

Hillsborough County **Alternate Care Plan 2006**

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This work was funded under a contract with the Children's Board of Hillsborough County.

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Hillsborough Alternate Care Plan 2006

I. Introduction

The Florida statute 409.1673 requires the Department of Children and Families (DCF) to develop an Alternate Care plan annually with community service providers for each DCF district or region. Within this statute the legislature articulates the intent of the Alternate Care Plan as follows;

It is necessary to promote the design and operation of an objective assessment and case planning process; to develop a community continuum of service for children in the custody of the department who require alternate care under chapter 39 or this chapter by ensuring that alternate care placements are based on the needs of the child and family; and to encourage innovation in significantly restructuring local alternate care systems to be more flexible and efficient in providing protection and treatment services for dependent children.

An Alternate Care Plan has not been completed in Hillsborough County since 1996. The need for an update was identified by the Community Alliance, a group of community decision makers who provide guidance and over sight to the implementation of community services for children, with a specific emphasis on child welfare services. This report provides an update to the previous plan by describing the current strengths and challenges in Hillsborough County's Child Welfare system.

This report evaluates the progress Hillsborough County has made in comparison with the performance and stated objectives contained in the *Alternate Care Plan for Hillsborough and Manatee Counties (March 1996)* and the comprehensive child welfare plan, *Building a Better Child Welfare System: A Community Plan for Hillsborough County (December 2000)*.

Finally, this report provides specific recommendations regarding action steps to improve current performance and best use of limited resources. This report also recommends which data sets to track and measure in the future.

II. Executive Summary

The Community Alliance of Hillsborough County has been working closely with Hillsborough Kids Incorporated (HKI) and the Florida Department of Children and Families to identify both the strengths and weaknesses of the current child welfare system in Hillsborough County. As part of this effort the Children's Board of Hillsborough County commissioned this update of the Alternative Care Plan for Hillsborough County. The last time this Plan was updated was in 1996 and it incorporated Manatee County as part of then the Florida Department of Children and Families District 6.

A significant number of changes have occurred since 1996 in the child welfare system within, Florida and within Hillsborough County:

- The district is now a Region encompassing 6 counties
- There is a statewide State Automated Child Welfare Services Information System (SACWSIS) data management system called HomeSafenet that collects a significantly more data than ever before,
- Services have been outsourced to Community Based Care agencies
- Child welfare legal services have been outsourced to the Attorney General's Office
- As recently as July of 2006 the child protection investigations have been contracted to the Hillsborough County Sheriff's Office.
- In 2006 Florida has been granted a waiver regarding the eligibility criteria and restricted use of Federal Social Security Act Title IV-E funding allowing for the elimination of a significant eligibility process and increase in the flexibility of the use of these funds.

The Thirteenth Judicial Circuit has added judges and 2 General Masters as well as judicial coordinators dedicated to dependency court. Foster parents continue to play a key role with a significant increase in the utilization and support for relative care givers.

The community has also changed its role with the independent board of Hillsborough Kids Incorporated and the statutorily required Community Alliance providing the oversight and leadership to the child welfare service efforts. Throughout this report, several new services are highlighted as well as the increased numbers of children and families being served in every aspect of this system of care.

This report involved several methods of data collection and analysis.

- Data was collected through information contained in several data systems and developed by various stakeholders within the broader child welfare system of care including the Department of Children and Families, Hillsborough Kids Incorporated, the Children's Board of Hillsborough County, Louis de la Parte Florida Mental Health Institute, the Office of the Attorney General, the Thirteenth Judicial Circuit, and other sources.
- 8 focus groups were conducted bringing stakeholders, line staff and supervisors, foster parents and caregivers, and clients together, gaining insight and innovation from their various views of the system of care.

- Direct observation of selected staffings and court hearings as the critical decision points of a child welfare case. This brought real life view of the work being done and the decisions being made in the system of care. Twenty staffings were observed and twenty court hearings were attended and observed by seasoned child welfare professionals.
- A review of 30 cases active in the system less than 6 months. This review was focused on the activities and initial direction and organization of the case within the first 90 days of care. As a specific interest identified in the request for proposal to conduct this study the Community Alliance wanted to evaluate the strength of effort and structure developed on a case within the first 90 days to determine strategies that may enable the children to obtain permanency within a reduce length of time.
- Compared the findings and analysis found in this report of Hillsborough with two similar size and demographic counties of Florida, specifically Broward County and Duval County. Due to the outsourcing of services throughout Florida each community has its own Lead Agency like Hillsborough Kids Incorporated and has the freedom to develop a unique system of care. A comparison of key data points is included to provide a view of how Hillsborough measures up with other communities and the state average on selected outcomes and system issues.

Some key findings of the report are as follows:

Challenges

- *Hillsborough County has 40% or more of placement activity and resources consumed by disruptions of children in current placements and disruptions of children placed with relatives.*
- *There was a 35% increase over the last 4 years in the number of children removed from their homes and placed with relatives in Hillsborough County.*
- *Placement options have been maximized with a struggle to find adequate placements for each child coming into care. A small number of children have had to be supervised in the offices of the HKI network during the day and then placed again in shelters and sometimes new foster homes each night due to the lack of permanent placement options.*
- *Of the 30 cases reviewed only 9 children had evidence of a medical screening within 72 hours after shelter. This screening is a critical first step in assuring the health and safety of the child.*

- *HKI reported a 6% vacancy rate and a 51% turnover rate for FY 04/05. The turnover rate is 20% higher than the state average and acknowledged issue with a commitment by all system stakeholders to address.*
- *Hillsborough has the second largest number of children in Out of Home Care (OOHC) over 12 months in Florida, second only to Dade County. This large number of children in care for over a year presents one of the most significant challenges to Hillsborough County. 56.6% of the children in Out of Home Care in Hillsborough County have been in care longer than 12 months.*
- *HKI has shown improvement but has not met the State target in reunification within 12 months. 51.2% of the children with a goal of reunification have been reunified within 12 months of the last removal from their home. The state goal is 70% and HKI has improved 16.2% from under 35% 3 years ago. HKI is in a group of 9 Community Based Care projects with the “new Floor” of funding they receive per child under the equity formula, in the amount of \$10,033.*
- *HKI is \$7,620 per child below from the highest rate, and is \$2,167 below the state average of \$12,200.*
- *Percent of Investigations Resulting in a Removal of a child and placement in OOHC. Hillsborough County does see a higher rate of removals from investigations than the average in the state. During the previous 6 years Hillsborough County’s rate of removal per investigation has been 2 to 5 percent higher than the state average with a rate of 15.4% compared to a statewide average of 10.2% in 2006.*
- *The Net Gain in OOHC has been significant in the last five years and specifically within the last 12 months, with an increase of 381 children from January 2005 to January 2006.*

Strengths

- *The average number of placements per child shows significant improvement. A break down by age and permanency goal indicates that within each age group and permanency goal the average number of placements was less than found in the 1996 report 1 to 3 placement episodes and the overall average dropped from 5.1 placements per child in 1996 to 2.6 placements per child in 2005. Additionally, the recently published (August of 2006) outcome measures for Community Base Care indicated that HKI had 90.8% of the children in licensed care with 2 or fewer placements within 12 months of renewal. .*
- *In 21 of the 30 cases reviewed there was discussion of permanency. This supports the focus on permanency as the case reviews examined the first 90 days and to have permanency addressed this soon was an excellent sign the system was focused on resolution from the onset of the case.*

- *The Average Caseload per care manager has decreased since the transition to Community Based Care from 33 children to 1 care manager in 2000 to 22.4 children to 1 care manager in 2006.*
- *HKI has made improvements in most measured outcomes, specifically in adoptions with 314 finalized adoptions in FY 05/06, children seen monthly at 99.18%, children with 2 or fewer placements at 90.8%, children safe from abuse while in foster care- 0.12% have been re-abused, and foster homes that are over their capacity have virtually been eliminated.*
- *HKI received approximately \$6.3 million in new funding this year with \$3.8 million of it in increased equity. The funding picture has improved for Hillsborough County but there remains a disparity of funding in comparison with the rest of the state and particularly when compared to other counties of similar size and demographic.*
- *Deaths due to child abuse during 1999 through 2004. Hillsborough has had fewer deaths than most large metropolitan areas in Florida with only 11 recorded deaths for the 5 year period reported by the Statewide Death Review Committee. This reinforces the high safety rating for children in Hillsborough County.*

The Resulting Recommendations are as follows;

1. It is recommended that HKI locate/create additional capacity for shelter. This is a short term solution. There are currently 6 existing shelter facilities that should be part of the discussion to find a solution to manage the increasing burden of children coming into care as well as properly supporting the children that are remaining in care. HKI would need to determine what type of facility they require (group home, foster shelter home, residential setting) and what bed capacity is needed. Any funding they could provide to assist a provider in creating this additional capacity would also have to be considered.

2. It is recommended that HKI initiate strategies to decrease the demand for placement. This is a longer term solution that includes a focus on creating and utilizing alternatives to OOHC and streamlining the process allowing children to move to permanency more expediently. HKI has already implemented a number of strategies including the Intensive Permanency Project and increased investment in specific diversion services.

3. The first 90 Days of services were studied through a review of 30 case records. It was found that within the first 90 days the case direction and a “speed” to permanency are established and although basic requirements are generally being met there is significant opportunity for improvement. It is recommended that a thorough 90 day case review be conducted by the supervisor on each case, documented into the Kids Page data base and key points tracked and addressed to assure the case is getting the best start and is moving towards permanency from the beginning. Implementing this recommendation is expected to reduce the average length of stay significantly for children and provide the practical component within the entire system of care by setting the expectation of case resolution and permanency achievement in less than 12 months.

4. *Staff Turnover was found to be a very serious problem. All reviewed cases experienced a change in the case manager. This issue is the greatest threat to long term success. Without competent professional staff doing the work day in and day out no system will be successful. A 51% staff turnover is a very serious concern. It was identified in the focus groups that the supervisors have to large a scope of responsibility and the case team coordinators have never been able to relieve the supervisor of enough responsibility to ensure effective supervision for each case was taking place. A ratio of 7 care managers to one (caseload free) supervisor is the current standard for the Council on Accreditation and published Child Welfare League of America best practices.*

5. *Communication was a recurring theme presented in the focus groups. The staff and stakeholders want to be informed regarding the system of care and performance. They also want to be able to talk with the HKI leadership. It is recommended that HKI utilize several methods of communication and information sharing that were derived from the focus groups and delineated in the Findings and Recommendations section of the full report.*

System Successes as noted through the data collection and the participants of the focus groups include:

- *Increased Adoptions (314 in FY 2005/2006)*
- *Intensive Permanency Project (obtaining permanency in less than 12 months)*
- *Connected By 25 (over 200% improvement in high school graduation and a national leader in working with youth aging out of foster care).*
- *Safety while in Care (only 0.12% of children experienced abuse)*
- *Children's First Response and Parents as Partners (Keeping children in their own homes and supporting relative caregivers).*
- *Funding (based on the comparison to the historic levels of funding within Hillsborough County and an increase of \$6.3 million this provides opportunity to support system change).*

III. 10 Years Later: A comparison with Initial Data Points

Data Points of the current child welfare system performance have been compared against the objectives and recommendations made in the 1996 Alternate Care Plan and the 2000 Building a Better Child Welfare System. The following section contains comparisons of several data points recorded in the 1996 Alternate Care Plan, Building a Better Child Welfare System (2000) and The Information and Utilization Project: A Profile of Children in Florida's Child Protection System Fiscal Year 1999-2000 (FMHI).

Demographics of the Out of Home Care (OOHC) Child Welfare Population

The make up of the children in OOHC in Hillsborough County's child welfare system has changed over the past 10 years. While there are more children in each age group today than there were 10 years ago the population majority is younger with over 80% under 14 years as compared to 70% 10 years ago. There has been a steady increase in the percentage of the OOHC population that is 0 to 5 years of age and an equally steady decrease in the percentage of the population between the ages of 14 and 18 years of old. Table 1 illustrates the changes in the OOHC population since 1996.

The Census Bureau indicates that the overall Hillsborough population of 0 to 4 year olds grew by 12.5 %, the number of 5 to 14 years grew by 31.5% and the 15 to 19 year olds grew by 19.7% between 1990 and 2000 in Hillsborough County. Further the Florida Department of Health reports the 0 to 18 year population in Hillsborough grew by an additional 17% from the year 2000 to 2006 and is expect to continue to grow another 8% in the next 5 years.

Additionally, Table 1 shows the Hillsborough OOHC population has become more diverse with a majority of the children now being of African American or Hispanic cultures. In 1996 the OOHC population was 51% white and in 2006 the population is now only 45% white. The Census Bureau reports that 20% of the Hillsborough County residents are Hispanic, 60% are White non-Hispanic, and 16% are African American. The Hillsborough County School district reports for the 2006 academic year the diversity of their students as; 43.97% White, 22.36% Black, 25.90% Hispanic, .31% Indian, 2.70% Asian, and 4.77% Multi Racial.

From this comparison it appears that African American children are overrepresented in the Out of Home Care population in Hillsborough County, compared to the general population.

Finally, Table 1 shows a change in the gender of the Hillsborough OOHC population from predominantly female to predominantly male. The population has shifted from 56% female in 1996 to 53% male in 2006.

Table 1. Hillsborough Out of Home Care Population

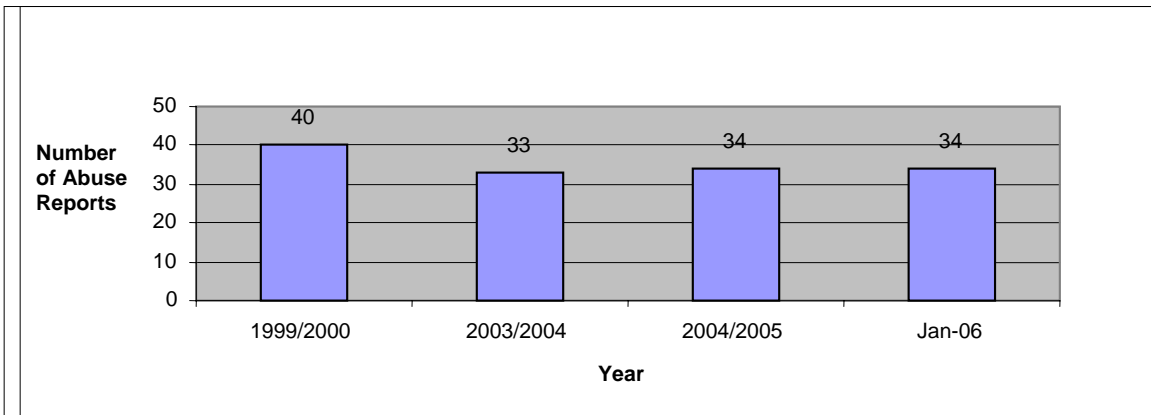
Age	0 thru 5	6 thru 13	14 thru 17	unknown	
1996	37%	33%	30%		
2000	30%	43%	27%		
2004	41%	40%	17%	2%	
2005	43%	38%	16%	2%	
2006	44%	37%	18%	1%	
Race	White	Black	Hispanic	Non-White	Other
1996	51%	NA	NA	49%	
2000	53%	46%	NA		1%
2004	50%	39%	11%		
2005	48%	40%	12%		
2006	45%	41%	14%		
Gender	Male	Female			
1996	44%	56%			
2004	53%	47%			
2005	53%	47%			
2006	53%	47%			

The OOHC population is shifting to a younger, more male, and more racially and ethnically diverse population. This information and future trends are crucial to planning for prevention services, diversion services, and intervention services including the recruitment for both foster and adoptive homes.

Rates of Referrals, Entries, and Removals:

As indicated later in this report the number of children coming into OOHC in Hillsborough County has been increasing. It is important to evaluate the rate of children coming in through the child abuse investigation process and see if that is a determining factor. As defined in Florida, Out of Home Care includes children legally removed from their parents and placed with relatives or approved non-relatives as well as in licensed care (foster care, group care, residential treatment). In 1996 when the last Alternate Care Plan was written relative care was not a major factor nor was it considered part of Out of Home Care. This in part was due to the structure DCF had in place with protective services units and foster care units. Protective services case managers worked with children and families that were not in licensed care and the foster care units worked with children in licensed care.

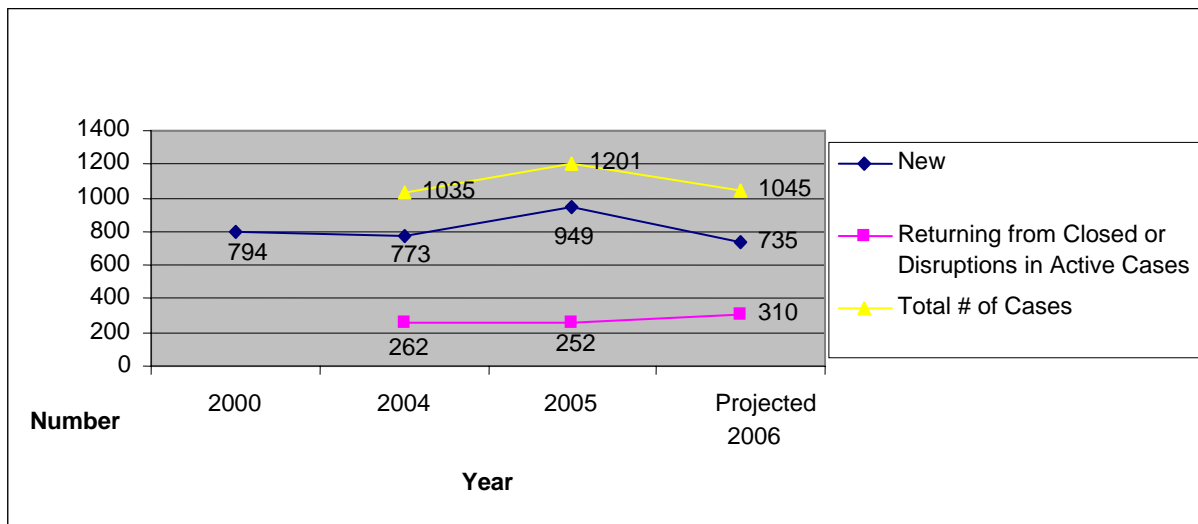
Figure 1. Abuse Reports per 1,000 Children



As can be seen by Figure 1, the rate of reports per 1,000 children decreased between FY 1999/2000 and FY 2003/2004 and then has remained constant. This leads to the possibility that the increase in the number of children being served is in part due to an increase in children in the Hillsborough community. Figure 2 shows that the actual number of “new” children coming into licensed care increased by 23% in calendar year 2005. This data crosses two fiscal years where the number of children in OOHC was on the rise. There was no data available in for 1996 on new or returning placements and the 2000 data did not address children returning to care.

Figure 2 further indicates between 21% and 30% of the placement activity during the last 3 years is the result of active children that are disrupting in their current placement and a few children who had previously been in care and are returning after their case had been closed.

Figure 2. Number of Children Entering Licensed Care (MPL/FMHI)



Any placement activity, whether it is placing new children, handling the replacement of children already in care or placing children returning to care after case closure, consumes

placement resources. Hillsborough County has 40% or more of the placement activity and resources consumed by disruptions of children in current placements and disruptions of children placed with relatives. Stabilizing these placements will help to ease the current placement problems requiring a handful of children to be supervised in HKI offices during the day and returning to an overnight shelter at night.

Historically, Hillsborough County has had fewer children exiting licensed care than entering licensed care. The projections for the current calendar year based upon 7 months of data January 2006 through July 2006) indicate that Hillsborough will take in 735 new children into licensed care (20% from relative disruptions), 103 children previously in care will return from closed cases (38% coming in from relative care) and 756 children will exit licensed care with 75% going into relative care. This creates a potential net gain of 82 children into OOHC.

Additionally, the placement unit, in calendar year 2006, is expected to deal with 221 disruptions, based upon the same 7 month of trend data. This number of projected disruptions is 50% less than the number of disruptions the previous fiscal year.

HKI has recently released (July 2006) a Request for Proposal to provide crisis intervention and in-home services to specifically stabilize placements and prevent disruptions. This type of service is right on target to deal with the current course of OOHC.

A final point of note is the significant role relative caregivers are playing in this placement situation. Utilization of relative care is increasing in Hillsborough County, between 70 and 75% of the children exiting OOHC over the last 2 years were placed with relatives. 20% of the new children coming into care each month are coming from relative placements that have broken down and nearly 40% of the children returning to care come from relative placements. This supports a very specific plan to engage and support relative care. An effort to stabilize and even increase the use of relative care would have a real opportunity to mitigate the placement problems and save HKI funding to use for other services as the cost of relative care comes from a different state budget.

Table 2 (figures do not include courtesy supervision cases or ICPC cases that are in Hillsborough County from other jurisdictions) shows that the total number of children within the Hillsborough county child welfare system has increased by 14% over the 4 fiscal years represented, while the licensed care population over the same time period only increased by 6%. The increase during 2005 was at 9% for licensed care which is consistent with the higher number of new children coming into care. The substantial increase in OOHC has been in the number of children placed with relatives. There was a 35% increase over the last 4 fiscal years in the number of children removed from their homes and placed with relatives in Hillsborough County.

Also, significant is the decrease in children being served in their own homes. There was a 10% decrease in the number of children receiving services while remaining in their own homes and an elimination of services to families on a voluntary basis for all practical purposes. This practice of primarily working with children and families under removal

conditions may be a part of the explanation as to why Hillsborough files more dependency petitions than any other circuit in the state.

Table 2. Children Under Supervision

Year	1996	2000	2003*	2004	2005	2006
Total			4289	4613	4789	4898
In-Home			1431	1428	1282	1286
Total in OOHC			2858	3185	3507	3612
Relative Care (Movement of Kids)			1430	1578	1772	1925
Licensed Care (Movement of Kids)	1027	1567	1428	1417	1546	1510
Other OOHC				190	189	177

* Fiscal Year 2002/2003 was basically the first fiscal year that HKI was fully operational. The transition of services was completed by November 30, 2002.

Figure 3 indicates the percentage of investigations completed during a fiscal year that resulted in children entering services. The 2004 and 2005 years are showing as the high points of investigations being converted to OOHC entries further supporting the corresponding increase in population during the last 2 fiscal years.

Figure 3. Percent of Investigations in Entry into Services

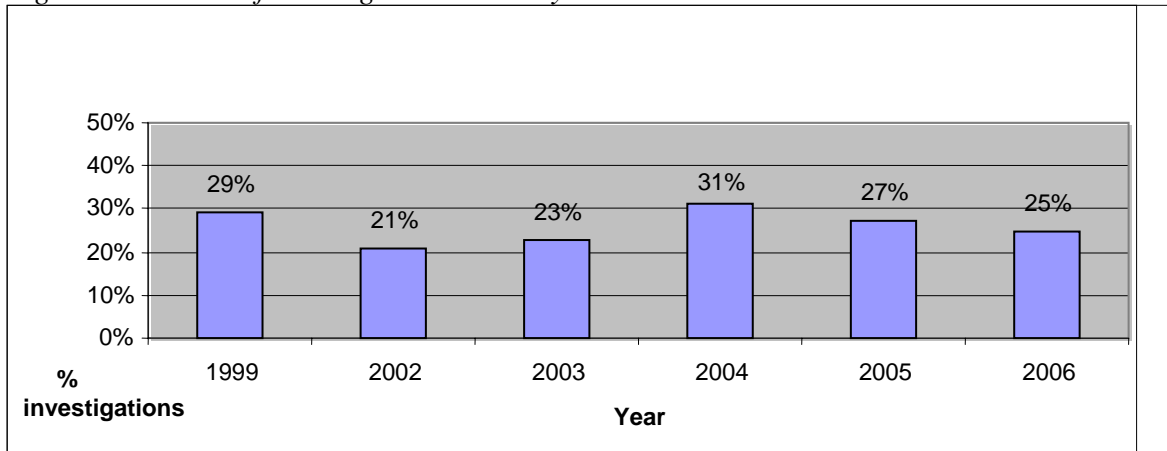


Table 3 indicates there has been a shift in opening in-home cases from the FY 99/00 of 20% to the current FY rate of under 10%. It is important to note that 2002 is when the laws changed and the Blue Ribbon panel met in response to some high profile tragic cases causing a significant amount of reaction within the child welfare system around Florida. The reaction to these cases included a trend toward an increase of taking children into care.

Table 3. Percent of Investigations Resulting in In-Home Services Entry (DCF Report/FMHI)

2000	20
2002	8
2003	12.2
2004	11.5
2005	11
Jan. 2006	9.8

Table 4 reflects the percent of investigations resulting in an entry into OOHC shows a real increase in the last 3 years for Hillsborough County. A comparative analysis with other large metropolitan areas of Florida later in this report clearly supports that Hillsborough County has a higher percentage of the investigations that result in an entry into OOHC. Hillsborough is placing an increasing majority of the children being removed with relatives.

Table 4. Percent of Investigations Resulting in Out of Home Entry (removal) (DCF Report/FMHI/DCF20003)

1996	13
2000	8.4
2002	13
2003	10
2004	19
2005	16
2006	15.4

Primary Reasons for Removal

Table 5 reflects some of the difficulty in making strong comparisons between the 1996 Alternate Care Plan data and current year information. Hillsborough had different methods of measuring similar information in 1996 than is used today. For example, Domestic Violence (DV), Parents Substance Abuse, Hazardous Conditions, and Relative/Non-Relative caregiver break downs were not listed as reasons for removal. It may be a reasonable assumption that most of these issues were collected as Abandonment/Neglect in 1996. Relative placements were not considered out of home care and were not included in the out of home care data in 1996. There was a change in the law allowing the payment of relative caregiver dollars to relatives if the children were adjudicated dependent and placed by the state with the relatives. Prior to that many of the placements were informal and did not involve supervision or monetary payments. A very significant issue revealed within Table 8 below is that 20% of the children coming into licensed care over the last three years in Hillsborough County were from relative/non-relative caregivers.

Another interesting indication is the decreasing number of children being removed due to sexual abuse. There is no factor that has been found in the work to prepare this report that has shed any light on this issue. It may be as simple as the investigative staff finding other

primary indicators to support the removal. This may warrant some further evaluation that could reveal a part of this system that is functioning well

Table 5. Primary reasons for removal (MPL4, 1996 ACP)

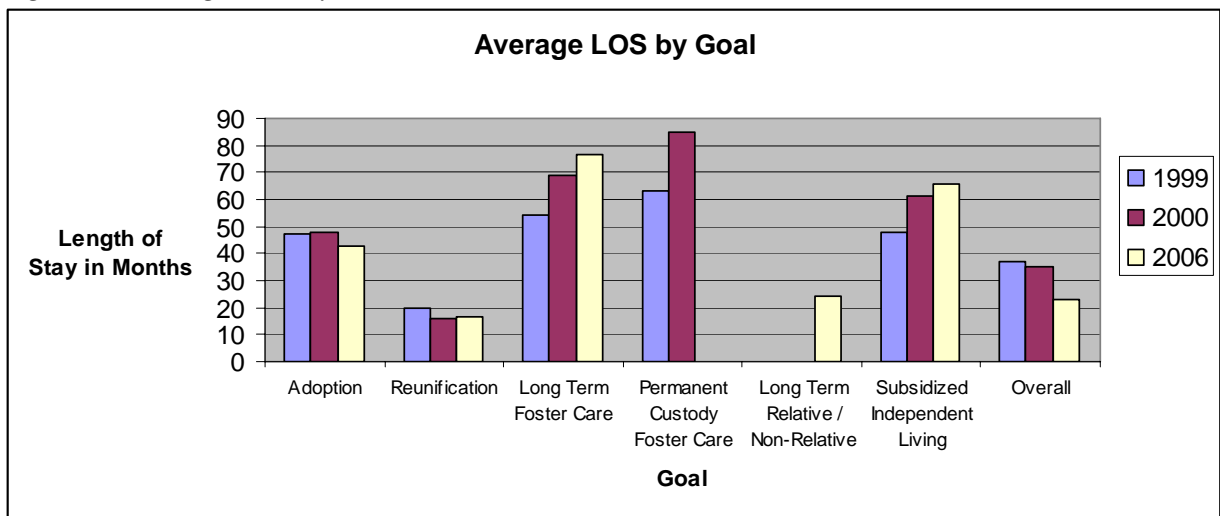
	1996	2004	2005	2006
Physical Abuse	13.60%	11%	10%	13%
Sexual Abuse	4.60%	3%	4%	2.50%
Parents Substance Abuse		16%	17%	24%
Abandonment/Neglect	76.1%**	27%	27%	21%
DV		16%	15%	14%
Hazardous Conditions		6%	6%	2%
Relative/non-Relative break down		19%	20%	23%
Adoption break down		2%	1%	<.05%
Other/Voluntary	5.70%			

** Includes DV, Hazardous Conditions, Parents Substance Abuse, and Relative/Non-relative breakdown

Average Length of Stay in Foster Care by Goal

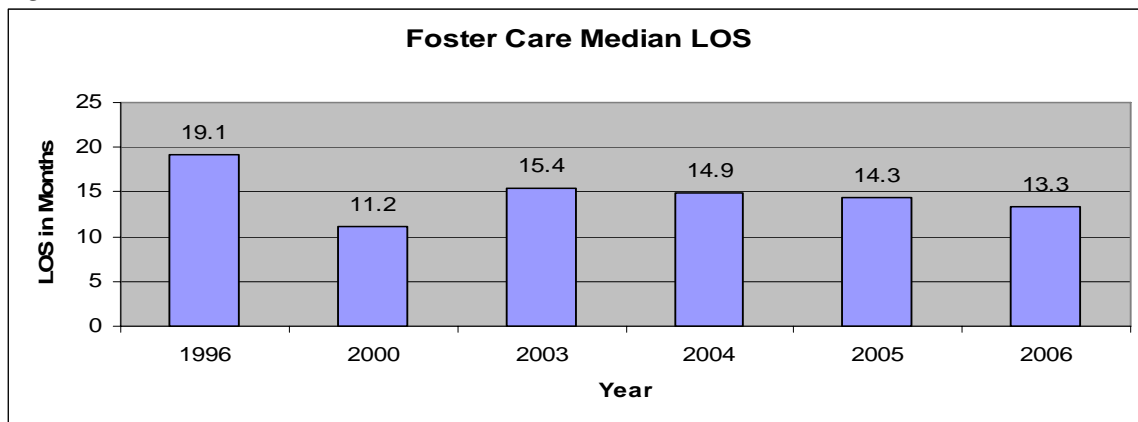
Figure 4 reveals that the current system has shortened the length of stay for children with goals of reunification and adoption, while extending the length of stay for children with goals of long term foster care and subsidized independent living. These figures are consistent with only considering those children in licensed care for each year, with the exception of the overall average length of stay for 2006 which also includes children placed in relative care. The average length of stay by age group in the current fiscal year (2006) is 16.7 months for children ages 0 to 5 years, 23.4 months for children ages 6 to 11 years, and 35.4 months for children age 12 through 17 years.

Figure 4. Average LOS by Goal



The Department of Children and Families (DCF) uses Median Length of stay as a strategic measure. The Median is the half way point and it has the drawback of being vulnerable to influxes of children into care, which then brings the Median down and which sometimes may be confused as viewing this is a positive trend. To truly understand the Median as a measure it is equally important to know the actual numbers of children on either side of the Median as well as looking at the Median by goal and age group. Figure 5 shows the Median length of stay for several years over the past 10 years and it has clearly trended down over the last 4 years. The average length of stay supports actual progress in reducing the length of time a child is spending in the system between 1996 and 2006. 97% of the children in OOH in 2006 are represented in the two goals (adoption and reunification) that have had significant decreases in the average length of stay. It is reasonable to conclude that the 2006 system is actually keeping children for shorter periods of time than the 1996 system. In 2000 the average length of stay for reunification was a month shorter and would likely indicate that in that year children were moving through the system slightly faster than in 2006.

Figure 5. Foster Care Median LOS



Number of Placements During Child's Time in Care by Age.

The most recent data that was available regarding the number of placements per child was May of 2005 and is reflected in the Table 6. This table clearly shows significant improvement in the average number of placements per child across each age group. While several cases of children having significant numbers of placements (Children under 5 with 10 and 11 placements, one child with 36 placements) the average represents a good overall indicator.

The data does not capture the most recent fiscal year where Hillsborough Kids, Inc. (HKI) was dealing with the placement issues of too many children and not enough beds. HKI responded to this problem through several avenues to increase capacity while gaining permanency as quickly as possible. The interim problem did result in several children having to move multiple times and some on a daily basis as beds were found just for a night and the next day as the search for a more permanent placement began again. Even though this data does not incorporate the current placement problems it is noteworthy that the recently published (August of 2006) outcome measures for Community Base Care indicated that HKI had 90.8% of the children in licensed care with 2 or fewer placements

within 12 months of renewal. This is a measure of placement stability for the exact period of time that the placement issue has been occurring. Although the patchwork of placements is clearly a problem, it is still important to note that a vast majority of the children served by HKI were stable in their placements and the numbers of placements children experience within the Hillsborough system has been improved.

Table 6. Number of Placements (HSn)

Year	0 thru 5	6 thru 11	12 thru 17	Overall
1996	2.8	4.2	7.6	5.1
2005	1.8	2.2	4.4	2.6

Termination of Parental Rights and Adoptions

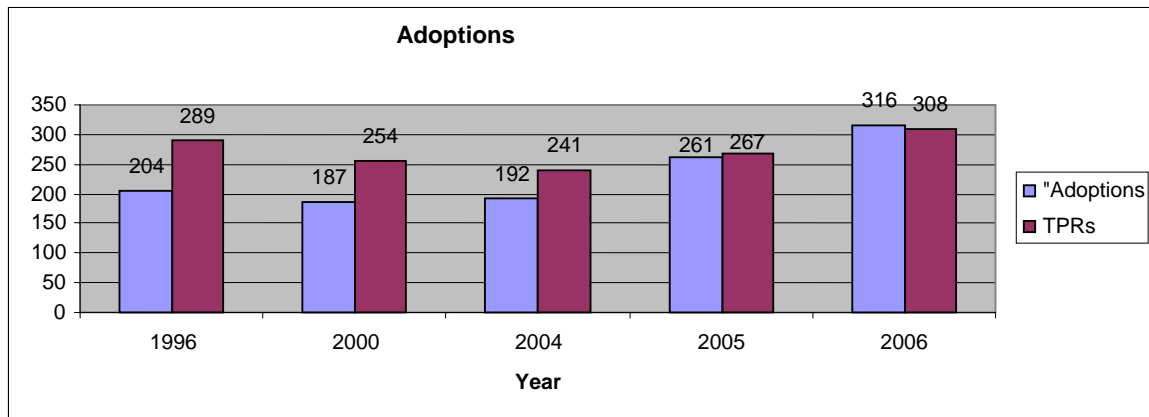
The number of adoptions has continued to increase over the last four years and has reached all time highs, which is shown in Figure 6. The Termination of Parental Rights is a necessary precursor to an adoption and it is critical to ensure this process is happening expediently. According to a report found in HomeSafenet of the 261 adoptions completed in FY 04/05 it took an average of 9 months to move the case from the court accepting a goal of adoption to obtaining the Termination of Parental Rights order (TPR). An average of 7 months of this time was after the TPR petition was filed. However, it took an average of 14 months from the TPR order to have the child placed for adoption. The final step of the adoption process, from placement to finalization, took an average of 2 months. The average time from determining the child’s goal is adoption to finalization took an average of 25 months, or just over 2 years, with 64% of this following the TPR order and looking for an adoptive placement.

Hillsborough County has improved the number adoptions through a variety of efforts. Notably is the Heart Gallery project that uses professionally photographed portraits and audio statements of the children free for adoption to introduce these children to potential adoptive parents. These portraits and audio tapes are displayed throughout the community encouraging families to consider adoption. Additionally, HKI and Camelot Community care received a Wendy’s Wonderful Kids multi-year grant to focus on the recruitment of families to adopt older children.

The original HKI model was dedicated to the continuous case management model that had a care manager remaining on the case from inception through adoption. While this model was successful in attaining some record numbers of adoptions the change to a specialty unit under Camelot Community Care in the FY 05/06 seems to have really paid off with over 300 adoptions.

HKI has had a minimal number of adoption disruptions occurring. In calendar year 2004, 10 children returned to care as the result of an adoption disruption. In calendar year 2005 there were 8 children and after 7 months of operating in calendar year 2006 there has only been 1 child returned to care as the result of a failed adoption. The Sylvia Thomas Center provides post adoption services under contract with HKI and offers a wide range of support services to the Foster parents and Adoptive parents of Hillsborough County.

Figure 6. Adoptions (Critical Data Report)



Placement Type

The 1996 Alternate Care plan outlined the facilities that were available for different levels of placement in licensed care and articulated the range of costs for these levels of care. It is important to note that in 1996 the Statewide In-Patient Program (SIPP) nor the Therapeutic Group Care program were operational. The Suncoast region has access to 94 beds within these programs.

- Shelter Facilities
 - Number of providers has doubled from 3 to 6
 - The daily rate has increased 47%
- Foster Care
 - Currently there are 6 community agencies recruiting and licensing
 - The Cost for foster has increased 18% (The state legislature also increased the daily rate by \$2/day/child to begin in FY 06/07).
- Specialized Therapeutic Foster Care
 - 3 providers in 1996 and 3 providers in 2006
 - The Cost for Level 1 has increased 25%
 - The Cost for Level 2 has increased 51%
- Residential Group Care
 - Number of providers has tripled from 7 to 21 with more than 25 facilities.
 - The daily rate increased anywhere from 30% to 200% (This rate increase also does not account for the Medicaid reimbursement under the Behavior Health Overlay Services program that averages roughly \$32/day/child).
- Residential Treatment
 - Not mentioned in 1996 (Hospitalization was mentioned but the current SIPP program significantly reduces any need for hospitalization other than crisis stabilization)
 - There are 3 residential treatment providers under contract in 2006

Permanency Goal by Age

Table 7 indicates that 97 % of the children in OOHC in 2006 have a goal of reunification or adoption. These are very solid permanency goals and reflects a strong focus to obtain permanency. Also, to have any children under the age of 14 with a goal of long term foster care seems illogical, and with only 3 children in this category it may be that each of them has an exceptional situation. When young children are given this type of goal this warrants being monitored and assessed. Of those children in licensed care (1,687) over 40% have a goal of adoption in 2006.

Table 7. Permanency Goals By Age

Age:	0 thru 5		6 thru 13		14 thru 17		TOTAL	
	1996	2006	1996	2006	1996	2006	1996	2006
Adoption	173	263	195	211	112	202	480	676
Reunification	136	1315	115	779	157	621	406	2715*
Long Term Foster Care	4	1	9	2	55	81	68	84
Supervised Independent Living	0	0	0	0	64	38	64	38
* Includes Relative and Non-Relative placements								
In 2006 40.1% of children in licensed care have a goal of adoption, in 1996 47% of children in licensed care had a goal of adoption however in 1996 OOHC did not include relative caregivers.								

Recommendations from the 1996 Alternate Care Plan

The 1996 Alternate Care plan made 6 specific recommendations in an Action Plan with funding recommendations. Following is a brief discussion of the status of these recommendations and funding requests:

1) Development of assessment, case planning, and service monitoring processes: This was to ensure the most appropriate alternate care placement for foster children who must be placed outside of their home. Specifically, the plan recommended the creation of an independent case review by a Multi-disciplinary team.

Status in 2006

This recommendation has been substantially fulfilled through the Community Based Care Child Welfare Integrated Quality Assurance process (CWIQA). By separating the service delivery from the monitoring and quality review process Community Based Care has created a quality review that is independent of the service system. Additionally, HKI still does an internal quality review as well,

The 2006 system, in comparison to the 1996 system, has taken significant steps to increase the level of accountability. Wherein the 1996 system had approximately 5 review processes in place, only 1 was periodic at best (State office review) and another was a monitoring of the subcontracting community agencies. The 2006 system has 8 review processes with only the national accreditation review being periodic (every 3 years).

■ Quality Assurance Comparison

1996 Features

- ★ Monthly Supervisory meetings
- ★ Quarterly Supervisory Review (all cases)
- ★ Annual Random Sample Review by Management
- ★ Periodic State Quality Assurance Office Review of a Sample of Cases Regarding a Specific Area of Interest
- ★ Contract Monitoring (service contracts)

2006 Features

- ★ Monthly Supervisory meetings
- ★ Semi Annual Lead Agency Quality Review
- ★ Semi Annual DCF Quality Review
- ★ Annual Contract Monitoring
- ★ Annual Independent Audit
- ★ Annual Licensing Review by DCF
- ★ Periodic National Accreditation
- ★ Annual Monitoring of Subcontractors

2) *The department along with community providers and advocates design and request funding for an array of community based services:* This recommendation will ensure families with children at risk of, or already in, out of home care have access to the most cost effective services. The specific issues and funding requests are as follows:

Sexual Abuse Treatment	\$ 664,330
Family Builders	\$ 307,000
Behavioral Health Services.....	\$1,700,000
Home Based Services and Flex Funds.....	\$1,407,000
Maintenance Adoption Deficit.....	\$1,000,000

Status in 2006

Sexual abuse treatment for both victims and aggressive/reactive children is available at the Community Mental Health Centers (Northside and MHC). Additionally, HKI has a rate agreement with Apple Services and the Crisis Center specifically for sexual abuse treatment. There is no dedicated fund for this treatment.

Family Builders as a program has been discontinued. These resources were primarily used to lower the caseloads for the care managers. A new program was developed to focus on maintaining families and keeping children from needing to enter the child welfare system. This program, Children First Response Team, is designed to work immediately and intensely with families in crisis and on the brink of needing to be brought into the child welfare system formally. This program has had tremendous success in keeping well over 85% of the families they work with out of the system and only had a handful of petitions filed on cases they have worked with.

Behavioral Health Services are primarily provided through the community mental health agencies. Additionally, HKI has received \$706,000 annually from the DCF Substance Abuse and Mental Health (SAMH) organization to fund behavioral health services to the non-Medicaid eligible children. These funds are contracted through the Central Florida Behavioral Health Network and pay a portion of the 6 Family Intervention Specialists (FIS) that provide services to the parents and families within the child welfare system. The FIS program has been very successful in helping families connect to the right services as well as providing some direct intervention work. These SAMH funds also pay for other behavioral health services.

Home based services and flex funds were designed in the 1996 plan to help maintain children in their own homes and assist with services focused on reunification. The SAMH funds mentioned above pay for 6 reunification specialists. These specialists work with families preparing for reunification and those recently receiving their children back to assure access to support services as well as providing limited amount of direct intervention. HKI also has contracts with the YMCA for Kinship Care support services and with the University Area Community Development Center to provide the + Spin program which is a prevention and diversion service as well taking referrals from the child protection investigators directly. + Spin will be funded at approximately \$750,000 in FY 06/07 and the Kinship program receives \$309,000 from HKI.

The Maintenance Adoption Subsidy deficit no longer exists. The state has increased funding in this category each year for the last 3 or 4 years and Florida has received incentive payments from the federal government for the last 3 years for exceeding the statewide adoption goal. Hillsborough has received a small portion of these incentive funds each year.

3.) The community provides opportunities for interagency collaboration both on the direct service and systems planning issues: This recommendation will ensure the most appropriate alternate care placement for foster children who must be placed outside of their home.

Status in 2006

Hillsborough received the 9 year THINK grant from the Federal Substance Abuse and Mental Health Services Administration creating a full array of integration and collaboration opportunities. The Community Purchasing Alliance was formed, and the Collaborative Council of community agencies and the Children's Committee have all continued to promote collaboration and integration of services. Further, HKI holds

quarterly residential provider meetings and has developed a utilization management system providing oversight into each placement evaluating appropriateness, progress, and length of stay. The Single Point of Access duties are now with HKI and the Level of Care committee continues to evaluate children for placement.

Also the state legislature put into place a system of independent evaluators to determine the appropriateness of intensive and sometimes secure treatment for youth. These independent evaluators meet strict clinical qualifications and are not affiliated with any provider or funder for intensive residential treatment. A child is initially evaluated for appropriateness for this intense level of treatment and then re-evaluated every 90 days until a less restrictive level of care is appropriate. The independent evaluator's reports are filed with the court which provides further oversight of this level of care.

Finally, a comprehensive assessment of every child coming into OOHC is completed now wherein this was not available in 1996. These assessments are utilized to formulate the case plan as well as informing the care manager and care giver of the best placement option and services needed to provide safety for the child and move toward permanency in the most efficient manner.

4.) Discussion of the need for training and delineated the current status of the training program: This was recommended along with looking at what training is needed to support the successful outcome of goals and objectives specified in the plan.

Status in 2006

HKI now has the training dollars and is contracting with USF to provide the pre-service training. Training for staff remains a critical issue to assure the care managers and supervisors are prepared to be successful and are knowledgeable regarding the regulations and procedures required to do each aspect of this very complicated job.

5.) Suggested the community develop a mechanism that will facilitate continuous assessment of the goals and objectives of this plan:

Status in 2006

This does not seem to have occurred. This did occur through the community planning and evaluation for Community Based Care beginning in 1998. As with many community planning efforts, once a plan is completed it is very difficult to maintain the momentum to follow through on the recommendations and continue to monitor progress. The Community Alliance that recommended an update to the Alternate Care Plan may be a good vehicle for the continuing monitoring of the updated plan recommendations.

6.) Request sufficient funds to secure appropriate placement for all children in Alternate care: The 1996 plan does not address the existing funding for the entire system of care preventing a comparison with the current year funding.

Status in 2006

The system of care has more than doubled the funding for child welfare services in Hillsborough County over the last 7 fiscal years with FY 1999/2000 funded at \$28.6

million and the projected funding for FY 2006/2007 at \$61 million. This increase is significant but has not eliminated the problem articulated in the 1996 plan. The problem of securing appropriate placements for all children in Alternate care constitutes more than just a funding issue. Hillsborough has tripled the number of alternate care providers (7 to 21 providers) and also increased the overall capacity of this system. However, the recently experienced placement problem is a clear indication that Hillsborough still does not have the correct type of placements with sufficient capacity. In an attempt to evaluate the cause of the current problem and to develop the capacity to avoid future problems a more narrowly focused analysis of placement decisions and options should be considered.

IV. First 90 Days of Care: Analysis of the Systems of Response

This section discusses an analysis of the systems response within the first 90 days, delineate time frames for tasks (i.e. Investigation completion, assessments, shelter hearings, initial case plan, placement, wrap around services, family engagement, etc.)

The data described in this section was gathered through the observation of 20 court hearings and 20 staffings. Additionally, 30 cases were reviewed that were selected by the Care Center Directors (10 cases each) with each case being active between 90 days and six months. The focus was twofold. First, determine if decisions were being made at the court hearings and staffings and if not, why not. Second, the case record review was used to evaluate the successful completion of specific required steps within the first 90 days of the case.

Court Hearings Review

20 cases were reviewed and it was found that in 5 of the Judicial Review hearings the permanency staffing was not complete prior to the hearing. In 5 of the 20 cases observed the recommendations section of the JR stated the recommendation was to staff the case. 12 of the cases had a Guardian ad Litem assigned to the case and present during the court hearing. In all but three of the cases the children were in care over 12 months. In 2 of the 20 cases the judge canceled the hearing and continued the case until more adequate information was gathered and a staffing could occur. In 18 of the cases the judge went along with HKI recommendation and continued the case until the next JR. Although a decision was made to continue the goal, there were 6 cases of the 18 that had no extraordinary reason to continue the current goal.

In one example the child age 10 is in a non relative home who is willing to adopt. The child has been in care for over 24 months, and the mother's whereabouts are unknown. A diligent search had not been initiated, and the father said during a phone call from prison he would sign surrenders. However this had not been followed up on. Additionally a staffing was not held with the OAG for a TPR consult. A decision could have been made during this court hearing to announce the change of goal and start the process for TPR, but it was not. The judge simply told HKI to staff the case and file a TPR petition if approved.

Another case was similar. Child age 8, living with a relative who was interested in adoption. The child has been in care for 2 ½ years and no compliance with a case plan was noted. The parent's whereabouts were unknown. HKI reported to the court they would staff the case with the OAG for TPR . The consult and the announcement of change of goal could have been done at this court hearing.

All of the court hearings displayed a common theme. Each case did not have the same case manager that was originally assigned to the case. It was clear from the observations that the judges, parents, and their lawyers were frustrated by this. The change in case

workers also appeared to negatively effect the case managers' preparation of the case for court.

The compliance of parent's tasks were often challenged as inaccurate. While the parent's attorney had evidence that a parent was enrolled, was participating or completed a service, the case manager did not always have this same evidence. The case manager not coming prepared to court resulted in the judge continuing the case until a permanency staffing could be completed and a solid recommendation established by HKI. In the cases that were continued the permanency staffing was scheduled within 2 weeks and completed by the next scheduled court hearing.

There were several cases that were prepared and had solid recommendations. Those cases did move along, the parents seemed satisfied with the service delivery, and increased visitation was recommended and ordered.

Of the cases observed, the children in relative placements were stable in those placements for over 12 months. In 3 cases the length of stay was over 24 months, with one over 5 years. There were no reasons offered to keep these cases opened. The children's placements were stable, the parents did not comply with the case plan, and the caregivers stated their willingness to care for the children until they reach the age of majority. While there did not appear to be a reason to keep the case open the judge agreed with HKI to continue the child in their current status. Exercising the new guardianship option in Florida statutes Chapter 39, may be more appropriate in these cases.

Of particular note was a case in foster care for 14 years. The child is in a medical foster home, but thriving and doing well in school. Court documents reflect the foster mother will keep the child as a part of her family, however not adopt due to loss of financial stipends. No decisions were made in this case, other than continuing the child in foster care. The JRSSR provided no reasons as to why the foster mother would lose services or financial stipends if she adopted, or even changed the goal to guardianship. There is a state policy in administrative code that allows for enhancing adoption subsidies to assist families in this type of situation.

Overall, the court observations showed that while lacking in preparation to move a case along were contrasted by the knowledge of the case manager regarding the child's stability, emotional and physical health, and the service needs of the family was outstanding. In all cases the responsible case manager was able to thoroughly report to the court the current condition of the child and all service updates from the providers.

Permanency Staffings Review

Of the 20 permanency staffings observed the case managers were prepared and knowledgeable about the case and the direction it was going. Staffing packets were complete and thorough. Provider information had been gathered and was appropriately presented. Parents were present or if not present there was proof they were invited. Recommendations were made based on the information provided at the staffing. However, in some of the cases observed, tasks assigned at the previous staffing for case managers were still not completed. For example: a diligent search on a mother was

required at the prior staffing by the OAG in order to file a TPR petition and was not completed. Other instances of sending a certified letter to the parent, following up with relatives, and initiating an ICPC, were not completed as agreed to at the previous staffing.

In all of these instances there was a change in case manager from the last staffing to the present one. In 4 of the staffings, both the supervisor and the case manager were new.

In general the permanency staffings were more organized and meaningful than the court hearings. Although the staffings and court hearings were not observed regarding the same cases, it was apparent that staff was generally more prepared and more comfortable in the staffing arena. Staff also received good feedback and direction from the staffing facilitators.

Decisions made during staffings ranged from approving unsupervised/overnight visitation to recommending a TPR consult with the OAG.

An example of a decision making opportunity during a staffing would be to increase unsupervised visitation for a parent who has been working on a case plan. Another example would be to recommend and follow through admitting a child to therapy for issues surrounding trust and security.

The staffing parties all seemed interested in the direction and resolution of the case. It appeared the parent had support around the table, including but not limited to; case manager, supervisor, service providers, GAL, etc. When parents were present at the staffing, the staffing went very well, decisions were made, and both the family and case manager were able to leave the room with additional guidance and direction.

Permanency Staffing Recommendations

It is recommended that a standard protocol be developed and adhered to for staffing cases system wide. A strict and time sensitive schedule could be put in place to ensure that cases are staffed and decisions are made to move cases to permanency. Some basic recommended standards include;

- Schedule the first permanency staffing at the ESI (prior to the next hearing)
- Schedule the next permanency staffing at the present one
- Hold all permanency staffings prior to court hearings
- Standard agenda for the staffing
- Specify standard invitees
- Define the roles of each participant
- Require goals and tasks be articulated and followed up on at the next staffing
- Track performance on staffing activity

It appears that the amount of staff turnover is affecting the ability for the Care Centers to organize and hold permanency staffings in a timely manner. Further, it would be of great benefit to have recurring training for the supervisors and the care managers regarding the protocol, purpose, and required documents for permanency staffings.

Case Record Review

Case Record review regarding the protocols and timelines for specific task completion with the first 90 days of the case.

a) Reason for Removal

Of the 30 cases reviewed the following is the breakdown of reasons from removal:

- Domestic violence 7
- Substance Abuse 11
- Physical Abuse 6
- Sexual Abuse 5
- Parent Incarcerated 1

In each of the domestic violence cases, substance or alcohol abuse was a factor. In all the cases reviewed it was found that the reason for removal properly documented support of an emergency shelter placement.

b) Decision to Shelter/Shelter Date

Of all 30 cases reviewed the decision to shelter the children came either immediately or within 24 hours after commencement of the report. Each case record contains clear documented evidence to support the finding for an immediate removal based on imminent danger to the child. All shelter hearings were held within 24 hours of the removal (f. s. 39.401)

c) Petition Filed

All 30 cases showed the dependency petition was filed timely, within 21 days of the shelter hearing (f. s. 39.501) and petitions were based solely on the reasons for removal and the evidence accumulated from the removal.

d) Time Between Shelter Date and Initial Case Conference (ICC) Date

Of the 30 cases reviewed, the average time between the date of shelter and date of ICC is 15.5 days. Only 3 of the cases reviewed were staffed within one week of shelter. 3 cases were staffed at 40 days and 3 at 60 days. The current policy and procedure DCF 175-23 and HKI 100.001A on ICC staffings does not reflect a time frame in which to staff cases. It is unknown at this writing if the current working agreement between HKI and the Hillsborough County Sheriff's Office (HCSO) addresses this issue with specifying a time frame.

In reviewing the ICC packet and information gathered at the ICC staffing it appeared that all necessary and required information was available for review. The Child Protection Investigators had prepared the case thoroughly for transfer to services.

e) Early & Periodic Screening, Diagnosis & Treatment (EPSDT)

There is a statutory requirement under FS 39.407 that any child sheltered must have a medical (EPSDT) screening within 72 hours of removal. In only 9 of the 30 cases was there evidence children had a medical screening within 72 hours after shelter. Of those 9 children, 5 were sheltered directly from the hospital, thus the requirement for an EPSDT screening was met in the hospital stay. The majority of cases did not have any evidence in

the record of an EPSDT screening. The CPI is responsible for the screening, and the paperwork may not have made it into the file during transfer. Of the cases that did have an EPSDT in the record, any recommendations made in the health check-up report were followed up on. Unfortunately without the initial medial screening, physical and mental health concerns/issues are not apparent.

Without current medical screening caregivers are not fully aware of any physical health issues the child may have. A copy of the medical screening should always be a document that the caregiver has possession of. This screening is a key component of the direction and duration a child's case will take and is thus a very necessary assessment to obtain within the time frames. Additionally, Section 1905(r)(5) of the Social Security Act requires that any medically necessary health care service listed at Section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.

The EPSDT screening format used in Hillsborough County is a basic health check-up form used for any child going to the doctor for a physical. Unless the Physician examining the child has a medical and behavioral history from the sheltering agent many health concerns could go unnoticed initially. The EPSDT screening, as routinely completed by the doctors, is very limited. Most of the form is just boxes to be checked off, and unless there is an apparent health concern or the doctor has some history specific child abuse related issues could be missed. Children that are born in a hospital are not required to have an official EPSDT exam. However, there is a critical need to request those records once the child is discharged and placed in a foster home. Of the cases reviewed 5 were born in the hospital and only 1 case record had all medical records from the child's hospital stay.

f) Date Case Manager Assigned

In all 30 cases reviewed there is evidence that a case manager was assigned either immediately at the ICC staffing or within 24 hours of the staffing. In all, the cases reviewed there was not evidence of immediate (within 48 hours) contact with the family, caregiver or the child.

g) Opportunity for Diversion

Of the 30 cases reviewed 5 were determined to be potential diversion cases. 3 cases were neglect and substance abuse, while 2 were sexual abuse cases where the perpetrator had left the home. It is not clear in the records if the investigator discussed with the family options other than removal. All cases appear, from a review of the facts, to meet the requirements for removal at the time of removal though removal may have been avoidable with a diversion effort.

h) Comprehensive Assessment Completed and Used for Case Plan

Of the 12 cases reviewed that required a comprehensive assessment. 0 to 5 year olds are not required to have the Comprehensive Assessment, and 18 of the 30 cases reviewed were children from 0-5 years of age. All 12 children had evidence of completed comprehensive assessments in the record. Of the 12 children that did have an assessment the recommendations were followed up in the case record with referrals for the services

recommended. The comprehensive assessment itself was thorough and detailed with solid recommendations for the child, families and caregivers. However, the recommendations from the assessments did not make it into any of the case plans.

The case plan tasks included appeared very generic and routine without consideration of the assessment or priorities to be worked on. Without a good case plan and with the heavy turnover of case managers it is likely that the case direction and progress can become very difficult to discern.

i) Ongoing Risk Assessment and Results

Of the 30 cases reviewed 11 cases had current risk assessments done by HKI case management. The risk assessments were thorough and related to the child in the current placement. In the other 19 cases, the risk assessment was done by the CPI during the investigative phase. In those risk assessments the risk was clear, and decisions were made based on the findings of the assessment. Ongoing risk assessments are one of the key ingredients in building a case for specific decisions and actions that will expedite permanency.

j) Case Plan Date

In all 30 cases reviewed there is evidence of the case plan being filed with the court within the statutory timeline of 60 days of the shelter date. In 10 of the 30 cases there was not a case plan in the file to review. However, court orders and OAG filings suggest case plans were filed and ordered. Of the 20 cases that had case plans in the file, none of them were the ones signed by the parents or other parties, (GAL, caregivers etc.). In 21 of the 30 cases there is evidence of a family case plan conference. Some of these conferences are better documented than others. It is very positive that family case conferences are being held, this is a critical phase of engagement and building the base for the life of the case.

k) Guardian Ad Litem (GAL)

Of the 30 reviewed cases, 4 cases had evidence of a Guardian ad Litem assigned. This evidence is based on court orders and HSn face sheets. In the 4 cases that did have a GAL assigned, the record did not reflect any input from the Guardian, in the form of reports to the court, telephone calls, present during visits etc.

l) Arraignment Hearing

In all 30 cases the arraignment was held within required timeframes and petitions were filed by the OAG prior to the arraignment. The arraignment hearing is required to be held within 28 days from shelter hearing (f. s. 39.506). If the child was never removed from the custody of the parent or the legal custodian, then the requirement for the arraignment hearing is within a reasonable time after the date of filing the petition 39.506 (*If consent or admission is obtained then the court can go directly to disposition with 15 days without the adjudication hearing*).

m) Adjudication Hearing

In all 30 cases the adjudication hearing was held timely and all required documentation was submitted prior to adjudication hearing. The Adjudication hearing is required to be held within 30 days of the arraignment hearing (f. s. 39.507). Two of the cases reviewed

went to trial causing the adjudication hearing to be held later than the 30 day expectation, but this is well within the rules and expectations.

n) Disposition Hearing

All 30 cases showed the disposition hearing was held timely and all required documentation was filed. There were 4 cases that the disposition was continued for additional time (1 week) to prepare and file a PDS. It appears from the record review that case plans were accepted by the court during the disposition hearing and documented in the dispositional court order. The Disposition Hearing is required to be held within 15 days after arraignment hearing if the parents consent or admit to the child abuse (f. s. 39.506) or within 30 days from the last day of adjudicatory hearing (trial) if the parents deny the child abuse(f. s. 39.507).

o) Family/Parents/Child Connected to Services through initial referral and consistent follow-up

22 of the 30 cases reviewed contained evidence of specific service connection within 3 weeks of service intervention. Parents were given referrals for specific problem areas. More specifically the referrals given to the parents were drug screenings, anger management assessments and others. The referrals for family counseling, domestic violence counseling, and sexual abuse treatment did not occur until after the Disposition Hearing when the case plan was approved. The vast majority of services for children in the initial phase of a case were referrals for day care and follow up with attendance (18 of the 30 cases reviewed were of children under 6 years old). In general referrals for children for more specific needs did not occur until later in the case between 45-60 days. Once the children were assessed for their needs, services were initiated and followed up on. Of the remaining 8 cases there did not appear to be evidence in the record of any connection to services. This could be due to the child's age, parent's whereabouts and caregiver needs. There was no explanation found in the case record or obvious explanation within the available documentation.

p) Supervisory Reviews

Of the 30 cases, only 1 case had no evidence of a supervisory review, 1 case had 2 supervisory reviews and 1 case had a single supervisory review within the first 90 days of the case. Of the remaining 27 cases monthly supervisory reviews were recorded in the file. Within the first 90 days each of these 27 cases had 3 reviews by a supervisor. In 11 of the cases there were 3 or more case managers involved within the first 90 days of the case. 3 of the 30 cases reviewed had excellent supervisory reviews with specific and detailed direction and time frames. Of these 3 cases all had excellent follow up at the next monthly supervisory review. In reviewing HKI policy 200.009, *monthly supervision*, the policy states that supervisory reviews should occur no less than one time per month. DCF policy 175-78 dictates the same. The critical importance of supervisory reviews leads to a need for these events to be closely tracked and to consider more intensity than monthly for cases than are new, cases that have high risk, and for cases with new care managers.

q) Discussion of Permanency and Goal within 90 days

In 21 of the 30 cases reviewed there was discussion of permanency. In each of the 21 cases this was discussed at a case plan conference, or family case conference. As noted

earlier, some case plan conferences are better documented than others. The case plan conference documents tasks for the parents, the case manager, caregiver and services for the child. There is also concurrent planning documented, and all parties in attendance signed the document. In all 21 cases the case plan conference was scheduled by the case manager and took place within 3 weeks of service initiation. In 16 of the 21 cases the supervisor was present during the conference. The notes from the case plan conference details permanency goal and discussions with the parents and the time frames involved. Referrals were given to the family to start the process.

r) Permanency Plan Discussed in Case Plan

The case plans reviewed during this file review were generally generic when it came to permanency planning. The goal was reunification with a concurrent goal of Long term relative care, independent living or adoption. All case plan goal dates were 12 months from the date of shelter. There was no meaningful discussion of permanency documented, however all cases reviewed with a case plan had a goal and a concurrent goal.

s) Changes Within First 90 days (CM, School, Placement, Therapist, Medical Doctor, Judge, GAL, etc.)

The common changes for children in the first 90 days were changes in case manager, placements and judges. In the reviewed cases there did not appear to be any changes in medical doctors, therapists or GAL. School stability was unable to be determined due to the lack of documentation in the record either from CPI or HKI. Of the 30 cases reviewed, 11 cases did not have a change in case manager, leaving 19 cases with 2 or more changes in case manager. 6 of the 19 had 3 or more changes in case managers. 1 of the 19 had 5 case managers. 8 of the 30 cases reviewed had 2 or more placement changes. 2 of the 8 had 3 placements in the first 90 days.

Of the 30 cases only 1 case had a change in judge due to a recusal.

The change in case managers is significant here as the court observations conducted revealed frustration and delay caused by the frequent changes in case managers. It is also likely that the direction and expediency of the case is effected each time the case manager or supervisory changes. The changes in placement were due to placement disruption due to child's behavior, placement overcapacity, and/or children in shelter homes moving from one location to another.

t) Educational Recommendations Determined and Followed?

4 of the 12 cases involving school aged children had documentation in the record of educational recommendations and follow through. An additional 4 cases had follow up with the day care. It was not able to be determined if or how many times a child's school has changed due to lack of documentation. It is our understanding that HomeSafenet is in a baseline year and will be tracking this data point of school changes and the reasons why.

u) First 90 Days: Number of Face to Face Visits with Child/with Parents

In all 30 cases reviewed children were visited at their homes monthly the first 90 days. Each child had a total of 3 visits and all face to face sheets for those visits were signed by the case manager and the caregiver. HKI policy 100.018, Administrative code 65C-

12.008 and DCF operating procedure 175-50 strictly articulate to the requirement that children in shelter status and their caregiver will be visited a minimum of one time per week or more often as the case warrants. All 30 cases reviewed were in shelter status during the first 90 days, yet none of the cases had evidence of more than one visit per month. Documentation regarding visits with the parents was sparse. There was evidence of phone calls and letters to parents. In the cases where there was a case conference there is documentation that the parents were present. There is also evidence that parents were seen during parent child visitation. However in all 30 cases reviewed there was no evidence of visiting parents in their place of residence.

v) Decision Opportunities Clear, Decisions Made, Decisions Avoided?

The opportunities for decision making are clear in all of the cases. Whether the opportunities are taken advantage of is the critical issue. In 21 of the 30 cases reviewed decision opportunities were acted upon. This occurred during the case plan conference. Some were better documented than others. There did not appear to be decision opportunities avoided intentionally. The lack of skills of the case manager, or the supervisor not being present were, found to be the most common barriers to decision making. Acknowledging a limited review of 30 files, there appeared to be several cases that decisions could have been made to move the case along to permanency that were not taken. For example, some cases appeared to present an opportunity for the child to return to her/his family, which may have been in the child's best interest with wraparound services provided to the family and continued court involvement. These decisions were not made in part due to the common acceptance of the full sequence of events surrounding a dependency case: that the case must go through to fruition, adjudication, and disposition and at least 12 months of case plan compliance. These decisions are also come with additional risk and this may be a deterrent as well.

w) Office of the Attorney General

In the 30 case records reviewed and the 20 court hearings observed there was considerable evidence that the Office of the Attorney General (OAG) had met all required timeframes. Furthermore, there is evidence in the records of the OAG providing specific feedback to the case managers that would move cases to permanency at a quicker pace.

x) The First 90 Days

Permanency as well as safety is a matter of urgency for every child in the child welfare system. Diligent permanency planning from day one ensures that children will not age of the system without a permanent family or family connections. Every activity or task ought to be focused on the safest and most expeditious path to permanency.

Case Review Recommendations

a) Time Between Shelter Date and Initial Case Conference (ICC) Date

It is recommended that HKI and the HCSO establish specific time lines for the transfer of cases through the ICC staffing. Observed common and routine practice indicates the ICC or Early Services Intervention (ESI) staffing for any child sheltered is held within 7 days of removal. This turnaround time provides the family and/or care giver an immediate resource to handle all issues relating to the case ranging from child's behavioral and physical health needs to rectifying the problems that brought the child into the system in

the first place. By getting involved with the case very quickly HKI may be able to quickly resolve the immediate risk issues and find support services to facilitate more children remaining with their family or in relative care.

b) Early & Periodic Screening, Diagnosis & Treatment (EPSDT)

It is recommended that HKI, DCF, HCSO and local health care officials, thoroughly review the process for EPSDT, assuring the actual report from the medical provider is placed in the case record and in the hands of the caregiver as well as any attending physician for the child. As well as assuring that each record contains this information and recommendations and treatment is followed up on.

c) Date Case Manager Assigned

There should be an effort to have the case manager that will be assigned the case at the ESI staffing attend the staffing. While the care centers do this whenever possible, it is recommended to have the case manager and supervisor present while discussing the case with the CPI having thorough knowledge of the case. This enables questions to be answered that would not necessarily be asked by an administrator staffing the case, as well as first hand knowledge when meeting with the family and creating a case plan.

d) Comprehensive Assessment Completed and Used for Case Plan

I Cases meeting imminent danger definitions at removal does not necessarily mean diversion cannot be an option prior to adjudication. There could be continuous assessment of the safety of the child if he/she should be returned home and what type of services would be needed. There is a common train of thought when it comes to removing children that once the child is removed, the case must follow through to adjudication, case plan and disposition until permanency can occur. There is a strong likelihood that once removal occurs, families can and will begin the process of rectifying the problems that brought the child into care. This is one reason why it is imperative cases be staffed with the service agency as quickly as possible. This gives the family the opportunity to work out problems when the case is new and fresh and the shock of having their children removed from them may provide the incentive to address the precipitating problems. It is recommended that the OAG, HCSO, and HKI discuss ways to assess families and the children's safety obtaining the court's approval when early reunification is indicated, avoiding adjudication, and working on stipulations as well as wrap around services that would allow the family to stay intact.

e) Comprehensive Assessment Completed and Used for Case Plan

The recommendations contained in the comprehensive assessments were not incorporated into the case plan in any of the 12 case plans reviewed where comprehensive assessments had been completed. It is recommended that the Supervisor review the comprehensive assessment recommendations prior to signing off on the case plan to assure the recommendations are appropriately considered. It is also recommended that specific training be provided to care managers regarding methods of incorporating these recommendations into the case plan.

f) Ongoing Risk Assessment and Results

It is recommended that Risk assessments not only assess risk to the child in the current placement but also be used to assess the risk to the child if they were to return home. It is further recommended that Risk Assessments be conducted routinely on each child in care.

g) Case Plan Date

The Case Plan development and the early engagement of the family are key components to setting a case on the most expeditious road to permanency and resolution. Referrals for all tasks need to be given to the family at the earliest possible time and reinforced periodically, as much family history as possible needs to be gathered and used to inform all appropriate parties enabling the best service delivery in a timely fashion. This is an opportunity as well for the family to start forming trust for the agency and staff that will be helping them through to resolution.

One reason the case records may not have a valid (signed) case plan is that a common practice is to have the parents sign the case plan in court at disposition. This seems to be the most common explanation. An agreement with HKI, the court and the OAG may need to be developed to create a method of copying and distributing signed plans.

Additionally, case plan tasks need to be prioritized for the parents. The court must be notified of priority tasks as well. A possible revision of the case plan can simplify this recommendation. For example: If the parent's main issue is substance abuse, then the substance abuse treatment should be the priority task. Parenting should not be initiated until the substance abuse treatment is well underway. It is recommended that HKI develop specific training on case plan development for both supervisors and care managers and monitor performance carefully to help the staff see this plan as a real tool to move the case forward. The most effective case plans incorporate, to the extent possible the families solutions to their problems. It is also recommended that HKI embrace the intervention model, Family Team Conferencing, this model has been used effectively in other communities within child welfare settings and the + SPIN program has been utilizing this strategy for several years. There is an active training program in Hillsborough and Family Team Conferencing has been able to assist in reducing the number of children coming into care and the length of time those that do come into care have to stay.

h) Guardian Ad Litem (GAL)

It is recommended that the GAL office and HKI review the current cases to determine what percentage of cases have a guardian assigned and coordinate an effort to prioritize the cases the GAL office is assigned as a strategy to maximize the impact of the Guardian role. It is further recommended that clear communication requirements be established and then staff trained to assure pertinent and required information is effectively and timely communicated between the GAL and the case manager.

i) Supervisory Reviews

It is recommended that standard supervisory review protocols for case oversight and case action approvals be developed. It is also recommended that new case managers and cases that have had several case managers receive more frequent supervisory review. A

component of the supervisory review protocols could incorporate a mechanism allowing supervisors to adjust the frequency of supervisory reviews (no less than monthly) based upon certain common criteria. It is further recommended to have all supervisory reviews tracked by management with follow up and remedies when criteria are not met. It is also recommended that supervisors take an active role in the preparation and follow up of all permanency staffing and incorporate recommendations from staffings into their ongoing supervision of case managers.

j) Discussion of Permanency and Goal within 90 days

A case plan conference is a critical component of a child welfare case. This gives the family an opportunity to become part of the solution and negotiate tasks. It also gives the case management agency the opportunity to meet with the family soon after removal and service initiation. This is an optimal time to give referrals for all tasks and prioritize the ones that need to be completed first. It is recommended that a system wide approach to case plan conferences be evaluated and considered. Additionally, the following steps have been found to be completed within a majority of the cases but bear continued emphasis and monitoring:

- a. At the time of the ICC staffing or the shelter hearing, a case plan conference is scheduled.
- b. All parties are notified and invited to attend.
- c. Have the case plan conference scheduled at the shelter hearing by the judge. This gives authority to the actual conference itself. In most cases the parents are more likely to attend if the conference is scheduled during the shelter hearing.
- d. The case plan conference is held prior to arraignment but no later than the adjudication hearing.

If the parents start to work on tasks early and service providers are able to give feedback as to compliance and the progress prior to adjudication, an adjudication may be avoided or withheld and the child, under certain restrictions and circumstances may be reunified.

k) Changes Within First 90 days (CM, School, Placement, Therapist, Medical Doctor, Judge, GAL, etc.)

It is recommended that HKI and each of the Care Management Organizations take specific steps to stabilize the work force and create a professional environment that encourages staff to stay. These steps may include; increased training that is well organized, professionally delivered, energetic and focused on specific topics confronting the case manager; improved frequency and quality of the supervision; recognition for excellence and strong performance; communication and education on policies, procedures, methods, goals, and outcomes; support tools including transportation assistance, court liaison assistance, proper and working equipment, and easy access to the information needed to their job. It is also recommended that an independent party conduct exit interviews with staff that are voluntarily leaving to determine other opportunities and supports that may make a difference in retaining staff.

l) Educational Recommendations Determined and Followed?

It is recommended that HKI, in close collaboration with the Hillsborough Independent School District, begin a rigorous evaluation of the academic and school attendance issues

for children under their care. HKI has an electronic link allowing for information sharing with the school board regarding children in both systems. This fairly unique capacity provides an excellent starting point to the development of a very robust information exchange that will aide case managers and care givers in keeping abreast of each child's educational status and needs.

m) First 90 Days: Number of Face to Face Visits with Child/with Parents

High caseloads and turnover contribute to challenges in visiting children and parents more often than one time per month, however, it is recommended that specific protocols are put in place to ensure children and their caregivers in shelter status are seen and or contacted no less than weekly in accordance with the existing policy. This recommendation is based not only on the importance of continuously assessing risk to the child, but to also contribute to the overall expedient path to permanency for the child and family. The more contact with the child, family and caregivers the higher the percentage of deriving a permanency decision (reunification or termination) prior to the 12 month permanency hearing.

n) The First 90 Days

It is recommended that a 90 case review be conducted by each supervisor and the case is evaluated to determine if the following milestones were met and there is clear and thorough documentation in the case record.

1. **Initial contact** with the family by the HKI case manager within 48 hours of case transfer through the ICC staffing.
2. **Shelter hearing** - within 24 hours of removal. If a child is sheltered, during the first 90 day, it is recommended that children, caregivers and parents be visited and or contacted at least weekly. Case managers must obtain as much history about the child and family as possible, including but not limited to: education records, health records, family health, and mental health history.
3. **EPSDT** is completed within 72 Hours.
4. **Ongoing risk assessment** completed during each face to face visit.
5. **A comprehensive assessment** for all sheltered/removed children completed within 20 days of referral
6. **Petition filed** - within 21 days after the shelter hearing. If the child was not placed in shelter status by the court, then within a reasonable time after the child was referred to protective investigation, (30 days is suggested).
7. **Case plan conference** scheduled prior to arraignment, within 28 days of the shelter hearing. At the case plan conference the prepared petition for dependency is an excellent tool in determining and negotiating tasks for and with the parents. Referrals for all tasks can be given to the parents and any other parties needing such. A case plan will be developed as an outcome of the case plan conference with all parties in agreement and in attendance. Case manager will follow up with referred service providers and parents to determine that services were initiated.
8. **Arraignment and shelter review** –within 28 days from shelter hearing. If the child was never removed from the custody of the parent or legal custodian, within a reasonable time after the date of filing the petition (If consent or admission is obtained then the court can go straight to disposition within 15 days and skip adjudication hearing).

9. **Adjudication** – within 30 days after the arraignment.
10. **Disposition**—within 15 days after arraignment hearing if consent or admission is obtained or within 30 days from the last day of adjudicatory hearing (trial) if the family denies the petition facts.
11. **Case plan**—if the case plan is not approved at the time of disposition, then must be considered and approved within 30 days after disposition
12. **Attendance at arraignment, shelter reviews, adjudication, and dispositional hearings** by the case manager, care giver, child (if appropriate) and family. The court must be made aware of any case barriers and or progress at all phases. Assessing risk at all phases of a child’s case is crucial. Risk assessments should focus not only on the child’s current placement but also the risk to the child if reunification were to occur.
13. **Visitation between the child and parents** is a vital concern. As much visitation as possible is warranted. The more visits the child and parents have together the more complete a picture can be formed of the relationship and risk. Additionally, visitation ought to increase with increased task compliance. A clear visitation plan is recommended for each child.
14. **Sibling visitation** if the children are separated and there is no clinical or safety contraindication there ought to be as much visitation as is possible. A clear sibling visitation plan is in place.
15. **Routine supervision** weekly if possible during the first 90 days.
16. **Education or Child care plans** and services are clear and the child is appropriately engaged in the proper educational setting within one school day.

V. System Facts, Performance, Trends

This section analyzes several additional data points regarding the Hillsborough system of care.

Staff Caseload and Retention

Staff caseload and retention are critical issues in any child welfare system. Although few researchers have explored reasons why caseworkers stay on the job, many have investigated causes of caseworker turnover and attrition. Burnout, lack of supervision, and a multitude of perceived organizational deficiencies are among the main reasons given why case managers think about leaving or actually exit the child welfare field.

Gillespie and Cohen (1984) surveyed protective service workers in the state of Michigan and found that a large portion of workers reported feelings of burnout due to responsibility overload, lack of recognition, and inadequate communication with supervisors. Fryer, Poland, Bross, and Krugman (1988) surveyed child protection units throughout the United States in order to profile workers' needs, attitudes, and utilization of resources. Many of these workers, they discovered, reported classic symptoms of burnout.

The Office of Program Policy and Government Accountability (OPPAGA) published *Comparison of Child Welfare Program Performance Pre- and Post- Community Based Care: Supplemental Information by Lead Agency* in March of 2006. This report included information on staff vacancy rates by lead agency and turnover rates by lead agency. The state average for a vacancy rate was 9%, Hillsborough posted a 6% vacancy rate for FY 2004/2005. Based on a department data report from 2000 the vacancy rate at DCF just prior to community based care in Hillsborough County was 7.5 %. In May of 2006 HKI produced a report indicating 269 of 307 direct care positions were filled as of March 2006, yielding a vacancy rate of 12.4%.

While a 6% vacancy rate seems manageable a 12.4% vacancy may become problematic. Further, the OPPAGA reported Hillsborough with a 51% turnover rate with the state average at 31%. This indicates that more than half of the direct care staff were less than a year on the job and more than half left the project during the 2004/2005 fiscal year.

Case management supervision is another variable frequently discussed in the literature that affects worker turnover. Nissly, Barak, and Levin (2005) studied the relationship between stress and social support and found that caseworkers who received higher levels of social support from supervisors were less likely to leave their jobs. High stress levels are known to contribute to attrition, and Bowers, Esmond, and Canales (1999), as well as Yin (2004), offered various supervision strategies that may be useful in reducing worker stress.

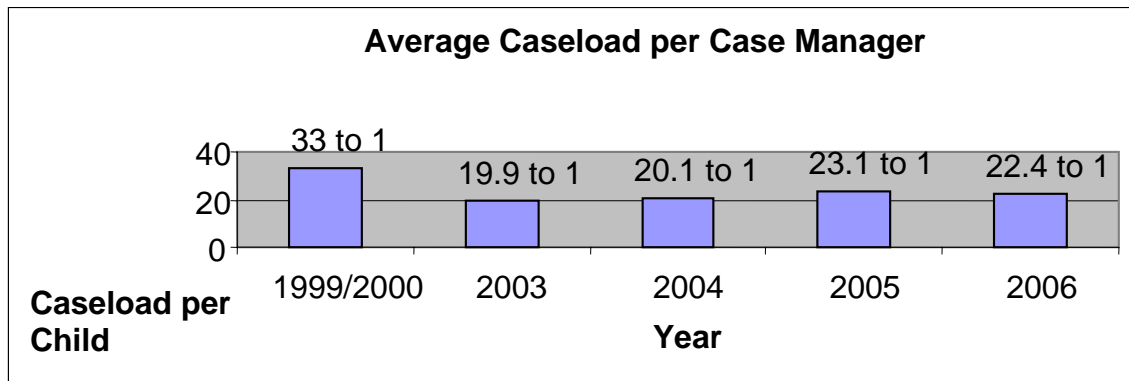
Although supervisory support is known to be a critical factor influencing workers' decisions to remain in child welfare, there are also significant organizational characteristics that impact worker satisfaction and effectiveness. Bednar (2003) describes the optimal organizational climate to include opportunities for growth and advancement, professional goal setting, the encouragement of creativity and innovation, and an

atmosphere of trust and open communication. Freund (2005) studied 220 child welfare workers' organizational commitment and the factors that influence job satisfaction. His findings supported Bednar's earlier findings that an organizational climate of opportunity, respect, and appreciation results in workers' desires to remain on the job and achieve a level of success in what they do.

A recent survey was conducted in 4 areas of Florida by a group of graduate students at the University of South Florida with case managers from 4 separate community agencies found that case managers measured their success by the success the individual client family and/or child experienced. They did not articulate any of the stated outcome measures or contract requirements. They clearly saw success when a child was able to safely return home, continue in their own school, be adopted, etc. This is an important concept as the literature and the child welfare profession strongly supports the key role the direct care (case managers and supervisors) play in making any system effective.

As can be seen in Figure 7, in the year 1999/2000 the average caseload per filled position was 33 children to one case manager. No information is available on the turnover rates during this time but do know there was a 7.5% vacancy in March of 2000. The caseload under the HKI remains a significant improvement from prior to community based care. However, if half of the staff is new then the skill and effectiveness of the staff has to be evaluated regardless of the case load size.

Figure 7. Average Caseload per Case Manager (Staff Retention OPPAGA Report and HKI Report)



Ongoing support, training, professional development, and effective/skilled supervision will be a key recommendation of this report based on the increasing vacancy rate and very high turnover rate found.

Placement Type

The Table 12 shows the Hillsborough system is increasing the proportional use of foster homes while slightly decreasing the proportional use of Group Homes. The big change from 2005 to 2006 is in the switch from using shelter placements to foster home placements. One possible explanation is a simple coding of a foster home that is also an emergency shelter. A second possible explanation is the high volume of children coming

into care exhausted the shelter bed capacity and the foster parents were called upon to take the children that would have gone to a shelter placement had one been available. The significance here is the foster parent system is the primary resource for placement and recruitment, training, and support of foster families becomes even more critical as reliance on them builds.

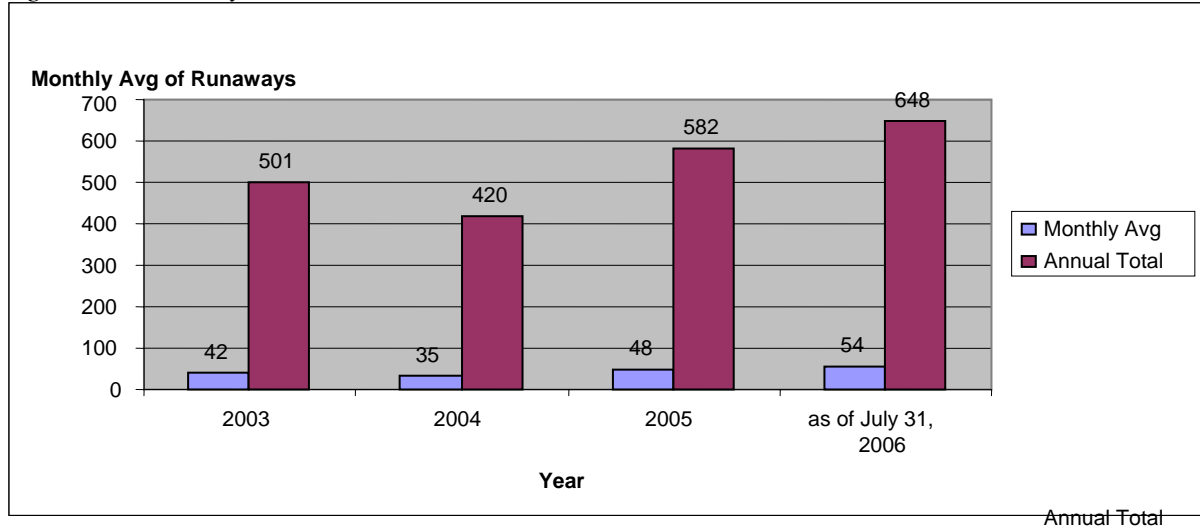
Table 8. OOHC by Placement Type

	1996	2000	2003	2004	2005	2006
Foster Care	67%			69%	67%	75%
Group Home	17%			16%	16%	14%
STFC				1%	1%	1%
Shelter	8.60%			14%	15%	9%
SIL	1.40%			2 children	3 children	
Young Adults			40	105	147	215
Region TGC, SIPP (State Report)						94
Foster Care Median LOS	19.1	11.2	15.4	14.9	14.3	13.3

Specialty Populations

Hillsborough County has tried numerous strategies to reduce the number of runaways and the number of episodes each child experiences. In 2004 HKI formed the Runaway Task Force bringing treatment professionals, care givers, law enforcement, and others together to address the problem. A more in-depth look at each chronic runner was developed to best determine an intervention strategy. Behavioral analysts were recruited to work directly with the youth and care givers to reduce future episodes. Specialty homes and placements were also to be recruited to have a safe and a well equipped place for these youth to return to when they come back from an episode. In the fiscal year 2004/2005 Hillsborough County reported 582 runaways which is the most of any county or district in Florida that year and may be headed for another record year with the current estimate of 648 for 2006. Further inquiries should be addressed to determine if this is potentially a by-product of Hillsborough County's very large number of children in OOHC over 12 months.

Figure 8. Runaways



Courtesy Supervision

Courtesy supervision has generally been a balance of kids that Hillsborough is providing supervision to and those Hillsborough children that are supervised by other counties. Both cases require work with the cases within Hillsborough nearly as much as a regular case and those out of county being less work but Hillsborough still retains jurisdiction. Courtesy Supervision cases are restricted to children living in placements within the state of Florida. The number of cases HKI has coming into in Hillsborough County take the time of 6 to 7 full time case workers to handle

Table 9. Courtesy Cases (in and out)

Year	In	Out
2003	90	149
2004	141	137
2005	111	137
2006	135	137

Interstate Compact Placement

Interstate Compact Placement (ICPC) is an agreement between states when the placement of the child is in another state. Hillsborough has traditionally had more children out of state than we had children within our county from other states. Again, these cases require real case work and the procedures are complex and cumbersome. The ICPC cases coming into Hillsborough County require the time of 2 to 3 full time case managers.

Table 10. ICPC Cases (in and out)

Year	In	Out
2004	51	93
2005	31	85
2006	40	121

Services to Adolescents

Services to adolescents while they are in OOHC as well as to those that have aged out of care is an increasing need. As seen in Table 11 this population has been steadily increasing, but so has the funding. Hillsborough County is fortunate to have a national pilot regarding services to youth aging out of foster care, Connected By 25. Florida has also been accepted as one of six states to the National Governor's Association Policy Academy regarding youth aging out of foster care. These events have placed Hillsborough County in a national spotlight regarding innovation and success with these services. Camelot Community Care has led the way and is being very successful in helping these youth to finish their high school education, begin post secondary schooling, find adequate housing, learn to live independently, and stay connected to our society. Since Connected by 25 began young adults have not become homeless and there has been over a 100% increase in these youth completing high school. This program is not only being very successful but is now a national leader.

There are 108 17-year-olds in licensed care scheduled to age out during the 2006/2007 fiscal year. This population will continue to grow and Connected By 25 needs to grow along with these increases.

Table 11. ILP

Year	13 thru 17	18 to 23	Funding
1996	391	Unk.	Unk.
2004	459	105	\$ 749,300
2005	506	147	\$ 1,178,186
2006	521	215	\$ 1,672,226

Court Services

Court services are a critical component to the system of care in Hillsborough County. The Thirteenth Judicial Circuit has had the distinction of filing more dependency petitions than any other judicial circuit in Florida for a number of years. These petitions also result in record number of hearings.

Just as a workload consideration, assuming a 6% worker vacancy rate leaving roughly 288 able bodied staff, the 20,630 hearings work out to be an average of 72 hearings per worker per year or 12 hearings each month. This alone can take several days of the case workers time and attention each month in preparing for court attending court and following up on the decisions or issues that arise from the hearing.

The number of petitions filed is also related to the system's willingness to work with families without court intervention through prevention, diversion services and family interventions.

The Dependency Court Study (2002) by Barrett and Hummer found that the court docket was overwhelmed and many continuances occurred due to paperwork not being filed timely, parents not showing for court, and failure of notice. The study indicated that in FY 2000/2001 there were over 1500 petitions filed and in the first 6 months of FY 2001/2002 there were over 1800 dependency petitions filed. This would indicate some

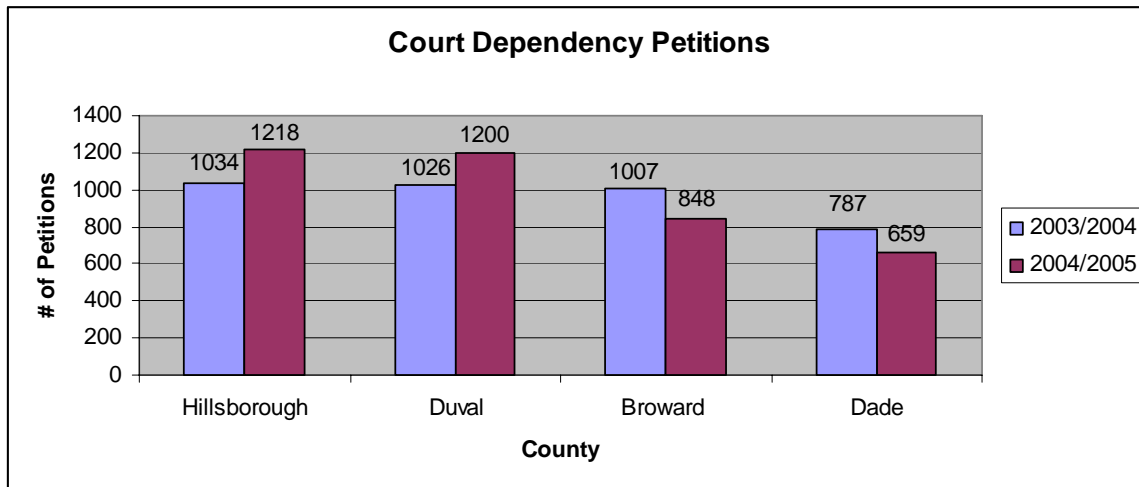
progress has been made in reducing the number of petitions although Hillsborough is still the highest. Finally it is worth noting that this study also found that 60% of the cases they reviewed had 3 or more judges assigned during the life of the case potentially adding to the confusion and delays due to judges needing to learn the facts of a new case mid stream and having different approaches.

Table 12. Court Petitions Status: Petition Tracking Log (HKI March Report)

Petitions		2003	2004	2005	2006
	TPRS	150	241	267	308
	Dependency	993	1043	1218	1138
Hearings					
	JR			6167	
	Permanency			5953	
	Shelter			1850	
	Total Hearings			20,630	21,670

Comparing the petitions filed in Hillsborough with other major metropolitan areas around the state indicates that Hillsborough may be disproportionately filing dependency petitions. Broward has 50% more children and Dade nearly double the number of children as there are in Hillsborough. Yet these communities not only file fewer petitions but they also reduced the number of dependency petitions filed from 03/04 to 04/05, while Hillsborough increased nearly 18%.

Figure 9. Court Dependency Petitions



Child Welfare System Funding

Tables 13 shows the funding of the child welfare system in Hillsborough County over the last 6 years and into this current fiscal year. As indicated the funding for child welfare services in Hillsborough County has significantly increased over this time period as it has all over the state. The OPPAGA Report on Comparing the Pre- and Post- Community Based Care stated the funding statewide for child welfare services increase 59% between

FY 89/99 and FY 04/05. Even with the significant increase in funding Hillsborough has received they are still well below the state average per child with \$10,343 per child in Hillsborough and the state average of \$12,540. It would take another \$11 million dollars to bring Hillsborough County up to the state average. Equity in funding continues to be a pressing issue as some areas of the state have so much more funding dollars and can offer their children and families more as a result.

Table 13. Budget (Contracts, Expenditure Reports, DCF Equity Allocation)

Year	FY 99/00*	FY 01/02**	FY 02/03**	FY 03/04	FY 04/05	FY 05/06	FY 06/07
Child Welfare Budget total	28,572,316	4,094,126	37,736,873	45,650,350	51,456,204	54,615,533	61,009,437
Start-up (Includes \$1 million from the Children's Board)		2,500,000					
# of Children used in calculation				4,289	4,681	4,778	5,168
Dollars/Child	Not Calculated	Not Calculated	Not Calculated	Not Calculated	9,327	9,624	10,343
IV-E \$\$			7,823,976	11,650,593	13,633,025	14,956,505	
Substance Abuse Mental Health Contract (in addition to the child welfare total)			715,954	706,015	706,015	706,015	706,015

*The figure for FY 1999/2000 was included in the Building a Better Child Welfare System (2000) report and plan.

**Fiscal Years 01/02 and 02/03 were split between DCF and HKI. The figures shown in the table above only reflect the portion of the funding that was provided to HKI.

Even though Hillsborough remains under the state average for funding and this budget increase may offer a real opportunity for strategic action to effect systems change. Specifically, regarding the issues of current placement, staff turnover, number of children in the system, the court system, and the kinship care breakdowns. These findings will be the focus of the recommendations of this report.

Performance Outcome Measures

Outcomes are the measure of the impact and effect of the service system. The most difficult task is to determine if you are indeed measuring the most appropriate activities and results to provide the children of Hillsborough County with safety and permanency. Below are two lists of outcomes, the second list is incorporated into the first and represents the outcomes for the 2006/2007 contract between DCF and the Lead Agencies around the state. The first list is the Suncoast Region's report card measures. This is updated monthly as a snap shot on performance and made available to system stakeholders and the public if they are interested.

HKI Performance Outcome Achievement

As can be seen in Table 14 HKI has made improvements in most areas, and more specifically in adoptions, children seen monthly, children with 2 or fewer placements, children safe from abuse while in foster care, foster homes that are over their capacity, and the Child Welfare Integrated Quality Assurance review (CWIQA).

As discussed previously the Median length of stay can be deceiving and may present a real improvement or may just reflect an influx of children into the system bringing the median down. Hillsborough has the second (Our Kids in Dade County has more) largest number of children in OOHC over 12 months in Florida, and although improvements in reunification within 12 months have been made over the last 3 years Hillsborough is still falling significantly short of the outcome threshold. These two measures bear close monitoring to determine if any strategic actions taken are making an impact on moving children towards permanency quickly.

Table 14. HKI Performance Outcome Achievement

Report Card	FY 02/03	FY 03/04	FY 04/05	FY 05/06
# Adoptions		192	261	314
28% Adoptions finalized within 24 months		NA	NA	38.7
100% Children Seen Monthly		96%	98.3	99.18
70% of Children Reunified within 12 months	36.9	41.4	58.6	51.2
87% Children with 2 or fewer Placements within 12 months		72.3	90	90.8
9% children removed within 12 months of reunification		13	7	8.76
1% Foster Children Abused				0.12
FY 04/05 4.3% In OOHC abused during services			6.9	
FY 04/05 1% in-home abused during services			8.9	
95% no abuse during services				
FY 04/05 95% no abuse within 6 months of Closure from OOHC			5.3	
FY 04/05 95% no abuse within 6 months of Closure from In-Home			9.9	
50% in OOHC over 12 months		56	56.5	56.6
FY 04/05 Median LOS 12 months or less	15.4	14.9	13.9	13.3
65% non-TANF IV-E eligible				70.7
80% TANF eligibility				91.8
0% Foster Homes over capacity		0	0	0
100% of Missing Children forms completed on time		86.8	87.4	88.4
CWIQA Score		78	83	83

Community Based Care Contract Outcome Measures for FY 06/07

Measure 1. The percentage of children not abused or neglected during services will be at least 95%.

Measure 2. No more than 1% of children served in out-of-home care shall experience maltreatment during services.

Measure 3. No more than 9 % of children are removed within 12 months of a prior reunification.

Measure 4. The percentage of children reunified who were reunified within 12 months of the latest removal shall be at least 76.2%.

Measure 5. The percentage of children with finalized adoptions whose adoptions were finalized within 24 months of the latest removal shall be at least 32%.

Measure 6. No more than __children will be in out-of-home care 12 months or more on June 30, 2007.

Measure 7. The percentage of adoption goal met will be 85%.

Measure 8. 100% of children under supervision who are required to be seen each month shall be seen each month.

VI. A Comparison with Other Florida Communities and State Wide Performance

Comparison Counties

Showing Hillsborough's performance in comparison with state wide performance and specifically reporting on comparison points with two selected communities. The two comparison counties are briefly described below. These communities were selected for various reasons. Both communities are Florida metropolitan areas with significant size populations, Hillsborough has 31% more population 0 to 18 than Duval and Broward has about 30% more than Hillsborough.

A.) Family Support Services of North Florida (Jacksonville, Duval County).

Family Support Services of North Florida (FSS) is a non-profit organization created to perform the duties of Lead Agency in the Community Based Care project in Duval County, Florida. As the Lead Agency, FSS provides all child protection services previously performed by the Department of Children and Families (DCF).

Services for the abused and neglected children and their families is performed by a network of local community based non-profit agencies: Boys Home Association, Child Guidance Center, Children's Home Society, Daniel, Jacksonville Youth Sanctuary, Jewish Family & Community Services, Mental Health Resource Center (MHRC) and PSI Family Services; which are also governed by community Boards of Directors. Child protective services for children and their families are delivered within neighborhoods at a neighborhood service center contracted by FSS to provide, develop and support services within a designated catchment area of cases. The vision of FSS is that children grow up connected to their own families, supported by families and protected by the community; that children have the opportunity to achieve in school and to learn to be productive citizens; that Duval County citizens, organizations and agencies recognize that child protection is a community responsibility and represents the best interests of all County residents.

B.) ChildNet (Ft. Lauderdale, Broward County).

ChildNet is a private, not for profit organization created specifically to manage the child protection system in Broward County as part of a statewide program to transfer the responsibility for child protection, foster care, adoptions and related services to community based organizations. ChildNet's mission is to protect Broward County's abused, neglected and abandoned children, to assure their safety and to promptly provide them with a permanent, loving home. ChildNet's system of care was developed after researching child protection organizations nationwide and obtaining intensive local community input.

Points of comparison

Following is a number of points of comparison with the 2 specific lead agencies mentioned and some with all 22 Community Based Care projects. Community Based Care was designed to encourage each community to take ownership of the child welfare system of care and develop a strengths based model that meets the minimum criteria for basic child welfare services but then forms around the unique characteristics of the

community. The outcomes are the same across the state and this comparison is to highlight the strengths and weaknesses of the Hillsborough County system relative similar communities and the state as a whole.

Population Characteristics

Table 15. General Population of Children 0-17 Years of Age

	2006	2011	% Change
Hillsborough (HKI)	298,368	320,038	7%
Duval (FSSNF)	226,557	234,818	4%
Broward (ChildNet)	429,703	460,744	7%

As shown in the Table 15 Hillsborough County has approximately 30% more children and youth than Duval and about 44% less than Broward. Then looking at the child welfare population in Table 16, HKI has 90% more children in the child welfare system than FSSNF and 50% more children in the system than ChildNet. There is no simple explanation for this significant difference. Based on these figures HKI has 1.7% of the children and youth that live in Hillsborough County under supervision, FSSNF has 1.2% of the children and youth in Duval County and ChildNet has approximately .8%. It seems illogical to assume that children are just abused twice as much in Hillsborough as in Broward.

Table 16. Child Welfare Population (age, gender, race)

	HKI	FSSNF	ChildNet
Total Population	5113	2693	3409
Age:			
0 thru 5	44%	44%	36%
6 thru 13	37%	37%	39%
14 thru 17	18%	19%	25%
Male	53%	51%	50%
Female	47%	49%	50%
White	45%	41%	40%
African Am.*	41%	56%	58%
Other/Hisp.	14%	3%	2%
* HomeSafenet does not count Hispanic as a race and therefore ChildNet and FSSNF only have 2 races listed.			

Additionally the above Table 16 indicates that the ages of the child welfare population are nearly identical between FSSNF and HKI while ChildNet has a measurably older population under supervision. Also HKI has a more male and more white population than does either FSSNF and ChildNet.

Total Budget, Equity Client Count and Equity Funding per Child

The latest total budget, equity client count, and equity funding per child for each Community Based Care project in the state as published by the Department of Children and Families is displayed in Table 17. These figures are for the current state fiscal year 2006/2007. As can be seen HKI has the highest number of children in the equity client count of any other county or Community Based Care project in the state. HKI has the third highest total contract amount behind Our Kids in Dade County and ChildNet.

Table 17. Equity and Total Budget

Fiscal Year 2006/2007	Client Count for Equity Options	Total Budget	New Equity per child
Lakeview Center, FamiliesFirst Network	2,831	\$ 33,211,335	\$ 10,033
Big Bend CBC West	1,407	\$ 16,217,468	\$ 10,033
Big Bend CBC East	996	\$ 13,205,786	\$ 10,461
Partnerships for Strong Families	1,958	\$ 25,837,183	\$ 10,033
Family Support Services of North Florida, Inc.	2,630	\$ 36,007,610	\$ 10,977
Nassau Board of County Commissioners	212	\$ 2,711,339	\$ 10,033
Baker-Clay/Clay Kids Net, Inc.	552	\$ 7,314,926	\$ 11,349
St. Johns County Board of Commissioners	280	\$ 4,509,433	\$ 13,626
CBC of Volusia and Flagler Counties	1,381	\$ 21,879,357	\$ 13,036
Pinellas-Pasco/YMCA	3,821	\$ 48,124,221	\$ 10,033
Hillsborough Kids, Inc.	4,956	\$ 61,009,437	\$ 10,033
DeSoto-Manatee-Sarasota/YMCA	1,033	\$ 22,766,675	\$ 17,653
CBC of Brevard County, Inc.	1,297	\$ 21,478,800	\$ 14,481
CBC of Seminole County, Inc.	625	\$ 12,147,850	\$ 17,335
Family Services of Metro Orlando, Inc.	3,155	\$ 49,068,431	\$ 13,004
Kids Central, Inc.	3,826	\$ 43,742,283	\$ 10,033
Heartland for Children	3,025	\$ 37,153,268	\$ 10,033
Children's Network of SW Florida	1,333	\$ 23,460,848	\$ 14,137
Child and Family Connections, Inc.	1,895	\$ 35,127,724	\$ 14,150
ChildNet, Inc.	3,088	\$ 64,758,844	\$ 16,620
United for Families, Inc.	1,993	\$ 22,904,778	\$ 10,033
Our Kids of Miami-Dade/Monroe, Inc.	4,021	\$ 94,756,747	\$ 16,754
State of Florida	46,315	\$ 698,012,345	\$ 12,200

HKI is in a group of 9 Community Based Care projects with the “new Floor” of funding they receive per child under the equity formula, in the amount of \$10,033. HKI is \$7,620 per child away from the highest rate, HKI is \$2,167 below the state average of \$12,200. HKI received approximately \$6.3 million in new funding this year with \$3.8 million of it in increased equity. ChildNet is 4th per child and FSSNF is 12th in per child funding. HKI is \$964 below FSSNF per child and \$6,587 below ChildNet.

Low Rate		\$10,033
HKI	\$61,009,437	\$10,033
FSSNF	\$36,607,610	\$10,997
ChildNet	\$64,758,844	\$16,620
High Rate		\$17,653
State Average		\$12,200

As shown earlier in this report the funding for HKI has increased significantly over the last several years, but so has the number of children in the HKI system of care resulting in very minor movement on a per child basis.

The equity of funding is a fundamental issue of fairness to each child in every part of this state. This fairness doctrine must be balanced with the impact of each Community Based Care project’s practices and performance that may lead to more children in the system of care than necessary.

However, HKI found its way to this point in time and with the circumstances presented the Community Based Project in Hillsborough County remains to have less state resources per child than any other major metropolitan community in Florida.

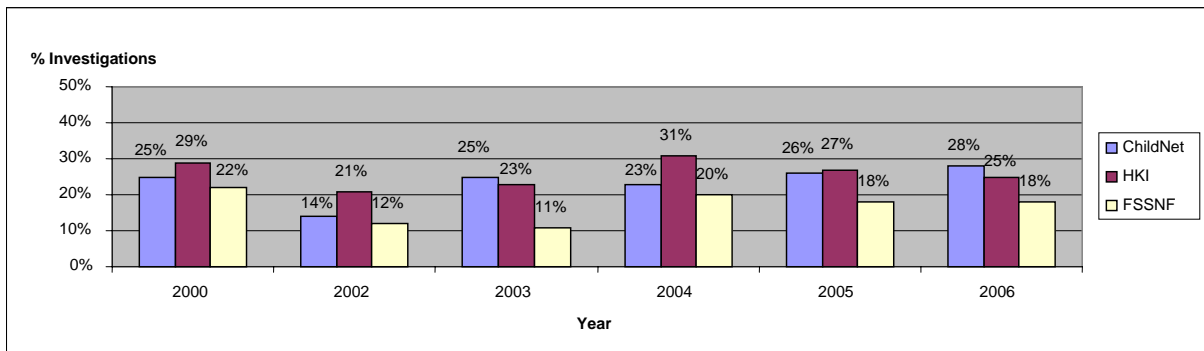
Rate of Confirmed Cases

Table 18. Abuse Reports per 1000 Children (DCF/FMHI)

	FSSNF	Hillsborough	Childnet			
FY 99/00	41.4	40	33.2			
FY 03/04	39	33	28			
FY 04/05	39	34	27			
Jan. 2006	39	34	28			

Broward has had 5% to 7% fewer reports per 1,000 children than Hillsborough while Duval had 5% more than Hillsborough and 8% to 10% more than Broward. The number of reports drives the number of cases that are investigated and the investigations drive the number of children coming into the system of care for services.

Figure 10. Percent of Investigations in Entry into Services (DCF/FHMI)



Although FSSNF has more reports generated per 1,000 children than HKI, Figure 10 shows FSSNF having an approximately 10% lower rate of investigations resulting in children entering into services. ChildNet while having a relatively low rate of reports per 1,000 children has a fluctuating rate of investigations resulting in children entering into services. HKI's rate of investigations resulting in entry into services has fluctuated as well with 2002 being the low point just as Community Based Care was getting underway and peaking in 2004.

Figure 11. Percent of Investigations Resulting in In-Home Services Entry (DCF/FMHI)

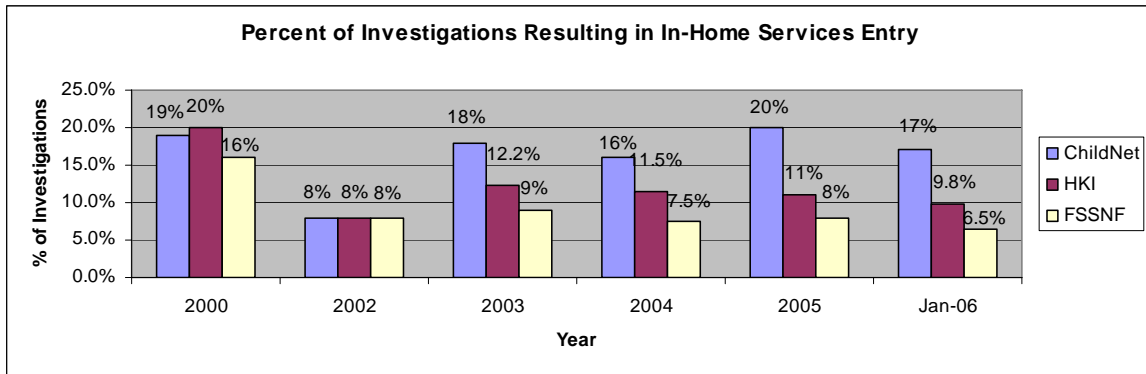


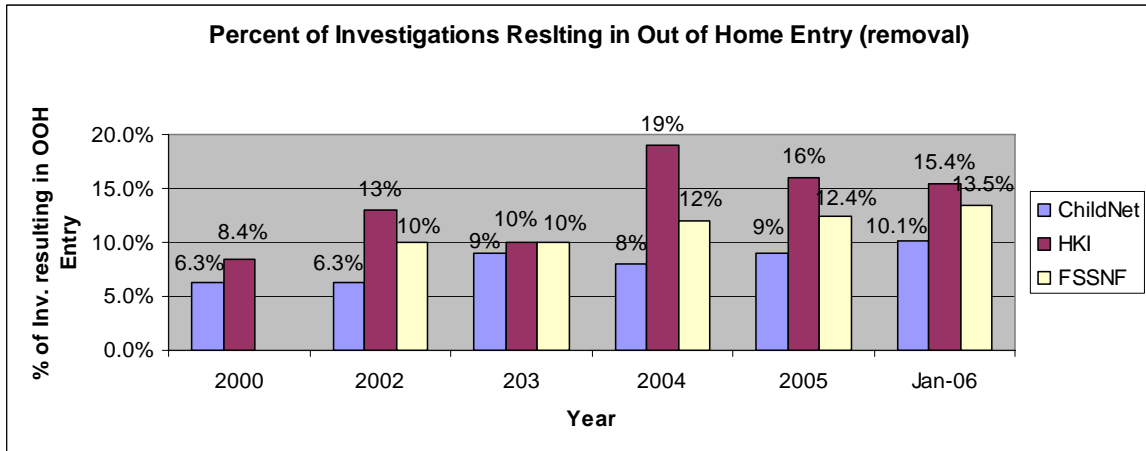
Figure 11 shows ChildNet has consistently converted 5% to 10% more of their investigations to in-home entries than HKI. While the Figure 12 shows ChildNet has also converted 5% to 7% fewer of their investigations than HKI to OOHC entries.

These same graphs illustrate that FSSNF appears to be decreasing the percentage of investigations converted to in-home entries and has been consistently 3% to 5% below HKI. At the same time FSSNF is consistently increasing the percentage of investigations converted into OOHC entries but remains below the level of HKI's conversion rate by 2% to 4% in the last 2 years.

This data shows that HKI is consistently converting a higher percentage of investigations into OOHC entries than the comparison counties. It is also significant that HKI receives a larger percentage of OOHC entries than in-home entries from the investigations conducted.

FSSNF also has been receiving a larger number of OOHC entries than in-home entries over the time period reviewed.

Figure 12. Percent of Investigations Resulting in Out of Home Entry (Removal) (FMHI/DCF 2000)



Length of Stay

In looking at the length of stay in 2006 for the three comparison Community Based Care Projects we find FSSNF with a 13 month Median Length of Stay and 771 children in OOHC over 12 months. ChildNet has a Median Length of Stay of 11.7 months with 793 children in OOHC over 12 months. HKI reports a Median Length of Stay of 13.9 months with 1,960 children in OOHC over 12 months.

Tables 19 and 20 show the actual entries and exits for the comparison Community Based Care sites. These tables indicate that ChildNet is handling a significantly larger volume of their cases through in-home services and HKI and FSSNF have larger volume through OOHC services.

HKI has a net increase in both OOHC and In-Home services in the 5 year period as well as the last 12 months.

All three agencies show a net increase in OOHC in the last 12 months, again with both FSSNF and HKI handling most of their caseload through OOHC and ChildNet handling a majority of their case load through in-home services.

Table 19. Entries and Exits in Home Care

	HKI			FSSNF			ChildNet		
	Entries	Exits	Net of Exits to Entries	Entries	Exits	Net of Exits to Entries	Entries	Exits	Net of Exits to Entries
Time Period									
1/2005 through 1/2006	1040	919	+121	594	659	-65	2310	2263	+47
9/2001 through 1/2006	4758	4345	+413	2152	2144	+8	8214	8141	+73

Table 20. Entries and Exits in OOHC

	HKI			FSSNF			ChildNet		
	Entries	Exits	Net of Exits to Entries	Entries	Exits	Net of Exits to Entries	Entries	Exits	Net of Exits to Entries
Time Period									
1/2005 through 1/2006	1801	1420	+381	1703	1479	+224	1205	1108	+97
9/2001 through 1/2006	6641	6039	+602	5952	6412	-460	4374	5479	-1105

Deaths Due to Child Abuse

Deaths due to child abuse during 1999 through 2004

Broward	27	Palm Beach	15
Dade	28	Pinellas	8
Duval	25	Hillsborough	11
Orange	24		

Hillsborough has maintained a relatively low death rate due to child abuse in comparison to other large with other large metropolitan areas of Florida during the 5 year span of 199 through 2004.

Summary

What these tables regarding reports, investigations, entry into services, exit out of services, and length of stay indicate is the following points regarding HKI.

- HKI receives a higher percentage of OOHC entries than in-home entries from the investigations conducted. Diversion or the willingness to try to work with families in their own home may need to be evaluated. Although the cases reviewed for this report indicated the removal criteria was met in each case.
- HKI has consistently managed a majority of the caseload through OOHC, while ChildNet has handled a majority of their case load through in-home care.
- HKI has had a historic and ongoing problem with closing cases in a timely manner. The high number of children in OOHC over 12 months is a key indicator as well as the average length of stay for children with a goal of reunification of 16.8 months, and the median length of stay 13.9 months.
- HKI has had significant net gains in both in-home and OOHC entries over the last 5 years with the in-home entries continuing at a relatively consistent pace but the OOHC entries have spiked in the calendar year 2005.

This data specifically leads to 2 basic observations:

- HKI receives a disproportionate number of entries into OOHC from investigations
- HKI takes too long to bring a case to closure.

The issues raised above in the discussion of the first 90 days supports the concern over the expedience of case resolution from the very onset of the casework conducted by HKI.

Table 21 is a breakdown of the child welfare population for the three comparison sites as of April 2006. This information highlights HKI's large volume of children in licensed care compared to the other sites. FSSNF is taking more children into OOH as indicated in the data above but the volume seems to be in relative care and not in licensed care which may again facilitate a more expedient resolution and permanency.

Table 21. Child Welfare Populations: 3 Site Comparison

April 2006	In Home	Shelter	RCG / nRCG	Foster Home	RGC	Total Licensed	Total Other	Total OOH Care	YA	Grand	Client Count for Equity
Family Support Services of North Florida, Inc.	560	96	1,052	641	88	729	136	2,025	108	2,693	2,585
Hillsborough Kids, Inc.	1,286	144	1,925	1,149	217	1,366	177	3,612	215	5,113	4,898
ChildNet, Inc.	1,311	138	796	507	225	732	114	1,780	318	3,409	3,091
Our Kids of Miami-Dade/Monroe, Inc.	826	265	1,377	959	214	1,173	174	3,133	599	4,558	3,959

Outcome performance

Table 22 shoes a comparison of performance on selected outcomes of the three sites for fiscal year 2005/2006. This table reveals that FSSNF is doing a better job with adoptions than HKI, while HKI has made incredible progress it is very clear that there is more room for improvement. The information below continues to support ChildNet's focus on in-home services and reunification. ChildNet has a rate of nearly 70% of children with a goal of reunification being reunified within 12 months, but also has a higher volume of children being removed within 12 months of the reunification.

HKI's performance strengths are clearly in the critical areas of safety and placement stability with less than 10% of the children in licensed care (remember the very disproportionate number of children HKI has in licensed care) having more than 2 placements and less than 9% of the children reunified returning to care within 12 months.

The funding difference within these systems does not appear to create a consistently better performer on outcomes, which would imply that if HKI can reduce the number of children it is having to deal with they could potentially out perform every Community based care project in the state.

Table 22. Outcomes: 3 Site Comparison

Report Card FY 2005/2006	FSSNF	ChildNet	HKI
# Adoptions	352	154	313
% of Adoption Goal Met	148	116	*98
28% Adoptions finalized within 24 months	58.3	31.5	38.7
100% Children Seen %	99.92	99.03	99.18
70% of Children Reunified within 12 months	56.3	69.9	51.2
87% Children with 2 or fewer Placements within 12 months	86.4	66	90.8
9% children removed within 12 months of reunification	9.09	12.5	8.76
1% Foster Children Abused	0.21	0	0.12
50% in OOHC over 12 months	39.3	44.4	56.6
65% non-TANF IV-E eligible	62.9	70.8	70.7
80% TANF eligibility	73.3	93.2	91.8

*This is the percentage of goal achieved as reported by DCF on their dashboard web site.

Figures 13 and 14 are two looks at performance on outcomes for all Community Based Care Projects. The first, Figure 13, was published by DCF in February of 2006, covering the time period of July 1, 2005 through December 31, 2005, comparing performance on the contracted outcome measures with the equity funding per child. This is a summary report of 6 performance measures (Children seen, no abuse during OOHC, reunified within 12 months, adopted within 24 months of last removal, percentage of adoption target, and returned to care within 12 months of reunification).

This report places HKI as the 18th overall performer of 22 Community Based care Projects. ChildNet is ranked number 11 and FSSNF ranks number 2.

Figure 14, *Lead Agency Performance on Key Measures as of 6/30/2006*, was published in August of 2006 and indicates a significant realignment in HKI's performance. This report address 8 Key Measures inclusive of the six measures in the February report adding children with 2 or fewer placements within the first 12 months of care and the IV-E eligibility rate. Here HKI has met the state goal in all but 2 of the measures which is as good as any Community Based Care Project in the state and better than 18 of the projects.

HKI's performance on these outcome measures on a statewide basis is very solid. This performance can easily fade if continued vigilance and focused effort is not present everyday. But the real performance issue facing HKI appears to be local. Is this project meeting the expectations of the community?

Figure 13. Comparison of Performance on Contracted Outcome Measures with Equity Funding per Child

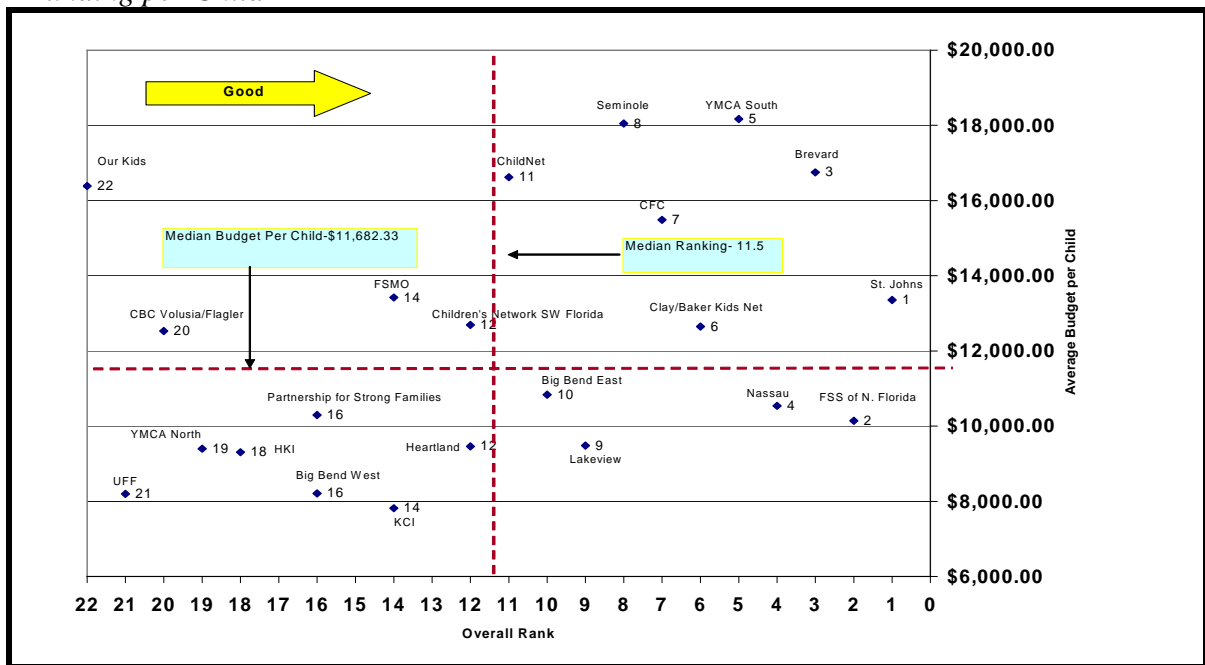


Figure 14. Lead Agency Performance on Key Measures as of 6/30/2006

Lead Agency Performance on Key Measures as of 6/30/06								
Period	Measure							
	FS 106 3rd Q	FS 107 06/06	FS 301 4th Q	FS 302 4th Q	FS 303 4th Q	FS 304 YTD	FS 306 4th Q	FS 500 06/06
CBC								
Lakeview	0.18%	87.76%	77.70%	14.17%	30.40%	107.21%	77.28%	65.20%
BBCBC East	0.72%	99.42%	63.50%	13.17%	80.00%	121.62%	81.90%	87.10%
BBCBC West	0.22%	99.66%	69.30%	11.31%	37.50%	93.75%	82.70%	59.50%
Partnership for Strong Families	0.22%	98.37%	68.60%	16.47%	43.20%	125.24%	77.70%	75.05%
Family Support Services of N. Florida	0.21%	99.52%	56.30%	9.09%	56.30%	145.10%	66.40%	62.90%
Nassau County Board of County Commissioners	0.00%	100.00%	69.70%	13.33%	41.70%	104.00%	67.40%	69.20%
St. Johns County Board of County Commissioners	0.84%	99.67%	85.80%	15.15%	n/a	100.00%	86.00%	85.40%
Clay/Baker Kids Net	0.00%	100.00%	81.80%	22.64%	28.60%	116.67%	88.60%	81.40%
Family Services of Metro Orlando	0.06%	99.39%	68.80%	11.68%	23.60%	108.00%	79.80%	97.30%
CBC of Seminole	0.00%	99.23%	68.20%	7.14%	98.70%	120.00%	80.90%	39.80%
CBC of Brevard	0.34%	100.00%	72.80%	14.55%	55.60%	112.64%	67.50%	66.00%
Children's Network of SW Florida	0.20%	99.38%	71.00%	7.50%	32.40%	104.82%	80.70%	71.40%
Child and Family Connections	0.20%	99.13%	64.60%	14.68%	33.40%	122.63%	86.50%	72.80%
Child Net	0.00%	99.03%	69.00%	12.60%	31.50%	114.39%	65.00%	70.50%
Our Kids	0.08%	99.17%	47.30%	5.40%	13.90%	95.78%	88.50%	69.90%
CBC of Volusia/Flagler	0.06%	99.64%	65.00%	20.17%	11.80%	95.21%	80.20%	64.10%
Kids Central	0.06%	99.21%	66.90%	18.62%	30.30%	97.41%	79.50%	63.80%
Heartland for Children	0.30%	98.93%	55.70%	10.54%	23.30%	104.46%	79.40%	74.60%
United for Families	0.43%	99.49%	69.60%	21.76%	46.70%	84.21%	77.60%	74.30%
YMCA South	0.21%	98.22%	78.80%	18.24%	18.20%	93.24%	76.70%	59.60%
Hillsborough Kids, Inc	0.12%	99.16%	61.20%	6.76%	35.70%	67.81%	60.60%	71.70%
YMCA North	0.10%	98.24%	68.80%	n/a	30.00%	113.60%	66.60%	71.60%
State	0.16%	98.97%	64.70%	13.89%	32.80%	105.79%	80.70%	67.40%
SW Target	1%	100%	76%	9%	32%	85%	87%	65%
Red Range	>1	< 98	< 60	> 9.99	< 20	< 80	< 80	< 95 2 con months

FS106- % of foster children who were subjects of reports of verified or indicated maltreatment.
 FS107- % of in-state children in active cases (both in-home and out-of-home) seen monthly.
 FS301- % of children reunified who were reunified within 12 months of the latest removal.
 FS302- % of children removed within 12 months of a prior reunification.
 FS303- % adoptions finalized within 24 months of the latest removal.
 FS304- % of adoption goal met.
 FS306- % of children with no more than 2 placements within 12 months of removal.
 FS500- % of children in non-TANF out-of-home who are eligible for Title IV-E.
 *Adoption %'s are based on negotiated targets. Also, %'s are based on data in HSn through 7/8/06. Lastly, does not include adoptions that have been credited to the districts, and not to a specific CBC.

CBC Performance Summary_Q4_05_06.xls

VII. Analysis of Focus Group Findings Informing the Alternate Care Plan Update

The Sylvia Thomas Center was tasked to facilitate eight focus groups including stakeholders from the following aspects of child welfare: child protection, case management, prevention, foster parents, dependency court, Hillsborough Kids Incorporated (HKI) leadership, stakeholders, and community alliance members. Seven of eight focus groups were held using the group format. Each group had at least six participants. Groups were facilitated by either Vicki Hummer or Rachel Bruns of the Sylvia Thomas Center, and also an observer of the process who kept notes and monitored audio-taping. Susan Josephson individually interviewed six members of the Community Alliance group in lieu of a meeting due to scheduling difficulties.

The next category summarizes the response of participants to the question of how we measure safety and permanency. Most respondents felt that this was a key question that demanded more attention. The final content analysis of focus group findings are delineated into the following categories: **System of Care Issues, Administration,** and **Community Support** with *strengths, challenges and barriers, and solutions* as subheadings under each category.

Summary of Focus Group Discussions

In conclusion, the focus groups offer a valid window through which to glimpse the system as a whole. Of note is that most participants were eager to be involved and stated a wish for additional opportunities to share their viewpoint. The responses included identification of several successful “shining stars” within the system such as the Adoptions Team, the Prevention/Early Intervention programs (Children’s First Response and Parents as Partners), co-located Family Resource Specialists, the Intensive Permanency Project, Connect by 25, the Community Alliance, and improvements within the Dependency Court System. Many stated that community awareness and responsibility for dependent children seemed to be increasing. Responses also point to Case Management and Foster Care as most in need of improvement through partnership, collaboration, and policy and practice changes related to recruitment, personnel, training, management, and supervision.

In general, respondents indicate a need for more flexible and high quality services, as well as services specific to particular populations such as high-risk teens, pregnant teens, and methamphetamine addicts. Across groups, participants expressed that steps are being taken to allow for more feedback to administration and involvement from the community, but that these areas are in need of ongoing attention. Finally, while there have been improvements in quality and efficiency of technology and data collection, additional focus is needed here as well. Specifically, system partners are in need of how to best define safety and permanency; is it occurring in a meaningful way; are the results accessible to key partners; and can the system of care promote new practices (particularly in early intervention) that are likely to promote timely and positive outcomes?

Questions for Child Welfare Focus Groups

- *What’s working in the system as it is and therefore needs to be supported and reinforced?*
- *What’s not working in the system? Identify gaps and barriers to effectiveness.*

- *What would help you to be more effective in your job?*
- *What are the best indicators that safety and permanency are occurring? Are there additional indicators or other ways of determining safety and permanency?*
- *What can be done to improve outcomes?*
- *What can you as a system employee do about it?*

Participant Experiences

The following represents the specific experiences of the focus group participants. These are separated into Systems of Care Issues, Administration, and Community Support. Each area is then broken down further into strengths, challenges and barriers, and solutions. The final section displays their experiences regarding safety and permanency.

System of Care Issues: Strengths

- Specialized, centralized adoption unit
- Prevention, early intervention services when accessed (Children's First Response, Parents as Partners)
- Intensive Permanency Project
- Current, increased focus on the needs of relative caregivers
- An increase in Independent Living Services through Connect by 25
- Knowledgeable, experienced and committed judges who are becoming more involved
- Assignment of judges to specific Care Centers has encouraged stronger relationships with case management staff
- Judicial process is more efficient with addition of magistrates, and better prepared and committed Defense Attorneys and Guardian Ad Litem (GALs)
- The Court's review process for children aging out of care
- Concept of Family Intervention Specialist is good; particularly when co-located with Child Protective Investigators (CPI's) or Case Managers
- Access to Administrative Service Organization (ASO) funds
- Level of Care Conference uses a team approach
- Focus on safety and permanency
- Risk assessments are very helpful
- Team Concept of the team, two care managers and a care team coordinator, works when staff are in place over time
- Collaboration among providers is very powerful when it occurs
- Community involvement has improved
- Increased focus on keeping children out of care
- Improvements in technology and data collection
- Improved data tracking re-abuse and neglect

Challenges and Barriers

- Front line staff lack a clear, theoretical framework for understanding how to improve safety and permanency (i.e. Case plan tasks that are ineffective or not applicable)
- Lack of identification and implementation of best practices
- Most staff do not know the continuum of services

- System is not streamlined or seamless
- Lack of communication among all parts of system
- High turnover rates among staff
- High turnover leads to exhausted, overwhelmed staff
- Too many case management vacancies that remain open too long with no incentive to keep them filled
- Team concept falls apart when turnover is high
- Need more focus on keeping kids out of care; too many sheltered
- Case management culture seems to have a negative, blaming tone with care managers expressing that they feel under constant negative scrutiny
- No incentives, rewards, or opportunities for upward mobility
- Agencies can be competitive, territorial, and encouraging “agency hopping” by having different hiring standards, personnel practices, and recruitment efforts with staff and foster parents
- Agency roles are in flux and uncertainty making it difficult for work to proceed smoothly
- Medicaid services are confusing, lacking, and don’t address specialized needs of population, too many exclusionary criteria for some services, mental health needs of children are not being met
- Not enough early intervention services that address substance abuse and housing issues
- Not enough in-home services
- Foster home placements are made based on bed availability- there are too few foster homes
- Relationships with foster parents appear hierarchical rather than collegial, negatively influencing retention
- Foster parents are treated as employees with little or no voice about issues
- Foster parents cannot access information, documents, behavioral concerns in a timely fashion
- It needs to make financial sense for relatives to be caregivers since it makes good therapeutic sense
- Case managers could benefit from cross training that includes risk assessment, and adoption issues
- Children not requiring intensive case management fall through the cracks
- Need more therapists trained to address specialized issues of children in care, such as attachment problems
- A gap exists as families await legal sanction, CPI’s need permission to move ahead with services without an adjudication order
- “Working poor” cannot access some services due to financial criteria

Solutions

- Up front and accessible evaluation and intervention services
- High quality, consistent safety assessments
- Sound and timely work and decision making among CPI’s and case management
- Safety plans need to be better utilized
- Caregiver studies should not be completed prior to background screening

- CPI's and key program managers need access to HomeSafeNet and HKI notes in order to better track families and whether they have followed through with referrals, etc.
- Clear, realistic, and individualized expectations of families
- Need to have staff that can build relationships with the families they are helping
- Connect families to both formal and informal supports
- Training to improve understanding of early indicators for success or recidivism
- More pre-placement options
- Pre- and post- parental functioning scale could measure progress or lack of
- Need to recruit more GAL's for children under 5 in particular
- Need to develop a service protocol for teens at risk of pregnancy and new mothers
- More placement options for children including SIPP and Therapeutic Foster Homes, address the need for more sound placements for teens
- Need more services for children with sexual abuse history and attachment Problems
- Specialized and clinically informed treatment options for alcoholics and methamphetamine addicts
- More Family Resource Specialists co-located with CPI's and HKI
- Assistance with transportation of clients
- An intake center where children just removed can bathe, get a medical exam and staff can have adequate time to plan for subsequent moves
- Better understanding and flexibility from the top down that family values and norms are individualized, and should be respected as such
- Better quality and quantity of supervision, use of solution based feedback
- Lower caseloads and a 40 hour week, Control assignments to new employees, Mentor new employees
- Better relationships with GAL and Child Welfare Legal Services (CWLS)
- Better communication and collaboration among all system partners
- More public education of child welfare issues and Increased responsibility on community at large
- Collaboration around legislative awareness and action, Advocate for change
- Address job stability/satisfaction/high caseloads related to turnover
- Better quality and more frequent training to understand population, needs, and understanding of safety and permanency
- More crisis management training
- Recognition, acknowledgement, incentive for job well done
- More opportunities to address system problems and develop a plan of action
- The "team" approach is a good one, but needs to be reinforced by supervisors
- Centralized recruitment of foster families, and safe options for respite and tangible supports
- Foster parents to have more information on child, and allowance of more flexibility when asked to be available for case management staff and providers.
- Tangibles for foster parents such as car seats and readily available lice treatment
- Foster parent attendance at school and in court

- Foster parents to build relationships with biological families
- Use a feedback loop (QA, suggestion box, grievance procedure) Network with partners (i.e. Quarterly brown bag lunch with judges) communicate clearly and frequently with partners-telling them what you need- Build Bridges
- Be accountable and expect the same from others
- Meet regularly with upper management

Administrative Strengths

- Reorganization of HKI-looking at what is not going well and accepting feedback from others
- New team seems open and dedicated to implementing change, particularly regarding the numbers of children coming into care
- Participation in studies commissioned to address systems issues, like the *Alternate Care Plan*
- Improvements in technology and data collection
- Increased efforts to visit provider sites
- Commitment to new projects that appear to have merit (ie. Intensive Permanency Project)
- Increased accountability for providers
- Commitment to increase community awareness and visibility through marketing, shared events, and newsletter
- Semi-annual audits have provided good information

Challenges and Barriers

- Corporation appears most concerned with liability and paperwork
- Too many layers in system (levels of management) leading to duplication of tasks
- Improve ability to measure and track good outcomes, Need more information that safety is occurring, Need qualitative, external assessments of safety
- Lack of follow through & accountability as families move through the system, and are unable to be tracked effectively
- Need willingness and ability to take a hard look at meaningful measures such as disrupted or severely problematic adoptions
- Clarification of role of Department of Children and Families (DCF) agreed upon by HKI and DCF
- Parochial attitude from the HKI board over the last year
- Need to seek immediate and creative solutions to staffing problems

Solutions

- More frequent contact with providers – perhaps some co-location
- Clearly defined outcomes, Focus proactively on priorities
- Recognition, acknowledgement, incentives for job well done
- Better communication and collaboration among all system partners
- Flexible and creative funding streams, and criteria for services
- Innovative ideas with contracting
- Meet regularly with system partners
- Offer solution based feedback

- Network with partners (i.e. Quarterly brown bag lunch with judges)
- Need a demographic breakdown of anticipated cases across Care Center catchment areas in order to have a more balanced distribution of cases among partner agencies.
- Data around reunification and compliance with case plan by itself does not indicate safety and permanency-need new ways to measure success

Community Support Strengths

- Community involvement has improved; citizens seem to be “rallying” around the cause
- Community awareness has improved through numerous collaborative efforts (ie. Heart Gallery) between partners
- The number and diversity of agencies represented on the Community Alliance is very encouraging
- Participants on the Community Alliance take the agenda seriously and remain committed to the tasks of the group
- The Community Alliance has demonstrated a willingness to tackle gaps in the system
- There has been an improvement over the last six months re: the community based approach to child welfare-community friends and partners are taking more responsibility for problem solving

Challenges and Barriers

- Community needs to take more ownership of issues and tasks
- The Community Alliance members could take more ownership for creative problem solving, and think broader than their own role
- The Community Alliance meetings are well run, but too long and therefore exhausting
- Decisions are not made and acted upon at the Community Alliance; may need to have all CEO level participants at the meetings to get decisions made
- The Community Alliance meetings are too short and do not always allow the presenters sufficient time

Solutions

- Continue to identify gaps and barriers and further commission studies to inform the Community Alliance and the public
- Continue to stress that the children in child welfare are the responsibility of the community at large
- Better coordinate collaborative efforts toward legislative advocacy
- Would like to see all funders committed and contributing even when they do not have a financial interest in the particular issue being addressed
- Would like to see the Community Alliance break into subcommittees and stick with the agenda/items specific to the purpose and function of the group
- Accountability needs to be internal (within the system) and external (in the community)

Safety and Permanency

What are the best indicators that safety and permanency are occurring? Are there additional indicators or other ways of determining safety and permanency?

- Reunification with little or no recidivism; must create best ways to track this
- Finalized adoptions
- Closed cases with no further findings of abuse/neglect
- Number of permanency staffings & outcomes
- Goal of non-shelter
- Good determination of risk status
- High quality risk assessments
- Reduction of time in care
- Measurable changes in family behavior (ie. School attendance & performance, no criminal involvement)
- Increased public awareness and involvement
- Ability to track children after age 18
- Increase in foster parent recruitment and retention
- Knowing that children are thriving in a community
- Need to return to this issue, take a hard look at what we want outcomes to be, and work backwards to define how to make it happen

VIII. Findings and Recommendations

This section includes recommendations for a minimum data set and framework for yearly/periodic review.

1. Placement in Hillsborough County is currently struggling with some children . There are more children needing placement beyond the current capacity of the system. There routinely have been anywhere from 1 to 10 children that are brought to an office to be supervised during the day only to return to another temporary bed for the evening. This practice has been in place for several months and could resolve itself at anytime or flair up with an influx of children. Hillsborough has had stints of receiving over 30 children into care in less than 72 hours. The data shows that HKI receives a disproportionate number of children into OOHC from investigations and this is much larger than the number entering in-home services. HKI has the second largest number of children in OOHC over 12 months in the state and has maintained a very large number of children in licensed care in comparison with other communities of similar size.

With this current situation HKI has performed remarkably well in keeping the number of children experiencing multiple placements at a minimum. The most recent report from the Department of Children and families indicates that HKI has less than 10% of children with more than 2 placements within the first 12 months of removal. Further, the average number of placements for the entire population is 2.6 and this is a significant decrease from the 1996 figure of 5.1.

Also, it was found that the average length of stay for children in OOHC with a goal of adoption has decreased in the last year by 5.4 months and those OOHC children with a goal of reunification is at 16.8 months which is slightly higher than the year before. With Florida statutes and the Adoption Safe Families Act both requiring action to move for termination of parental rights at 12 months after removal if reunification is not accomplished, an average length of stay closer to 12 months for children with a goal of reunification would indicate better compliance with these time lines.

One of the most striking finding is the role of relative care in every aspect of this system strengths and weaknesses. HKI like most child welfare systems has not focused much attention on the relative caregiver program and this is likely the most cost efficient resource to resolve the current system issues and improve outcomes for children. We found that 20% of the new children coming into licensed care are coming from relative care breakdowns and 75% of the children exiting licensed care are going to relatives. Further that the disruptions of existing placements consume an additional 20% of the placement activity each month burning out placement options and filling the available capacity.

Recommendation 1:

Locate/Create Additional Capacity for Shelter

The community partners and HKI need to locate/create additional capacity for shelter. This is a short term solution. There are currently 6 existing shelter facilities that ought to be part of the discussion to find a solution. HKI would need to determine what type of

facility they need (group home, foster shelter home, residential setting) and what bed capacity is needed as well as any funding they could provide to assist a provider in creating this additional capacity.

2. There are three providers in the area that have expressed interest in developing capacity in Hillsborough County the authors have been made aware of, indicating providers exist that would be potential respondents to a bid. Additionally, current providers could be approached to expand capacity if they will serve the identified population. Once HKI determines what type of facility they need then a Request for Interest (RFI) process could be initiated. This is a precursor to a formal bid but allows HKI to receive specific letters of interest from potential providers delineating their credentials, capabilities and resources they would bring to the table. Recruiting new providers or expanding existing ones is a very complex task, HKI needs strong support from the Alliance and the community to complete this task.

Recommendation 2:

Decrease the Demand for Placement

The community partners and HKI need to decrease the demand for placement. This is a longer term solution that includes a focus on creating and utilizing alternatives to OOHC and streamlining the process to move children to permanency more expediently. The following are recommended action steps:

- Increase the in-home service capacity to facilitate children staying with their families and more expedient reunifications. Specifically add additional intensive in-home services through an expansion of the Children's First Response Team. Working closely with the Hillsborough County Sheriff's Office Child Protect Investigators to create services they will utilize in order to avoid removal and entry into OOHC. The Medicaid Pre-Paid Plan needs to be evaluated to determine the ability to include specific services that would be offered in the home and address the stability and safety of the family.
- Increase the intensity and oversight of the first 90 days of care assuring risk assessments are thorough, options other than OOHC are fully evaluated, case plans are meaningful and incorporate assessments, and the permanency plan is well articulated. Create an expectation of resolution and permanency short of 12 months. See expanded recommendation on the First 90 days of care below.
- Increase services and support to kinship care providers through an expansion of the YMCA Kinship program and utilize the USF Kinship Center expertise and knowledge to assist in the design and evaluation of services. It is recommended that this is a significant effort to improve the support and stability as well as the recruitment of relative caregivers.
- Institute Family Team Conferencing to enlist and engage families in obtaining permanency within the shortest period of time. Hillsborough has

a very well developed resource for implementing and supporting a real effort to deploy true family team conferencing. This service can increase the volume of children being served in their own homes as well as provide a method of support and empowerment to relative caregivers.

- Focus on reducing disruptions through an in-home crisis response effort that will reactively intervene with pending disruptions in foster homes, group homes, and relative caregiver homes (this can be a portion of the Kinship support mentioned above). HKI has recently issued a Request for Proposals focused specifically on this issue.
- Focus on streamlining the adoption process to reduce the time between the goal of adoption being ordered and the finalization. Adoption home recruitment must begin prior to final termination of parental rights. Every private adoption agency recruits families that want to adopt prior to having a specific child ready for adoption and HKI would benefit by doing some of the same. Additionally, HKI could establish specific time lines for the tasks between goal of adoption and finalization and then track performance against these targets. This effort includes reducing the time between TPR approval and petition being filed and the court order. The OAG needs to add more staff attorneys dedicated to adoption to expedite this process. The OAG needs to establish time lines for the tasks they must complete and track performance against these targets.
- Court System needs to be streamlined with fewer petitions being filed. HKI has already added several diversion and early intervention services that need to be closely monitored to determine the impact on the number of petitions being filed. If there is improvement in the reduction of petitions then these services could be considered for expansion either through community resources or through HKI resources. If improvement is not noted then a realignment of this effort may be in order. Additionally, the HKI staff needs to better prepare for court so they can deliver a clear recommendation that is not just “to continue” the case and the judges have the confidence to support the HKI recommendations. The supervisors or the newly developed permanency staff may structure a review of the documents prior to court to assure a strong recommendation is well supported. HKI has developed a court unit that will assist in assuring the court is used to make decisions and move the case towards permanency.

Data set to monitor:

1. Entries and Exits into OOHC
2. The percentage of investigations resulting in entries to OOHC and In-Home services.
3. Average length of stay by goal
4. Number of children in licensed care
5. Number of children receiving services within their own families
6. Number of court continuances

7. Disruptions of Relative caregiver placements and licensed care placements.

3. The first 90 Days of services were studied through a review of 30 case records. We found that within the first 90 days the case direction and a sort of “speed” to permanency are established and although basic requirements are generally being met there is significant opportunity for improvement. ***If this recommendation is implemented it could set the expectation of case resolution and permanency achievement in less than 12 months.***

Recommendation 3:

A 90 Day Case Review Be Conducted by Each Supervisor in the Evaluation of Each Case
It is recommended that a 90 day case review be conducted by each supervisor and the case is evaluated to determine if the following milestones were met and there is clear and thorough documentation in the case record.

- ***Initial contact*** - with the family by the HKI case manager within 48 hours of case transfer through the ICC staffing.
- ***Shelter hearing*** - within 24 hours of removal. If a child is sheltered, during the first 90 day, it is recommended that children, caregivers and parents be visited and or contacted at least weekly. Case managers must obtain as much history about the child and family as possible, including but not limited to: education records, health records, family health, and mental health history.
- ***EPSDT*** - completed within 72 Hours.
- ***Ongoing risk assessment*** - completed during each face to face visit.
- ***A comprehensive assessment*** - for all sheltered/removed children completed within 20 days of referral
- ***Petition filed*** - within 21 days after the shelter hearing. If the child was not placed in shelter status by the court, then within a reasonable time after the child was referred to protective investigation (30 days is suggested).
- ***Case plan conference-*** scheduled prior to arraignment, and within 28 days of the shelter hearing. At the case plan conference the prepared petition for dependency is an excellent tool in determining and negotiating tasks for and with the parents. Referrals for all tasks can be given to the parents and any other parties needing such. A case plan will be developed as an outcome of the case plan conference with all parties in agreement and in attendance. Case manager will follow up with referred service providers and parents to determine that services were initiated.
- ***Arraignment and shelter review*** - within 28 days from shelter hearing. If the child was never removed from the custody of the parent or legal custodian, within a reasonable time after the date of filing the petition (If consent or admission is obtained then the court can go directly to disposition within 15 days and skip adjudication hearing).
- ***Adjudication*** – within 30 days after the arraignment.
- ***Disposition*** - within 15 days after arraignment hearing if consent or admission is obtained or within 30 days from the last day of adjudicatory hearing (trial) if the family denies the petition facts.

- **Case plan** - *If the case plan is not approved at the time of disposition, then must be considered and approved within 30 days after disposition*
- **Attendance at arraignment, shelter reviews, adjudication, and dispositional hearings** - *by the case manager, care giver, child (if appropriate) and family. The court must be made aware of any case barriers and or progress at all phases. Assessing risk at all phases of a child's case is crucial. Risk assessments should focus not only on the child's current placement but also the risk to the child if reunification were to occur.*
- **Visitation between the child and parents** - *this is a vital concern. As much visitation as possible is warranted. The more visits the child and parents have together the more complete a picture can be formed of the relationship and risk. Additionally, visitation ought to increase with increased task compliance. A clear visitation plan is recommended for each child.*
- **Sibling visitation** - *if the children are separated and there is no clinical or safety contraindication there ought to be as much visitation as is possible. A clear sibling visitation plan is in place.*
- **Routine supervision** - *weekly if possible during the first 90 days.*
- **Education or Child care plans and services** - *are clear and the child was appropriately engaged in the proper educational setting within one school day.*

Data Set to Monitor:

1. HKI would need to create a 90 day case review form within the KIDS Page data base that would capture all of the recommended information and have the ability to identify where timelines were not met or issues not addressed. Supervisors/care managers would be required to input the data by the 90th day. The Alliance would receive reports on performance. This again brings focus to the tone, direction and speed of a case and provides reinforcement opportunities to resolve the issues and obtain permanency in less than 12 months.
2. HKI then ought to extend this type of review and update every 90 days to continue to track the progress of each case.

4. Staff Turnover was found to be a very serious problem. No cases could be identified through during case reviews that did not experience a change in the case manager. This issue is underlying all other issues and is the greatest threat to long term success. Without competent professional staff doing the work day in and day out no system will be successful. A 51% staff turnover is a very serious concern. It was identified in the focus groups that the supervisors have to large a scope of responsibility and the case team coordinators have never been able to relieve the supervisor of enough responsibility to ensure effective supervision for each case was taking place. A ratio of 7 care managers to one (caseload free) supervisor is the current standard for the Council on Accreditation and published Child Welfare League of America best practices.

Recommendation 4:

Address staff turnover

It is recommended to take the following steps to address this issue.

- Provide frequent (not less than monthly) training opportunities that address very specific issues within the system of care and the job descriptions of the various staff. Training needs highlighted in this report include Permanency Staffing, Case Planning, Family Team Conferencing, community resources, communication with the GAL, focus on permanency achievement.
- Provide frequent (not less than monthly) training opportunities for supervisors and managers that are focused on the key role they play in the expeditious resolution of the cases and how they can maximize the performance of their unit. Include in the supervisory training the issues of utilizing staffings and court hearings as critical decision opportunities. Also include training regarding the recommended 90 day case review process as a method of establishing the case on a solid foundation to attain permanency as quickly as possible, preferably in less than 12 months.
- Supervision needs to be limited to no more than 7 care managers to one (caseload free) supervisor.
- Supervisory review for all shelter cases occurs weekly for each case unless a valid reason to do less is documented.
- Standard supervisory protocols need to be established system wide and supervisors trained and held accountable to utilize these protocols.
- Support for staff needs to be frequent and visible including transportation assistance, recognition for accomplishments, management availability to advise and guide the staff whenever necessary, working tools (phones, computers, etc.), and regular feedback.
- Information to staff needs to be accurate, timely, and easily available. Ensure staff is aware of and understand the system goals, their role in achieving those goals and how they are expected to accomplish the tasks.

Data Set to Monitor:

1. *Staff Vacancy Reports*
2. *Staff Turnover Reports*
3. *Care Manager and Supervisory training calendar, curriculum, and attendance.*

5. Communication was a recurring theme from the focus groups. The staff and stakeholders want to be informed regarding the system of care and performance. They also want to be able to talk with the HKI leadership.

Recommendation 5.

Address Communication Concerns

It is recommended to take the following steps to address this issue.

- Meet more frequently with line staff and supervisors both in large groups and small groups.
- Communicate clearly defined outcomes and performance expectations. This needs to be a continuous and repetitive effort.

- Communicate accomplishments and good news events to send a message of progress and success.

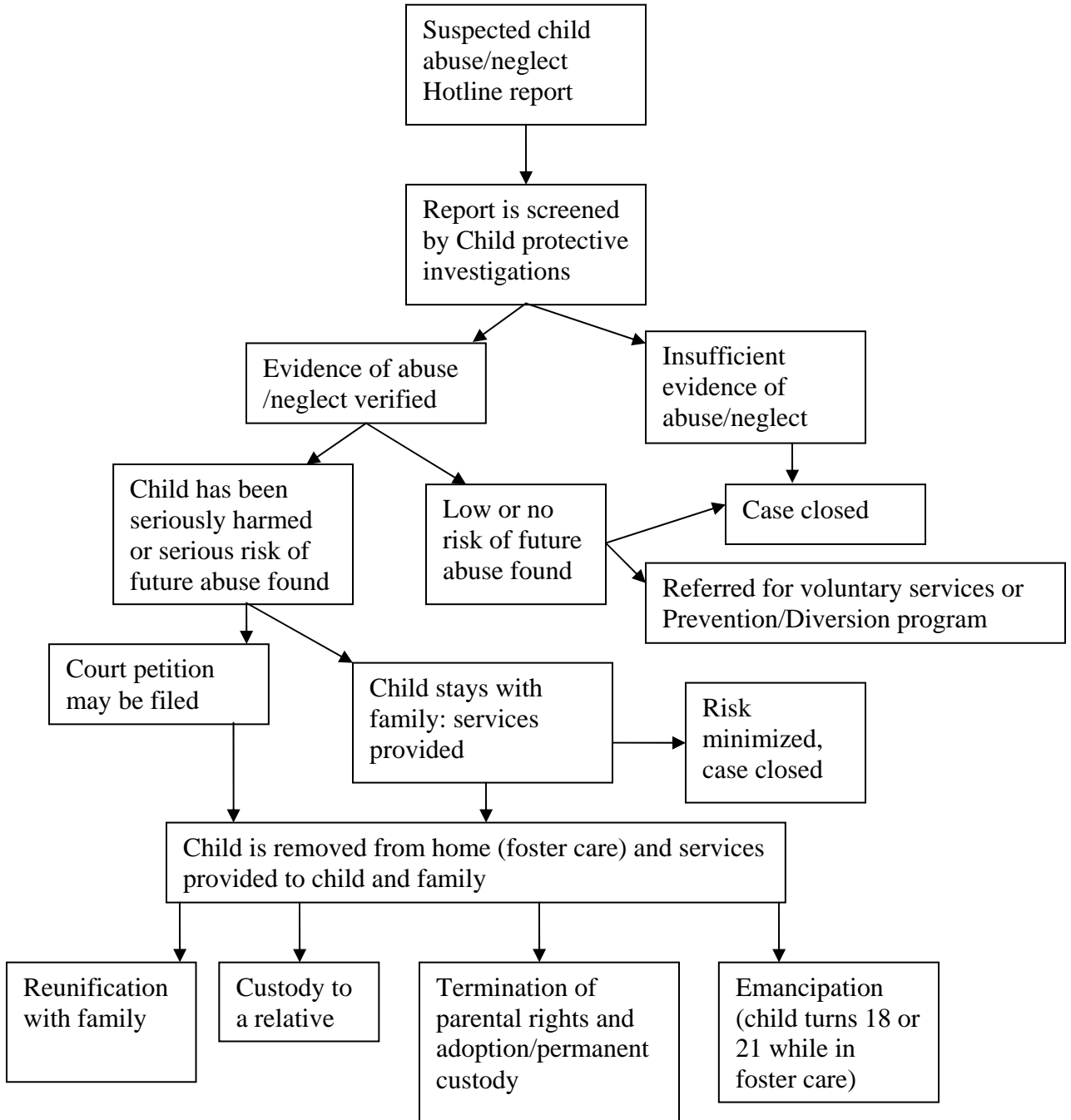
System Strengths

5. Several System Strengths were found and articulated during this study. These need to be recognized, supported and advertised. There is much this community and staff need to be proud of and recognize as real accomplishments in the improved condition of children and families in our community. These strengths include the following:

- 1.) Adoption (313 in FY 2005/2006)
- 2.) Intensive Permanency Project (obtaining permanency in less than 12 months)
- 3.) Connected By 25 (over 100% improvement in high school graduation and a national leader in working with youth aging out of foster care).
- 4.) Safety while in Care (only 0.12% children experienced abuse)
- 5.) Children's First Response and Parents as Partners (Keeping children in their own homes and supporting relative caregivers).
- 6.) Funding (based on the comparison to the historic levels of funding within Hillsborough County and that a significant increase of \$6.3 million this provides opportunity to support system change).

IX. System of Care Flow Chart

The plan is to produce a fairly high level (not embroiled with every detailed step in the process) system of care flow chart to help the community visualize and understand how a child moves through this system.



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