



2016 ANNUAL PERFORMANCE REPORT

FISCAL YEAR 2015-2016

OFFICE OF CHILD WELFARE

OCTOBER 2016

Mike Carroll
Secretary

Rick Scott
Governor

Child Welfare Results-Oriented Accountability Program

The Child Welfare Results-Oriented Accountability (ROA) Program was established in Section 409.997(1), Florida Statutes (2014), enacted by Chapter 2014-161, and is charged with the following primary purposes:

- Produce an assessment of individual entities' performance, as well as the performance of groups of entities working together on a local, regional, and statewide basis to provide an integral system of care.
- Monitor and measure the use of resources, the quality and amount of services provided, and child and family outcomes.
- Develop and maintain an inclusive, interactive, and evidence-supported program of quality improvement that is informed by data analysis and promotes individual skill building and organizational learning.

Pursuant to s. 409.997, F.S., the ROA Program includes the establishment of a technical advisory panel to advise the Florida Department of Children and Families (Department) on the implementation of the Program. Members of the technical advisory panel include:

- A Florida Senate legislative liaison;
- A Florida House of Representatives legislative liaison;
- A representative of the Florida Institute for Child Welfare at Florida State University
- Community-Based Care providers, including lead agency and community alliance representatives;
- Florida family representatives;
- Contract provider representatives; and
- Florida child advocate representatives.

An ROA Governance Committee was established in 2015. The Committee is chaired by Department Secretary Mike Carroll. The focus of the Governance Committee is to set strategies for attaining the Program's goals and gives authority for the use of resources to implement defined strategies to achieve identified outcomes. Members of the governance committee include:

- A representative of the Florida Institute for Child Welfare at Florida State University;
- Community-Based Care providers, including lead agency and community alliance representatives;
- Florida child advocate representatives;

- Sheriff Office representatives;
- Office of State Court representatives;
- Florida family representatives; and
- Contract provider representatives.

Statutory Requirements for the Annual Report

Pursuant to s. 409.997, F.S., the Department shall submit an annual ROA performance report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1 of each year.

Abbreviations included in this Report

- Child and Family Services Review (CFSR)
- Child Protective Investigator (CPI)
- DCF Office of Child Welfare (OCW)
- Florida Department of Children and Families (Department) (DCF)
- Florida Institute for Child Welfare (FICW)
- Lead Agency for Community-Based Care (CBC)
- Out-of-Home Care (OOHC)
- Performance and Quality Management Unit within OCW (PQMU)
- Quality Assurance (QA)
- Quality Improvement (QI)
- Results-Oriented Accountability Program (ROA) (Program)
- State Fiscal Year (FY)

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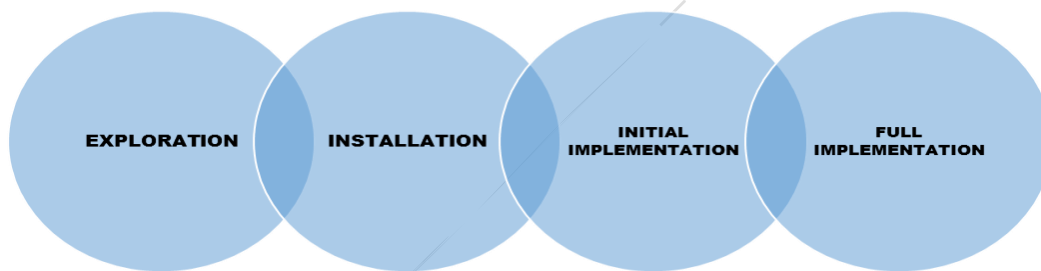
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SECTION 1: EXECUTIVE SUMMARY

ROA Implementation FY 2015-2016

Initial implementation of the Results-Oriented Accountability Program (ROA) is projected for five years and began in FY 2015-2016. The targeted date of initial implementation completion is June 30, 2020.

The Office of Child Welfare (OCW) collaborated with the ROA Technical Advisory Panel and the Florida Institute for Child Welfare (FICW) to complete six (6) ROA Priority of Effort milestone projects that prioritized 12 ROA key initiatives recommended in the 2015 ROA Program Plan. The milestones were selected to drive ROA implementation from a conceptual framework to an operational cycle of accountability model utilizing available resources. OCW operated a) within the intersection of the exploration and installation phases of the stages of implementation science model, and b) within the installation phase during ROA implementation in FY 2015-2016.



State Performance

The nine (9) child protection and child welfare outcomes in s. 409.986(2), Florida Statutes, are broadly organized by the Department into three (3) child protection and child welfare objectives of “child safety,” “permanency,” and “well-being.” The factors that drive and shape these objectives often intersect and overlap. The 2016 ROA Annual Report presents descriptions of statewide child welfare indicators by category of these three individual and intersecting objectives preceded by information on child welfare “systemic factors.”

Systemic factors within the Florida child welfare system include:

- Florida’s **child population** increased by 1.8% from 2007 to 2015. An analysis of a 2004-2005 entry cohort of Florida’s child population by SAS Institute in FY 2015-2016 found that approximately one (1) in every five (5) children born in Florida was reported at least once to the Florida Abuse Hotline (Hotline) within 60 months of birth.

Furthermore, *approximately one in every 14 children born in Florida generated at least one verified maltreatment report.*

- 2014 data included in the Kids Count 2016 report published by the Annie E. Casey Foundation indicated that Florida is *fifth in the nation* in the number of **children investigated per 1,000 children** in the general population (70.6%). There is significant variability across judicial circuits in Florida's investigation rate per 1,000 children in the general population. A majority of Florida's larger metropolitan areas in FY 2015-2016 fall below the statewide rate of 5.3.
- The estimated percentage of **Florida children living in poverty** is 23.6% with significant variability across Florida judicial circuits for 2016.
- Between FY 2014-2015 and FY 2015-2016, overall child-related **contacts to the Florida Abuse Hotline** declined by -0.89%; however, the number of **child allegations accepted for investigation** increased by 3.13%. Currently, the Florida Abuse Hotline accepts 79% of reported allegations of child maltreatment.
- The number of Special Conditions reports accepted by the Hotline was stable across the previous two fiscal years with 72% of Special Conditions reports accepted by the Hotline. The **acceptance rate of Special Conditions reports** increased from approximately 60% in July 2014 to 81% in July 2016.
- Since October 2013, the Department has experienced only three (3) months when less than 30 **Child Protective Investigator (CPI) and senior CPI separations** occurred. Since January 2015, there have been three months when the total CPI and senior CPI separations have exceeded 50.
- At the end of FY 2015-2016, 18% of CPIs had less than six (6) months' **experience**; 43% had less than one (1) year of experience, and 73% of CPIs had less than two (2) years of experience statewide.
- The number of **incoming and active child protective investigations** as of the end of the month has been steadily increasing since July 2013. In addition, the **number of investigations that have been open for 60 or more days** as of the end of the month has been increasing at a significant rate since July 2015.

- The Department is conducting a **comprehensive system-of-care analysis for each Community-Based Care (CBC) Lead Agency**. This review is due to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2016.

Child Protection & Child Welfare Objective: Child Safety

- The state average for the **percent of alleged victims seen within 24 hours** in FY 2015-2016 was 90.1%. Overall, 87% of the circuits and sheriff's offices are performing higher than 85%.
- The percentage of **children who do not experience a subsequent verified maltreatment within 12 months of a verified abuse or neglect report** has been increasing over the last four (4) years. For the last two (2) available data points, Florida was performing above the national standard. The most recent 12 months of available data indicate that approximately half of the lead agencies for CBCs are performing at or above the national standard.
- Florida has consistently had a **verified rate of maltreatment per 100,000 days in out of home care (OOHC)** in the foster care system that has exceeded the national standard of 8.5. There is wide variation in the rate at which children in OOHC experience an additional verified report of maltreatment.
- The overwhelming majority of children who are engaged by Florida's child welfare system do not experience a new **verified finding of maltreatment within 6 months of case managed services being terminated**. For this measure, there is wide variation among CBC lead agencies.
- **Removal rates per 100 children investigated** vary greatly across the state. Statistically, the inclusion of Florida's larger metropolitan areas (Hillsborough, Miami-Dade, Broward, Pasco and Pinellas) tends to skew the statewide mean upward. While several of the areas that are experiencing the highest removal rates per 100 children investigated are also ranked high within the average number of children in OOHC per 100 children investigated, there is no direct correlation between the two measures.
- The **total number of children residing in Out-of-Home Care (OOHC)** has been increasing since June 2013.

- The percentage of **children residing in licensed care and “kinship care”** varies between areas of the state served by CBC lead agencies.
- The number of **children residing in licensed group care** by age group has remained relatively stable with the exception of children aged 6 to 12, which began rising in December 2013. The percentage of children ages 0 to 5, 6 to 12 and 13 to 17 who were residing in licensed group care varies greatly between CBCs.

Child Protection & Child Welfare Objectives: Child Safety & Permanency (Intersecting)

- The rate at which CBCs utilize **in-home services** varies greatly from a rate of 3.3 to 8.4, with approximately half of the CBCs above the statewide mean.
- The overwhelming majority of children who received in-home services did not have a **verified maltreatment finding within 6 months of termination of services**.
- The percentage of **children who are maltreated while receiving in-home services** is low. There is variation among CBCs with the highest percentage of children who are not maltreated while receiving in-home services at 97.7% and a low of 91.0%.

Child Protection & Child Welfare Objective: Permanency

- Florida’s performance has been well above the federal Child and Family Services Review, Round 3 (CFSR-3) indicators of **timely permanency** for the last six years. Performance on the entry cohort indicator has declined in the last two years, but is still above the national standard. **Discharge rates per 100 children in OOH** vary between CBCs with a high of 8.3 and a low of 3.8. The distribution of this measure is normal with the statewide mean being near the center.

Child Protection & Child Welfare Objectives: Permanency & Well-Being (Intersecting)

- Florida’s performance has been declining since the period used for the federal Child and Family Services Review, Round 3 (CFSR-3) of **children achieving permanency within 12 months**, but remains just above the national standard.
- The majority of judicial circuits performed at levels that exceed the statewide mean for Children’s Legal Services measurements of **timeliness to reunification/termination of**

parental rights (TPR), median days from TPR to final order and median days from shelter to disposition.

- Florida's performance as it relates to the **number of child placement changes** has been improving since FY 2012-2013 and is nearly aligned with the national standard of 4.12. The majority of CBCs are exceeding the national standard for this measure.
- Florida's performance as it relates to the **percentage of sibling groups placed together** has been declining since June 30, 2013; however, it is nearly aligned with the state target of 65%. The statistical distribution of CBCs across this measure can generally be defined as normal.
- There is wide variance among judicial circuits across the state in regards to the number of **children in out-of-home care placed outside of the child's county of residence or outside of the circuit**. There are many factors that account for these placement decisions.

Child Protection & Child Welfare Objective: Well-Being

- The percentage of **children receiving medical services within the last 12 months** has improved significantly since June 30, 2011. Seventeen (17) of the 20 CBCs exceed 90%.
- The percentage of **children receiving dental services within the last 7 months** has improved significantly since June 30, 2011. Fifteen (15) of the 20 CBCs exceed 91%.

ROA Implementation FY 2016-2017: The Office of Child Welfare (OCW) has identified seven (7) ROA milestone projects to be completed by June 30, 2017, which prioritize 12 ROA key initiatives. OCW will continue its collaborative efforts toward ROA implementation in FY 2016-2017 and include the National Center for Capacity Building. OCW will operate within the installation phase of the stages of implementation science model.

SECTION 2: INTRODUCTION

The Results-Oriented Accountability (ROA) Annual Report was created by the Performance and Quality Management Unit (PQMU) of the Florida Department of Children and Families Office of Child Welfare (OCW) to meet the requirements of section 409.997(1), Florida Statutes (2014), enacted by Chapter 2014-161, Laws of Florida.

The ROA Annual Report provides information on the progress of ROA implementation within OCW, as well as information on state performance in nine (9) child protection and child welfare outcome categories as required by s. 409.986 (2), F.S.:

- **Outcome 1:** Children are first and foremost protected from abuse and neglect.
- **Outcome 2:** Children are safely maintained in their homes, if possible and appropriate.
- **Outcome 3:** Services are provided to protect children and prevent their removal from their home.
- **Outcome 4:** Children have permanency and stability in their living arrangements.
- **Outcome 5:** Family relationships and connections are preserved for children.
- **Outcome 6:** Families have enhanced capacity to provide for their children's needs.
- **Outcome 7:** Children receive appropriate services to meet their educational needs.
- **Outcome 8:** Children receive services to meet their physical and mental health needs.
- **Outcome 9:** Children develop the capacity for independent living and competence as an adult.

Data for the indicators included in this report were largely obtained using data extracts from the Florida Safe Families Network (FSFN), which is the Department's statewide automated child welfare information system and official system of record for all investigative and case management activities.

Florida Abuse Hotline data was obtained using Avaya and Verint 360 workforce management software systems.

SECTION 3: FY 2015-2016 ROA IMPLEMENTATION

3.1 ROA IMPLEMENTATION PLAN

The Department submitted a plan to the Florida Legislature in February 2015 to implement the Results-Oriented Accountability Program (ROA). This plan included:

- A five-year initial implementation framework.
- 15 key initiatives to implement the desired processes and functions necessary to achieve long-term child welfare change.
- 31 recommended outcome measures to evaluate the child welfare system's progress in achieving the nine (9) child protection and child welfare outcomes in s. 409.986, F.S.

- Estimated costs for implementation and recommended full time equivalents (FTEs) working across the Department, FICW, contracted providers, and external vendors.

3.2 ROA CYCLE OF ACCOUNTABILITY

The Cycle of Accountability model below serves as the operational framework for ROA in the 2015 Program Plan and was adopted from the book *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy* (Testa & Poertner, Oxford University Press, 2010).



The five activity stages included in the Cycle of Accountability are:

1. **Outcomes Monitoring:** includes activities to define, validate, implement, and monitor outcome measures throughout the Child Welfare Community. Asks the question: “Are the desired results broadly defined and validly measured to ensure the child’s best interests are served?”
2. **Data Analysis:** includes approaches and procedures to critically study outcome measure performance results to determine if variances discovered are in fact issues which should be explored further. Asks the question: “Is the gap between desired and actual results of practical importance and statistical significance to warrant taking corrective action?”
3. **Research Review:** includes a series of activities to gather and validate evidence to support the development and implementation of interventions to address identified areas for improvement. Asks the question: “What potential courses of corrective action are supported by empirical evidence and how strongly?”
4. **Evaluation:** includes activities to assess promising interventions for children and families to determine if deployment to a larger population is warranted. Asks the question: “How efficacious, effective, and efficient are the implemented actions in accomplishing the desired results?”
5. **Quality Improvement:** includes a series of actions to implement interventions across new domains; or to challenge, change, and test new assumptions about the underlying goals

supporting the child welfare practice model. Asks the question: “Should the implemented actions be continued, improved, or discontinued; or should the desired outcomes, logic model, and underlying theory of action be redefined?”

The goals of establishing and maintaining an ROA Cycle of Accountability for Florida child welfare served as the template for the February 2015 ROA Program Plan and informed the 15 key implementation initiatives recommended to achieve those goals.

3.3 FY 2015-2016 ROA IMPLEMENTATION MILESTONES

Initial implementation of ROA is projected for five years and began in FY 2015-2016. The targeted date of completion is June 30, 2020. The Office of Child Welfare (OCW) assessed the 15 key initiatives introduced in the ROA Program Plan and initiated six (6) ROA Priority of Effort projects (milestones) to be completed by June 30, 2016 that prioritized 12 key ROA initiatives for FY 2015-2016 (please see Exhibit 1).

FY 2015-2016 ROA Priority of Effort Milestones	ROA Program Plan Key Initiatives
Milestone 1: Develop initial outcome measures, establish benchmarks and assess data gaps.	Key Initiative #2: Measure Development and Validation Key Initiative #3: Master Data Management Key Initiative #5: Data System Updates for Initial Measurement Gaps Key Initiative #10: Child Welfare Community Data
Milestone 2: Develop/deploy dashboards for outcome measures/process measures (internal and public facing).	Key Initiative #6: Accountability Reports Key Initiative #9: ROA Reporting System
Milestone 3: Finalize guidelines to operationalize the cycle of accountability.	Key Initiative #1: ROA Implementation Project Team Key Initiative #3: Master Data Management Key Initiative #10: Child Welfare Community Data Key Initiative #11: Institutional Review Policy (IRB) Updates Key Initiative #12: Research Standards Key Initiative #13: Pilot Study Standards
Milestone 4: Complete inter-rater reliability study of caregiver protective capacities and child strengths and needs.	Key Initiative #7: Quality Assurance (QA) / Compliance Resource Analysis Key Initiative #8: Quality Improvement Organization
Milestone 5: Complete Out-of-Home Care/removal analysis and develop recommendations.	Key Initiative #8: Quality Improvement Organization Key Initiative #10: Child Welfare Community Data
Milestone 6: Complete expanded data analytics on child fatalities and repeat maltreatment/repeat reporting.	Key Initiative #3: Master Data Management Key Initiative #5: Data System Updates for Initial Measurement Gaps Key Initiative #8: Quality Improvement Organization Key Initiative #10: Child Welfare Community Data

Exhibit 1: FY 2015-2016 Milestones to ROA Key Initiatives

The activities accomplished and goals achieved in FY 2015-2016 were a collaborative effort by OCW, the ROA Technical Advisory Panel (required by Statute in s. 409.997, F.S.), the Florida Institute for Child Welfare, and North Highland, a consulting company.

3.3.1 STAGES OF IMPLEMENTATION SCIENCE FY 2015-2016

The 2015 ROA Program Plan described the 15 short and long-term key initiatives intended to create the infrastructure, the organization and the processes required for effective implementation of ROA.¹ The initiatives – individually and in tandem – are intended to establish a cycle of accountability as described in *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy* by initial implementation completion on June 30, 2020.

Implementation Science practitioners offer a variety of models of implementation stages, but most agree on four core stages: exploration, installation, initial implementation, and full implementation (see exhibit below).²

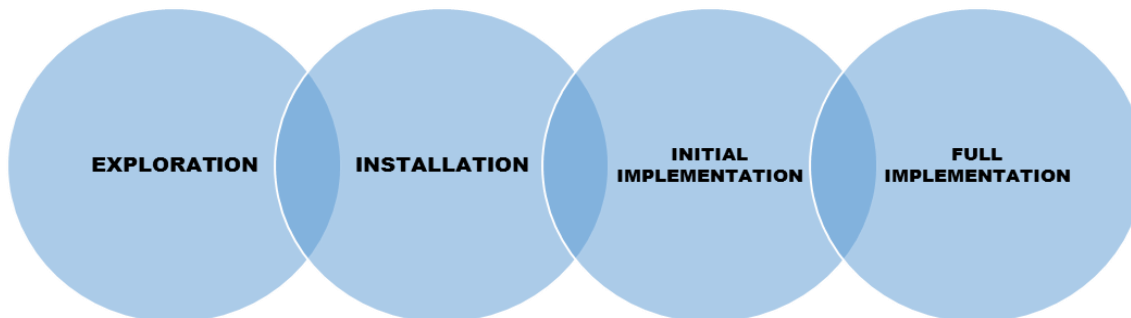


Exhibit 2: Implementation Science Core Stages

Implementation Stage	Description
Exploration	<ul style="list-style-type: none"> Needs Assessment Assess Implementation Drivers Examine Intervention Components Assess Fit
Installation	<ul style="list-style-type: none"> Acquire Resources Prepare Organization Prepare Implementation Drivers Prepare Staff
Initial Implementation	<ul style="list-style-type: none"> Adjust Implementation Drivers Manage Change Deploy Data Systems Initiate Improvement Cycles
Full Implementation	<ul style="list-style-type: none"> Monitor and Manage Implementation Drivers Achieve Fidelity and Outcome Benchmarks Further Improve Fidelity and Outcomes

¹ See page 10 of the February 2015 ROA Program Plan

² The National Implementation Research Network, for example, adds 2 additional stages (innovation and sustainability). See <http://caps.ucsf.edu/uploads/conference/2008/pdf/Kegeles2008CAPSConf.pdf>

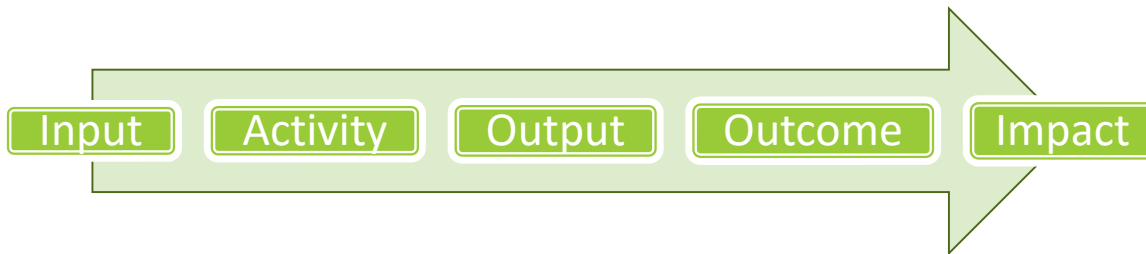
The Office of Child Welfare (OCW) operated a) within the intersection of exploration and installation phases, and b) within the installation phase of implementation during FY 2015-16. The Priority of Effort milestones selected for FY 2015-2016 were to drive ROA implementation from a conceptual framework to an operational cycle of accountability model utilizing available resources.

3.3.2 ROA FROM CONCEPT TO OPERATION FRAMEWORK

The Priority of Effort milestones selected for FY 2015-2016 provided action on at least two (2) key ROA initiatives, with two (2) milestones providing action on four (4) initiatives, and one (1) milestone providing action on six (6) initiatives (see Exhibit 1).

Milestone 1: Develop initial outcome measures, establish benchmarks and assess data gaps.

The Office of Child Welfare (OCW) and the Department publish data related to the Florida child welfare system from contacts to the Florida Abuse Hotline to permanency. One goal for ROA is to create a results-based cycle of accountability for child welfare that discovers outcome measures that drive positive child outcomes, and actions that drive the selected outcome measures. OCW focused early on a results-based framework model for child welfare similar to the graphic below:



In this model:

- “Input” represents resources applied to an activity,
- “Activity” represents a driver intended to achieve a desired output,
- “Output” represents the technical results of that activity or driver,
- “Outcome” represents the direct effects of an intervention, and
- “Impact” represents the wider societal effects achieved by the actualization of that outcome.

The 2015 ROA Program Plan recommended 31 outcome measures (“output” as described in the above model) toward achieving the child protection and child welfare outcomes in s. 409.986, F.S., but noted that “there is a great amount of work yet to be done...Additional measures must be included to ensure the entire Child Welfare process and all stakeholders are represented... (p. 58).”

Specific to ROA, the implementation goal is to validate that what is referred to as a child welfare driver to an output (or outcome measure) in ROA is actually a driver (as opposed to a systemic factor that may have little to no correlation to an output), and what is referred to as an outcome measure to an outcome is actually a measure that drives that outcome. In essence, are we actually measuring what

we think we are measuring? This validation process necessitates child welfare stakeholder collaboration with subject matter experts.

In regards to Implementation Science, preparation of drivers is a component of the installation phase of implementation, while adjustment to those drivers and initiating improvement cycles occur within the initial implementation phase. Constant improvement to outcomes and fidelity is ongoing through the full implementation phase. In this respect, OCW is on-track with this ROA key initiative relative to the current implementation stage of ROA.

The Performance and Quality Management Unit (PQMU) within the Office of Child Welfare conferred with the ROA Technical Advisory Panel, and a series of child welfare key indicators were developed to include in a monthly ROA Key Indicators Report. These indicators form the initial framework of continued focus on achieving a validated and reliable model of results-based accountability throughout initial implementation.

ROA Key Initiative #2 *Measure Development and Validation* is a primary focus of a selected milestone for FY 2016-2017 and will include technical support from the Florida Institute for Child Welfare (FICW) at Florida State University and the National Center for Capacity Building.

Milestone 2: Develop/deploy dashboards for outcome measures/process measures (internal and public facing). The Department has historically published child welfare metrics and data in a variety of forms to a multitude of stakeholders and will continue to publish pertinent child welfare data and information.

For ROA, the goal in the first year of implementation was to establish a structure and format of information reporting faithful to the results-based model illustrated on page 15. The PQMU developed a structure and format of a monthly report that provides a look at Florida's child welfare system.

The first ROA Key Indicator Report was published in October 2015 and has been published monthly since. During the production of that report, efforts were made to create web-based dashboards that will in time replace the monthly report. These dashboards utilize Tableau software to offer users the scope and ability to filter views and information based on their needs. The challenge of providing information to child welfare stakeholders in a report format is its two-dimensionality; a separate graph or chart must be published to satisfy multiple stakeholder views on a single metric, for example. An agile web-based dashboard for

CHILD WELFARE KEY INDICATORS MONTHLY REPORT

The Performance and Quality Management Unit (PQMU) of the Office of Child Welfare publishes a monthly report that presents key outcome, process, qualitative, workload, and resource indicators to provide a general overview of the current state of the Florida child welfare system.

The first report was published in October 2015 and includes key indicator data on the Florida Abuse Hotline, Child Protective Investigations, Case Management, Judicial Handling, and Human Trafficking.

each child welfare measure and driver allows users to customize their views to assess their community needs and take appropriate action.

The dashboards produced in FY 2015-2016 were specific to Community-Based Care Lead Agencies (CBC) and federal Child and Family Services Review (CFSR) measures. More dashboard views will be released in FY 2016-2017.

Milestone 3: Finalize guidelines to operationalize the cycle of accountability. The 2015 ROA Program Plan was instrumental in conceptualizing a framework for initial implementation of ROA within the child welfare system. It contains a series of high-level flowcharts on the components of what a results-based cycle of accountability would include. The goal for FY 2015-2016 to drive ROA implementation from an exploration to installation phase was to operationalize that concept into a working framework.

Establishing activity drivers and measures to achieve the child protection and child welfare outcomes in s. 409.986 (2), F.S., and providing a vehicle to child welfare stakeholders to assess and monitor the health of the child welfare system are the scaffolding to a complex design of analysis, research review, evaluation, and quality improvement required for accountability. In addition, the term “results-based” has been discussed, but the application of “evidence-based” practices is just as vital, as is data reliability and validity.³

OCW collaborated with the ROA Technical Advisory Panel and subject matter experts to create a set of processes that will be put into practice in FY 2016-2017 to actualize the ROA cycle of accountability. The processes created support the questions offered in section 3.2 of this report. Completion of this milestone provided action toward at least six (6) ROA key initiatives introduced in the 2015 ROA Program Plan.

Milestone 4: Complete inter-rater reliability study of caregiver protective capacities and child strengths and needs. A key first step in the development of a Quality Improvement (QI) Organization is an assessment of the current state of its practitioners, and the preparation of staff in the organization for change is a component of the installation phase of implementation. The 2015 ROA Program Plan recommended a FY 2015-2016 completion date for Key Initiative #7 *Quality Assurance (QA)/Compliance Resource Analysis* and Key Initiative #8 *Quality Improvement Organization*. Quality improvement is one of the five (5) activity stages of ROA and requires long-term scope of planning. The PQMU has shifted action on these initiatives into FY 2017-2018; however, the PQMU will begin at least two projects in FY 2016-2017 that will put into practice the ROA cycle of accountability processes specific to improve CFSR outcome performance (see Exhibit 59 in section 5.1). These projects will lend considerably to future planning of these initiatives.

Milestones 5 and 6: Complete Out-of-Home Care/removal analysis and develop recommendations. Complete expanded data analytics on child fatalities and repeat

³ See *Locating and Evaluating Research-Supported Interventions in Child Welfare*, Bruce Thyer, Ph.D., LCSW, BCBA-D and the Florida Institute for Child Welfare, July 1, 2016.

maltreatment/repeat reporting. Data Analytics projects for child welfare are integral to the implementation of ROA as three activity stages of ROA (data analysis, research review, and evaluation) require the structure, components, resources, and insights of a formal data analytics project. “Data governance and strategy work is focused on managing and governing the data asset(s) relevant to child welfare; analytical governance and strategy is focused on managing and governing the analytical policies, resources, and processes; and technology governance and strategy should focus on managing and governing the technology asset (including the FSFN application)...each of these areas contribute to the ROA Cycle of Accountability.”⁴

Casey Family Programs and the Ounce of Prevention Fund of Florida completed the out-of-home care study in February 2016, and the SAS Institute and North Highland completed the child fatalities project in June 2015 and repeat maltreatment/repeat reporting data analytics project in June 2016. Both teams collaborated with PQMU staff to establish a series of data governance and Master Data Management tasks and resources that assisted in providing a foundation for two ROA key initiatives (Initiative #3 *Master Data Management*, Initiative #10 *Child Welfare Community Data*).

During the course of these projects, particularly the SAS projects, a data governance strategy was developed for ROA data analytics, as well as foundational Master Data Management processes for data analytics. Currently, the majority of the data that OCW utilizes for its key indicator reports and dashboards comes from its own statewide automated child welfare information system and official system of record for all investigative and case management activities, Florida Safe Families Network (FSFN).

A goal within initial ROA implementation is to create a data analytics network for Florida child welfare to analyze data from multiple sources outside of DCF and outside of FSFN for two primary reasons: 1) to implement data analytics and ROA to discover best evidence-based practices to achieve better outcomes for children and families throughout the state, and 2) to provide child protective and child welfare staff with the information that they need for better situational awareness to make better decisions (driver) to get better results (outcome) to benefit the children and families in their communities (impact).

To accomplish those goals, Master Data Management and data governance and data management will continue to be primary key initiatives throughout the phases of ROA implementation.

The Office of Child Welfare posts information, reports, and other documentation related to its annual Priority of Effort milestones on Results-Oriented Accountability page on the Florida’s Center for Child Welfare website at www.centerforchildwelfare.org.

⁴ DCF Data Analytics Implementation Strategy dated August, 2016, page 9

SECTION 4: FY 2015-2016 STATE PERFORMANCE

4.1 FLORIDA CHILD WELFARE SYSTEM OVERVIEW

Florida's child protection system was created to prevent the occurrence of child abuse, neglect and abandonment through partnerships between the Department of Children and Families (DCF), other state agencies, the courts, law enforcement, service providers and local communities (Section 39.001(1), F.S.).

The community-based system of care is designed to provide consistent intake decision-making regarding those to be served at the front end of the system, developing local systems of care to meet varying community needs, matching the needs of children and families to community resources, and allowing the flexible development of evidence-based and promising approaches to the protection of children.

Section 409.986(1), F.S. requires that:

- DCF "provide child protection and child welfare services to children through contracting with community-based care lead agencies."
- Communities "have responsibility for and participate in ensuring safety, permanency and well-being for all children in the state."
- Outsourcing be accompanied by "comprehensive oversight of the programmatic, administrative and fiscal operation of those entities..." and "...the appropriate care of children is ultimately the responsibility of the state and outsourcing such care does not relieve the state of its responsibility to ensure that appropriate care is provided."

These community-based systems of care combine the outsourcing of foster care and related services to local service agencies in an effort to increase local community ownership of service delivery and design. The nonprofit Community-Based Care (CBC) lead agencies contract with the state to handle all prevention, foster care, adoption and independent living services to children and families within the child welfare system. During FY 2015-16, there were 17 CBC lead agencies operating throughout the state.

- **Licensing.** Community-Based Care agencies are licensed as Child Placing Agencies by the Department and arrange for placement in traditional foster homes, therapeutic foster homes, emergency shelters, maternity programs, wilderness camps, and group homes licensed by the Department.
- **Funding.** Community-Based Care operates under the Title IV-E Waiver Demonstration Project that was implemented statewide in October 2006 and extended for an additional five years in 2014. The Waiver is allowed under Title IV-E of the Social Security Act and authorized by the U.S. Department of Health and Human Services' Administration for Children and Families (ACF). The

Waiver allows Florida to use IV-E funding flexibly to promote child safety, prevent out-of-home placement into foster care, and expedite permanency.

- **Accreditation.** Fourteen lead agencies are currently accredited by the Council on Accreditation (COA); one lead agency is accredited by the Commission on Accreditation of Rehabilitative Facilities (CARF); one lead agency is in the application process; and one lead agency is not accredited.

4.2 ORGANIZATION OF CHILD WELFARE KEY INDICATORS

Pursuant to Section 409.986(2), F.S., it is the goal of the Department to protect the best interests of children by achieving the following outcomes in conjunction with the Community-Based Care (CBC) lead agencies, CBC subcontractors and the community alliance:

- (a) Children are first and foremost protected from abuse and neglect.
- (b) Children are safely maintained in their homes, if possible and appropriate.
- (c) Services are provided to protect children and prevent their removal from their home.
- (d) Children have permanency and stability in their living arrangements.
- (e) Family relationships and connections are preserved for children.
- (f) Families have enhanced capacity to provide for their children’s needs.
- (g) Children receive appropriate services to meet their educational needs.
- (h) Children receive services to meet their physical and mental health needs.
- (i) Children develop the capacity for independent living and competence as an adult.

These statutory outcomes are broadly organized into three (3) child protection and child welfare objectives of “child safety,” “permanency,” and “well-being.” The factors that drive and shape these objectives often intersect and overlap (see Exhibit 3).



Exhibit 3: Child Protection and Child Welfare Objectives

- **Safety Indicators:** Focus on whether children removed and referred to the child welfare system for maltreatment experience subsequent maltreatment, especially while receiving services and after termination of services.
- **Permanency Indicators:** Focus on whether children removed from their families have timely reunification or other permanent living arrangement such as adoption or permanent guardianship.

- **Well-Being Indicators:** Focus on quality of life for children in out-of-home care, including having stable placements that allow for continuing important connections and preparation for adulthood.

This report presents descriptions of statewide child welfare indicators within these three goals preceded by information on “systemic factors” that include operational issues such as child demographics, volume of incoming and managed workload, and staff turnover.

4.3 SYSTEMIC FACTORS

Sub-section 3.3.2 of this report describes a goal of ROA to create a results-based cycle of accountability for child welfare that discovers outcome measures that drive positive child outcomes, and actions in and around child welfare that drive the selected outcome measures. As ROA implementation transitions from a conceptual stage to that of initial implementation, the goal is to validate correlations related to service inputs to maximize their impact on outcomes (see Milestone 5, Exhibit 59 in section 5.1).

Sub-sections 4.3.1 through 4.3.6 below describe systemic factors within the Florida child welfare system. The term “systemic factors” has been selected for this section. Validation of specific factors as an “input” or “activity (driver)” within the ROA cycle of accountability has not been completed, though there are multiple research studies and vast literature available that speak to each factor from a state and national perspective.

4.3.1 CHILD POPULATION

Florida’s child population trend has largely followed the U.S., remaining relatively flat until 2007. From 2007 to 2015, Florida’s child population increased by 1.8%, while the child population for the United States declined by 0.5% (see Exhibit 4).

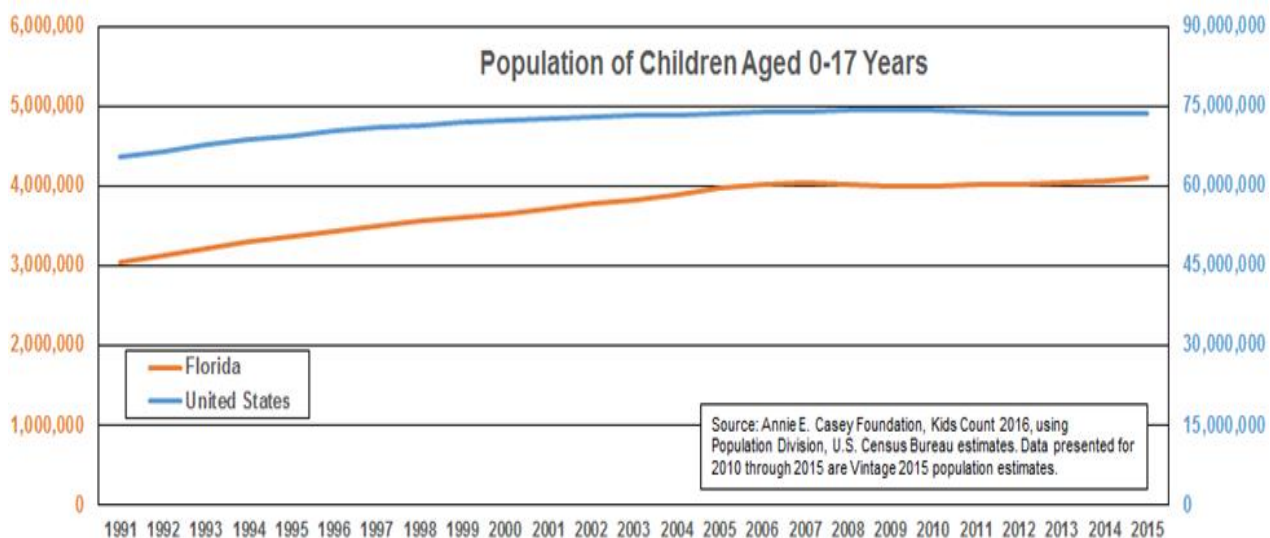


Exhibit 4: Child Population U.S. and Florida

The rate at which children are investigated as a function of 1,000 per the general population remained generally stable for both Florida (approximately 70) and the United States (approximately 40) as of 2014 (see Exhibit 5).

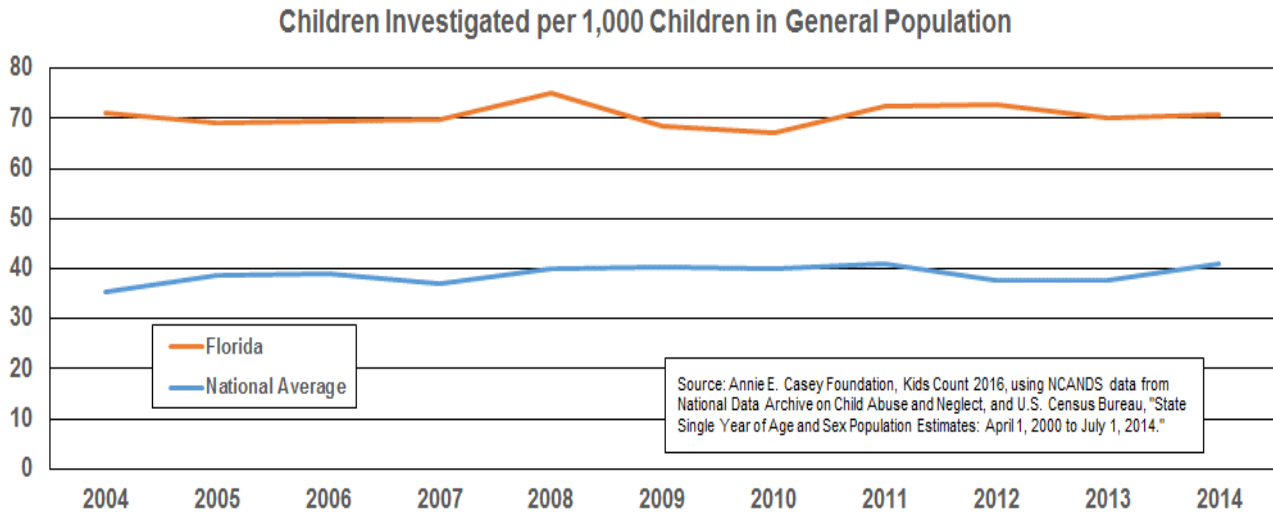


Exhibit 5: Children Investigated per 1,000 Children in Population U.S. and Florida 2014

2014 data included in the Kids Count 2016 report published by the Annie E. Casey Foundation indicates that Florida (70.6%) is fifth in the nation in the number of children investigated per 1,000 children in the general population (see Exhibit 6).

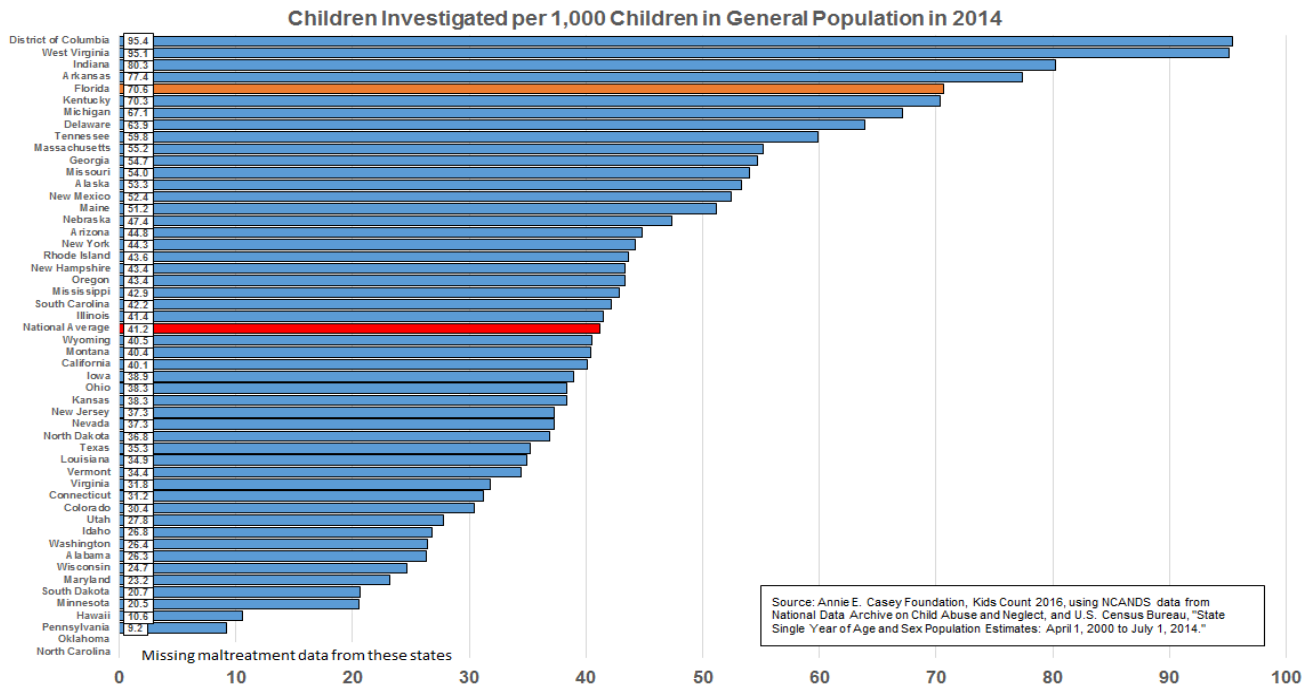


Exhibit 6: Children Investigated per 1,000 Children in Population U.S. by State 2014

There is significant variability in Florida’s investigation rate per 1,000 children in the general population across judicial circuits. Note that a majority of Florida’s larger metropolitan areas in FY 2015-2016 fall below the statewide rate of 5.3 (see Exhibit 7).

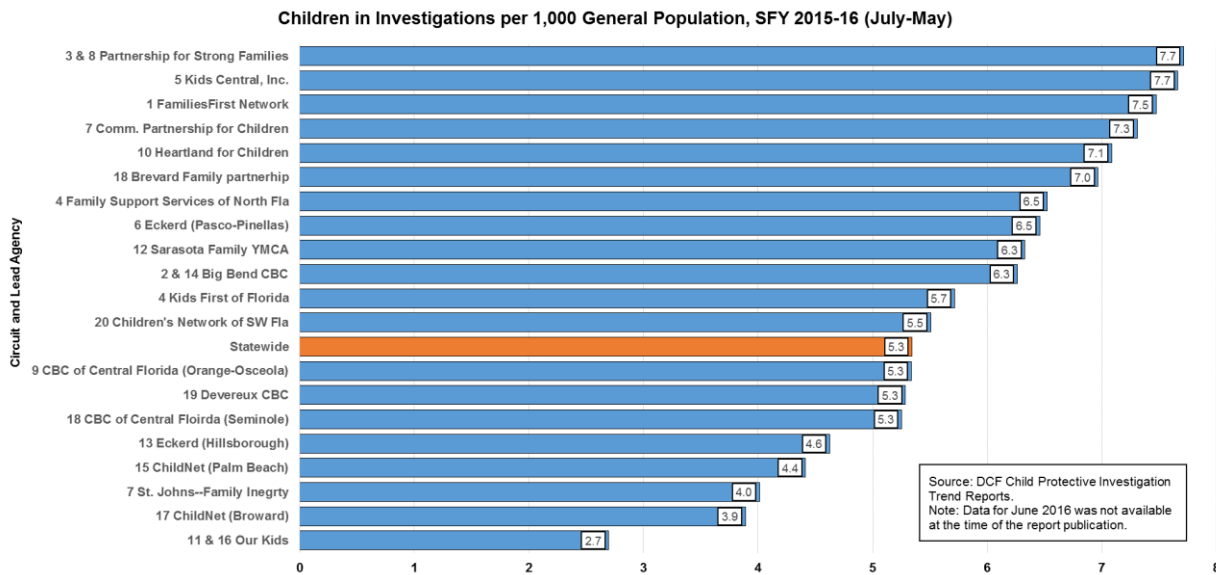


Exhibit 7: Children Investigated per 1,000 Children in Population Florida by Circuit

An analysis by SAS institute of a 2004-2005 entry cohort of Florida’s child population found that approximately one in every 5 children born in Florida was reported at least once to the Florida Abuse Hotline within 60 months of birth. Furthermore, approximately one in every 14 children born in Florida generated at least one verified maltreatment report.⁵

⁵ Florida Department of Children and Families Advanced Analytics Final Project Documentation 8/09/16

4.3.2 POVERTY

The estimated percentage of Florida children living in poverty is 23.6% with significant variability across Florida judicial circuits for 2016 (see Exhibit 8).

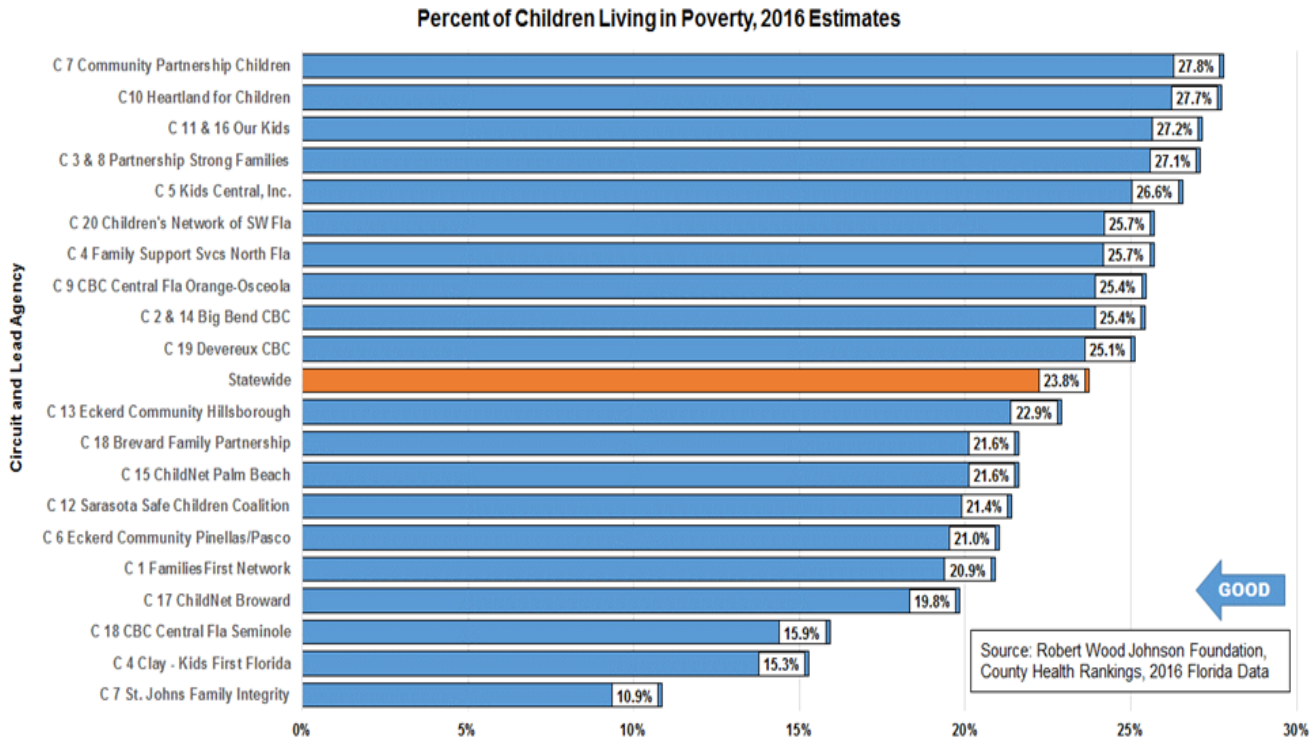


Exhibit 8: Percent of Children Living in Poverty 2016 by Circuit

4.3.3 FLORIDA ABUSE HOTLINE

The Florida Abuse Hotline (Hotline) acts as the single entry point for Florida’s child welfare system. The Hotline is a 24 hours a day, seven days a week operation that manages the intake of abuse and neglect allegations, via toll-free telephone, fax, and web.

The Hotline assesses allegations and assigns response times for Child Protective Investigators (CPIs), provides name-based national criminal history checks and conducts an initial review of prior abuse history. It also processes non-allegation responses, known as Special Conditions, related to prevention and law enforcement referrals.

Between FY 2014-2015 and FY 2015-2016, overall child related contacts to the Hotline declined by - 0.89%. In addition, the percentage of child allegations that were screened-out declined by -0.31%. However, there was an increase of 3.13% in the number of child allegations accepted for investigation. Within the area of Special Conditions, there was stability across the two state fiscal years (see Exhibit 9).

Child Abuse Contacts			Special Condition Contacts		
Category	SFY 2014-2015	SFY 2015-2016	Category	SFY 2014-2015	SFY 2015-2016
Child Related Florida Abuse Hotline Contacts	305,249	302,520 (-2,729)		305,249	302,520 (-2,729)
Child Allegations Accepted for Investigation	215,337	222,057 (6,720)	Special Condition Allegations Accepted	17,045	17,126 (81)
Child Allegations Not Accepted for Investigation	57,156	57,875 (719)	Special Condition Allegations Not Accepted	4,826	4,798 (-28)
Screen-Out %	20.98%	20.67% (-0.31%)	Screen-Out %	28%	28% (no change)
Source: Florida Abuse Hotline Summary Report					

Exhibit 9: Florida Abuse Hotline Contacts FY 15-16/14-15

On a month-to-month basis, allegations of child maltreatment reported are seasonal in their structure (see Exhibit 10).

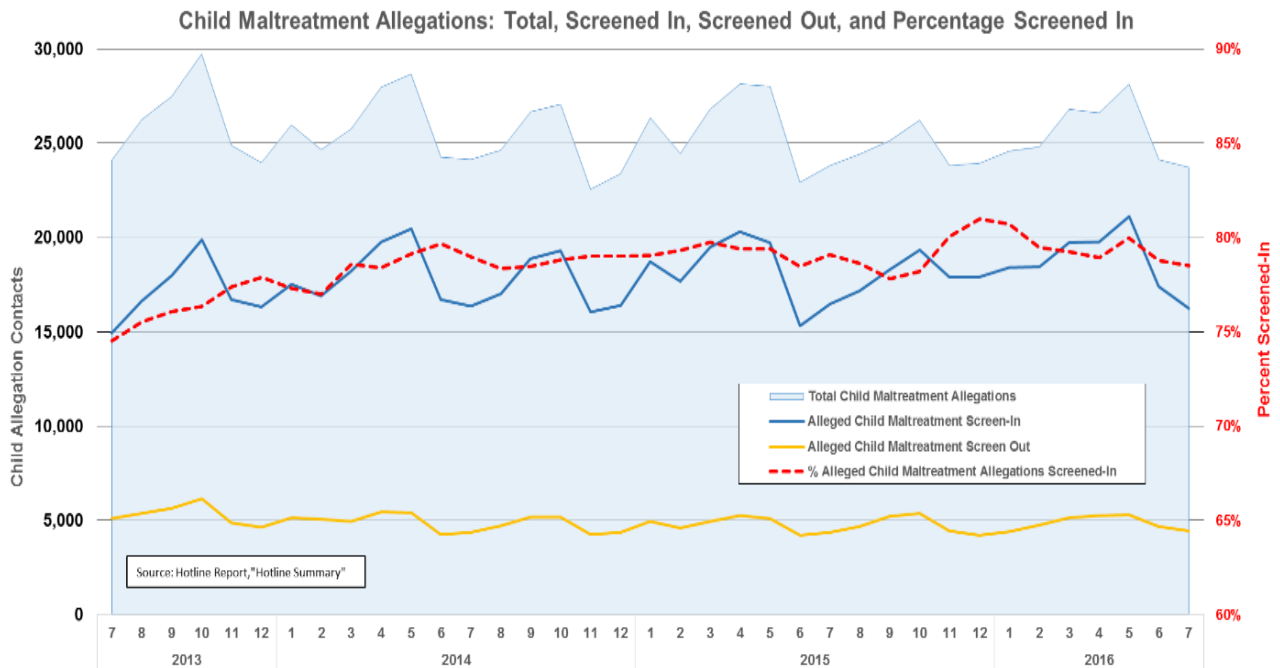


Exhibit 10: Florida Abuse Hotline Child Maltreatment Allegations

Contacts to the Hotline, child maltreatment allegations that are accepted for protective investigation, and allegations that are not accepted (screened-out) peak in October and in March to May with low points occurring June to August and November to December. Currently, the Hotline accepts 79% of child abuse allegations.

Changes in Chapter 39 in FY 2013-2014 established new reporting and screening requirements related to the acceptance and processing of Special Conditions reports. Beginning in the summer of 2014, the acceptance rate of Special Conditions has increased from approximately 60% in July 2014 to 81% in July 2016 (see Exhibit 11).

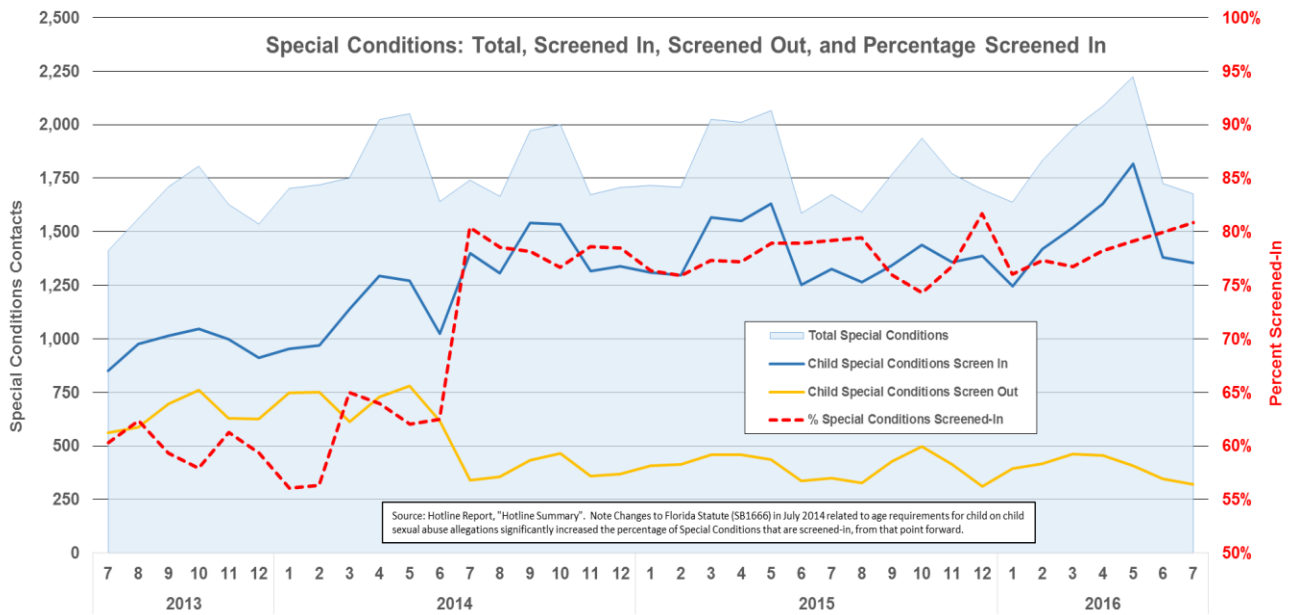


Exhibit 11: Florida Abuse Hotline Special Conditions Reports

4.3.4 CHILD PROTECTIVE INVESTIGATIONS WORKFORCE

Annual employee turnover in child welfare agencies across the nation has historically been high, leading to constant study and review of this issue. High turnover rates have potential administrative and fiscal costs, as well as place additional strain on the existing workforce, and they may also contribute to system inefficiency and poor child outcomes.⁶

CPI positions in the Department are separated by four class titles: Child Protective Investigator, Senior Child Protective Investigator, Child Protective Investigator – Field Support Supervisor, and Child Protective Investigator Supervisor. Primary child abuse investigation responsibilities reside with CPI and senior CPI positions.

⁶ See *The Relationship between Staff Turnover, Child Welfare System Functioning, and Recurrent Child Abuse*, 2006, prepared by the National Council on Crime and Delinquency, for an example of such study.

Since October 2013, the Department has experienced only three months where less than 30 CPI and senior CPI separations occurred. Since January 2015, there have been three months where the total CPI and senior CPI separations have exceeded 50 (see Exhibit 12).

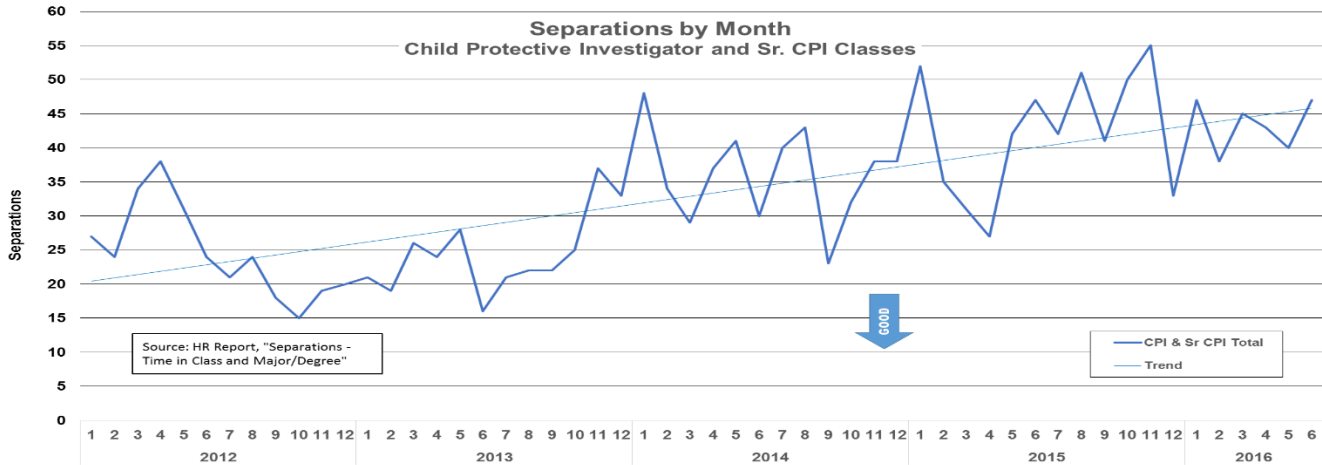


Exhibit 12: CPI and Senior CPI Monthly Separations

An experienced workforce of seasoned practitioners is desirable in any industry sector. At the end of FY 2015-2016, 18% of CPIs had less than six months' experience, 43% had less than one year of experience, and 73% of CPIs had less than 2 years of experience statewide (see Exhibit 13).

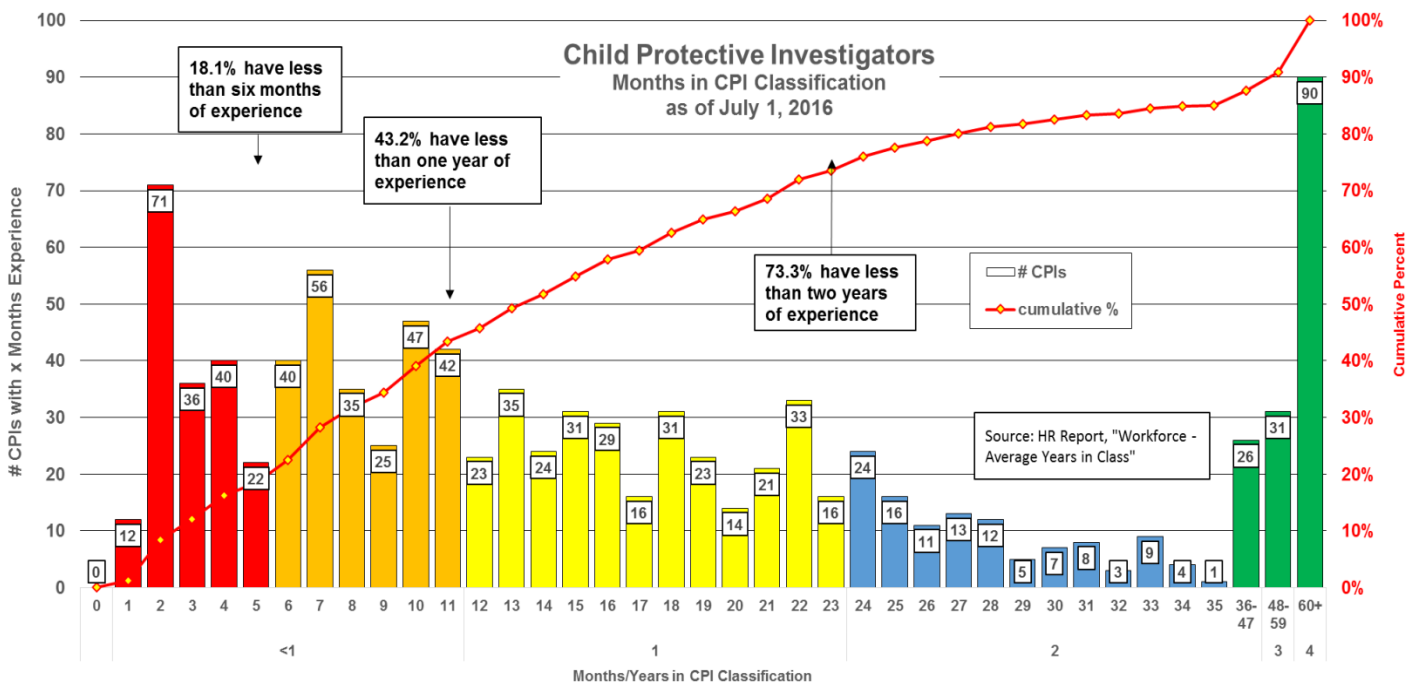


Exhibit 13: Child Protective Investigators Months in Classification

4.3.5 CHILD PROTECTIVE INVESTIGATIONS WORKLOAD

Calculating CPI workload is problematic due to the large number of variables included in any calculation. Some of these variables include staff vacancies, initial and ongoing training, and short-term and extended leave.

The chart below describes the number of incoming and active investigations as well as investigations that have been open for 60 or more days. Special Condition reports are excluded from the data as they do not necessarily require a CPI response. The number of incoming and active investigations as of the end of the month has been steadily increasing since July 2013. In addition, the number of investigations that have been open for 60 or more days as of the end of the month has been increasing at a significant rate since July 2015 (see Exhibit 14).

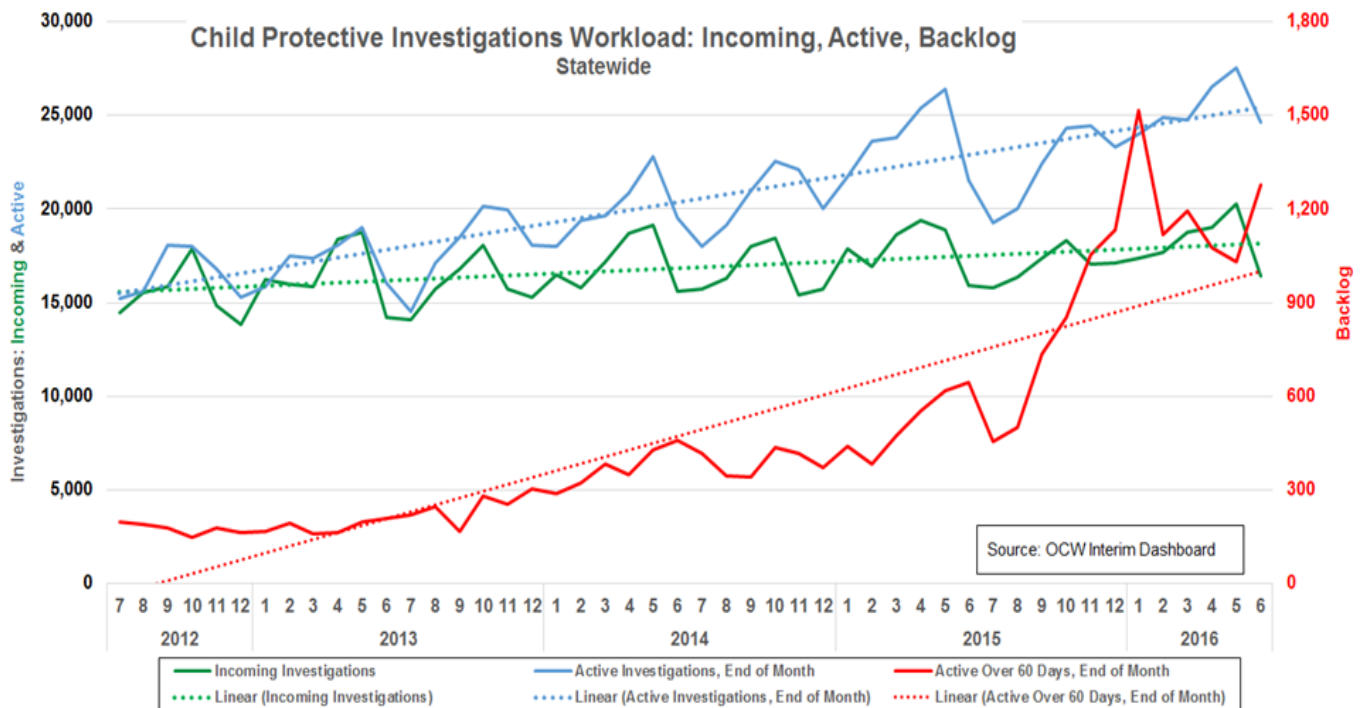


Exhibit 14: Child Protective Investigations Workload

Given the increases in incoming investigations, active investigations and investigations that have been open for 60 or more days, the increase in the percentage of CPIs with more than 15 active investigations as of the last day of the month is expected (see Exhibit 15). It should be noted that reports issued by the U.S. Government Accountability Office (GAO), the Children’s Bureau, and the Child Welfare League of America (CWLA) have shown a correlation between high caseload and staff turnover.

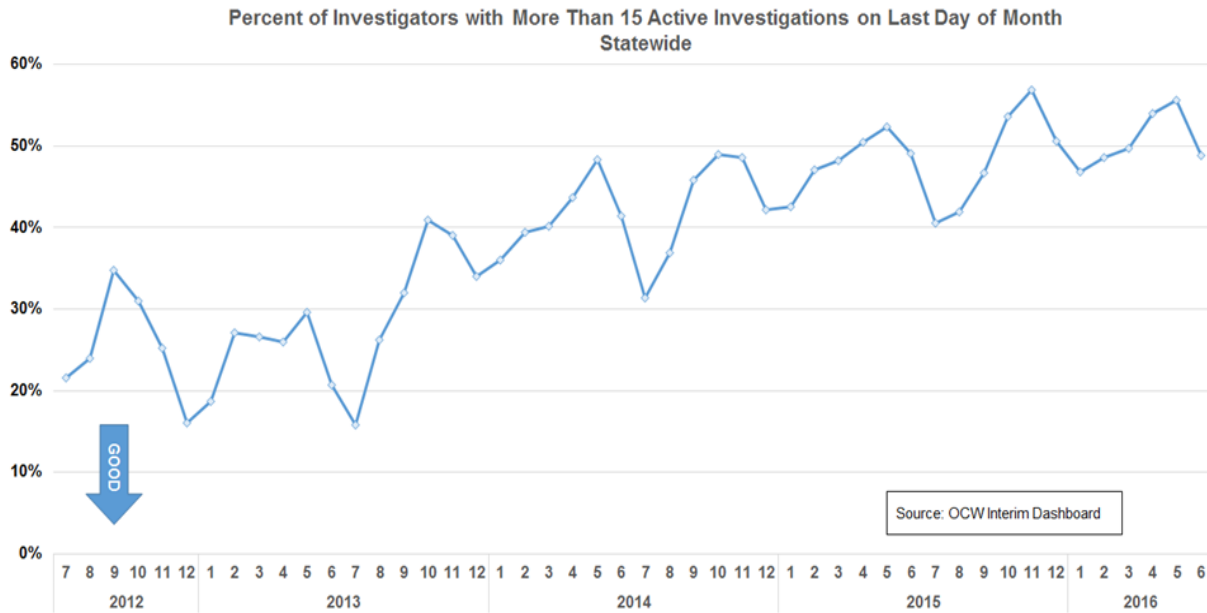


Exhibit 15: Percent of Child Protective Investigators with More than 15 Active Investigations

4.3.6 COMMUNITY-BASED CARE LEAD AGENCY FINANCIAL VIABILITY

Specific Appropriation 342 of the 2016-2017 General Appropriations Act (Chapter 2016-66, L.O.F.) required the Department to conduct a comprehensive, multi-year review of the revenues, expenditures, and financial position of all lead agencies for Community-Based Care (CBCs) for the most recent two (2) consecutive fiscal years.

From the funds provided in Specific Appropriation 342, the Department was directed to conduct a comprehensive system-of-care analysis, including a plan developed by the lead agencies to achieve financial viability for those lead agencies that have reported a financial operating deficit during the review period. This review is due to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2016.

4.4 CHILD PROTECTION & CHILD WELFARE OBJECTIVE: SAFETY

Section 39.001(b), Florida Statutes, provides the principles that shape and inform the policies and procedures of Florida’s child protection system:

- The health and safety of the children served shall be of paramount concern.
- The prevention and intervention should engage families in constructive, supportive, and nonadversarial relationships.

- The prevention and intervention should intrude as little as possible into the life of the family, be focused on clearly defined objectives, and keep the safety of the child or children as the paramount concern.

The indicators presented in this section support s. 39.001 (b) and s. 409.986 (2)(a), F.S., “Children are first and foremost protected from abuse and neglect.”

In June 2015, the Department released a report entitled *Recent Increase in Number of Active Child Protective Investigations*, which included the following observations:

- The average number of active investigations per CPI had increased since January, 2015.
- Investigations not completed within 60 days had increased.
- There had been a decline in the number of alleged victims seen within 24 hours.
- There is variation across the circuits.

Preliminary analysis of those trends was conducted in order to identify “root causes” of the observed changes. Some of the factors explored were those that are included in section 4.3 of this report (increases in CPI incoming workload, turnover, vacancies, inexperience and workload management). Trends observed in FY 2014-2015 were still present in FY 2015-2016.

4.4.1 INVESTIGATIVE RESPONSE TIME (VICTIMS SEEN)

The response time from the acceptance of an allegation of child maltreatment by the Florida Abuse Hotline to a CPI making contact with an alleged victim is a key component of child safety. The Hotline may assign an accepted allegation with an immediate or within 24 hours response time. Exhibit 16 does not illustrate when an investigation was commenced, but instead indicates when the CPI made contact with an alleged victim.

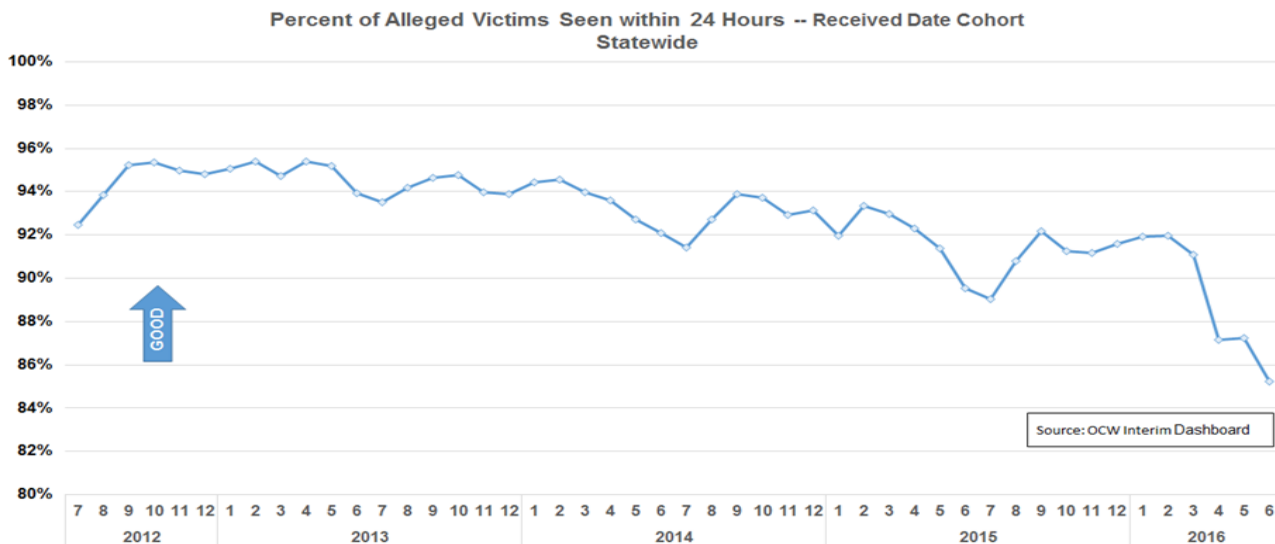


Exhibit 16: Percent of Alleged Victims Seen within 24 Hours Trend

Note that April is historically a peak month for allegations reported to the Hotline. Exhibits 11 and 14 in section 4.3.3 of this report indicate a sharp increase in the percentage of Special Conditions reports accepted by the Hotline beginning in March 2016, and a similar trend in investigative workload.

For FY 2015-2016, the state average for the percent of alleged victims seen within 24 hours was 90.1%. Overall, 87% of circuits and sheriff’s offices are performing higher than 85% (see Exhibit 17).

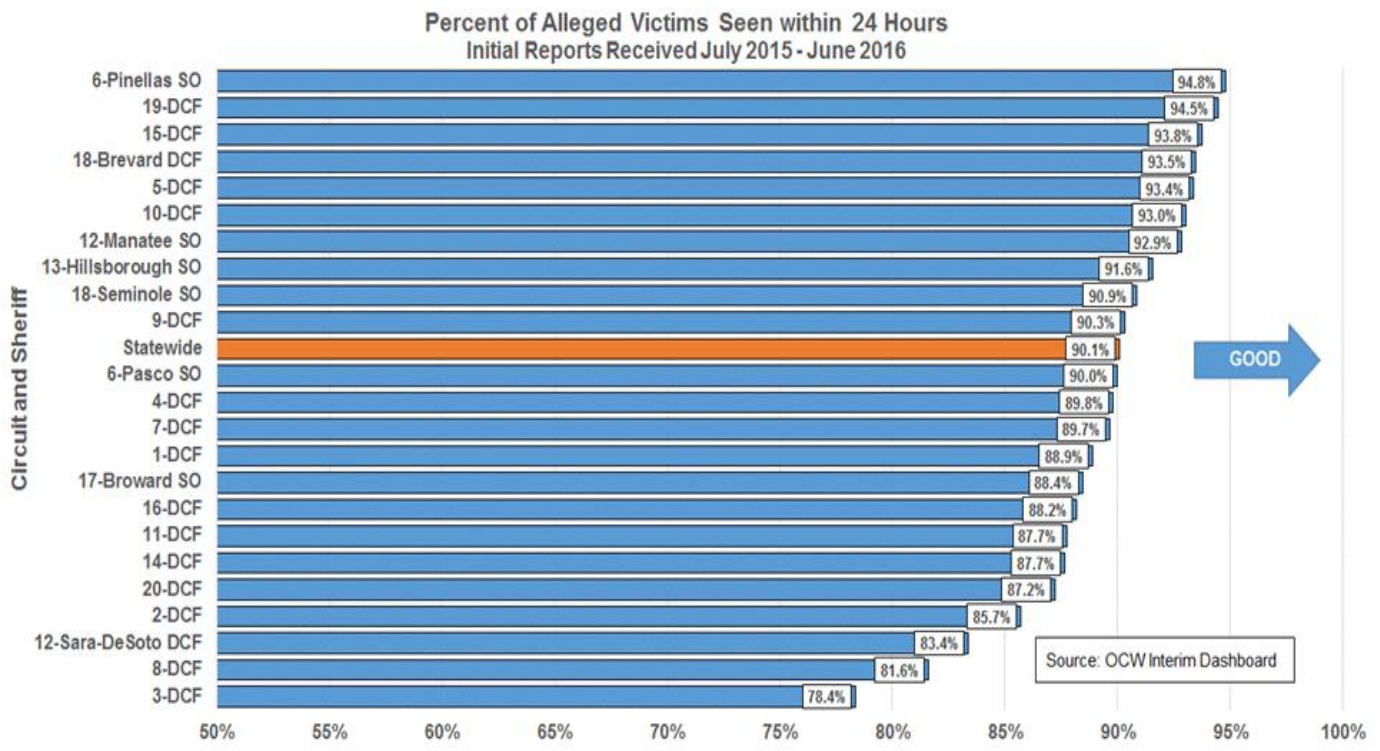


Exhibit 17: Percent of Alleged Victims Seen within 24 Hours June 2016 by Circuit

4.4.2 REMALTTREATMENT

The percentage of children who do not experience a subsequent verified maltreatment within 12 months of a verified abuse or neglect report has been increasing over the last four (4) years and for the last (2) two available data points, Florida was performing above the national standard (see Exhibit 18).

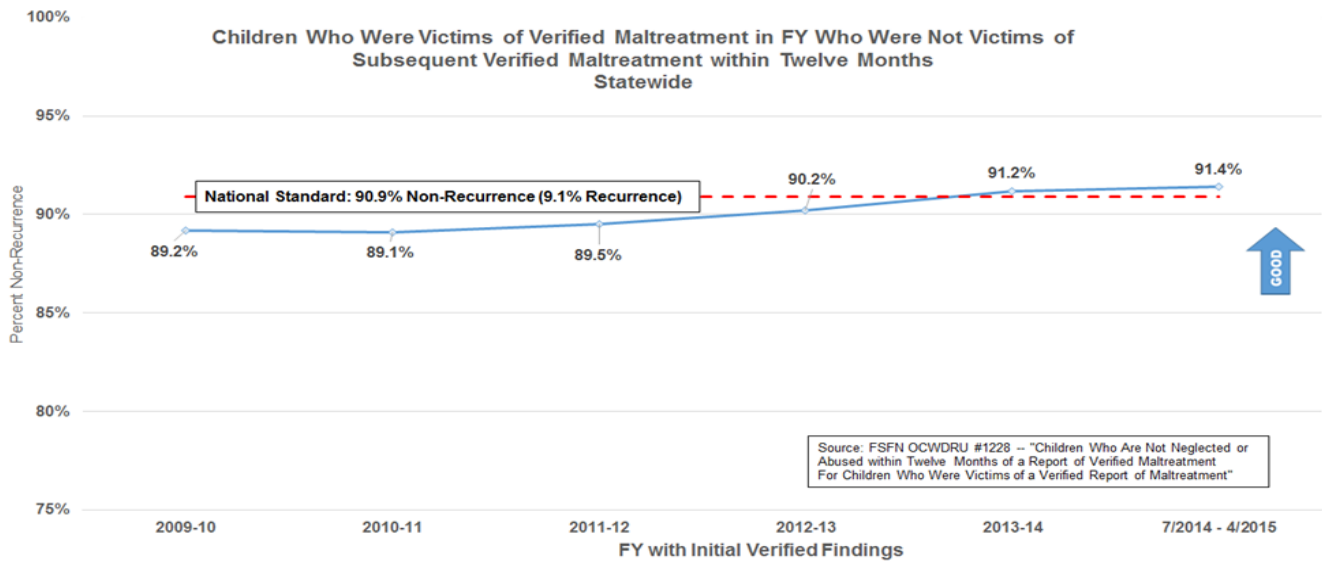


Exhibit 18: Child Maltreatment Victims Not Maltreated 12 Months Trend

The most recent 12 months of available data indicate that approximately half of the CBCs are performing at or above the national standard (see Exhibit 19.a).

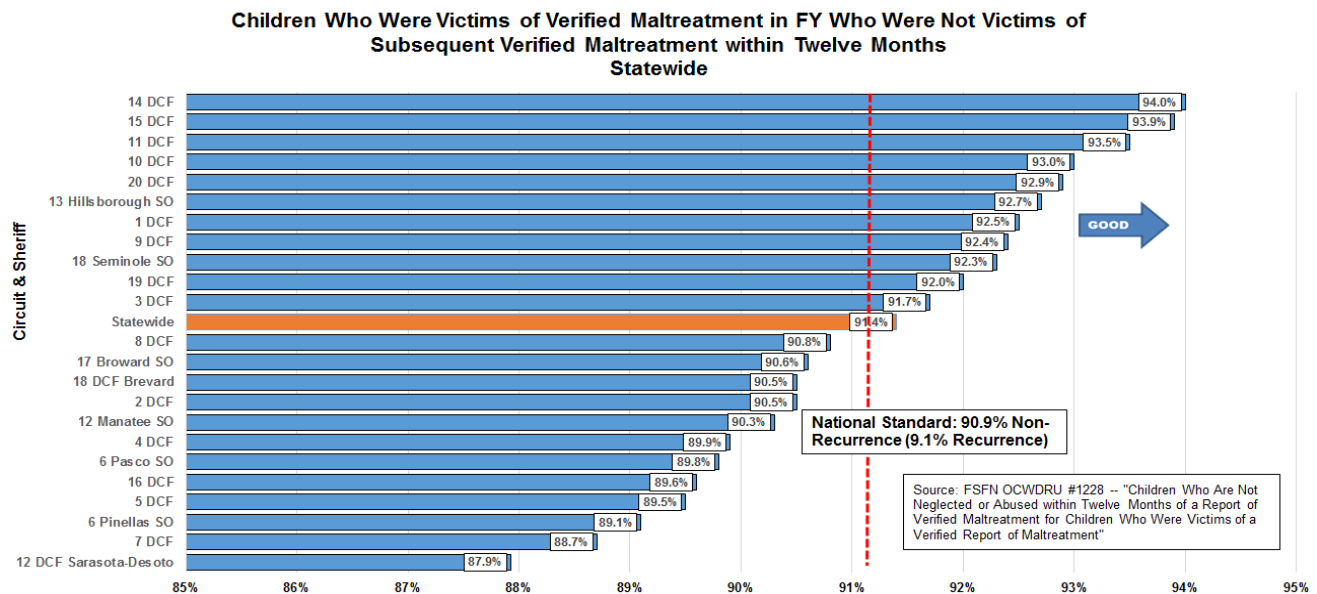


Exhibit 19.a: Child Maltreatment Victims Not Maltreated within 12 Months FY 2014-15

Children removed from their homes due to allegations of maltreatment may be placed in relative or non-relative care, traditional foster homes or congregate care placements. While in any of these types of placements, children may experience an additional verified maltreatment. The perpetrators of this additional maltreatment may range from parent/caregivers, foster parent/caregivers, relatives or group care providers. Florida has consistently had a verified rate of maltreatment per 100,000 days in out of

home care (OOHC) in the foster care system that has exceeded the national standard of 8.5 (see Exhibit 19.b).

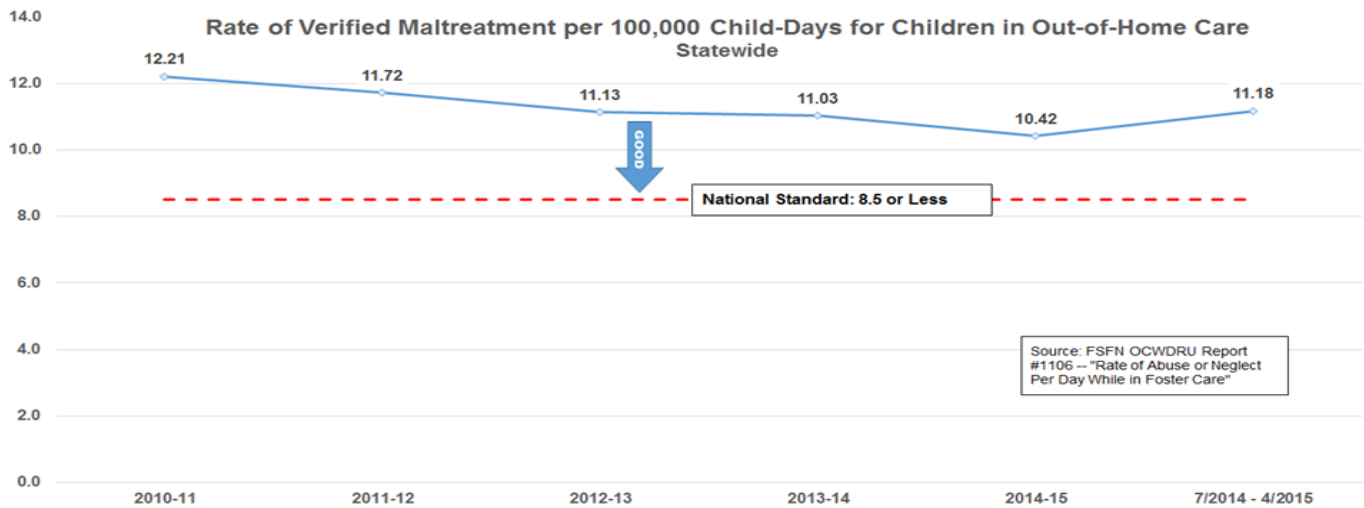


Exhibit 19.b: Rate of Verified Maltreatment in OOHC per 100,000 Child Days Trend

There is wide variation in the rate at which children in OOHC experience an additional verified report of maltreatment (see Exhibit 19.c).

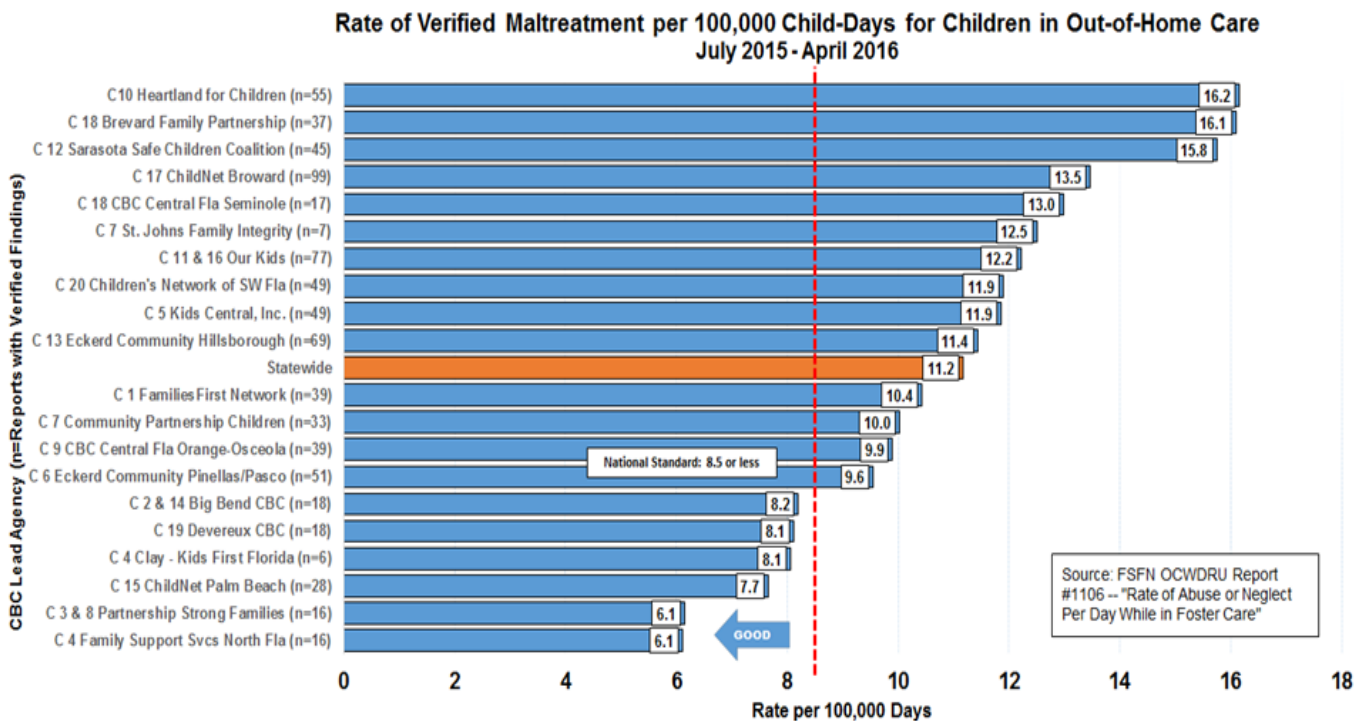


Exhibit 19.c: Rate of Verified Maltreatment in OOHC per 100,000 Child Days by Circuit

Community-Based Care (CBC) Case Management Services may include child abuse prevention, family crisis intervention and preservation, diversion services, supervision, case management, foster or residential case management, and adoption placement.

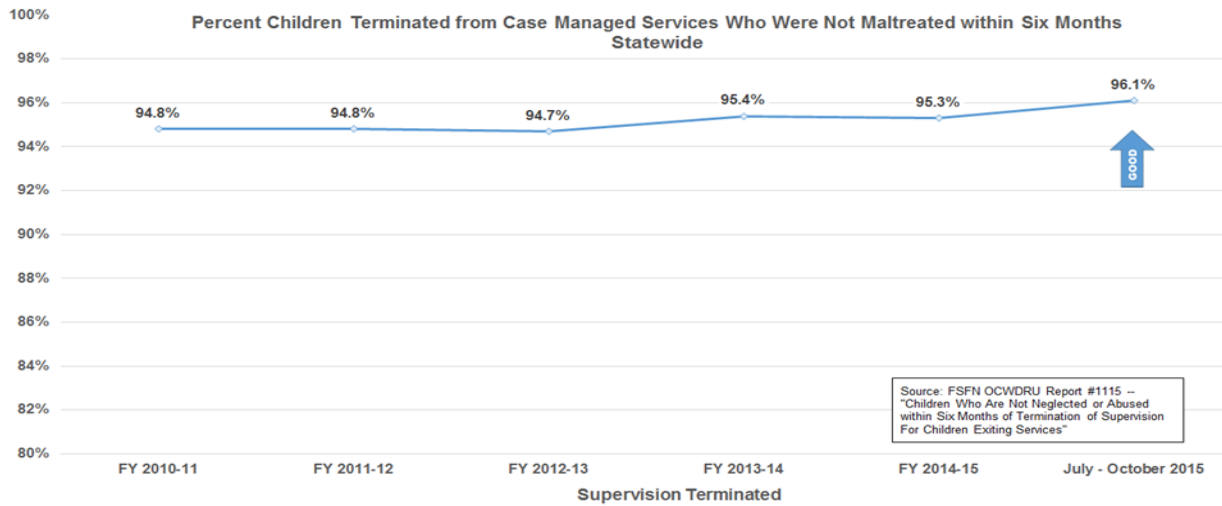


Exhibit 20: Percent of Children Terminated from Case Management Services Not Maltreated 6 Months Trend

The overwhelming majority of children who are engaged by the child welfare system do not experience a new verified finding of maltreatment within 6 months of case managed services being terminated (see Exhibit 20). There is wide variation between CBC lead agencies across this measure (see Exhibit 21).

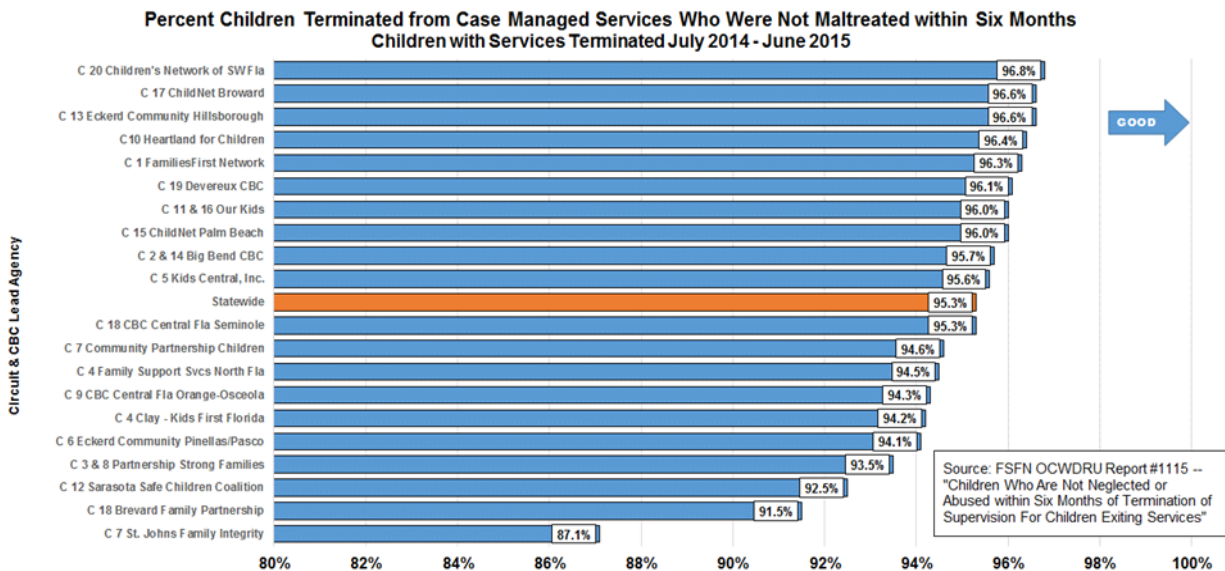


Exhibit 21: Percent of Children Terminated from Case Management Services Not Maltreated 6 Months FY 14-15 by Circuit

4.4.3 CHILDREN REMOVED FROM HOME

The indicators presented in this sub-section support s. 39.001 (b) and s. 409.986 (2)(b), F.S.: “Children are safely maintained in their homes, if possible and appropriate.”

Removal rates per 100 children investigated vary greatly across the state. Note that the inclusion of Florida’s larger metropolitan areas (Hillsborough, Miami-Dade, Broward, Pasco and Pinellas) tend to skew the statewide mean upward (see Exhibit 22).

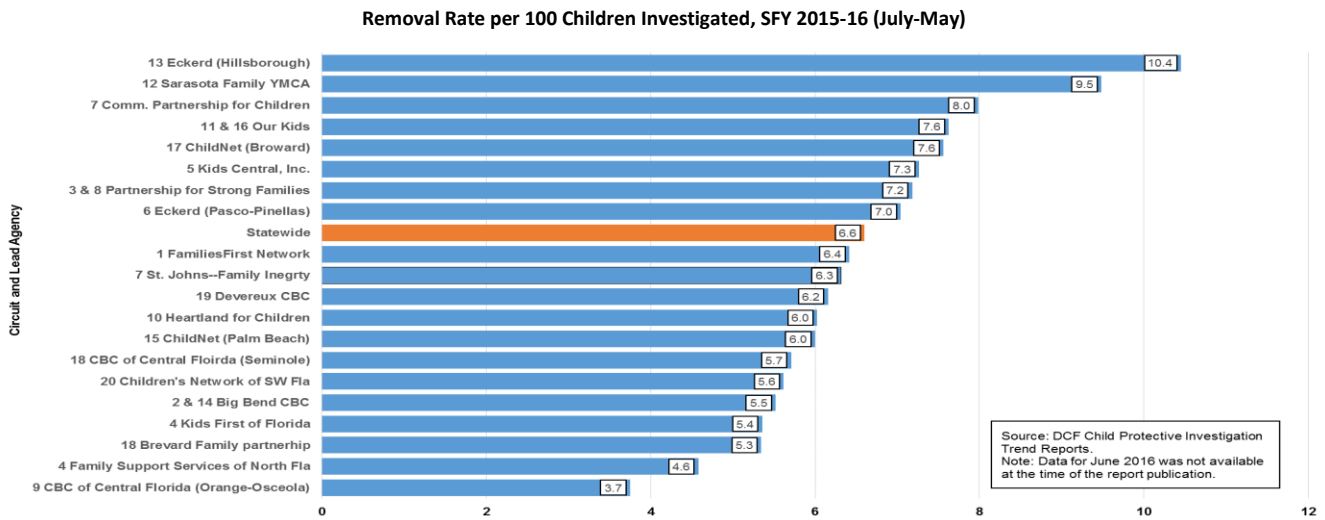


Exhibit 22: Removal Rate per 100 Children Investigated, FY 2015-16 by Circuit

While several of the areas that are experiencing the highest removal rates per 100 children investigated are also ranked high within the average number of children in OOHC per 100 children investigated, there is no direct correlation between the two measures (see Exhibit 23).

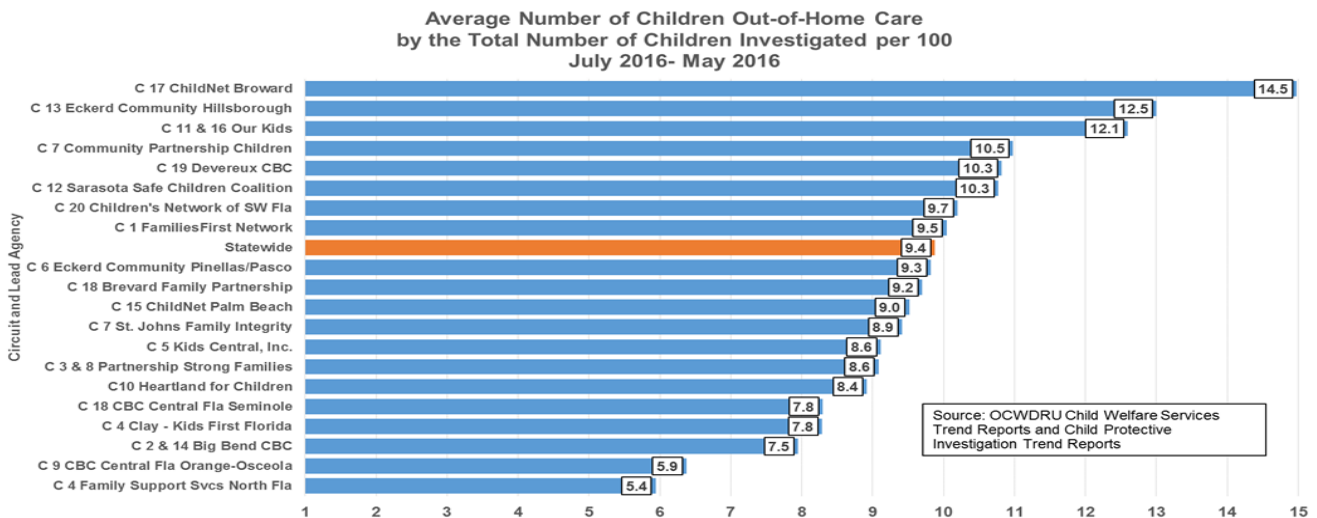


Exhibit 23: Average Number of Children in OOHC by Total Children Investigated 2015-16 by Circuit

4.4.4 CHILDREN PLACED IN OUT-OF-HOME CARE

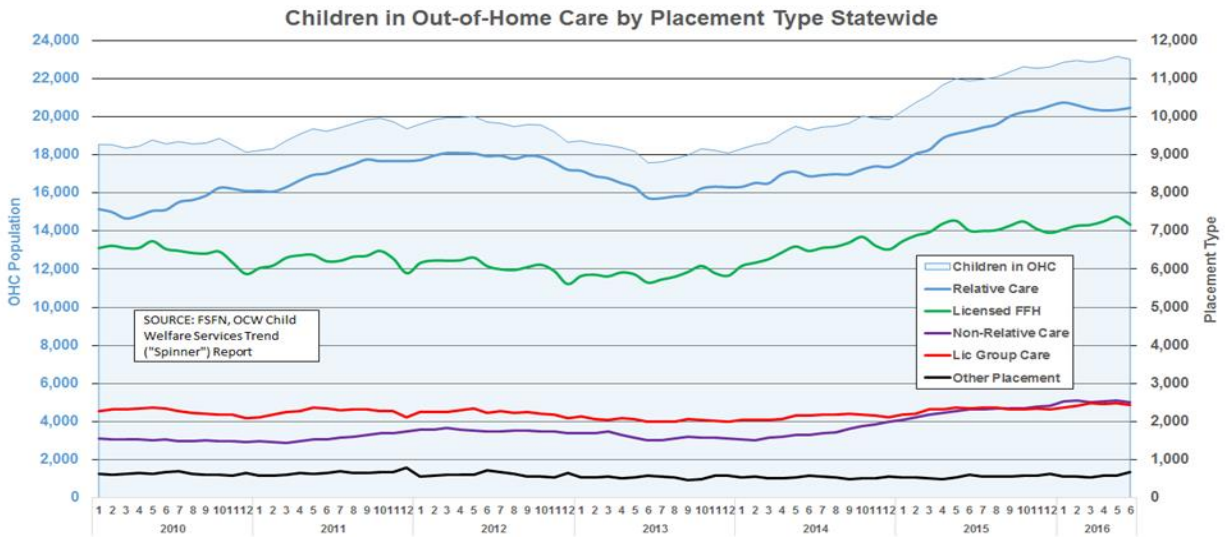


Exhibit 24: Children in OOHC by Placement Type Trend

The total number of children residing in OOHC has been increasing since June 2013. Increases in relative care, non-relative care and licensed family foster care have absorbed the highest percentage of this increase; however, beginning in February 2015, there has been an upward trend in the usage of licensed group care (see Exhibit 24).

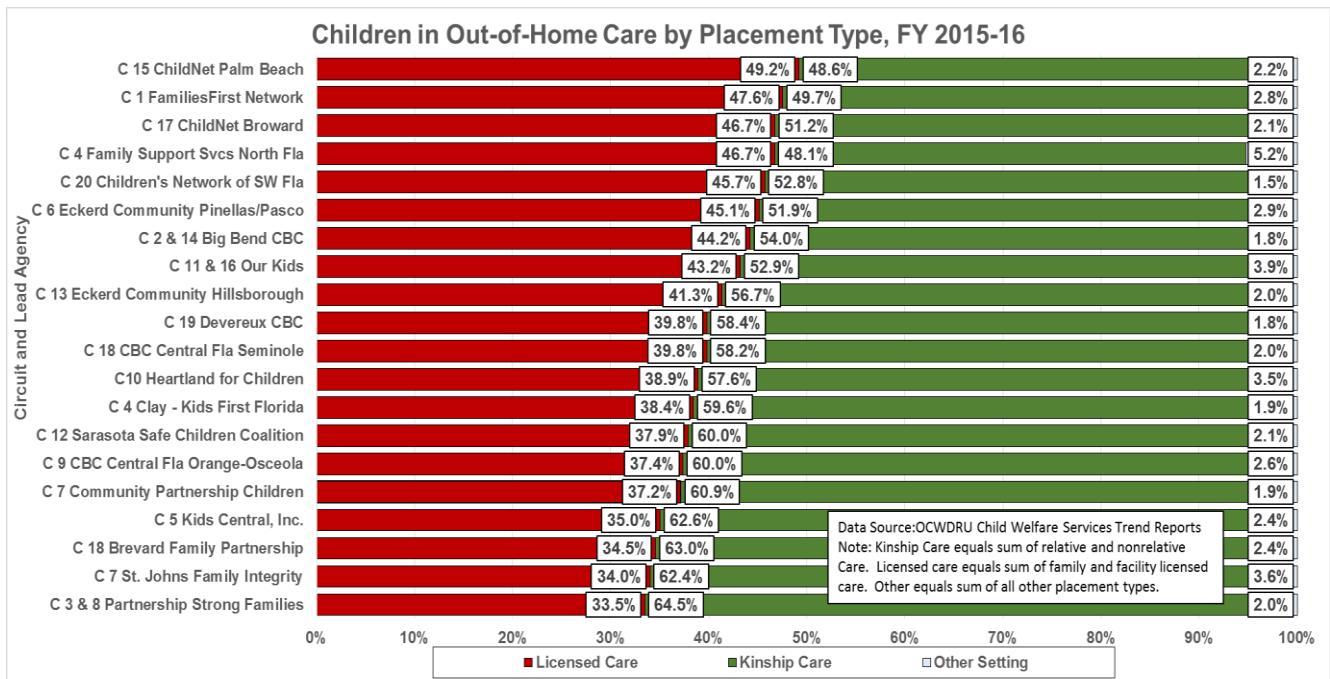


Exhibit 25: Children in OOHC by Placement Type FY 2015-16 by Circuit

The percentage of children residing in licensed care and “kinship” care varies between areas of the state served by CBC lead agencies. The number of children residing in licensed group care by age group has remained relatively stable with the exception of children aged 6 to 12, which began rising in December 2013 (see Exhibit 26).

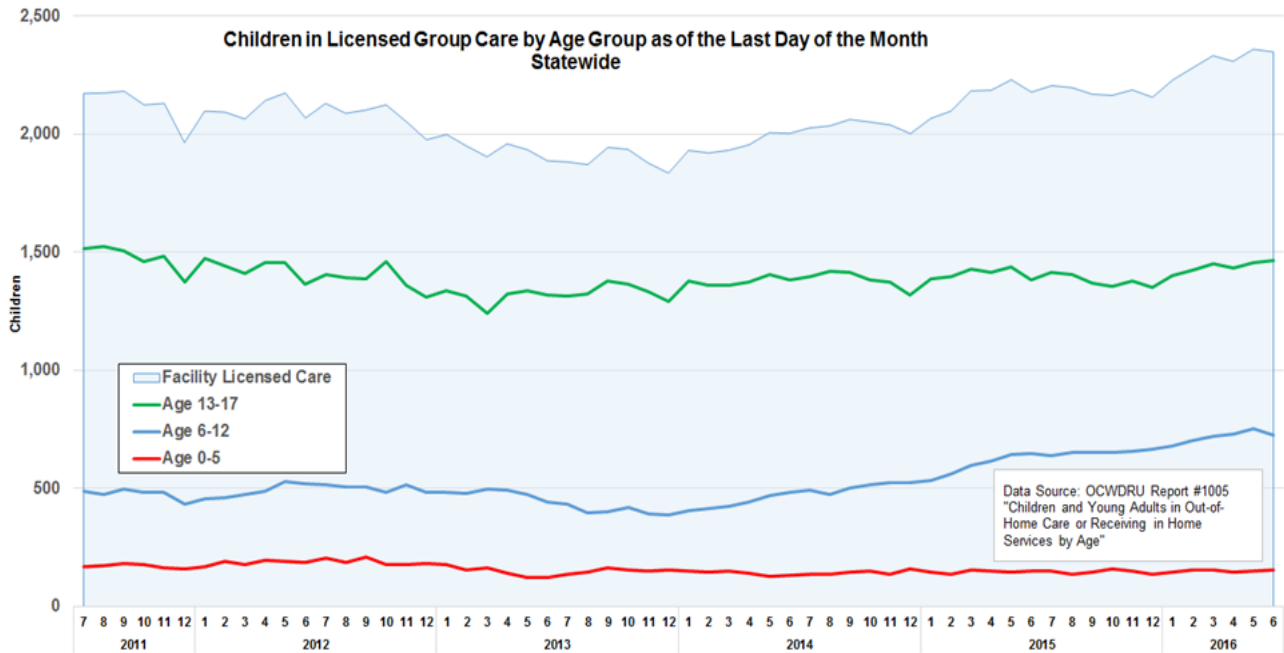


Exhibit 26: Children in Licensed Group Care by Age Group Trend

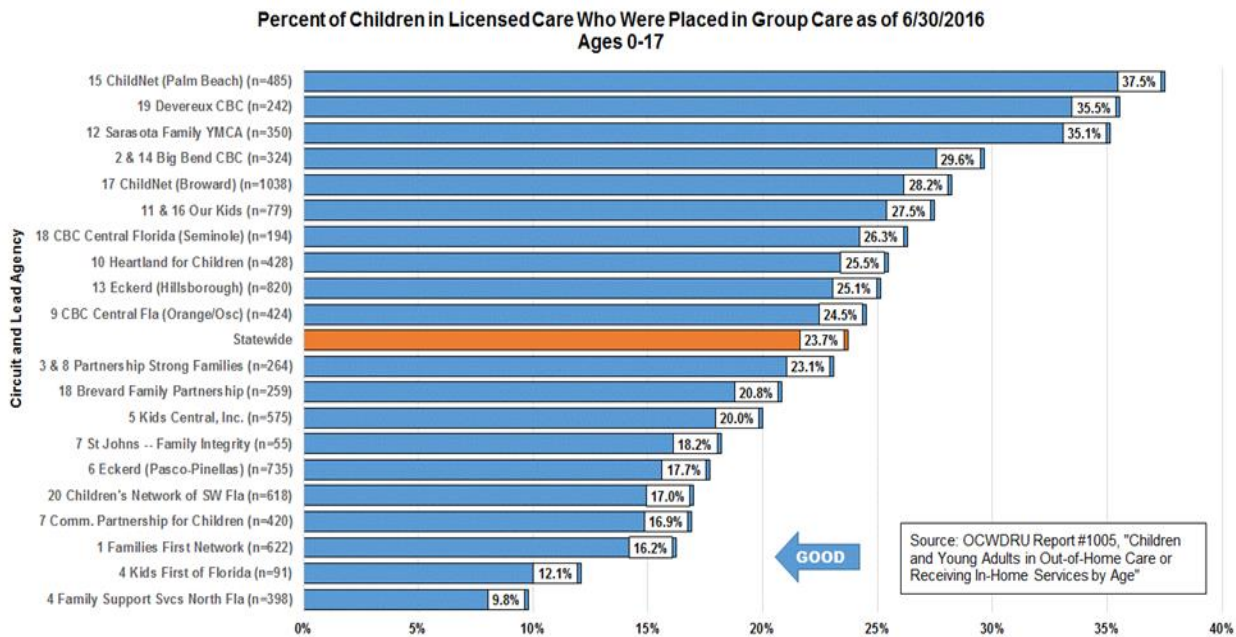


Exhibit 27: Percent of Children in Licensed Care Placed in Group Care Ages 0-17 by Circuit

There is wide variation between CBCs as to the percentage of children in OOHC who are currently residing in licensed group care (see Exhibit 27).

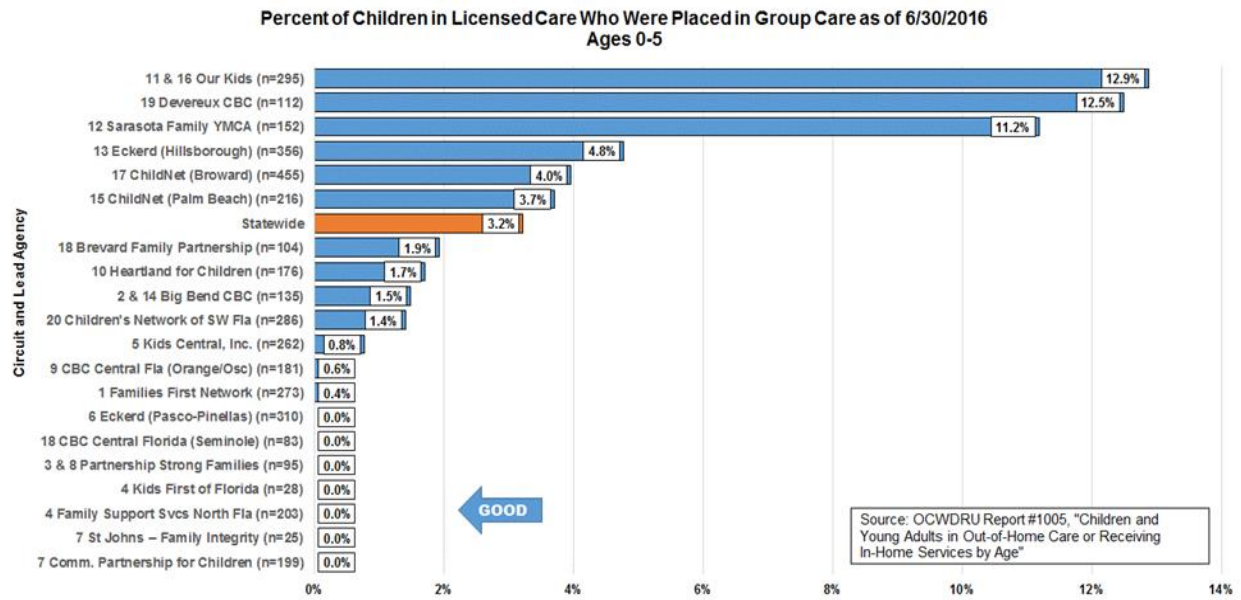


Exhibit 28: Percent of Children in Licensed Care Placed in Group Care Ages 0-5 by Circuit

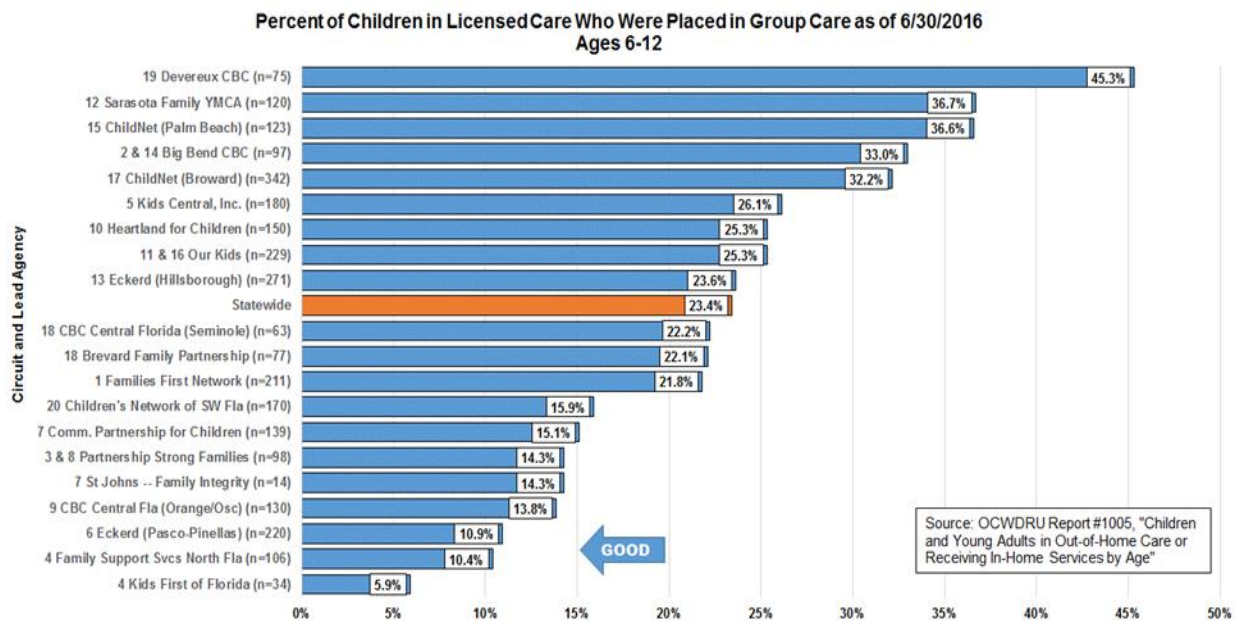


Exhibit 29: Percent of Children in Licensed Care Placed in Group Care Ages 6-12 by Circuit

The percentage of children ages 0 to 5, 6 to 12 and 13 to 17 who were residing in licensed group care varies greatly between CBCs (see Exhibits 28, 29 and 30).

**Percent of Children in Licensed Care Who Were Placed in Group Care as of 6/30/2016
Ages 13-17**

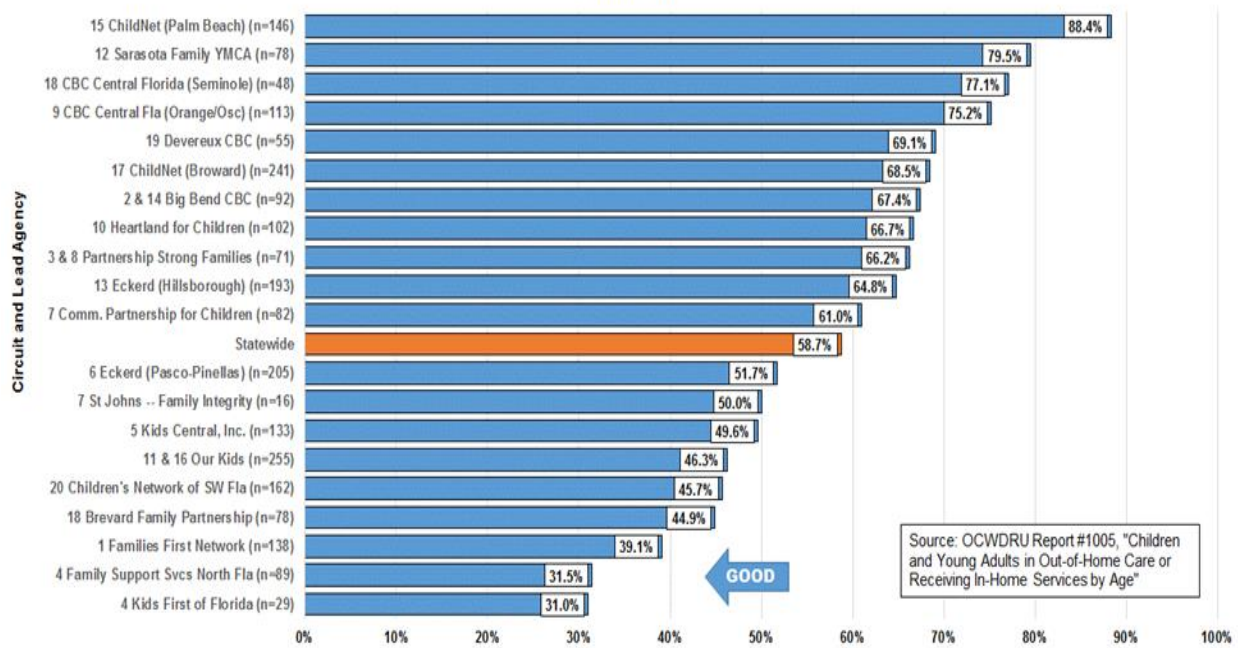
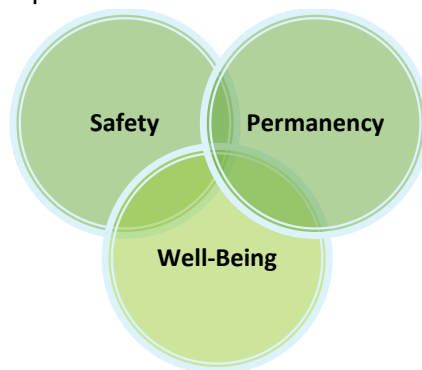


Exhibit 30: Percent of Children in Licensed Care Placed in Group Care Ages 13-17 by Circuit

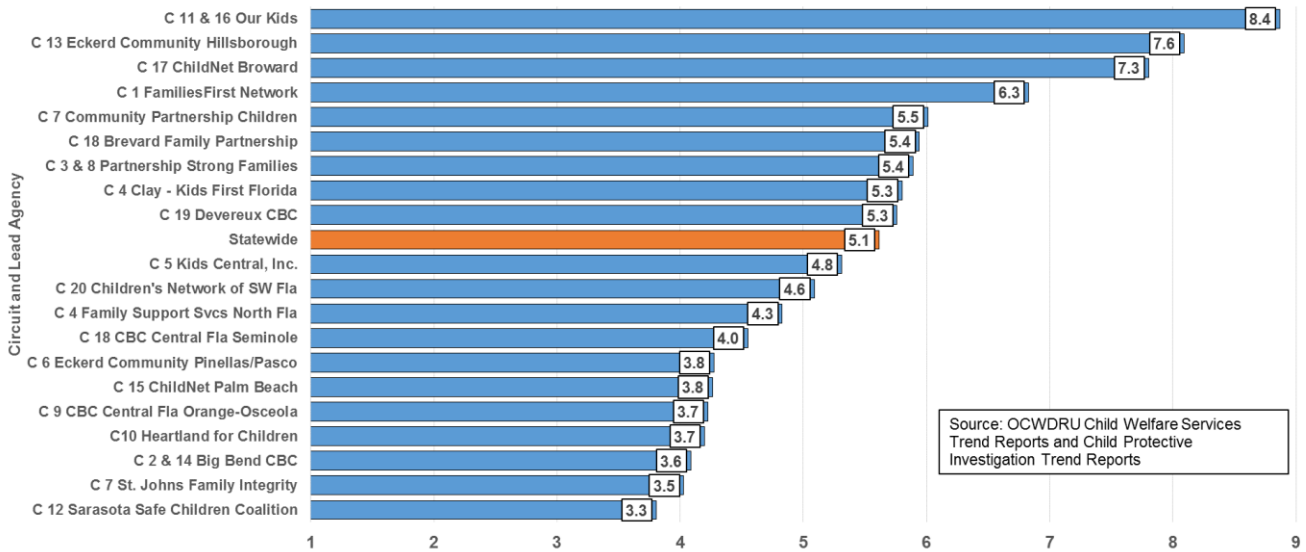
4.5 CHILD PROTECTION & CHILD WELFARE OBJECTIVES: SAFETY & PERMANENCY

The indicators presented in this section support s. 39.001 (b) and s. 409.986 (2)(c), F.S.: "Services are provided to protect children and prevent their removal from their home."



The rate at which CBCs utilize in-home services varies greatly from a rate of 3.3 to 8.4, with approximately half of the CBCs being above the statewide mean (see Exhibit 31).

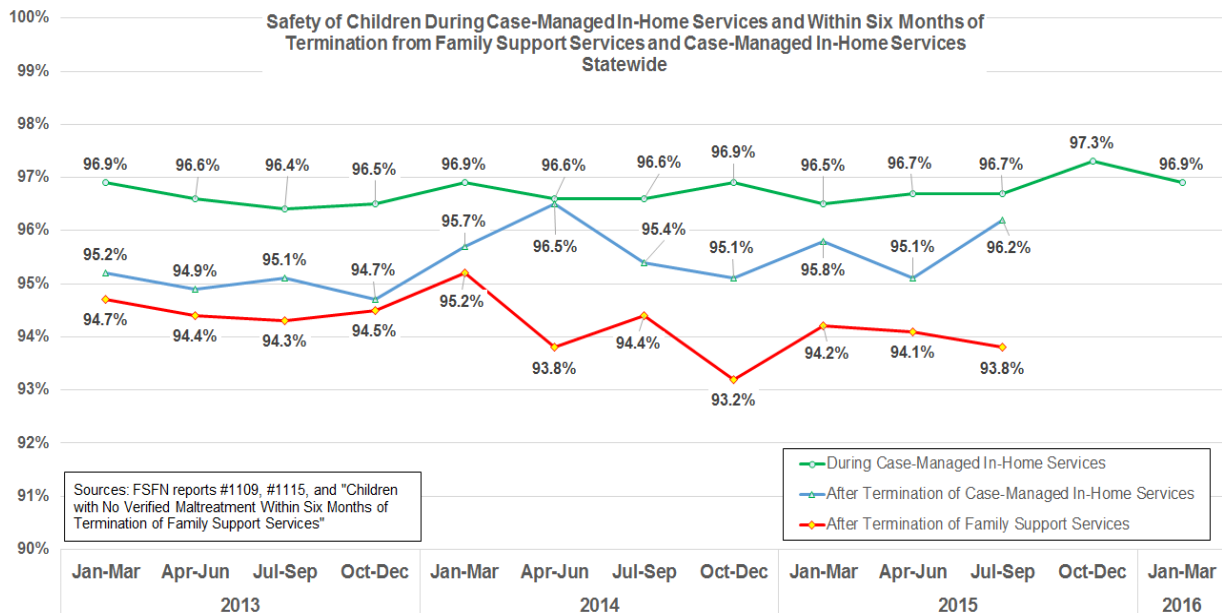
**Average Number of Children In-Home Services
by the Total Number of Children Investigated per 100
July 2015- May 2016**



Source: OCWDRU Child Welfare Services Trend Reports and Child Protective Investigation Trend Reports

Exhibit 31: Average Number of Children Receiving In-Home Services by Total Number of Children Investigated 2015-16 by Circuit

The overwhelming majority of children who received in-home services did not have a verified maltreatment finding within 6 months of termination of services (see Exhibit 32).



Sources: FSFN reports #1109, #1115, and "Children with No Verified Maltreatment Within Six Months of Termination of Family Support Services"

Legend:
 - During Case-Managed In-Home Services
 - After Termination of Case-Managed In-Home Services
 - After Termination of Family Support Services

Exhibit 32: Safety of Children during Case Managed In-Home Services within 6 Months of Termination of Services Trend

The percentage of children who are maltreated while receiving in-home services is low. Again, there is wide variation among CBCs with the highest percentage of children who are not maltreated while receiving in-home services being 97.7% and a low of 91.0% (see Exhibits 33 and 34).

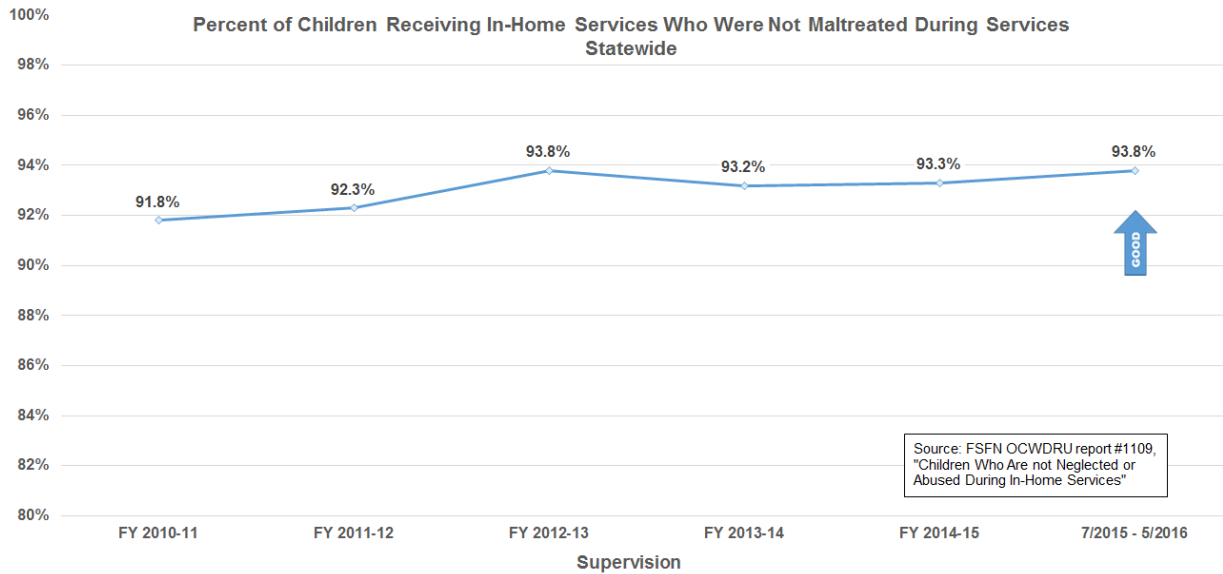


Exhibit 33: Percent of Children Receiving In-Home Services Who Were Not Maltreated During Services Trend

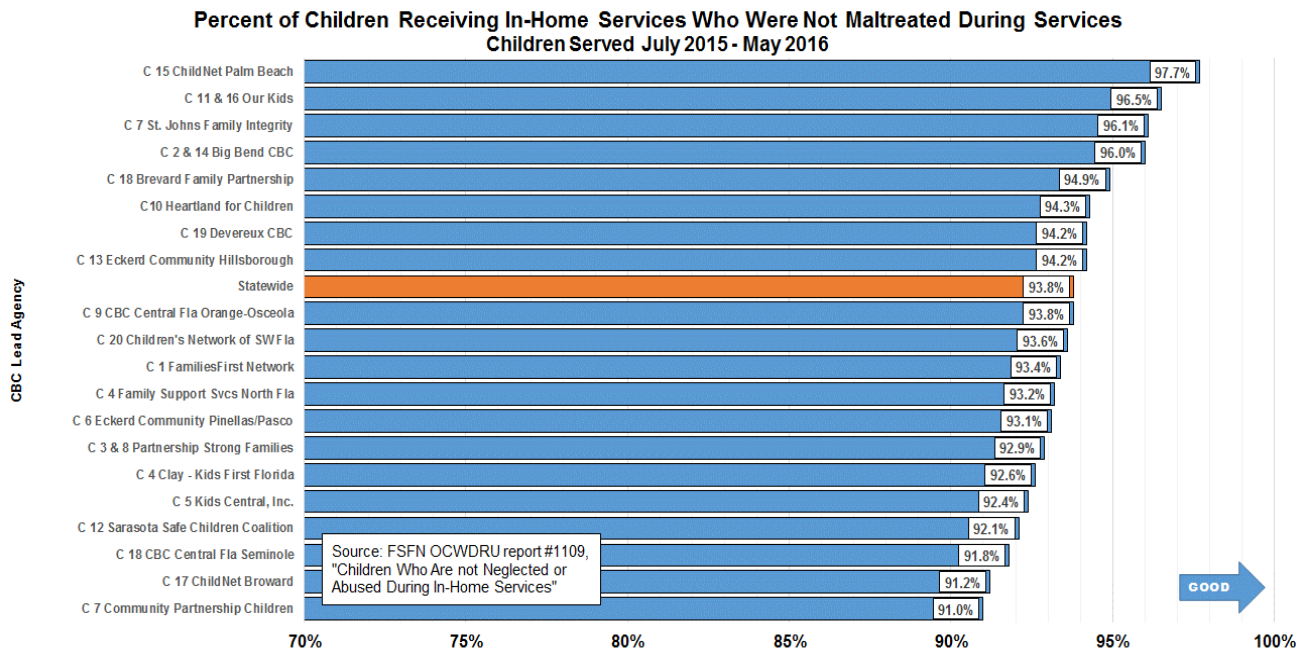


Exhibit 34: Percent of Children Receiving In-Home Services Who Were Not Maltreated During Services 2015-16 by Circuit

4.6 CHILD PROTECTION & CHILD WELFARE OBJECTIVE: PERMANENCY

The indicators presented in this section support s. 39.001 (b) and s. 409.986 (2)(d), F.S.: “Children have permanency and stability in their living arrangements.”

The federal Child and Family Services Review, Round 3 (CFSR-3) includes three indicators of timely permanency, plus a companion indicator of re-entry into care after discharge. Each of the three timely permanency indicators measures achievement of permanency within 12 months for a different cohort of children, based on a certain period or date.

- **Entry Cohort.** This indicator measures the proportion of children in a cohort of children who were removed and entered care in the same period, and achieved permanency within 12 months of removal.
- **In Care 12-23 Months Cohort.** This indicator measures the proportion of children in a cohort of children who were in care 12-23 months on the same date, and achieved permanency within 12 months of removal.
- **In Care 24+ Months Cohort.** This indicator measures the proportion of children in a cohort of children who were in care 24 or more months on the same date, and achieved permanency within 12 months of removal.

Exhibit 35 shows that Florida’s performance has been well above the CFSR-3 national standards on all three indicators for the last six years. Performance on the entry cohort indicator has declined in the last two years, but is still above the national standard. Performance on the in-care 12-23 months indicator is consistently well above the national standard. Performance on the in-care 24+ months cohort has improved and is also well above the national standard.

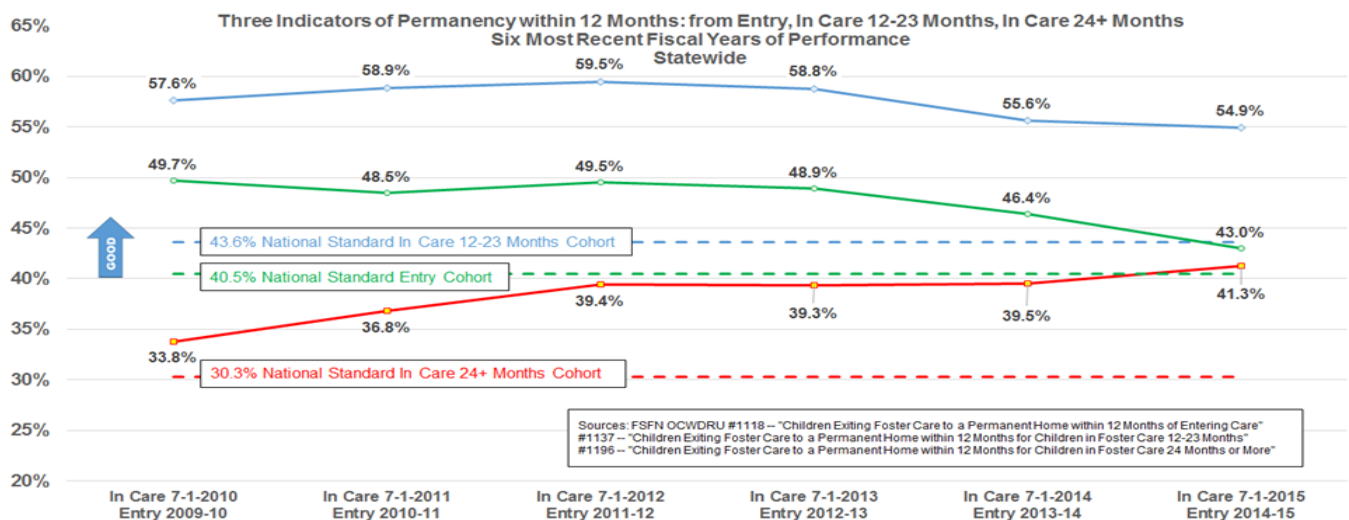


Exhibit 35: Three Indicators of Permanency within 12 Months Trend

Discharge rates per 100 children in OOHC vary between CBCs with a high of 8.3 and a low of 3.8. The distribution of this measure is normal with the statewide mean being near the center (see Exhibit 36).

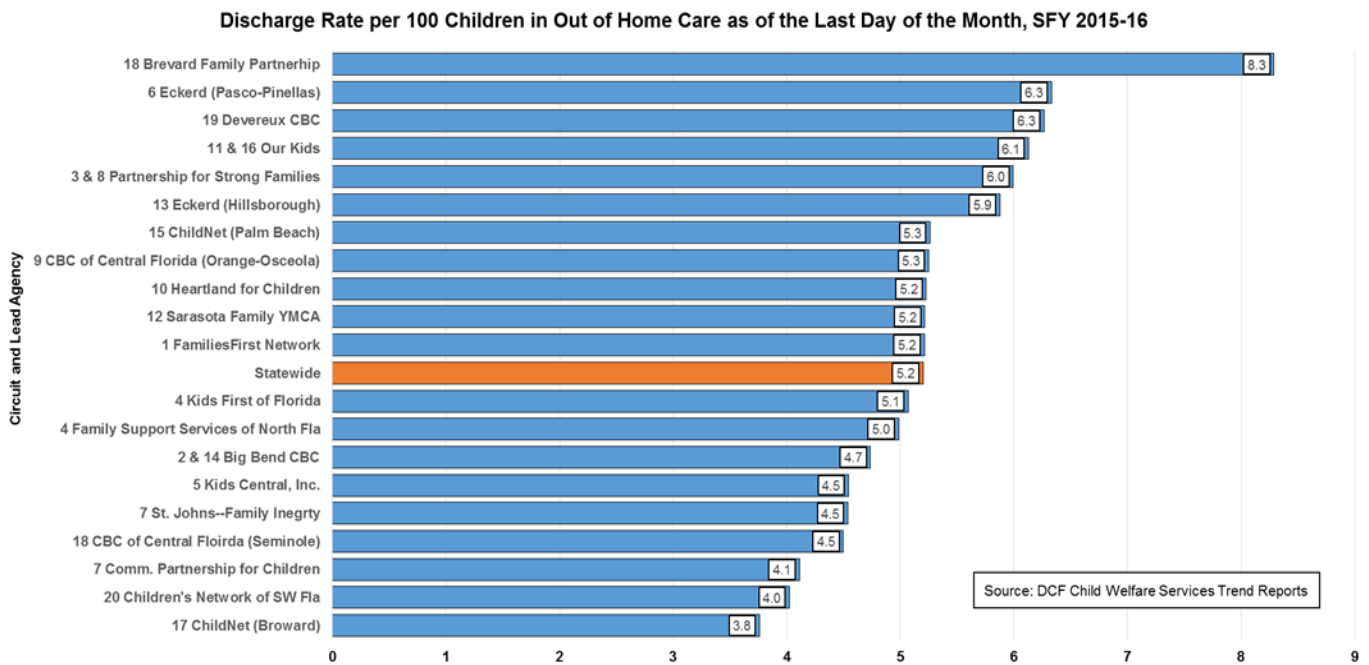
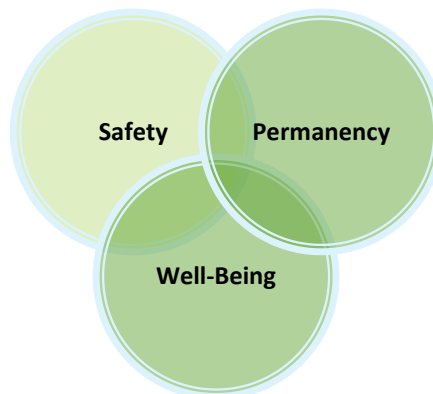


Exhibit 36: Discharge Rate per 100 Children in OOHC FY 2015-16 by Circuit

4.7 CHILD PROTECTION & CHILD WELFARE OBJECTIVES: PERMANENCY & WELL-BEING

The indicators presented in this section support s. 39.001 (b) and s. 409.986(2)(e) and (f), F.S.: “Family relationships and connections are preserved for children” and “Families have enhanced capacity to provide for their children’s needs.”



4.7.1 PERMANENCY

Florida's overall performance has been declining on this indicator since the period used for the federal Child and Family Services Review, Round 3 (CFSR-3), but remains just above the national standard. Stratification by duration and by circuit is provided (see Exhibits 38, 39, 40, 41 and 42).

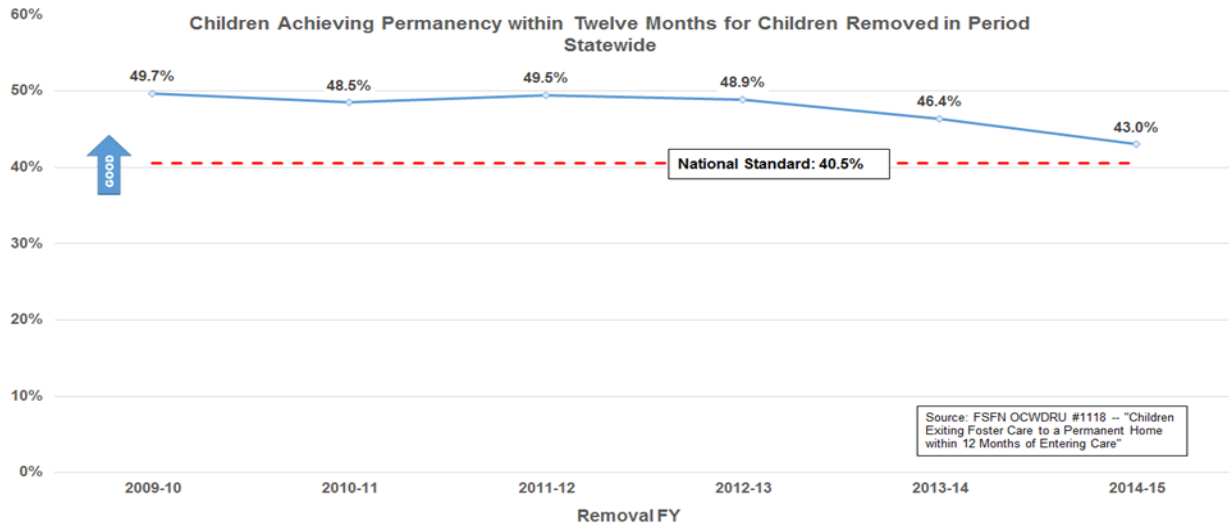


Exhibit 37: Children Receiving Permanency within 12 Months for Children Removed Trend

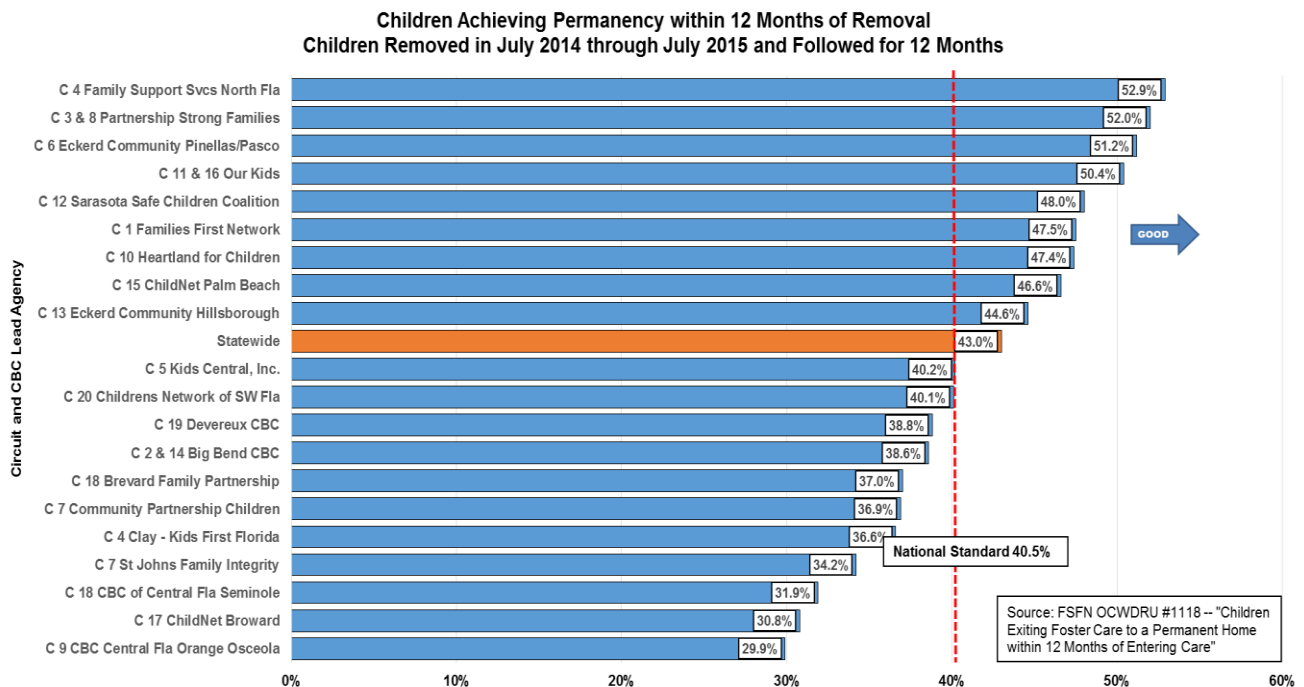


Exhibit 38: Children Receiving Permanency within 12 Months for Children Removed FY 14-15 by Circuit

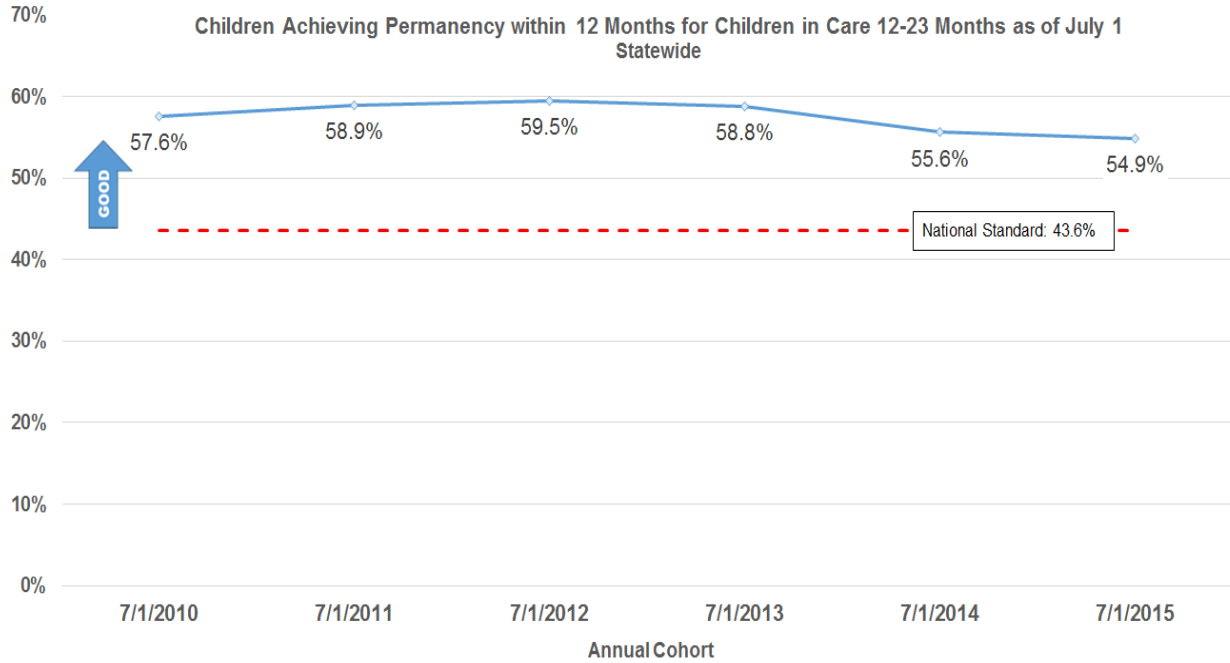


Exhibit 39: Children Achieving Permanency within 12 Months for Children in Care 12-23 Months FY 14-15 Trend

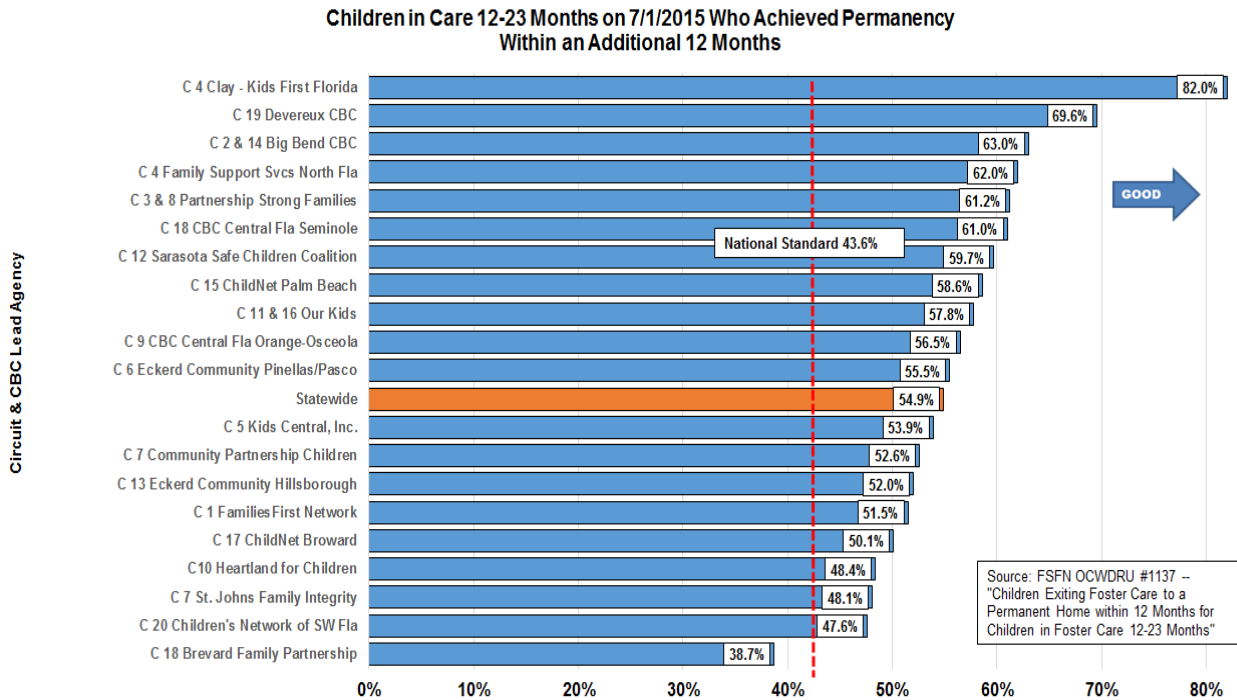


Exhibit 40: Children Achieving Permanency within 12 Months for Children in Care 12-23 Months FY 14-15 by Circuit

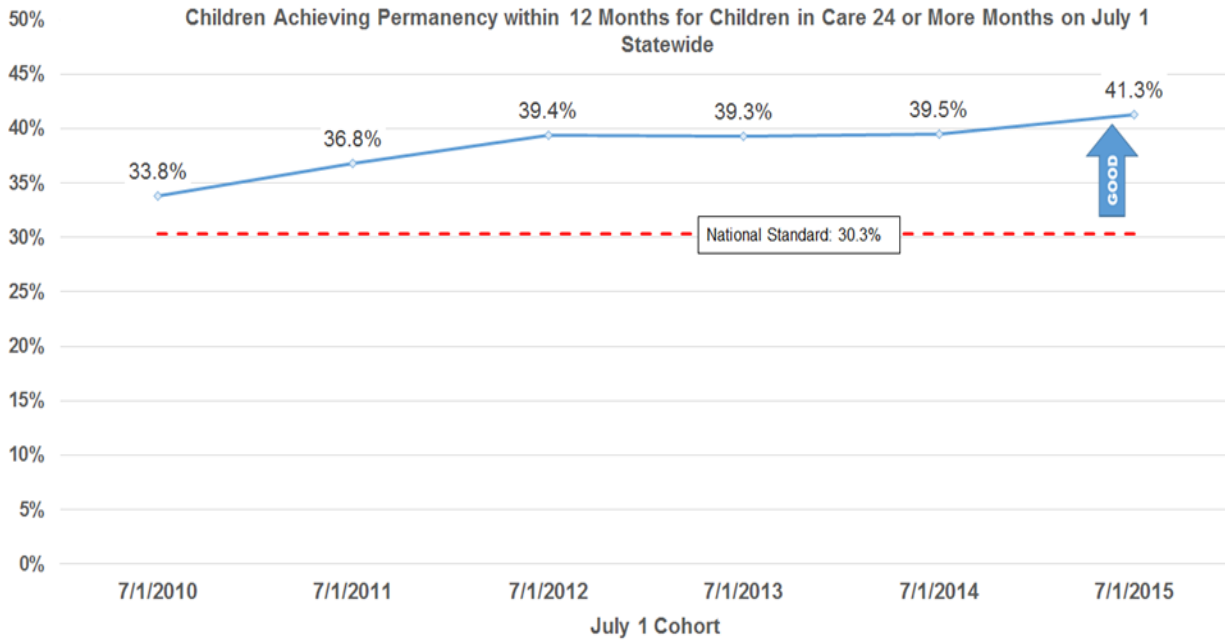


Exhibit 41: Children Achieving Permanency within 12 Months for Children in Care 24+ Months FY 14-15 Trend

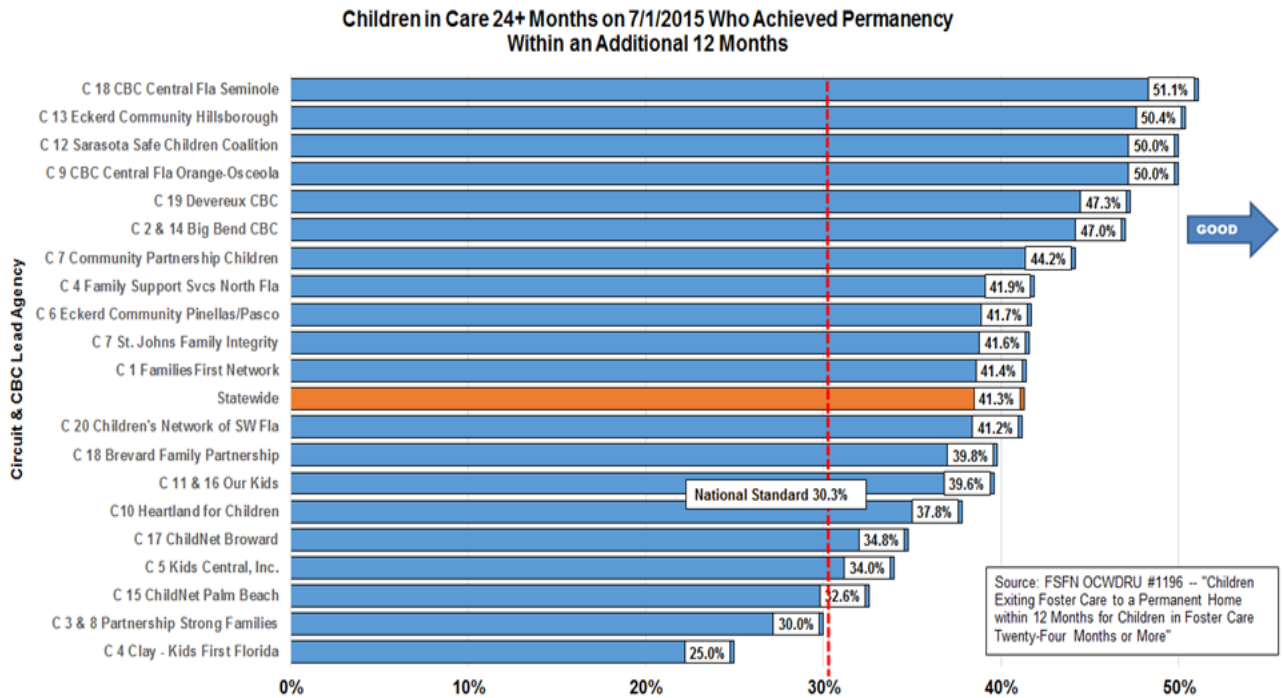


Exhibit 42: Children Achieving Permanency within 12 Months for Children in Care 24+ Months FY 14-15 by Circuit

The following three charts examine Children’s Legal Services timeliness to reunification/ termination of parental rights (TPR), median days from TPR to final order, and median days from shelter to disposition. In general, the majority of judicial circuits are performing at a level that exceeds the statewide mean (see Exhibits 43, 44 and 45).

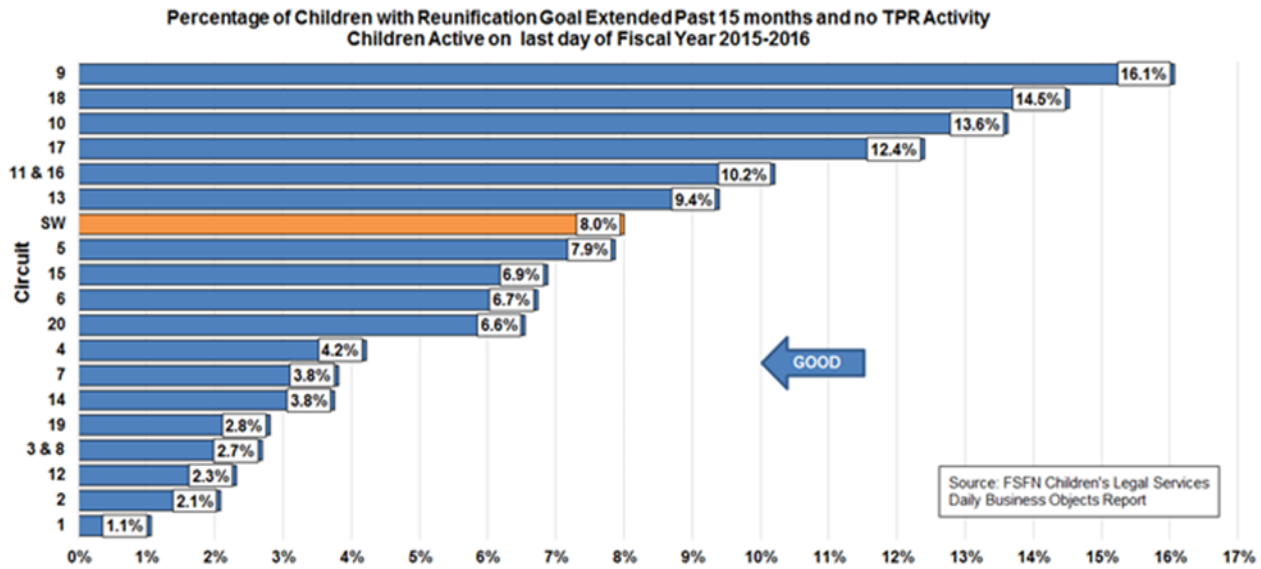


Exhibit 43: Percent of Children with Reunification Goal Extended Past 15 Months and no TPR Activity FY 15-16 by Circuit

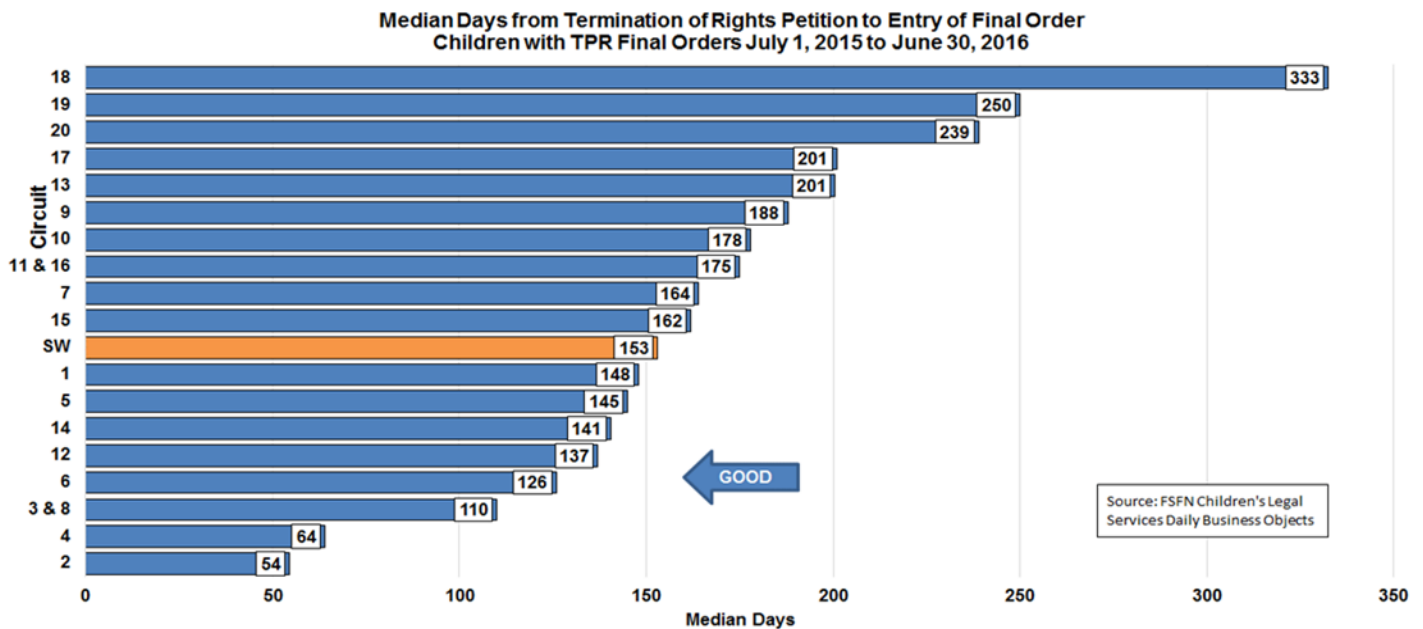


Exhibit 44: Median Days from TPR to Entry of Final Order FY 15-16 by Circuit

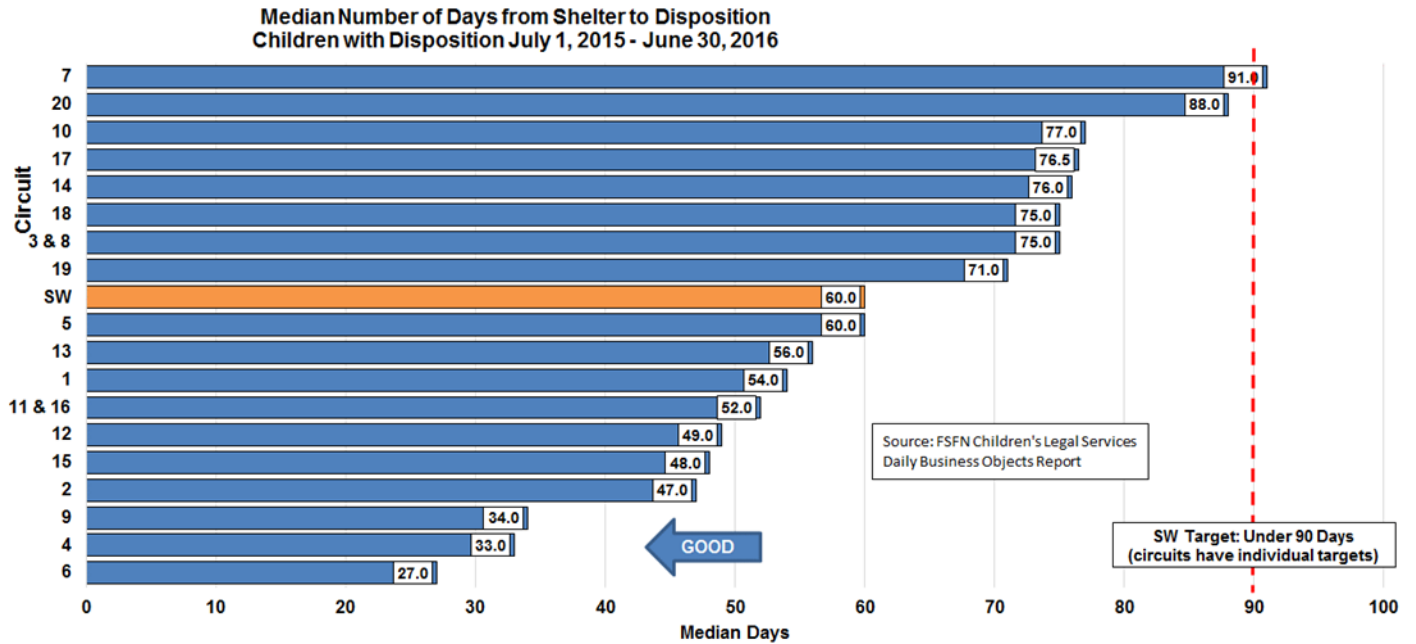


Exhibit 45: Median Number of Days from Shelter to Disposition FY 15-16 by Circuit

4.7.2 PLACEMENT MOVES

Florida's performance as it relates to the number of child placement changes has been improving since SFY 2012-2013 and is nearly aligned with the national standard of 4.12. The majority of CBCs are exceeding the national standard for this measure (see Exhibits 46 and 47).

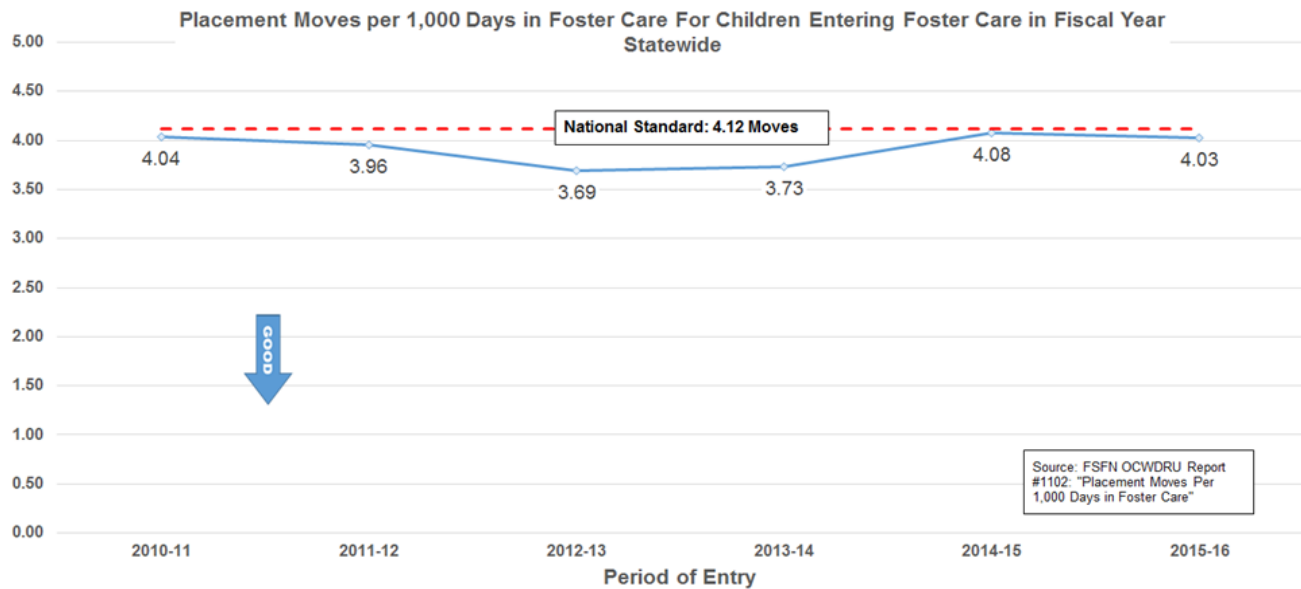


Exhibit 46: Placement Moves per 1,000 Days in Foster Care FY 15-16 Trend

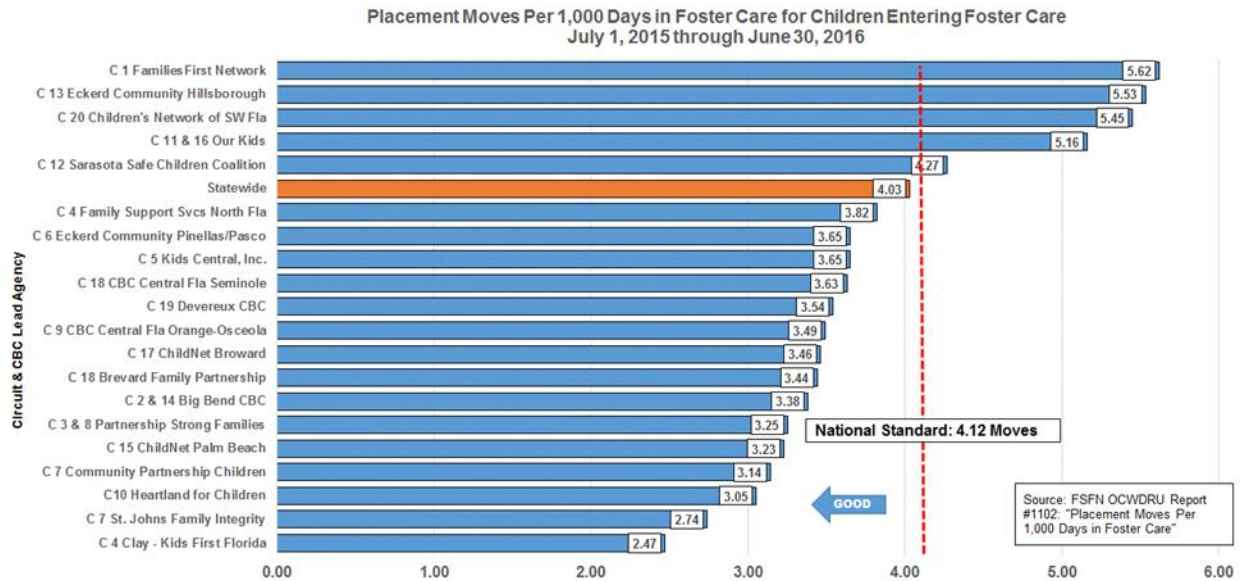


Exhibit 47: Placement Moves per 1,000 Days in Foster Care FY 15-16 by Circuit

4.7.3 SIBLING GROUPS

Florida's performance as it relates to the percentage of sibling groups placed together has been declining since June 30, 2013. However, it is nearly aligned with the state target of 65%. The distribution of CBCs across this measure can generally be defined as normal (see Exhibits 48 and 49).

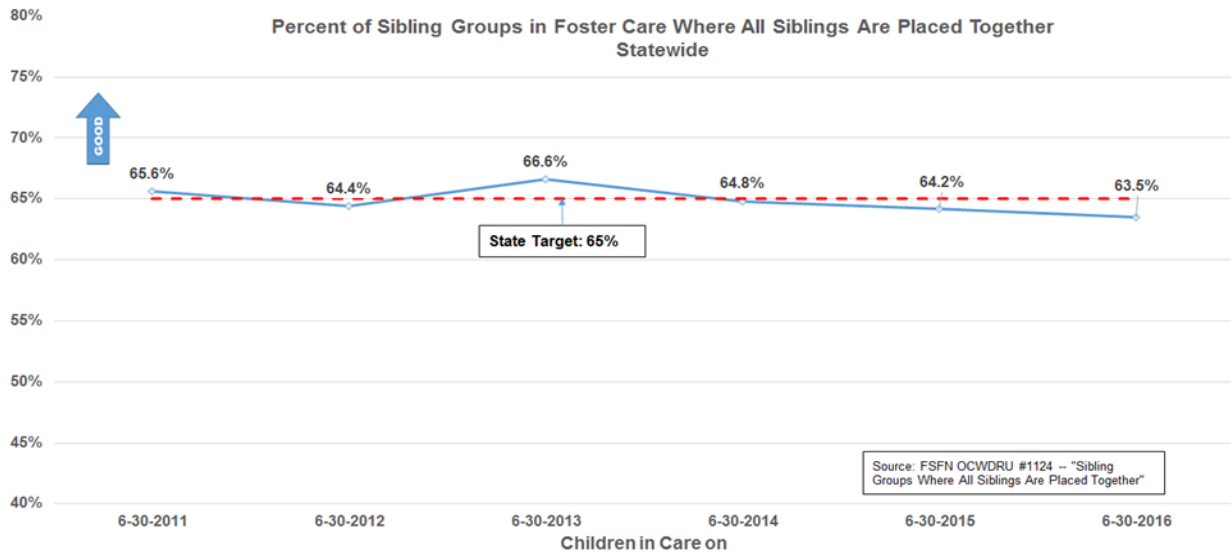


Exhibit 48: Percent of Sibling Groups in Foster Care Where All Siblings are Placed Together Trend

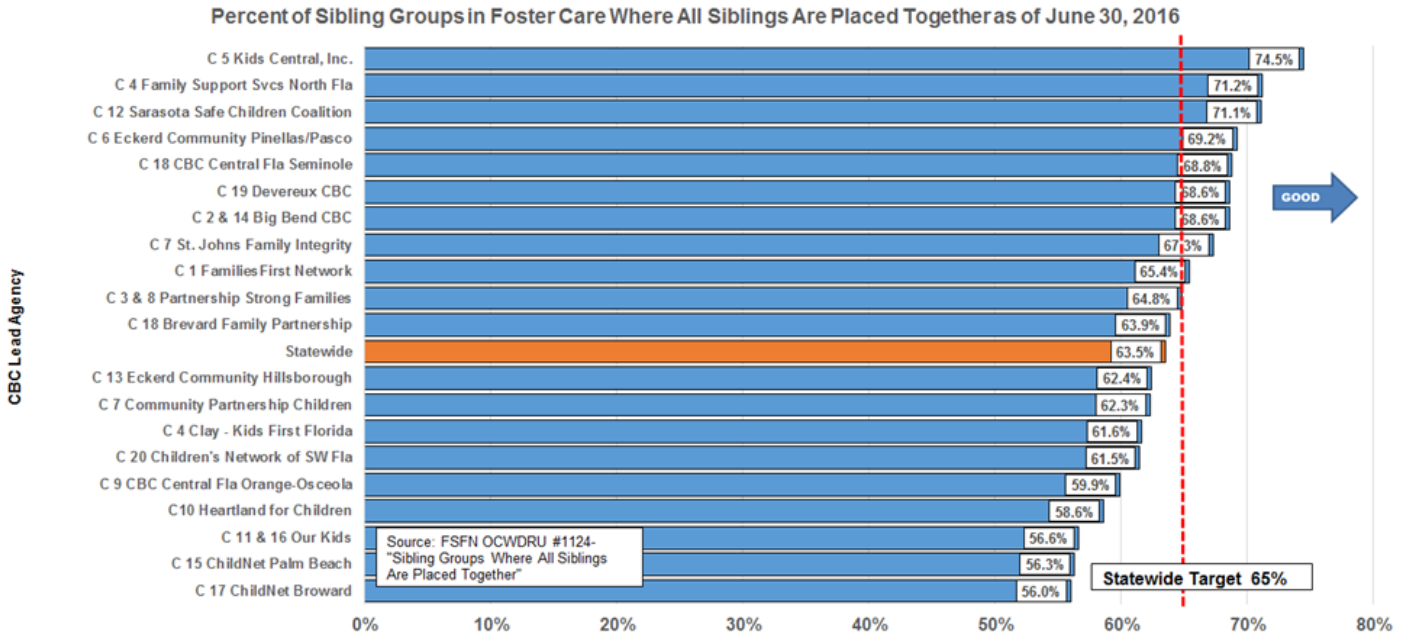


Exhibit 49: Percent of Sibling Groups in Foster Care Where All Siblings are Placed Together by Circuit

4.7.4 CHILDREN PLACED OUTSIDE OF REMOVAL COUNTY/CIRCUIT

Children removed from their homes have a greater sense of permanency if ties to their communities remain intact; however, there are scenarios when children placed outside of their home counties or circuits do not lessen family and relation ties.

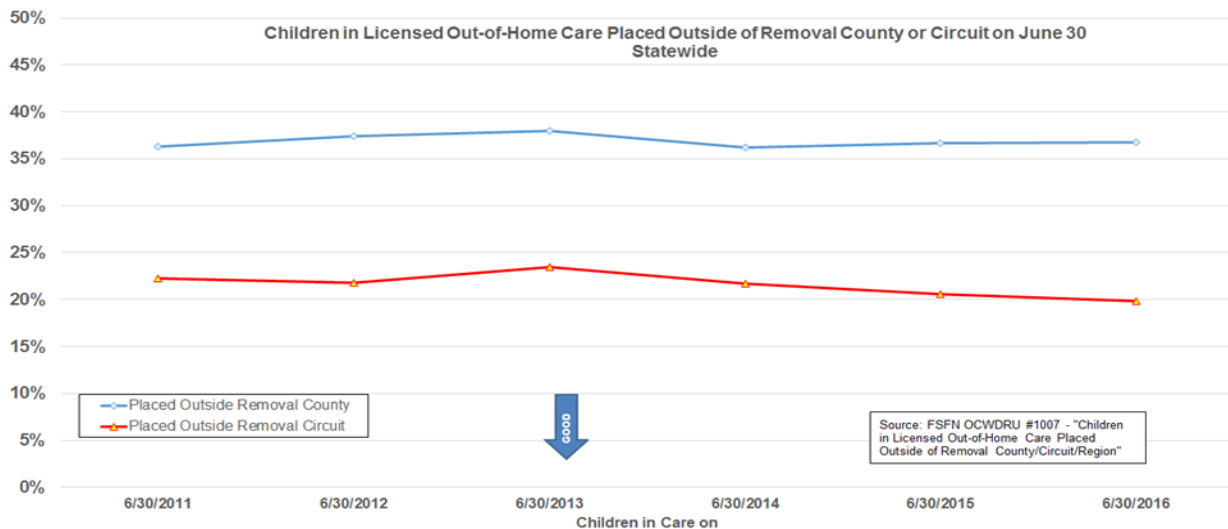


Exhibit 50: Children in Licensed OOHK Placed Outside of Removal County or Circuit Trend

Stratifying this metric by judicial circuit reveals variance statewide. Some variance has to do with the demographic county make-up of a circuit in proximity to counties in a neighboring circuit. Some variance may be due to relative and non-relative placement options for the child in care.

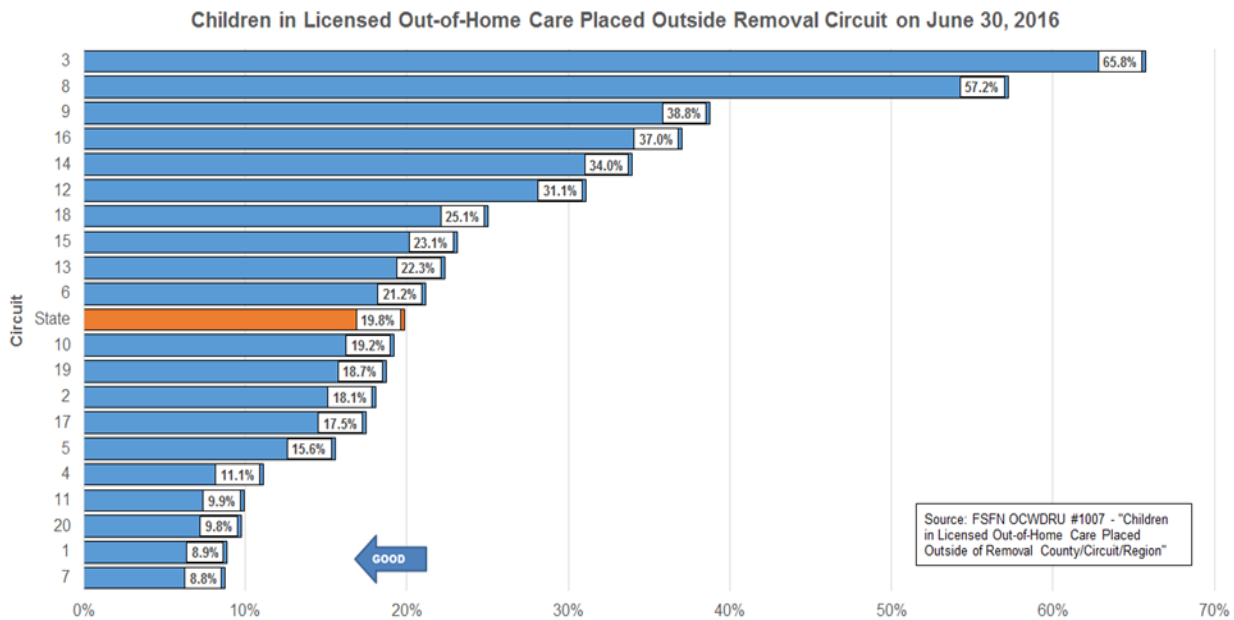


Exhibit 51: Children in Licensed OOHC Placed Outside of Removal Circuit June 2016 by Circuit

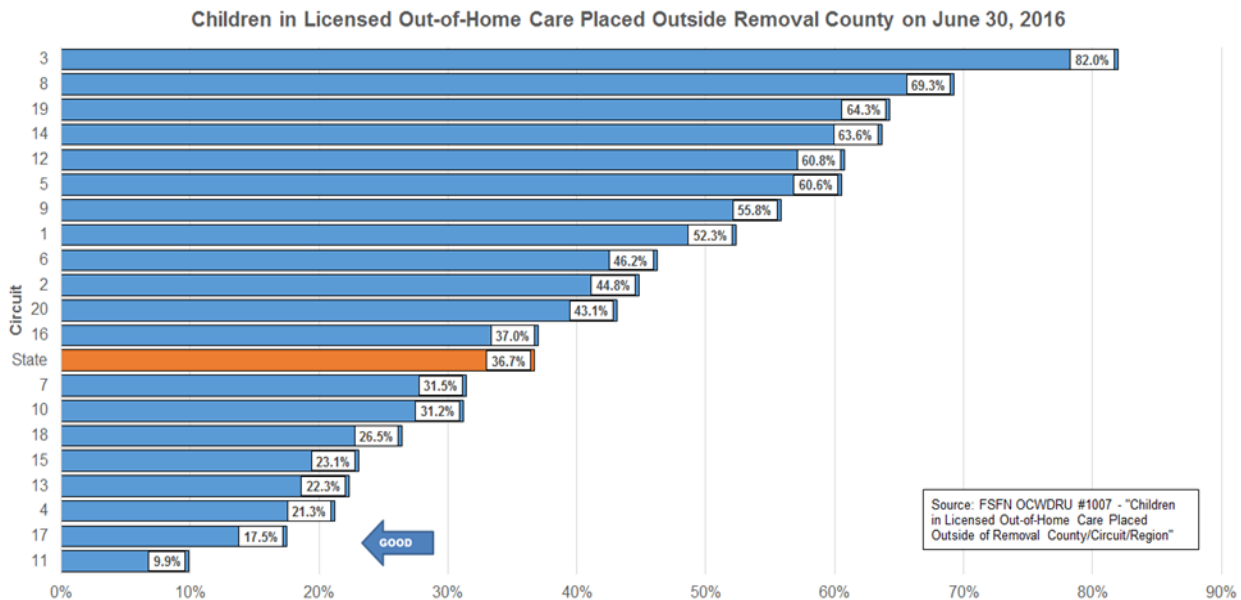


Exhibit 52: Children in Licensed OOHC Placed Outside of Removal County June 2016 by Circuit

4.8 CHILD PROTECTION & CHILD WELFARE OBJECTIVE: WELL-BEING

The indicators presented in this section support s. 39.001 (b) and s. 409.986 (2)(g), (h), and (i), F.S.:

- “Children receive appropriate services to meet their educational needs.”
- “Children receive services to meet their physical and mental health needs.”
- “Children develop the capacity for independent living and competence as an adult.”

4.8.1 CHILDREN RECEIVING MEDICAL SERVICES

The percentage of children receiving medical services within the last 12 months has improved significantly since June 30, 2011. Seventeen of the 20 CBCs exceed 90% (see Exhibits 53 and 54).

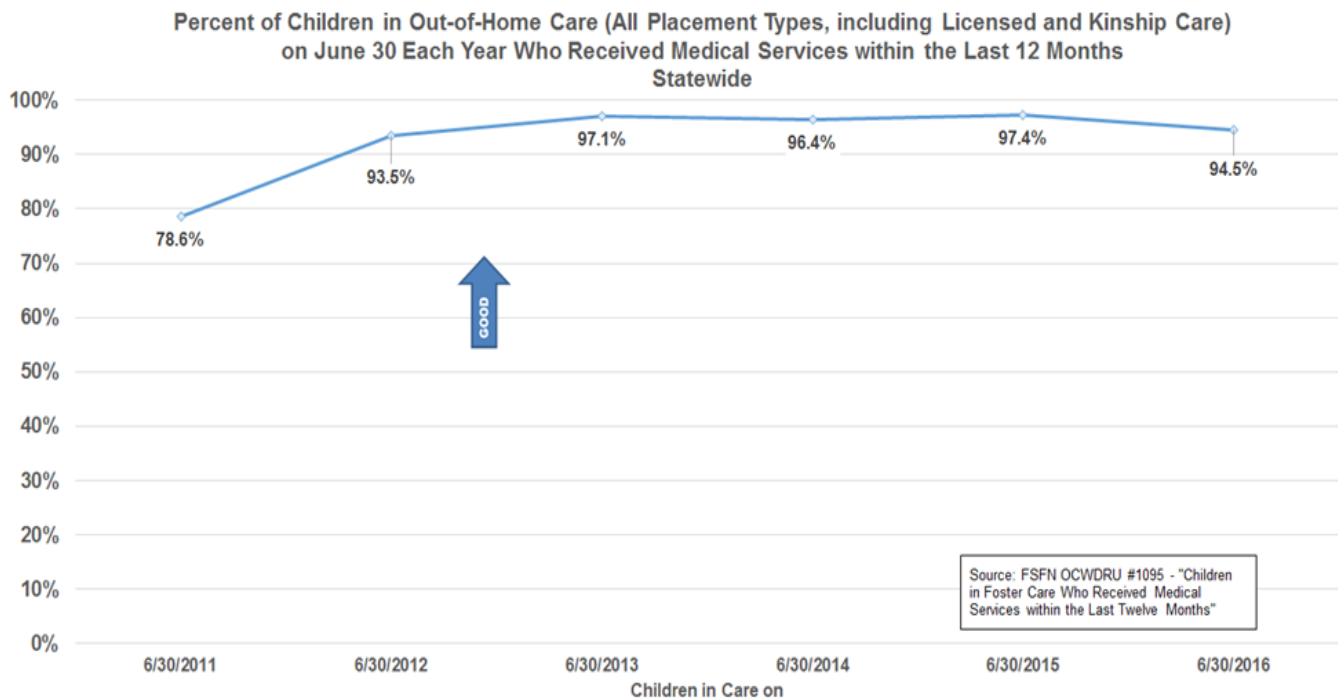


Exhibit 53: Percent of Children in OOH Who Received Medical Services Trend

Percent of Children in Out-of-Home Care (All Placement Types, including Licensed and Kinship Care) on June 30, 2016 Who Received Medical Services within the Last 12 Months

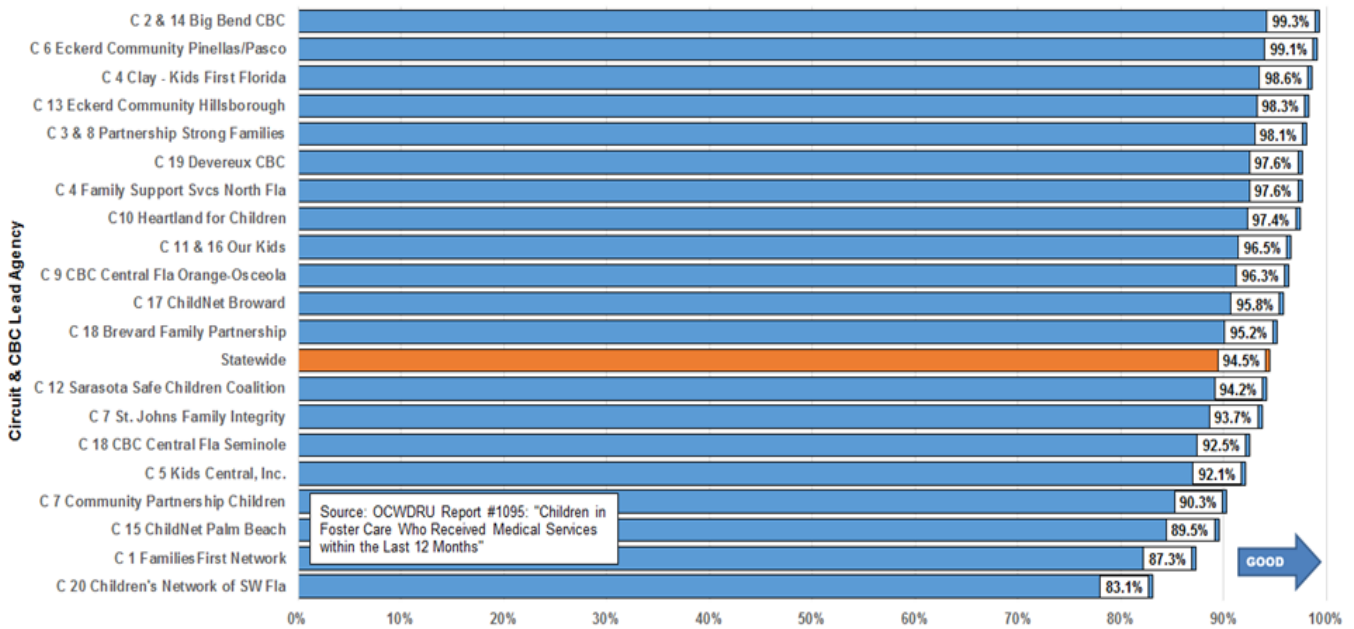


Exhibit 54: Percent of Children in OOHC Who Received Medical Services June 2016 by Circuit

4.8.2 CHILDREN RECEIVING DENTAL SERVICES

The percentage of children receiving dental services within the last 7 months has improved significantly since June 30, 2011. Fifteen of the 20 CBCs exceed 91% (see Exhibits 55 and 56).

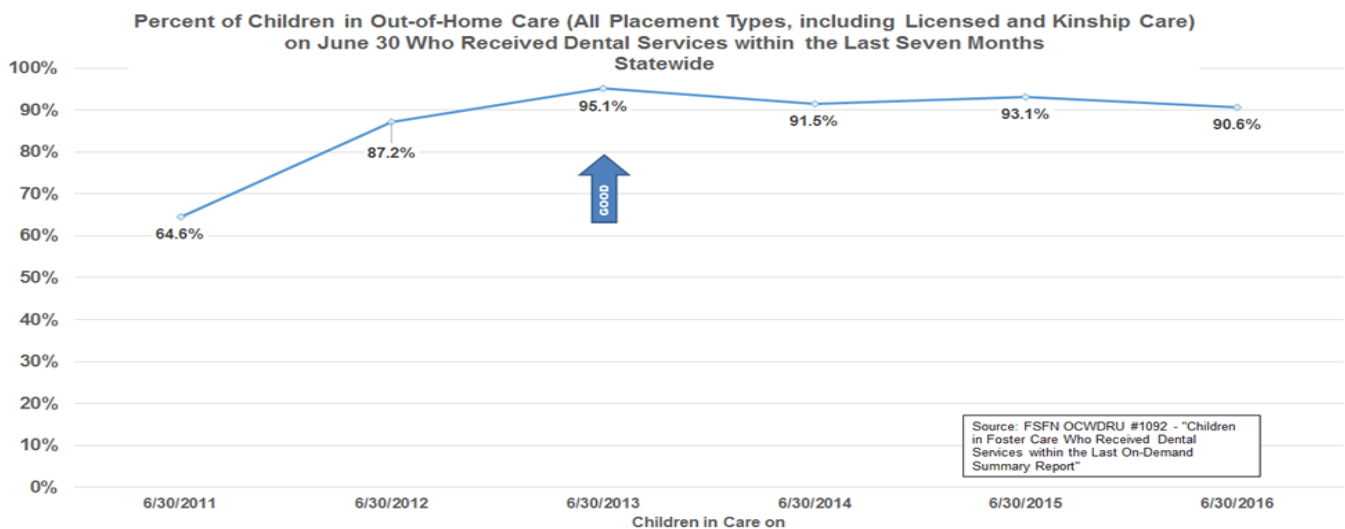


Exhibit 55: Percent of Children in OOHC Who Received Dental Services Trend

Percent of Children in Out-of-Home Care (All Placement Types, including Licensed and Kinship Care) on June 30, 2016 Who Received Dental Services within the Last Seven Months

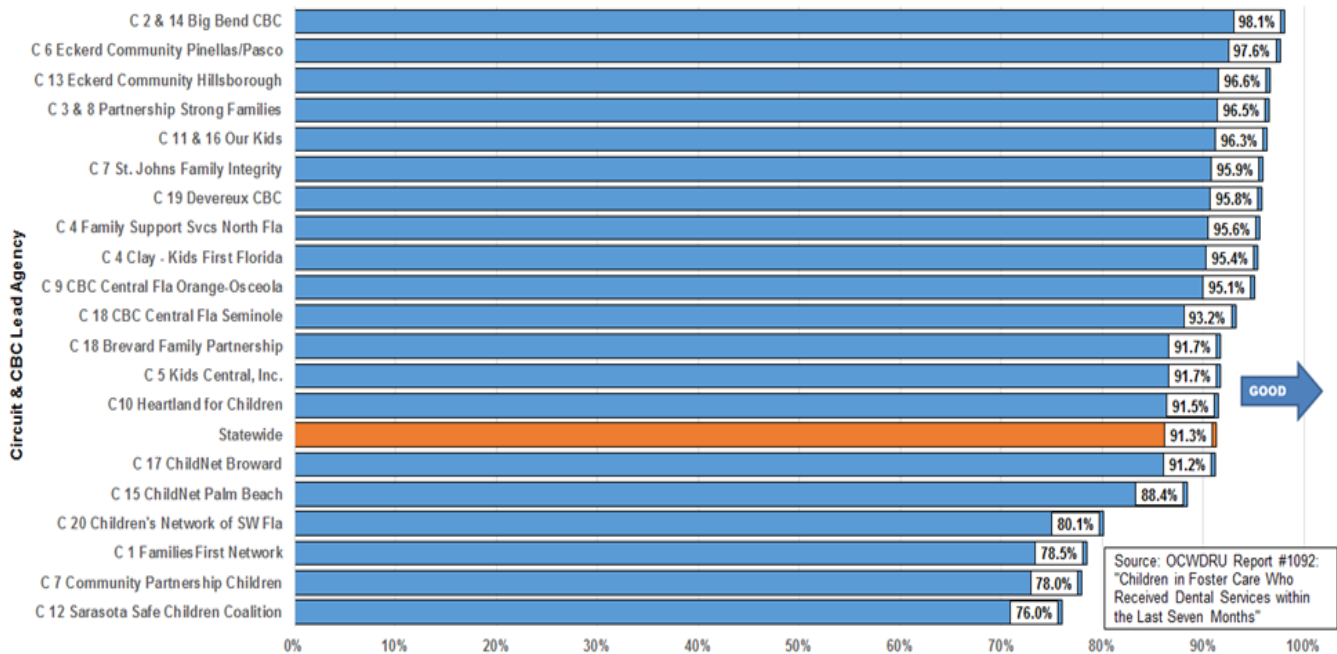


Exhibit 56: Percent of Children in OOHC Who Received Dental Services June 2016 by Circuit

SECTION 5: FY 2016-2017 ROA IMPLEMENTATION

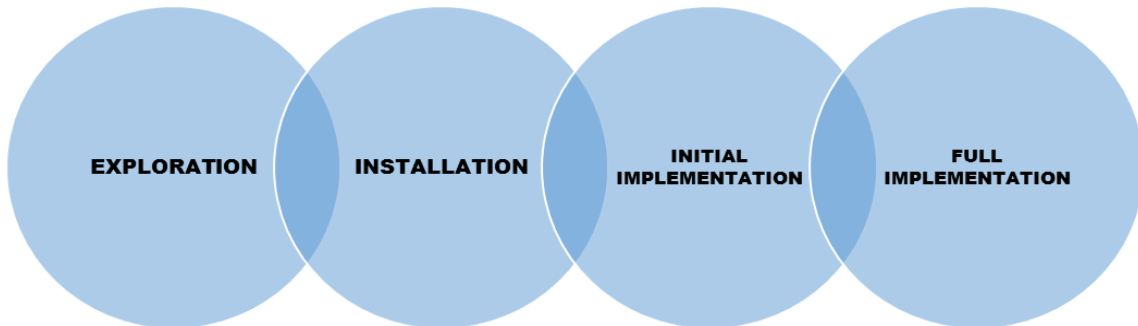
5.1 FY 2016-2017 ROA IMPLEMENTATION MILESTONES

The Office of Child Welfare (OCW) has identified seven (7) ROA milestone projects to be completed by June 30, 2017 that prioritize 12 key initiatives (see Exhibit 59). OCW will continue to collaborate with the ROA Technical Advisory Panel, the Florida Institute for Child Welfare (FICW), and the National Center for Capacity Building, and communicate progress and findings to the ROA Governance Committee during the second fiscal year of ROA implementation. Information and documentation related to these milestones will be posted on the Results-Oriented Accountability page on the Florida's Center for Child Welfare website at www.centerforchildwelfare.org.

FY 2016-2017 ROA Priority of Effort	ROA Program Plan Key Initiatives
Milestone 1: Partner with the Florida Institute of Child Welfare (FICW) and the National Center for Capacity Building to develop an evaluation design establishing successful ROA implementation criteria, implementation measures and overall effectiveness for the ROA Program.	Key Initiative #1: ROA Implementation Project Team Key Initiative #15: ROA / Florida Institute for Child Welfare (FICW) Support
Milestone 2: Deploy 37 Child Welfare metrics (outcomes and drivers) in a public facing dashboard environment.	Key Initiative #6: Accountability Reports Key Initiative #9: ROA Reporting System
Milestone 3: Operationalize year one (1) OCW Data Governance (DG) and Master Data Management (MDM) Strategy foundational components using the analytics project in objective 5 as proof of concept.	Key Initiative #1: ROA Implementation Project Team Key Initiative #3: Master Data Management Key Initiative #10: Child Welfare Community Data
Milestone 4: Improve CFSR outcomes performance (data measures/systemic factors/file reviews) to meet federal targets utilizing newly developed ROA processes.	Key Initiative #1: ROA Implementation Project Team Key Initiative #4: Data Lab and Tools Key Initiative #5: Data System Updates for Initial Measurement Gaps Key Initiative #8: Quality Improvement Organization Key Initiative #12: Research Standards
Milestone 5: Identify and validate key drivers to service delivery, financial stability and outcomes to be monitored monthly utilizing individual CBC dashboard views.	Key Initiative #2: Measure Development and Validation Key Initiative #5: Data System Updates for Initial Measurement Gaps Key Initiative #6: Accountability Reports Key Initiative #9: ROA Reporting System
Milestone 6: Develop a Statewide data analytics network that inventories, shares, and leverages insights from the various data analytics projects underway in the state.	Key Initiative #1: ROA Implementation Project Team Key Initiative #3: Master Data Management Key Initiative #10: Child Welfare Community Data Key Initiative #14: Research and Evidence-Informed Practice Training Development
Milestone 7: Leverage insights from repeat reporting/repeat maltreatment analytics project to create and apply defragmentation methodology to inform perpetrator risk factors across investigations to be available at investigation initiation.	Key Initiative #1: ROA Implementation Project Team Key Initiative #3: Master Data Management Key Initiative #5: Data System Updates for Initial Measurement Gaps

Exhibit 57: FY 2016-2017 Milestones to ROA Key Initiatives

5.1.1 STAGES OF IMPLEMENTATION SCIENCE FY 2016-2017



Implementation Science Core Stages

Implementation Stage	Description
<p>Exploration</p>	<p>Needs Assessment Assess Implementation Drivers Examine Intervention Components Assess Fit</p>
<p>Installation</p>	<p>Acquire Resources Prepare Organization Prepare Implementation Drivers Prepare Staff</p>
<p>Initial Implementation</p>	<p>Adjust Implementation Drivers Manage Change Deploy Data Systems Initiate Improvement Cycles</p>
<p>Full Implementation</p>	<p>Monitor and Manage Implementation Drivers Achieve Fidelity and Outcome Benchmarks Further Improve Fidelity and Outcomes</p>

The Office of Child Welfare will operate within the installation stage of implementation in FY 2016-2017. The completion of Milestone 1 will greatly assist in verifying the current state of ROA implementation in this regard and to identify when the transition from the installation to the intersection stages of implementation should and will occur.

ROA Program Purpose

To develop an integrated, research-informed framework designed to inform communities, the Child Welfare System and legislators on essential elements of child protection.

ROA Program Vision

Child Welfare Communities have a united or collaborative approach to provide quantifiable assurances demonstrating resources are used responsibly to ensure child and family outcomes are met and inform continued investment in the future of Florida's children and families.



ROA Program Guiding Principles direct the Program through design, implementation and operations:

- 1) Establish a collaborative, statewide Child Welfare Community accountable for safety, permanency and well-being focused on the best interests of children.
- 2) Translate data collection in the Child Welfare Community to meaningful and useful information to enable outcome-focused decision-making.
- 3) Create a cycle of accountability framework focused on results and continuous quality improvement.