



June 2006

Report No. 06-50

Child Welfare System Performance Mixed in First Year of Statewide Community-Based Care

at a glance

Since the transition to community-based care, foster children are obtaining permanent placements more quickly, but high percentages of children experience reabuse and return to foster care. More foster children also experience frequent moves among foster care placements.

Community-based care has had a generally positive effect on state foster home capacity, with more foster homes and beds now available statewide and fewer foster homes over their licensed capacity. However, foster parents continue to express concerns about board rates and communication with providers.

Case managers have experienced some positive changes under community-based care, with lower caseloads and position vacancy rates. However, starting salaries are also lower and staff turnover is higher.

To help ensure that the transition to community-based care improves overall performance, the department should

- target critical outcomes that have not shown improvement, and
- provide additional guidance for lead agency quality assurance reviews of subcontractors.

Scope

The 2005 Legislature directed OPPAGA to evaluate the performance of the community-based child welfare system.¹ This report addresses three questions.

1. Have program outcomes changed since the transition to community-based care?
2. Have the number of foster beds and the level of foster parent satisfaction changed since the transition to community-based care?
3. How has the transition to community-based care affected case manager caseloads and turnover?

To address these questions, we compared performance data for the child welfare system for the time period Fiscal Year 1998-99, the last year before the state's transition to outsourced child welfare services, to Fiscal Year 2004-05, the first year in which all community-based lead agencies held services contracts with the department.^{2,3}

Continuing to look at performance over time would allow the state to better see the impact of the newer lead agencies on system performance. Three lead agencies had not held a

¹ OPPAGA issued a report on lead agency oversight in January 2006, *Additional Improvements Are Needed as DCF Redesigns Its Lead Agency Oversight Systems*, OPPAGA [Report No. 06-05](#).

² Lead agencies are private, community-based agencies or county governments responsible for planning, administering, and delivering client services; ensuring that services are delivered in accordance with state and federal laws; and coordinating with other local public or private agencies that offer services for clients.

³ Performance data was not available for some measures during the full time period of Fiscal Years 1998-99 through 2004-05 due to changes in both the program's data systems and its outcome measures over time. For some measures, the department assisted us by re-running data to adjust for these changes.

services contract with the Department of Children and Families for a full year at the end of Fiscal Year 2004-05.⁴ Although we included data from these areas of the state in our analyses of statewide program performance, we did not include these lead agencies in assessments of individual lead agency performance.

Background

The state's child welfare program provides services to care for and protect abused and neglected children. The program serves children and families in their homes, as well as children who have been removed from their families and placed in foster care. Foster care settings include licensed foster homes, residential facilities, and placements with relatives and approved non-relatives.⁵

Prior to 1999, the Department of Children and Families was responsible for providing foster care and related services through a mix of state employees and private providers. The 1998 Legislature directed the department to contract with community-based lead agencies to assume many of the management and operational responsibilities previously performed by its internal staff. Under the outsourced system, lead agencies are now responsible for providing foster care and related services including family preservation, emergency shelter, and adoption. The department remains responsible for program oversight, operating the abuse hotline, performing child protective investigations that determine whether abuse or neglect have occurred and whether children need to be removed from their homes, and providing Child Welfare Legal Services.⁶

The state completed the transition to community-based care during the latter part of Fiscal Year 2004-05. As of April 2005, 22 community-based lead agencies had assumed responsibility for providing child welfare services statewide. Appendix A provides a map of each lead agency's location and counties served.

Lead agencies in turn contract with a large number of subcontractors for case management and direct care services to children and their families. In addition to the department's services contracts with 22 lead agencies, as of December 2005 the lead agencies maintained 64 subcontracts for case management services and 436 subcontracts for direct care services such as foster care placement, adoption supervision, and substance abuse and mental health intervention. Appendix B provides the number of direct service and case management subcontracts maintained by each lead agency.

Program funding has increased. The Legislature increased funding for the child welfare program during the transition to community-based care. Statewide funding per child served has risen from \$9,823 in Fiscal Year 1998-99 to \$17,966 in Fiscal Year 2004-05 (see Exhibit 1).⁷ When adjusted for inflation, average per-child funding has increased from \$11,314 in Fiscal Year 1998-99 to \$17,966 in Fiscal Year 2004-05, with annual funding per child growing by an average of 10.59% during this period compared to the average annual inflation rate of 2.53%.⁸

Information is not available to determine whether the transition to community-based care has affected program administrative costs.⁹ The department does not require lead agencies to report their current administrative costs, and it lacks information on the internal administrative costs that it incurred prior to the transition to community-based care.

⁴ Community Based Care of Brevard, Inc.; Big Bend Community Based Care (2A); and Our Kids of Miami-Dade/Monroe, Inc., had not held services contracts with the Department of Children and Families for a full year as of the end of Fiscal Year 2004-05. Community Based Care of Seminole, Inc., had held a services contract for 11 months at the end of Fiscal Year 2004-05 and is included in analysis when data was available.

⁵ Children in foster care are sometimes placed with other family members or non-family members who are known to the family. These are not licensed foster homes and are called relative and approved non-relative placements.

⁶ Child Welfare Legal Services attorneys provide legal advice to child welfare investigators, caseworkers, and administrators, and prepare and sign all legal documents such as petitions, pleadings, and motions.

⁷ Budget figures include both department and lead agency costs, which consist of child welfare services, child welfare legal services, child protective investigations, and family safety program office operations. Prevention dollars are not included.

⁸ The average annual inflation rate is based on the Consumer Price Index.

⁹ Administrative costs would include the cost of utilities, rent, program oversight, human resources, and lead agency upper management salaries. These costs would not include salary costs for the time case managers spend on administrative tasks, such as time logging, client documentation, and client data entry.

Exhibit 1**Program Funding, Number of Contracts, and Children Served Increased Since Fiscal Year 1998-99**

Fiscal Year	Children and Young Adults Served ¹	Number of Child Welfare Contracts ²	Child Welfare Budget ³		Funding Per Child ⁵	
			Actual	Adjusted for Inflation ⁴	Actual	Adjusted for Inflation ⁴
1998-99	45,150	412	\$443.5 Million	\$510.8 Million	\$9,823	\$11,314
2004-05	48,664	522	\$874.3 Million		\$17,966	

¹ The number of children and young adults served represents the number receiving services at the end of each fiscal year, not the total number served during each year.

² The number of contracts does not include rate agreements. Rate agreements are contracts that provide for a unit of service and a unit cost but do not specify the quantity of services to be purchased. Such contracts are typically for individualized services, yet may exceed \$1 million. The total number of contracts for Fiscal Year 2004-05 includes the 22 lead agency contracts.

³ Budget figures include child welfare services, child welfare legal services, child protective investigations, and family safety program office operations. Prevention dollars are not included.

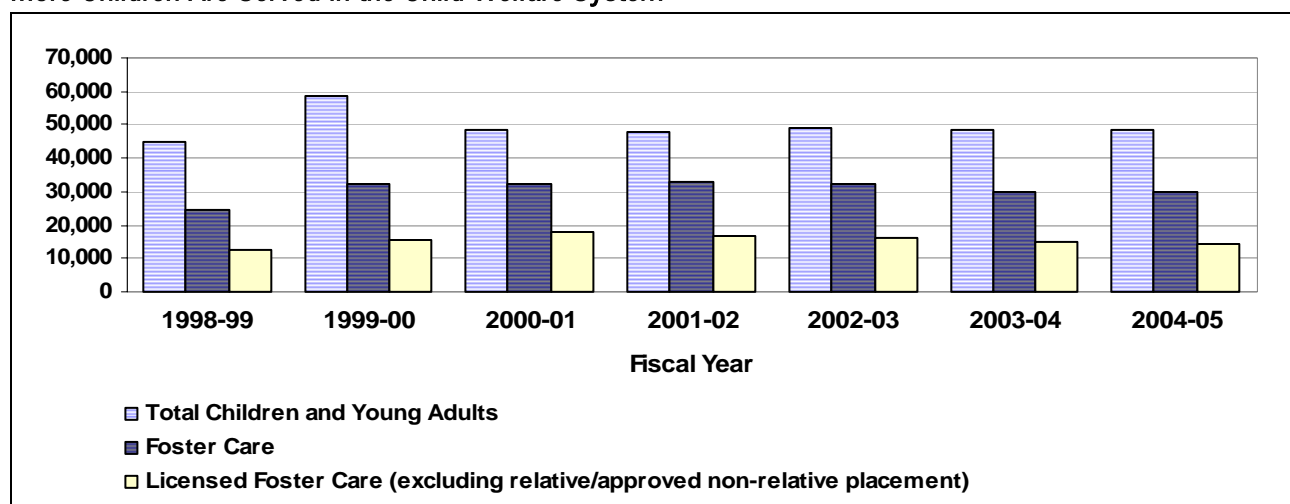
⁴ These figures are based on average annual inflation (2.53%) from June 1999 to June 2005 using the Consumer Price Index.

⁵ Funding per child figures represent the child welfare program budget divided by the number of children and young adults receiving services at the end of the same fiscal year. Funds expended vary depending on the level of care and types of services provided to individuals.

Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

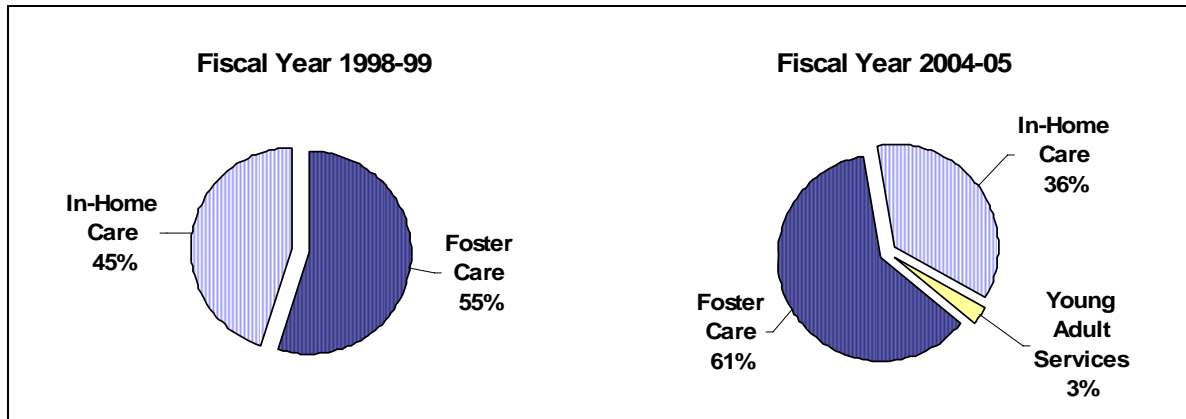
The program is serving more children and young adults in recent years. The number of children and young adults served by the program has grown in recent years. The department was serving 45,150 children and young adults at the end of Fiscal Year 1998-99, the last year before the transition to community based care, while the lead agencies were serving 48,664 children and young adults at the end of Fiscal Year 2004-05.

As shown in Exhibit 2, the number of children and young adults served peaked in Fiscal Year 1999-00, but has since declined. The population of children in foster care has followed a similar trend; overall, a higher percentage of children are now served in foster settings (see Exhibit 3). Appendix C provides information on the total number of children and young adults served by individual lead agencies at the end of Fiscal Year 2004-05.

Exhibit 2**More Children Are Served in the Child Welfare System**

Source: OPPAGA analysis of Department of Children and Families data.

Exhibit 3 More Children Are Served in Foster Care



Source: OPPAGA analysis of Department of Children and Families data.

Questions and Answers—

Have program outcomes changed since the transition to community-based care?

Some program outcomes have improved since the transition to community-based care. Specifically, the length of time that children spend in foster care before achieving permanent placements has fallen in recent years.¹⁰ The program also has more than doubled the number of foster children who are adopted. However, in recent years a high percentage of children have experienced repeated abuse and have returned to foster care, and more children move frequently among foster care placements. These negative outcomes should be tracked carefully as the community-based care system continues to mature.

While children move toward permanency more quickly, a high percentage of children experience repeated abuse and reenter foster care

Children move toward permanency more quickly. To ease the feelings of grief, loss, and uncertainty children and families often experience within the foster care system, the child welfare program strives to minimize the amount of time children linger in the system and move them toward permanent placements as quickly as possible.¹¹ Permanency is achieved by establishing permanent homes for children through reunification with their families, or through adoption, or legal guardianship. Under community-based care, the program's performance in achieving timely permanency has improved in three areas:

- percentage of children exiting foster care within 12 months,
- percentage of children reunified with their families within 12 months, and
- percentage of children remaining in foster care longer than 12 months.

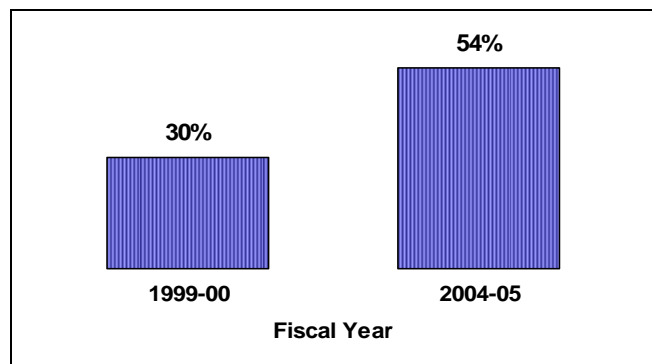
Of the children who entered foster care during Fiscal Year 2003-04, 54% exited within 12 months, compared to 30% of those who entered in

¹⁰ Federal law and state statutes require that child welfare programs achieve safety and permanency for abused and neglected children.

¹¹ The child welfare program measures permanency timeliness in several ways. We selected three of these measures for our analyses because these gave the best representation of performance and had data available for the timeframes before and after the transition to community-based care.

Fiscal Year 1998-99, when the program was administered by the department (see Exhibit 4).

Exhibit 4 More Children Exit Foster Care Within 12 Months ¹

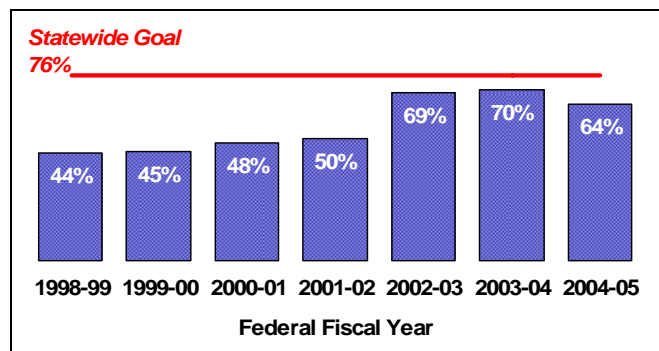


¹ This graph displays the percentages of children who entered foster care during Fiscal Years 1998-99 and 2003-04 who exited foster care within one year, which are shown as Fiscal Years 1999-00 and 2004-05.

Source: OPPAGA analysis of Department of Children and Families data.

The program also has improved in timely reunification of children with their families, although it has not met the statewide goal. In Fiscal Year 2004-05, 64% of children in foster care were reunified with their families within 12 months, compared to 44% in Fiscal Year 1998-99. However, the program has not achieved the statewide goal of 76% for any of the years included in our evaluation timeframe (see Exhibit 5). Appendix D, Table D-1 provides lead agency-specific performance for this measure.

Exhibit 5 Although the State Has Not Met the Goal for Timely Reunification, More Children Are Reunified With Their Families Within 12 Months ¹

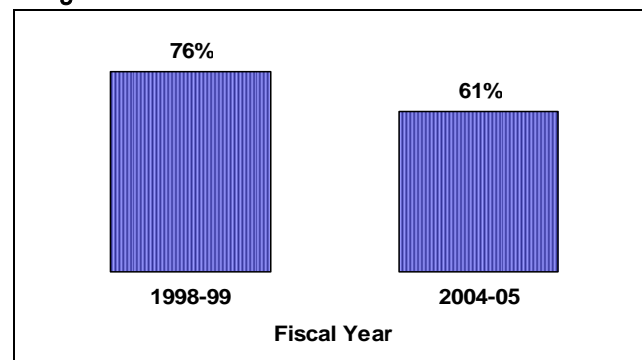


¹ Reunification includes placements with relatives.

Source: Department of Children and Families.

Fewer children are remaining in foster care longer than 12 months. As shown in Exhibit 6, 61% of children were in foster care longer than 12 months in Fiscal Year 2004-05, compared to 76% in Fiscal Year 1998-99. ¹² Appendix D, Table D-2, provides lead agency-specific performance for this measure.

Exhibit 6 Fewer Children Are in Licensed Foster Care Longer Than 12 Months ¹



¹ Data for Fiscal Year 1998-99 includes only quarters 2 through 4 because the length of stay was calculated differently prior to October 1998.

Source: OPPAGA analysis of Department of Children and Families data.

These improvements on the three measures are closely related. For example, when children exit foster care more quickly, the percentage of children in licensed foster care longer than 12 months is reduced.

Lead agencies identified several initiatives they have implemented to improve these permanency outcomes. Specifically, lead agencies indicated that they have

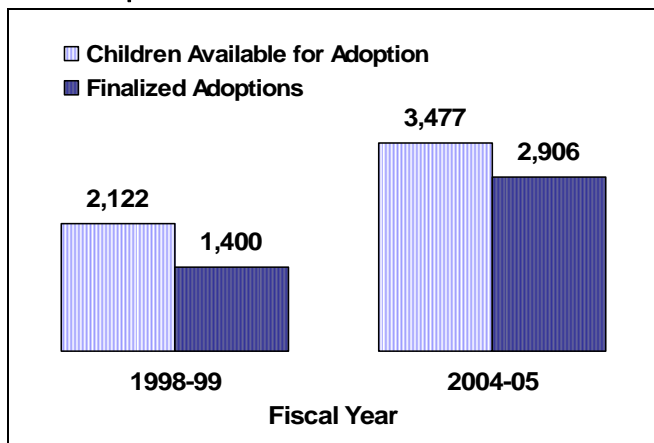
- reduced caseloads to allow case managers to work more closely and consistently with families toward achieving permanency for children in foster care;
- instituted weekly meetings of case managers and supervisory staff to discuss challenging cases and appropriate strategies;

¹² The percentage of children exiting foster care within 12 months and the percentage of those remaining in care longer than 12 months are calculated using slightly different populations of children; these populations overlap. The percentage of children exiting foster care within 12 months includes only children within the first year of removal from their families, while the percentage of children in foster care longer than 12 months is based on all children in foster care.

- encouraged more family involvement in the case planning process, helped families secure needed services, and considered extended family members as placement options;
- increased the frequency of permanency planning meetings, which include all parties involved in moving the child toward permanency;
- adjusted contracting practices to make support services more flexible, readily available, and tailored to families' needs; and
- established agreements with Child Welfare Legal Services to reduce court delays.

More adoptions are being finalized. When children cannot safely return to their families, the program tries to find them permanent adoptive homes. The number of adoptions finalized in Fiscal Year 2004-05 was more than double the number finalized in Fiscal Year 1998-99 before the transition to community-based care. In Fiscal Year 2004-05, a total of 2,906 adoptions were finalized, compared to 1,400 in Fiscal Year 1998-99. As shown in Exhibit 7, there is also a smaller gap between the number of children available for adoption and the number of adoptions finalized, demonstrating that lead agencies are having more success finding adoptive placements and finalizing the adoption process for children who cannot safely return to their families.

Exhibit 7
More Adoptions Are Finalized



Source: OPPAGA analysis of Department of Children and Families data.

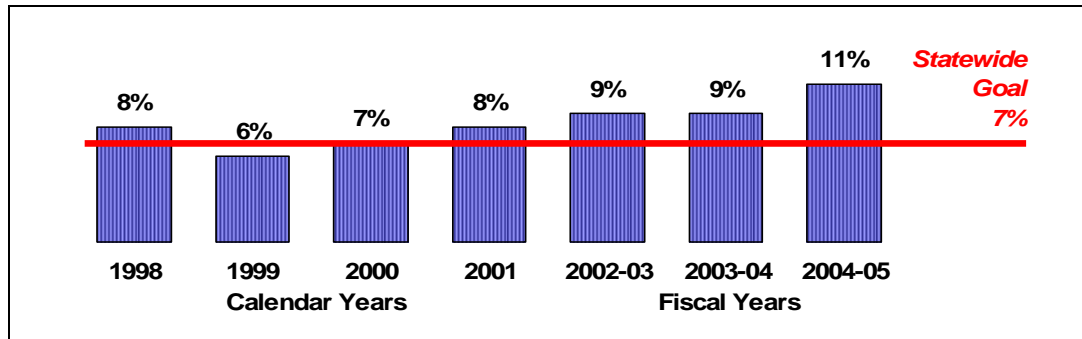
Increasing adoptions for children who cannot safely return to their families has been a program goal for several years. The department, when it administered the program, implemented several strategies to increase the number of adoptions, including developing an automated statewide list of potential adoptive parents and adoptable children and creating positions to work with the media to find adoptive homes for children who are typically harder to place. To continue this effort, lead agencies have hired additional adoptions staff to recruit adoptive parents, designated specific case managers to oversee adoption cases, and implemented adoptive home recruitment programs. During the last two years, lead agencies also have emphasized arranging adoptions for older, harder to place children who have been in foster care for a long period of time. This has contributed to the decline in the population of children in foster care longer than 12 months.

A high percentage of children experience repeated abuse and reenter foster care. Another program goal is to achieve safety for abused and neglected children; safety is reflected by prevention of further abuse and neglect for children who have been victims of maltreatment, and prevention of necessary reentry into the child welfare system. As shown in Exhibit 8, during the transition to community-based care, there has been a gradual increase in the percentage of children who experience re-abuse within six months of a previous abuse report. Thus, the program has not achieved the statewide goal that no higher than 7% of children do not experience abuse since Calendar Year 2000. In Fiscal Year 2004-05, 11% of children were victims of recurrence of abuse, compared to 8% in 1998.¹³ Appendix D, Table D-3, provides lead agency-specific performance for this measure.

¹³ Although lead agencies attribute some of these results to data entry error, department staff assert that training and data system improvements over the past several years have enhanced data integrity.

Exhibit 8

A Higher Percentage of Children Experience Reabuse ¹



¹ Fiscal Year 2004-05 includes only quarters 1 through 3, as data was not available for the fourth quarter at the time of data analysis.

Source: OPPAGA analysis of Department of Children and Families data.

The program also is exceeding the statewide goal that no more than 9% of children re-enter foster care. Of the children reunified with their families in Fiscal Year 2003-04, 12% subsequently reentered foster care within 12 months by the end of Fiscal Year 2004-05. ¹⁴ As shown in Exhibit 9, only two lead agencies met the statewide goal in Fiscal Year 2003-04.

Some lead agency and department staff attribute the high percentage of children who are reabused and must return to foster care to reuniting children with their families too quickly. In those cases, families may not receive sufficient services to resolve the issues that led to foster care placement, particularly substance abuse problems. Individuals often need longer than 12 months to complete substance abuse treatment programs and resume the responsibilities of parenthood. If children return to those homes too quickly, relapse is likely. Also, we found a positive correlation between lead agencies serving multiple counties and the percentage of children

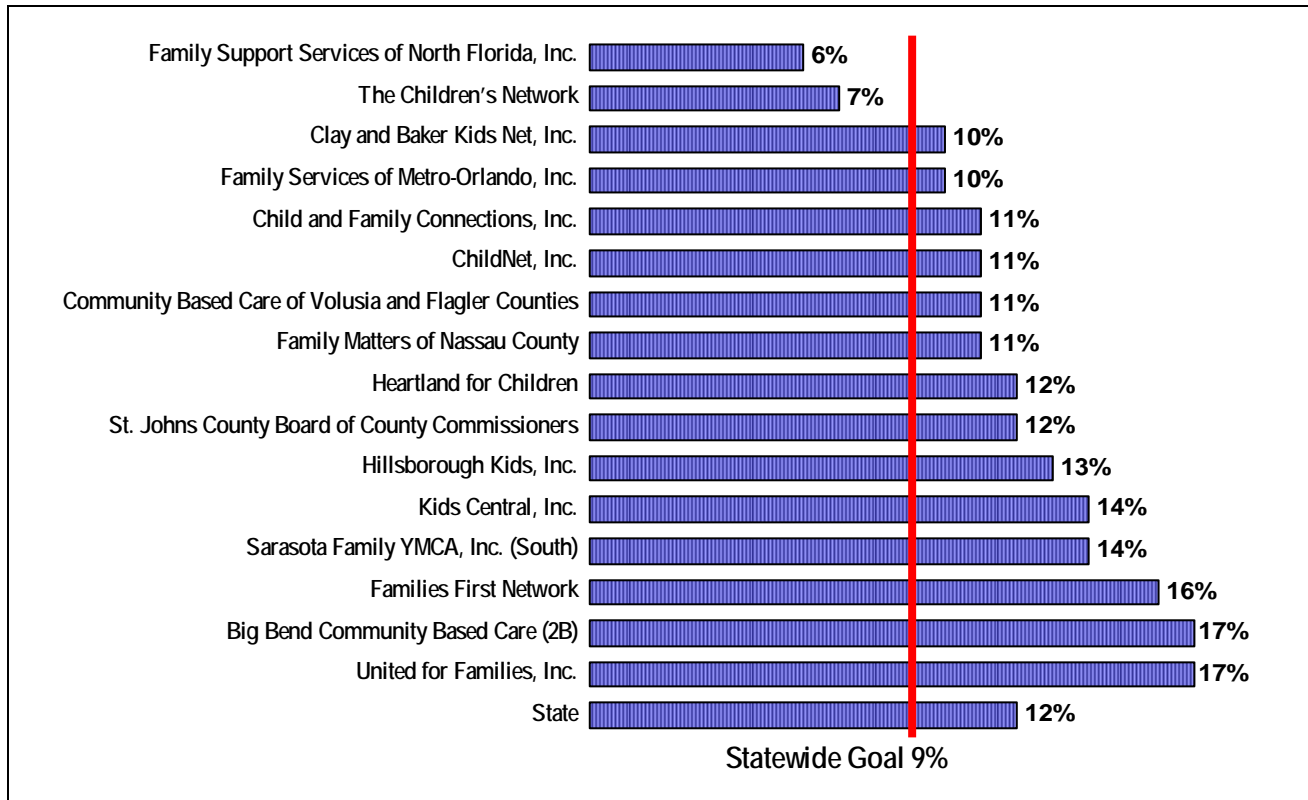
reentering foster care. (See Appendix E for correlation coefficients for all correlation analyses we conducted for this evaluation.) This likely reflects lead agency difficulties in serving rural areas, which tend to have higher poverty rates and limited service providers. However, other lead agency staff suggested that higher reabuse and return to foster care may be due to prevention initiatives that have led to increased community awareness and subsequent reports of abuse.

As the community-based care system matures, these performance trends should be carefully monitored to determine if program activities need to be modified to achieve state goals. As program goals can conflict (e.g., quickly reunify children with their families but also prevent subsequent re-abuse), it is important for the department to closely monitor the lead agencies to ensure that a proper balance is struck among these goals.

¹⁴ Data are not available for this measure for the time period prior to community-based care.

Exhibit 9

Lead Agencies Are Not Meeting the Statewide Goal to Prevent Children from Having to Reenter Foster Care ¹



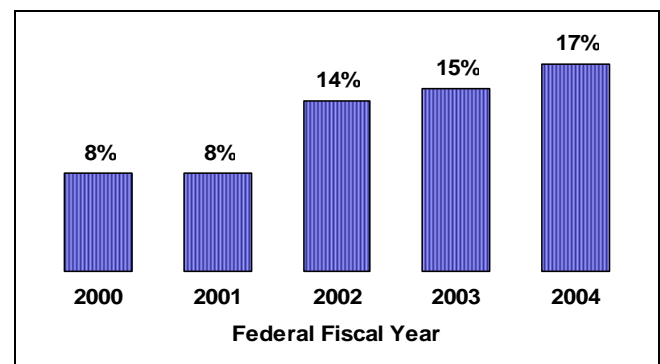
¹ This graph shows the percentage of children reentering foster care within 12 months following reunification with their families during Fiscal Year 2003-04. Reunification includes placements with relatives. A pre-community-based care comparison was not available for this measure. Source: Department of Children and Families.

More children move frequently among foster care placements

The stability of foster care placements has declined since the transition to community-based care. The program aims to place children in foster care placements that best meet their needs as soon as possible to avoid moving children from place to place, as these moves can be highly disruptive. However, over the past five years, the percentage of children with three or more placements within the first 12 months following removal from their homes has more than doubled (see Exhibit 10). Appendix D, Table D-4, provides lead agency-specific performance for this measure.

Exhibit 10

The Percentage of Children With Three or More Placements Within 12 Months Has Increased ¹



¹ Federal Fiscal Year 2000 was the first year for which the department reported data for this measure.

Source: OPPAGA analysis of Department of Children and Families data.

Stakeholders cite three factors that have contributed to the number of times children are moved to different foster home placements. First, some lead agency and department staff assert that placement instability indicates that the state lacks the proper mix of foster placements to meet children's needs. Foster children frequently have complex behavioral and medical problems, and the state needs a mix of therapeutic, medical, and regular placements that can serve infants, school-age children, and adolescents of all racial backgrounds. Placing children in settings that cannot meet their needs can lead to frequent moves as foster parents grow frustrated and can no longer address the children's special needs.

Second, some lead agency and department staff suggest that the increase in statewide placement instability is due to greater intentional therapeutic movements of children across placements.¹⁵ Some lead agencies emphasize matching children with foster parents who are specially prepared to deal with their complex behaviors or medical needs, and argue that more frequent moves of children are appropriate as their needs change over time. The program's current data systems do not differentiate movements of children for therapeutic reasons from movements for other reasons.

Third, lead agency and department staff note that increased use of intake centers, which can be considered a placement, also affects the measurement of placement stability.¹⁶ Under community-based care, many lead agencies place children in intake centers when they are first removed from their families to receive physical and mental health examinations. According to lead agency and department staff, the primary purpose of intake centers is to provide staff the opportunity to determine the best foster placement for each child. Children typically remain at the intake center for a few hours, but sometimes stay overnight. Lead agency staff express concerns that the use of intake centers,

which are designed to improve the integrity of initial placements and ease the transition into foster care, are in effect penalizing lead agencies by increasing their placement instability rates.

The department and lead agencies are taking steps to address placement instability. To explore potential causes and solutions to this problem, the department has hired nationally recognized child welfare experts to examine this issue for one lead agency and develop strategies to improve placement stability. Another lead agency has established a program to stabilize children in specially recruited and trained foster homes when they are first removed from their families. While the child is in this initial placement, case managers determine and secure the best subsequent foster placement for each child in an effort to limit children's foster care experiences to no more than two placements.

Have the number of foster beds and the level of foster parent satisfaction changed since the transition to community-based care?

The number of available foster beds has increased since the transition to community-based care, and fewer homes are over their licensed capacity. However, foster parents continue to express dissatisfaction with program support and services.¹⁷

More foster beds are available under community-based care. Lead agencies have been successful in recruiting additional foster homes since the transition to community-based care. Since Fiscal Year 1998-99, the number of foster homes available has increased by approximately 2,400

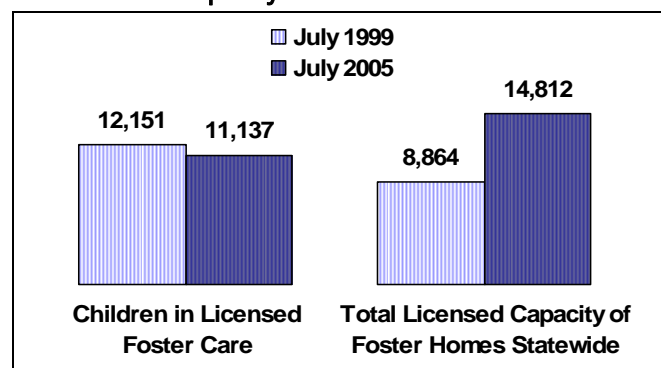
¹⁵ Children with special needs (e.g., behavioral, medical, etc.) sometimes are placed in foster homes with parents trained to address those needs. A therapeutic move occurs when the child's condition improves and the child is moved into a regular foster home, or when the child's condition worsens and requires more specialized care.

¹⁶ Due to federal and state reporting guidelines, a case manager must consider several criteria when determining whether to document the time a child spends at an intake center as the initial foster care placement within the statewide data system.

¹⁷ In previous reports, we concluded that the program struggled with a shortage of foster home beds, overcrowding in foster homes, and ongoing concerns of foster parents, including inadequate support and communication. These issues affect foster parents' willingness and ability to serve foster children. See *Performance Audit of the Foster Care Program Administered by the Department of Health and Rehabilitative Services*, Auditor General Report No. 11151, January 3, 1989; *Progress Report of Justification Review: Child Protection Program, Department of Children and Families*, OPPAGA [Report No. 02-16](#), March 2002; *Progress Report: Child Protection Program Makes Needed Changes But Lacks Data for Evaluating Results of Initiatives*, OPPAGA [Report No. 03-09](#), January 2003.

homes statewide, an increase of almost 6,000 beds (see Exhibit 11).¹⁸ This reflects lead agency efforts to recruit new foster homes through strategies such as creating billboard and television advertisements, working with churches to recruit foster parents, establishing full-time staff positions charged with foster care recruitment and retention, and contractually requiring subcontractors to recruit a minimum number of homes per year.

Exhibit 11
Foster Home Capacity Has Increased



Source: Department of Children and Families.

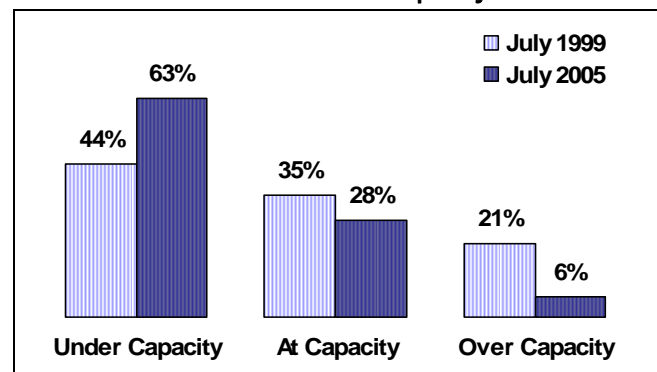
Fewer foster homes are over capacity. An historical problem in the foster care program has been overcrowding in foster homes, which is problematic as children in overcrowded homes may not receive the attention and support they need from foster parents. Lead agencies generally have been successful in resolving this problem. In Fiscal Year 2004-05, only 6% of foster homes were serving more children than their licensed capacity, a substantial reduction from the 21% overcapacity rate in July 1999 when the department directly administered the program. As shown in Exhibit 12, almost two-thirds of foster homes (63%) were serving fewer children than their licensed capacity in July 2005, compared to only 44% in July 1999.

Although foster home capacity has improved on a statewide basis, foster home capacity does vary across the state and some lead agency staff said their foster home capacity actually has decreased since the transition to community-based care.

¹⁸ Staff from 19 of the 22 lead agencies stated that despite the overall increase in the number of foster beds statewide, they continue to lack a sufficient number of foster beds to meet demand.

Reasons for the decrease include the inability of some foster parents to afford the costs of caring for foster children or to care for children too young to attend school because the foster parents work during the day. Also, some foster parents elect not to renew their licenses because they have already adopted foster children.

Exhibit 12
Fewer Foster Homes Are Over Capacity



Source: Department of Children and Families data.

Many lead agency and department staff attribute the reduction in overcrowded foster homes to lead agencies' successful efforts to recruit foster parents, combined with a decrease in the number of children in licensed foster care. Since Fiscal Year 1998-99, the number of children served in licensed foster care decreased by approximately 1,000, which increased the space available in foster homes (see Exhibit 11).^{19, 20} The stakeholders asserted that in addition to avoiding overcrowding, the current surplus of beds provides lead agencies with the flexibility needed to place sibling groups together, better match foster children with placements that meet their needs, and enable agencies to place children quickly when emergencies arise.

However, some lead agency and department staff are concerned that the number of foster homes under capacity may instead reflect that the available foster homes are not appropriate for the children needing placement. Some foster parents

¹⁹ Licensed foster care includes residential and licensed foster home placements, but not relative or approved non-relative placements.

²⁰ This decrease may be, in part, a result of Florida following the national trend of placing children in relative care instead of licensed foster homes. Through the 1997 Adoption and Safe Families Act, Congress recognized placement with a relative or legal guardian as a permanency option for children in foster care.

are selective about the types of children for whom they are willing to provide care in their homes. For example, a lead agency may have many foster parents with available space in their homes, but those foster parents may not be willing or able to accept children with challenging behaviors or health problems, or children who are older or younger than a certain age. Consequently, a lead agency's foster homes may be under capacity because the lead agency has foster homes with beds available, yet is unable to place children in those homes.

Foster parents continue to express concerns. Foster parents who participated in our focus groups expressed several concerns about the program, including low payment rates; insufficient information about their foster children; and poor communication with lead agencies, case managers, and foster care providers.²¹

The foster parents asserted that the board rates they receive to care for foster children were not adequate to cover the costs they incur in caring for foster children, including shelter, groceries, transportation, and clothing. The state has established a basic board rate that ranges from \$369 to \$455 per child per month, depending on the child's age and needs.^{22, 23} These rates have not increased since 2000, and would range from \$412 to \$508 if they had been increased to account for inflation.^{24, 25} Foster parents asserted that the current board rates are not sufficient to cover their expenses, particularly for clothing, groceries, school-related activities such as field trips and

extracurricular activities, and infant and toddler equipment such as cribs and strollers.²⁶

Foster parents also asserted that they often did not receive the information and documents necessary to adequately care for children placed in their homes. For example, foster parents stated they routinely do not receive custody documents; Social Security and Medicaid numbers; medical, allergy, and immunization histories; and behavior information. This limited their ability to access healthcare services such as taking children for check-ups or to treat injuries and illnesses. It also created challenges in enrolling foster children in local schools and caring for behavioral problems.

In addition, many foster parents expressed concerns about poor communication with lead agencies, case managers, and foster care providers.

- The foster parents said that they did not receive sufficient guidance from lead agency staff on whom to call when they need information or assistance under the decentralized child welfare system. For example, some foster parents indicated that they did not receive a staff contact list from the lead agency to assist them in addressing various situations. Other parents who received contact lists said frequent staff changes made the list relatively unhelpful. Clear contact information is important because most lead agencies subcontract for foster care services, and thus different providers may be responsible for providing general support to foster parents and case management services for the children placed in their homes.
- Foster parents expressed concerns about a lack of communication with case managers. Many foster parents stated that case managers are not accessible, do not return phone calls, and do not notify them of important events such as judicial hearings regarding case plan decisions. Foster parents can provide important input for

²¹ Foster parents participated in seven focus groups across the state, including foster parents from Osceola, Polk, Hardee, Highlands, Bay, Jackson, Holmes, Washington, Broward, Duval, and Lake counties.

²² The minimum allowable amounts are determined by the Legislature. Some lead agencies supplement the state's board rate. Foster parents who care for children with medical or severe behavioral problems often receive a higher board rate.

²³ As of December 2005, basic board rates in other states range from a minimum monthly payment of \$212 to \$788 per month for younger children to a maximum of \$305 to \$997 per month for older children. These numbers do not include California, Indiana, Ohio, and Pennsylvania.

²⁴ These figures are based on average annual inflation from June 2000 to June 2005 using the Consumer Price Index.

²⁵ The 2006 Legislature approved an increase to the basic board rate of \$2 per day per child.

²⁶ The United States Department of Agriculture estimates that in 2004, husband-wife families spent \$392 to \$1,008 per month to raise a child in rural areas and \$443 to \$1,066 per month to raise a child in the urban South (depending on the income level of the family and the age of the child). Estimated annual expenditures include housing, food, transportation, clothing, and miscellaneous expenses, but exclude health care, child care, and education expenses for comparison purposes, as funds for those services are provided separately to Florida foster parents.

these decisions due to the amount of time they spend with foster children and their knowledge of the children's service needs.

- Foster parents said that lead agencies, foster care providers, and case managers do not always provide them with information about resources available in their communities to address foster children's needs. For example, several foster parents said they were not informed of local clothing closets or the availability of cribs from local foster parent associations.

Lead agencies are taking steps to address foster parent concerns. Lead agencies indicated that they are taking steps to address the concerns of foster parents. Four lead agencies reported that they had surveyed foster parents to learn about their concerns and develop strategies to better serve them. Other lead agencies have hired staff to serve as foster parent liaisons and have stressed the importance of their case managers responding to foster parents' questions. Some lead agencies also have created newsletters to keep foster parents informed about training, meetings, and resources, and have scheduled appreciation activities for foster parents. Many of these steps have been implemented recently and their effects on foster parent satisfaction and retention cannot yet be determined.

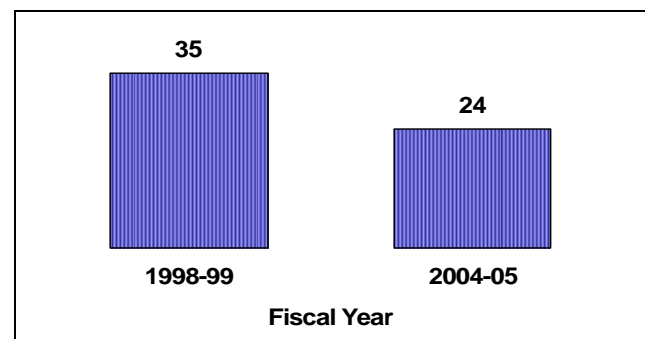
How has the transition to community-based care affected case manager caseloads and turnover?

While caseloads and case manager vacancy rates are lower after the transition to community-based care, case manager turnover rates are slightly higher. Lead agencies are offering lower case manager starting salaries than did the department, and benefits are not as comprehensive.

Caseloads are lower

Case managers working for community-based agencies have considerably lower caseloads than under the state-operated child welfare system. Manageable caseloads allow case managers to have more interaction with children, achieve permanency more timely, and decrease the chances of children being injured or missing. Since Fiscal Year 1998-99, the average caseload statewide has dropped by an average of 11 children, from 35 to 24 (see Exhibit 13). However, as of December 2005 only two lead agencies were meeting the statutory caseload guideline of 14 to 17 children per case manager; average caseloads ranged from 16 to 38 children.²⁷ Appendix F, Table F-1, provides caseloads by lead agency.

Exhibit 13
Caseloads Have Decreased



Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

Lead agencies reported employing various strategies to reduce their caseloads, including implementing prevention services to keep families from unnecessarily entering the child welfare system. Also, we found a correlation between lead agency funding per child and caseloads, likely reflecting the ability of agencies with higher funding to employ more case managers and provide more prevention and in-home services for families. (See Appendix E for correlation analyses.)

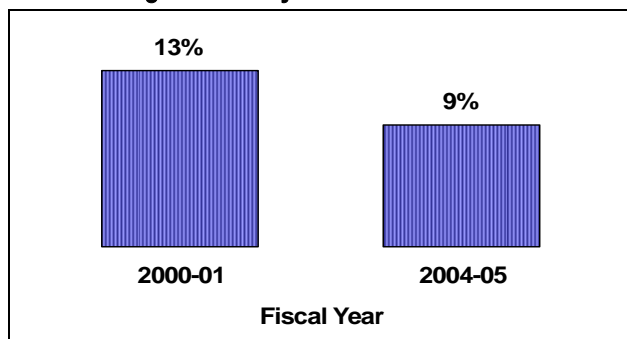
²⁷ Section 20.19(5), *F.S.*, directs that caseloads should not exceed the Child Welfare League of America standards by more than two cases. The league recommends caseloads of 12 to 15 children.

While vacancy rates are lower, case manager turnover rates are slightly higher

Statewide case manager vacancy rates have decreased since the transition to community-based care, although vacancy rates vary across lead agencies.²⁸ The statewide turnover rate for case managers has increased under community-based care.²⁹

Case manager vacancy rates are lower under community-based care. As shown in Exhibit 14 vacancy rates for case managers dropped from 13% in Fiscal Year 2000-01 to 9% in Fiscal Year 2004-05; comparable data was not available for Fiscal Year 1998-99. The lower vacancy rate for Fiscal Year 2004-05 may be the result of lead agencies subcontracting with multiple case management organizations, which allows them to draw from a larger case manager workforce. Instead of working for a single agency (the department), case managers are often employed by case management organizations with which lead agencies subcontract. Appendix F, Table F-2, provides vacancy rates by lead agency.

Exhibit 14
Case Manager Vacancy Rates Have Decreased¹



¹ The Department of Children and Families was not able to provide a vacancy rate for Fiscal Year 1998-99 that excluded case manager positions eliminated during the transition to community-based care and protective investigator positions (which tend to have higher vacancy rates than case manager positions). Although the available data for Fiscal Year 2000-01 included protective investigator positions and some department case managers may have already left due to job uncertainty during the transition, the extent of possible rate inflation is less than using a rate that includes eliminated positions.

Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

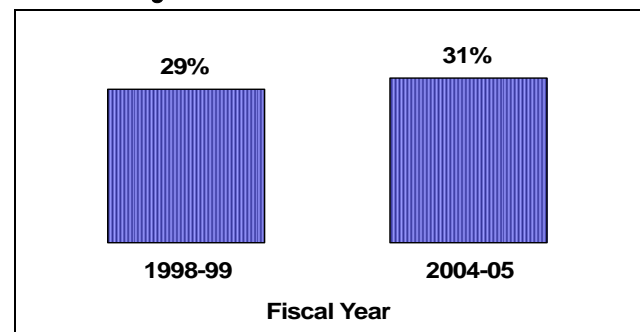
²⁸ Vacancy represents the percentage of authorized positions that are unfilled and can indicate an agency's efficiency in hiring new employees to maintain a complete workforce.

²⁹ Turnover is a measure of workforce changes over time and can indicate levels of overall employee satisfaction and agency stability.

Lead agencies that serve multiple counties tend to have higher vacancy rates. This may be due to difficulty in recruiting case managers in rural or more geographically diverse areas. Lead agencies with higher caseloads also tend to have higher vacancy rates, reflecting the need to transfer cases when positions are vacant.

Case manager turnover rates have increased slightly under community-based care. Statewide case manager turnover in Fiscal Year 2004-05 was 31%, reflecting a slight increase since Fiscal Year 1998-99 when the department had a 29% turnover rate for these positions (see Exhibit 15). Appendix F, Table F-3, provides turnover rates by lead agency. As noted in our prior reports, turnover is problematic as inexperienced case managers generally cannot provide the same quantity and quality of child protective services as experienced staff, which reduces the program's ability to ensure that children are safe (for example, foster parents report that staff turnover can result in service delays for children).³⁰

Exhibit 15
Case Manager Turnover Rates Have Increased¹



¹ The Fiscal Year 1998-99 turnover figure may be artificially high because it includes protective investigator positions; these positions tend to have a higher rate of turnover than case management positions.

Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

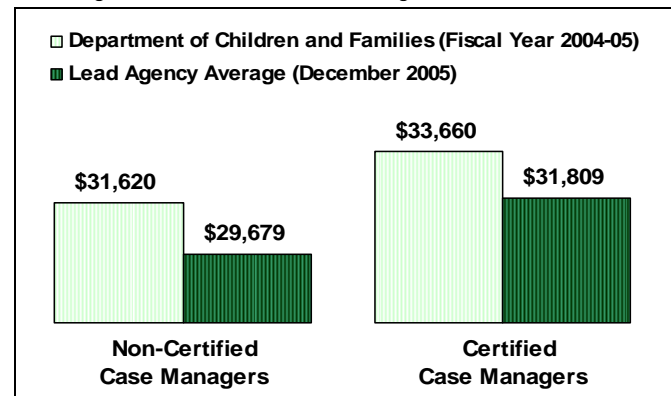
High case manager turnover rates appear to be due to several factors, including competition among case management organizations, lower salaries and benefits, and job dissatisfaction.

³⁰ *Justification Review: Child Protection Program*, OPPAGA [Report No. 01-14](#), March 2001; *Progress Report of Justification Review: Child Protection Program*, Department of Children and Families, OPPAGA [Report No. 02-16](#), March 2002; *Progress Report: Child Protection Program Makes Needed Changes But Lacks Data for Evaluating Results of Initiatives*, OPPAGA [Report No. 03-09](#), January 2003.

- The transition to community-based care resulted in changes to how case managers are employed. Instead of working for a single agency (the department), case managers may be employed by multiple case management organizations that contract with lead agencies. Lead agency staff indicated that case managers often move across these organizations seeking better salaries and benefits.³¹
- Average starting salaries for certified and non-certified case managers are almost \$2,000 lower statewide than what the department paid case managers in Fiscal Year 2004-05, the last year in which the department employed case managers (see Exhibit 16). Only three lead agencies pay a higher starting salary for certified case managers, and none pay a higher starting salary for non-certified case managers (see Appendix F, Table F-4). While starting salaries vary statewide, our correlation analyses showed that the funding per child and the size of lead agencies (i.e., number of employees and number of clients) do not seem to affect case manager salaries. Appendix F, Table F-4, provides starting salaries paid by each lead agency.
- Case manager benefits vary across lead agencies and are not as comprehensive as benefits offered by the state. In comparison to the state benefit package, case managers under community-based care organizations pay higher health insurance premiums and participate in retirement plans that are not as comprehensive as the state retirement system.³²
- Lead agencies reported that case managers are in high stress, emotionally draining jobs that require long work hours. Case management organization and lead agency administrators said that additional job frustrations that lead to case manager turnover are documentation

requirements that limit time spent with clients, and applicants not understanding the demanding nature of the job prior to accepting the position.

Exhibit 16 Starting Salaries for Case Managers Are Lower^{1,2}



¹ Department case manager salaries are for Fiscal Year 2004-05, the last year in which the department employed family services counselors (i.e., case managers). The department maintained salary levels for family services counselors during Fiscal Year 2005-06 even though the department did not employ child welfare case managers beyond the end of Fiscal Year 2004-05. As of August 2005, department starting salaries for these positions were \$32,758 for non-certified case managers and \$34,872 for certified case managers.

² Lead agency salaries are as of December 2005.

Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

Performance data improvements are needed

The state's current mechanisms for evaluating community-based care system performance have limitations that hinder the department's ability to identify and correct underlying contributors to poor performance and assess the well-being of the children being served by the program.

The department currently tracks performance at the lead agency level, although much of the service delivery for children and families is occurring at the subcontractor level. As discussed in a previous OPPAGA report, several lead agencies have not adequately performed quality assurance and contract monitoring of their subcontractors.³³ In order to ensure good

³¹ Some lead agency staff stated that for more recently established lead agencies, some Fiscal Year 2004-05 turnover also resulted from former department case managers who accepted employment with the lead agency, then terminated employment either because they did not like the new community-based system or they did not meet the providers' expectations.

³² Case managers previously employed by the department were no longer eligible for their State of Florida retirement benefits once they became employed by lead agencies unless they obtained a position with one of the two county government-run lead agencies.

³³ *Additional Improvements Are Needed as DCF Redesigns Its Lead Agency Oversight Systems*, OPPAGA [Report No. 06-05](#), January 2006.

outcomes for children, lead agencies should track performance of their subcontractors, which would enable them to identify and correct underlying contributors to poor performance.

The department also has not developed measures that assess the well-being of children and families, which is currently receiving federal emphasis. For example, the department could develop measures and collect data regarding foster children's physical and mental health status, their educational attainment, and incidence of teenage pregnancy. This would improve the state's ability to assess the status of children in the foster care system.

Recommendations

To improve its management of the community-based care system, the department should take the actions described below.

- The department should target critical client outcomes that have not shown improvement under community-based care, notably foster care placement stability, recurrence of abuse, and reentry into out-of-home care, and develop strategies for working with its lead agencies to reach statewide performance expectations in these areas.
- As recommended in a previous OPPAGA report, the department should provide additional guidance to lead agencies as they develop their individualized quality assurance

systems to ensure that all lead agencies address core performance issues.³⁴ When implementing this recommendation, the department should ensure that lead agency quality assurance plans identify and remedy subcontractor problems discussed in this report, such as foster care providers and case managers not effectively communicating with foster parents and not providing them necessary documentation about the children in their care.

- The department should continue to develop performance measures that assess child and family well-being, which should include but not be limited to, assessment of mental and physical health, educational attainment, and incidence of teenage pregnancy.

Agency Response

In accordance with the provisions of s. 11.51(5), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Children and Families for review and response. The Secretary's written response to this report begins on page 24.

³⁴ As discussed in OPPAGA [Report No. 06-05](#), the department is implementing a new quality assurance system that gives lead agencies additional responsibility for conducting their own quality assurance, including assessment of subcontractor performance.

OPPAGA supports the Florida Legislature by providing evaluative research and objective analyses to promote government accountability and the efficient and effective use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475). Cover photo by Mark Foley.

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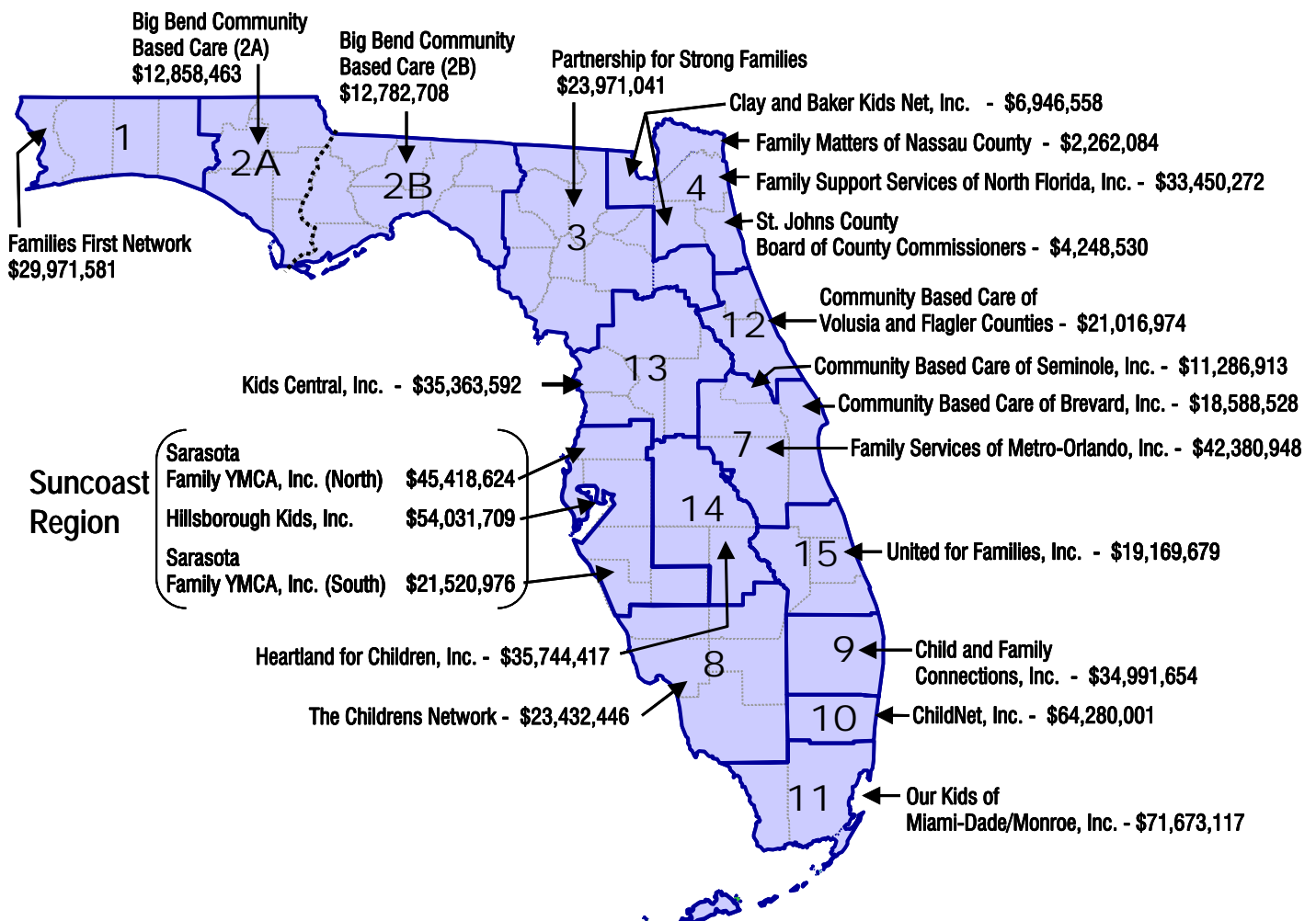
Becky Vickers, Staff Director (850/487-1316)

Gary R. VanLandingham, OPPAGA Director

Appendix A

The State Provides Foster Care and Related Services Using a Community-Based System

As shown on the map below, the department has entered into contracts with 22 lead agencies to provide services in all 67 counties. The contracts for Fiscal Year 2005-06 total \$625.4 million.¹



¹ Contract amounts are current as of February 10, 2006.

Appendix B

Most Lead Agencies Subcontract for Service Provision

The table below shows that statewide, lead agencies have established 500 subcontracts, 64 for case management and 436 for direct service provision. Direct service provision subcontracts include foster care placement, adoption supervision, and substance abuse and mental health intervention. The number of subcontracts held by each lead agency range from 0 to 77.¹ All but 1 of the 22 lead agencies subcontract for some services and all but 5 lead agencies subcontract for case management.

Lead Agency	Subcontracts ¹	Case Management Organizations ²
St. Johns County Board of County Commissioners	0	0
Family Matters of Nassau County	1	0
Clay and Baker Kids Net, Inc.	2	0
Sarasota Family YMCA, Inc. (South)	8	4
Our Kids of Miami-Dade/Monroe, Inc.	8	8
Big Bend Community Based Care (2A)	11	3
Partnership for Strong Families	11	3
Sarasota Family YMCA, Inc. (North)	12	4
Child and Family Connections, Inc.	17	3
United for Families, Inc.	17	2
Big Bend Community Based Care (2B)	19	3
Kids Central, Inc.	20	5
Community Based Care of Seminole, Inc.	21	2
Family Support Services of North Florida, Inc.	22	8
Families First Network	25	0
Heartland for Children	26	4
Hillsborough Kids, Inc.	27	4
Community Based Care of Brevard, Inc.	29	2
Community Based Care of Volusia and Flagler Counties	30	1
The Children's Network	57	3
ChildNet, Inc.	60	0
Family Services of Metro-Orlando, Inc.	77	5
Statewide Total	500	64

¹ The number of subcontracts does not include rate agreements. Rate agreements are contracts that provide for a unit of service and a unit cost but do not specify the quantity of services to be purchased. Such contracts are typically for individualized services, yet may exceed \$1 million.

² The number of contracts for case management is included in the number of subcontracts.

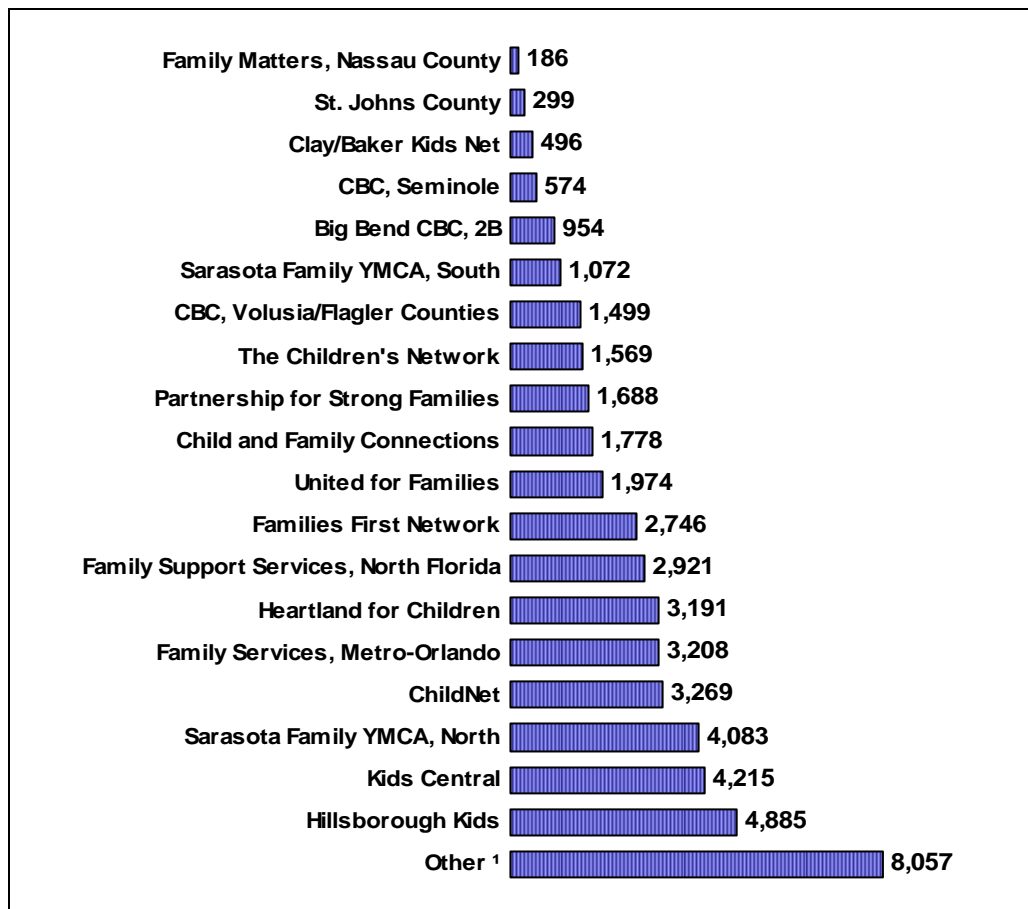
Source: OPPAGA analysis of lead agency and case management organization data.

¹ Numbers of contracts are current as of December 2005.

Appendix C

Lead Agencies Served a Varied Number of Foster Children and Young Adults as of June 30, 2005

The graph below displays the number of children served by each lead agency as of June 30, 2005. The numbers of children and young adults served range from 186 to almost 5,000.



¹ 'Other' includes children and young adults served by lead agencies in their first services contract year and children under the supervision of protective investigators from the department or local sheriff's offices.

Source: OPPAGA analysis of Department of Children and Families data.

Appendix D

Lead Agency Performance on Outcome Measures Varies Statewide

The charts below show lead agency-specific performance for several of the program's outcome measures. Table D-1 shows agency performance in timely family reunification, Table D-2 shows length of stay in foster care, Table D-3 shows recurrence of abuse, and Table D-4 shows placement stability. Of those measures, two have statewide goals: timely reunification (76% of children are to be reunified with their families within 12 months) and recurrence of abuse (no higher than 7% of children experience recurrence of abuse within six months of the previous abuse report). In Fiscal Year 2004-05, three lead agencies met the timely reunification goal and none met the goal for recurrence of abuse.

Table D-1
Of Those Children Reunified During Fiscal Year
2004-05, Percentage Reunified Within 12 Months

Lead Agency ¹	Percentage of Children
Community Based Care of Volusia and Flagler Counties	38%
Child and Family Connections, Inc.	46%
Hillsborough Kids, Inc.	47%
Sarasota Family YMCA, Inc. (North)	54%
The Children's Network	56%
Family Support Services of North Florida, Inc.	59%
Heartland for Children	60%
Big Bend Community Based Care (2B)	63%
Family Services of Metro-Orlando, Inc.	63%
ChildNet, Inc.	64%
United for Families, Inc.	67%
Community Based Care of Seminole, Inc.	68%
Partnership for Strong Families	70%
Sarasota Family YMCA, Inc. (South)	72%
Families First Network	73%
Family Matters of Nassau County	75%
State Goal	76%
Clay and Baker Kids Net, Inc.	76%
St. Johns County Board of County Commissioners	77%
Kids Central, Inc.	78%
Statewide Average	63%

¹ Does not include lead agencies in their first services contract year.

Source: OPPAGA analysis of Department of Children and Families data.

Table D-2
Percentage of Children in Licensed Foster Care
Longer Than 12 Months During Fiscal Year 2004-05

Lead Agency ¹	Percentage of Children
Family Matters of Nassau County	36%
Families First Network	49%
Kids Central, Inc.	50%
Big Bend Community Based Care (2B)	55%
Partnership for Strong Families	55%
Heartland for Children	55%
United for Families, Inc.	57%
St. Johns County Board of County Commissioners	58%
Family Support Services of North Florida, Inc.	59%
Sarasota Family YMCA, Inc. (South)	61%
ChildNet, Inc.	62%
Hillsborough Kids, Inc.	63%
Community Based Care of Volusia and Flagler Counties	63%
Family Services of Metro-Orlando, Inc.	64%
The Children's Network	65%
Clay and Baker Kids Net, Inc.	66%
Sarasota Family YMCA, Inc. (North)	66%
Child and Family Connections, Inc.	68%
Statewide Average	61%

¹ Does not include lead agencies in their first services contract year.

First quarter data for this measure was not available for Community Based Care of Seminole, Inc., because it had held a services contract for only 11 months during Fiscal Year 2004-05.

Source: OPPAGA analysis of Department of Children and Families data.

Table D-3
Percentage of Children Experiencing Recurrence of Abuse Within Six Months of Previous Report of Abuse During Fiscal Year 2004-05

Lead Agency ¹	Percentage of Children
Heartland for Children	14%
Big Bend Community Based Care (2B)	13%
Partnerships for Strong Families	13%
St. Johns County Board of County Commissioners	13%
Community Based Care of Volusia and Flagler Counties	13%
Kids Central, Inc.	13%
Sarasota Family YMCA, Inc. (South)	13%
Families First Network	12%
Sarasota Family YMCA, Inc. (North)	12%
Clay and Baker Kids Net, Inc.	11%
Hillsborough Kids, Inc.	11%
Family Support Services of North Florida, Inc.	10%
Family Services of Metro-Orlando, Inc.	10%
Child and Family Connections, Inc.	10%
Family Matters of Nassau County	9%
Community Based Care of Seminole, Inc.	9%
The Children's Network	9%
ChildNet, Inc.	9%
United for Families, Inc.	9%
Statewide Average	11%
State Goal	7%

¹ Does not include lead agencies in their first services contract year.

Source: OPPAGA analysis of Department of Children and Families data.

Table D-4
Percentage of Children With Three or More Foster Home Placements in Fewer Than 12 Months During Fiscal Year 2004-05

Lead Agency ¹	Percentage of Children
Family Support Service of North Florida, Inc.	7%
Clay and Baker Kids Net, Inc.	9%
Hillsborough Kids, Inc.	10%
Child and Family Connections, Inc.	12%
Family Matters of Nassau County	14%
St. Johns County Board of County Commissioners	14%
Big Bend Community Based Care (2B)	17%
Kids Central, Inc.	17%
The Children's Network	18%
Heartland for Children	18%
Community Based Care of Volusia and Flagler Counties	19%
United for Families, Inc.	20%
Sarasota Family YMCA, Inc. (South)	20%
Family Services of Metro-Orlando, Inc.	21%
Families First Network	22%
Community Based Care of Seminole, Inc.	22%
Partnership for Strong Families	22%
ChildNet, Inc.	27%
Sarasota Family YMCA, Inc. (North)	31%
Statewide Average	18%

¹ Does not include lead agencies in their first services contract year.

Source: OPPAGA analysis of Department of Children and Families data.

Appendix E

Multiple Factors Are Associated With Child Welfare Program Performance

To investigate the relationship among lead agency performance and factors that may influence performance, we conducted a Pearson Product Moment Correlation. The table below displays the correlation coefficients for the correlations discussed within the report. The Pearson's correlation coefficient is a commonly used statistical measure of association. It ranges from -1.0 to $+1.0$ and measures the direction and degree of linear correlation. Negative correlations indicate an inverse association. Generally, correlations with an absolute value of 0.0 to 0.3 indicate a weak relationship, 0.3 to 0.6 a moderate relationship, and greater than 0.6 a strong relationship.

Lead Agency Performance Area	Factors Associated with Performance	Correlation Coefficient	Degree of Relationship
Percentage of Children Reentering Foster Care within 12 Months of Reunification with their Families	Number of Counties Served by Lead Agency	+0.55	Moderate
Average Caseload Size for Fiscal Year 2004-05	Lead Agency Fiscal Year 2004-05 Funding per Child	-0.69	Strong
Average Case Manager Vacancy Rate for Fiscal Year 2004-05	Number of Counties Served by Lead Agency	+0.45	Moderate
	Average Lead Agency Caseload Size for Fiscal Year 2004-05	+0.61	Strong
Starting Salary for Non-Certified Case Managers as of December 2005	Lead Agency Fiscal Year 2005-06 Funding per Child	+0.03	Weak
	Number of Case Managers Employed by the Lead Agency and Its Case Management Organizations	-0.27	Weak
	Number of Children and Young Adults Served as of December 31, 2005	-0.20	Weak
Starting Salary for Certified Case Managers as of December 2005	Lead Agency Fiscal Year 2005-06 Funding per Child	+0.13	Weak
	Number of Case Managers Employed by the Lead Agency and Its Case Management Organizations	-0.27	Weak
	Number of Children and Young Adults Served as of December 31, 2005	-0.19	Weak

Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

Appendix F

Case Manager Salaries and Workloads Vary Statewide

The tables that follow show case manager information for each lead agency. Table F-1 shows caseloads, Table F-2 shows vacancy rates, Table F-3 shows turnover rates, and Table F-4 shows starting salary levels. Only two lead agencies met the statutory caseload guideline of 14 to 17 children per case manager in Fiscal Year 2004-05. Average starting salaries for certified and non-certified case managers are almost \$2,000 lower statewide than what the department paid case managers in Fiscal Year 2004-05, the last year in which the department employed case managers. Only three lead agencies pay a higher starting salary for certified case managers, and none pay a higher starting salary for non-certified case managers.

Table F-1
Annual Average Caseloads
for Fiscal Year 2004-05

Lead Agency ¹	Average Caseload ²
Sarasota Family YMCA, Inc. (South)	16
Community Based Care of Seminole, Inc.	16
Statutory Guideline	14 to 17
Child and Family Connections, Inc.	18
Family Services of Metro-Orlando, Inc.	19
ChildNet, Inc.	21
Hillsborough Kids, Inc.	21
St. Johns County Board of County Commissioners	22
Family Support Services of North Florida, Inc.	24
Families First Network	24
The Children's Network	24
Big Bend Community Based Care (2B)	24
Clay and Baker Kids Net, Inc.	24
Sarasota Family YMCA, Inc. (North)	27
Heartland for Children	27
Community Based Care of Volusia and Flagler Counties	28
Kids Central, Inc.	28
Partnership for Strong Families	28
Family Matters of Nassau County	32
United for Families, Inc.	38
Statewide Average	24

¹ Does not include lead agencies in their first services contract year.

² Caseloads represent the average number of children per case manager.

Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

Table F-2
Vacancy Rates for Case Manager Positions
for Fiscal Year 2004-05

Lead Agency ¹	Quarterly Average
St. Johns County Board of County Commissioners	0%
ChildNet, Inc.	0%
Family Services of Metro-Orlando, Inc.	4%
Community Based Care of Seminole, Inc.	4%
The Children's Network	5%
Child and Family Connections, Inc.	5%
Hillsborough Kids, Inc.	6%
Clay and Baker Kids Net, Inc.	6%
Sarasota Family YMCA, Inc. (North)	7%
Families First Network	7%
Big Bend Community Based Care (2B)	8%
Kids Central, Inc.	9%
Family Support Services of North Florida, Inc.	11%
Sarasota Family YMCA, Inc. (South)	11%
Heartland for Children	13%
United for Families, Inc.	14%
Community Based Care of Volusia and Flagler Counties	14%
Family Matters of Nassau County	21%
Partnership for Strong Families	22%
Statewide Average	9%

¹ Does not include lead agencies in their first services contract year.

Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

Table F-3
Turnover Rates for Case Manager Positions for Fiscal Year 2004-05

Lead Agency ¹	Annual Turnover	Lead Agency ¹	Annual Turnover
Sarasota Family YMCA, Inc. (North)	6%	Community Based Care of Volusia and Flagler Counties	33%
St. Johns County Board of County Commissioners	7%	Family Matters of Nassau County	33%
Sarasota Family YMCA, Inc. (South)	12%	Family Services of Metro-Orlando, Inc.	34%
ChildNet, Inc.	12%	Clay and Baker Kids Net, Inc.	37%
Kids Central, Inc.	20%	Hillsborough Kids, Inc.	51%
Families First Network	23%	Heartland for Children	54%
The Children's Network	25%	United for Families, Inc.	56%
Child and Family Connections, Inc.	27%	Big Bend Community Based Care (2B)	63%
Family Support Services of North Florida, Inc.	32%	Statewide Average	31%

¹ Does not include lead agencies in their first services contract year.

Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

Table F-4
Lead Agency Starting Salaries for Case Managers as of December 2005

Lead Agency	Non-Certified Counselors	Lead Agency	Certified Counselors
Families First Network	\$26,302	Sarasota Family YMCA, Inc. (North)	\$28,000
Sarasota Family YMCA, Inc. (North)	27,000	Sarasota Family YMCA, Inc. (South)	28,000
Sarasota Family YMCA, Inc. (South)	27,000	Families First Network	28,282
Community Based Care of Volusia and Flagler Counties	28,000	Hillsborough Kids, Inc.	30,113
Hillsborough Kids, Inc.	28,624	Clay and Baker Kids Net, Inc.	31,000
Community Based Care of Seminole, Inc.	29,000	Family Support Services of North Florida, Inc.	31,338
Our Kids of Miami-Dade/Monroe, Inc.	29,000	Family Matters of Nassau County	31,507
Big Bend Community Based Care (2B)	29,024	Big Bend Community Based Care (2B)	31,707
Family Support Services of North Florida, Inc.	29,344	Community Based Care of Seminole, Inc.	31,900
Heartland for Children	29,810	Partnership for Strong Families	31,969
Partnership for Strong Families	29,925	Our Kids of Miami-Dade/Monroe, Inc.	32,000
United for Families, Inc.	30,000	Kids Central, Inc.	32,040
Big Bend Community Based Care (2A)	30,033	Family Services of Metro-Orlando, Inc.	32,272
The Children's Network	30,375	Heartland for Children	32,311
St. Johns County Board of County Commissioners	30,805	Big Bend Community Based Care (2A)	32,407
Community Based Care of Brevard, Inc.	30,810	St. Johns County Board of County Commissioners	32,691
Kids Central, Inc.	30,909	Community Based Care of Brevard, Inc.	33,060
Clay and Baker Kids Net, Inc.	31,000	Community Based Care of Volusia and Flagler Counties	33,500
Family Services of Metro-Orlando, Inc.	31,372	The Children's Network	33,638
Child and Family Connections, Inc.	31,490	Department Salary Rate as of July 2004	\$33,660
Family Matters of Nassau County	31,507	Child and Family Connections, Inc.	33,761
ChildNet, Inc.	31,600	ChildNet, Inc.	34,000
Department Salary Rate as of July 2004	\$31,620	United for Families, Inc.	34,313
Statewide Average	\$29,679	Statewide Average	\$31,809

Source: OPPAGA analysis of Department of Children and Families, lead agency, and case management organization data.

Appendix G



**State of Florida
Department of Children and Families**

Jeb Bush
Governor

Lucy D. Hadi
Secretary

June 1, 2006

Mr. Gary R. VanLandingham, Director
Office of Program Policy Analysis
and Government Accountability
111 West Madison Street, Room 312
Tallahassee, Florida 32399-1475

Dear Mr. VanLandingham:

Thank you for your May 17, 2006 letter accompanying the preliminary findings and conclusions of your report titled "Child Welfare System Performance Mixed in First Year of Statewide Community-Based Care."

The department generally concurs with the findings of your report. Enclosed is the department's response to the specific recommendations you provided. If you or your staff have additional questions, please feel free to call Beth Englander, Director of Family Safety Program Office, at (850) 487-2213.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lucy D. Hadi', is written over the typed name and title. The signature is fluid and cursive.

Lucy D. Hadi
Secretary

Enclosures

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Resiliency

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
RESPONSE TO OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT
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Recommendation:

The department should target critical client outcomes that have not shown improvement under community-based care, notably foster care placement stability, recurrence of abuse, and reentry into out-of-home care, and develop strategies for working with its lead agencies to reach statewide performance expectations in these areas.

Department's Response:

Recurrence of abuse, reentry into out-of-home care and placement stability have been targeted as critical performance measures monitored statewide through the Performance and Resource Management Teams (PaRTs) and are a part of the department's Strategic Plan and Business Plan. The PaRT process focuses on the identification of root causes associated with performance gaps and the implementation of countermeasures based upon consistent data analysis and evaluation, and is an ongoing collaboration between the department and lead agencies. Core team membership consists of representatives from all sectors of the department in the central office, zones, region and districts, as well as local provider, where applicable. Data and performance on key measures including recurrence of abuse, reentry into out-of-home care and placement stability are available for review on the Performance Dashboard posted on the department's website.

Support and technical assistance is available to lead agencies through statewide monthly conference calls by program area and through on-site and other educational and training mediums provided by program and policy staff. The factors contributing to decline in performance are often unique to communities and geographic areas and require careful analysis and development of interventions. The outcomes of strategies to improve performance related to recurrence of abuse, reentry into out-of-home care and placement stability will continue to be assessed for effectiveness through the PaRT process.

The department has convened a statewide work group comprised of staff from the department, lead agencies, sheriff's offices, and representatives from four National Resource Centers to identify barriers and develop strategies to improve the stability of child placements. The work group meets by monthly conference call and, in collaboration with a national resource center, has developed a process framework and reporting tool for diligent recruitment in compliance with federal guidelines that meets the unique demographics and special needs of the population of the children in care. The process will be implemented with the 2006-2007 lead agency recruitment and retention plans and forms the foundation for the 2006-2007 statewide plan. Promising practices identified include the use of placement resolution staffings, behavioral analysts, and improved responsiveness to caregivers.

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In February 2006, the Office of Family Safety joined staff from the district and zone, the lead agency, foster parents, key community partners, stakeholders and representatives of four national resource centers in a pilot project in one district to improve foster parent recruitment and retention and placement stability with the goal of creating a model that could be replicated in other areas of the state. A written report of the findings and recommendations is imminent. National Resource Centers currently working with Florida to improve recruitment and retention of foster parents and placement stability outcomes are the National Resource Center for Organizational Improvement, the National Resource Center for Child Welfare Data and Technology, the National Resource Center for Family-Centered Practice and Permanency Planning and *AdoptUSKids*.

The department has targeted re-abuse rates as one of the "critical few" performance measures to be tracked monthly by the Child Protective Investigation/Hotline PaRTs team. The team is responsible for identifying gaps in performance and resources, providing corrective action strategies, and monitoring the impact of the implementation of new strategies.

The following root causes were preliminarily identified as potentially having a major impact on performance: families not being referred for prevention services, cases not referred to services as appropriate, lack of tracking case plan progress, progress reports from providers not addressing reasons for referrals, and appropriate services not available in the community.

Implementation of countermeasures to address these root causes are at the earliest stages with most districts just beginning to develop strategies to address identified problems. Two of the more interesting early analyses indicate that (1) a large percentage of re-abuse appears to involve families where drug use was reported as one of the alleged maltreatments, and (2) the single largest percentage of re-abuse occurred within the first 45 days after closure. These findings led to the development of strategies which called for more intensive supervisory reviews to ensure appropriate services are engaged in the home prior to closure and the development of available substance abuse resource lists in the district.

The department has also targeted reentry into out-of-home care as one of the "critical few" performance measures to be tracked by the Child Welfare PaRTs team. Currently, two (2) of the seventeen (17) lead agencies have exceeded the statewide goal of no more than 9% of children re-enter foster care within 12 months of the latest removal. Due to the number of lead agencies below target, a statewide team has been established to look at strategies for improvement on this measure.

This team stratified data in multiple ways and learned the most significant factors requiring additional exploration were length of time from removal to the first judicial review and frequency of worker contact with birth parents. Countermeasures will

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include improving family involvement in service planning, placement decisions, and court activities. Additionally, the department will expand the use of a multidisciplinary approach to family support services.

Recommendation:

As recommended in a previous OPPAGA report, the department should provide additional guidance to lead agencies as they develop their individualized quality assurance systems to ensure that all lead agencies address core performance issues. When implementing this recommendation, the department should ensure that lead agency quality assurance plans identify and remedy subcontractor problems discussed in this report, such as foster care providers and case managers not effectively communicating with foster parents and not providing them necessary documentation about the children in their care.

Department's Response:

In February 2006, lead agencies were required to submit revisions to their current quality assurance plans as designed by revisions to the Three Tier Quality Assurance Model. This model is a multi-tiered statewide review and data analysis model using qualitative processes that focus on improving practice. This approach is designed to ensure quality management and improvement activities are defined, implemented and reviewed at all tiers of the service delivery system. The Tier review system ensures that Florida's child welfare professionals use current information to engage all involved parties in the process of examining data and collaborating to improve the quality of service provision. The first tier of the Quality Management System (QMS) is the responsibility of the local lead agencies. Their role is to develop and perform quality improvement activities at the direct service level. Tier One review is conducted on a regular and routine basis, and is consistent with approved QMS plans. Tier Two is the responsibility of the department. Tier Two activities will validate the effectiveness of lead agencies' QMS plans; accuracy and consistency of data submissions; and, integrate the activities of Quality Assurance (QA), Contract Over-Sight (COU), licensure and federal funding reviews. Tier Three is also the responsibility of the department and will provide over-sight and accountability of Tiers One and Two in an effort to ensure quality services for children and their families and, through those services, achieve federal outcomes. This tier concentrates on qualitative, programmatic reviews through case file reviews, data analysis, and focused interviews with children and their families, providers and other persons working with or related to the child and family. This tier encourages stakeholder and peer involvement in the quality management review process.

Each lead agency's QMS plan is to describe its quality management structure and its functions related to a continuous assessment of quality services provided to children and families served by the lead agency and its' sub-contracted providers. The QMS plan is to address the means by which the lead agency can evaluate the effectiveness of services provided and whether desired outcomes are achieved.

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To date, a statewide review team has reviewed most of the submitted plans to ensure incorporation of all requirements. Initial certification to proceed and implement their plan has been granted to most. Validation to the effectiveness of each revised plan will be evaluated during Tier Two activities.

Recommendation:

The department should continue to develop performance measures that assess child and family well-being, which should include but not be limited to, assessment of mental and physical health, educational attainment, and incidence of teenage pregnancy.

Department's Response:

The department and the Department of Education have established an agreement for sharing data for the purpose of developing key educational measures that will become a part of the PaRTS review. Child and family well-being is also monitored through the statewide report of the children visited monthly in both in-home and out-of-home care.

Revisions to Florida Administrative Code effective May 2006 have added increased specificity to child welfare requirements and standards for the provision of physical and mental assessments and services. Performance on these requirements and standards and other key well-being measures will be established and monitored through the department's three-tiered model of quality assurance.

The department concurs that developing measures for analysis regarding teen pregnancy is indicated, as this is a critical element of child well being for both mother and child. The department will include this and additional wellbeing measures in the development of databases included in the modifications to the HomeSafenet system.