efficiency and accountability of service provision. Currently, all of Florida's 67 counties have transitioned to this model. Lead agency locations are presented in Figure 1. The number of children served by these lead agencies during SFY 08-09 is reported in Table 1.

Figure 1. Florida's Community-Based Care lead agencies*



Region	Lead Agencies by Region
Northwest Region	Families First Network, Inc., Big Bend Community Based Care, Inc,
Northeast Region	Partnership for Strong Families, Inc., Family Support Services of North Florida, Inc., Community Partnership for Children, Inc., St. Johns Board of County Commissioners, Kids First of Florida, Inc.
Central Region	Kids Central, Inc., Family Services of Metro-Orlando, Inc., Heartland for Children, Inc., CBC of Brevard, Inc., United for Families, Inc., CBC of Seminole, Inc.
SunCoast Region	Eckerd Community Alternatives, Sarasota Family YMCA, Inc., Hillsborough Kids, Inc., Children's Network of Southwest Florida, Inc.
Southeast Region	Child and Family Connections, Inc., ChildNet, Inc.
Southern Region	Our Kids, Inc.

DCF Circuit	Lead Agencies by Circuit
1	Families First Network, Inc.
2	Big Bend Community Based Care, Inc.
3	Partnership for Strong Families, Inc.
4	Family Support Services of North Florida, Inc., and Kids First of Florida, Inc.
5	Kids Central, Inc.
6	Eckerd Community Alternatives
7	Community Partnership for Children, Inc., and St. Johns Board of County Commissioners
8	Partnership for Strong Families, Inc.
9	Family Services of Metro-Orlando, Inc.
10	Heartland for Children, Inc.
11	Our Kids, Inc.
12	Sarasota Family YMCA, Inc.
13	Hillsborough Kids, Inc.
14	Big Bend Community Based Care, Inc.
15	Child and Family Connections, Inc.
16	Our Kids, Inc.
17	ChildNet, Inc.
18	CBC of Brevard, Inc., and CBC of Seminole, Inc.
19	United for Families, Inc.
20	Children's Network of Southwest Florida, Inc.

Available online at: http://www.dcf.state.fl.us/cbc/docs/lead_agency_map.pdf

*The following changes in lead agency service providers became effective as of July 1, 2009: Madison, Taylor, and Baker Counties now served by Partnership for Strong Families, Inc.; Putnam County now served by Community Partnership for Children, Inc. In addition, CBC of Brevard, Inc. is now called Brevard Family Partnership.

Table 1.

Number of Children Served in SFY 08-09 by Lead Agency

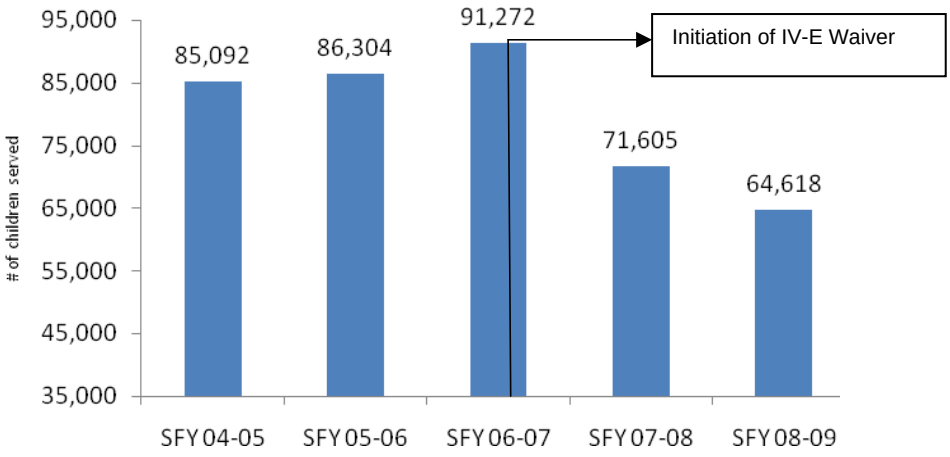
Lead Agency & Counties Served	Number of children served SFY 08-09
1st Circuit **Families First Network, Inc. (FFN)** Escambia, Santa Rosa, Okaloosa, & Walton	4,591
2nd Circuit and 14th Circuit **Big Bend Community Based Care, Inc. (BBCBC)** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, & Washington	3,693
3rd Circuit and 8th Circuit **Partnership for Strong Families, Inc. (PSF)** Alachua, Baker, Bradford, Gilchrist, Levy, Union, Dixie, Columbia, Hamilton, Lafayette, Madison, Suwannee, & Taylor	3,010
4th Circuit **Family Support Services of North Florida, Inc. (FSS)** Duval & Nassau	4,231
4th Circuit **Kids First of Florida, Inc. (Kids First)** Clay	860
5th Circuit **Kids Central, Inc. (KCI)** Citrus, Hernando, Lake, Marion, & Sumter	4,069
6th Circuit **Eckerd Community Alternatives (Eckerd)** Pasco & Pinellas	5,127
7th Circuit **Community Partnership for Children, Inc. (CPC)** Flagler, Putnam, & Volusia	2,413
7th Circuit **St. Johns Board of County Commissioners (St. Johns)** St. Johns	341
9th Circuit **Family Services of Metro-Orlando, Inc. (FSMO)** Orange & Osceola	4,653

10th Circuit **Heartland for Children, Inc. (HFC)** Polk, Hardee, & Highlands	3,028
11th Circuit and 16th Circuit **Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)** Miami-Dade & Monroe	5,887
12th Circuit **Sarasota Family YMCA, Inc. (Sarasota YMCA)** Manatee, DeSoto, & Sarasota	1,901
13th Circuit **Hillsborough Kids, Inc. (HKI)** Hillsborough	4,996
15th Circuit **Child and Family Connections, Inc. (CFC)** Palm Beach	3,327
17th Circuit **ChildNet, Inc. (ChildNet)** Broward	3,821
18th Circuit **Community Based Care of Seminole, Inc. (CBC of Seminole)** Seminole	1,133
18th Circuit **Brevard Family Partnership (BFP)** Brevard	1,942
19th District **United for Families, Inc. (UFF)** Okeechobee, St. Lucie, Indian River, & Martin	2,407
20th District **Children's Network of Southwest Florida, Inc. (Children's Network)** Charlotte, Collier, Glades, Hendry, & Lee,	3,173
Total	64,618*

* Due to missing data (n=15), the total number of children served exceeds the sum of the numbers of children served by individual lead agencies.

As illustrated in Figure 2, the number of children served was increasing each year until the year of the IV-E Waiver implementation (SFY 06-07). During the following two years, the number of children served by lead agencies decreased by 29%.

Figure 2. Number of children served by fiscal year



Purpose and Specific Aims of the Evaluation

Florida's IV-E Waiver was implemented in October 2006 through changes in State contracts with the CBC lead agencies. The purpose of the IV-E Waiver evaluation is to test the expectation that an expanded array of Community-Based Care services available through the flexible use of Title IV-E funds will:

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

This report includes data gathered from all lead agencies serving Florida's 67 counties and covers SFY 04-05 through SFY 08-09, depending on the data source and measure.

Conceptual and Methodological Framework

Theory of change refers to a plausible and logical explanation of how a program aims to produce changes (Hernandez, Hodges & Cascardi, 1998; McLaughlin & Jordan, 1999). The theory of change for this evaluation was based on: (a) federal and state government expectations of the intended outcomes of the Waiver implementation, (b) the evaluation team's hypotheses about practice change developed from knowledge of the unique child welfare service arrangements throughout the State, and (c) stakeholder feedback on the change theory via interviews and focus groups. This theory of change informs the following hypotheses:

- Hypothesis 1: Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care.
- Hypothesis 2: Over the life of the demonstration project, there will be improvements in child outcomes, including permanency, safety, and well-being.
- Hypothesis 3: Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies. Consistent with the CBC model, the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve.
- Hypothesis 4: Expenditures associated with out-of-home care will decrease following Waiver implementation, while expenditures associated with prevention and in-home services will increase, although no new dollars will be spent as a result of implementation.

This report is organized by the four hypotheses described above. Four analysis components were used to address the hypotheses and inform the theory of change model. They include:

- *Programmatic Outcome Analysis*. Examines the effect of IV-E Waiver implementation on lead agency performance and outcomes for children, based on administrative data analysis. HomeSafenet (HSn) and Florida Safe Families Network (FSFN) were used as the primary sources of data, in addition to data reports produced by the Department.
- *Implementation Analysis*. Examines and tracks the implementation process, and assesses the short-term impacts of the Waiver on Florida's child welfare system, including key entities such as CBC lead agencies, provider networks, child protection units, local communities, and DCF. Data was collected via stakeholder interviews and focus groups with the leadership of CBC lead agencies.
- *Child Welfare Practice Analysis*. Assesses if changes in CBC lead agency practices are occurring and if so, what changes are being reported. Specifically, these strategies are intended to: safely prevent out-of-home placement, engage families in service planning and provision, and increase permanency and reduce lengths of stay in out-of-home placement. This data was collected via lead agency survey.
- *Cost Analysis*. Examines the relationship between Waiver implementation and changes in the use of child welfare funding sources. Expenditure data was provided by the DCF Office of Revenue Management.

In order to most accurately reflect the status of the demonstration project, data from various information sources within each component are triangulated including data sets from FSFN, expenditure data from the Florida Accounting Information Resource (FLAIR), and findings from focus groups and surveys.

The evaluation maximizes the strengths of using a longitudinal research design while minimizing intrusiveness for the CBC lead agencies. Whenever feasible, existing data sources are utilized to minimize participant requests. For example, evaluation cohorts were defined and identified using data available in FSFN, the Florida child welfare administrative data system. Longitudinal changes in child welfare outcomes are analyzed by measuring the progress of successive cohorts of children entering the State's child welfare system toward achievement of the demonstration project's primary goals. These cohort analyses can be conducted without the need to request new data from the CBC lead agencies. In addition, the evaluation was designed to be participatory, with input from DCF, CBC lead agencies, and community partners which is welcomed and requested at all phases of the evaluation.

Hypotheses 1

Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care.

Hypothesis 2

Over the life of the demonstration project, there will be improvements in child outcomes, including permanency, safety, and well-being.

The IV-E Waiver legislation was developed as a strategy to stimulate the implementation of innovative child welfare practices, enhance existing services known to be effective, and develop and strengthen prevention efforts. The IV-E Waiver allows previously restricted funds to be used for child welfare services including prevention, diversion from out-of-home placement through intensive in-home services, reunification, as well as for foster care (James Bell Associates, 2009).

It was expected that by taking advantage of these opportunities, Florida's lead agencies would build up preventive and early intervention programs and services, which in turn would result in reduction of the out-of-home care population and the number of children served in the child protection system. At the same time, it was expected that the number of children in care who achieve timely permanency and remain safe would increase.

For this report, findings from two analysis components, Programmatic Outcomes and Implementation were used to address Hypotheses 1 and 2, and include indicators of workload, prevention, permanency, and child safety. The methodology used for each analysis component is described below.

Programmatic Outcome Analysis Methodology

The overall goal of programmatic outcome analysis is to track changes in safety and permanency for children entering the child protection system over the course of a five-year IV-E Waiver implementation beginning in SFY 05-06. During this period of time successive cohorts of children who entered the child protection system are followed and their outcomes are examined. For this report, two post- IV–E Waiver implementation entry cohorts (i.e., SFY 06-07 and SFY 07-08) and two post- IV–E Waiver implementation exit cohorts (SFY 07-08 and SFY 08-09) were included in the analyses. A longitudinal comparison between cohorts was conducted to examine changes over time in child safety and permanency.

All workload, safety, prevention, and permanency indicators were selected and developed in collaboration with DCF and include:

Workload: Number of children active in out-of-home care in SFY 08-09

Prevention: Proportion of children whose cases were opened in SFY 07-08 for in-home services and who entered out-of-home care within 12 months

Permanency:

- Percentage of children reunified in SFY 08-09 within 12 months of their latest removal
- Percentage of children adopted in SFY 08-09 within 24 months of their latest removal

Child Safety: Proportion of children re-entering out-of-home care within 12 months of exiting in SFY 07-08

For the current report various child characteristics were included in the data analyses and examined as predictors for prevention, safety, and permanency outcomes. The following child characteristics were included:

a) gender,
b) age,
c) race/ethnicity, such as African American, Hispanic, and Caucasian,
d) family structure (i.e., female single parent family, male single parent family, and two-parent family),
e) presence of physical problems,
f) presence of mental health problems,
g) parental substance abuse problems,
h) presence of domestic violence in child's home.

Sources of data.

To obtain information about child characteristics and to calculate the indicators for entry into out-of-home care, re-entry into out-of-home care, reunification within 12 months, and adoption within 24 months, HSn and FSFN were used as the primary sources of data. Reports produced by DCF were used as the source of data for the number of children served in out-of-home care indicator.

Analytic approach.

The data used for these analyses included SFY 06-07 through SFY 08-09. The last date of data collection was June 30, 2009. Statistical analyses consisted of Life Tables: a type of event history or survival analysis[1], Cox regression analyses (Cox, 1972)[2], analysis of variance (ANOVA), and chi-square tests.

Limitations.

It is important to note a few limitations in conducting the programmatic outcome analysis. First, this study was limited by the use of outcome measures of lead agency performance that related to prevention, child safety, and permanency outcomes. No specific outcome measures of well-being based on administrative data sets were examined. Second, the study design did not include a cross-sectional comparison group (e.g., counties where IV–E Waiver was not implemented). The absence of a comparison group is due to Florida's statewide implementation of the Waiver. Because a comparison group was not available, longitudinal comparison was performed using the two latest cohorts. No time by group interaction was conducted. Finally, only post-implementation cohorts were included in the longitudinal analyses.

Implementation Analysis Methodology

For this report, focus groups were conducted with three of Florida's lead agencies. Additional focus groups will be completed on a monthly basis with leadership from DCF and lead agencies as well as case management supervisors and residential providers. Participants were asked questions pertaining to the following themes (see Appendix D for complete protocol):

- impact of the Waiver on their organization, staff, providers, supervisors, case managers, and themselves,
- changes in practice (e.g., emphasis on prevention and diversion),
- changes in child level outcomes,
- shifts in spending patterns,
- agency level adaptations to make best use of the Waiver,

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

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

- morale, turnover, and leadership.

These issues were presented to stakeholders via focus groups and telephone interviews in order to obtain a richer, qualitative understanding of the drivers behind trends seen in findings from the programmatic outcome and cost analyses. Content analysis of focus group transcripts was conducted. Content analysis involved reviewing and coding qualitative data to identify common themes and trends. The primary goal of content analysis is to condense a large amount of qualitative data into a list of variables that can be examined for correlations, patterns, and themes.

Hypothesis 1 - Findings

Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care.

An examination of this hypothesis needs to be framed by an acknowledgement of a major contextual change that has taken place in Florida's child welfare system since Waiver initiation. As noted earlier in the Introduction, there has been a dramatic decrease in the number of children served in Community-Based Care over the past three years. This reduction in the number of children served by lead agencies is related to the findings regarding the number of children in out-of-home care. In addition, this decrease is tied to the lead agencies' ability to respond creatively to identified community needs and offer intensive training and technical assistance at the practice level. This section begins with a description of the impact of the reduction in the number of children served on CBCs followed by findings regarding the number of children active in out-of-home care and the proportion of children who initially received in-home services and then entered out-of-home care.

Decrease in Number of Children Served

A decrease in the number of children served has occurred at all three lead agencies that were interviewed during the implementation analysis. For example, one lead agency has experienced a 52% reduction in the number of children in care since Waiver implementation.

The decrease in the number of children in care was attributed to many strategies including offering various resources and supports to child protective investigators. One lead agency now has 16 staff members from various providers in their network who are housed at the child protection entity. These individuals have expertise in key areas, such as substance abuse, mental health, and domestic violence, and they participate in case staffings each week.

Often these providers are able to immediately serve families and prevent their entry into the child welfare system.

The Waiver has allowed lead agencies to respond directly to calls from parents in the community and provide them with assistance, either directly or through referrals to other community resources and services. Sometimes, these families are offered a Family Team Conference or a Family Resource staffing: "We have really been able to use funds more creatively to keep kids in homes instead of well no; we can't help you because you still have your children. Call in an abuse report, which absolutely drives me crazy …"

Impact of Waiver on Lead Agencies

One positive impact of the reduction in the number of children served is a reduction in caseload size. With the previous high caseloads case managers tended to be "flat overwhelmed by the sheer volume." For one lead agency, the reduction in caseload size to a reported current level of 15 to 18 has resulted in better staff retention (a reduction in turnover from 60% to 25% circuit-wide) and the opportunity to invest in staff knowledge and skills through a comprehensive training strategy regarding family-centered practice. The case managers who are "early implementers" have experienced many positive results from their increased capacity to engage and develop relationships with families: "They have inspired those around them because their performance shoots, their complaint rates go down, their morale shoots up, their retention rates look good……Once you have that sweet taste of success, the fever spreads."

At another lead agency, the average caseload size is reported to be 13. Despite this reduction, the lead agency has decided not to reduce funding to its care management organizations: "Why would you cut when you are seeing the outcomes that you have been trying to achieve?" This interviewee also noted that the total number of children served by the lead agency is not lower, the difference is that many of the children are being served outside of the dependency system rather than by the case management organizations.

Another impact of the Waiver on lead agencies mentioned by all three sites is flexibility in the use of funds. It was noted that one of the disappointments of Community-Based Care was the lack of flexibility that was anticipated but that the Waiver has brought some of that flexibility. With the availability of Waiver funds, the agency leadership can identify a systemic barrier or challenge and have some funds available to creatively address the issue. Over time, provider networks have come to understand and believe that money that is saved by reductions in residential care will "go right to families." One lead agency has been able to shift major resources from reductions in residential placements to the county Administrative Services

Organization (ASO). Case managers from the care management organizations have direct and rapid access to ASO funds for supports and services that are based on the goals and needs in the Family Support Plan. In addition to offering a more comprehensive array of prevention, early intervention, and in-home services, the flexibility has allowed lead agencies, when needed, to purchase a specialized placement situation, and to develop intensive training strategies with experts in evidence-based practices (e.g. Kevin Campbell from Family Finding) as well as training on leadership and management skills such as Greenbelt. Greenbelt certification is part of a business management training curriculum that is focused on quality improvement and teaches problem solving and data analysis skills.

Impact of Waiver on Workforce

As noted earlier, with fewer children coming into care as a result of the Waiver, caseloads in many areas of Florida have dropped. This has a cumulative impact in that it has helped reduce turnover rates, and, as case managers and their supervisors are staying longer, a more stable, more knowledgeable, and more experienced workforce may be developing. Interviewees also generally believed that morale had increased since Waiver implementation. While it was not always attributed to the Waiver directly, the Waiver has enabled resources to be directed to staff training and retention strategies. The Greenbelt training program, for example, was mentioned by one lead agency as a strategy used to decrease staff turnover. “If we didn’t have the flexibility in funding, we would probably have to do without that.” Another lead agency is now requiring that its entire placement staff be certified and have had child welfare experience, whereas prior to the Waiver they could have been less qualified for the position.

Lead agency administrators reported being able to make more thoughtful, child-focused decisions since Waiver implementation. One director explained this as “the ability to approach casework from a best practice versus survival mode.” In other words, decisions could be made in terms of what worked best for each child in each community rather than what types of services the available dollars would pay for. Inherent to reflection on what the Waiver has meant for lead agency leadership, is concern that the Waiver be renewed after the five-year time span. One lead agency CEO expressed: “The Waiver has meant flexibility to place our resources where they are needed, whether they are in consideration for an individual family or a particular community. I hate the thought that we would ever have to go back.” Others echoed this sentiment, stating that since the Waiver has been in place, their jobs have simply become more rewarding due to fewer obstacles to helping children and their families and a new sense of confidence that what they are doing really does make a difference. Another lead agency CEO

stated, “We are no longer just a band-aid for the situation … we are helping families over the long term.”

Number of Children Active in Out-of-Home Care in SFY 08-09

This measure is a count of the number of children served in licensed and non-licensed out-of-home care by CBC lead agencies (see Appendix A, Measure 1). The number of children served is a point-in-time measure, that is, the counts are done on a specific day (i.e., the last day of the month). Table 2 shows the average number of children active in out-of-home care in SFY 08-09.

Table 2.

Average Number of Children Active in Out-of-Home Care in SFY 08-09

Lead Agency & Counties Served	Average Number of Children Active in Out-of-Home Care in SFY08-09
1st Circuit **Families First Network, Inc. (FFN)** Escambia, Santa Rosa, Okaloosa, & Walton	1,101
2nd Circuit and 14th Circuit **Big Bend Community Based Care, Inc. (BBCBC)** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, & Washington	1,003
3rd Circuit and 8th Circuit **Partnership for Strong Families, Inc. (PSF)** Alachua, Baker, Bradford, Gilchrist, Levy, Union, Dixie, Columbia, Hamilton, Lafayette, Madison, Suwannee, & Taylor	790
4th Circuit **Family Support Services of North Florida, Inc. (FSS)** Duval & Nassau	1,196
4th Circuit **Kids First of Florida, Inc. (Kids First)** Clay	252
5th Circuit **Kids Central, Inc. (KCI)** Citrus, Hernando, Lake, Marion, & Sumter	1,150
6th Circuit **Eckerd Community Alternatives (Eckerd)** Pasco & Pinellas	2,003

7th Circuit **Community Partnership for Children, Inc. (CPC)** Flagler, Putnam, & Volusia	833
7th Circuit **St. Johns Board of County Commissioners (St. Johns)** St. Johns	104
9th Circuit **Family Services of Metro-Orlando, Inc. (FSMO)** Orange & Osceola	1,405
10th Circuit **Heartland for Children, Inc. (HFC)** Polk, Hardee, & Highlands	1,003
11th Circuit and 16th Circuit **Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)** Miami-Dade & Monroe	2,192
12th Circuit **Sarasota Family YMCA, Inc. (Sarasota YMCA)** Manatee, DeSoto, & Sarasota	718
13th Circuit **Hillsborough Kids, Inc. (HKI)** Hillsborough	2,220
15th Circuit **Child and Family Connections, Inc. (CFC)** Palm Beach	1097
17th Circuit **ChildNet, Inc. (ChildNet)** Broward	1542
18th Circuit **Community Based Care of Seminole, Inc. (CBC of Seminole)** Seminole	291
18th Circuit **Brevard Family Partnership (BFP)** Brevard	458
19th District **United for Families, Inc. (UFF)** Okeechobee, St. Lucie, Indian River, & Martin	703
20th District **Children's Network of Southwest Florida, Inc. (Children's Network)** Charlotte, Collier, Glades, Hendry, & Lee	1035

When comparing SFY 08-09 to SFY 07-08, the average number of children in out-of-home care decreased steadily from 24,754 in SFY 07-08 to 21,020 in SFY 08-09. The range (i.e., the difference between the smallest and the largest numbers) was equal to 3,734. When comparing the number of children active in out-of-home care in July 2007 (n=26,553) to the number of children active in out-of-home care in June 2009 (n=19,649), the range was 6,904. This finding supports Hypothesis 1: over the life of the Waiver, fewer children will need to enter out-of-home care. The results of analysis of variance (ANOVA) showed that this reduction is statistically significant (see Appendix B, Table 1).

Impact of Waiver on residential providers.

"If they want to play they are going to have to change their way of doing business too." The perception of interviewees was that residential providers have responded in at least three ways to the goals of the Waiver and the subsequent reduction in out-of-home placements: changing their target population, diversifying the types of services offered, or making the decision not to change.

Changes in target population by residential providers are made in response to shifts in the population being served by a lead agency and its network. Typically this shift includes taking on a more high-risk, high-need population: "You are not here for the cupcake kids; you are here for the kids with special needs." One interviewee commented that the residential providers in their circuit who have been willing to be flexible regarding target population have done fine. Another perception is that with empty beds, lead agencies are better able to select a provider based on quality, resulting in a change in their relationship with residential providers. As interviewees explained, previously a residential program was sometimes selected because it had the only beds available in a geographic area, rather than because of its quality of care. Two of the sites commented that some residential providers who were not flexible have gone out of business.

For example, one emergency shelter that previously served a 6-12 year old population is now serving adolescent girls. In this situation, the lead agency is now doing a much better job of placing children directly into foster family care and thus reducing the need for shelter placement for younger children. However, there continues to be a need for shelter placement for adolescents who do not do well in foster family care and must be removed. Another example offered by two sites is developing a capacity to serve large sibling groups, such as five or more. Finally, residential providers who served 0-12 year olds are now serving adolescents, including pregnant teens, because the population that remains in residential care is primarily adolescents.

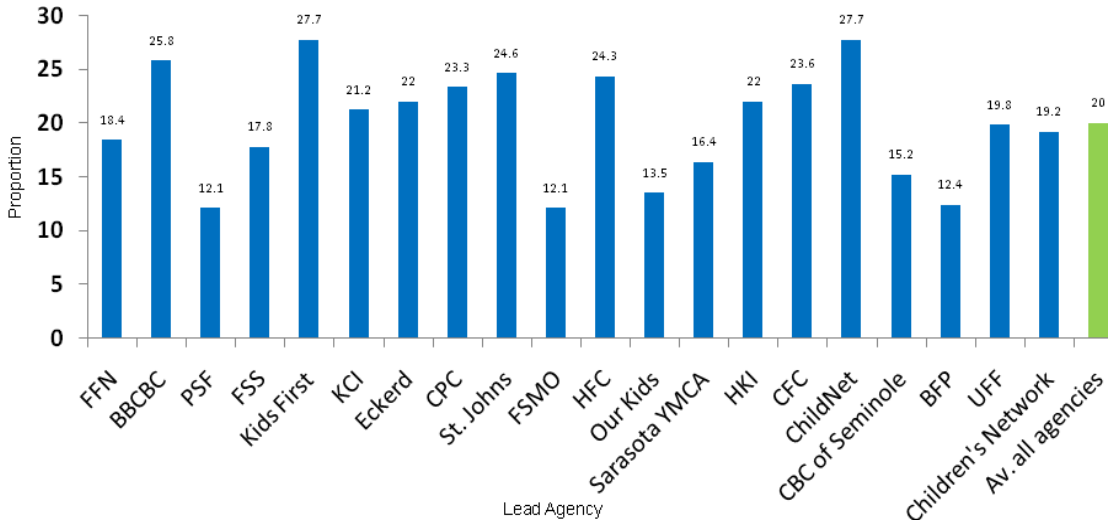
Diversification is another response of residential providers to the shift in population and needs. For example, a provider that operates a runaway shelter was reported to have responded rapidly to a request to develop an in-home early intervention team. The decision of some residential providers not to change their portfolios may be due to a number of reasons. One factor is the proportion of a provider's funding which comes from the lead agency. For example, some providers with religious affiliations may receive private funds through a church or other private sources. Other providers may bill Medicaid for some beds. These providers with other sources of funds may choose to continue offering residential care.

Proportion of Children Whose Cases Were Opened in SFY 07-08 for In-Home Services and Who Entered Out-of-Home Care Within 12 Months

This indicator relates to the effectiveness of the child welfare system in maintaining child permanency and the ability of lead agencies to provide effective prevention services. The proportion of children who entered out-of-home care was based on the SFY 07-08 entry cohort, which includes all children whose cases were opened during SFY 07-08 and who initially received in-home services (see Appendix A, Measure 2). The proportions of children entering out-of-home care by lead agency, based on this cohort, are shown in Figure 3 (see also Appendix C, Table 1). The proportion of children entering out-of-home care ranged from 12.1% for Partnership for Strong Families (PSF) and Family Services of Metro-Orlando, Inc. (FSMO) to 27.7% for ChildNet and Kids First of Florida, Inc. (Kids First). The average proportion of children placed in out-of-home care after being served at home across all lead agencies was 20%. Although this proportion is slightly higher (by 1%) compared to SFY 06-07, there was no statistically significant difference found when the two cohorts were compared[3] (see Appendix B, Table 2).

[3] The results of an additional longitudinal analysis, which included seven fiscal years from SFY 01-02 through SFY 07-08, indicated an overall significant reduction of children entering out-of-home care after receiving in-home services. Specifically, the analysis showed that every subsequent fiscal year was associated with a 9% reduction in the number of children entering out-of-home care after their case was opened and initial in-home services were provided.

Figure 3. Proportion of children whose cases were opened in SFY 07-08 for in-home services and who entered out-of-home care within 12 months



The effect of child characteristics on entry into out-of-home care.

The association between child characteristics and the likelihood of entering out-of-home care after receiving in-home services was examined using a multivariate model. The results of Cox regression analysis showed that younger children, girls, Caucasian children, children who came from a female single parent family, children who had physical health problems, and children who had parents with substance abuse problems were more likely to enter out-of-home care after initially receiving in-home services. Although all these child characteristics are significant predictors of child entry into out-of-home care, the strongest predictors include: having physical health problems and having parents with substance abuse problems. The results of statistical analysis indicated that children with physical health problems or youth whose parents had substance abuse problems were 1.5 times more likely to enter out-of-home care after initially receiving in-home services (see Appendix B, Table 3).

Hypothesis 2 – Findings

Over the life of the demonstration project, there will be improvements in child outcomes, including child permanency, safety, and well-being.

The findings from two analysis components: Programmatic Outcome and Implementation were used to address Hypothesis 2, and are reported below. The methodologies used for these components are discussed in detail on pages 13-16 of this report.

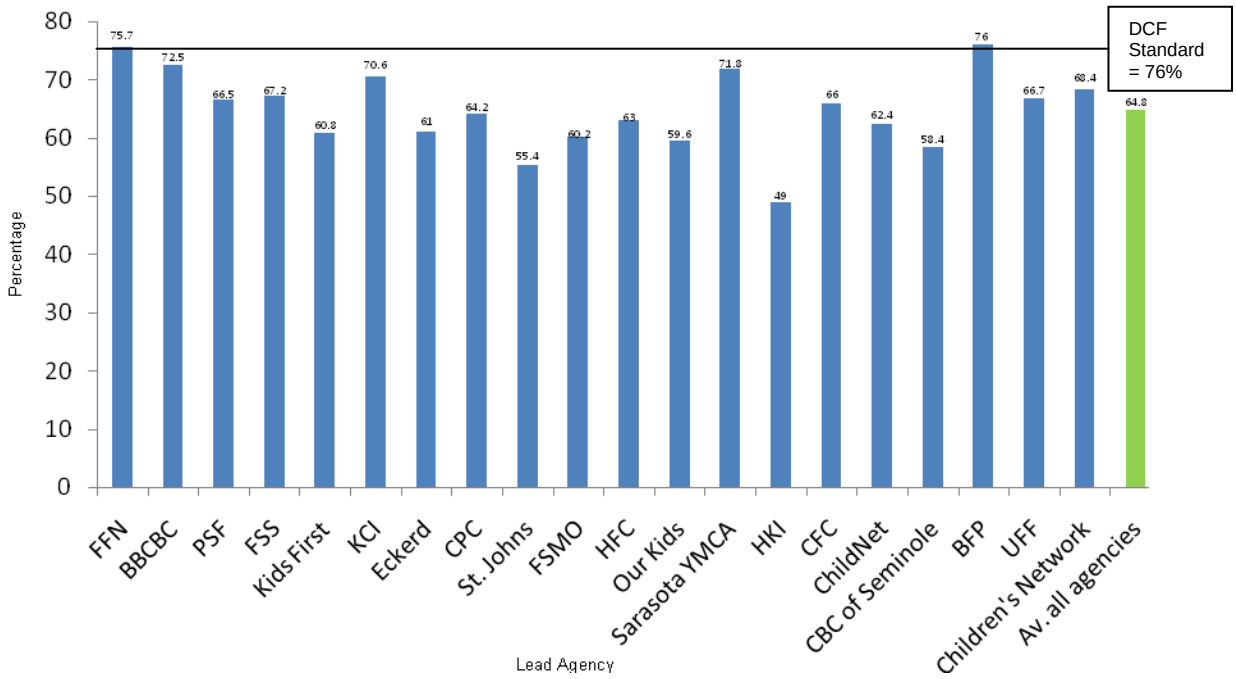
Percentage of Children Reunified in SFY 08-09 Within 12 Months of Their Latest Removal

For this indicator, the numerator is the number of children reunified with their original caregivers, or placed with relatives or with other adults who had legal guardianship over these children within 12 months of the most recent removal. The denominator is the total number of children reunified with their original caregivers, placed with relatives or other adults who had legal guardianship over these children during the reporting period (see Appendix A, Measure 3).

For exit cohort SFY 08-09, the average percentage of children reunified with an original caregiver or placed with relatives within 12 months across all lead agencies was 64.8% (see Appendix C, Table 2). The results of chi-square analysis indicated a significant increase in the number of children who were reunified or placed with relatives in a timely manner compared to exit cohort SFY 07-08 (see Appendix B, Table 4). The Department standard for this performance measure is 76%.

Figure 4 shows the percentages of children exiting out-of-home care for reasons of reunification or placement with relatives within 12 months based on the SFY 08-09 exit cohort. Brevard Family Partnership (BFP) and Families First Network (FFN) had the highest percentages of children exiting out-of-home care for reasons of reunification or placement with relatives within 12 months (76.0% and 75.7%, respectively). Hillsborough Kids, Inc. (HKI) and St. Johns Board of County Commissioners (St. Johns) lead agencies had the lowest percentages of children exiting for reunification or placement with relatives reasons within 12 months of their latest removal (49.0% and 55.4%).

Figure 4. Percentage of children reunified in SFY 08-09 within 12 months of their latest removal



The effect of child characteristics on timely reunification.

When the effect of child characteristics on reunification was examined, a child's age, race, family structure, presence of emotional problems or physical health problems, and parental substance abuse problems were found to be significantly associated with timely reunification (see Appendix B, Table 5). Specifically, older children and children from a male single parent family were more likely to experience timely reunification. In contrast, children who were African American, who came from a female single parent family, children with either physical or mental health problems, and children whose families had substance abuse problems were less likely to be reunified within 12 months. An examination of odds ratios indicated that having either physical health or mental health problems were the strongest predictors of delay in reunification or placements with relatives. Children with physical health problems were almost 50% less likely to experience timely reunification, and children with mental health problems were almost 60% less likely to be reunified within 12 months. In addition, children from female single parent families were 45% less likely to be reunified within 12 months, and children whose parents had substance abuse problems were 22% less likely to experience timely reunification or placement with relatives.

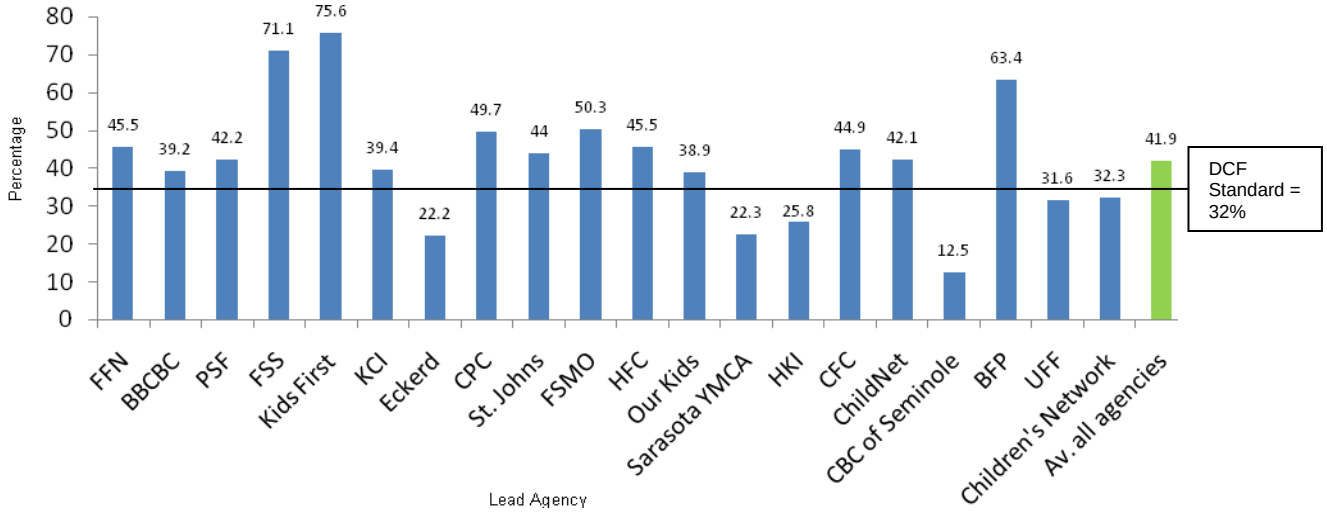
Percentage of Children Adopted in SFY 08-09 Within 24 Months of Their Latest Removal

The exit cohort for this indicator represents all children who exited out-of-home care for reason of adoption during SFY 08-09. This indicator includes only one reason for discharge, that is, “adoption finalized” (see Appendix A, Measure 4). The percentage of children who exited out-of-home care because of adoption was calculated for 24 months (due of the requirements in the Adoption and Safe Families Act of 1997 regarding the length of the out-of-home care episode for children whose parents’ rights were terminated).

For exit cohort SFY 08-09, the average percentage of children who were adopted within 24 months of their latest removal across all lead agencies was 41.9% (see Appendix C, Table 3). The results of chi-square analysis indicated no significant difference between the number of children who were adopted in a timely manner for SFY 08-09 cohort and the number of adopted children for SFY 07-08 cohort (see Appendix B, Table 6).

As seen in Figure 5, there is considerable variation across lead agencies on percentages of children with adoption finalized within 24 months (ranging from 75.6% to 12.5%). Kids First and FSS had the highest percentages of children with adoption finalized (75.6% and 71.1%, respectively) while CBC of Seminole and Eckerd Community Alternatives (Eckerd) had the lowest percentages of children with adoption finalized within 24 months (12.5% and 22.2%, respectively). The Department standard for this performance measure is 32%.

Figure 5. Percentage of children adopted in SFY 08-09 within 24 months of their latest removal



The effect of child characteristics on timely adoption.

When child characteristics associated with adoption were examined, age, race, family structure, parental substance use, and domestic violence problems were found to be significant predictors of timely adoption. In particular, younger children were more likely to be adopted (i.e., being one year younger corresponded to 2% increased likelihood of being adopted), and children whose families had substance abuse problems were more likely to experience timely adoption. In contrast, African American children, children from a female single parent family, children with physical health problems, and children whose families had domestic violence problems were less likely to be adopted within 24 months (see Appendix B, Table 7). Domestic violence was the strongest predictor of delay in adoption, with children whose families had domestic violence problems two times less likely to be adopted within 24 months.

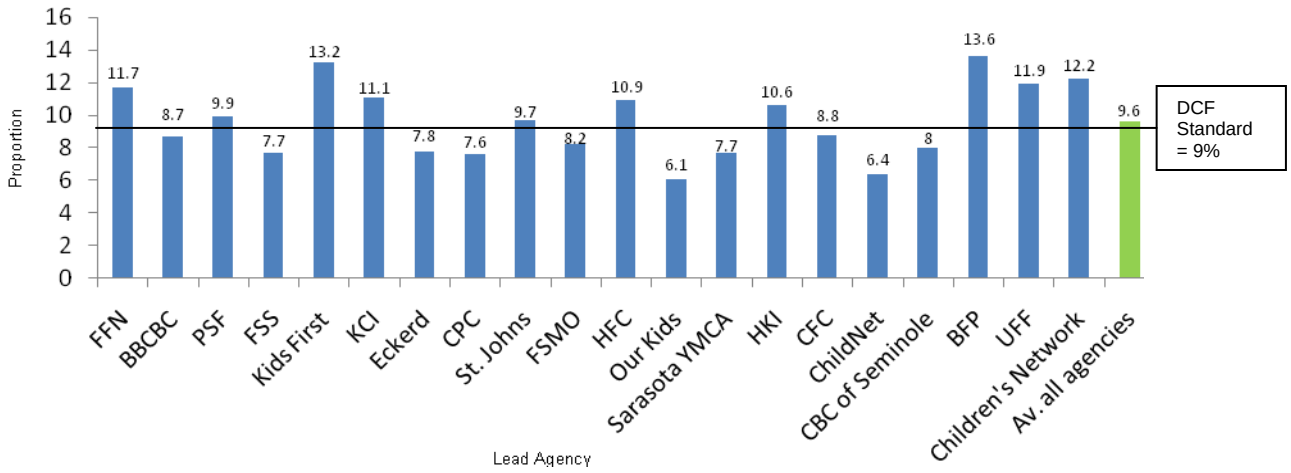
Proportion of Children Re-entering Out-of-Home Care Within 12 Months of Exiting in SFY 07-08

The calculation for this indicator was based on exit cohorts of children who left their first out-of-home care placement for reunification or placement with relatives and who were subsequently followed for 12 months to determine if they re-entered out-of-home care (see Appendix A, Measure 5).

For exit cohort SFY 07-08, the average proportion of children who reentered out-of-home care within 12 months after their discharge across all lead agencies was 9.6% (see Appendix C, Table 4). The results of Cox regression analysis indicated a significant reduction in re-entry rates for exit cohort SFY 07-08 compared to exit cohort SFY 06-07 (see Appendix B, Table 8).

Figure 6 shows the proportions of children reunified and placed with relatives during fiscal year 2007-2008 and who subsequently reentered out-of-home care within 12 months after exit. Our Kids of Miami-Dade & Monroe, Inc. (Our Kids) and ChildNet had the lowest proportion of children re-entering out-of-home care and placed with relatives or reunified (6.1% and 6.4%, respectively). Brevard Family Partnership (BFP) and Kids First of Florida, Inc. (Kids First) had the highest proportion of children re-entering out-of-home care (13.6% and 13.2%, respectively). The Department standard for this performance measure is 9%.

Figure 6. Proportion of children re-entering out-of-home care within 12 months of exiting in SFY 07-08



The effect of child characteristics on re-entry.

When factors associated with re-entry were examined, child's age, family structure, and parental substance abuse problems were significant predictors for re-entry into out-of-home care. Being one year older corresponds to a 3% increased likelihood of re-entry; children whose parents had substance abuse problems were 16% more likely to re-enter out-of-home care. Finally, compared to children from two-parent families, youth who came from female single parent families were 22% less likely to re-enter out-of-home care (see Appendix B, Table 9).

Workload, Prevention, Permanency, and Safety Indicators - Summary of FIndings

Overall, there is a trend indicating a continuing improvement in the lead agencies' performance. First, examination of one of the most important workload indicators, which consists of the number of children active in out-of-home care, indicated a continuing significant reduction in the number of children who were removed from home. Second, when a comparison between exit cohorts SFY 07-08 and SFY 08-09 was done for children who were reunified within 12 months of their latest removal, a significant increase for SFY 08-09 cohort was observed. Finally, a significant reduction was revealed in the rate of re-entry for the exit cohort SFY 07-08 compared to exit cohort SFY 06-07.

When the effect of child characteristics on outcome indicators was examined, results showed that age, race, parental substance abuse, and family structure played an important role in predicting outcomes. Examination of child demographic data indicated that while older children were likely to be reunified and re-enter out-of-home care, younger children were likely

to be adopted and placed in out-of-home care after receiving initial in-home services. Compared to Caucasian children, African American youth were less likely to experience timely reunification or adoption. However, they were less likely to enter out-of-home care after receiving in-home services. In addition, children with physical health problems were more likely to enter out-of-home care after receiving in-home services, and were also less likely to experience timely reunification or adoption.

Findings also indicated that children who came from female single parent families were at a disadvantage compared to children who came from two-parent families. They were more likely to enter out-of-home care after initially receiving in-home services, and less likely to experience timely adoption or reunification. However, once reunified, they were less likely to re-enter out-of-home care. Finally, children whose parents had substance abuse problems were more likely to re-enter out-of-home care, less likely to experience timely reunification, and they were more likely to enter out-of-home care after receiving in-home services.

Recommendations

- Findings from these analyses indicate that children with specific characteristics (e.g., African Americans, one female caregiver, parents with substance abuse problems, children with physical health problems) were more likely to experience negative outcomes. This suggests that targeted interventions should be developed for these children and their families, or access to any such programs already in existence should be expanded. Furthermore, these interventions should focus on cultural competency and develop specific culturally appropriate strategies and practices.
- Findings also suggest that needs assessments should identify specific child and family characteristics so that interventions can be tailored to meet the child's and family's unique needs. This is likely to enhance the effectiveness of intervention efforts and therefore facilitate further reduction in the number of children entering out-of-home care.
- Enhanced supports and services should be provided for reunified families, particularly for families with older children. Finally, because parental substance abuse has been associated with detrimental consequences for children (Frame, Berrick, & Brodowski, 2000; Sprang, Clark, & Bass, 2005) and was shown to have a negative effect on child safety and permanency in this study, new approaches to address issues with families dealing with substance abuse should be explored.

Hypothesis 3

Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies. Consistent with the Community-Based Care model, the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve.

Findings from the child welfare practice analysis and the implementation analysis were used to evaluate the degree to which Hypothesis 3 has been achieved. The data collection and analysis methods for the child welfare practice component are described below. Please refer to the section of the report on Hypotheses 1 and 2 for a description of the Implementation Analysis methodology. Changes in the child welfare service array are categorized into strategies that are intended to (a) safely prevent out-of-home placement, (b) engage families in service planning and provision, (c) increase permanency and reduce lengths of stay in out-of-home care, and (d) innovative strategies used by specific lead agencies.

Child Welfare Practice Methodology

A CBC lead agency survey (see Appendix E) was used to analyze changes in child welfare practices since the implementation of the Waiver. A baseline survey was completed in December 2006, two subsequent surveys were administered in 2007 and 2008, and the most recent survey was completed in August 2009. The surveys were distributed via e-mail to the twenty CBC lead agencies in Florida. CBC lead agencies were asked to provide detailed information concerning child welfare practices in their designated geographic service areas including a description of the strategy or program, target population, date of implementation, provider agency, funding source, the availability of the service, if the strategy is based on an evidence-based or known practice model, and if the availability of the service has increased in the past year. The survey also included an inventory of community services and supports and respondents were asked to report if each service is available in their community, the extent to which the availability is adequate to meet the needs of the community, and if the availability has increased since Waiver implementation. Eighteen of the 20 surveys distributed were completed and returned.

Findings

Strategies to safely prevent children from entering out-of-home care.

As hypothesized, CBC lead agencies have reported an expanded array of services since the implementation of the Waiver that are designed to maintain children safely with their families without requiring out-of-home care. Specifically, 16 of the 20 lead agencies reported an expansion of prevention and diversion services during SFY 08-09. The types of expanded services included intensive in-home services that utilize a wraparound approach and are intended to provide support to families at risk including housekeeping, parenting skills, child development education, community resource referrals, and budgeting. The majority of the programs accept direct referrals from both child protective investigators and child welfare case managers.

Four of the lead agencies reported expansion of Nurturing Parenting Programs in their service areas. The Nurturing Parenting Program is based on the curriculum developed by Dr. Stephen Bavolek (http://www.nurturingparenting.com/home.php) and incorporates parent and child education and standardized pre and post assessments. The strategy is available to families at risk and families working toward reunification. One lead agency reported investing in the expansion of infant massage, a program that supports attachment and bonding, and empowers parents by giving them another way to interact with the child, including tools and techniques for soothing a fussy baby. Another parent education program being implemented to prevent out-of-home placement is Parents under Construction, an evidence-based practice that has been in place in Houston for a number of years. The program provides a basic foundation for parenting, such as empathy skills and other core factors, but the training is focused on children in grades 1 through 12. Lead agencies also reported being able to fund further parent education-related prevention efforts since the Waiver. For example, one lead agency is hosting a speaker series that will be free to anyone in the community. Speakers include experts on parenting as well as parenting resources that have mass appeal such as Nanny 911. “We are just coming at it from the approach that kids don’t come with an instruction manual and everyone at some point has felt like they could learn something to become better parents … without the stigma.”

Lead agencies also reported the expansion of strategies that are designed to improve the timely receipt of community resources and supports to families at risk by coordinating and supporting child protection investigators at a family’s first point of contact with the child protection system. Examples of these types of strategies include diversion and resource specialists, diversion case management, and resource and early service intervention staffings.

The availability of services intended to address specific parental issues that impact a child's safety including domestic violence, substance abuse, and mental illness have also increased based on lead agency report. Furthermore, agencies reported improved accessibility by co-locating services at community and neighborhood centers so that services are more convenient for parents.

In addition, three lead agencies reported that crisis intervention services provided to families at risk of maltreatment, such as mobile crisis response teams, increased during SFY 08-09. These services are intended to provide immediate de-escalation of a high risk environment such as severe child or adolescent behaviors and can be initiated by child protective investigators, child welfare case managers, and diversion staff.

CBC lead agencies reported that the expansion of prevention and diversion services has been possible due to the funding flexibility of the IV-E Waiver and the reduction in the number of children served in out-of-home care. Under the Waiver, lead agencies reported being able to respond to the concrete needs (e.g., food, housing, utilities) of families without having to file an abuse report or remove children before resources could be considered. One lead agency explained "we have helped out families that call for help with anything from car repairs to making sure they have all the car seats that they need or exterminations in the home; we really have been able to use funds much more creatively." Furthermore, lead agencies described an increased use of utilization management strategies that are intended to ensure that (a) children and families are appropriately assessed at the initial point of contact and ongoing, (b) children and families receive individualized services based on assessment, and (c) increased accountability exists within the provider network.

Strategies to engage families in service planning.

Based on lead agency survey findings, the use of Family Team Conferencing (FTC) as a strategy to engage families in service planning expanded substantially during SFY 08-09. Nine of the eleven CBC lead agencies that utilize family team conferencing reported an increase in the use of the strategy. FTC models being used include Family Group Decision Making developed by American Humane Association (1997) and the FTC model developed by the Child Welfare Policy and Practice Group (2001). CBC lead agencies have designed their FTC programs to impact various points of a family's contact with the child welfare system and prioritize different types of child welfare cases. For example, four lead agencies reported the availability of family team conferencing for all families that are served including voluntary protective supervision cases, in-home and out-of-home dependency cases, and relative

caregivers. Four lead agencies reported the use of family team conferencing with primarily dependency cases, and three lead agencies reported focusing on at-risk families as a diversion strategy. Lead agencies typically use family team conferencing when a case is opened to the agency, when changes occur in the case such as a placement move, prior to reunification, and prior to case closure.

In addition to utilizing FTC, CBC lead agencies reported an overall shift toward family-centered practice. One lead agency that began implementing this strategy reported that biological parents who had received services through their agency recently spoke at a conference attesting to their positive experiences with the current child welfare system, as markedly different from any experiences they had in the past. Another example given was foster parents taking on more of a supportive role to biological parents as children were transitioned home, such as the foster parent remaining on as a back-up baby-sitter or helping the biological parent find a place to live nearby. Yet another example given was including biological parents in permanency staffings as well as early services intervention (ESI) or case transfer staffings to avoid their feeling excluded from any dialogue specific to their family. The reported movement toward family-centered practice also consisted of services and supports for relative caregivers including the use of support groups and caregiver resource specialists that help caregivers connect to community services.

Strategies to reduce a child's length of stay in out-of-home care.

Lead agency survey findings indicated the increased use of Family Finding as a strategy to reduce a child's length of stay in out-of-home care. Two lead agencies with existing Family Finding programs increased the capacity of the service and one lead agency implemented a new Family Finding program during SFY 08-09. Family Finding is a strategy that was developed in 2001 by Kevin Campbell (Casey Family Services, 2007) and uses search techniques to identify relatives and friends for youth who are in out-of-home care as sources of support and potential permanency placements. The strategy has been described in previous evaluation reports as an innovative practice (Vargo et al., 2007, 2009) and its implementation and outcomes will be followed throughout the course of the Waiver evaluation.

Services focused on adolescents in out-of-home care have also reportedly increased. Among these are independent living support services and the use of programs that provide treatment and support for youth with behavioral health difficulties. This includes the use of the Youth Villages Intercept program by two lead agencies. Youth Villages is a national program that uses a Multi-Systemic Therapy (MST) model of intensive services to help youth transition to

a family and community setting. Youth Villages makes a commitment that the youth served by the program will be back in the community within 30 days and then continues to provide service for the youth for up to four months after the community placement to ensure a successful transition. It was reported by one lead agency that even though the cost of service is relatively high, $92/day, the benefits are substantial such as a reduction in youth moving multiple times through the system and the program serving as a resource for case managers. Youth Villages collects data to track the outcomes of the youth served in its programs on a local and national basis and has reported positive outcomes with the majority of the youth served.

In addition to the strategies described above, CBC lead agencies also reported an expansion of placement stability services and supports and permanency specialists who have oversight responsibilities for out-of-home care and adoption cases to ensure that the case plan goals are appropriate and that the child is moving through the system toward permanency.

Community services and supports.

CBC lead agencies were asked to report the availability of specific services and supports in their community that were listed on the survey (see Appendix E). Respondents were also asked to indicate the degree to which each service meets the needs of the community, and if the availability of the service has increased since Waiver implementation.

Statewide, increased availability was reported by at least one lead agency for all of the services included on the survey. At least half of the lead agencies reported an increase in behavior management assessment and intervention, camps for children, crisis intervention services, parent education, and post-reunification services. Even though the majority of the lead agencies reported an expansion in kinship support services, they also reported that the availability of these services does not meet the full need of the community. Similarly, lead agencies reported an increase in pre- and post- adoption support services although the availability is not adequate to meet the needs of the community.

Services that were reported by the majority of lead agencies to meet at least most or all of the needs of the community included behavioral health assessments, domestic violence services, outpatient counseling, residential group care, and therapeutic foster care. Even though this was reported by the majority of agencies, there were also agencies that reported gaps in these services meeting the needs of their communities.

Twelve of the lead agencies reported that developmental disability services in their service area meets less than half of the needs of the community, while only three reported that the availability of the service has increased. Other community services that were reported to be

lacking by the majority of the lead agencies included housing and transportation services, utility assistance, employment assistance, and respite care for caregivers other than foster parents.

Innovative practices.

Consistent with the evaluation hypothesis, the flexibility allowed by the Waiver is being used differently by CBC lead agencies. The purpose of this section is to highlight innovative practices that are being utilized by lead agencies over the course of Waiver implementation. The lead agency survey was used to identify such practices that are not common throughout the state, have clearly defined policies and procedures, and a method for measuring the outcomes. Five innovative practices were identified during years one and two of the evaluation, and one additional innovative practice is described below. The practices will be followed over time to assess implementation strategies and outcomes.

Innovative practices described in previous reports (Armstrong et al., 2008; Vargo et al., 2007, 2009) include:

- Family Finding – a strategy used to improve family connections and permanency for children in out-of-home care,
- Family Connections – a Family Team Conferencing prevention program,
- Peaceful Paths – a domestic violence prevention program,
- Resource/Diversion Specialists – a collaborative prevention/diversion strategy, and
- Foster Parent Mentor Program – provides support network for foster parents.

Parenting with Love and Limits – Brevard Family Partnership

Parenting with Love and Limits (PLL) is an intervention strategy that utilizes parent education and coaching to improve the parenting skills and family functioning of families at risk of maltreatment. The program is intended specifically for teenagers between the ages of 10 and 18 with extreme emotional or behavioral problems and was initially designed and implemented for use with families that have a teenager involved in the juvenile justice system. The program was developed by Dr. Scott Sells of the Savannah Family Institute (http://www.gopll.com/). In September of 2008, CBC of Brevard, Inc. partnered with Dr. Sells and his staff to implement Parenting with Love and Limits in Brevard County. Dr. Sells provides ongoing supervision and monitoring of the fidelity to the treatment model.

Program procedures and protocol.

The program combines a 6-week parent education and group therapy model with four or more sessions of “coaching” that follow a structural family therapy approach. Providing parent education and family therapy within one program and one treatment model allows for greater

consistency and each session builds upon the skills learned in the previous sessions. The combination of parent education and family therapy is structured so that parents learn a skill each week during parent education classes and then have an opportunity to practice the skill each week during family therapy. With this approach the parents can apply new skills to real-life situations.

The topics of each parent education group meeting include group 1: venting, group 2: button pushing, group 3: contracting, group 4: putting the contract together as a group, group 5: creative consequences, and group 6: how to start liking each other again – restore closeness. The 6-week coaching topics include coaching #1: deciding on the problem to quickly fix, coaching #2: writing a loophole free contract, coaching #3: present typed contract to teenager, coaching #4: determine if contract worked or tweak contract so it will work better, coaching #5: to address other problems (if needed), coaching #6: present new typed contract to teenager.

The PLL program uses various treatment fidelity standards from multiple data sources including videotaped sessions, protocol checklists of group and coaching sessions, and phone and videotape supervision. Videotaped sessions are reviewed by Dr. Sells and his staff and rated on the therapist's compliance to key PLL theoretical constructs. The therapist must also complete supervision tracking forms about the number of sessions completed.

Program evaluation.

In addition to the fidelity monitoring that is a continuous aspect of PLL implementation and practice, CBC of Brevard will also measure and track various outcomes that are thought to be positively impacted by the use of PLL. Measures include the occurrence of allegations of abuse at 6, 12, and 18 months follow-up after the family has completed the program, reunification rates of out-of-home care youth with biological or kinship family, and incidence of re-entry into out-of-home care.

Recommendations

- As CBC lead agencies utilize the flexibility of the Waiver to implement best practice strategies in their communities, a forum should be created to share and discuss the related successes, challenges, and outcomes.
- Lead agencies should explore creative and innovative ways to increase the availability of kinship/relative caregiver support services and pre-/post-adoption support services to meet the needs in the community.
- Lead agencies should identify and create methods for kinship/relative caregivers to receive respite services and identify other supports kinship/relative caregivers need

that may be lacking, that will increase retention of these caregivers in their respective communities.

Hypothesis 4

Expenditures associated with out-of-home care will decrease following Waiver implementation, while expenditures associated with prevention and in-home services will increase, although no new dollars will be spent as a result of implementation.

With the fourth year of the IV-E Waiver now underway, enough time has transpired to allow a longitudinal analysis of the impact of the Waiver on child welfare expenditures. The purpose of this analysis is to use State-level CBC data, including data from July 2008 through June 2009 (the most recent fiscal year), to examine trends in spending for out-of-home care and front-end services.

Methodology

Statewide expenditures for SFY 05-06 (the first full year prior to Waiver implementation), SFY 06-07 (the year the IV-E Waiver was implemented, beginning in October 2006), SFY 07-08 and SFY 08-09 (the first two full years since Waiver implementation) were extracted from the Florida Accounting Information Resource (FLAIR)[4]. FLAIR data were combined with expenditure data from the DCF Office of Revenue Management in order to capture expenditure adjustments that were not recorded in FLAIR. Expenditures were categorized by type of service using appropriate Other Cost Accumulator codes in consultation with the DCF Office of Revenue Management. Analysis of front-end services include prevention, family preservation, and other in-home services that can be reported in HSn or FSFN. Total expenditures reported in this analysis include all expenditures associated with service provision for youth receiving services from lead agencies and excludes expenditures incurred by DCF or lead agencies for non-IV-E maintenance adoption subsidies and protective investigation training. To facilitate year-over-year comparisons, expenditure amounts are reported in 2009 dollars. SFY 05-06, SFY 06-07, and SFY 07-08 dollars were adjusted to SFY 08-09 dollars using the Bureau of Labor Statistics' Consumer Price Index. The number of total children served reflects the unique number (i.e., unduplicated count) of youth that received any child welfare services in a given year; these data were drawn from HSn and FSFN.

The analyses also examine expenditures and youth in out-of-home care placements by state fiscal year by dividing licensed out-of-home care into two groups: (a) family foster care

[4] Expenses that were incurred during each SFY and certified forward were included if paid by September 30 of the next SFY.

(FFC), which includes youth in family-based foster care, relative placements, and non-relative placements, and (b) institutional foster care (IFC), which is comprised of facility-based placements such as residential treatment, group home, and shelter care, and other placement situations including subsidized independent living organizations, detention facilities, and runaways. FFC and IFC expenditures were derived using data from the DCF Office of Revenue Management. SFY counts of youth in FFC and IFC placements reflect the number of youth in care on June 30 of each fiscal year and were drawn from the DCF Child Welfare Services Trend Report.

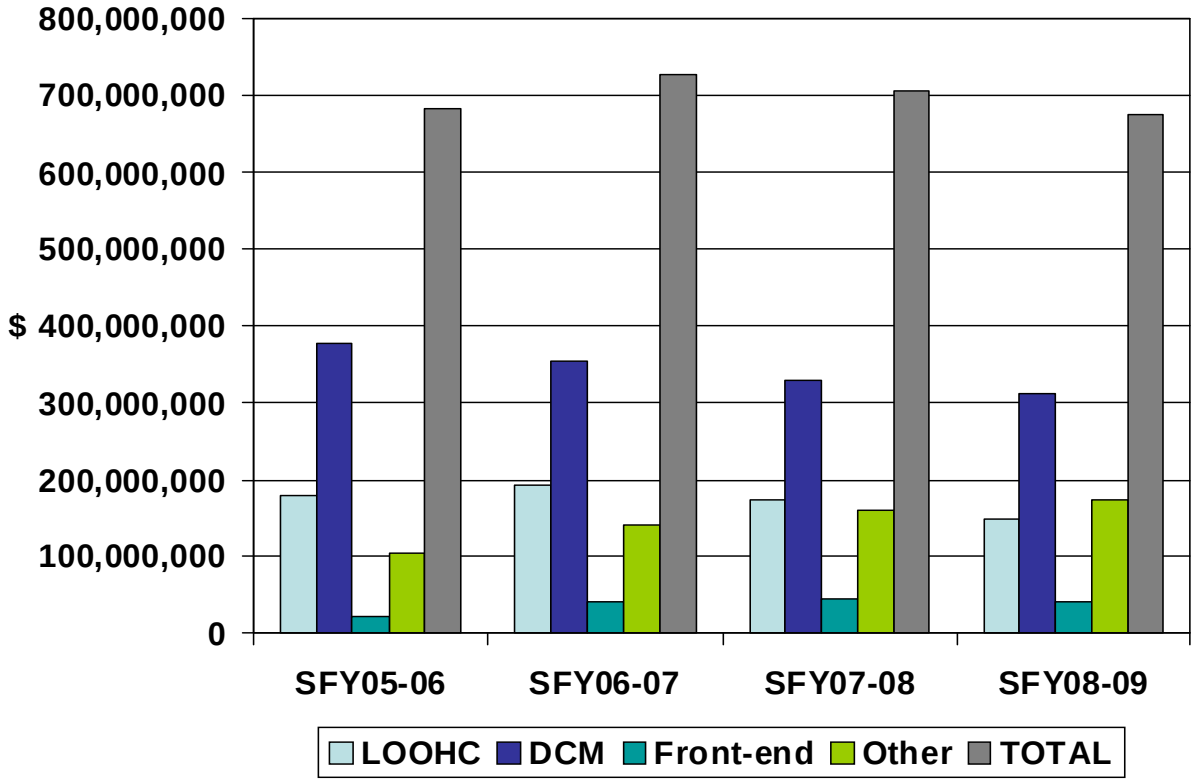
There are some limitations associated with these analyses. Because FSFN only allows providers to report front-end services for children and families with an open case, the actual number of children and families receiving any child welfare services is higher than the numbers provided in this report. Due to a change in the accounting system as of October 1, 2006, the SFY 06-07 FFC and IFC expenditure amounts have been estimated by annualizing the expenditure data from October 2006 through June 2007. Although FSFN provides unique counts of children served by type of institutional care, DCF's accounting system does not require CBCs to separately report residential treatment, group home, and shelter care expenditures. This inhibits our ability to distinguish changes in average expenditures in long-term institutional foster care (residential treatment, group homes) from changes in average expenditures for short-term, shelter settings. Another limitation of these analyses is that child-level cost data is unavailable. One consequence of this limitation is that we are unable to provide child-level analyses of changes in expenditures. Another limitation is that we are unable to look at the distribution of costs across cohorts of youth. Finally, although the IV-E Waiver has been hypothesized to affect some of the spending changes reported here, the lack of a valid comparison group prevents us from concluding that all spending changes were attributable to the Waiver rather than other policy or system changes.

Findings

There have been notable changes in the composition of spending statewide since the Waiver was implemented. As hypothesized, total spending on front-end services has increased dramatically from pre-Waiver to the second full year after Waiver implementation (Figure 7). After adjusting for inflation, front-end service expenditures nearly doubled during that time, rising from $22.4 million in SFY 05-06 (3.3% of total expenditures that year) to $41.5 million (6.1%) in SFY 08-09. Licensed out-of-home care expenditures (LOOHC) declined 16% from SFY 05-06 ($178.0 million; 26.1% of total expenditures that year) to SFY 08-09 ($149.4 million; 22.1% of

total expenditures that year). Dependency case management (DCM) expenditures, which represent approximately half of all child welfare spending in Florida, declined by 18% during this period. DCM expenditures fell from $377.9 million (55.4% of total expenditures) in SFY 05-06 to $310.9 million (46.1% of total expenditures) in SFY 08-09. Expenditures for other services (primarily adoption and independent living) have risen considerably since Waiver implementation.

Figure 7. Total expenditures by type of service (2009 dollars)



While Florida's child protective services system has dramatically reduced the number of youth that receive services since the Waiver began, the State is paying considerably more per child on average (Table 3). Mean expenditures per child served statewide were $8,134 during SFY 05-06. Corresponding with a 25% decline in the number of youth served, average expenditures per child served increased 32% from SFY 05-06 to SFY 08-09 ($10,738).

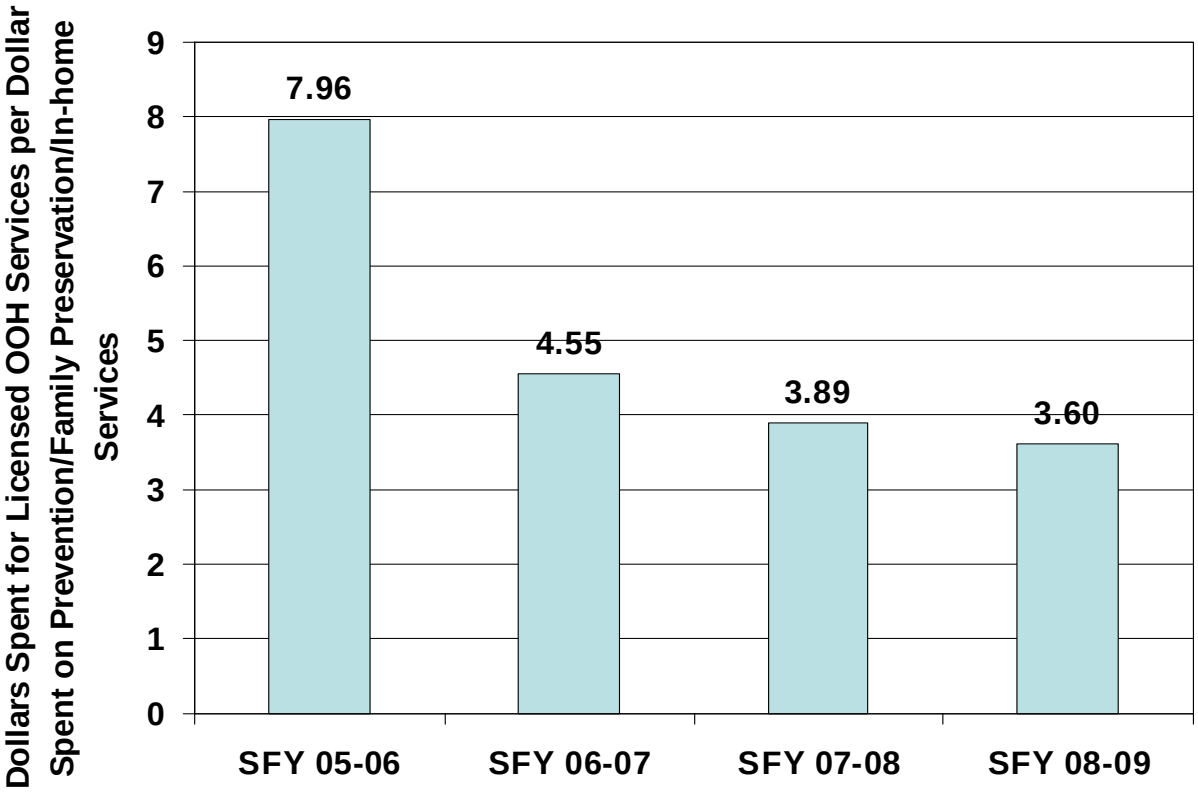
Table 3.

Average Expenditures per Child Served, Pre-Waiver Implementation vs. Post-Waiver Implementation (2009 Dollars)

	SFY 05-06 (Pre-Implementation)	SFY 06-07 (Implementation)	SFY 07-08 (Post-Implementation)	SFY 08-09 (Post-Implementation)
Total Expenditures	$682,681,942	$725,933,663	$705,522,567	$674,848,634
Total Children Served	83,927	81,348	70,642	62,844
Average Expenditures per Child Served	$ 8,134	$ 8,924	$ 9,987	$ 10,738

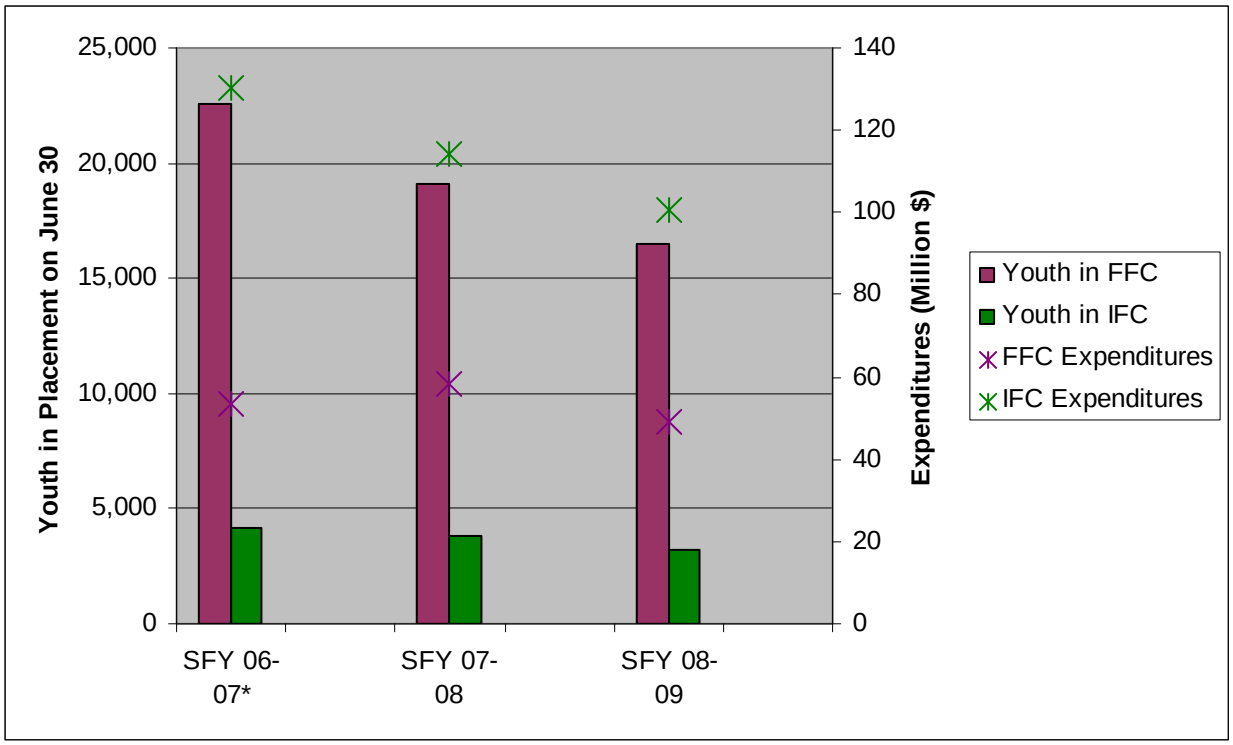
Consistent with the reduction in total children served by Florida' s child welfare system, the ratio of out-of-home care spending to spending for front-end services (prevention, family preservation, and in-home services) has decreased notably since the implementation of the Waiver (Figure 8). During the year prior to Waiver implementation, lead agencies statewide spent $7.96 on out-of-home care services for every dollar spent on front-end services. This ratio dropped to $3.60 in SFY 08-09, a decrease of 55% from the year prior to Waiver implementation. The ratio of out-of-home care spending to front-end services spending has declined consistently during the last three years, but the rate of decline has diminished in the past two years.

Figure 8. Ratio of out-of-home care expenditures to prevention/family preservation/in-home expenditures, SFY 05-06 vs. SFY 06-07 vs. SFY 07-08 vs. SFY 08-09



The reduction in out-of-home care spending has been largely driven by a reduction in spending for institutional foster care (IFC), and to a lesser extent by a reduction in family foster care spending (FFC) (Figure 9). IFC expenditures declined 23% from SFY 06-07 ($130.2 million) to SFY 08-09 ($100.5 million). FFC expenditures fell from $53.7 million in SFY 06-07 to $48.9 million in SFY 08-09, a 9% decline.

Figure 9. Change in out-of-home expenditures and youth in out-of-home placements



*Total expenditure amounts reflect annualization of October 2006 – June 2007 expenditures

The decline in IFC spending is largely consistent with the decline in the number of youth in IFC placements during this period, but the decline in FFC expenditures does not correspond closely with the decrease in youth in FFC placements during the same time. The number of youth in IFC placements on June 30, 2009 (3,182) was 24% lower than the number of youth in IFC placements on June 30, 2007 (4,185), and this decline nearly matched the 23% drop in spending during the same period. The number of youth in FFC placements fell from 22,601 on June 30, 2007 to 16,467 on June 30, 2009, a decrease of 27%. This decline in the number of youth in FFC placements only yielded a 9% decrease in FFC spending.

Implications

Although the evaluation design does not allow us to infer a causal relationship, there is clear evidence that statewide spending on front-end services increased steadily during the first two years after Waiver implementation. Overall, inflation-adjusted spending for front-end services nearly doubled from SFY 05-06 to SFY 08-09 and now constitutes 6% of total child welfare services expenditures. After a steep increase during the first year of Waiver implementation, the relative increase in front-end services spending has leveled off in the past

year. As noted in the Limitations section, there exists no systematic count of the number of children and families not currently in the child welfare system that have received prevention and early intervention services. Lead agencies have been tracking these data, and we will analyze and report on these data in the next evaluation report.

Also as hypothesized, licensed out-of-home care expenditures have steadily decreased since Waiver implementation, both in total and compared to relative spending on front-end services. This decline has primarily been driven by a decrease in the number of youth in IFC placements and spending on institutional foster care, which both dropped by about 25%. Despite a similar drop in the number of youth in family foster care placements during the first 2 ¾ years of the Waiver, FFC expenditures declined by only 9%. This differential between expenditure decrease and the decline in the number of youth in family foster care placements may be due to a change in the average level of need among youth in family foster care. If the flexibility afforded by the Waiver has enabled lead agencies to prevent youth with less intense needs from entering out-of-home care, then the youth that remain in family foster care placements may have greater needs on average than the pre-Waiver family foster care population. These greater needs may manifest in longer lengths of stay in out-of-home care and/or a greater proportion of youth in placement types requiring higher payment rates (e.g., therapeutic foster care). Stakeholder interviews indicated that with the increased resources being devoted to diversion or prevention services, the youth entering out-of-home placements since Waiver implementation are more likely to have special needs and/or require more intensive (and expensive) services. Stakeholders also reported that youth entering independent living programs have more needs related to work or school success, on average, than in the pre-Waiver years. For our next evaluation report, FSFN data will be used to describe the change in child-level characteristics across out-of-home care placement types in order to better understand changes in placement counts and expenditures.

Summary and Discussion

The IV-E Waiver sixth semi-annual evaluation report is organized by the set of hypotheses that were proposed in the original evaluation plan. These hypotheses are:

- Hypothesis 1: Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care.
- Hypothesis 2: Over the life of the demonstration project, there will be improvements in child outcomes, including child permanency, safety, and well-being.
- Hypothesis 3: Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies. Consistent with the CBC model, the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve.
- Hypothesis 4: Expenditures associated with out-of-home care will decrease following Waiver implementation, while expenditures associated with prevention and in-home services will increase, although no new dollars will be spent as a result of Waiver implementation.

As this report has demonstrated, under the Waiver, Florida continues to achieve many of the outcomes associated with these hypotheses. Since the initiation of the Waiver, the number of children served annually by lead agencies has decreased by 29% even though this number had been steadily increasing each year prior to the Waiver. In the focus groups conducted for the implementation analysis the participants described several positive impacts of the reduction in workload: smaller caseloads and better morale for case managers, the opportunity to do intensive training on practice improvements, and the resource capacity to respond creatively to identified service gaps and needs.

A comparison of SFY 08-09 to SFY 07-08 indicates that the average number of children in out-of-home care decreased significantly in SFY 08-09. This decrease confirms the assumption in Hypothesis 1 that over the life of the Waiver, fewer children will need to enter out-of-home care. The decrease in the number of children in out-of-home care has directly impacted Florida's residential providers. The perception of lead agency interviewees was that residential providers have responded in at least three ways to the goals of the Waiver and the subsequent reduction in out-of-home placements: changing their target population, diversifying the types of services offered, or making the decision not to change. The next Waiver report will include the perceptions of residential providers regarding the reductions in out-of-home care.

One indicator that was examined for this report is the proportion of children who were placed in out-of-home care after receiving in-home services. Although the proportion (20%) is slightly higher for the SFY 07-08 exit cohort compared to the SFY 06-07 exit cohort, no statistically significant difference was found when the two cohorts were compared. The results of statistical analysis indicated that children with physical health problems or youth whose parents had substance abuse problems were 1.5 times more likely to enter out-of-home care after initially receiving in-home services. This finding points to the need to develop targeted and evidence-based interventions for families with these risk indicators.

Another permanency indicator that was examined is the percentage of children who are reunified within 12 months of their latest removal. For the SFY 08-09 exit cohort, the average percentage of children reunified with an original caregiver or placed with relatives across all lead agencies increased significantly compared to the SFY 07-08 exit cohort. However, the average percentage reunified (64.8%) does not meet the Department standard of 76%. Children who were African American, who came from a female single parent family, children with either physical or mental health problems, and children whose families had substance abuse problems were less likely to be reunified within 12 months.

An additional permanency indicator was the percentage of children who were adopted within 24 months of termination of parental rights. For exit cohort SFY 08-09, the average percentage of children who were adopted within 24 months across all lead agencies was 41.9% which exceeds the Department standard of 32%. This finding is not statistically different from the results for the previous cohort and there continues to be considerable variation across lead agencies on percentages of children with adoption finalized within 24 months. The final permanency indicator examined was the proportion of children re-entering out-of-home care within 12 months. For exit cohort SFY 07-08, the average proportion of children who reentered out-of-home care within 12 months after their discharge across all lead agencies was 9.6%, a significant reduction in re-entry rates compared to exit cohort SFY 06-07. This proportion does not meet the Department standard of 9%.

In summary, the CBC lead agencies continue to show improvement on the majority of outcomes associated with Hypotheses 1 and 2. When the effect of child characteristics on safety and permanency indicators were examined, results showed that age, race, parental substance abuse, and family structure are associated with child outcomes. Although age has both positive and negative associations with examined safety and permanency indicators, being African American was clearly related to less desirable permanency outcomes.

The third hypothesis states that Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies. Findings from the child welfare practice analysis indicate that CBC lead agencies have continued to strengthen and broaden the array of services that are designed to maintain children safely with their families without requiring out-of-home care. The types of expanded services included intensive in-home services that utilize a wraparound approach and are intended to provide support to families at risk including housekeeping, parenting skills, child development education, community resource referrals, and budgeting.

When asked about expansion in community services and supports, increased availability was reported by at least one lead agency for all of the services included on the survey. At least half of the lead agencies reported an increase in behavior management assessment and intervention, camps for children, crisis intervention services, parent education, and post-reunification services. Even though the majority of the lead agencies reported an expansion in kinship support services, they also reported that the availability of the services does not meet the full needs of the community. Similarly, lead agencies reported an increase in pre- and post-adoption support services although the availability is not adequate to meet the needs of the community.

The analyses conducted regarding expenditures support the assumption of the fourth hypothesis -- that as a result of Waiver implementation, the expenditures for out-of-home services will decrease and the expenditures for front-end services (prevention, early intervention, and in-home) will increase. These analyses examined trends from the pre-Waiver year (SFY 05-06) through SFY 08-09. Findings indicate that spending on front-end services increased from 3.3% to 6.1% of total expenditures over this time period; spending on licensed out-of-home care decreased from 26.1% to 22.1%. This important finding regarding a dramatic change in how CBC lead agencies are allocating resources is strongly supported by the qualitative findings from the practice and the implementation components of the study.

The analyses also examined expenditures for two different types of out-of-home care: institutional foster care and licensed family foster care. For institutional foster care both the number of youth served and expenses have decreased by about 25% from SFY 06-07 to SFY 08-09. However, while the number of youth in family foster care decreased at a similar rate, the expenditures decreased by only 9%. The analyses conducted thus far cannot explain this discrepancy. For the next IV-E Waiver report we will examine this question in more detail by conducting a trend analysis of changes in the child and family characteristics of children served in the various levels of out-of-home care. This analysis will help us understand whether, and in

what ways, the children and families served are different over time. The findings will be helpful for the leadership of CBC lead agencies as they make decisions regarding appropriate treatment interventions for the various levels of care.

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Appendix A. Description of the Measures

Measure 1. Number of children active in out-of-home care in SFY 08-09

Methodology

Definitions	"Out-of-home care" means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.
Algorithm	Children are counted in Out-of-Home Care if they are in an out-of-home placement on the last day of the month. This includes children in all types of placements (e.g. family-based licensed care, facility-based licensed care, relative care, adoptive placement, hospitals, non-relative care, etc.).
Data Sources	Data were extracted from the HSn and FSFN.

Measure 2. Proportion of children whose cases were opened in SFY 07-08 for in-home services and who entered out-of-home care within 12 months

Methodology

Definitions	Children whose case was open was defined based on the dependent begin date in HSn or FSFN.
Algorithm	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis.[5] In this instance, because every child had 12 months follow-up data this measure is identical to a percent. The numerator is the subset of the number of children in the denominator who were removed from their primary caregivers and placed into out-of-home care during the 12 month period following the date when the case was open. The denominator is the number of children whose cases were open during a given fiscal year and who were receiving in-home services.
Data Sources	Data were extracted from the HSn and FSFN.

[5] Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not have second maltreatment during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points, such as in 12 months after the first maltreatment incident (Allison, 1984)

This technique was chosen over a percent because (a) it represents the state of art for analyzing longitudinal data, (b) it allows to efficiently dealing with complex data, and (c) it allows estimating the probability of an event to occur beyond the study period.

Measure 3. Percentage of children reunified in SFY 08-09 within 12 months of their latest removal

Methodology

Definitions	Reunification means return to the parent(s) or other primary caretaker(s) from whom the child was removed or achievement of permanency through placement with a relative or guardianship
Algorithm	This measure is a percent. The numerator is the number of children who were reunified within twelve months of the most recent removal. The denominator is the total number of children reunified during the reporting period.
Data Sources	Data were extracted from the HSn and FSFN.

Measure 4. Percentage of children adopted in SFY 08-09 within 24 months of their latest removal

Methodology

Definitions	Adoption creates a legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law and entitled to all the rights and privileges and subject to all the obligations of a child born to such adoptive parents in lawful wedlock. Removal refers to taking a child into custody pursuant to s. 39.401, F.S.
Algorithm	This measure is a percentage, calculated by taking the number of children adopted within 24 months (numerator) and dividing by the total number of children adopted within a specific year (denominator).
Data Sources	Data were extracted from HSn, and FSFN.

Measure 5. Proportion of children re-entering out-of-home care within 12 months of exiting in SFY 07-08

Methodology

Definitions	"Out-of-home care" means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.
Algorithm	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis.[4] In this instance, because every child had 12 months follow-up data this measure is identical to a percent where the numerator is the number of children who entered out-of-home care within 12 months after exit for permanency reasons only. Only children who exited out-of-home care for reasons of reunification and placement with relatives were included in the analysis. The denominator is all children who had a Discharge Date in FSFN or HSn during a specified fiscal year (i.e., exit cohorts) and who were discharged for reasons of either reunification or placement with relatives. The measure is based on children who exited their first episode of out-of-home care. A unique number generated by the electronic system identified individual children who had a second Removal Date within 12 months after a Discharge Date, indicating re-entry into out-of-home care.
Data Sources	Data were extracted from the HSn and FSFN.

Appendix B. Programmatic Outcome Statistical Tables

Table 1. Results of ANOVA. Number of children active in out-of-home care in SFY 08-09

Cohort	Means	**Children active in out-of-home care (*N* = 549,295)**	
		F	*df*
FY07-08	24,754	75.44*	1
FY08-09	21,020		

Note. *p < .05.

Table 2. Results of Cox Regression. Proportion of children whose cases were opened in SFY 07-08 for in-home services and who entered out-of-home care within 12 months

	Children Entering Out-of-Home Care (*N* = 173,975)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	- .90	1047.66*	.91

Note. *p < .05.

Table 3. Results of Cox Regression. Children whose cases were opened in SFY 07-08 for in-home services and who entered out-of-home care within 12 months - Child and Family Characteristics.

	Children entering out of home care (*N* = 14,369)		
	B	$\chi^2(1)$	Odds Ratio
Age	- .04	127.62*	.96
Gender	- .08	4.84*	.92
African American	- .12	7.78*	.82
Hispanic	- .22	13.72*	.80
Single female family structure	.14	11.66*	1.14
Single male family structure	.07	.46	1.08
Presence of physical problems	.43	9.88*	1.54
Presence of mental health problems	- .25	1.52	.78
Parental substance abuse problems	.36	83.30*	1.43
Domestic violence	- .60	153.08*	.55

Note. *p < .05.

Table 4. Results of Chi-Square Test. Percent of children reunified in SFY 08-09 within 12 months of their latest removal

	Number of children reunified	**Children reunified within 12 months (*N* = 26,863)**	
		χ^2	df
Cohort SFY 07-08	14,037	4.61*	1
Cohort SFY 08-09	12,826		

Note. *p < .05.

Table 5. Results of Logistic Regression. Children reunified in SFY 08-09 within 12 months of their latest removal - Child and Family Characteristics.

	Children reunified with 12 months (*N* = 12,818)		
	B	$\chi^2(1)$	Odds Ratio
Age	.02	78.95*	1.02
Gender	- .01	.01	.99
African American	- .15	28.47*	.86
Hispanic	.02	.30	1.02
Single female family structure	- .38	187.32*	.69
Single male family structure	.46	25.30*	1.58
Presence of physical problems	- .41	22.73*	.67
Presence of mental health problems	- .46	14.71*	.63
Parental substance abuse problems	- .20	46.88*	.82
Domestic violence	- .03	.49	.97

Table 6.

Results of Chi-Square Test. Percent of children adopted in SFY 08-09 within 24 months of their latest removal

	Number of children adopted	**Children adopted within 24 months (*N* = 7,629)**	
		χ^2	df
Cohort SFY 07-08	3,700	3.45	1
Cohort SFY 08-09	3,929		

Note. *p < .05.

Table 7. Results of Logistic Regression. Children adopted in SFY 08-09 within 24 months of their latest removal - Child and Family Characteristics

	Children adopted within 24 months (*N* = 3,785)		
	B	$\chi^2(1)$	Odds Ratio
Age	- .02	7.42*	.98
Gender	.02	.12	1.02
African American	- .22	8.31*	.81
Hispanic	- .13	1.41	.88
Single female family structure	- .20	8.01*	.82
Single male family structure	.29	1.18	1.34
Presence of physical problems	- .33	5.87*	.72
Presence of mental health problems	- .34	3.11	.71
Parental substance abuse problems	.19	7.58*	1.21
Domestic violence	- .70	33.63*	.50

Table 8. Results of Cox Regression. Proportion of children re-entering out-of-home care within 12 months of exiting in SFY 07-08

	Children re-entering out-of-home care (*N* = 40,487)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	- .35	157.15*	.70

Note. *$p < .05$.

Table 9. Results of Cox Regression. Children re-entering out-of-home care within 12 months of exiting in SFY 07-08 - Child and Family Characteristics

	Children re-entering out-of-home care (*N* = 17,041)		
	B	$\chi^2(1)$	Odds Ratio
Age	.03	31.31*	1.03
Gender	- .04	.58	.97
African American	- .03	.38	.97
Hispanic	- .14	3.35	.87
Single female family structure	- .20	15.84*	.82
Single male family structure	.01	.01	1.00
Presence of physical problems	- .10	.52	.90
Presence of mental health problems	- .13	.45	.88
Parental substance abuse problems	.15	7.41*	1.16
Domestic violence	- .13	2.42	.88

Appendix C. Lead Agency Tables

Table 1.

Proportion of Children Whose Cases Were Opened in SFY 07-08 for In-Home Services and Who Entered Out-of-Home Care Within 12 Months

Lead Agency & Counties Served	Number of children whose cases were opened in SFY 07-08 for in-home services	Proportion of children entering OOH in SFY 07-08
1st Circuit **Families First Network, Inc. (FFN)** Escambia, Santa Rosa, Okaloosa, & Walton	1,511	18.4
2nd Circuit and 14th Circuit **Big Bend Community Based Care, Inc. (BBCBC)** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, & Washington	1,033	25.8
3rd Circuit and 8th Circuit **Partnership for Strong Families, Inc. (PSF)** Alachua, Baker, Bradford, Gilchrist, Levy, Union, Dixie, Columbia, Hamilton, Lafayette, Madison, Suwannee, & Taylor	1,056	12.1
4th Circuit **Family Support Services of North Florida, Inc. (FSS)** Duval & Nassau	893	17.8
4th Circuit **Kids First of Florida, Inc. (Kids First)** Clay	232	27.7
5th Circuit **Kids Central, Inc. (KCI)** Citrus, Hernando, Lake, Marion, & Sumter	1,297	21.2
6th Circuit **Eckerd Community Alternatives (Eckerd)** Pasco & Pinellas	767	22.0
7th Circuit **Community Partnership for Children, Inc. (CPC)** Flagler, Putnam, & Volusia	689	23.3
7th Circuit **St. Johns Board of County Commissioners (St. Johns)** St. Johns	105	24.6

9th Circuit **Family Services of Metro-Orlando, Inc. (FSMO)** Orange & Osceola	2,067	12.1
10th Circuit **Heartland for Children, Inc. (HFC)** Polk, Hardee, & Highlands	675	24.3
11th Circuit and 16th Circuit **Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)** Miami-Dade & Monroe	1,376	13.5
12th Circuit **Sarasota Family YMCA, Inc. (Sarasota YMCA)** Manatee, DeSoto, & Sarasota	265	16.4
13th Circuit **Hillsborough Kids, Inc. (HKI)** Hillsborough	562	22.0
15th Circuit **Child and Family Connections, Inc. (CFC)** Palm Beach	525	23.6
17th Circuit **ChildNet, Inc. (ChildNet)** Broward	467	27.7
18th Circuit **Community Based Care of Seminole, Inc. (CBC of Seminole)** Seminole	369	15.2
18th Circuit **Brevard Family Partnership (BFP)** Brevard	834	12.4
19th District **United for Families, Inc. (UFF)** Okeechobee, St. Lucie, Indian River, & Martin	692	19.8
20th District **Children's Network of Southwest Florida, Inc. (Children's Network)** Charlotte, Collier, Glades, Hendry, & Lee	835	19.2
Total	16,250	
Average across all lead agencies		20.0

Table 2.

Percentage of children reunified in SFY 08-09 within 12 months of their latest removal

Lead Agency & Counties Served	Number of Children Reunified	Percent of Children Reunified Within 12 Months
1st Circuit **Families First Network, Inc. (FFN)** Escambia, Santa Rosa, Okaloosa, & Walton	883	75.7
2nd Circuit and 14th Circuit **Big Bend Community Based Care, Inc. (BBCBC)** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, & Washington	825	72.5
3rd Circuit and 8th Circuit **Partnership for Strong Families, Inc. (PSF)** Alachua, Baker, Bradford, Gilchrist, Levy, Union, Dixie, Columbia, Hamilton, Lafayette, Madison, Suwannee, & Taylor	562	66.5
4th Circuit **Family Support Services of North Florida, Inc. (FSS)** Duval, & Nassau	820	67.2
4th Circuit **Kids First of Florida, Inc. (Kids First)** Clay	176	60.8
5th Circuit **Kids Central, Inc. (KCI)** Citrus, Hernando, Lake, Marion, & Sumter	956	70.6
6th Circuit **Eckerd Community Alternatives (Eckerd)** Pasco & Pinellas	1037	61.0
7th Circuit **Community Partnership for Children, Inc. (CPC)** Flagler, Putnam, & Volusia	537	64.2
7th Circuit **St. Johns Board of County Commissioners (St. Johns)** St. Johns	92	55.4
9th Circuit **Family Services of Metro-Orlando, Inc. (FSMO)** Orange & Osceola	585	60.2

10th Circuit **Heartland for Children, Inc. (HFC)** Polk, Hardee, & Highlands	597	63.0
11th Circuit and 16th Circuit **Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)** Miami-Dade & Monroe	961	59.6
12th Circuit **Sarasota Family YMCA, Inc. (Sarasota YMCA)** Manatee, DeSoto, & Sarasota	547	71.8
13th Circuit **Hillsborough Kids, Inc. (HKI)** Hillsborough	1083	49.0
15th Circuit **Child and Family Connections, Inc. (CFC)** Palm Beach	589	66.0
17th Circuit **ChildNet, Inc. (ChildNet)** Broward	789	62.4
18th Circuit **Community Based Care of Seminole, Inc. (CBC of Seminole)** Seminole	221	58.4
18th Circuit **Brevard Family Partnership (BFP)** Brevard	384	76.0
19th District **United for Families, Inc. (UFF)** Okeechobee, St. Lucie, Indian River, & Martin	439	66.7
20th District **Children's Network of Southwest Florida, Inc. (Children's Network)** Charlotte, Collier, Glades, Hendry, & Lee	735	68.4
Total	12,818	
Average across all lead agencies		64.8

Table 3.

Percentage of children adopted in SFY 08-09 within 24 months of their latest removal

Lead Agency & Counties Served	Number of Children Adopted	Percent of Children Adopted Within 24 Months
1st Circuit **Families First Network, Inc. (FFN)** Escambia, Santa Rosa, Okaloosa, & Walton	253	45.5
2nd Circuit and 14th Circuit **Big Bend Community Based Care, Inc. (BBCBC)** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, & Washington	194	39.2
3rd Circuit and 8th Circuit **Partnership for Strong Families, Inc** Alachua, Baker, Bradford, Gilchrist, Levy, Union, Dixie, Columbia, Hamilton, Lafayette, Madison, Suwannee, & Taylor	185	42.2
4th Circuit **Family Support Services of North Florida, Inc. (FSS)** Duval & Nassau	370	71.1
4th Circuit **Kids First of Florida, Inc. (Kids First)** Clay	41	75.6
5th Circuit **Kids Central, Inc. (KCI)** Citrus, Hernando, Lake, Marion, & Sumter	198	39.4
6th Circuit **Eckerd Community Alternatives** Pasco & Pinellas	347	22.2
7th Circuit **Community Partnership for Children, Inc. (CPC)** Flagler, Putnam, & Volusia	149	49.7
7th Circuit **St. Johns Board of County Commissioners** St. Johns	25	44.0
9th Circuit **Family Services of Metro-Orlando, Inc. (FSMO)** Orange & Osceola	195	50.3

10th Circuit **Heartland for Children, Inc. (HFC)** Polk, Hardee, & Highlands	202	45.5
11th Circuit and 16th Circuit **Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)** Miami-Dade & Monroe	442	38.9
12th Circuit **Sarasota Family YMCA, Inc. (Sarasota YMCA)** Manatee, DeSoto, & Sarasota	139	22.3
13th Circuit **Hillsborough Kids, Inc. (HKI)** Hillsborough	458	25.8
15th Circuit **Child and Family Connections, Inc. (CFC)** Palm Beach	178	44.9
17th Circuit **ChildNet, Inc. (ChildNet)** Broward	228	42.1
18th Circuit **Community Based Care of Seminole, Inc. (CBC of Seminole)** Seminole	64	12.5
18th Circuit **Brevard Family Partnership (BFP)** Brevard	82	63.4
19th District **United for Families, Inc. (UFF)** Okeechobee, St. Lucie, Indian River, & Martin	79	31.6
20th District **Children's Network of Southwest Florida, Inc. (Children's Network)** Charlotte, Collier, Glades, Hendry, & Lee,	96	32.3
Total	2,319	
Average across all lead agencies		41.9

Table 4.

Proportion of Children Re-entering Out-of-Home Care Within 12 months of Exiting in SFY 07-08

Lead Agency & Counties Served	Number of Children Exited Out-of-Home Care for Reunification Reasons	Proportion of Children Reentered
1st Circuit **Families First Network, Inc. (FFN)** Escambia, Santa Rosa, Okaloosa, & Walton	1044	11.7
2nd Circuit and 14th Circuit **Big Bend Community Based Care, Inc. (BBCBC)** Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, & Washington	945	8.7
3rd Circuit and 8th Circuit **Partnership for Strong Families, Inc** Alachua, Baker, Bradford, Gilchrist, Levy, Union, Dixie, Columbia, Hamilton, Lafayette, Madison, Suwannee, & Taylor	786	9.9
4th Circuit **Family Support Services of North Florida, Inc. (FSS)** Duval & Nassau	1587	7.7
4th Circuit **Kids First of Florida, Inc. (Kids First)** Clay	237	13.2
5th Circuit **Kids Central, Inc. (KCI)** Citrus, Hernando, Lake, Marion, & Sumter	1145	11.1
6th Circuit **Eckerd Community Alternatives** Pasco & Pinellas	1223	7.8
7th Circuit **Community Partnership for Children, Inc. (CPC)** Flagler, Putnam, & Volusia	673	7.6
7th Circuit **St. Johns Board of County Commissioners** St. Johns	124	9.7
9th Circuit **Family Services of Metro-Orlando, Inc. (FSMO)** Orange & Osceola	845	8.2

10th Circuit **Heartland for Children, Inc. (HFC)** Polk, Hardee, & Highlands	1064	10.9
11th Circuit and 16th Circuit **Our Kids of Miami-Dade & Monroe, Inc. (Our Kids)** Miami-Dade & Monroe	1521	6.1
12th Circuit **Sarasota Family YMCA, Inc. (Sarasota YMCA)** Manatee, DeSoto, & Sarasota	560	7.7
13th Circuit **Hillsborough Kids, Inc. (HKI)** Hillsborough	1369	10.6
15th Circuit **Child and Family Connections, Inc. (CFC)** Palm Beach	903	8.8
17th Circuit **ChildNet, Inc. (ChildNet)** Broward	949	6.4
18th Circuit **Community Based Care of Seminole, Inc. (CBC of Seminole)** Seminole	290	8.0
18th Circuit **Brevard Family Partnership (BFP)** Brevard	390	13.6
19th District **United for Families, Inc. (UFF)** Okeechobee, St. Lucie, Indian River, & Martin	586	11.9
20th District **Children's Network of Southwest Florida, Inc. (Children's Network)** Charlotte, Collier, Glades, Hendry, & Lee,	800	12.2
Total	17,041	
Average across all lead agencies		9.6

Appendix D. IV-E Waiver Demonstration Focus Group Questions

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

2. Another expectation of the IV-E Waiver is that changes in practice such as increased prevention and in-home services would lead to improved outcomes for children. Have you been able to change practice as the result of the IV-E Waiver? And if so, has it had an impact on child safety, permanency or well being? How so? (LA, P, CM)

3. Has your agency spent less on out-of-home care since implementation of the IV-E Waiver? If so, how much? If not, what have been the barriers? (LA, P)

4. What impact has the IV-E Waiver had on providers, including providers who offer out of home care? Has there been any strategic planning or discussion with providers in terms of the move to focus more on prevention than out of home care? Please explain. What has been their feedback and have they made any programmatic changes towards prevention and early intervention services? (LA, P)

5. What adaptations have your agency, providers and staff made to increase attention to prevention and diversion? Have you been able to shift resources for this purpose since Waiver implementation? (LA, P, CM)

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

7. Has the IV-E Waiver directly or indirectly affected staff morale or turnover? If so, please explain. (LA, P, CM)

8. What, if any, impact has the IV-E Waiver had on you as a CEO and lead agency leadership? Please explain. (LA)

*LA = Lead agency; P=Provider, CM=case managers

Appendix E. IV-E Waiver Demonstration Lead Agency Survey 4

Inventory of existing services

For each of the services below, please indicate if the service is available in the area served by your lead agency, the extent to which the service meets the needs of the community, and who provides the service. This list is intended to be inclusive of various services and supports that can be provided to families. Feel free to add additional services that were inadvertently omitted from this inventory.

Service	Is the service available in your community? (Yes/No)	If the service is available, please indicate the degree to which it meets the needs of your community.					In your opinion, has the IV-E Waiver had an impact on the availability of the service in your community?		
		None of the Need	Some of the Need	Half of the Need	Most of the Need	All of the Need	No impact	Increased availability	Decreased availability
Pre-Adoption support services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Post-Adoption support services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Adult education (including GED classes)	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Behavioral health assessments and evaluations	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Behavior management intervention and training	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Camp(s)	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Children's Crisis Stabilization Unit (CCSU)	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Crisis Intervention services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Crisis Stabilization Unit (CSU) - Adult	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Culturally-specific services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Dependency shelter facility/homes	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Developmental disability services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Domestic violence services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Early intervention services (0-5)	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Emergency cash assistance	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Employment services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Family planning services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐

Service	Is the service available in your community? (Yes/No)	If the service is available, please indicate the degree to which it meets the needs of your community.					In your opinion, has the IV-E Waiver had an impact on the availability of the service in your community?		
		None of the Need	Some of the Need	Half of the Need	Most of the Need	All of the Need	No impact	Increased availability	Decreased availability
Family preservation/diversion services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Father-specific groups/services/supports	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Food bank/assistance	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Homemaker Services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Housing services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Independent and transitional living services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Community Information & Referral Services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Intensive Crisis Counseling Program (ICCP) or similar	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Kinship support services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Outpatient counseling/therapy (child, individual, family)	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Parent advocacy	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Parent education and training	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Post-reunification services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Pregnancy and parenting services (Healthy Families)	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Residential group care	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Respite care for foster parents	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Respite care for other caregivers	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Sexual abuse counseling	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Specialized after school programs	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Statewide Inpatient Psychiatric Program (SIPP)	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Subsidized childcare	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Substance abuse treatment	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Therapeutic foster care	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Therapeutic Group Home(s)	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐

Service	Is the service available in your community? (Yes/No)	If the service is available, please indicate the degree to which it meets the needs of your community.					In your opinion, has the IV-E Waiver had an impact on the availability of the service in your community?		
		None of the Need	Some of the Need	Half of the Need	Most of the Need	All of the Need	No impact	Increased availability	Decreased availability
Transportation services/assistance	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Trauma recovery services/counseling	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Tutoring	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Utility assistance	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Visitation support	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Youth mentoring services	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Other:	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Other:	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐
Other:	☐ Yes ☐ No	☐	☐	☐	☐	☐	☐	☐	☐