Evaluation of the Florida Department of Children and Families Community-Based Care Initiative in Manatee, Sarasota, Pinellas and Pasco Counties

Final Report on Fiscal Year 2001-2002

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HIGHLIGHTS FROM THE 2001-2002 STATEWIDE EVALUATION OF COMMUNITY-BASED CARE

Background

- Ensuring the safety and well being of children in the child welfare system has proven to be a long term and complex problem. Issues at the national level include: 1) fragmented and uncoordinated services; 2) increased cost; 3) more families receiving care, and with more serious problems; 4) limited accountability within state and local agencies; 5) increased public scrutiny of child welfare organizations; and 6) litigation against the child welfare system.

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

- The Department of Children and Families (DCF) contracted with the University of South Florida Louis de la Parte Florida Mental Health Institute (FMHI) to conduct an evaluation of the four counties in which Community-Based Care (CBC) was operational in FY00-01: Sarasota, Manatee, Pinellas, and Pasco Counties.

- As shown in Figure 1, Sarasota County, whose lead agency was the Sarasota YMCA Children, Youth and Family Services, Inc., was the first to provide services in Florida. Manatee County came under the Sarasota YMCA in 2000. Family Continuity Programs, Inc. (FCP), the lead agency in Pinellas and Pasco Counties, began implementation of CBC in 2000 and completed their effort in 2001.

Community-Based Care: Implementation Timeline

![Bar Chart]

- Sarasota: Service contract date 1/97. All sites began operating 1/97, and became fully operational 6/97.
- Manatee: Service contract date 5/99. All sites began operating 6/99, and became fully operational 2/00.
- Pinellas: Service contract date 6/00. 1st site began operating 6/00, 2nd on 10/1, and 3rd on 2/01.
- Pasco: Service contract date 6/00. Both sites began operating on 4/01.
HIGHLIGHTS OF FINDINGS

Status of CBC Implementation

- Key stakeholders agreed that there was a mutually respectful and flexible planning process during CBC implementation. In addition, there was policy consensus and clear agreement about the purposes of CBC and the role of a lead agency.
- The provision of a readiness assessment process, start-up funds, and a planning year before service delivery began were important to the success of CBC.
- Those interviewed felt there was a shared commitment to CBC on the part of leadership at each level, and those in leadership roles had done as much as possible throughout the implementation process to ensure the success of CBC.
- The need to consider policies and procedures from the point of view of DCF as well as the lead agencies is a consistent source of tension, and is likely to become more problematic as CBC is implemented statewide. The dual objectives of flexibility at the local level (a key principal of CBC) and standardization (to ensure quality and a consistently available level of services across the state) are not always compatible. While CBC was seen as very important by DCF, it is currently only a small part of the agency’s overall operation.

- Two different CBC models/approaches emerged. Both allowed for adaptability to local issues and cultural differences, indicating there is more than one way to successfully implement CBC. In Sarasota the lead agency was a large agency with a well-developed infrastructure but with no experience in delivering child welfare services. The Sarasota YMCA saw its role as being a leader and advocate, and contracted out all services. Family Continuity Programs was a small service provider with an infrastructure much less equipped for such a major undertaking, thus much of their initial planning focused on infrastructure development. FCP stressed the importance of integrated services, and maintained leadership over service integration by continuing to directly provide case management.

- Lead agencies evolved a checks and balances approach to network development and had management information systems (MIS) and quality assurance/quality improvement systems that allowed them to identify and solve problems on an ongoing basis.

- The CBC sites have made considerable progress developing the necessary fiscal, MIS, quality improvement (QI), and personnel infrastructure, but there is still room for improvement. Of particular concern are the recruitment, retention, and professionalization of program staff.

- Other major systems changes caused mid-stream adjustments to implementation timetables and strategies. These changes included the addition of Manatee County to the Sarasota site, and the creation of the SunCoast Region and the Community Alliances.
Safety and Well Being of Children

- The table on the following page summarizes key findings on child safety and expenditures. In the area of child safety, CBC counties performed at least as well as counties where CBC was not introduced on all measured outcomes. No differences between CBC and non-CBC counties were found for the outcome indicators of percentage exiting foster care within 11 months and percentage of children returned to relatives after exiting foster care. Moreover, children in CBC counties were less likely than children in non-CBC counties to be re-abused or re-neglected, and there is a higher percentage of children returned to parents or legal guardians in CBC counties compared to non-CBC. On the other hand, the overall proportion of children reentering foster care within 11 months after discharge increased slightly for CBC counties and decreased slightly for non-CBC counties over time. However, the difference was not statistically significant.

- There are a number of alternative interpretations for the programmatic outcomes, and it is difficult to piece together a clear picture without having followed the results for individual children. External factors such as changes in information sources, policies, and practices of Protective Investigations and the courts all affect the indicators and their interpretation.

- It is important to recognize the developmental nature of CBC implementation and the large amount of change experienced by the CBC sites, DCF, and the Florida child welfare system. Implementation has been further complicated by a change in data system (to HomeSafenet) and changes in the collection of accounting data. In short, CBC implementation cannot yet be singled out as the cause of the reported outcomes.

Expenditures

- The CBC sites appear to have done as well as non-CBC sites without incurring additional cost to DCF for direct services, but this may be because FCP did not gain responsibility of all children in Pinellas and Pasco Counties until April 2001. Average expenditures in these two counties may have been much lower than in Sarasota and Manatee Counties in FY00-01 because the Department was still paying for many child services in Pinellas and Pasco Counties.

- No full assessment can be made about overall cost-efficiency because the analysis excluded indirect costs of the programs.

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

- The two CBC sites have been able to implement quality assurance plans that ensure appropriate identification of children’s needs and evaluate the ongoing performance of the provider network.
### Summary of Key Findings

<table>
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<th>Outcome</th>
<th>Key Findings</th>
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<tbody>
<tr>
<td>1. % exiting foster care within 11 months</td>
<td>Increased for CBC counties (except Pasco) and for non-CBC counties over time</td>
</tr>
<tr>
<td>2. % re-entering foster care within 11 months after discharge</td>
<td>Increased slightly for CBC counties (except for Manatee and Sarasota) and decreased for non-CBC counties over time</td>
</tr>
<tr>
<td>3. % of recurrence of maltreatment</td>
<td>Increased for all CBC and non-CBC counties over time and lower rates for CBC counties vs. non-CBC counties</td>
</tr>
<tr>
<td>4. % returned to parents and legal guardians after exiting foster care</td>
<td>Increased for all CBC counties (except Pasco) and for all non-CBC counties over time</td>
</tr>
<tr>
<td>5. % returned to relatives after exiting foster care</td>
<td>Increased for all CBC counties (except Pasco) and for all non-CBC counties over time</td>
</tr>
<tr>
<td>6. Average expenditures per child served</td>
<td>Slightly increased in both CBC and non-CBC sites for FY95-96 to FY99-00; decreased in CBC sites and increased in non-CBC sites in FY00-01. Pinellas and Pasco had lower average expenditures than non-CBC sites in FY00-01; Sarasota, Manatee, and non-CBC sites had similar average expenditures in FY00-01</td>
</tr>
<tr>
<td>7. Average expenditures per child-day</td>
<td>Same as finding number 6</td>
</tr>
<tr>
<td>8. Average expenditures per total child population</td>
<td>Same as finding number 6</td>
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- A comprehensive and integrated array of services provided by individuals who are properly qualified and supervised needs to be developed to meet the needs of children and families identified by lead agencies. Respondents suggested that this is occurring on an increasingly consistent basis within the CBC sites, and that services are being provided in new ways, building on traditional child protective services (e.g., parenting, counseling, and placement).

### Outstanding Issues and Recommendations

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

- **Continue to develop and strengthen the CBC Leadership Forum.** This forum brings stakeholders throughout the state together on a regular basis to discuss emerging issues and policy changes, share lessons learned, and resolve
conflicting interpretations of roles and relationships between DCF, lead agencies, and provider network agencies.

- **MIS issues need to be resolved** quickly. The child welfare MIS must provide a way for lead agencies to electronically submit all data required by state and federal agencies through one data entry source. The system needs the capacity to produce timely reports on outcomes and budgetary information at the county level.

- A **more balanced contract monitoring process** is needed. The executive and legislative branches should work together to identify priorities for the level of specification required by statute for each compliance requirement. Some current statutory requirements could be enforced via assurance, allowing auditors to focus their efforts on more critical contract aspects.

- **Fiscal processes need to be more efficient.** Issues of highest priority include: 1) the transfer of funds from CBC sites with lesser need to those in greater need; 2) the matching of services and expenditures to federal funding sources and categories; and 3) the resolution of cash flow problems. In addition, new lead agencies will need technical assistance to master the federal financing requirements.

- The **process of organizational culture change** at the regional and district office levels needs to accelerate so that the Department can be responsive to the anticipated, more rapid development of CBC sites.

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

**Conclusions**

- Many people underestimated the complexity of change that was required for the implementation of CBC. For this reason it is not surprising that Sarasota County, the longest standing CBC county, performed best on the programmatic indicators.

- The CBC counties generally did as well on the outcome indicators as the comparison counties did without incurring additional cost to DCF for direct services. They also successfully changed the service delivery structure. On average, children in CBC care appear to be at least as safe as children were/are under the previous model. Significant progress in implementing a viable system of child welfare services has been made, but there is insufficient evidence at this point to conclude whether the CBC model is more effective (or less effective) than the previous model. Improvement of the organization, coordination, and quality of services is still a work in progress.
INTRODUCTION

The Department of Children and Families (DCF) contracted with the Louis de la Parte Florida Mental Health Institute, University of South Florida (FMHI) to conduct an evaluation of the four counties in which Community-Based Care (CBC) was operational in FY00-01: Sarasota, Manatee, Pinellas, and Pasco Counties. Hillsborough Kids Inc. and other areas were in early start-up phases as CBC sites but were not included in the evaluation. As can be seen in Figure 1, the YMCA, Children, Youth and Family Services, Inc., designated as the lead agency in Sarasota County, began to provide services in January 1997 and reached full implementation in June 1997. The contract amendment for Manatee County was signed May 1999, operations began in June 1999, and they were fully operational by February 1, 2000. Family Continuity Programs, Inc. (FCP), the lead agency in Pinellas and Pasco Counties, took a different approach and organized services around 5 geographic service centers. The first of 3 service centers located in Pinellas County began operations on June 30, 2000, the second on January 5, 2001, and the third on February 2, 2001. In Pasco County, the two remaining service centers began operations on April 6, 2001. The contract for both counties was effective on June 30, 2000.

Figure 1. Community-Based Care: Implementation Timeline

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

Based on the conceptual framework described in the CBC Conceptual Model (see Figure 2), the evaluation uses a mixed-method approach to investigate all of the domains of the conceptual framework. There are four major components to the evaluation (see Table 1), which together provide an integrated evaluation of the CBC initiative: (1) a qualitative study examining the context around CBC implementation and monitoring of CBC sites; (2) a pilot of the feasibility of using the Quality Service Review (QSR) process for looking at child, family, and system level outcomes using semi-structured interviews and a file review protocol; (3) an outcome analysis using existing administrative child protection data; and (4) a cost analysis component.

<table>
<thead>
<tr>
<th>Research Evaluation Component</th>
<th>Key Methodologies</th>
<th>General Purpose</th>
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<tbody>
<tr>
<td>Qualitative Analysis</td>
<td>Stakeholder interviews</td>
<td>Examine context around CBC implementation and monitoring from multiple perspectives</td>
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<tr>
<td>Quality Service Review Pilot (QSR)</td>
<td>Semi-structured interviews and file review protocol</td>
<td>Determine feasibility of using QSR process to examine child, community, and system level outcomes</td>
</tr>
<tr>
<td>Outcome Analysis</td>
<td>Analysis of existing administrative child protection data</td>
<td>Examine differences in child protection indicators between CBC and non-CBC counties</td>
</tr>
<tr>
<td>Cost Analysis</td>
<td>Analysis of expenditure data</td>
<td>Examine differences in cost-efficiency between CBC and non-CBC counties</td>
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Table 1. Community-Based Care Evaluation Summary
The results of this initial evaluation of Community-Based Care in the Sarasota/Manatee and Pinellas/Pasco County CBC sites indicate that they are making steady progress towards accomplishing the goal set out by the Florida Legislature and DCF to transition to a more locally-based child protection system. If these programs are not yet successful in most aspects, it is because DCF Central Office staff, regional staff, and the lead agencies are still implementing the complex system changes inherent in the initiative. The CBC counties successfully achieved major systems change and generally did as well on the outcome indicators as the comparison counties despite spending fewer dollars on direct child protective services in the most recent fiscal year (FY00-01). Pasco County was the only county that did not do as well on the outcome indicators; however, Pasco was also the last county out of this group to implement CBC.

Similarly, the quality of services analysis (triangulated data from stakeholder interviews and the QSR Pilot) indicated that there were improvements being made in most areas of service delivery and that there was no deterioration in quality as a result of the transition to CBC. On the other hand, there was universal agreement that there was still a ways to go in bringing the quality of services up to the desired level. It is clear that everyone involved underestimated the magnitude and complexity of the changes involved in implementing Community-Based Care. Considerable learning has taken place in this cooperative effort and it can be expected that the implementation of CBC in newer sites will consequently be a smoother process. While many of the difficulties inevitable in a complex systems change have been resolved, there are still many challenges that remain as CBC is implemented statewide. As the implementation is now shifting from a handful of sites to a statewide effort, these issues need to be addressed through mid-course corrections, based on initial experiences.
BACKGROUND

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

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

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

The privatization efforts that have taken place over the past 30 years have also revealed possible disadvantages to privatization, which mirror the advantages. They have included such experiences as: (1) decreased public accountability and control; (2) difficulties in establishing, maintaining and monitoring performance standards and contractual obligations; (3) unrealized cost savings (partially caused by greater monitoring and contracting costs); (4) declines in service quality and the “skimming” of clients so that the most difficult and needy clients do not receive services; (5) unreliable and ineffective contractors; (6) the subjecting of private agencies to public policy shifts and budget cuts which threaten the viability and stability of the agency; and (7) dramatic price increases as government loses the ability to provide the service itself (Gibelman & Demone, 1998, Paulson, 1988; Fixler & Poole, 1987).
The history of privatization efforts includes both major successes and major failures (Gibelman & Demone, 1998). While there has been an ongoing broadening of the kinds of services being privatized, the privatization of human services represents a relatively small percentage of the total efforts and has proven to be more problematic (Fixler & Poole, 1987; Paulson, 1988). Unfortunately, there have been very few empirical examinations of these privatization efforts, which makes the evaluation of such programs all the more important (Gibelman & Demone, 1998). Furthermore, a recent study of child welfare privatization activities by the Child Welfare League of America showed that privatization did not always lead to lower costs (CWLA, 2000). Local circumstances and the implementation processes have been key factors in the success and failure of such efforts.

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

In Florida, the 1996 Legislature mandated child welfare privatization and a lead agency design. Pilot CBC projects with the intent of strengthening the local communities' support and commitment to the “reunification of families and care of children and their families,” as well as to increase the efficiency and accountability of services was called for by s.409.1671, F.S. The move to Community-Based Care was impacted by the passage of the federal Adoption and Safe Families Act in 1997 (ASFA), which sought to achieve seven major outcome goals in all states:

- “Reduce the reoccurrence of child abuse and/or neglect,
- reduce the incidence of child abuse and neglect in foster care,
- increase permanency for children in foster care,
- reduce time in foster care to reunification without increasing reentry to foster care,
- reduce time in foster care to adoption,
- increase placement stability, and
- reduce placements of young children in group homes or institutions” (U.S. Department of Health and Human Services, 1998).
The responsibilities of lead agencies, as defined by the original statute, were to:

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

Subsequently, the Florida Legislature amended the original CBC bill in 1999 to expand CBC statewide and include changes to bring the State into compliance with ASFA. The Community-Based Care Implementation Plan, issued in July 1999 by the Florida Department of Children and Families, embraced the ASFA goals and the move to local community-based systems of care.

In most privatization arrangements across the country, lead agencies have been financed through capitation or case rate payments that reflect the actual number of people the agency is serving or likely to serve. Florida is the only state using a global budget transfer, that is, giving a fixed amount of money to the lead agency and making it responsible for providing all services needed to all children who enter the child welfare system (CWLA, 2000). Since a lead agency cannot control the number of children entering the system it is at risk of over extending itself. This means that the financial stability and viability of the lead agencies and their provider networks must be evaluated as well. There have been reported instances where agency viability became problematic (Gibelman, 1998). DCF has recognized this possibility and worked with the lead agencies around such issues as high risk utilizers and taken steps to mitigate the potential financial risks such as the recent passage of Senate Bill 632 in spring of 2002.

The conceptual model guiding the evaluation will be explained in the following section. The next section describes the overall research questions, the evaluation questions, and the indicators based on the CBC Conceptual Model. The final section presents the results of the evaluation.
CBC CONCEPTUAL MODEL

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

The evaluation used mixed methods (i.e., qualitative and quantitative study designs) to enable as much triangulation (i.e., to compare the consistency of results across methods) as possible in answering the research and evaluation questions. The qualitative study explored CBC implementation strategies in the context of the prototype region, while the other three components address the various expected results of Community-Based Care. Specifically, the qualitative study looked at the system relationships, local direction, and community involvement components of the conceptual model. The quality service review evaluated the feasibility of the QSR model to assess quality performance, satisfaction with system, and well-being of children. The quantitative component, in conjunction with the quality service review and the implementation study, was responsible for evaluating the effectiveness of the child protection system as well as the well-being of children. The cost analysis component evaluates the cost effectiveness and cost efficiency component of the CBC model. Again, the qualitative study provides the context in which to interpret the findings of the individual components and to integrate them into a coherent whole.
Figure 2. Conceptual Model of Community-Based Care

Conceptual Model of Community Based Care
Empowering local communities to ensure the safety and well-being of their children

Before
- Desire to increase system effectiveness and efficiency while lowering overall cost.
- Need for local governance.
- Desire for increased communication between community partners and collaboration of resources.
- Need to improve adherence to ASFA guidelines and statutory requirements for child safety and stability.

System Relationships
- Coordinated and effective communication between DCF, lead agencies, and provider network.
- Improved contracting and accountability mechanisms.
- Prompt payment of subcontractors.

Local Direction
- Engagement of Lead Agency in local planning.
- Cooperation with child protection investigations.
- Financial program and personal resources flexibly managed at local level.

Community Involvement
- Documentation of mix of number and types of providers.
- Development and building of local community resources.
- Role of the Community Alliances.

Quality Performance
- Credentialing and professionalism of providers.
- Skills based supervision and staff development.
- Comprehensive assessment.
- Matching of services to need.
- Increased access to services.
- Appropriate placement of children.
- Continuity of care from entry to exit.
- Sensitivity and respect for client diversity.

After
- Effective Child Protection System.
- Stability of Lead Agency and provider network.
- Cost effectiveness and cost efficiency.
- Enhanced professionalism of providers.
- Satisfaction with system.
  - Client
  - Caregiver
  - Community partners.
- Well-being of children.
  - Safety of children and their immediate environment.
  - Prevention of further maltreatment.
  - Stability of placement.
  - Rapid permanency resolution.

Formative Evaluation of Quality Performance, Outcome Measure Attainment, and Cost Efficiency.
RESEARCH AND EVALUATION QUESTIONS

The following tables (Tables 2) detail the research questions in our evaluation, the evaluation questions related to these research questions, the indicators that will be used to answer these questions, and the main source of data for the indicators.

Table 2. Research and Evaluation Questions

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Evaluation Question</th>
<th>Indicator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How do total expenditures for child protective services (CPS) in the CBC sites pre- and post-CBC compare with expenditures in the non-CBC counties?</td>
<td>• Total expenditures for child protective services</td>
<td>Expenditure Data</td>
</tr>
<tr>
<td>Is Community-Based Care an effective child protective system?</td>
<td>Are there cost-efficiency or cost-effectiveness differences between the CBC and non-CBC sites?</td>
<td>• Average expenditures per child-day • Average expenditures per foster care day • Average expenditures per capita</td>
<td>Expenditure Data &amp; Administrative Data</td>
</tr>
<tr>
<td></td>
<td>Has the implementation of CBC facilitated a more effective child protective system compared to the state run system? What has been the role of the prototype region in the implementation of CBC in the study counties?</td>
<td>• Quality of relationships between state, regional prototype and CBC • Client and partner satisfaction with CBC and prototype region • Improved service accessibility</td>
<td>Qualitative Data</td>
</tr>
<tr>
<td></td>
<td>Has CBC effectively established accountability and contracting functions? How has the prototype region affected the accountability and contracting functions of Community-Based Care? Do the lead agencies and provider network members have sufficient financial stability and viability?</td>
<td>• Appropriate contracting and quality assurance systems are in place • Timely submission of reliable and valid data required by DCF • Changes in funding and service priorities • Change in ratio of expenditures to income</td>
<td>Qualitative Data &amp; Expenditure Data</td>
</tr>
</tbody>
</table>
Table 2: Research and Evaluation Questions (cont.)

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Evaluation Question</th>
<th>Indicator</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Community-</td>
<td>Are adequate assessments of children and their families conducted upon entering the</td>
<td>• Assessments are comprehensive and identify both strengths and needs at an individual and family level.</td>
<td>Qualitative Data &amp; QSR Pilot</td>
</tr>
<tr>
<td>Based Care</td>
<td>protection system?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Are child and family service plans comprehensive?</td>
<td>Service plans address:</td>
<td>Qualitative Data &amp; QSR Pilot</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• the issues that brought the family to DCF,</td>
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<td></td>
<td></td>
<td>• the underlying causes of concern,</td>
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<td></td>
<td></td>
<td>• continuing safety risks, and</td>
<td></td>
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<td></td>
<td></td>
<td>• desired functional outcomes for individuals and the family as a whole.</td>
<td></td>
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<tr>
<td></td>
<td>Are needed services provided to children and their families in a coordinated manner?</td>
<td>• Services are provided to children and families in a way that is coordinated across disciplines and child serving agencies.</td>
<td>Qualitative Data &amp; QSR Pilot</td>
</tr>
<tr>
<td>Does Community-</td>
<td>What is the proportion of children exiting foster care during first 11 months after</td>
<td>• Proportion of children who exited foster care</td>
<td>Administrative Data</td>
</tr>
<tr>
<td>Based Care</td>
<td>entry?</td>
<td></td>
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<tr>
<td></td>
<td>What is the proportion of children reentering foster care within 11 months after</td>
<td>• Proportion of children reentering foster care</td>
<td>Administrative Data</td>
</tr>
<tr>
<td></td>
<td>exiting their first episode in foster care?</td>
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<tr>
<td></td>
<td>What is the proportion of children with recurrence of maltreatment within 11 months</td>
<td>• Proportion of children who had second episode of maltreatment within 11 months after they had their first episode</td>
<td>Administrative Data</td>
</tr>
<tr>
<td></td>
<td>of maltreatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What is the percentage of children who were returned to parents or legal guardians?</td>
<td>• Percentage of children returned to parents or legal guardians</td>
<td>Administrative Data</td>
</tr>
<tr>
<td></td>
<td>What is the percentage of children who were returned to relatives?</td>
<td>• Percentage of children returned to relatives</td>
<td>Administrative Data</td>
</tr>
<tr>
<td></td>
<td>Are children safe from manageable risk?</td>
<td>• Children are living in settings in which they are free from imminent risk of abuse and/or neglect.</td>
<td>Administrative Data, Qualitative Data, &amp; QSR Pilot</td>
</tr>
<tr>
<td></td>
<td>Are children residing in stable and permanent placements?</td>
<td>• Children are living in stable placements with adequate supports to maintain the placement.</td>
<td>Qualitative Data &amp; QSR Pilot</td>
</tr>
</tbody>
</table>
QUALITATIVE STUDY OF THE IMPLEMENTATION OF CBC AND PROTOTYPE REGION

Rationale

This component of the evaluation relates primarily to the research question “Is Community-Based Care an effective child protective system?” and the implementation strategies portion of the CBC Conceptual Model. The American system of government is characterized by checks and balances, in addition to multiple jurisdictions, which make the implementation of inter-governmental programs extremely complex. The first study of program implementation demonstrated that even when many of the common implementation problems have been alleviated, the implementation of complex programs is extremely difficult and time consuming (Pressman & Wildavsky, 1979). Consequently, even when programs are well conceived, have sufficient resources, and have political and administrative support at multiple levels they are still likely to face substantial implementation problems because of the complexities of system change. This is particularly true when dealing with difficult problems like child protective services. System change takes a long time even under the best of circumstances (Pressman & Wildavsky, 1979). Even in the case of Sarasota County, where the earliest of the lead agencies got started, the Department’s reorganization and subsequent creation of the SunCoast Region added new challenges to the transition into Community-Based Care.

It is important, therefore, not just to evaluate whether CBC is working but also to understand the implementation issues and the context in which the lead agency is operating and services are being provided. Looking at outcome data in isolation can lead to a distorted picture of reality, as there may be multiple interpretations of the same results. For example, if costs increase, there may be multiple causes: the lead agency was less efficient; the contracting, monitoring and data management costs have been greater than anticipated; or, it could be that a higher level of services are being provided to individuals who had not had access to such services before. Similarly, lower costs to the State may be a function of multiple causes: the lead agency found ways to increase local or federal revenues, the lead agency shifted costs to other systems (either through enhanced cooperation or by referring to another agency), etc. Are better client outcomes a result of more effective services or because more difficult clients are being screened out or shifted to other systems (e.g., mental health or substance abuse)? In this case, the potential for cost-shifting is not applicable because the Lead Agency must take all clients referred from the Protective Investigators and courts (s.409.1671(1)(b)(2), F.S.). In other words, understanding the contextual issues is crucial to interpreting the data in ways that enable policymakers to draw valid

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1 After the submission of the initial Report to the Florida Legislature on the Evaluation of the Department of Children and Families Community Based Care Initiative in Manatee, Sarasota, Pinellas and Pasco Counties in January 2002, two stakeholder feedback sessions were held: one in Tampa and one in Tallahassee. At these meetings, the evaluation team presented a summary of their findings. The presentation was followed by a question and answer session, which addressed: (1) issues related to interpretation; (2) suggested next steps and refinements in methodology; and (3) suggested additions to future evaluation efforts. The additions and revisions that resulted from the question and answer sessions and the subsequent discussions with DCF and key stakeholders are reflected in the current report.
conclusions. Additionally, since the implementation process involves multiple stakeholders with different agendas, the process is difficult to investigate. The best approach for studying these implementation issues is a qualitative methodology involving semi-structured, theory-driven interviews with stakeholders at multiple levels within the system.

Methodology

This qualitative study uses a general framework for looking at implementation issues that is based on the work of leading implementation researchers (Elmore, 1980; Paulson, 1981, 1987; Pressman & Widavsky, 1979; Van Meter & Van Horn, 1975; Williams, 1976). There are five different areas, each relating to a separate set of implementation issues:

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

Using the general framework mentioned above, the specific questions under each domain were modified based on initial discussions with Department staff. Additional questions relevant to understanding the overall history and context of CBC implementation were also included. Twenty stakeholders were interviewed, including members of central DCF Finance, Contracting, Quality Assurance, Family Safety, and Community-Based Care offices. We also interviewed top administration in the SunCoast region and lead agencies, provider network CEOs, and legislative staff. Because of legislative sessions and time constraints, a number of people were not available for an interview; however, they will be included in the next phase of the evaluation.

For each domain, the responses of the stakeholders were analyzed to identify critical themes, similarities, and differences across each of the major perspectives. Because the implementation of the prototype region was evaluated by Competitive Government Strategies (CGS) (Stitt, Olsen, & Certo, 2001) and involved interviews with many of the same stakeholders, CGS and FMHI share information on an ongoing basis in order to ensure that there is no duplication of effort or additional burden placed on the respondents.

Findings

There are two major contextual issues to keep in mind when interpreting the results of the interviews and evaluating the progress of CBC implementation. After the first few interviews it was clear that the change process was even more complicated than what is reflected in the CBC Conceptual Model (see Figure 2). This was because there were other system changes that occurred during the program start-up that impacted CBC
implementation in the two sites. These changes included the addition of Manatee County to the Sarasota site, and the creation of the SunCoast Region and the Community Alliances, which affected both CBC sites. Each of these involved major changes in relationships, roles, and responsibilities and led to adjustments in implementation timetables and strategies.

For example, Devereux held the lead agency start up contract in Pinellas and Pasco Counties during the initial transition year to Community-Based Care (although they never actually provided services). Concerns at Devereux’s corporate headquarters regarding their exposure to risk at the CBC site and its impact on the rest of their programs resulted in Devereux’s withdrawal as a lead agency. The Intent To Negotiate (ITN) was reissued and Family Continuity Programs, Inc. (FCP), an agency from the existing provider network, was awarded the lead agency contract on June 13, 1999. FCP then engaged in a planning process similar to the one Devereux had undergone in order to fully implement and manage direct service provision via the provider network agencies.

Similarly, the Community Alliances were mandated to “provide a focal point of community participation and governance of community-based services” (s.20.19(6)(a), F.S.). The Alliances, although unique to each community, were designed to consist of a broad spectrum of community stakeholders. The Alliances’ duties were to include: needs assessment, setting priorities, planning for resource utilization, determining locally-driven outcomes to supplement state-required outcomes, and community education. The scope of the Community Alliances was designed to include Community-Based Care issues, in addition to broader human service areas. However, the Alliances were not mandated until two years after the original CBC legislation when CBC advisory groups were already well established in both of the CBC study sites. Naturally, the addition of a new advisory group raised issues of turf, power, and influence and a concern that the focus on CBC would be lost. There was also a sense that the CBC advisory groups represented a more community-driven planning approach, in contrast to the Alliances that were mandated by state government. Therefore, the role of existing CBC advisory groups had to be reconciled and merged with the new Community Alliances. In new CBC sites these issues should not be problematic as the Community Alliances should be involved in the planning of the CBC and involved with the lead agency from the beginning. The experiences of the two CBC sites we evaluated suggest that the formation of a sub-committee of the local Community Alliance to focus on child welfare issues would be useful.

The second major issue is the reality that these CBC sites were, in fact, demonstration programs with very few, if any, examples of this level of privatization of a child welfare system anywhere in the country. While the CBC sites were seen as very important by DCF, they were, nevertheless, only a small part of the agency’s overall operation. Consequently, policies, procedures, and structures evolved as the need arose through a negotiated process rather than as a more organized “roll-out” that might be required in a statewide effort. This created a considerable added burden on DCF policy makers who had to consider every policy from two perspectives – that of DCF operations and the CBC sites. As a greater proportion of DCF operations fall under CBC, this dual role
will become even more stressful and complex and may require adjustments to the way in which DCF organizes and conducts its business. It is important to recognize that DCF is not only providing services to a vulnerable population in a highly-volatile political environment, but is also simultaneously making enormous changes to the structure and culture in which it operates. These organizational issues are further complicated by the fact that child welfare is only one of DCF’s functions.

**Accomplishments**

**Policy Issues**
The policy issues domain includes many of the issues in the systems relationship component of the CBC Conceptual Model. This domain explores the characteristics of policy and program design as they relate to the specific target population and problems to be addressed. In particular, it is important that there is a shared understanding of these characteristics, a way to measure the programs against this understanding through specified standards, and that the resources allocated are realistic for this type of program and the population being served. It is also important to evaluate whether the fiscal incentives, performance measures, or the consequences for clients receiving or not receiving services result in “gaming” the system, which leads to distortions or irregularities involving clients or services.

With respect to CBC, specific issues might be the extent to which there was a shared common understanding of the nature of CBC and the child protective services it was expected to provide. Similarly, were the standards for measuring success and performance clear and mutually understood and were they reasonable for the nature of the population being served and the resource constraints? Were adequate resources provided? Did the design of the services provided fit the nature of the population being served and reflect such elements as difficulty in reaching and engaging clients? Was the correct mix and intensity of services provided to meet the needs of children and their families appropriate for the degree of behavior change required (e.g., reductions in substance abuse, family violence, child abuse, and neglect)?

There were no major policy issues that surfaced during the interviews that would inhibit the further implementation of CBC. All respondents had a clear understanding of the purposes and objectives of Community-Based Care and its major components. The purposes of CBC were consistently described as:

- Creating community ownership over child welfare issues,
- improving the safety and well being of children,
- privatization of child welfare services,
- creating a more integrated and comprehensive child protective service system, and
- achieving cost efficiencies and more flexible management of resources.

There were no major changes in the project’s design that caused confusion. Instead, there was an evolutionary process in response to issues that arose during
implementation and were then addressed collaboratively. However, there was a shift over time from the original legislative hope that privatization could save dollars. Talk about cost savings no longer is a major topic of discussion, but rather the emphasis and focus has shifted to cost containment, cost neutrality, and funding flexibility.

As noted above, this need to consider policies and procedures with two “lenses” (DCF service provision and lead agencies) is a consistent source of tension, and is likely to become more problematic as full implementation of CBC accelerates statewide. The dual objectives of flexibility at the local level (a key principal of CBC) and standardization (to ensure quality and a consistently available level of services across the state) are not always compatible. Furthermore, since decisions and negotiations regarding policies and practice issues are made for the local and state levels simultaneously, confusion and renegotiations are inevitable. While this has generally worked out with the two CBC sites and one regional office, some exploration of how to handle these issues in the future as the number of sites and region offices multiplies will be necessary. This will be important because respondents agreed that in the past, districts had handled the same issues very differently.

Most stakeholders acknowledged that there was minimally sufficient funding of the CBC sites to establish their initial infrastructure, although several stakeholders mentioned that it was too soon to tell whether current funding levels would be sufficient for future needs as CBC matures. The provision of start-up funds and a planning year before service delivery actually started were perceived as critical to the success of CBC. However, the CBC sites have not escaped the same problem of under funding that faces DCF. Although they have made major improvements in these areas, service providers consistently cited lack of resources as a reason for not hiring specialists in key areas or having a sufficient number of staff, which would reduce caseloads to a level they consider desirable.

Performance measures were considered clear and adequate, but there was unanimity that they could be improved and supplemented with other information to more effectively evaluate the system's performance. One area of slight confusion is the lack of a common definition around terms such as performance measures, standards, and outcomes. Respondents tended to use these terms differently. Since these terms are an important part of contract and system monitoring it would be helpful to clarify the definitions of these terms.

There was a shared definition of the role of the lead agency in providing leadership and accountability for community involvement as well as the planning and coordinating of child protective services. However, as will be described later, there was disagreement about what the exact nature of the relationship between the lead agencies and DCF should be. It was also apparent that the CBC sites had made considerable progress in creating a more coordinated and comprehensive child protective service system than what had existed before CBC. There was generally a shared vision of what this system should look like, and agreement that there was an appropriate match between the design of the lead agency and the needs of the children and families in the child protection system.
Characteristics & Capacity of the Implemented Agencies

Many of the assumptions of privatization’s strength are examined under the domain that assesses the characteristics of the implementing agencies. This relates to the local direction component of the CBC Conceptual Model. The most basic question with regard to the lead agency and the provider network is whether there are adequate personnel in terms of both quantity and quality. It would also be important to know whether, as a result of privatization, implementing agencies show increased flexibility in recruiting and hiring personnel and in using financial resources such that new and innovative services, as well as traditional services, are being provided. The last set of characteristics included within this domain is essential to successful implementation of CBC: whether adequate administrative control mechanisms, information systems, fiscal policies, and reporting procedures are in place.

This domain also explores whether the appropriate mechanisms for general policy and personnel oversight exist. For successful implementation of a program such as CBC, the implementing agencies must have the capacity and capability to carry out their roles and responsibilities. They also need to be successful in developing the appropriate management structures and policies to ensure the smooth operations and accountability of the program. The more general issues will be considered first, followed by separate sections devoted to the CBC sites and DCF.

No major issues emerged around the capabilities of the leadership and the quality of the staff at the CBC sites, or regional and central DCF offices. People were generally satisfied with the quality of the leadership at all levels. While they did not agree on all issues, there was a sense of mutual respect and appreciation of the hard work and commitment that had been required at all levels to establish the programs. The further respondents were from each other (in terms of hierarchy and function), however, the less satisfied they were with the quality of the leadership. This is not surprising as they were less likely to have direct contact with each other and therefore to have a full understanding of each other’s issues and circumstances.

There was recognition, however, that at all levels the organizations had to make do with less than optimal staffing levels. While this deficiency had been compensated for by the staff’s commitment and hard work, there was concern that the quantity and quality of staff needed to deliver and monitor services may become inadequate as CBC matures and lead agencies take on more responsibilities.

No questions were raised about the quality of training and technical assistance focused specifically on CBC. There was training provided by the CBC unit of DCF and the technical assistance contracts. This training included bringing in experts from other parts of the country as well as local training meetings to address various CBC issues as they emerged. However, respondents were clear that the most valuable technical assistance was the ongoing support provided by the central CBC office in response to specific issues and questions as they arose during both the planning, contract negotiation, and implementation stages at the two CBC sites studied.
However, it was felt that the Professional Development Center (PDC) had their hands full meeting DCF’s training needs in its service delivery role, and that training offered by the PDC was not relevant for staff operating in the CBC model because it focused mainly on safety issues. Respondents suggested that PDC include more content on clinical issues, a more holistic “child well-being” approach, and the coordination of care among community agencies. There was consensus among the CBC participants that, as a result of the almost exclusive focus on current DCF operations, they had to “untrain” staff around a number of issues and re-train them with respect to how that particular lead agency or provider did things. Furthermore, they felt the lengthy duration of the initial PDC training made the process of integrating a new employee into the orientation of the lead agency much more difficult. According to the respondents, workers had in the past gone to training for a week and then were back in the field. The feeling was that this arrangement made it easier for staff to integrate what they were learning in the classroom with what they would encounter on the job, and allowed for greater clarification about how the operations of community-based models differed from that of DCF.

With respect to the management processes, there were no concerns expressed with the initial contracting process, both for the lead agency and between the lead agency and its subcontracted provider networks. Similarly, there was agreement that the organizational procedures and structures had been established to ensure the smooth operation of the lead agency and its working relationships with other child-serving agencies. This is not to say that all the problems that have historically affected cooperation between different categorically funded systems have been resolved. In particular, concerns were expressed about the access to and integration of mental health, substance abuse, and juvenile justice services.

All parties seemed to be well informed about the operation of child protective services within the four CBC counties. Not surprisingly, there was a sense that the further DCF staff were from the field, the less they appreciated the operational issues involved with carrying out service delivery and the less they understood what it takes to implement CBC. On the other hand, there was also a sense that the closer one was to service delivery, the less the appreciation for the policy implications of a particular decision on the agency as a whole or for state policy in general. With respect to the capacities of the key elements of the system, there was almost unanimous confidence in their abilities to carry out their roles and responsibilities to the project, notwithstanding some major disagreements as to what some of these roles and responsibilities should be.

**Department of Children and Families**

**Staffing**
A number of respondents from a variety of different positions felt that DCF (at both the DCF Central Office and the regions/districts) is seriously understaffed. It needs to be stressed that this was not a concern about the quality of the staff, but rather about the quantity. For example, the “office of the secretary’s” Quality Assurance bureau is a one-person office that must respond to numerous special assignments. Not having a well-staffed office to thoroughly reconsider how quality assurance should be structured
throughout the Department is a major concern, given the changing role of the Department from provider to purchaser, the implementation of a totally new information system, and the possible introduction of Quality Service Reviews statewide. There is widespread agreement that DCF lacks the ability to analyze data and feed it back to the field, despite the fact that considerable data is collected. As noted before, given the vulnerability of child welfare systems to error, a strong quality assurance process is one way to demonstrate due diligence. It was also felt that the CBC Office in particular was understaffed for the magnitude of the job, especially now that CBC has moved to full state implementation.

The CBC office is responsible for implementing both the CBC and Community Alliance mandates throughout the state. This has involved considerable outreach and education activities within all of the districts. They are also responsible for the ITN process and part of the negotiating team for each of the Lead Agency contracts. Given the intent of CBC to adapt to local differences and circumstances and the differences in the types of organizations seeking to become lead agencies it is impossible to have a “boiler plate” contract and negotiation process. As noted, each of the district offices operates very differently as well, so negotiation strategies that work in one location may not translate well to another. In addition, the CBC office, in conjunction with the districts, is responsible for using the readiness assessment to determine when a lead agency is ready to assume responsibility for delivering services. Finally, the CBC office must be a major conduit with DCF central office around policy issues that arise in individual negotiations. As this report continually emphasizes, the magnitude and complexity of systems change in each of the sites is considerable, so having responsibility for overseeing this process statewide with each experience being different is an enormous task. Even the logistics of having to constantly travel all around the State adds a significant burden to such a small staff.

The transition of DCF staff from the role of providing or supporting direct services to one of a purchaser of services/outcomes has also contributed to the need for improved staff retention and an increase in the skill level of individual staff. The skill sets needed for the new roles (e.g., fiscal auditing, statistical analysis of performance data) do not yet exist in sufficient numbers. At both the region and CBC level there was an initial shakeout period as staff and managers determined whether working in Community-Based Care was an appropriate match for them.

Perhaps more importantly, many DCF staff members are working as both a provider and a purchaser during this period. On one hand, they felt they needed to be flexible and creative when purchasing services from the lead agencies, while at the same time ensuring that a uniform set of policies and procedures were followed in the instances where DCF was providing the services. The cultural transformation necessary to facilitate such a massive change in roles makes the change that much more difficult.

Organizational Dilemmas
The implementation of CBC has raised some serious organizational dilemmas for DCF. A number of people (including key DCF officials from a variety of different perspectives)
questioned whether the current organizational structure of DCF is most appropriate for the massive cultural and organizational changes required for statewide implementation.

Since both the Florida Legislature and the Governor’s office placed a high priority on implementing CBC statewide within a tight time frame, a separate CBC Office was established in an attempt to increase visibility and accountability and streamline the efforts of those involved. There was also a concern that not everyone in DCF was pleased with the CBC policy and it was important that persons working on the implementation process believed in and were committed to the change. As with most organizational changes both negative and positive consequences have resulted from the establishment of the CBC Office. On the one hand it has clearly demonstrated the commitment of DCF to CBC, and has provided a vehicle for advocacy and input into policy and decision-making at the highest levels. It has also permitted a more consistent approach in the resolution of problems as they arise, which has led to the development of considerable expertise and learning in this area. It has assured that there was objectivity in the way the procurement process was approached and that there was a balance between meeting state and federal standards while avoiding the imposition of less-than-necessary levels of prescriptive service design requirements.

On the other hand, distinguishing the CBC Office from the Office of Family Safety, where the program people reside, has required considerable time and effort on the coordination of the policies and activities of the two offices. This communication becomes particularly crucial when there are changes in federal and state regulations or major changes in lead agency contracts. However, there was unanimous agreement that the communications and coordination between the two offices had improved considerably over time. There was also some concern that the CBC Office staff, while extremely competent, lacked the sufficient depth of experience in child welfare needed to fully understand the dilemmas particular to child protective services.

Respondents also raised larger, more general concerns about the organization of DCF. As questions emerged, it was frequently not inherently obvious whether something was a contract, budget, operations, CBC office, or Family Safety issue. The CBC office was the broker in the resolution of highly complicated problems and involved the parties relevant to that particular question. At times, therefore, it seemed that accountability for decision-making and problem solving was somewhat diffuse, and the structure precluded a more coordinated response. This is not to imply that any respondents felt there was a lack of responsiveness on the part of any individuals. On the contrary, there was a high degree of satisfaction with responsiveness to questions. Given the highly-evolutionary and adaptive nature of the implementation process it is not surprising that, at times, some persons in the field felt there was a lack of clarity as to whom to go to and the need to “touch base” with many different individuals and functions before an answer was received or a decision made. The decision to create specialty units or generalized units is a difficult one that all organizations must make and for which there is no “right answer”. As CBC is implemented in a larger number of sites, a future area of study for an evaluation team is whether the structure of DCF is changing appropriately to meet the evolving needs, including whether the relationship of the CBC office to the
Family Safety office is actually a small thing in the larger picture of all the changes which will need to occur as the role of DCF changes.

**Contracting Issues**
There was a parallel set of issues related to the organization of the contracting function with respect to CBC. Initially, the program staff performed much of the contract work. The function was later shifted to contract experts, since CBC contracts were significantly more complex than those with individual service providers, involved more money (and thus more risk), and were ultimately a critical element in shaping a lead agency. Respondents identified certain drawbacks to the use of contract experts. Contract monitoring assumed the character of “bean counting”, as one respondent put it, and did not appear to understand the impact of contract language on program issues and service provisions. Similarly, because of its importance, much of the effort of the CBC Office is related to contract negotiations in conjunction with the regional office and, once the contracts are in place, to troubleshoot policy and procedural issues as they arise. This made the lack of child welfare expertise even more of an issue to some respondents. The creation of negotiating teams, however, was considered to be a major improvement as the complexity of the issues was beyond the capability of any one individual, no matter how competent, to master.

A second issue is the detailed, and frequently non-service related, nature of much of the contract monitoring. This is a result of many provisions that have been put into state regulations by the Florida Legislature for a particular public policy purpose (e.g., the use of recycled paper). DCF must keep track of these issues in order to respond to legislative queries. In totality, all of these independent issues place an enormous extra burden on both the contract agencies and the State to monitor all of these separate provisions. As a result, time and resources are spent monitoring these non-goal oriented issues rather than true performance standards. Perhaps if the Legislature’s awareness can be raised about this issue, a balance can be achieved in a spirit akin to paperwork reduction efforts. To this end, priority provisions can be monitored by the agency most relevant to that particular public policy purpose and the rest can be left to assurances (e.g., National Institutes of Health (NIH) requires all principal investigators of research grants to sign a drug-free workplace assurance).

**Past versus Future Orientation**
Respondents expressed concern that, as more of the Department’s work is conducted within a CBC environment, it would be structured for the past rather than for the future. For example, the roles of the budget, legal, and human resources may need to change as DCF becomes a purchaser of services. For example, the system is currently focused on delivering services to the child rather than the whole family, which leads to insufficient attention toward the underlying problems of the parents (e.g., substance abuse and/or mental health problems). It was noted that the ITN and contract procurement process shapes the structure of the lead agency and the CBC program in a particular site. Therefore, it is critical that a synergy occurs between the two processes widely shared.
with the districts, regions, and prospective lead agencies as DCF’s vision for child welfare becomes clearer and more lessons are learned in the contracting process. As CBC evolves, several respondents expressed concern that DCF would lack the time and resources necessary to incorporate what has been learned into an updated statewide vision for child welfare service delivery and identify the kind of improvements respondents expect the CBC initiative to bring.

Community-Based Care Sites: Two Different Approaches

The two CBC sites we evaluated represent different models and strategies based on different sets of circumstances, and are prototypes for the kinds of differences that might be encountered in the future. New lead agencies must answer a variety of questions such as whether to contract or provide services, how quickly to start operations, and whether to centralize or decentralize certain functions.

In Sarasota the lead agency was a large agency with a well-developed infrastructure but with no experience in delivering child welfare services. Sarasota saw its role as being a leader and advocate, and contracted out all services. They wanted to deviate from the existing system where all the services were provided by one agency. They thought that having multiple sub-contractors provided a built-in system of checks and balances that doesn’t exist when one agency has a monopoly on all services. Over time, the existence of these checks and balances, in which agencies are accountable to each other for their pieces of the service system, has been validated and identified as one of the strengths of the system. The lead agency has provided the administrative infrastructure (e.g., maintenance of all case records), and reports back budgetary and programmatic information on a regular basis to its major committees. This way everyone shares responsibility for functions such as tracking trends and identifying problems. Since this lead agency has been operating the longest, they are operating at full capacity and many of the kinks in the system have been worked out.

Unlike the Sarasota YMCA, Family Continuity Programs was a small service provider with an infrastructure much less equipped for such a major undertaking, forcing them to concentrate much of their initial effort on strengthening the infrastructure. In Pinellas County the community had been planning for CBC for several years and their top priority was integrated services. Because developing true integrated service teams operating out of separate service centers would be a major cultural shift for all of the providers, FCP decided to maintain leadership over the integration by providing the case management function. FCP saw case management as the “glue” for the service teams with the hope of eventually contracting out case management services. They were also faced with deciding whether to fund the wide variety of needed services at a moderate level, or fully funding a smaller number of services and waiting till they were able to fund a new service at full capacity before they brought this new service on line.

FCP decided to take a more staged approach and open up their service centers one at a time. This approach enabled FCP to learn from each service center start-up so they could refine the model, rather than rush and try to implement them all at once, which would have stretched their administrative capacity beyond its capabilities. However,
because of the time involved in recruiting and training workers for the service teams as described above, FCP is only now approaching complete staffing where all staff have full caseloads. One disadvantage in bringing the centers on line in stages was that, for a relatively extended period of time, there were areas where they were understaffed and service teams were still under development.

FCP also has presented some interesting dilemmas that foreshadow what future lead agencies might encounter. One problem has been that staff members have frequently not returned phone calls. The agency acknowledges this is a serious problem and attributes the problem to staffing shortages and caseload sizes. However, it is also a logistical/technological problem in that staff are dispersed in the field much of the time and there is no way for them to return calls without cell phones. Many clients do not have phones, nor would it be professional for the FCP staff to use client phones to make confidential calls.

A second issue is the cultural differences between the two counties FCP serves (the addition of DeSoto County may present a similar challenge for the Sarasota lead agency). These differences are basically a result of the rural versus suburban nature of the two counties. More importantly, there are major differences between East and West Pasco County in terms of how agencies, public officials, and community leaders related to each other and in terms of community problems and needs. Initially, the lack of understanding of some of these differences led to inadvertent mistakes in setting up services and in establishing relationships with other agencies such as the sheriff’s office, which have since been corrected. Given the great diversity in Florida, particular attention will need to be paid to how the CBC sites are organized. Planners must recognize that economic, political, and cultural systems often do not neatly follow county boundaries such that one single approach to providing child welfare services in a geographic area might by inappropriate. This emphasizes the important advantage flexibility gives a lead agency.

Common Issues

In general, both sites have made considerable progress in the implementation of CBC. After the initial Sarasota/Manatee implementation, DCF realized it needed some way of evaluating the point at which the lead agency had sufficient capacity to assume oversight of service delivery and the Department could safely turn over the child welfare function. In collaboration with the lead agencies, DCF developed a readiness instrument that detailed what had to be in place before the “hand off” could occur. Respondents were consistent in their praise for this decision to take the time necessary to ensure that the proper groundwork had been laid, rather than rush the process just to get lead agencies in place. This was a critical factor in the success of the FCP site.

Staffing
In both CBC sites the quality and quantity of the staff has improved considerably over time. The initial transition had several problems. Since the pool of workers with expertise in child welfare was limited, and to provide some stability for DCF workers as the transition occurred, former DCF employees became the logical source of CBC workers.
This required CBC workers, however, to make a major transition in how they did business. The change process itself and the job insecurity inherent in the transition was very difficult for many people who decided to avoid the uncertainty and move on to other job opportunities. As noted with respect to DCF staff, there was an initial shakeout period during which staff and managers determined whether working in Community-Based Care was an appropriate match for them, and thus initially there were recruitment and retention issues. This was complicated in those areas where the sheriff’s office took over protective investigations since they paid workers more money, paid overtime and provided a car, which meant in many instances they were able to be highly-selective from the applicant pool. The need for workers to be trained and certified, including pairing them with more experienced workers initially, and to become more familiar with the CBC model and their role in the new system of care created an additional delay in getting new workers up to full caseloads, which could take as long as six to nine months. As reported by Sarasota YMCA and FCP, caseload sizes have been reduced considerably in both CBC sites, but fiscal constraints have prevented them from being able to reach the CWLA national standard of 17 for child welfare cases (CWL A, 1999). These fiscal constraints also prevent CBC sites and their provider network agencies from hiring the more highly-trained specialty workers who are necessary for problematic cases. While turnover has decreased and stabilized in both sites, there is consensus that it still needs to be improved.

However, as reported by the lead agencies, the professionalization of staff has increased as the minimum qualifications have been upgraded (for entry workers the bachelors degree has to be in a related field) and supervisors are Masters level workers. As one respondent pointed out, the move to more team-based approaches has been a major improvement in and of itself. A DCF caseworker working alone is put in the position of having to know about a wide range of services. Having teams with specialists in different areas involved relieves any one worker from having to know all of these areas and greatly improves the range of expertise that can be brought to serve the child. Both of these areas, the effectiveness of team-based approaches and the professionalization of staff, are areas that would benefit from further research in future evaluations. Similarly, there was a sense that part of the problem in accessing substance abuse and mental health services has been the lack of knowledge (or time) on the part of DCF workers in how to make referrals and that this has improved with the implementation of CBC.

Network Management
With respect to the lead agencies and their provider networks, the information systems, fiscal policies, reporting procedures, and quality assurance processes are in place and as well developed as could be expected at this stage in the process. Providers and lead agency staff were uniform in their praise of the lead agency information systems and how the systems fit into the quality assurance process. At both sites the MIS systems are close to being able to profile individual workers productivity, caseload mix, outcomes, etc. for comparison purposes much as is done in a managed care environment.

There are monthly budget, staffing (turnover, etc.) and performance measure reports which are used in the quality assurance process. These reports are used at regular
quality improvement and program director/CEO meetings where trends are examined, problems identified, and improvement strategies adopted. Both sites emphasized that over time a real checks and balances system has evolved. Since everyone’s performance is available to all the other providers, they have had a spirit of healthy competition, and a sense that “we are all in this together” has developed rather than a finger-pointing phenomenon. While respondents at both CBC sites reported that it took a while for this cultural shift to take place, the sense was that turf issues, which had existed prior to CBC implementation were much less of an issue. There was also agreement that whenever a problem occurred, be it at an organizational level or from the perspective of a foster parent, people called the lead agency immediately to let them know of the problem and had the expectation that something would be done about it. Again, the development of the checks and balances was seen as a major advance in the way quality assurance and quality improvement worked above and beyond the more routine ways of reviewing a sample of cases on a regular basis.

It must be emphasized, however, that each of these management information systems is adopted to the specifics of both the lead agency and the CBC site and are different from each other. Consequently, while these are important accomplishments, they in no way mitigate the need for a statewide system (HomeSafenet) to provide a state perspective to DCF decision makers and to submit information to the federal government as is required by law.

Both lead agencies (YMCA Children, Youth and Family Services, Inc. and Family Continuity Programs) have obtained accreditation from the Council on Accreditation for Children and Families (COA), an independent organization set up by the Child Welfare League of America that rigorously evaluates all aspects of the agency’s operations. COA accredits more than 1,400 organizations, evaluating each organization against best practice standards in both management and clinical areas. In particular, the quality assurance/quality improvement processes must involve all key stakeholders on a regular basis and highlight feedback on each contract agency’s performance measures, thus creating incentives to perform well and show continual improvement. A focus of the CBC evaluation has been the quality of the foster care system. Both lead agencies have put into place training and support systems for foster parents. In Pasco/Pinellas Counties new foster care coordinator positions were created and a regular foster parent support group was created.

Two caveats are in order. First, all of the parties agreed that the systems are adequate, but they were unanimous in stating that further improvements could be made. Secondly, these observations only refer to the systems in place within the CBC sites. There were major issues regarding the lead agencies and DCF, some of which have already been detailed in the evaluation submitted to the Florida Legislature by Competitive Government Strategies (CGS) (Stitt, Olsen, & Certo, 2001).

Both CBC sites have seemed to work out good relationships with Protective Investigations, including where the sheriff’s office is responsible for this function. One factor that has caused some problems has been heavy turnover in some instances where DCF still does investigations. This has led to periods with few referrals followed
by a rapid influx of a large number of cases when the office has been re-staffed. Respondents with close connections to the sheriff’s office stated that there were no major unresolved issues between the sheriff’s office and the lead agencies around protective investigations.

Community Involvement
With respect to community involvement, both CBC sites felt considerable progress had been made and that the intended benefit of local ownership was beginning to be seen. Respondents pointed out that it was quite beneficial to have a community agency approach a community program about helping out with donations or complementary programming rather than for the State to approach them. Since most were either involved as sub-contractors or on the advisory board or quality improvement groups they had a direct interest in the outcome of Community-Based Care. The interest in participating was also enhanced by the sense that the lead agency was directly accountable to the community. As will be noted later, there is still some confusion about the role of the Community Alliances and their impact on community involvement with the lead agencies in the CBC sites studied because of the existence of prior stakeholder groups. The Community Alliances are still quite new and over time there has been less confusion.

Respondents consistently emphasized the importance of local ownership of child welfare issues. As long as members of a community felt that child welfare was “the State’s problem” they lacked a willingness to assume leadership, problem solve, and provide resources to better address the problem in their community. Both CBC sites said that it was this local ownership that allowed them to more effectively mobilize local resources, and was a critical factor in their success.

Fiscal Issues
While the internal fiscal systems for the lead agencies were deemed to be adequate, there were major issues in the lead agencies’ capacity to understand the complex financing of child welfare services and in the limitations imposed by these systems. Under the DCF system, regional and district offices have submitted their expenditures to the DCF Central Office where staff would allocate these expenditures to the correct budget category/fund. There are numerous funding streams that need to be reconciled, and invoices and activities correctly assigned to the right category. With DCF relying on federal funding for over half of its budget, this is a critical function. Under the CBC system, lead agencies are given a lump sum of money and have to make decisions about the services needed, what funding sources can be used to fund them and how to allocate these expenses to budget categories to meet state and federal guidelines. Everyone greatly underestimated the extreme learning curve the lead agencies would require to master the complexity of the federal financing requirements, which are very proscriptive, yet are also subject to interpretation. As a critical component in the Lead Agency Readiness Assessment, each lead agency must have an approved cost allocation plan before it is given the go ahead to start service delivery. All agreed that the DCF budget staff had spent considerable time and been extremely helpful in providing technical assistance to the lead agencies as they learned the complexities of the financial system.
Having recognized these difficulties, DCF leadership is discussing ways it might assume the same role they played with the districts for the lead agencies. While this could be a considerable advantage to the CBC sites in relieving them of this complex task, it remains to be seen if once DCF has mastered this process, the lead agencies would see it as giving up control and autonomy. Nevertheless, this is an important discussion to have, since errors in this process can lead to audit exceptions and expose the lead agencies and the Department to considerable financial liability.

There have been considerable cash flow issues. Such issues have occurred when lead agencies could only get one month cash advances. Lead agencies have been faced with having to either buffer the provider network agencies through their own resources or passing the burden on to their providers. The latter is not a good plan if one is trying to maintain a stable network. One lead agency paid $60,000 in interest on its line of credit last year to resolve these short term cash flow problems. Unfortunately, while everyone is aware of this issue, it is federal regulation that prohibits more than a one-month advance. State law allows for a three-month cash advance, so possibly there would be a way of using general revenue dollars to try and float the other two months. It is ironic that the privatization movement is designed to have agencies become more businesslike and in the business world the rule of thumb is that an organization should have six months cash reserve to be considered financially viable.

As noted before, a major constraint on the flexibility of the lead agencies is state and federal regulations. It was noted by several respondents that under the current system, if the needs in one budget category or in one district are greater than anticipated and less in another, DCF is able to transfer funds from the areas where they are not needed to cover those where the greater needs are. As lead agencies are established statewide, figuring out a mechanism to shift funds under the new system would be a great advantage. There are already discussions in DCF about ways this might be accomplished, and the quicker such a process is established the better able the State will be to allocate its resources where they are most needed.

Another question raised by several respondents was whether the fiscal incentives were truly aligned correctly to shape the kinds of services most needed and the performance desired by policy makers. Clearly, in any system, fiscal incentives are major drivers that shape both the structure and processes of the services delivered. There are somewhat conflicting expectations in this regard. On the one hand, one of the purposes of privatization was the hope that lead agencies would generate additional revenues. On the other hand, there was concern that lead agencies would succumb to the temptation to maximize revenues such that services that were reimbursable would drive service planning decisions (e.g., Medicaid availability for mental health counseling) rather than the child or family’s need (e.g., help with housing). Given the fact that the lead agencies were funded through a global budget transfer and could not control the demand for services, they needed to be concerned about revenue. The CBC sites and providers were insistent that they had the flexibility to use various funding streams to cover the services, which were also needed to maximize matching funds (and thus federal funds that could be claimed). Hence, while it is important for lead agencies to
be creative in developing and accessing additional financial resources, they must also ensure that the allocation of the funds is tracked in sufficient detail to be able to determine what funds were being spent for a particular purpose or service.

Other respondents pointed out that the lead agencies were a benefit to the system because they could advocate for funds from the Legislature in a way the Department could not. The lead agencies and their community constituents represented a very diverse group that would have broader appeal to the Legislature than a state agency just requesting more funds. The example of Sarasota being able to get targeted case management funds was seen as an example of producing more revenue for their system, which probably could not have occurred through a departmental request. Nevertheless, the question of whether current funding streams and fiscal incentives are aligned in a way that best supports the State’s vision of the future direction of child welfare services is still worthy of ongoing consideration as the transition to CBC evolves.

Lead Agency Growth
Finally, in looking at the capacity of the implementing agencies it was clear to all respondents that both the CBC lead agencies and DCF had progressed substantially in establishing learning organizations. There was almost no defensiveness and respondents were willing to acknowledge mistakes and problems, to accept responsibility for them, and to discuss what they were doing to try and remedy the situation.

Leadership & Commitment of the Implementing Agencies
Another domain relates to the leadership and commitment of the implementers and addresses both the system relationships and community involvement components of our CBC Conceptual Model. As countless implementation studies have shown, the support of leaders and constituents is key for successful program implementation. It is important to understand the nature of the commitment and leadership skills of the implementing officials at all levels (e.g., DCF, SunCoast Region, and lead agency) who are associated with CBC.

Everyone felt that there was a shared commitment to CBC on the part of leadership at each level and that the leadership had done as much as possible to facilitate the process within their operational constraints. This support was continual throughout the implementation process. The CBC office became a major advocacy group for this new model. However, as of yet, there are no natural advocacy groups such as in mental health that can provide additional championing of the CBC-lead agency cause. There was, however, a concern that some of the other systems such as mental health and substance abuse were not as committed to the CBC concept and were not willing to collaborate to the degree necessary. This is partially due to the pre-existing problem of categorical funding with different reimbursement mechanisms, reporting, and regulatory requirements.
Competing or Conflicting Priorities, Programs, Policies, & Procedures that Impeded Implementation

Even if all of the necessary elements for successful implementation are present in the other domains, there are often pragmatic and political reasons why stakeholders who share the same goals are unable or unwilling to cooperate fully. These issues are addressed in the fourth domain, the complexities of joint action, which corresponds to the system relationships, local direction, and community involvement components of our CBC Conceptual Model. Some of these reasons may include:

- Direct incompatibility with other commitments
- No direct incompatibility, but a preference for other programs
- Simultaneous commitments to other projects
- Dependence on others who lack a sense of urgency in the project
- Differences in opinion on leadership and proper organizational roles (also with interorganizational communication)
- Legal and procedural differences
- Agreement coupled with lack of power

Even though participation in CBC required a shift in priorities and business procedures of participating agencies, it was felt that such shifts had generally taken place. In addition to the systems just mentioned, the two kinds of participants for whom such shifts have been most difficult were the traditional providers who would have to change their service delivery model, funding, and reporting relationships as well as DCF, who had to change roles and responsibilities and look at service delivery in a different way. The major issue in this domain was the fact that DCF did have another major priority - the ongoing operation of child protective services in the remainder of the State. While respondents acknowledged this was not a problem in their interactions with DCF’s CBC leadership staff, several respondents reported difficulties in their interactions with DCF personnel not primarily involved with CBC. Respondents indicated that non-CBC DCF staff (e.g., contracting and budget office staff) were not responsive enough to their needs. This lack of responsiveness may be attributable to the relatively small role CBC plays in DCF’s overall provision of child protective services.

Interorganizational Relationships Across Multiple Jurisdictions: Communication, Authority, Governance, & Power

The domain that has the greatest potential for implementation problems is the one that concerns interorganizational relationships and activities across multiple jurisdictions. It addresses the system relationships and, to a lesser extent, the local direction aspects of the CBC Conceptual Model. For example, is there sufficient hierarchical integration with and among the implementing organizations such as DCF, the SunCoast Region, the lead agencies and the provider networks? Is there a governance or coordinating structure to facilitate implementation? Are there clear and consistent communication channels among all of these entities so that the necessary information is shared among all of the appropriate parties in a timely manner? Have conflict resolution mechanisms (either formal or informal) been established to address disputes that might arise such as differences over interpretations of performance standards or the format in which data needs to be submitted?
As expected, this was the area where the greatest disagreement existed; the primary areas of disagreement are discussed in the following section. Our system of government with its checks and balances has a natural tension built into the interaction of people in different roles. The challenge is to find the correct balance so that there is sufficient agreement and clarity on the various roles, and areas of agreement and disagreement so the tension is creative and not destructive.

To their credit, despite some major philosophical differences on how CBC should be implemented, there was a clear sense of ongoing negotiation, give and take, and mutual learning and respect among most of the key stakeholders in the implementation of CBC. For example, a readiness assessment tool was developed to determine when a CBC site was ready to take full responsibility for service provision. There was general agreement that the key players were involved in policy decisions around CBC and that they felt their opinions were heard. When disputes occurred they were negotiated, and a general acceptance of the fact (although not always without some resentment) that if a decision was not seen as satisfactory at one level, a party could take it to the next level including the legislative or executive branch. Furthermore, whenever there were any questions or concerns about CBC, everyone was able to name someone to whom they could go to for help, advice, or answers.

One source of confusion that has been somewhat resolved in the two CBC sites, but that could be problematic in other areas of the State, is the role of the Community Alliance, compared to a stakeholder advisory group more narrowly focused on Community-Based Care. Each of the sites had well-functioning stakeholder coalitions when the Community Alliance legislation was passed. After some initial confusion the two have been merged, or the original CBC group has been organized as a subset or sub-committee of the larger Community Alliance, depending on the preferences of individual alliances. Also, alliances may choose to cover a wider range of human service issues.

**Ongoing Issues, Areas of Disagreement, and Dilemmas**

Despite all of the accomplishments listed above, there are five major issues that need to be resolved:

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

Three of these issues are discussed in detail in the Competitive Government Strategies (CGS) report (Stitt, Olsen, & Certo, 2001). However, even though we purposely did not duplicate any of the CGS questions, these issues surfaced in almost all of our interviews.
and therefore bear reinforcement. A unique feature of CBC was that DCF was being asked to divest itself of direct service delivery in a few locations (with the potential of implementing the change department-wide) and assume a completely different role as a purchaser of services, while at the same time having to provide services in other counties in the very same administrative district. While this phased implementation process made eminent sense, it also created fertile ground for inevitable confusion and tension. As the prototype region review pointed out, this was nothing short of a major cultural change, and old habits die hard.

Perhaps the most intractable and pervasive disagreement that surfaced in our study regards the nature of the relationship between DCF and the lead agencies. To put it most starkly, are the lead agencies simply an extension of DCF or are DCF and the lead agencies business (or service) partners? In the latter case, the purchaser sets the specifications, purchases the services, checks to see that the supplier has the required mechanisms in place to ensure quality control (without specifying what these mechanisms must look like), and then monitors the outcomes. In general, one cannot expect not-for-profits to act more business-like and then not treat them as a business. We concur with the assertion made in the CGS evaluation (Stitt, Olsen, & Certo, 2001) that there is no point in privatizing a service if the new providers are expected to act in the same manner as government employees. It was clear that the major source of confusion about CBC or any lack of confidence in one party’s ability to carry out its role with respect to CBC, centered on these different views of the nature of the relationship and how they impacted the implementation of Community-Based Care. However, there are two major considerations when dealing with lead agencies and CBC. First, when dealing with vulnerable children, it makes the relationship a more complex issue. More importantly, DCF still retains ultimate responsibility for the safety of all children in its custody in accordance with the state constitution. This greatly complicates a “business relationship”, since no matter how much of the service delivery is not directly under the control of DCF, they would still be held responsible if something goes wrong.

The contradictory nature and tension in this relationship also played out in the contracting and contract monitoring process. On the one hand, DCF views the Lead Agencies as a partner in a partnership with the State, on the other hand they are an independent contractor and are accountable for the contract terms and conditions that they have entered into. This new partnership model is really confused between the two models of a grant relationship and a contract relationship. As one respondent put it, “as we grow together and try to make it a better system, we are also standing on top of them with our thumbs [firmly pressed on them] saying you must, you must, you must.”

The creation of the region during CBC implementation was a source of frustration for everyone in the SunCoast Region. Irrespective of whether it was a good decision, the creation of the new region in the midst of the CBC implementation in the two sites caused serious delays that must be taken into account when evaluating their outcomes. The two sites had a history of good working relationships with their former districts. At the same time, some functions were centralized in Tallahassee so that the new region could not just be viewed as a “mega-district.” Trust between the sites and the region had to be established, previous agreements renegotiated, and former understandings
re-created. There was also a substantial period of time before the region had permanent leadership and was staffed and organized. There was consensus that, at least in the short run, the creation of the prototype region did set back the timetable for the ongoing development of the CBC sites.

Of greatest concern to all parties was the authority of the regional office staff. Because the regional office was new and these were the first CBC sites, issues would emerge which had not been anticipated, and the consequences affected the entire department and therefore needed to be discussed at that level. The central DCF office, on the other hand, felt that the regional office is empowered to make decisions on an ongoing basis, notwithstanding occasional issues that require additional review because of the implications for operations in other parts of the State. What makes sense in a local area might not be good policy at the Department level, particularly since the majority of the Department resources are still going to the direct provision of services. Without this authority or a clear role, it creates frustration and confusion for everyone. Thus, in the early stages it is not surprising that these concerns surfaced.

As the State moves ahead with regionalization and the statewide implementation of CBC, ongoing clarification of the role and authority of the regional and district offices must be a high priority. It is important move decision-making into the community (within clear parameters set by DCF Central Office), if two of the major purposes of CBC, local ownership of child welfare issues and an integrated system of child welfare services adapted to local conditions, are to be facilitated.

The duplicative and overlapping auditing and program monitoring functions were discussed extensively in the CGS report (Stitt, Olsen, & Certo, 2001). We also found it to be a major concern to everyone, including DCF, which has established a work group to try and streamline this process. One issue that was not highlighted pertains to the accreditation of the lead agencies. While COA accreditation is seen as worthwhile, it is an expensive and time consuming process. Site visits cover all aspects of fiscal and program operations including extensive examination of staff credentials, quality assurance/improvement processes and outcome measurement. If accreditation is required, then the findings of the accreditation process should also be used as data and/or coordinated with the State’s monitoring process. For example, the State could send an auditor to work in conjunction with the accreditation team, so that the duplicative nature of these audits could be reduced. We also need to reiterate our study’s findings that the focus should be on monitoring outcomes (e.g., improvements in child well being, safety, family reunification, and permanency) rather than processes (which forms were used, the number of contact hours), and that the current focus on how agencies were conducting their business is a major source of contention. This does not negate the fact that DCF has a responsibility to ensure that the federal and state standards, which are frequently very prescriptive, particularly those for due process protections, are adhered to by the CBC agencies. Much of what DCF does monitor is this kind of material but there is duplication across levels of the organization. It needs to be acknowledged that a major part of the problem is the newness of the shift in roles for DCF staff, and how long it takes to effect changes in organizational culture and practice.
One other issue emerged in the discussions of performance and contract monitoring. The State has three major concerns in its oversight of the lead agencies: 1) that they are financially viable and are following federal and state rules; 2) that the conditions of the contract are adhered to; and 3) that its performance with around child safety, and permanency meet ASFA and state standards. In practice, keeping these three functions from getting confused with each other is not that easy. There were some concerns that the major focus of the region and CBC Office was on the financial viability of the lead agencies without an equal emphasis on their meeting performance standards. This may be a result of some unrealistic expectations about the capability and capacity of a lead agency and its provider network to be able to perform like a mature system the day they start delivering services. In reality, the time it takes for the CBC sites to reach full staffing and reasonable caseload sizes as well as to work out bugs in their operating systems and quality assurance mechanisms is considerable. Many large organizational, much less systems changes, take 3 to 5 years to fully take effect (Pressman & Wildavsky, 1979). In this context, as long as children are safe, it is probably more important to establish that there is a clear plan to meet full performance standards within a set agreed-upon time frame and that they are making progress towards those goals at the agreed-upon pace. The regional and CBC office were more likely to be aware of these realities as they were dealing with the issues on a regular basis. While there is currently a phase in process, the pace of the phase in is clearly a tricky process, which should go smoother with more experience.

In addition, there were universal concerns with the management information system and the collection and reporting of data. Without getting into the merits and capability of HomeSafenet (HSn), which we did not evaluate, the concerns are closely related to the other three issues. The system was designed in part to shape the way services were delivered. While this may make sense for DCF as long as it is providing services, it is again telling agencies how they must practice.

Best practices in MIS systems indicate that ideally there should be an interface between the contractor systems and DCF systems, since no one system can meet the specific needs of all of the lead agencies with different demands for record keeping, accounting, outcome measurement, their service provider network, and the Department. Short of that, there should be an agreement on the data needed, the format for the data, and then the agency should be able to submit the data electronically. The current system requires double entry of data (the internal system and the state system), which is a considerable waste of resources and doubles the possibility of error. It also makes the line workers do additional data entry, which is both an inefficient use of time and a source of error. It would make more sense to concentrate resources on building the analytic and reporting capabilities of the DCF system so that it can use the information in a meaningful way to monitor outcomes. It is critical that DCF have a data system that can be used for evaluation, particularly at the child level.

However, the MIS problem is a perfect example of the problems involved with delivering services in a multi-jurisdictional context. Federal regulations have mandated the use of HSn and require that it be the single, statewide data entry system for the data required by the Federal Government. DCF, therefore, has had to invest considerable
time and resources developing a system that can be used statewide. If DCF violates this policy, the State would have to return the money the federal government has provided for the development of this system. On the other hand, the lead agencies have also invested substantial resources in creating a system which meets their specific management needs. There have been discussions with the lead agencies regarding DCF allowing the lead agencies to download data from HSن into their MIS systems, therefore reducing the need for duplicate entry. Clearly this is an area that will require considerable collaborative problem solving to come up with a solution that will maximize the usefulness of the MIS systems for the providers, lead agencies, DCF, and the federal government. A major step in the right direction toward resolving such issues has been to establish a lead agency forum where there are monthly conference calls between the lead agencies and DCF staff to identify emerging policy issues as well as to discuss operational problems.

Global Outcomes

The qualitative study asked key informants for their perspective on the CBC site performance on some global outcomes inherent in the CBC initiative. There was consensus on the positive nature of these results. The lead agencies have been able to be more flexible in their use of resources although they feel that State and federal regulations have hampered their ability to be more flexible. They were able to establish sufficient provider networks and change the number and types of services offered. The lead agencies also developed new, more innovative services such as the creation of emergency response teams, the development of an agency to oversee and support Kinship Care programs, and the enhancement of prevention and diversion services. While some progress had been made in the professionalization of staff through credentialing processes and requiring higher educational and experience levels for staff, most felt it was too soon to tell. In all of these areas, however, respondents acknowledged that the development of CBC was a work in progress and there was still room for improvement. Most respondents felt that CBC had helped children and their families, improved communication and coordination among child-serving agencies in the SunCoast Region, and that CBC had begun to bring about positive systems change. Again, all believed that these results could and would improve over time as CBC matured in the two sites.

Issues as Community-Based Care Moves Statewide

Lastly, there are two major issues raised by many respondents, that could have a profound impact on the future expansion of CBC. The initial CBC sites took place in communities, which were committed to the reforms, had an agency interested and capable of becoming a lead agency, and where the communities were of reasonable size and had a sufficient resource base. As the process moves on and involves less committed communities or rural and poor counties which just don’t have the resources to mount such an effort alone and/or an agency capable of becoming a lead agency, there are likely to be significantly greater problems and conflicts in implementing CBC.
A related issue is the consensus that in most communities there is one, at best two agencies which have the interest and financial backing to go “at risk” and have the infrastructure and expertise to becoming a lead agency which creates a monopoly. This puts the State in an awkward and potentially dangerous relationship. Once it gets out of the service delivery business it is at the mercy of the lead agency if there is limited competition, which can take over that function. DCF has taken this issue seriously and now places a mandatory 180-day backout plan in the lead agency contract. There is also a receivership clause in the contract in case a lead agency should go bankrupt. Finally, DCF staff believe that as more lead agencies are established it will be less difficult to re-procure a contract as an existing lead agency could move into another agency as it already has the essential infrastructure developed. Nonetheless, as CBC expands into areas with fewer resources, this will remain a serious concern.

There are states such as Illinois and New York, with long traditions of large private sector child welfare systems, where such competition has been successful but this is not the case in Florida. More importantly, these contracts have been RFP’s for smaller case management contracts and not for lead agencies or larger reforms involving complex system changes such as CBC. As CBC moves statewide, and agencies and DCF gain experience in the process, which they can share with others, there is hope that the process will become more competitive. However, while competition is frequently mentioned as desirable in the privatization literature, the success of CBC does not depend on competition. The negotiations with the Legislature around extending the time lines and the use of the readiness assessment are two important steps in trying to fend off these problems. But it may be that different geographical configurations or consortiums of agencies will have to be established in some areas where a single lead agency does not appear to be feasible. Perhaps a successful lead agency could come in and act as an administrative service organization for a CBC maintaining the policy-making and service provision at the local level, much the way outside companies perform such a function under managed health care. The current CBC model does allow for variations in the local models, as do the statutes. In recent start-up efforts, agencies are finding ways to come together to form lead agencies rather than to compete.
QUALITY PERFORMANCE

Quality performance is a broad category that includes various components, both strategies and outcomes, of the CBC Conceptual Model. It is not a discrete concept that can be discussed in isolation of the system or the anticipated outcomes. For the purposes of this report, quality will be discussed at two levels: 1) quality of the service system, and 2) quality of services provided directly to children and families.

The following discussion is based on two different data sources. First, the qualitative study consisted of interviews with various key stakeholders, including CBC Central Office staff, Family Safety Central Office staff, CBC agency and provider staff, and Region staff. Information from the interviews is used to provide perceptions regarding the quality of the CBC service system and direct services. Second, the quality service review field test conducted at one lead agency included 11 individual child and family case studies and 16 key stakeholder interviews (including judiciary, CBC staff, family counselors, foster parents, and sheriff’s office representatives). Each of these data sources will be described methodologically and then an integrated discussion of findings will follow.

Methodologies

Qualitative Study
As described earlier, the implementation study consisted of a series of key stakeholder interviews designed to relate to the implementation of Community-Based Care. A total of 20 interviews were conducted and transcribed. For this section of the report, transcriptions were then reviewed to ascertain themes that emerged in the areas of service system quality and quality of services provided to children and families.

Quality Service Review
There are two components of the Quality Service Review that were used as data sources: 1) individual case studies, and 2) key stakeholder interviews conducted during the field test. Quality Service Review (QSR) is a broad term used to refer to a set of processes and tools designed to review human service systems. It is based on an in-depth individual case review method involving multiple stakeholders, and uses a performance appraisal process to assess how service recipients are benefiting from services and how well service systems are working to address their needs. The general process has been evolving over the past two decades, has been adapted for use across multiple social service systems, and has been adopted for use in various states. The QSR is based on the premise that each individual child and family case can be used as a test of the service system at a particular place and time. This approach looks at each individual within the context of his/her home and community. By looking at the individual within a context, the QSR is able to examine the pattern of status and performance results, develop a better understanding of what is really happening for the child and family, and identify what may be causing the current situation.
The particular QSR protocol used in the field test at one CBC site (February 25 – March 1, 2002) was developed for use within child welfare systems. The purpose of the field test was to determine if the methodology would meet the needs of the CBC evaluation team for the ongoing assessment of quality performance. The Florida version of the QSR used during the field test addresses 24 specific elements:

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<tr>
<th>Child &amp; Family Status</th>
<th>System Performance</th>
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<tr>
<td>• Safety of the child</td>
<td>• Child and family engagement</td>
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<tr>
<td>• Safety of the caregiver</td>
<td>• Service team functioning</td>
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<tr>
<td>• Stability</td>
<td>• Functional assessment</td>
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<tr>
<td>• Appropriateness of placement</td>
<td>• Long-term view</td>
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<tr>
<td>• Permanence</td>
<td>• Service plan</td>
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<tr>
<td>• Health/Physical well-being</td>
<td>• Resource availability</td>
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<tr>
<td>• Emotional well-being</td>
<td>• Plan implementation</td>
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<td>• Learning and development</td>
<td>• Family support network</td>
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<td>• Responsible behavior</td>
<td>• Service coordination</td>
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<td>• Caregiver functioning</td>
<td>• Successful transitions</td>
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<td>• Family progress toward</td>
<td>• Tracking and adaptation</td>
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<tr>
<td>Independence</td>
<td>• Effective results</td>
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<td>• Child’s functional progress</td>
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The basic “method” used within the QSR field test was to assign a pair of reviewers to each of the 12 child cases to be reviewed. The interviewer, typically the more experienced of the review dyad, conducted the interviews while the other served as a shadow. This provided the interviewer with a second perspective on the file reviews and interviews. The review team consisted of three FMHI reviewers, one sub-contract reviewer, one DCF Central Office reviewer, and one Regional Quality Assurance reviewer. Four shadows joined the team: one from FMHI, one from the regional office, and two from the lead agency’s Quality Improvement group. Since the review was planned to serve as a field test, a varied group of shadows were invited in order to introduce the process to stakeholders in different roles.

Prior to the field test, family service counselors completed a demographic profile of the child and family. Prior to any interviews, the interviewer reviewed that document and conducted a file review to validate and add to the understanding of the family. After finishing the file review, each interviewer and their shadow interviewed the key players identified in the child’s life. This interview schedule, at a minimum, consisted of the family service counselor, the caregiver (biological and/or foster parent), and the child. For younger children, the child “interview” is better described as an observation. Other key players included teachers, daycare providers, Guardian ad Litems, therapists (assigned to parents and to children), and doctors.

The purpose of the review is not to focus on the past, but rather to make a close inspection of current conditions and determine a possible trajectory for the child and family. After conducting all of the interviews, the reviewers were asked to make ratings on each of the elements listed above. Ratings are made on a scale from 1 (most
severe) to 6 (least severe). Generally, ratings of 1 and 2 are viewed to be “In Need of Improvement”, 3 and 4 “In Need of Refinement”, and 5 and 6 “Needing to be Maintained”. In the current version of the QSR there is a scoring rubric associated with those ratings that guides the interviewer to overall ratings of Child/Family Status and System Performance.

Findings

Findings are presented across both methodologies and are divided into two sections. The first section discusses the development of the overall service system and the quality of that system. The second section discusses quality performance as it directly affects frontline practice and the services provided to children and their families. Following those discussions, future directions for evaluation activities related to quality performance will be suggested.

Quality of Service System

As discussed previously in this report, frontline conditions and challenges to practice during CBC implementation continue to include high caseloads, inexperienced staff and supervisors, heavy documentation requirements, and gaps in service and placement availability. This was demonstrated through the implementation interviews, the QSR case studies, and the QSR focus groups. Community-Based Care, according to the majority of respondents, is providing an opportunity to design local systems that can address those challenges directly. For example, many respondents already report an improvement in caseload size and qualified staff and supervisors to address the needs of the families involved.

Among the guiding principles for Community-Based Care is that “families and children in the system of care will experience responsive, flexible, relationship-based services from competent staff who maintain frequent contacts” (http://www5.myflorida.com/cf_web/myflorida2/healthhuman/cbc/). In order to meet that expectation, a comprehensive and integrated array of services needs to be developed that meets the needs of children and families identified by the lead agencies. In addition, that system needs to be staffed and supervised by qualified individuals. The implementation interviews suggest that this is occurring on an increasingly consistent basis within the CBC sites. Respondents report that services are being provided in new ways, building from an increase in the traditional child protection core services (i.e., parenting, counseling, and placement). Innovative services are being developed and tested in various sites. Examples of such services include a foster parent coordinator position designed to support foster parents and to stabilize placements; a men’s program designed specifically to address domestic violence, fathering, and anger management; an Emergency Response Team (ERT) to stabilize placements and provide crisis intervention; and kinship care support services. While these services have been a welcomed addition to the local array, individuals interviewed consistently reported that there were still not enough services. Service gaps include access to behavioral and physical health services, domestic violence interventions, and respite supports for both biological and foster parents.
Overall, findings from both methods indicate that the CBC system does allow for some creativity and flexibility in services. For example, one lead agency originally designed a system that would include teams of case managers and clinical providers. After some experience with this system, they found that fewer clinicians were needed. Within the CBC system, they were able to make that shift in their practice delivery mode. The CBC model has engendered a growing spirit of teamwork as evidenced by co-location of providers and joint team staffing. The relationships among providers have taken a higher focus than in the past, developing integrated teams of care for children and families. Several respondents report great pleasure at the opportunity to focus on practice rather than compliance with their provider network.

This new way of doing business, however, requires additional training and supervision for caseworkers and supervisors. For the most part, respondents to the implementation interviews report that these positions are being increasingly professionalized. As reported earlier, CBC lead agencies have set higher standards for new employees that are based on a combination of credentials, experience, and philosophy. Many individuals report improved supervisory capacities in which supervisors are not only more experienced, but are also more available. Perhaps related is what is believed to be a decrease in staff turnover within the lead agencies. Data obtained directly from the lead agencies indicated turnover rates ranging from 2% (after three months of employment) to 12%. Anecdotal information suggests workers are staying on longer and reporting increased opportunities for professional growth and development.

Lead agencies are assuming some responsibility for training their own staff, resulting in a somewhat duplicative training system. Respondents feel this is necessary until the PDC and/or DCF Central Office are able to produce and offer training tailored to individual sites and practice models. Additional training, it is believed, is also needed for foster parents. While foster parent recruitment has reportedly increased, there is an ongoing need to fully prepare them, compensate them, and support them in providing homes for children and youth with increasingly complex emotional and behavioral needs. Throughout the QSR field test and the interviews, committed foster parents were viewed by the majority of respondents as a vital resource to the system of care being developed by CBC sites.

Quality of Services: Child and Family Level
Quality of services to children and families is difficult to discuss at an aggregate level, given that there are so many exceptions to any rule that is noted. Furthermore, current quality assurance activities tend to focus on compliance as opposed to service delivery. As such, there is no existing data to review. The QSR was field tested in an effort to reconcile this disparity. While there are many advantages to using the QSR as a practice improvement tool, it did not meet the needs of the evaluation team for a number of reasons, including extensive training needs, lack of standardization in the questioning routes, and resources required to staff the QSR. The resource issue has proven to be the major deterrent to the implementation of the QSR. In order to conduct enough reviews to feel confident that the results adequately represent key issues in CBC implementation, the evaluation team would need to be larger - both to support the logistics of the reviews, but also to maintain an experienced review team. After the
initiation of the CBC evaluation, the Department began the implementation of System of Care Reviews (SOCR) that are similar in design to the QSR. Early findings from these reviews suggest great applicability for the ongoing assessment of child protective practice throughout the State of Florida.

This section will focus on broad perceptions of quality as gathered during the implementation interviews. It will further be augmented by limited specifics obtained during the QSR field test. Overall, respondents seem to believe that CBC lead agencies are sufficiently able to serve the children and families who come to them as a result of abuse and/or neglect. They do not, however, believe they are able to reach as many families as needed due to a lack of statewide focus on prevention. Front-end services, however, are seen as having improved, primarily as a result of more practice-focused relationships between providers and smoother hand-offs from investigation units to services units.

While several respondents report that there has been a “gigantic improvement” in the quality of assessments, others reported some serious shortcomings in the whole assessment approach used within child protection. Lead agencies, much like their DCF predecessors, are continuing to struggle with how to engage families in defining their own problems and identifying solutions. This is only further complicated by the role of the court that can serve to establish an adversarial relationship between the family counselor and family. While the Medicaid Comprehensive Assessment process offered some initial hope for conducting broad-based assessments, respondents noted some limitations. Some report that the seemingly arbitrary decision that all children over the age of five coming into shelter be assessed was short-sighted and that resources might be better spent if the lead agencies could focus assessments on those families with whom they experience the most challenges in identifying their needs. The positive news is that respondents believe stronger risk assessments are being conducted. In addition, by being able to lower caseloads (although still higher than recommended national standards), family counselors are able to see children more often, offering more opportunities for observation and ongoing assessment.

The reported quality of service plans continues to be inconsistent across providers and across individuals. Some respondents still report family counselors not putting something in the plan simply because they know it is not available in their community. With all the opportunities for innovative service development, there still does not seem to be support and encouragement for family counselors to “create” a service for an individual family. During the QSR field test, family counselors reported that they do not have enough time seek out individual providers due to caseload obligations and court/paperwork requirement. In addition, there are still reports of network providers doing their own case plans rather than working together with the lead agency, other providers, and the court in the development of an integrated case plan.

Almost in contradiction to the concern that case plans are not coordinated, respondents indicate that services are more coordinated. This may be a reflection of bureaucratic needs for different formats and forms for case plans. Lead agencies report ease of service coordination due to their longstanding relationship with community providers.
In some ways, they report it is easier to make “deals” (e.g., bypass waiting lists) around services for children and families. This demonstrates one of the early hopes for Community-Based Care that the community and its providers would drive it. This same sentiment was found during the QSR field test where the lead agency felt that identified needs for service refinement would be possible due to the increased focus on practice within their community as a result of Community-Based Care.

The majority of participants in the qualitative components believe that they are better able to match children to placements and to support those placements. There was an overwhelming recognition that placement stabilization is the largest struggle in maintaining a child protection system. Due to the development of new services, however, they believe they are better able to get professionals and/or para-professionals into homes (both biological family homes and foster homes) to maintain the placement. There is a sense within the CBC sites that foster parents are more adequately screened and prepared and are encouraged to voice their “preferences” for which children they are best equipped to serve. There is no doubt, however, that more in-home supports (much like the foster parent coordinator and Emergency Response Team) are needed to maintain this emphasis.
PROGRAMMATIC OUTCOMES

Existing administrative data were analyzed to determine the ability of Community-Based Care sites to ensure child safety, permanency, and well-being. These outcomes are widely accepted performance objectives of child-welfare practice and reflect the 1997 Adoption and Safe Families Act (ASFA) requirements.

To assess the CBC counties’ achievement of child safety, permanency, and well-being, and to compare the performance of CBC counties to counties where Community-Based Care had not been introduced, the five quantitative indicators used were (a) the proportion of children exiting foster care (i.e., length of stay\(^2\)), (b) the rates of reentry into foster care, (c) the rates of recurrence of maltreatment, (d) reunification with parents, and (e) reunification with relatives (the selection of indicators was restricted by available data). The rates of reentry into foster care and the rates of recurrence of maltreatment were used as indicators of CBC counties’ efforts to attain the goals of child safety and well-being. The proportion of children exiting foster care and the rates of reunification with parents or relatives were the indicators used to examine the CBC counties’ performance on achieving permanency.

These quantitative child protection indicators were chosen by the Office of Community-Based Care and developed in conjunction with the Office of Family Safety as part of an ongoing collaboration between the Department of Children and Families and FMHI (i.e., the Information Utilization Project: see Brown, Lipien, Yampolskaya, & Trinidad, 2001, and Brown, Yampolskaya, & Trinidad, 2001).

Although the quantitative child protection indicators used in these analyses were modeled after indicators used in the Performance-Based Program Budget\(^3\) and the Federal Adoption and Foster Care Analysis and Reporting System (AFCARS), FMHI’s access to the original, disaggregated child-protection databases allowed for the construction of indicators that were more appropriate for detailed geographic and longitudinal statistical analysis. For example, analysis of these indicators developed by FMHI relied on entry or exit cohorts of children, as opposed to groups of children who were in care at a specific point-in-time, thus reducing selection bias. Moreover, the statistical methods used to analyze the data were chosen to maximize the utility of the foster care episode-level data that were made available by the Department.

The above-mentioned indicators were calculated for FY95-96 to FY00-01 to ascertain changes during this time period as well as to uncover any differences between CBC counties and comparison counties that relate to the community-based service provision.

\(^2\) There are many different indicators constructed around the concept commonly known as length of stay, hence there is an ongoing discussion and the potential for occasional confusion or disagreement about which indicators are best, which data sources to use and the best algorithms to use to construct the indicator. There may be, consequently, equally legitimate ways of determining what constitutes a measure of length of stay, each with its advantages and disadvantages.

\(^3\) see http://ewas1.dcf.state.fl.us/mspt/enc/encyclopedia.cfm (website available via DCF Intranet only)
between CBC counties and comparison counties that relate to the community-based service provision.

**Sources of Data**

The primary source of data for all quantitative child protection indicators used in this report was the Client Information System (CIS). CIS includes data from the Florida Abuse Hotline Information System (FAHIS), which support the hotline and Protective Investigations. Additional CIS data included (a) dates that a service provider (e.g., a DCF foster care unit or Community-Based Care agency) was responsible for the child, (b) service component (e.g., Protective Supervision or Foster Care), (c) dates of initial placements and placement termination (used to construct service episodes), and (d) case closure status (e.g., transfer to another service, return to parents or legal guardians, return to relatives). CIS also includes demographic information on children in the system including race, ethnicity, gender, age, and county of residence.

A second source of data used in this report was provided by the Center for the Study of Children’s Futures at the Louis de la Parte Florida Mental Health Institute, University of South Florida. The Center is part of Florida KIDS COUNT, supported by the Annie E. Casey Foundation, and conducts data collection and dissemination on policy issues related to the well-being of children and families. Florida KIDS COUNT provides a consistent and reliable source of data on Florida’s children and their families for each of Florida’s 67 counties. These data are made available for use at the national, state, and local levels and include county-specific as well as statewide information.

**Comparison Counties for CBC Evaluation**

To compare the performance of CBC counties (i.e., Pasco, Pinellas, Sarasota, and Manatee) to counties where Community-Based Care had not yet been introduced, three different sets of comparison counties were selected. The first set of comparisons included CBC counties versus all Florida counties with at least 11 months of follow-up data. Specifically, this group consisted of all counties in Districts 2, 4, 7, 10, 12, 13, and 14 (counties in other districts had HomeSafenet transition dates before the 11 month cut-off). This first set of comparison counties is referred to as “Rest-of-State” throughout the remainder of this section.

The second set of comparisons included CBC counties versus counties that were identified as CBC matches. This comparison was made in order to consider differences between CBC counties and Rest-of-State counties that may be attributable to discrepancies in the demographic profiles of counties around the state. The five demographic variables used to identify the set of CBC matches consisted of (a) the total number of children in the county, (b) the percentage of children that were Nonwhite, (c) the percentage of children living in poverty, (d) the median county income, and (e) the per-capita crime rate. The first four variables were provided by the Center for the Study of Children’s Futures/Florida KIDS COUNT, which obtained

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* see [www.floridakidscount.org](http://www.floridakidscount.org)
the data from the U.S. Census Bureau. Crime index data were provided by the Florida Department of Law Enforcement. The crime index, as defined by the U.S. Census Bureau, is based on monthly reports from sheriff's offices and city and state police. It includes murder and nonnegligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, motor-vehicle theft, and arson. These data are reported as incidence per 100,000 people.

The process of identifying matches to the four CBC counties consisted of selecting the top five counties (out of all counties in the state) whose data for the five demographic variables most closely matched each individual CBC county. Specifically, potential matches for each CBC county were ranked in order from least to most discrepant on each of the five demographic variables. The differences in rankings between CBC counties and their matches were then summed across all demographic variables (equally weighted) to determine an overall discrepancy score. Counties that did not have the requisite 11 months of follow-up data were subsequently excluded and another matching county was substituted. The resulting set of CBC matches, the demographic data used in the matching process, and the dates of transition to HomeSafenet are shown in Table 3.

Table 3. Comparison Counties for CBC Evaluation

<table>
<thead>
<tr>
<th>Comparison County</th>
<th>CBC County</th>
<th>Child Population</th>
<th>% Nonwhite</th>
<th>% in Poverty</th>
<th>Median Income ($)</th>
<th>Crime Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay</td>
<td>Pinellas</td>
<td>35,805</td>
<td>21.55</td>
<td>22.4</td>
<td>32,047</td>
<td>5388.0</td>
</tr>
<tr>
<td>Brevard</td>
<td>Sarasota</td>
<td>105,233</td>
<td>19.46</td>
<td>17.6</td>
<td>36,353</td>
<td>3612.5</td>
</tr>
<tr>
<td>Clay</td>
<td>Sarasota</td>
<td>39,559</td>
<td>15.75</td>
<td>10.6</td>
<td>42,729</td>
<td>3621.8</td>
</tr>
<tr>
<td>Duval</td>
<td>Pinellas</td>
<td>205,739</td>
<td>43.48</td>
<td>18.8</td>
<td>35,883</td>
<td>6947.7</td>
</tr>
<tr>
<td>Hernando</td>
<td>Pasco</td>
<td>24,880</td>
<td>12.05</td>
<td>23.9</td>
<td>27,740</td>
<td>4097.8</td>
</tr>
<tr>
<td>Lake</td>
<td>Pasco</td>
<td>42,966</td>
<td>21.38</td>
<td>22.7</td>
<td>30,768</td>
<td>4126.3</td>
</tr>
<tr>
<td>Marion</td>
<td>Pasco</td>
<td>55,706</td>
<td>24.84</td>
<td>26.7</td>
<td>28,244</td>
<td>4577.9</td>
</tr>
<tr>
<td>Osceola</td>
<td>Pinellas</td>
<td>46,402</td>
<td>28.62</td>
<td>21.8</td>
<td>32,552</td>
<td>6039.7</td>
</tr>
<tr>
<td>Polk</td>
<td>Pinellas</td>
<td>118,757</td>
<td>29.6</td>
<td>25.4</td>
<td>31,030</td>
<td>5815.0</td>
</tr>
<tr>
<td>Seminole</td>
<td>Sarasota</td>
<td>93,030</td>
<td>22.18</td>
<td>14.2</td>
<td>43,061</td>
<td>3947.2</td>
</tr>
<tr>
<td>Volusia</td>
<td>Pasco</td>
<td>90,333</td>
<td>21.42</td>
<td>22.3</td>
<td>29,843</td>
<td>4858.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CBC County</th>
<th>Median Income ($)</th>
<th>Crime Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasco</td>
<td>69,966</td>
<td>10.41</td>
</tr>
<tr>
<td>Pinellas</td>
<td>178,559</td>
<td>23.94</td>
</tr>
<tr>
<td>Sarasota</td>
<td>53,170</td>
<td>14.43</td>
</tr>
<tr>
<td>Manatee</td>
<td>54,966</td>
<td>24.24</td>
</tr>
</tbody>
</table>

Note: Demographic and income data provided by the Center for the Study of Children's Futures/Florida KIDS COUNT (U.S. Census 2000 estimates). Crime index data provided by the Florida Department of Law Enforcement (2000 estimates). na = not applicable.

Finally, a third set of comparisons was done between individual CBC counties and a set of matches for a particular CBC county. This comparison was done in order to examine the degree to which differences between CBC counties and both Rest-of-State and CBC matches were consistent across individual CBC counties.
All three sets of comparison counties were limited to Florida counties that had child protection data for equivalent time periods in FY95-96 to FY00-01. Because non-CBC counties transitioned from CIS to HomeSafenet at various points throughout FY00-01, only counties with at least 11 months of follow-up data in FY00-01 were considered to be acceptable matches to the four CBC counties.

All statistical tests consisted of Site (CBC vs. non-CBC) and Time (FY95-96 vs. FY00-01) main effects, and Site by Time interactions (i.e., differences in the rate of change in indicators between sites over time), conducted at the alpha = .05 level of significance.\(^5\)

Proportion of Children Who Exited Foster Care

**Description of the Indicator**

The percentage of children who exited foster care during the first 11 months after entry was an estimate of length of stay in foster care. The indicator was based on entry cohorts, that is, only children who entered foster care during a particular fiscal year were included in the analysis. The decision to use entry cohorts was made in order to provide a more accurate CBC program assessment (i.e., to examine only children who came into care when CBC was implemented and exclude children who came into care before the implementation). The calculation of this indicator was also based on duplicated counts of children, that is, children could have multiple episodes of foster care within a fiscal year. Hence all children who entered foster care during a particular fiscal year and began a foster care episode, including children who began an episode more than once during the same year, were incorporated in the analysis. A foster care episode was defined as a continuous period of time in Foster Care Substitute Care Placements (CIS program component code 50) that was not interrupted by more than 30 days between placements. Temporary stays in an interim placement (e.g., emergency shelter or with relatives) during an ongoing protective investigation were not included in the calculation of foster care episodes. (The definition of a foster care episode was developed in collaboration with the Department of Children and Families’ Office of Family Safety). To ensure comparability between time periods, only children who entered foster care during the first 11 months of a particular fiscal year were included. The percentage of children who exited foster care was calculated using survival analysis (a statistical procedure that allows analysis of data collected over time as well as incorporation of information about cases where the event of interest did not occur during data collection (e.g., children who did not exit foster care during the 11-month period]).

**Results**

Figures 3 and 4 show the percentages of children exiting foster care over time for (a) CBC counties versus Rest-of-State and (b) CBC counties versus CBC matches. For example, as shown in Figure 3, approximately 8% of children who entered foster care

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\(^5\) All main effects and interactions terms were mean centered to reduce colinearity among independent variables.
in a CBC county during the first 11 months of FY95-96 had exited care within 3 months. Following that same curve, approximately 18% are shown to have exited care within 6 months and 24% exited care by the 9-month mark. By comparison, for those children in CBC counties who began an episode of foster care in FY00-01, approximately 20% exited care within 3 months, 30% exited care within 6 months, and 36% exited care within 9 months. The greater percentages of children exiting foster care between these two time periods show that for all counties (CBC and non-CBC), the average length of stay in foster care has significantly decreased over time.

**Figure 3. Cumulative Proportion of Children Exiting Foster Care Over Time:**  
**CBC Counties vs. Rest of State**

![Graph 3](image)

**Figure 4. Cumulative Proportion of Children Exiting Foster Care Over Time:**  
**CBC Counties vs. CBC Matches**

![Graph 4](image)
General results of the survival analyses are shown in Table 4. There was a significant overall decrease in the average length of stay in foster care between FY95-96 and FY00-01 entry cohorts. In other words, the percentage of children exiting foster care had increased considerably in both CBC counties and all the comparison counties over time. In addition, our data showed that children in Sarasota County had shorter average durations in foster care than children in matching counties (Brevard, Clay, and Seminole). The opposite effect was observed for Pasco County, where the percentage of children exiting foster care decreased over time. The differences in proportions of children exiting foster care for other comparisons are not statistically significant.

Table 4. The Comparison of CBC Countied, Rest-of-State, and CBC Matches on Proportion of Children Exiting Foster Care Over Time (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>Comparison Sites</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC Counties vs. Rest-of-State</td>
<td>Greater % exiting FC in FY00-01 for both CBC Counties and Rest-of-State compared to FY95-96</td>
</tr>
<tr>
<td>CBC Counties vs. CBC Matches</td>
<td>Greater % exiting FC in FY00-01 for both CBC Counties and CBC Matches compared to FY95-96</td>
</tr>
<tr>
<td>Manatee vs. Manatee Matches</td>
<td>Greater % exiting FC in FY00-01 for both Manatee County and Manatee Matches compared to FY95-96</td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>Greater % exiting FC for Sarasota County and Sarasota Matches in FY00-01 compared to FY95-96</td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>Greater % exiting FC in FY00-01 for both Pinellas County and Pinellas Matches compared to FY95-96</td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>Greater % exiting FC in FY00-01 for Pasco Matches compared to FY95-96 and Pasco County; from FY95-96 to FY00-01, decrease in % exiting FC for Pasco County</td>
</tr>
</tbody>
</table>

The percentages of children exiting foster care within 11 months of entry are shown in Figures 5 through 9. As shown in Figure 5, for Rest-of-State and for CBC matches there is a trend of increasing percentages of children exiting care within 11 months. A similar trend can be observed for CBC counties until FY99-00, when there is a 9% decrease (i.e., the average length of stay in foster care increased for the last year). The trend for Manatee and Sarasota Counties is shown in Figures 6 and 7, with the percentages of children exiting foster care larger than the percentages for their respective matching counties. This corresponds to shorter average lengths of stay in foster care for Manatee and Sarasota. For Pasco County (see Figure 9), the reverse trend is apparent: the percentage of children exiting foster care within 11 months decreased over time but steadily increased in Pasco County’s group of matching counties (Hernando, Lake, Marion, and Volusia).

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*The difference is statistically significant (see Appendix 2).*
Figure 5. Percentage of Children Exiting Foster Care Within 11 Months: CBC Counties vs. Rest-of-State and CBC Matches

Figure 6. Percentage of Children Exiting Foster Care Within 11 Months: Manatee vs. Manatee Matches

Figure 7. Percentage of Children Exiting Foster Care Within 11 Months: Sarasota vs. Sarasota Matches

Figure 8. Percentage of Children Exiting Foster Care Within 11 Months: Pinellas vs. Pinellas Matches

Figure 9. Percentage of Children Exiting Foster Care Within 11 Months: Pasco vs. Pasco Matches
Reentry into Foster Care

Description of the Indicator

The calculation of this indicator was based on exit cohorts of children (i.e., children who exited their first episode of foster care during the first 11 months of a particular fiscal year) and on unduplicated counts of children (i.e., only children who exited their first episode of foster care were counted; children who exited their second episode of foster care during the same fiscal year were not included in the analysis). Survival analysis was used to obtain percentages of children reentering foster care within 11 months of a particular fiscal year after exiting their first episode.

Results

General results of the analysis of reentry into foster care are shown in Table 5.

Table 5. The Comparison of CBC Counties, Rest-of-State, and CBC Matches on Percentage of Children Reentering Foster Care Over Time (FY98-96 to FY00-01)

<table>
<thead>
<tr>
<th>Comparison Sites</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC Counties vs. Rest-of-State</td>
<td>Overall small increase of reentry rate into FC over time for CBC counties; small decrease for Rest-of-State</td>
</tr>
<tr>
<td>CBC Counties vs. CBC Matches</td>
<td>Overall small increase of reentry rate into FC over time for CBC counties; small decrease for CBC matches</td>
</tr>
<tr>
<td>Manatee vs. Manatee Matches</td>
<td>Overall small decrease of reentry rate into FC over time for both Manatee and Manatee matches</td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>Overall small decrease of reentry rate into FC over time for both Sarasota and Sarasota matches</td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>Overall small increase of reentry rate into FC over time for Pinellas; small decrease for Pinellas Matches</td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>Overall increase of reentry rate into FC over time for Pasco; small decrease for Pasco matches</td>
</tr>
</tbody>
</table>
When CBC counties were compared to CBC matches and Rest-of-State on percentages of children reentering foster care, there was a trend of increasing reentries for CBC counties over time and an opposite trend for Rest-of-State and CBC matches (see Figure 10). For example, 15.1% of children in the Rest-of-State group who exited foster care in FY95-96 reentered care within 11 months. In FY00-01, this percentage decreased to 10.7%. For the CBC county group, the percentage of reentries increased from 8.5% to 9.5%. However, the only statistically significant difference was found when we compared changes in proportions of children reentering foster care for the CBC county group versus Rest-of-State over time (see Appendix 2).

![Figure 10. Reentry into Foster Care: CBC Counties vs. Rest-of-State and CBC Matches](image)

A similar trend of increasing the proportion of children reentering foster care over time can be observed for Pinellas and Pasco Counties, while the trend for their respective matches was decreasing over time (see Figures 13 and 14). For example, from FY95-96 to FY00-01, the percentage of reentries in Pinellas County increased from 6.3% to 8.4%, and the percentage of reentries in Pasco County nearly doubled from 9.3% to 18.2%. By comparison, for Manatee and Sarasota Counties, the percentages of reentries into foster care followed downward patterns similar to those of their respective matches (see Figures 11 and 12). For example, the percentages of reentries for Manatee and Sarasota Counties decreased from 14.5% and 5.9% in FY95-96 to 10.2% and 3.9% in FY00-01, respectively. The observed changes in percentages of children who reentered foster care in each CBC county during a particular fiscal year can probably be explained by external factors (e.g., introduction of ASFA, adjustment to different coding system, etc.).

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7 The difference is statistically significant (see Appendix 2).
8 The results of Cox regression analyses indicated that only in Pasco County vs. Pasco matches Site by Time interaction was statistically significant (see Appendix 2).
9 Marginally significant difference (p < .10).
Percentage of Children with Recurrence of Maltreatment

Description of the Indicator

The rate of recurrence of maltreatment is a new indicator added to this report at DCF’s request. The rates reported here are estimates produced by survival analysis. Data for this analysis consist of unduplicated counts of maltreated children grouped by fiscal year entry cohort. Only children with founded maltreatment (i.e., when the protective investigation resulted in a finding of abuse, neglect, or threatened harm) were included in the analysis. Recurrence of maltreatment was defined as a second founded episode of maltreatment within 11 months of a child’s first founded episode.

Results

General results of the analysis of recurrence of maltreatment are shown in Table 6. Overall, the rate of children with recurrence of maltreatment significantly increased over the study period (FY95-96 to FY00-01). For CBC counties, Rest-of-State, and CBC matches, these rates nearly doubled (see Figure 15). The same trend of nearly doubling the rates of children with recurrence of maltreatment was observed for Manatee matches and Sarasota matches, as well as for Pinellas matches and Pasco matches. For Pasco, Sarasota, and Manatee Counties, the number of children who had a second episode of founded maltreatment increased slightly from FY95-96 to FY00-01. Despite the fact that recurrence of maltreatments rates increased for all counties, CBC counties had significantly lower rates compared to Rest-of-State and to CBC matches (see Appendix 2). However, there were no statistically significant differences in the rate of change for recurrence of maltreatment between sites over time. When CBC counties were compared to their individual matches, lower rates of recurrence of maltreatment were observed for Pasco and Sarasota Counties during all examined fiscal years.

Table 6. The Comparison of CBC Counties, Rest-of-State, and CBC Matches on Percentage of Children with Recurrence of Maltreatment Over Time (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>Comparison Sites</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC Counties vs. Rest-of-State</td>
<td>Overall increase in percentage of children with recurrence of maltreatment over time for CBC counties and Rest-of-State; Lower rate of maltreatment recurrence for CBC counties compared to Rest-of-State for all observed years</td>
</tr>
<tr>
<td>CBC Counties vs. CBC Matches</td>
<td>Lower recurrence of maltreatment recurrence for CBC counties compared to CBC matches for all observed years</td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>Higher recurrence of maltreatment rate for Pinellas, except for the last two fiscal years</td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>Lower recurrence of maltreatment rate for Pasco than for Pasco matches</td>
</tr>
<tr>
<td>Manatee vs. Manatee Matches</td>
<td>Lower recurrence of maltreatment rate for Manatee than for Manatee matches in last 2 years</td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>Lower recurrence of maltreatment rate for Sarasota than for Sarasota matches</td>
</tr>
</tbody>
</table>
Manatee and Pinellas Counties had lower rates of recurrence of maltreatment, compared to their respective matches, only during FY99-00 and FY00-01. Since 1996, the rates of maltreatment were lowest in FY99-00 for all CBC counties and most of their matches. This can probably be explained by the Kayla McKeen Child Protection law, which was passed in 1999.

Figure 15. Percentage of Children With Recurrence of Maltreatment Within 11 Months: CBC Counties vs. Rest of State and CBC Matches

![Graph showing percentage of children with recurrence of maltreatment within 11 months for CBC Counties vs. Rest of State and CBC Matches.]

Figure 16. Percentage of Children With Recurrence of Maltreatment Within 11 Months: Manatee vs. Manatee Matches

![Graph showing percentage of children with recurrence of maltreatment within 11 months for Manatee County vs. Manatee Matches.]

Figure 17. Percentage of Children With Recurrence of Maltreatment Within 11 Months: Sarasota vs. Sarasota Matches

![Graph showing percentage of children with recurrence of maltreatment within 11 months for Sarasota County vs. Sarasota Matches.]

Figure 18. Percentage of Children With Recurrence of Maltreatment Within 11 Months: Pinellas vs. Pinellas Matches

![Graph showing percentage of children with recurrence of maltreatment within 11 months for Pinellas County vs. Pinellas Matches.]

Figure 19. Percentage of Children With Recurrence of Maltreatment Within 11 Months: Pasco vs. Pasco Matches

![Graph showing percentage of children with recurrence of maltreatment within 11 months for Pasco County vs. Pasco Matches.]
Percentage of Children Returned to:
(a) Parents or Legal Guardians and
(b) Returned to Relatives AfterExiting Foster Care

Description of the Indicator

Analysis of these two indicators was based on exit cohorts of children, defined here as the duplicated number of children who exited foster care during the first 11 months of a particular fiscal year. Children in foster care whose case status was not closed (i.e., did not have a service exit date) and children who were transferred to foster care in another area were excluded from the analysis. Classification of children returned to parents or legal guardians was based on case closure status codes 46, 52, 71, and 72 from the Client Information System (CIS) database (see Appendix 1); classification of children returned to relatives was based on case closure status code 76 (see Appendix 1). Both indicators were calculated as percentages. The numerator for the percentage of children returned to parents or legal guardians is the number of children who exited foster care and were returned to parents or legal guardians within 11 months of a particular fiscal year. The denominator is the total number of children exiting foster care during the first 11 months of a particular fiscal year. The numerator for the percentage of children returned to relatives is the number of children who exited from foster care and were returned to relatives within 11 months of a particular fiscal year. The denominator is the same as above.

Results

Children Returned to Parents or Legal Guardian After Exiting Foster Care
General results of the analyses based on this indicator are shown in Table 7. Our findings show that the percentage of children who were returned to parents or legal guardians after exiting foster care significantly increased over time for CBC counties, CBC matches, and Rest-of-State (see Appendix 2). For example, 33.5% of CBC children

Table 7. The Comparison of CBC Counties, Rest-of-State, and CBC Matches on Proportion of Children Returned to Parents or Legal Guardian After Exiting Foster Care Over Time (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>Comparison Sites</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC Counties vs. Rest-of-State</td>
<td>Greater % of returned for CBC counties in comparison with Rest-of-State.</td>
</tr>
<tr>
<td>CBC Counties vs. CBC Matches</td>
<td>Greater % of returned for CBC counties in comparison with for CBC matches</td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>Greater % of returned for Pinellas County compared to Pinellas matches</td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>Greater % of returned for Pasco matches compared to Pasco County</td>
</tr>
<tr>
<td>Manatee vs. Manatee Matches</td>
<td>Greater % of returned for Manatee County compared to Manatee matches</td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>Greater % of returned for Sarasota matches compared to Sarasota County</td>
</tr>
</tbody>
</table>
who entered foster care in FY95-96 were returned to their parents or legal guardians. By FY00-01, this percentage had increased to 45.3% (see Figure 20). When individual CBC counties were compared to their respective matches, there was a significantly higher percentage of children returned to parents or legal guardians after exiting foster care for Manatee and Pinellas Counties than for their matches (see Figures 21 and 23), but not for Sarasota and Pasco Counties (see Figures 22 and 24). However, nonsignificant Site by Time interaction effects for all comparisons indicated that the rate of change in these percentages over time was similar for both CBC and non-CBC counties.

Figure 20. Percentage of Children Returned to Parents or Legal Guardian After Exiting Foster Care Within 11 Months: CBC Counties vs. Rest of State and CBC Matches

Figure 21. Percentage of Children Returned to Parents or Legal Guardian After Exiting Foster Care Within 11 Months: Manatee vs. Manatee Matches
Figure 22. Percentage of Children Returned to Parents or Legal Guardian After Exiting Foster Care Within 11 Months: Sarasota vs. Sarasota Matches

Figure 23. Percentage of Children Returned to Parents or Legal Guardian After Exiting Foster Care Within 11 Months: Pinellas vs. Pinellas Matches

Figure 24. Percentage of Children Returned to Parents or Legal Guardian After Exiting Foster Care Within 11 Months: Pasco vs. Pasco Matches
Children Returned to Relatives After Exiting Foster Care

The results of the analysis regarding children returned to relatives after exiting foster care are presented in Table 8.

*Table 8. The Comparison of CBC Counties, Rest-of-State, and CBC Matches on Proportion of Children Returned to Relatives After Exiting Foster Care Over Time (FY95-96 to FY00-01)*

<table>
<thead>
<tr>
<th>Comparison Sites</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC counties vs. Rest-of-State</td>
<td>Greater % of children returned for Rest-of-State than for CBC counties</td>
</tr>
<tr>
<td>CBC counties vs. CBC Matches</td>
<td>Greater % of returned for CBC Matches in comparison with CBC counties</td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>Greater % of returned for Pinellas Matches compared to Pinellas County</td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>Greater % of returned for Pasco Matches compared to Pasco County</td>
</tr>
<tr>
<td>Manatee vs. Manatee Matches</td>
<td>Greater % of returned for Manatee Matches compared to Manatee County</td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>Greater % of returned for Sarasota County compared to Sarasota Matches</td>
</tr>
</tbody>
</table>

As shown in Figures 25-29, the percentage of children returned to relatives consistently increased over time for CBC counties, CBC matches, and Rest-of-State\(^9\). The exception was Pasco County, where the percentage decreased from 17.6% in fiscal year 95-96 to 9.3% in FY00-01 (see Figure 29). When CBC counties were compared to Rest-of-State, CBC matches, as well as to individual matches, a higher percentage of children were returned to relatives in CBC matches and Rest-of-State. For Sarasota County, a significant Site by Time interaction indicated that the percentage of children who were returned to relatives increased at a much greater rate (from 2.3% in FY95-96 to 34.2% in FY00-01 compared to the slight increase for Sarasota matches (which increased from 11.5% to 11.8%, respectively: see Figure 27).

\(^9\) The difference is statistically significant (see Appendix 2).
Figure 25. Percentage of Children Returned to Relatives Within 11 Months: CBC Counties vs. Rest of State and CBC Matches

Figure 26. Percentage of Children Returned to Relatives Within 11 Months: Manatee vs. Manatee Matches

Figure 27. Percentage of Children Returned to Relatives Within 11 Months: Sarasota vs. Sarasota Matches

Figure 28. Percentage of Children Returned to Relatives Within 11 Months: Pinellas vs. Pinellas Matches

Figure 29. Percentage of Children Returned to Relatives Within 11 Months: Pasco vs. Pasco Matches
Conclusion

At face value, the data suggest that the overall performance of CBC counties on delivering child protective services is better than in their comparison counties. In particular, CBC counties achieved higher rates of child permanency. During FY95-96 and FY00-01 the proportion of children exiting foster care in CBC counties significantly increased. Furthermore, the percentage of children returned to their parents or legal guardians was higher in CBC counties than in the comparison counties. However, the results of this outcome analysis are subject to multiple interpretations as to why a specific trend may have occurred.

CBC counties also performed well on achieving child safety and well-being. Though the rate of recurrence of maltreatment increased over time, the rates of recurrence of maltreatment for all examined fiscal years in CBC counties were lower than for CBC matches and Rest-of-State. The trend of increasing recurrence of maltreatment rates also was observed for Rest-of-State and CBC matches and might be attributed to an increased awareness and therefore reporting and investigation of child abuse and neglect. Further research is needed to explain this trend. A small increase in reentry into foster care was observed for CBC counties compared to CBC matches and Rest-of-State. However, when individual counties were compared, lower rates of reentry into foster care were observed in Sarasota and Pinellas Counties. With the exception of recurrence of maltreatment rates, Pasco County was the only CBC county that did not perform as well as the other CBC counties when compared on all indicators to Pasco matches. However, this might be explained by the fact that Pasco County was the last of the four examined CBC counties to implement Community-Based Care.

There are two points to consider in interpreting these results. First, in looking at the charts for individual counties and their matches over time, there are noticeable peaks and valleys in particular years. Further exploration into the cause of the variations (e.g., change in courts or addition of new services) could provide insight that is generalizable to other situations. Secondly, it is important to remember the developmental nature of the CBC implementation and the large amount of change both the State, DCF, and the CBC sites have experienced. This is complicated by the change in data sources (to HomeSafenet) and the change in accounting practice. In short there is a lot of work that remains to be done before any interpretation about causality or the direct effects of a changed model of service delivery can be made.
ANALYSIS OF EXPENDITURES

Evaluation Question

How do average expenditures per child for child protective services in the CBC sites pre- and post-CBC compare with average expenditures per child in the non-CBC sites?

Methodology

We analyzed direct services expenditures for child protective services in the CBC sites (Manatee, Pasco, Pinellas, and Sarasota) and non-CBC sites. For this analysis, direct services expenditures are defined as expenditures incurred at the district level for the following child protective services:

1. Adoptive home placement and adoption services
2. Foster care child support & placement
3. Kinship foster care
4. Independent living support
5. Shelter care placement – group homes, emergency shelter, residential care shelter
6. Foster care licensing/certification/recruiting/training
7. Family preservation, including protective supervision & voluntary family services
8. Intensive crisis counseling program (ICCP)
9. Family Builders & other family reunification services
10. Secondary prevention and other in-home interventions not covered in #7
11. Other out of home interventions
12. Other child welfare services
13. Primary prevention of child abuse, maltreatment, & neglect

Case management expenditures could not be uniquely identified but were included in the expenditures for several service types. We excluded expenditures for investigative and legal services. Although expenditures for childcare and adult protection service are related to child protection, they were also excluded.

Several other child protective services expenditures were excluded so that the CBC and non-CBC sites could be compared on the same basis. This analysis excludes expenditures for projects unique to a particular district (e.g., contract with Broward Alcohol Rehabilitation Center for counseling and intervention services in District 10), programs not made available to CBC sites (e.g., Community Partners for Timely Adoptions), and legislative member projects (e.g., District 11 contract with Kristi House for increased services for sexually abused foster children).

DCF accounting data from the Florida Accounting Information Resource (FLAIR) were used to calculate child protective services expenditures. With guidance from Office of Revenue Management staff, we applied appropriate DCF budget entities (BEs) and
other cost accumulators (OCAs) to the above service list to identify BEs and OCAs
that were used for direct child protective services expenditures. The Office of Revenue
Management then provided us with expenditure data for these BEs and OCAs by
district by fiscal year for FY95-96 (the “pre” CBC year), FY96-97, FY97-98, FY98-99,
FY99-00, and FY00-01 (the “post” CBC year).

Accounting system limitations prevented us from reporting exact expenditures for two
of the CBC sites (Manatee and Sarasota) for FY95-96, FY96-97, FY97-98, FY98-99,
and FY99-00. While the CBC program has been rolled out at the county level, FLAIR
cannot report expenditures any lower than the district level. This particularly affects
the analysis of expenditures in Manatee and Sarasota Counties, which do not comprise
an entire district in the same way as Pinellas and Pasco Counties (District 5). We
consulted with an expert panel to help us accurately allocate district level expenditures
to the counties within those districts. The panel advised us to allocate 18% of District
6’s expenditures to Manatee and 27% of District 8’s expenditures to Sarasota during
each of the above fiscal years. The problem was alleviated in FY00-01 with the creation
of unique OCAs for CBC expenditure categories.

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

Ideally we would compare total expenditures (as shown in Appendix 3); however,
counties vary by the number of children they are obligated to serve and the number of
children enrolled in the child welfare system. Thus, we calculated average expenditures
per child using three separate denominators: 1) total number of children served, 2)
total number of child-days, and 3) per capita. A “child served” is defined as any child
receiving protective supervision, ICCP, voluntary family services, other in-home services,
foster care, or adoptive home placement during the relevant fiscal year. The total number
of children served is a duplicated count (i.e., a child who exits and reenters the system
in the same year is counted twice). A “child-day” is defined as each day of service in
which the child receives protective supervision, ICCP, voluntary family services, other
in-home services, foster care, or adoptive home placement during the relevant fiscal
year. The “per capita” denominator reflects the number of children under age 18 in the
county population at the midpoint (January 1) of each fiscal year. Using these three
forms of cost data were intended to help analyze whether there were similar or dissimilar
patterns that might aid interpretation. The total number of children served, the total
number of child days, and the total number of children under age 18 in the county
population can be found in Appendix 4.

Children served and child-day data were extracted from the CIS. Because of the
implementation of HomeSafenet during FY00-01, data on the total number of children
served and total child-days was unavailable for many sites. As was done in the
Programmatic Outcomes analysis, we limited the comparison group of non-CBC sites
to those in Districts 2, 4, 7, 10, 12, and 13 when calculating total and average
expenditures. Population data came from the Florida Legislature’s Office of Economic
and Demographic Research.
There are two main comparisons for this analysis. The first is a district level comparison across the three indicators. During the study period, the Department made a concerted effort to assure equitable distribution across districts. The second major comparison is CBC versus non-CBC sites, where the four CBC sites are grouped together and compared to combined data for Rest-of-State districts indicated above.

Results

Average expenditures per child served varied widely by district, as shown in Table 9. Average expenditures per child served ranged from $3,860 in District 13 to $8,488 in District 10 during FY00-01. In six of the nine districts analyzed, average expenditures per child served increased over the five-year study period. District 7 experienced the largest increase in average expenditures per child served, with an average annual increase of 17%. Districts 4, 5, and 12 had 12-16% lower average expenditures per child served in FY00-01 than in FY95-96.

Table 9. Average Expenditures per Child Served By District (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>District</th>
<th>Average Expenditures per Child Served</th>
<th>Change over 5 yrs</th>
<th>Avg Annual Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY95-96</td>
<td>FY96-97</td>
<td>FY97-98</td>
</tr>
<tr>
<td>2</td>
<td>$3,689</td>
<td>$4,360</td>
<td>$4,046</td>
</tr>
<tr>
<td>4</td>
<td>$6,693</td>
<td>$7,061</td>
<td>$5,558</td>
</tr>
<tr>
<td>5</td>
<td>$4,520</td>
<td>$5,148</td>
<td>$5,670</td>
</tr>
<tr>
<td>6</td>
<td>$3,850</td>
<td>$4,745</td>
<td>$5,246</td>
</tr>
<tr>
<td>7</td>
<td>$3,531</td>
<td>$4,190</td>
<td>$4,230</td>
</tr>
<tr>
<td>8</td>
<td>$4,681</td>
<td>$4,922</td>
<td>$5,746</td>
</tr>
<tr>
<td>10</td>
<td>$5,754</td>
<td>$6,790</td>
<td>$5,477</td>
</tr>
<tr>
<td>12</td>
<td>$5,860</td>
<td>$5,433</td>
<td>$5,543</td>
</tr>
<tr>
<td>13</td>
<td>$3,201</td>
<td>$3,242</td>
<td>$3,442</td>
</tr>
</tbody>
</table>

FY00-01 amounts calculated using data from first 11 months of fiscal year.
Table 10. Average Expenditures per Child-Day (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>District</th>
<th>FY95-96</th>
<th>FY96-97</th>
<th>FY97-98</th>
<th>FY98-99</th>
<th>FY99-00</th>
<th>FY00-01</th>
<th>Change over 5 yrs</th>
<th>Avg Annual Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$14</td>
<td>$16</td>
<td>$18</td>
<td>$18</td>
<td>$19</td>
<td>$43</td>
<td>206%</td>
<td>41%</td>
</tr>
<tr>
<td>4</td>
<td>$18</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
<td>$52</td>
<td>189%</td>
<td>38%</td>
</tr>
<tr>
<td>5</td>
<td>$14</td>
<td>$17</td>
<td>$20</td>
<td>$22</td>
<td>$23</td>
<td>$20</td>
<td>39%</td>
<td>8%</td>
</tr>
<tr>
<td>6</td>
<td>$13</td>
<td>$16</td>
<td>$18</td>
<td>$20</td>
<td>$22</td>
<td>$23</td>
<td>77%</td>
<td>15%</td>
</tr>
<tr>
<td>7</td>
<td>$13</td>
<td>$14</td>
<td>$15</td>
<td>$17</td>
<td>$21</td>
<td>$23</td>
<td>81%</td>
<td>16%</td>
</tr>
<tr>
<td>8</td>
<td>$28</td>
<td>$29</td>
<td>$28</td>
<td>$24</td>
<td>$25</td>
<td>$72</td>
<td>156%</td>
<td>31%</td>
</tr>
<tr>
<td>10</td>
<td>$12</td>
<td>$13</td>
<td>$17</td>
<td>$21</td>
<td>$23</td>
<td>$65</td>
<td>453%</td>
<td>91%</td>
</tr>
<tr>
<td>12</td>
<td>$15</td>
<td>$15</td>
<td>$17</td>
<td>$18</td>
<td>$18</td>
<td>$45</td>
<td>204%</td>
<td>41%</td>
</tr>
<tr>
<td>13</td>
<td>$11</td>
<td>$13</td>
<td>$15</td>
<td>$12</td>
<td>$12</td>
<td>$15</td>
<td>35%</td>
<td>7%</td>
</tr>
</tbody>
</table>

FY00-01 amounts calculated using data from first 11 months of fiscal year.

Average expenditures per child-day also varied by district. As shown in Table 10, average expenditures per child-day ranged from $15 in District 13 to $72 in District 8 during FY00-01. There were increases during the study period in average expenditures per child-day in all nine districts analyzed. Four districts experienced modest annual increases over the study period, ranging from 7% annually in District 13 to 16% annually in District 7. Average expenditures per child-day in FY00-01 were more than two times higher than they were in FY99-00 in the other five districts (Districts 2, 4, 8, 10, and 12).

Table 11. Average Expenditures per Capita (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>District</th>
<th>FY95-96</th>
<th>FY96-97</th>
<th>FY97-98</th>
<th>FY98-99</th>
<th>FY99-00</th>
<th>FY00-01</th>
<th>Change over 5 yrs</th>
<th>Avg Annual Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$76</td>
<td>$83</td>
<td>$93</td>
<td>$96</td>
<td>$104</td>
<td>$111</td>
<td>46%</td>
<td>9.2%</td>
</tr>
<tr>
<td>4</td>
<td>$62</td>
<td>$65</td>
<td>$71</td>
<td>$74</td>
<td>$83</td>
<td>$88</td>
<td>42%</td>
<td>8.4%</td>
</tr>
<tr>
<td>5</td>
<td>$66</td>
<td>$71</td>
<td>$78</td>
<td>$78</td>
<td>$88</td>
<td>$103</td>
<td>56%</td>
<td>11.2%</td>
</tr>
<tr>
<td>6</td>
<td>$74</td>
<td>$82</td>
<td>$93</td>
<td>$95</td>
<td>$110</td>
<td>$139</td>
<td>88%</td>
<td>17.7%</td>
</tr>
<tr>
<td>7</td>
<td>$54</td>
<td>$60</td>
<td>$71</td>
<td>$90</td>
<td>$136</td>
<td>$127</td>
<td>135%</td>
<td>27.1%</td>
</tr>
<tr>
<td>8</td>
<td>$83</td>
<td>$85</td>
<td>$86</td>
<td>$82</td>
<td>$85</td>
<td>$107</td>
<td>29%</td>
<td>5.8%</td>
</tr>
<tr>
<td>10</td>
<td>$60</td>
<td>$59</td>
<td>$68</td>
<td>$91</td>
<td>$111</td>
<td>$123</td>
<td>107%</td>
<td>21.4%</td>
</tr>
<tr>
<td>12</td>
<td>$66</td>
<td>$63</td>
<td>$70</td>
<td>$76</td>
<td>$99</td>
<td>$127</td>
<td>92%</td>
<td>18.4%</td>
</tr>
<tr>
<td>13</td>
<td>$69</td>
<td>$67</td>
<td>$87</td>
<td>$79</td>
<td>$94</td>
<td>$118</td>
<td>72%</td>
<td>14.4%</td>
</tr>
</tbody>
</table>
There was somewhat less district variation in average expenditures per capita, as shown in Table 11. Average expenditures per capita ranged from $88 in District 4 to $139 in District 6 during FY00-01. Increases over the study period again occurred in all nine districts analyzed, with average annual increases ranging from 8% in District 4 to 27% in District 7.

CBC sites and non-CBC sites experienced different changes in average expenditures per child served over the study period. Although the CBC sites had modest increases in average expenditures per child served from FY95-96 until FY98-99, average expenditures per child served decreased by over 20% in FY99-00 and then again in FY00-01, as shown in Figure 30. Non-CBC sites experienced modest increases in average expenditures per child served during the first five years, followed by a 30% increase in average expenditures per child served in FY00-01. Average expenditures per child served in non-CBC sites were almost double that of CBC sites in FY00-01 ($6,520 versus $3,299).

Figure 30. Average Expenditures per Child Served: CBC Sites Vs. Non-CBC Sites

![Graph showing average expenditures per child served from 1995-96 to 2000-01 for CBC and non-CBC sites. The graph indicates a decrease in expenditures per child served in 1999-2000 and a subsequent increase in 2000-01 for CBC sites, while non-CBC sites experienced a more gradual increase over the same period.](https://example.com/graph30.png)
Average expenditures per child-day were very similar in CBC and non-CBC sites until FY00-01, as shown in Figure 31. While CBC sites experienced modest increases in average expenditures per child-day from FY95-96 ($15) until FY99-00 ($23), average expenditures per child-day dropped by over 25% in FY00-01 ($17). Non-CBC sites also had modest increases in average expenditures per child-day from FY95-96 ($14) until FY99-00 ($20), followed by a 60% increase to $32 in FY00-01.

*Figure 31. Average Expenditures per Child-Day: CBC Sites Vs. Non-CBC Sites*

0-01 amounts calculated using data from first 11 months of fiscal year.

The changes in average expenditures per capita were very similar to the changes in average expenditures per child-day described above. As shown in Figure 32, CBC sites had modest increases in average expenditures per capita during the first five years observed, followed by a drop off in average expenditures per capita in FY00-01. Non-CBC sites, on the other hand, experienced a steady increase in average expenditures per capita throughout the study period. Average expenditures per capita were $81 in CBC sites and $124 in non-CBC sites during FY00-01.

*Figure 32. Average Expenditures per Capita: CBC Sites Vs. Non-CBC Sites*
Conclusions & Limitations

The data suggest that average expenditures per child during FY00-01 were quite different from the changes in average expenditures observed during FY95-96 thru FY99-00. Average expenditures per child served, average expenditures per child-day, and average expenditures per capita increased modestly from FY95-96 until FY99-00 in all nine districts analyzed. All three indicators showed a consistent but contrasting story between FY99-00 and FY00-01, however. The increase in average expenditures per child varied dramatically by district, particularly in non-CBC sites. CBC sites, on the other hand, had lower average expenditures per child in FY00-01 than in FY99-00 across all three indicators.

The dramatic difference in average CBC expenditures compared with average expenditures for non-CBC sites during FY00-01 could have been caused by a larger increase in total expenditures for non-CBC sites than for CBC sites from FY99-00 to FY00-01. One cause of higher expenditures in the non-CBC group in FY00-01 occurred in District 10, where DCF spent additional dollars for child protective services in response to the Ward lawsuit. Excluding District 10’s expenditure and child data from the comparison group had a slight impact on narrowing the gap in average expenditures per child between CBCs and non-CBCs for FY00-01, as shown in Appendix 5, but does not appear to fully explain the wide gap between CBC and non-CBC sites that year.

Another secular event that may have distorted the true differences between CBC and non-CBC expenditures per child in FY00-01 was the phase-in of Pinellas and Pasco Counties (i.e., District 5) as a CBC site during that year. Unlike in Sarasota and Manatee Counties, which were fully operational as CBCs in FY00-01, FCP did not complete transition of service responsibility until April 6, 2001 (the ninth month of the fiscal year). We hypothesize that the actual expenditures for direct services, number of children served, and number of child-days that year in Pasco and Pinellas Counties do not accurately reflect full CBC responsibility. Furthermore, combining these data from Pinellas and Pasco Counties with data from the other CBC sites may distort the true financial impact of CBC. When we omitted Pinellas and Pasco Counties from the analysis, as shown in Appendix 6, the disparity between CBC and non-CBC sites in FY00-01 disappeared.

There are other limitations to these findings. FY00-01 was the first full year for system-wide changes to FLAIR. These changes included unique codes for CBC expenditures. While these updated OCAs are thought to be better suited for the type of analysis contained in this report, there is a concern that DCF district staff and CBC staff may not have used the new OCAs consistently. The inconsistent use of OCAs may explain some of the FY00-01 difference in average expenditures per child between CBC sites and non-CBC sites.

Although per child expenditures were lower in CBC sites than in non-CBC sites during FY00-01, we cannot conclude that CBC sites were operating more efficiently. One explanation for lower per-child expenditures is that CBC sites are delivering services
more efficiently. Another possibility is that lower expenditures per child could also reflect an under-delivery of necessary services. Finally, there may be limitations in the data models.

We excluded all overhead and state-level expenditures because we lacked sufficient data and information to accurately allocate those expenditures to each county. Similarly, it is impossible to accurately identify and allocate CBC infrastructure expenditures, which were incurred by the CBC sites and at the district and state levels. Consequently, our focus on direct expenditures ignores the potential efficiencies and inefficiencies of the CBC model. If CBC is more cost-efficient, the increased flexibility afforded by the CBC model may explain part of the efficiency difference between the CBC and non-CBC sites. Conversely, CBC sites may be less cost-efficient than non-CBC sites because more administration is needed in the CBC model than under the prior DCF model. As DCF converts child protective services to the CBC model statewide, a certain level of central administration will always be needed for contract management and other oversight.

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

Another limitation of these findings is that efficient service delivery may not represent effective or high quality service delivery. While CBC sites spent an average of $3,221 less per child served than non-CBC sites during FY00-01, this potential efficiency gain may be nullified if children served in CBC sites fared worse on outcome indicators than their non-CBC counterparts. The Discussion and Policy Implications section of this report will interpret the efficiency findings in the context of the outcome indicators.
DISCUSSION AND POLICY IMPLICATIONS

Findings were triangulated across qualitative analysis, Quality Service Review pilot, programmatic outcomes analysis, and cost analysis components. The qualitative component clearly demonstrated that the creation of CBC is progressing considerably but is still a work in progress. The implementation of CBC did not occur uniformly in the two sites and other external events, as noted earlier, complicated the implementation of CBC. It is no surprise, therefore, that the results are clearly mixed for the examined outcomes and need to be interpreted with caution. In the first place, the outcomes chosen were important, but they are not the only important outcomes. We were limited in our analysis by the transition to HomeSafenet and the availability of existing data. Most of the outcome measures related to foster care, which is a vital part of the CBC system, but not the only one (e.g., adoption). In addition, without further information, even the broad characterization of an outcome being good or poor needs to be interpreted with care.

Table 12 summarizes the results of the administrative child protection data and expenditure analysis components of the evaluation. There are not too many differences between the CBC and non-CBC counties on the major quantitative indicators. The CBC sites appear to be at least as cost-efficient as the non-CBC sites because their average per child expenditures for direct services are lower. However, this finding may be confounded by the effect of CBC transition in Pinellas and Pasco Counties, where average expenditures were much lower in FY00-01 than in Sarasota and Manatee Counties.
### Table 12. Summary of Key Findings

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. % exiting foster care within 11 months</td>
<td>Increased for CBC counties (except Pasco) and for non-CBC counties over time</td>
</tr>
<tr>
<td>2. % re-entering foster care within 11 months after discharge</td>
<td>Increased slightly for CBC counties (except for Manatee and Sarasota) and decreased for non-CBC counties over time</td>
</tr>
<tr>
<td>3. % of recurrence of maltreatment</td>
<td>Increased for all CBC and non-CBC counties over time and lower rates for CBC counties vs non-CBC counties</td>
</tr>
<tr>
<td>4. % returned to parents and legal guardians after exiting foster care</td>
<td>Increased for all CBC counties (except Pasco) and for all non-CBC counties over time</td>
</tr>
<tr>
<td>5. % returned to relatives after exiting foster care</td>
<td>Increased for all CBC counties (except Pasco) and for all non-CBC counties over time</td>
</tr>
<tr>
<td>6. Average expenditures per child served</td>
<td>Slightly increased in both CBC and non-CBC sites for first 5 years; decreased in CBC sites and increased in non-CBC sites in FY00-01. Pinellas and Pasco had lower average expenditures than non-CBC sites in FY00-01; Sarasota, Manatee, and non-CBC sites had similar average expenditures in FY00-01</td>
</tr>
<tr>
<td>7. Average expenditures per child-day</td>
<td>Slightly increased in both CBC and non-CBC sites for first 5 years; decreased in CBC sites and increased in non-CBC sites in FY00-01. Pinellas and Pasco had lower average expenditures than non-CBC sites in FY00-01; Sarasota, Manatee, and non-CBC sites had similar average expenditures in FY00-01</td>
</tr>
<tr>
<td>8. Average expenditures per capita</td>
<td>Slightly increased in both CBC and non-CBC sites for first 5 years; decreased in CBC sites and increased in non-CBC sites in FY00-01. Pinellas and Pasco had lower average expenditures than non-CBC sites in FY00-01; Sarasota, Manatee, and non-CBC sites had similar average expenditures in FY00-01</td>
</tr>
</tbody>
</table>
A number of caveats are in order, however. First, we may not have had sufficient data from Pasco or Pinellas Counties (because of their more recent start up) to enable us to detect any effects of CBC. Secondly, the complexity of the implementation process with all of the additional systems changes which occurred may mean that there are confounding factors associated with start-up affecting the outcomes which can not be teased out in the absence of additional information. Also, there were differences in the approaches to implementation of the two CBC sites because of local circumstances and variance in CBC program start-up dates.

Start-up issues also confound the expenditure data, as it is hard to categorize expenditures in terms of what is related to infrastructure vs. what is related to direct services. It is possible that the direct service expenditures for Sarasota County may have been overestimated for FY96-97 and for Manatee County in FY98-99 because it is not clear to what extent we included infrastructure costs. We must also note that due to the reorganizations of the districts and the creation of the Suncoast Region, the cost data did not allow for “clean” tracking of expenditures on a county level over time.

We categorize the results of some of the indicators as inconclusive because we do not have enough information to determine whether the results were either positive or negative. There are a number of alternative interpretations for the programmatic outcomes and it is difficult to piece together a coherent picture without having tracked placements for individual children. For example, increases in children re-entering foster care over time can be a negative outcome because it indicates that family preservation and protective supervision efforts are failing. Alternatively, it could be that the increased level of in-home services led to an increased knowledge of the family. Problematic situations which would not have been detected with less intense services are now being identified. Another potential factor is the extent to which the supply of appropriate foster care families was adequate. It is possible that initially, the limited supply of foster care families had artificially kept children in inappropriate living situations (obviously not in those cases where the child’s safety was at stake). As efforts to recruit, train, and retain foster parents improved, children who previously could not be placed in foster care now could be placed. This would be true for reentry into foster care as well. Service limitations could also be a factor in interpreting the outcome data since follow-up services continue for six months and this may not be sufficient to stabilize the situation.

Similarly, an increase of recurrence of maltreatment rates over time can be a negative outcome because it could indicate that children were not placed in safe environments after being discharged from the system. Alternatively, it could indicate an increased awareness of child abuse and neglect resulting in different definitions of child maltreatment (e.g., more cases were defined as cases where maltreatment was found).

It is also very important to recognize that Protective Investigations and the courts determine the disposition of children and consequently such decisions are out of the control of the lead agencies and state-operated sites (although in many cases the courts would rely on the recommendations of the CBC workers). Thus, any changes in protective investigation practices and reporting (they were under transition in some
sites) or in judicial decision-making could account for changes in these indicators. Similarly, differences in these practices among jurisdictions could confound differences found in our comparisons.

There is also interplay between the various outcomes. All of the outcomes seen as good would only be considered positive if they were not accompanied by a higher rate of foster care reentry. Similarly, if the supply of foster care is limited, there could be pressure to return children to the biological family before it is ideal because there were children who were in much greater need of foster care. In short, the most important way to interpret these outcomes is to be able to determine whether each child is in the most appropriate placement. We were not able to make this kind of determination for the current report, however, the Next Steps section details a plan to more thoroughly examine child level data.

As might be expected given the issues raised earlier and the nature of the data, the results of the administrative child protection data have raised more questions than they have answered. It was apparent from the beginning that given the limitations of the data and time for the analysis, no single piece could tell a methodologically sound story, which is why the evaluation has taken a multi-method approach.

On even this limited set of quantitative indicators, CBC counties did no worse on any of the indicators, and this success occurred without higher average expenditures for direct services. Comparing the outcome indicators with the expenditure data suggests that the CBC counties delivered direct child protective services more efficiently than the rest of the state, although this efficiency was limited to Pinellas and Pasco Counties, where CBC transition may confound the true expenditures for direct services. CBC counties spent an average of $3,221 less per child served than non-CBC counties in FY00-01 for direct services while achieving outcomes that were not collectively different from the outcomes achieved for children in non-CBC counties. Because the differences in the outcome indicators were not substantial and could not be clearly interpreted as good or bad, we cannot conclude that the lead agencies delivered child protective services more cost-effectively. Differences in quality of care, which will be measured in the next phase of the evaluation, would also confound any estimates of cost-effectiveness.

It must be emphasized that the outcomes were obtained at the time the CBC sites were undergoing major systems change, as described above. The lead agencies had to shape an entirely different system of care. Even if many of the same child welfare staff and foster parents were used, it is still time-consuming to establish a new set of relationships, new training, and new supervision programs. Therefore, a negative finding may simply be a reflection of start-up difficulties. It does not seem coincidental that Pasco County fared the worst on several outcomes and was the last CBC site to be implemented. In both Pasco and Pinellas CBC sites, programming changes were made with respect to foster care.
Conclusions

In sum, the CBC counties generally did as well on the outcome indicators as the comparison counties and spent no additional dollars on direct services, and successfully achieved major systems change. Lengths of stay have been dropping, except for FY00-01, in both groups and foster care re-entry rates have also been similar. Maltreatment occurrence rates are a bit lower in CBC sites than in non-CBC sites overall but they vary by site. Finally, the percent of children returned to parents and relatives varies by year and by site. Pasco County was the only county that did not do as well on the outcome indicators and, not surprisingly, it only recently implemented CBC. Significant progress in implementing a viable system of child welfare services has been made, but there is insufficient evidence yet to conclude whether the CBC model is much more effective or less effective than the previous model. Children in CBC care appear to be at least as safe, on average, as children were/are under the previous model. As with other areas, improving the organization, coordination, and quality of services is still a work in progress.

The qualitative implementation component to this evaluation indicated that despite some major inter-organizational issues that remain to be resolved, there is strong leadership support at all levels and policy changes have been achieved through a negotiation process involving the mutual respect of all parties. The different approaches taken by the two sites are good examples of the importance of adopting the lead agency structure and strategy to local circumstances and the capacity of the lead agency. It is critical that the temptation to borrow these models to other areas with different conditions be resisted. We conclude that both sites have shown the advantages of adopting a system with checks and balances, where information about resources, expenditures, performance and outcomes are shared openly on a regular basis with all of the network participants. Particularly when key stakeholders and program people are also involved in such a process it appears to be an effective quality improvement mechanism. This type of process also appeared to encourage the development of a learning organization, where the lead agency and its network of providers were willing to admit mistakes or problems and rather than point fingers, to collectively come up with a solution.

Staffing and sufficient resources are still two important related issues. While both sites felt there was sufficient resources for start up, they were having problems hiring enough qualified staff to get caseloads to the desired level and to acquire specialized staff with advanced training for more difficult problems and issues. It was also clear that a major weakness of the current CBC model is that while the lead agencies are responsible for providing all services the child needs, they do not control, and have difficulty getting access to, services from other systems such as mental health, substance abuse, and corrections. The model has been successful in developing more local empowerment and flexible services. However, the flexibility of local communities is still limited by state and federal regulations; duplicative and time-consuming oversight, auditing and program monitoring; and to some extent the insistence on following old rules and ways of doing things. Many of the problems faced by the lead agencies are similar to those
in the previous model, but it should get better due to the flexible approaches to service delivery.

**Recommendations for Mid-Course Corrections**

These recommendations are intended for the planned, more rapid expansion of CBC statewide. The process for FCP and the Sarasota YMCA worked well, but this larger effort will necessitate formalizing some of the processes handled informally during the demonstration phase.

- **Shared Resources & Information Amongst CBC Sites**
  A series of training events should be developed using personnel involved in the existing successful CBC sites and national representatives from other lead agency programs who have developed different innovative models of care. The training should describe what worked and what didn’t during the implementation process and strategies for overcoming common problems. Descriptions of how the different CBC sites are organized and operate and similarities and differences could also be included. The training events could be supplemented by regional forums on an as needed basis, designed to foster communication and shared resources amongst local CBC sites.

- **Manuals, Brochures, & Other Communication Materials**
  As CBC is implemented statewide, there will be a need for at least two types of formal written materials. First, there needs to be a brochure that educates the community and clients about changes resulting from the new program. Secondly, it would be useful to modify some of the existing manuals developed by at least one of the existing sites to help new lead agencies in their development.

- **Forum for CBC-Related Discussion**
  Continue to develop and strengthen the CBC Leadership Forum to bring programs together on a regular basis to discuss emerging issues and policy decisions/changes that are needed and to share the lessons learned as new lead agencies are created in different parts of the state with different circumstances. This forum would be an ideal vehicle for resolving the conflicting interpretations of the roles and relationships between DCF, the lead agencies, and the provider networks.

- **Technical Assistance for CBC Sites**
  It is critical that the Florida Legislature ensure that DCF has sufficient resources to offer technical assistance regarding CBC implementation, particularly for counties that have fewer resources. We recommend the development of a multi-disciplinary team to help lead agencies in new CBC areas come on-line otherwise too much of what has already been learned will get wasted.
• **Community Alliance CBC/Child Welfare Sub-committees**
  In those areas where CBC is being planned or is already in existence, the Community Alliance should consider creating a sub-committee, which would focus on CBC and the child welfare system. It would advise the CBC sites around issues such as the local service system and provider network, in addition to helping resolve coordination problems with complementary systems.

• **Increased Speed of Organizational Culture Change**
  Greater efforts will be needed in order to speed up the process of organizational culture change at the regional and district office levels. Perhaps DCF staff, who have successfully made the transition into different roles could be used to help their peers along.

• **Resolution of the Management Information System (MIS) Issues**
  The issues with the management information system (MIS) need to be resolved quickly. Similar to what is being implemented with Unity ONE, the MIS under development in DCF’s Alcohol, Drug Abuse, and Mental Health (ADM) Program in District 1, the child welfare MIS should allow for a single entry of data with the electronic submission of agreed upon elements in the specified format to meet the requirements of state and federal agencies. The system should also have the capability of producing timely reports on outcomes and budgetary information at the county level. A minimum number of agreed upon reports that would regularly be generated from the data and published statewide is necessary for effective management. This would allow for comparisons between CBC sites to identify both best practices and areas of concern.

• **Realistic Time & Resource Estimates**
  There must be a more realistic estimate of the time and resources necessary to implement Community-Based Care. While the CBC sites made steady progress, they all took more time than had originally been expected, simply because of the complexity and magnitude of the changes involved. It was very clear that the level of start-up funding and the funding of a planning year were critical to the success of the CBC sites. Without resources, it would be very risky to expect similar successes. It remains to be seen whether the current budget reductions will result in funding below the level needed to fully implement CBC effectively.

• **Balanced Contract Monitoring**
  An exploration of how to provide a more balanced contract monitoring process that ensures that there is sufficient focus on program issues should be started. In addition, DCF should work in conjunction with legislative staff to start a process that would identify priorities for the level of specification required by statute for each department that would be reflected in contract compliance requirements and those which might be enforced through assurances.

• **Efficient Financial Processes**
  Discussions should begin on how to make the fiscal processes more efficient. Issues of highest priority should include: 1) the transfer of funds from areas with
lesser need to those in greater need, 2) the matching of services and expenditures to federal funding sources and categories, and 3) the resolution of cash flow problems. Ideally these issues should be resolved before more lead agencies become operational. New lead agencies will need a lot of technical assistance to master the federal financing requirements.

- **Organizational Structure of DCF**
  As full state implementation of CBC proceeds, DCF should examine whether their current organizational structure is the most appropriate for the future. While it has worked for this phase of the process, there have been concerns expressed that the current mode of operations might become too oriented to the old way of doing business rather than for the future realities of the changed role of the Department and the new functions it will be required to perform. Furthermore, DCF needs sufficient resources to fund a development plan so current staff can develop the new sets of skills they will need in their new roles. In other words, the Department needs to figure out how it should organize and operate now for what it will be in the future rather than for how it is currently if it is to have a relatively smooth transition in this complex endeavor.

**Next Steps**

Given this evaluation has been conducted on a one year contract we have developed next steps to present what we have learned from this first year and what we feel needs to be done in a future evaluation effort if a similar approach is to be followed by the next evaluation team. These are based on the assumption that most of the evaluation efforts will be focused on two new CBC sites but that there be a vehicle for identifying new issues and developments which occur over the next year with the initial two lead agencies.

We anticipate that there will be some wrap-up steps we need to take to conclude our evaluation of the first two CBC sites in our no-cost extension period. What we can accomplish will depend on when we get final approval of this report, which affects our ability to accomplish proposed tasks in the limited time available under the current contract. Our first task will be to clarify with DCF some of the data issues that need to be explored further to arrive at an accurate interpretation and explanation of the outcome data to see if they can reasonably be accomplished in the current time frame, or, given their complexity, they need to be part of the next evaluation effort.

We would suggest that as part of the next evaluation, the evaluators should convene a series of stakeholder meetings to present our data, obtain feedback, discuss possible interpretations of the results (particularly around the quantitative indicators identified above), and discuss any questions stakeholders might want to see in future DCF evaluation efforts as a basis for their efforts and to ensure some continuity between evaluations.

We also would suggest that to wrap up the qualitative analysis there be a plan to conduct the few remaining implementation interviews, using a scaled-down interview
instrument, with DCF Regional Quality Assurance, DCF Regional technical, Protective Investigations in Sarasota, Manatee, Pasco and Pinellas Counties, legislative staff, and the Secretary. We also recommend that towards the end of the next contract year stakeholder meeting(s) involving key staff from the Sarasota and Pinellas lead agencies and DCF central and regional offices be convened to discuss progress and any new issues, which might have emerged since this evaluation. This should be accompanied by extensive document reviews of material from the CBC Office (starting with the readiness assessment), regional office, and the lead agencies to keep up with progress.

While the implementation study was invaluable for this first evaluation effort it was too resource intensive and time consuming an approach to continue on an ongoing basis. Therefore, for new sites we would recommend a site visit methodology such as those used in the Health Care Reform Tracking Project, Robert Wood Johnson Evaluations, and promising practice projects. The site visits would be conducted by the entire CBC evaluation team over the course of a week. This would allow for a combination of the implementation interviews with aspects of the QSR methodology. Prior to the site visit, the evaluators would conduct analysis of document reviews as described above for any new sites. They would interview key stakeholders, families, and children individually or in focus groups and attend case conferences/staffing using the Team Observation Form. There might also be some group administered or mail surveys involved. These activities would have a particular focus on documenting innovations, creativity, and flexibility, which the lead agency was able to bring to the delivery of child welfare standards. Each of the components (qualitative, cost, quantitative, and quality) would have a mini-site visit plan, which would determine which people would be interviewed. In the case of the quantitative and cost data, the data should be analyzed prior to the visit, with the visit used to answer questions, refine the analysis, and help in the interpretations.

Site visits would be the mechanism to address a number of the variables noted above. In order to incorporate a focus on quality performance, a number of tasks will need to be added to those visits. First, prior to the visit, team members will review and analyze all existing documentation pertaining to quality, including any of the related variables. This may include internal documents (e.g., CBC Readiness Assessment) and/or audits conducted by a lead agency, district/region reviews, and state and/or federal quality assurance reviews. During the site visits evaluation team members will interview key stakeholders and, based on planning with the site will interview and/or observe families who are being engaged in services. In recognizing that each site may have a different model of practice, the evaluation team will work in conjunction with the site to determine what is the best means of gathering the family perspective. For one site, it may be random “on-the-street” interviews, while for others it may be the team observation method already mentioned, and for another it may be “shadowing” family counselors in the field.

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11 The Team Observation Form was developed by Dr. Michael Epstein at the University of Nebraska-Lincoln. It was designed to assess the degree to which evidence that behaviors observed throughout family case planning meetings reflect system of care and Wraparound principles. Trained observers attend meetings in which families are engaged by family counselors and other providers in identifying their needs and planning services, and record their observations.
For both new and old sites the evaluators would construct profiles of the lead agencies to describe how they are organized, their practice models, integration with other key service systems such as behavioral health, and how their service delivery strategy fits with the particular local context to look for emerging patterns that could be helpful for future lead agency development. The description of the models would incorporate ASFA standards, best child welfare practices, and a focus on family engagement and family centered services as the context for this analysis. When looking at pre-post analyses for quantitative data, we would adopt a strategy of using the year prior to CBC implementation in each county rather than one year that preceded all of the CBC counties. This strategy would allow for a more equitable comparison of the year prior to implementation because each CBC county has a different start-up date, and in the case of Pasco and Sarasota Counties, a different start-up year. If feasible, they could seek to collaborate with other studies of child welfare innovations such as the Neighborhood Partnership sites, to strengthen both sets of evaluations and the collective understanding of what is happening in child welfare on the local level.

As already noted, our evaluation team felt the Quality Service Review (QSR) was too resource-intensive to be useful in an ongoing assessment of quality performance. There are other methodologies that show some promise. It is apparent that a critical component of any assessment of quality performance is the input (either directly or through observation) of consumers of child protection services. Another promising method is the Team Observation Form\(^\text{11}\).

There are three research questions we were not able to answer with the QSR but which future evaluations should consider as part of the site visit:

1. Are adequate assessments of children and their families conducted upon entering the child protection system? Are assessments comprehensive and do they identify both strengths and needs at an individual and family level?
2. Are child and family service plans comprehensive? Do service plans address: the issues that brought the family to DCF, the underlying causes of concern, continuing safety risks, and desired functional outcomes for individuals and the family as a whole?
3. Are needed services provided to children and their families in a coordinated manner? Are services provided to children and families in a way that is coordinated across disciplines and child serving agencies.

In addition to family input, there are several important variables related to quality performance that are yet to be explored. Aspects such as staff credentials and training requirements address the ongoing professionalization of the staff. Practice variables such as engagement with families (e.g., Family Team Conferencing) and assessment processes are also worthy of review. Additional process variables such as caseload

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\(^{11}\) The Team Observation Form was developed by Dr. Michael Epstein at the University of Nebraska-Lincoln. It was designed to assess the degree to which evidence that behaviors observed throughout family case planning meetings reflect system of care and Wraparound principles. Trained observers attend meetings in which families are engaged by family counselors and other providers in identifying their needs and planning services, and record their observations.
size and turnover rates can also appropriately be addressed during the discussion of quality performance.

Additional steps need be taken by the next evaluation effort in the analysis of administrative child protection data. First, they need to examine the array of available Performance Based Office of Family Safety indicators and select for further analysis those most suitable for answering particular outcome questions. Using the selected indicators, they could then conduct specific analyses that would help further examination of CBC sites (e.g., calculation of child level data, making comparisons between counties, examining the trends). Additionally, the next evaluation must use the State’s new child protection data system, HomeSafenet, to determine future quantitative analyses. Both the selection of appropriate Performance Based Family Safety indicators and decisions regarding future analyses obviously need to be accomplished in collaboration with DCF.

There are several additional issues that should be explored in subsequent cost analyses. While the analysis of direct child protective services provides important insights into the differences between CBC and non-CBC costs, adding administrative costs will enable a future evaluation to come closer to estimating the total costs to DCF of protective services. In addition, exploring the impact of other funding sources such as Medicaid and community dollars raised by CBC sites will enable an evaluator to estimate the full cost of the child welfare system and the relative costs of CBC sites. Another issue worth further exploration is the effect of the Fair Share budget model on appropriations and expenditures. Differences in per child and per capita expenditures across districts may be the result of an inequitable appropriation of funds that the Fair Share model was meant to reconcile. A fourth issue worth exploring is identifying measures of cost-effectiveness.
References


References


Paulson, R. I. (1987). The interorganizational delivery of mental health services in Hamilton County (Final Report, Research Grant #84-160). Columbus, OH: Ohio Department of Mental Health Research.

References


Appendix 1: Foster Care Exit Codes

**Foster Care**

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to Parent or Legal Guardian</td>
<td>46</td>
<td>Terminated, placed through Interstate Compact with parent or legal guardian (not a relative) not as a result of a judicial review hearing</td>
</tr>
<tr>
<td></td>
<td>52</td>
<td>Terminated, placed through Interstate Compact with parent or legal guardian (not a relative) as a result of judicial review hearing</td>
</tr>
<tr>
<td></td>
<td>71</td>
<td>Terminated, placed in-state with parent or legal guardian (not a relative) as a result of a judicial review hearing</td>
</tr>
<tr>
<td></td>
<td>72</td>
<td>Terminated, placed in-state with parent or legal guardian (not a relative) not as a result of a judicial review hearing</td>
</tr>
<tr>
<td>Returned to Relatives</td>
<td>76</td>
<td>Terminated, placed with relative (not a parent)</td>
</tr>
<tr>
<td>Transferred to Adoptions</td>
<td>88</td>
<td>Terminated, transferred to adoptions</td>
</tr>
</tbody>
</table>
### Appendix 2: Results of Statistical Analysis for Programmatic Outcomes

#### Table 4a. Results of Statistical Analysis: The Comparison of CBC Counties, Rest-of-State, and CBC Matches on Proportion of ChildrenExiting Foster Care Over Time (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Wald Chi-Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC Counties vs. Rest of State</td>
<td>1.25</td>
</tr>
<tr>
<td>(n = 1,162 vs. n = 4,503)</td>
<td>102.97*</td>
</tr>
<tr>
<td>CBC Counties vs. CBC Matches</td>
<td>3.44</td>
</tr>
<tr>
<td>(n = 1,162 vs. n = 2,908)</td>
<td>60.60*</td>
</tr>
<tr>
<td>Manatee vs. Manatee Matches</td>
<td>2.45</td>
</tr>
<tr>
<td>(n = 278 vs. n = 1,009)</td>
<td>16.27*</td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>3.04*</td>
</tr>
<tr>
<td>(n = 164 vs. n = 1,686)</td>
<td>14.84*</td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>0.01</td>
</tr>
<tr>
<td>(n = 490 vs. n = 1,686)</td>
<td>25.02*</td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>0.06</td>
</tr>
<tr>
<td>(n = 224 vs. n = 1,176)</td>
<td>25.26*</td>
</tr>
</tbody>
</table>

Note: χ² = 0.05.

#### Table 5a. Results of Statistical Analysis: The Comparison of CBC Counties, Rest-of-State, and CBC Matches on Percentage of ChildrenReentering Foster Care Over Time (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Wald Chi-Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC Counties vs. Rest of State</td>
<td>1.64</td>
</tr>
<tr>
<td>(n = 901 vs. n = 3,515)</td>
<td>4.48*</td>
</tr>
<tr>
<td>CBC Counties vs. CBC Matches</td>
<td>0.85</td>
</tr>
<tr>
<td>(n = 901 vs. n = 2,109)</td>
<td>1.70</td>
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<tr>
<td>Manatee vs. Manatee Matches</td>
<td>0.36</td>
</tr>
<tr>
<td>(n = 236 vs. n = 1,192)</td>
<td>3.16</td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>0.57</td>
</tr>
<tr>
<td>(n = 129 vs. n = 394)</td>
<td>3.11</td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>0.13</td>
</tr>
<tr>
<td>(n = 376 vs. n = 1,192)</td>
<td>0.18</td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>4.73*</td>
</tr>
<tr>
<td>(n = 160 vs. n = 813)</td>
<td>0.47</td>
</tr>
</tbody>
</table>

Note: χ² = 0.05.

#### Table 6a. Results of Statistical Analysis: The Comparison of CBC Counties, Rest-of-State, and CBC Matches on Percentage of Childrenwith Recurrence of Maltreatment Over Time (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Wald Chi-Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC Counties vs. Rest of State</td>
<td>17.00*</td>
</tr>
<tr>
<td>(n = 57,275 vs. n = 222,664)</td>
<td>7912.90*</td>
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<tr>
<td>CBC Counties vs. CBC Matches</td>
<td>17.99*</td>
</tr>
<tr>
<td>(n = 57,275 vs. n = 145,894)</td>
<td>8236.69*</td>
</tr>
<tr>
<td>Manatee vs. Manatee Matches</td>
<td>0.89</td>
</tr>
<tr>
<td>(n = 12,119 vs. n = 87,354)</td>
<td>4036.97*</td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>8.40*</td>
</tr>
<tr>
<td>(n = 5,600 vs. n = 33,479)</td>
<td>1484.84*</td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>7.48*</td>
</tr>
<tr>
<td>(n = 30,029 vs. n = 87,354)</td>
<td>4781.55*</td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>9.14*</td>
</tr>
<tr>
<td>(n = 9,527 vs. n = 49,962)</td>
<td>2035.14*</td>
</tr>
</tbody>
</table>

Note: χ² = 0.05.
Appendix 2: Results of Statistical Analysis for Programmatic Outcomes

Table 7a. Results of Statistical Analysis: The Comparison of CBC Counties, Rest-of-State, and CBC Matches on Percentage of Children Returned to Parents or Legal Guardian After Exiting Foster Care Over Time (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Site</th>
<th>Time</th>
<th>Site x Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC Counties vs. Rest of State</td>
<td>6.45*</td>
<td>63.63*</td>
<td>0.66</td>
</tr>
<tr>
<td>(n = 578 vs. n = 2,347)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBC Counties vs. CBC Matches</td>
<td>11.50*</td>
<td>53.96*</td>
<td>1.94</td>
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<tr>
<td>(n = 578 vs. n = 1,430)</td>
<td></td>
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</tr>
<tr>
<td>Manatee vs. Manatee Matches</td>
<td>14.63*</td>
<td>14.91*</td>
<td>2.98</td>
</tr>
<tr>
<td>(n = 200 vs. n = 739)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>0.66</td>
<td>32.53*</td>
<td>0.31</td>
</tr>
<tr>
<td>(n = 79 vs. n = 272)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>16.28*</td>
<td>27.01*</td>
<td>0.17</td>
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<tr>
<td>(n = 224 vs. n = 739)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>0.06</td>
<td>5.67*</td>
<td>2.18</td>
</tr>
<tr>
<td>(n = 75 vs. n = 569)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *p < 0.1.

Table 8a. Results of Statistical Analysis: The Comparison of CBC Counties, Rest-of-State, and CBC Matches on Percentage of Children Returned to Relatives After Exiting Foster Care Over Time (FY95-96 to FY00-01)

<table>
<thead>
<tr>
<th>Comparison</th>
<th>Site</th>
<th>Time</th>
<th>Site x Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC Counties vs. Rest of State</td>
<td>5.23*</td>
<td>44.27*</td>
<td>1.02</td>
</tr>
<tr>
<td>(n = 578 vs. n = 2,347)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBC Counties vs. CBC Matches</td>
<td>7.10*</td>
<td>37.59*</td>
<td>1.51</td>
</tr>
<tr>
<td>(n = 578 vs. n = 1,430)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manatee vs. Manatee Matches</td>
<td>12.63*</td>
<td>21.34*</td>
<td>2.28</td>
</tr>
<tr>
<td>(n = 200 vs. n = 739)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarasota vs. Sarasota Matches</td>
<td>1.46</td>
<td>4.20*</td>
<td>7.74*</td>
</tr>
<tr>
<td>(n = 79 vs. n = 272)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinellas vs. Pinellas Matches</td>
<td>13.04*</td>
<td>20.76*</td>
<td>0.01</td>
</tr>
<tr>
<td>(n = 224 vs. n = 739)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pasco vs. Pasco Matches</td>
<td>3.65</td>
<td>10.09*</td>
<td>9.97*</td>
</tr>
<tr>
<td>(n = 75 vs. n = 569)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *p < 0.1.
Appendix 3: Total Expenditures

Table 13. Total Expenditures for Direct Child Protective Services by District

<table>
<thead>
<tr>
<th>District</th>
<th>FY95-96</th>
<th>FY96-97</th>
<th>FY97-98</th>
<th>FY98-99</th>
<th>FY99-00</th>
<th>FY00-01</th>
<th>Total Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$10,808,299</td>
<td>$11,841,801</td>
<td>$13,421,415</td>
<td>$14,053,390</td>
<td>$15,221,573</td>
<td>$16,373,019</td>
<td>$5,564,720</td>
</tr>
<tr>
<td>4</td>
<td>$16,726,923</td>
<td>$17,884,874</td>
<td>$19,940,911</td>
<td>$21,298,536</td>
<td>$24,206,281</td>
<td>$26,268,674</td>
<td>$9,541,751</td>
</tr>
<tr>
<td>5</td>
<td>$15,245,063</td>
<td>$16,849,252</td>
<td>$18,699,929</td>
<td>$19,083,901</td>
<td>$21,873,378</td>
<td>$25,747,564</td>
<td>$10,502,501</td>
</tr>
<tr>
<td>6</td>
<td>$24,075,805</td>
<td>$27,575,141</td>
<td>$31,874,666</td>
<td>$33,161,107</td>
<td>$39,759,298</td>
<td>$51,071,711</td>
<td>$26,995,906</td>
</tr>
<tr>
<td>7</td>
<td>$22,501,733</td>
<td>$25,737,886</td>
<td>$31,013,828</td>
<td>$40,836,225</td>
<td>$63,437,547</td>
<td>$61,153,279</td>
<td>$38,651,546</td>
</tr>
<tr>
<td>8</td>
<td>$13,068,435</td>
<td>$13,811,055</td>
<td>$14,480,480</td>
<td>$14,262,456</td>
<td>$15,153,821</td>
<td>$19,653,762</td>
<td>$6,585,327</td>
</tr>
<tr>
<td>10</td>
<td>$19,734,941</td>
<td>$20,321,728</td>
<td>$24,551,698</td>
<td>$33,694,358</td>
<td>$42,419,767</td>
<td>$48,021,867</td>
<td>$28,286,926</td>
</tr>
<tr>
<td>12</td>
<td>$6,058,953</td>
<td>$5,894,756</td>
<td>$6,662,618</td>
<td>$7,352,146</td>
<td>$9,809,776</td>
<td>$12,764,706</td>
<td>$6,705,753</td>
</tr>
<tr>
<td>13</td>
<td>$9,419,627</td>
<td>$9,501,103</td>
<td>$12,490,985</td>
<td>$11,700,285</td>
<td>$14,308,070</td>
<td>$18,336,274</td>
<td>$8,916,647</td>
</tr>
</tbody>
</table>

Table 14. Total Expenditures for Direct Child Protective Services by CBC Status

<table>
<thead>
<tr>
<th>Status</th>
<th>FY95-96</th>
<th>FY96-97</th>
<th>FY97-98</th>
<th>FY98-99</th>
<th>FY99-00</th>
<th>FY00-01</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-CBC</td>
<td>$114,532,593</td>
<td>$123,875,834</td>
<td>$144,789,431</td>
<td>$166,538,640</td>
<td>$213,067,927</td>
<td>$250,271,690</td>
</tr>
<tr>
<td>CBC</td>
<td>$23,107,186</td>
<td>$25,541,762</td>
<td>$28,347,098</td>
<td>$28,903,764</td>
<td>$33,121,583</td>
<td>$29,310,746</td>
</tr>
</tbody>
</table>
### Appendix 4: Denominator Data

#### Table 15: Number of Children Served by District

<table>
<thead>
<tr>
<th>District</th>
<th>FY95-96</th>
<th>FY96-97</th>
<th>FY97-98</th>
<th>FY98-99</th>
<th>FY99-00</th>
<th>FY00-01</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2,930</td>
<td>2,716</td>
<td>3,317</td>
<td>3,248</td>
<td>3,933</td>
<td>3,095</td>
</tr>
<tr>
<td>4</td>
<td>2,499</td>
<td>2,533</td>
<td>3,588</td>
<td>3,859</td>
<td>4,348</td>
<td>4,116</td>
</tr>
<tr>
<td>5</td>
<td>3,373</td>
<td>3,273</td>
<td>3,298</td>
<td>3,421</td>
<td>4,886</td>
<td>5,946</td>
</tr>
<tr>
<td>6</td>
<td>6,254</td>
<td>5,811</td>
<td>6,076</td>
<td>5,632</td>
<td>8,222</td>
<td>7,483</td>
</tr>
<tr>
<td>7</td>
<td>6,372</td>
<td>6,143</td>
<td>7,332</td>
<td>9,755</td>
<td>10,934</td>
<td>8,628</td>
</tr>
<tr>
<td>8</td>
<td>2,792</td>
<td>2,806</td>
<td>2,520</td>
<td>2,810</td>
<td>2,743</td>
<td>2,156</td>
</tr>
<tr>
<td>10</td>
<td>3,430</td>
<td>2,993</td>
<td>4,483</td>
<td>5,152</td>
<td>5,701</td>
<td>5,186</td>
</tr>
<tr>
<td>12</td>
<td>1,034</td>
<td>1,085</td>
<td>1,202</td>
<td>1,561</td>
<td>2,268</td>
<td>2,368</td>
</tr>
<tr>
<td>13</td>
<td>2,943</td>
<td>2,931</td>
<td>3,629</td>
<td>4,391</td>
<td>6,084</td>
<td>4,354</td>
</tr>
<tr>
<td>Non-CBC</td>
<td>26,370</td>
<td>25,044</td>
<td>30,312</td>
<td>34,603</td>
<td>41,574</td>
<td>35,188</td>
</tr>
<tr>
<td>CBC</td>
<td>5,257</td>
<td>5,247</td>
<td>5,133</td>
<td>5,226</td>
<td>7,545</td>
<td>8,144</td>
</tr>
<tr>
<td>Total</td>
<td>31,627</td>
<td>30,291</td>
<td>35,445</td>
<td>39,829</td>
<td>49,119</td>
<td>43,332</td>
</tr>
</tbody>
</table>

#### Table 16: Number of Child-Days by District

<table>
<thead>
<tr>
<th>District</th>
<th>FY95-96</th>
<th>FY96-97</th>
<th>FY97-98</th>
<th>FY98-99</th>
<th>FY99-00</th>
<th>FY00-01</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>772,029</td>
<td>724,396</td>
<td>764,835</td>
<td>768,159</td>
<td>803,236</td>
<td>350,531</td>
</tr>
<tr>
<td>4</td>
<td>931,397</td>
<td>905,589</td>
<td>1,003,003</td>
<td>1,064,772</td>
<td>1,216,176</td>
<td>464,226</td>
</tr>
<tr>
<td>5</td>
<td>1,061,452</td>
<td>971,643</td>
<td>948,825</td>
<td>871,241</td>
<td>953,209</td>
<td>1,178,401</td>
</tr>
<tr>
<td>6</td>
<td>1,822,472</td>
<td>1,711,665</td>
<td>1,794,265</td>
<td>1,649,114</td>
<td>1,811,988</td>
<td>1,997,197</td>
</tr>
<tr>
<td>7</td>
<td>1,784,856</td>
<td>1,835,604</td>
<td>2,026,668</td>
<td>2,445,926</td>
<td>3,035,280</td>
<td>2,457,772</td>
</tr>
<tr>
<td>8</td>
<td>464,290</td>
<td>477,175</td>
<td>511,738</td>
<td>600,734</td>
<td>617,382</td>
<td>250,055</td>
</tr>
<tr>
<td>10</td>
<td>1,677,104</td>
<td>1,539,411</td>
<td>1,466,784</td>
<td>1,630,618</td>
<td>1,832,144</td>
<td>676,730</td>
</tr>
<tr>
<td>12</td>
<td>409,549</td>
<td>382,031</td>
<td>396,728</td>
<td>412,191</td>
<td>533,343</td>
<td>259,846</td>
</tr>
<tr>
<td>13</td>
<td>860,052</td>
<td>748,473</td>
<td>820,252</td>
<td>984,865</td>
<td>1,213,060</td>
<td>1,139,013</td>
</tr>
<tr>
<td>Non-CBC</td>
<td>8,289,362</td>
<td>7,881,478</td>
<td>8,316,775</td>
<td>9,104,640</td>
<td>10,568,549</td>
<td>7,170,779</td>
</tr>
<tr>
<td>CBC</td>
<td>1,493,039</td>
<td>1,414,509</td>
<td>1,416,323</td>
<td>1,322,980</td>
<td>1,429,269</td>
<td>1,602,992</td>
</tr>
<tr>
<td>Total</td>
<td>9,783,201</td>
<td>9,295,987</td>
<td>9,733,098</td>
<td>10,427,620</td>
<td>11,997,818</td>
<td>8,773,771</td>
</tr>
</tbody>
</table>

#### Table 17: Number of Children Under Age 18 in Population by District

<table>
<thead>
<tr>
<th>District</th>
<th>FY95-96</th>
<th>FY96-97</th>
<th>FY97-98</th>
<th>FY98-99</th>
<th>FY99-00</th>
<th>FY00-01</th>
<th>Total Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>142,277</td>
<td>143,287</td>
<td>144,378</td>
<td>145,717</td>
<td>146,377</td>
<td>147,555</td>
<td>5,278</td>
</tr>
<tr>
<td>4</td>
<td>270,051</td>
<td>276,118</td>
<td>282,374</td>
<td>287,009</td>
<td>292,959</td>
<td>298,227</td>
<td>28,176</td>
</tr>
<tr>
<td>5</td>
<td>230,816</td>
<td>235,709</td>
<td>240,246</td>
<td>244,506</td>
<td>247,878</td>
<td>250,037</td>
<td>19,221</td>
</tr>
<tr>
<td>6</td>
<td>327,530</td>
<td>335,545</td>
<td>342,229</td>
<td>350,836</td>
<td>360,126</td>
<td>368,698</td>
<td>41,168</td>
</tr>
<tr>
<td>7</td>
<td>417,467</td>
<td>429,209</td>
<td>439,375</td>
<td>451,681</td>
<td>467,847</td>
<td>482,264</td>
<td>64,797</td>
</tr>
<tr>
<td>8</td>
<td>157,960</td>
<td>62,597</td>
<td>67,479</td>
<td>173,097</td>
<td>178,710</td>
<td>183,953</td>
<td>25,993</td>
</tr>
<tr>
<td>10</td>
<td>331,158</td>
<td>345,578</td>
<td>358,636</td>
<td>370,189</td>
<td>382,211</td>
<td>389,298</td>
<td>58,140</td>
</tr>
<tr>
<td>12</td>
<td>91,450</td>
<td>93,389</td>
<td>95,222</td>
<td>97,030</td>
<td>98,873</td>
<td>100,400</td>
<td>8,950</td>
</tr>
<tr>
<td>13</td>
<td>137,062</td>
<td>140,782</td>
<td>144,329</td>
<td>147,931</td>
<td>151,738</td>
<td>154,961</td>
<td>17,899</td>
</tr>
<tr>
<td>Non-CBC</td>
<td>1,776,718</td>
<td>1,825,816</td>
<td>1,870,959</td>
<td>1,918,186</td>
<td>1,971,262</td>
<td>2,015,699</td>
<td>238,981</td>
</tr>
<tr>
<td>CBC</td>
<td>329,053</td>
<td>336,398</td>
<td>343,309</td>
<td>349,810</td>
<td>355,457</td>
<td>359,694</td>
<td>30,641</td>
</tr>
<tr>
<td>Total</td>
<td>2,105,771</td>
<td>2,162,214</td>
<td>2,214,268</td>
<td>2,267,996</td>
<td>2,326,719</td>
<td>2,375,393</td>
<td>269,622</td>
</tr>
</tbody>
</table>
Appendix 5: Average Expenditures per Child: CBC Sites vs. Non-CBC Sites (excluding District 10)

Figure 33: Average Expenditures per Child Served: CBC Sites vs. Non-CBC Sites (excluding District 10)


$4,132 $4,390 $4,451 $4,511 $4,531 $4,655 $4,696 $4,757 $5,523 $5,531

FY00-01 amounts calculated using data from first 11 months of fiscal year.

Figure 34: Average Expenditure per Child-Day:
CBC Sites vs. Non-CBC Sites (excluding District 10)


$14 $15 $16 $17 $18 $20 $22 $23 $29

FY00-01 amounts calculated using data from first 11 months of fiscal year.
Appendix 5: Average Expenditures per Child: CBC Sites vs. Non-CBC Sites (excluding District 10)

Figure 35: Average Expenditures per Capita: CBC Sites vs. Non-CBC Sites (excluding District 10)
Appendix 6: Average Expenditures per Child: CBC Sites (excluding District 5) vs. Non-CBC Sites

Figure 36: Average Expenditures per Child Served: CBC Sites (excluding District 5) vs. Non-CBC Sites

FY00-01 amounts calculated using data from first 11 months of fiscal year.

Figure 37: Average Expenditure per Child-Day: CBC Sites (excluding District 5) vs. Non-CBC Sites

FY00-01 amounts calculated using data from first 11 months of fiscal year.
Appendix 6: Average Expenditures per Child: CBC Sites (excluding District 5) vs. Non-CBC Sites

Figure 38: Average Expenditures per Capita:
CBC Sites (excluding District 5) vs. Non-CBC Sites