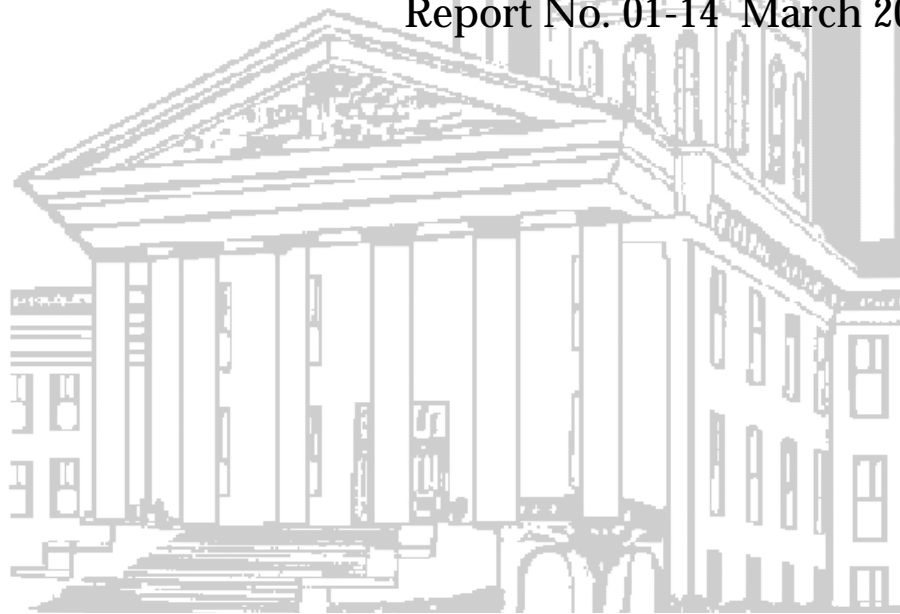


oppaga

Justification Review

Child Protection Program
Florida Department of Children and Families

Report No. 01-14 March 2001



*Office of Program Policy Analysis
and Government Accountability*

an office of the Florida Legislature

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The Florida Legislature

OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY



John W. Turcotte, Director

March 2001

The President of the Senate,
the Speaker of the House of Representatives,
and the Joint Legislative Auditing Committee

I have directed that a program evaluation and justification review be made of the Child Protection Program administered by the Florida Department of Children and Families. The results of this review are presented to you in this report. This review was made as a part of a series of justification reviews to be conducted by OPPAGA under the Government Performance and Accountability Act of 1994. This review was conducted by Nancy Dufoe, Brenda Hughes, Claire Mazur, Cynthia Davis, and Kara Collins-Gomez under the supervision of Frank Alvarez.

We wish to express our appreciation to the staff of the Florida Department of Children and Families for their assistance.

Sincerely,

John W. Turcotte
Director

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Justification Review of the Child Protection Program

Purpose

This report presents the results of OPPAGA's program evaluation and justification review of the Department of Children and Families' Child Protection Program. State law directs OPPAGA to complete a justification review of each state agency program that is operating under a performance-based program budget (PB²). Performance data is available on this program because Florida began a performance-based program budgeting system in 1994. The program began operating under PB² in Fiscal Year 1998-99. OPPAGA is to review each program's performance and identify alternatives for improving services and reducing costs.

Background

The purpose of the Child Protection Program is to provide for the care, safety, and protection of abused or neglected children in an environment that fosters healthy social, emotional, intellectual, and physical development. The program's goals are to protect children from harm caused by abuse and neglect and to ensure a permanent and stable living arrangement for children who are victims of abuse and neglect. Program services are administered through a central program office in Tallahassee, the Florida Abuse Hotline, and the department's 15 district offices. Because of recent legislation, the organizational structure of the program is in transition. The program provides five major services—the Florida Abuse Hotline, protective investigations, in-home services, out-of-home services, and adoptions. (See Appendix B for a flow chart depicting Florida's child protection system.)

In Florida during Fiscal Year 1999-2000, there were 235,823 calls made to the Florida Abuse Hotline reporting suspected child abuse and neglect, of which 164,464 were serious enough to be investigated.¹ During the same time period, the program identified 76,494 victims of abuse and neglect,

¹ The number 164,464 represents new investigation cases and does not include incidents that were already under investigation when the call was made to the hotline.

Introduction

provided protective supervision to 27,249 families, provided out-of-home services to 31,329 children, and placed 931 children in adoptive homes.

In the past four years, the program has undergone major changes due to state and federal legislation associated with privatizing and strengthening the child protection system. In 1996, the Legislature mandated that the department establish pilot programs to privatize child protection services through contracts with community-based agencies. In 1997, the U.S. Congress passed the Adoption and Safe Families Act (ASFA) in an effort to strengthen and guide states' efforts to protect children. The 1998 Legislature incorporated requirements of ASFA into the laws that govern Florida's child protection system. The Legislature expanded the department's privatization efforts in 1998 and 2000 by requiring the department to submit a statewide privatization plan by July 1, 1999, and by establishing a prototype region to test the provision of services through community-based lead agencies.

Total appropriations for program services were \$721,212,035 for Fiscal Year 2000-01. State general revenue appropriations account for \$227,566,900 (31.6%) and appropriations from trust funds account for \$493,645,135 (68.4%).

Program Benefit, Placement, and Performance

Program is needed, should be continued

The Child Protection Program is beneficial and should be continued. Program services have been reasonably effective in helping to prevent abused children from being further harmed. For example, a high percentage of children who received program services did not experience a documented incident of reabuse during the year following services; the program's success rate for preventing the reoccurrence of child abuse in Fiscal Years 1998-99 and 1999-2000 was 90.3% and 90.1%, respectively. Discontinuing the program would have adverse societal effects and would likely place abused children at greater risk of severe abuse or even death.

Program is appropriately placed

The Department of Children and Families is the appropriate state agency to be responsible for providing child protection services, and there is no compelling reason to transfer this responsibility to any other state agency. In all other states, social service agencies are responsible for providing child welfare services. Because the department currently administers these social services, there is greater likelihood for more efficient and effective service delivery coordination that could result in improved client outcomes.

In response to a 1998 legislative directive, the department transferred responsibility for child protective investigations to sheriffs' offices in Pasco, Pinellas, Manatee, and Broward counties. In addition, the 2000 Legislature authorized the department to enter into grant agreements with sheriffs in other counties; Seminole is the only other county that had entered into such an agreement as of February 2001. However, preliminary analysis of the cost and performance of the sheriffs' provision of child protective investigations does not indicate increased levels of efficiency or effectiveness.

Program performance goals not met; more effective strategies needed

The program has not been timely in responding to calls to the Florida Abuse Hotline, seeing alleged victims face-to-face, or closing investigations. In addition, the program has not met its legislative performance standards in preventing reoccurrences of child abuse and neglect and has generally not achieved its goal to ensure that abused and neglected children are provided safe, permanent, and stable living arrangements in a timely manner. The program continues to struggle with turnover, varied performance across districts and a difficult client population. These factors contribute to the program's limited success in meeting its performance goals.

The department faces challenges implementing community-based-care

Each of the privatization pilot projects encountered difficulties. Two of the pilot projects were not successful at meeting performance goals and have since had their contracts terminated. One pilot project was successful in meeting performance standards and expanding its programs and has since transitioned into a lead agency. Moreover, the department has had problems establishing lead agencies and will not likely fully privatize foster care and related services by the January 2003 deadline. Unanticipated problems with lead agency selection is causing delays. Reluctance to assume financial risk may prevent some providers from taking on lead agency responsibilities. In addition, many providers will have to substantially expand their capacity in order to become lead agencies because they do not currently provide a full continuum of child protection services. Furthermore, some communities are reluctant to privatize child protection services or are satisfied with the department providing services. The department's system for monitoring providers does not allow for routine assessment of the quality of service provision.

Options for Improvement

The program needs to improve its timeliness in responding to hotline calls, seeing alleged victims face-to-face, and closing investigations

The program should continue to monitor the hotline's call response rate to determine if a recent staff increase has had a positive effect. We also recommend that the program begin tracking the time frame that it takes protective investigators to see alleged victims in critical, immediate need cases to ensure that alleged victims who are deemed to be at higher risk are seen first. In order for program management to determine whether key protective investigation activities have been completed, the department should ensure that child protective investigators comply with the procedure that requires staff to record complete and accurate information on reasons why investigations are not closed within 60 days.

The program should consider new strategies for reducing case backlog

Because of the significant increase in new cases and the program's inability to close investigations within time standards, we recommend that the program consider adopting new strategies for reducing backlog. These strategies could include targeting those cases in which the reason the case is still open is that it needs supervisor attention before it can be closed.

The program should use family characteristic data to determine how strategies for preventing abuse can be improved

Although the program has been reasonably successful in ensuring that children served by the program will not be reabused or neglected, it has not met its legislative goals. Research shows that substance abuse, domestic violence, and poverty are significant issues that are common to families reported for child abuse and/or neglect. The program should use information about specific family characteristics that are present in cases where reabuse occurs to determine how strategies for preventing reabuse can be improved.

The program should aggressively recruit new foster and adoptive parents and monitor and evaluate district recruitment efforts

In the past five years, the program has seen increases in the number of children who are removed from their homes and placed in licensed foster care settings, with relatives, or in adoptive homes. These increases have affected the program's ability to safely reunite children with their parents or find adoptive homes in a timely manner. Furthermore, the number of children in foster care has outpaced the department and private agencies' ability to increase the number of foster homes. The program should continue aggressively recruiting new foster and adoptive parents. The program should also monitor and evaluate the recruitment activities conducted by each district and provide technical assistance as needed.

To improve employee retention, the program should target resources to eliminate barriers

To improve its employee retention efforts, we recommend that the program target its resources to eliminate barriers that are within its control such as assessing conditions that may have a major impact on job satisfaction, such as improved technology. The program should also identify the best practices of the service districts and private providers and use them as models for all districts.

The Legislature should consider amending s. 409.1671, F.S., to allow for more flexibility in how lead agencies are defined, including allowing districts to serve in the role

Although it is too soon in the implementation of community-based care to draw definitive conclusions on whether it will resolve the program's weaknesses, the department faces challenges implementing the initiative. To effectively implement community-based care statewide, the department will need to address several potential obstacles. Department officials said they plan to ask the Legislature for flexibility in defining a lead agency in order to overcome some of these impediments. We agree with this approach and recommend that the Legislature consider amending s. 409.1671, *Florida Statutes*, to allow lead agencies more flexibility to build capacity and infrastructure over time. However, even with this increased flexibility, our review shows that the lead agency model may never be optimal in every county because of a lack of providers or community reluctance. As a result, we recommend that the Legislature consider making an additional revision to Ch. 409, *Florida Statutes*, and expand the definition of a lead agency to include the department's district offices. This would allow for the existence of a public private partnership in some areas of the state where it is determined that the department has the infrastructure and ability to effectively serve program clients as a lead agency.

The program should implement a system for monitoring the quality of provider services

To improve its monitoring practices, we recommend that the program implement a system for monitoring the quality of provider services. This information will enable the program to identify best practices, take action to improve program services and client outcomes, and hold contractors accountable for achieving program results. The quality monitoring system should be similar to the program's monitoring of lead agency contracts, which provides detailed information on performance. District program office staff should be assigned to conduct the monitoring in conjunction with the department's schedule for contract monitoring. However, given that many district staff are currently working on high priority assignments such as helping to reduce the backlog, the department should phase in the new monitoring system as district staff become available.

Agency Response

The Secretary of the Florida Department of Children and Families provided a written response to our preliminary and tentative findings and recommendations. (See Appendix C, page 66, for her response.)

Introduction

Purpose

This report presents the results of OPPAGA's program evaluation and justification review of the Department of Children and Families' Child Protection Program. State law directs OPPAGA to complete a justification review of each state agency program that is operating under a performance-based program budget (PB²). Performance data is available on this program because Florida began a performance-based program budgeting system in 1994. The program began operating under PB² in Fiscal Year 1998-99. OPPAGA is to review each program's performance and identify alternatives for improving services and reducing costs.

This report analyzes the services provided by the Child Protection Program and identifies alternatives to improve these services. Appendix A summarizes our conclusions regarding each of the nine areas the law directs OPPAGA to consider in a program evaluation and justification review.

Background

Program mission

The purpose of the Child Protection Program is to provide for the care, safety, and protection of abused or neglected children in an environment that fosters healthy social, emotional, intellectual, and physical development. The program's major goals are to

- protect children from harm caused by abuse and neglect and
- ensure a permanent and stable living arrangement for children who are victims of abuse and neglect.

The Child Protection Program is important because child abuse and neglect is a serious social problem that threatens the safety and well-being of a significant number of children. In 1998, child protective services agencies across the nation received nearly three million reports of suspected child abuse and neglect, and almost one million children were identified as being victims of maltreatment. In Florida, during Fiscal Year

Introduction

1999-2000, there were 235,823 calls made to the Florida Abuse Hotline reporting suspected child abuse and neglect, of which 164,464 were serious enough to be investigated.² Furthermore, during the same time period, the program identified 76,494 victims of abuse and neglect.³

Client services

The Child Protection Program provides five major services—the Florida Abuse Hotline, protective investigations, in-home services, out-of-home services, and adoptions. (See Appendix B for a flow chart depicting Florida’s child protection system.)

Florida law requires any person who knows or suspects that a child is being abused or neglected to report the information to the Florida Abuse Hotline.⁴ In turn, the program is required to complete a protective investigation of all abuse and neglect reports no later than 60 days after receiving the initial report.⁵ The purpose of protective investigations is to assess children’s safety and determine what additional services may be needed. When the results of a protective investigation indicate that additional services are appropriate and when it is safe for children to remain with their parents or other family members, they may receive in-home services. When there is a high likelihood that children will continue to be at risk of abuse or neglect if they stay in their own homes, they may be placed in out-of-home services; if the children cannot subsequently be returned home, they may be placed for adoption.

The Florida Abuse Hotline serves as the central point for receiving and assessing information about suspected abuse or neglect of children and other vulnerable citizens, including disabled or elderly adults. The public may report suspected abuse, neglect, or exploitation of persons living or located in Florida by using a toll-free telephone line or by sending a written report on a toll-free FAX line or through the mail. In Fiscal Year 1999-2000, there were 235,823 child-related calls made to the hotline.

Upon receiving a call alleging child abuse, abandonment, or neglect, hotline staff located in Tallahassee screen the call to determine whether

² The number 164,464 represents new investigation cases and does not include incidents that were already under investigation when the call was made to the hotline.

³ This number represents an unduplicated count of all verified cases and cases with some indication of abuse and neglect.

⁴ According to s. 39.201, *F.S.*, “any person” includes, but is not limited to, any: (a) physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons; (b) health or mental health professional other than one listed in paragraph (a); (c) practitioner who relies solely on spiritual means for healing; (d) school teacher or other school official or personnel; (e) social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker; (f) law enforcement officer; or (g) judge.

⁵ Section 39.301(14), *F.S.*

there is reasonable cause to suspect that a child has been harmed or may be in danger of being harmed. Calls that meet screening criteria are classified as reports and referred to the department's district offices for onsite protective investigation; cases in which a child is in imminent danger must be investigated immediately, while all other cases must be investigated within 24 hours.⁶ For reports requiring an immediate investigation, hotline staff must immediately notify district protective investigation staff to ensure that an onsite investigation is promptly initiated. For reports not requiring an immediate investigation, hotline staff must notify district protective investigation staff in sufficient time to allow for an investigation. At the time of notification of district staff, hotline staff must also provide information on any previous report concerning a subject of the present report.

Protective Investigations are conducted for each reported case and consist of face-to-face interviews with the child, siblings, parents, and other adults in the household and an onsite assessment of the child's residence. In Fiscal Year 1999-2000, program staff initiated 164,464 protective investigations.⁷

The three main purposes of investigations are to determine

- whether there is indication that any child in the family or household has been abused, abandoned, or neglected and who is responsible for the maltreatment,
- what the immediate and long-term risks are for each child in the household, and
- what additional services are necessary.

In-Home Services are intended to protect abused children who remain in their own homes. In-home services can be voluntary, but may be court-ordered in more serious cases, and include

- protective supervision;
- intensive crisis counseling; and
- family builders program.

Other in-home services may include substance abuse treatment, parenting classes, child care, homemaker services, cash or in-kind assistance to meet families' needs for food, clothing, housing, or transportation, and other related support services designed to maintain the family unit.

⁶ In Fiscal Year 1999-2000, hotline counselors determined that 69.19% of the reports should be investigated within 24 hours, while 30.81% should be investigated immediately.

⁷ This number represents new investigation cases and does not include incidents that were already under investigation when the call was made to the hotline.

Introduction

In Fiscal Year 1999-2000, the program provided protective supervision to 27,249 families, intensive crisis counseling to 2,822, and family builders program services to 3,764 families.

Out-of-Home Services fall into three categories: relative care, non-relative care, and foster care.

- **Relative Care Services** enable high risk children who are unable to remain in their homes to be placed in the care of relatives, including grandparents, siblings, first cousins, nephews, and nieces. Based on an assessment of the relative's home and appropriate criminal background checks, courts may order that abused children be placed in a relative's home to enhance family preservation and stability. Relative care services include
 - ♦ medical services and
 - ♦ financial assistance, through the Relative Caregiver Program, to cover the costs of providing the child's basic needs, such as food, clothing, shelter, daily supervision, school supplies, and personal incidentals.
- **Non-Relative Care Services** enable children who are unable to be placed with relatives to be placed in the care of an unrelated adult. These adults must be known and approved of by the family. The court has the authority to place children in unlicensed non-relative placements after the department has determined that that the home is a safe, secure, and suitable environment for the child.

As of June 2000, 16,428 children were receiving relative and non-relative care services.

- **Foster Care Services** is the most intensive out-of-home service option for children who are at high risk for continued abuse or neglect. Abused children may be legally removed from their homes and may be ordered by courts to be placed in foster care.

The primary types of foster care placements are family foster homes, which are private families or non-profit agencies that are licensed and supervised to provide foster care; and emergency shelter services; residential group homes; and subsidized independent living arrangements.⁸ Providers are reimbursed for their services according to the child's age and the level of care required.

Children in foster care may also receive legal, mental health, case planning, and judicial oversight services, which are provided directly by the program or contracted out to private providers and are intended to reunite children with their birth families, if possible.

⁸ Emergency shelter care provides children with a short-term placement, on a 24-hour, seven-day-a-week basis, for the immediate care of children alleged to be dependent, pending a court disposition, before or after adjudication, or awaiting placement following a dispositional hearing. Residential group care is a purchase of service program for foster care clients who are older and have specialized needs that are better met in this type of living environment.

However, some children in foster care either remain in the program long-term or are placed for adoption. In June 2000, 19,361 children were under foster care supervision.

Adoption Services are intended to provide permanent adoptive homes for children who cannot be returned to their own families. To place these children in safe, permanent homes, the program is responsible for

- providing legal services to terminate parental rights;
- recruiting, screening, and preparing adoptive families;
- supervising adoptive placements while the court finalizes adoption proceedings;
- paying court costs;
- providing health services for children adopted; and
- paying monthly cash subsidies for some children.

The program focuses its placement efforts on special needs children who are difficult to place because they are older; belong to a minority group; have siblings; or are physically, developmentally, or emotionally handicapped. Non-special needs children are usually referred to private adoption agencies.

At any given time, approximately 2,500 to 2,900 foster children are eligible for adoption. The average amount of time a child waits to be adopted is approximately 42 months. In some cases, children have been placed in potential adoptive homes, but the legal adoption process has not concluded; these cases represent adoption placements. Once the adoption process and all legal proceedings are finished, the adoption is finalized. In Fiscal Year 1999-2000, there were 1,504 finalized adoptions.

As shown in Exhibit 1, child protection caseloads have been steadily increasing in the past five years, but grew dramatically in the past year. Specifically, the number of alleged child abuse calls received by the Florida Abuse Hotline and the number of child abuse investigations increased substantially in the past year. For example, between Fiscal Years 1998-99 and 1999-2000, the number of child-related calls increased by 29.08% and the number of new protective investigations conducted increased by 28.63%. However, the number of families receiving in-home and out-of-home services and the number of children being adopted has remained relatively constant in the past five years. These increases may be due to greater public awareness of and willingness to report child abuse and neglect because high profile cases such as the death of Kayla McKean and may also be related to several recent departmental and legislative changes.^{9, 10}

⁹ Six-year-old Kayla McKean was beaten to death by her father in 1998 after several reported incidents of child abuse and neglect. The 1999 Legislature passed Ch. 99-168, *Laws of Florida*, in response to her death.

Exhibit 1
Child Protection Cases Have Increased

Fiscal Year	Child-Related Calls	Investigations	Families Receiving In-Home Services	Children Receiving Out-of-Home Services ¹	Finalized Adoptions
1995-96	199,599	114,826	14,489	15,032	1,397
1996-97	182,501	117,577	26,436	14,922	1,305
1997-98	188,406	121,777	26,166	16,228	1,292
1998-99	182,691	127,859	23,244	17,469	1,400
1999-2000	235,823	164,464	27,249	19,361	1,504

¹ Numbers are as of June 30 for each year and numbers represent children in foster care only. The program did not report relative placement data until Fiscal Year 1999-2000.

Source: Department of Children and Families, Florida Abuse Hotline Information System.

Recent state and federal legislation has changed the Child Protection Program

In the past four years, the Child Protection Program has undergone major changes due to state and federal legislation associated with privatizing and strengthening the child protection system.

Privatization of child protection services. In 1996, the Legislature mandated that the department establish pilot programs to privatize child protection services through contracts with community-based agencies (Ch. 96-402, *Laws of Florida*). The Legislature expanded the department's privatization efforts in 1998 and 2000 by requiring the department to submit a statewide privatization plan by July 1, 1999, and by establishing a prototype region to test the provision of services through community-based lead agencies (Chs. 98-180 and 2000-139, *Laws of Florida*).

Strengthening the child protection system. In 1997, the U.S. Congress passed the Adoption and Safe Families Act (ASFA) in an effort to strengthen and guide states' efforts to protect children. ASFA emphasized children's safety as the paramount concern that must guide all child welfare services that receive federal funding, outlined the conditions under which a state should terminate parents' rights and initiate selection of a qualified adoptive family, and provided financial incentives to states to increase adoption (Public Law 105-89). In 1998, the Legislature

¹⁰ For example, in Fiscal Year 1998-99, the department was implementing requirements of the federal Adoption and Safe Families Act and also experiencing changes in both the department and hotline administrations. In Fiscal Year 1999-2000, the department was implementing provisions of Ch. 99-168, *Laws of Florida*, which expanded the list of occupational groups that must report child abuse and neglect and directed the department to conduct face-to-face interviews whenever suspicions of abuse have been reported by judges, teachers, or school officials.

incorporated requirements of ASFA into the laws that govern Florida's child protection system (Ch. 98-403, *Laws of Florida*).

In an effort to further strengthen the child protection system, the Legislature made additional changes in 1999 and 2000 (Chs. 99-168 and 2000-217, *Laws of Florida*). These changes were intended to make the child protection system more responsive to at-risk children. For example, certain reports of child abuse and neglect must now be referred to child protection teams for medical evaluation and available support services, and the department must utilize an administrative review process to ensure that all required investigation activities are completed and reviewed in a timely manner.¹¹ In addition, the department must immediately forward allegations of criminal conduct to local law enforcement agencies for review and determination of whether criminal investigation is warranted.

Program organization

Because of recent legislation, the organizational structure of the Child Protection Program is in transition. The legislation included provisions related to reorganizing the structure of the Department of Children and Families and implementing community-based care for foster care and related child protective services.¹² Under the legislation, the department was given the authority to establish a prototype region to test the effectiveness and efficiency of lead agencies' administration of program services.¹³ The department was also mandated to transition to community-based care by January 1, 2003.

Currently, the program's child protection services are administered through a central program office in Tallahassee, the Florida Abuse Hotline, and the department's 15 district offices.

Central Program Office. Staff headquartered in Tallahassee oversee state level planning and policy development. Central office staff are also responsible for developing program standards and performance criteria, quality assurance, technical assistance, staff development and training.

Florida Abuse Hotline. Hotline staff receive and screen calls of known or suspected child abuse, abandonment, or neglect to determine whether there is reasonable cause to suspect that a child has been harmed or may

¹¹ OPPAGA completed two statutorily mandated reviews of the department's implementation of the administrative review process. *Status Report: Child Protection Administrative Review Process Implemented; Data on Results Not Yet Available*, [Report No. 99-20](#), December 1999, and *Child Characteristics and Outcomes are Similar for Both Administrative and Judicial Review of Child Abuse*, [Report No. 01-06](#), February 2001.

¹² Chapters 98-180 and 2000-139, *Laws of Florida*.

¹³ The prototype region includes the counties in the Sixth, Twelfth, and Thirteenth Judicial Circuits—Pasco, Pinellas, Manatee, Sarasota, DeSoto, and Hillsborough counties.

be in danger of being harmed. Hotline staff refer cases that meet screening criteria to district staff for onsite protective investigation; at the time of notification of district staff, hotline staff must also provide information on any previous report concerning a subject of the present report.

District Offices. Currently, most of the program's client services are planned, administered, and delivered through the 15 district offices. District offices contract with local providers for some services and are responsible for ensuring that services are delivered in accordance with state and federal laws. District offices also coordinate with other local public or private agencies that offer services for clients in the target populations. District staff conduct child protective investigations and provide case management for in-home, out-of-home, and adoption services.

Once the reorganization and community-based care legislation is fully implemented, the program's services will be provided by lead agencies and providers in service regions selected by the department's Secretary.¹⁴ The department will contract with the lead agencies to organize and implement a system of care in communities.¹⁵ The system of care will include the administrative management of the provision of services, the process of service initiation including assessment, eligibility determination, service planning and care management, as well as the provision of specialized services consistent with the individual or family's service plan.

The department has already begun implementing the reorganization and community-based care legislation. As of December 2000, two lead agencies were providing care for department clients in Pasco, Pinellas, Manatee, and Sarasota counties. In addition, the department has established a prototype region for the purpose of developing detailed protocols and procedures for transition from the current district structure to the proposed seven-region configuration. The prototype region includes DeSoto, Hillsborough, Manatee, Pasco, Pinellas, and Sarasota counties. A regional administrator has been named to manage the reorganization efforts in the region by helping to centralize administrative functions, foster relationships with new community partners, and direct the consolidation of the districts and counties.

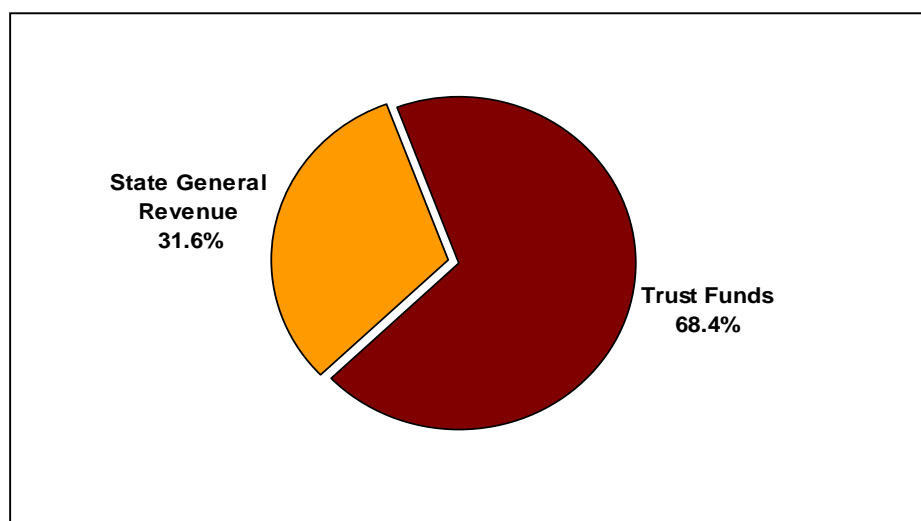
¹⁴ Section 20.19(7)(a), *F.S.*, provides that upon determination that the prototype region has resulted in improvement in management and oversight of services or cost savings from more efficient administration of services, the Secretary may consolidate management and administration of additional areas of the state.

¹⁵ The term, "system of care" refers to the lead agency and the service providers who collectively provide services in an integrated manner.

Program resources

As shown in Exhibit 2, the Child Protection Program receives funding from a variety of state and federal sources. Total appropriations for program services are \$721,212,035 for Fiscal Year 2000-01. State general revenue appropriations account for \$227,566,900 (31.6%) and appropriations from trust funds account for \$493,645,135 (68.4%).

Exhibit 2
The Program Is Funded With State and Federal Funds



Revenue Source	Fiscal Year 2000-01 Appropriations
Trust Funds	
Grants and Donations Trust Fund	\$ 818,000
Child Care and Development Block Grant Trust Fund	834,902
Administrative Trust Fund	6,736,730
Operations and Maintenance Trust Fund	9,905,317
Child Welfare Training Trust Fund	11,431,169
Social Services Block Grant Trust Fund	41,655,607
Tobacco Settlement Trust Fund	107,176,108
Federal Grants Trust Fund	315,087,302
Trust Funds Total	\$ 493,645,135
State General Revenue	227,566,900
Total	\$ 721,212,035

Source: 2000 General Appropriations Act.

As shown in Exhibit 3, the estimated cost of providing program services varies by the type of service. For example, the cost of receiving, screening, and referring calls through the Florida Abuse Hotline is approximately \$36 per call. Thus, in Fiscal Year 1999-2000, the program spent approximately \$8.6 million on 235,823 child-related calls to the hotline.

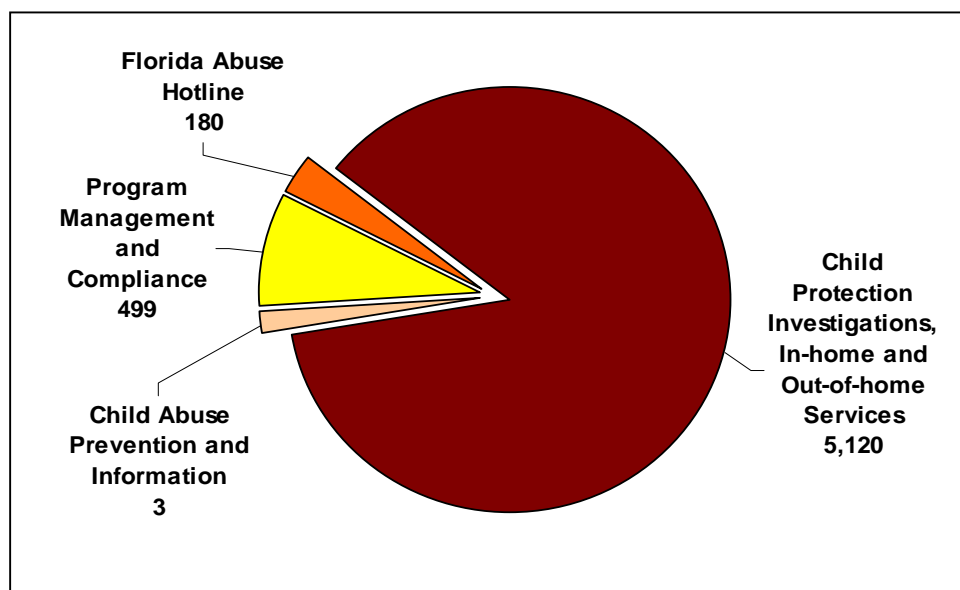
Exhibit 3
Program Services Vary in Cost

Service	Number Served	Estimated Unit Cost	Estimated Total Cost
Florida Abuse Hotline	235,823	\$ 36.30	\$ 8,560,374.90
Protective Investigations (of new cases)	164,464	680.58	111,930,909.12
In-Home Services	27,249	11,985.87	326,602,971.63
Out-of-Home Services ¹	35,789	7,881.36	282,065,993.04
Adoptions (finalized)	1,504	4,535.54	6,821,452.16

¹Relative Care was received by 16,428 clients and 19,361 clients received care in foster care settings.
 Source: OPPAGA calculations based on unit costs reported in Department of Children and Families, *Summary Report of FY 1998-1999 Performance*.

For Fiscal Year 2000-01, the Legislature authorized 5,802 full-time equivalent (FTE) positions to administer the program. Exhibit 4 shows how the department assigned these FTE positions.

Exhibit 4
The Department Assigned Most Staff for
Child Protective Investigations, In-home and Out-of-home Services



Source: 2000 General Appropriations Act.

Program Beneficial, Properly Placed, But Further Improvements Needed

Introduction

The Child Protection Program serves some of Florida's most vulnerable citizens: abused and neglected children. The program provides services to ensure the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development. The goals of the program are to protect children from abuse and neglect and ensure a permanent and stable living arrangement for children who are victims of abuse and neglect.

Program Needed, Should Be Continued

The Child Protection Program is beneficial and should be continued. Program services have been reasonably effective in helping to prevent abused children from being further harmed. For example, a high percentage of children who received program services did not experience a documented incident of reabuse during the year following services; the program's success rate for preventing the reoccurrence of child abuse in Fiscal Years 1998-99 and 1999-2000 was 90.3% and 90.1%, respectively. Preventing subsequent occurrences of child abuse and neglect is an important program goal because children should be kept free from harm, hospitalization for medical treatment of injuries sustained from physical abuse can be costly, and the legal process of removing children from their homes is disruptive to families and detrimental to society's best interests. While any subsequent abuse after receiving services is unacceptable, the department cannot always ensure that such acts will not occur because the child's family generally retains custody.

Discontinuing the program would have adverse societal effects and would likely place abused children at greater risk of severe abuse or even death. National studies have concluded that abused children are much more likely to experience problems such as learning disorders, developmental abnormalities, and physical maladies than children who are not abused. In addition, child maltreatment is associated with increased risk of substance abuse, teen pregnancy, and juvenile

*Program Beneficial, Properly Placed,
But Further Improvements Needed*

delinquency. Because many child abuse victims are very young and lack the skills to effectively verbalize their plight, they are at greater risk of further abuse that sometimes results in death. During 1998, 82 children died in Florida from child abuse and neglect; one-half of these children were under two years old and nearly one-fourth of them were less than a year old.

Because of growing public awareness about child abuse and recent state and federal legislation dealing with the state's child protection system, the number of suspected abuse cases reported to the Florida Abuse Hotline has increased dramatically in the past several years and is anticipated to continue to grow. The number of reports made to the hotline increased by 38% from Fiscal Year 1989-90 to Fiscal Year 1999-2000. Program officials and child abuse experts believe that this increase and anticipated future increases can be partly attributed to highly publicized cases involving abused children who died. For example, Kayla McKean was a six-year-old girl who was beaten to death by her father in 1998; this case received widespread media coverage and resulted in legislative reforms to the child protection system. Another factor contributing to increased hotline calls was an action taken by the 1999 Legislature (Ch. 99-168, *Laws of Florida*) that expanded the number of professions that are required to report abuse and neglect.

Program Is Appropriately Placed _____

The Department of Children and Families is the appropriate state agency to be responsible for providing child protection services, and there is no compelling reason to transfer this responsibility to any other state agency. In all other states, social service agencies are responsible for providing child welfare services. Most child abuse victims and their families also receive other social services, such as public assistance and mental health and substance abuse treatment. Because the department currently administers these social services, there is greater likelihood for more efficient and effective service delivery coordination that could result in improved client outcomes.

In response to a 1998 legislative directive, the department transferred responsibility for child protective investigations to sheriff offices in Pasco, Pinellas, Manatee, and Broward counties. In addition, the 2000 Legislature authorized the department to enter into grant agreements with sheriffs in other counties; Seminole is the only other county that has entered into such an agreement thus far.

Preliminary analysis of the cost and performance of the sheriffs' provision of child protective investigations does not indicate increased levels of efficiency. Specifically, the cost of sheriffs providing this function has

*Program Beneficial, Properly Placed,
But Further Improvements Needed*

been higher than department costs. To date the state has spent \$42,310,508 on sheriff grant agreements. A 2000 Senate interim report projected that in Fiscal Year 2000-01 sheriffs will spend an average of \$654.29 per investigation, which is \$182.91 or 39% more than the department's projected average of \$471.38 per investigation.¹⁶ Furthermore, it would cost an estimated \$31.8 million more than the department's current allocation to fund sheriffs' protective investigation activities in the remaining 62 counties.

Exhibit 5 portrays performance of sheriffs compared to statewide averages. While 39% more costly, the sheriffs performed slightly better than average in seeing alleged victims within 24 hours and Broward and Pasco sheriffs exceeded the statewide average for closing cases within 30 days. However, Manatee and Pinellas sheriffs under-performed the average for closing within 30 days. Post-service reabuse data is only available in the Manatee Sheriff's Office because it had conducted investigations since 1997. Of the protective investigations that Manatee conducted, 88.1% of victims were not reabused within one year, while 90.4% of victims statewide were not re-abused.

Exhibit 5
Sheriffs Compared to Statewide Averages
on Key Measures in Fiscal Year 1999-2000

	Percentage of Alleged Victims Seen Within 24 Hours (Standard 100%)	Percentage of Investigations Closed Within 30 Days (Standard 100%)
Broward Sheriff	54.6%	38.6%
Manatee Sheriff	56.8%	35.5%
Pasco Sheriff	55.9%	38.4%
Pinellas Sheriff	55.7%	27.7%
Statewide Average¹	53.6%	37.6%

¹ Statewide averages include data from sheriffs and districts.
Source: Department of Children and Families.

Performance improvements needed

We identified several ways that the Child Protection Program could improve its performance in meeting its goals. (See Chapter 3.)

- Improve the timeliness in responding to hotline calls, conducting investigations, and finding permanent homes for abused children.
- Develop more effective strategies for reducing the protective investigation case backlog.

¹⁶ *Cost Analysis of the Protective Investigation Functions Performed by Sheriffs*, The Florida Senate, November 2000.

*Program Beneficial, Properly Placed,
But Further Improvements Needed*

- Use family characteristic data to determine how strategies for preventing reabuse can be improved.
- Continue its efforts to aggressively recruit new foster and adoptive parents.
- Target its resources to eliminate barriers to retaining employees.

Moreover, the department faces challenges in implementing community-based care initiatives. (See Chapter 4.)

- The four privatization pilot projects had difficulty achieving legislative goals.
- The department has had problems establishing lead agencies and will not likely meet its statutory deadline.
- The department will need to improve its processes for monitoring provider performance, establishing contracts that provide incentives and disincentives to improve performance, and ensuring the reliability of data reported to the Legislature and other policy makers.

Performance Goals Not Met; More Effective Strategies Needed

Introduction

The primary mission of the Child Protection Program is to protect children from further abuse and neglect and to ensure that abused and neglected children are provided permanent and stable living arrangements. To achieve its mission, the program seeks to quickly respond to calls alleging child abuse, to conduct timely investigations, to provide services to abused children to keep them safe from further harm, and to arrange for permanent and stable homes for children who cannot be safe in their own homes.

To assess the program's performance in achieving its goals, we analyzed Fiscal Years 1998-99 and 1999-2000 performance-based program budgeting measures as well as data the Department of Children and Families has reported to the federal Department of Health and Human Services under the requirements of the 1997 Adoptions and Safe Families Act, Public Law 105-89. The department worked with the Legislature, OPPAGA, and the Governor's Office of Planning and Budgeting to begin operating under PB² in Fiscal Year 1998-99. This measurement and accountability system helps in evaluating program performance. Based upon our analysis of this information, we determined that the program

- has not been timely in responding to calls to the Florida Abuse Hotline, seeing alleged victims face-to-face, or closing investigations;
- has not met its legislative performance standards in preventing reoccurrences of child abuse and neglect ;
- has generally not achieved its goal to ensure that abused and neglected children are provided safe, permanent and stable living arrangements in a timely manner; and
- continues to struggle with turnover, varied performance across districts and a difficult client population. These factors contribute to the program's limited success in meeting its performance goals.

Program has not been timely in responding to hotline calls and completing protective investigations

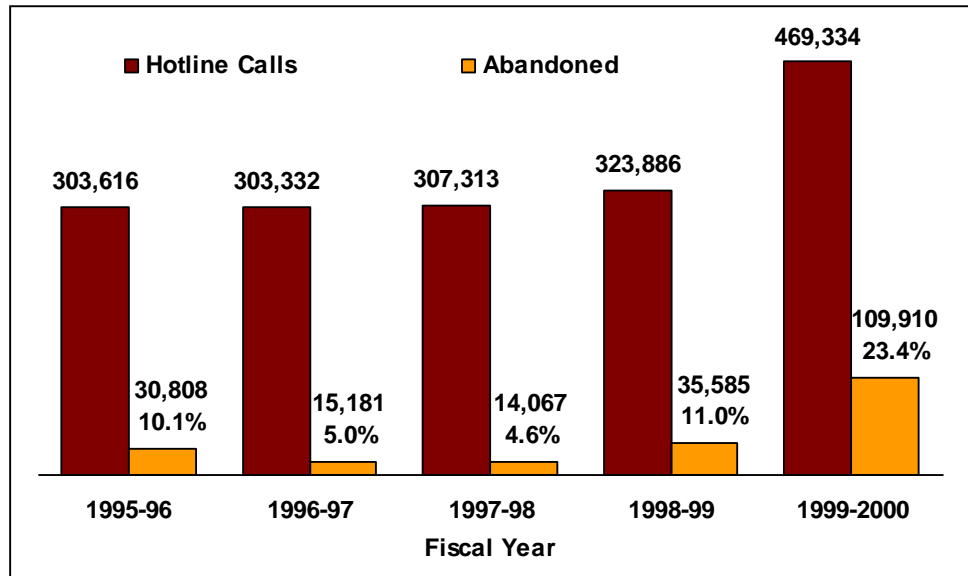
A primary program goal is to respond to calls made to the Florida Abuse Hotline and initiate investigations of alleged child abuse as quickly as possible. A caller to the hotline who is kept waiting too long may hang up and not make the initial critical contact with the department. The program needs to prevent this from happening because its primary mission is to intervene to protect abused and neglected children. The hotline was established to be the central reporting entity for accepting reports of abuse, neglect, and exploitation, establishing investigation response priorities, and referring calls to other organizations that might better resolve concerns that do not allege abuse or neglect. If a child's safety is at risk, it is important that a protective investigation be done quickly to assess the situation and initiate services to prevent harm.

The program is not responding to hotline calls in a timely manner

The program's performance in responding to hotline calls in a timely manner has declined since Fiscal Year 1997-98. The Legislature has established a goal that hotline staff answer calls quickly so that callers abandon no more than 3% of the calls made to the hotline.¹⁷ Although the program came close to meeting this goal in Fiscal Year 1997-98 with a 4.6% abandonment rate, this rate increased to 11% in Fiscal Year 1998-99 and 23.4% in Fiscal Year 1999-2000 (see Exhibit 6).

¹⁷ Calls are considered abandoned if the caller hangs up after being on hold for more than three minutes.

**Exhibit 6
Hotline Calls and Abandoned Calls Have Increased**



Note: "Hotline calls" does not include calls from DCF district staff and law enforcement agencies to the hotline. These entities make an average of 74,606 calls to the hotline each year.

Source: Department of Children and Families.

Program officials attribute this increase in abandoned calls to two primary factors. First, program officials were unprepared to deal with the magnitude of increased calls made to the hotline in Fiscal Year 1999-2000. The number of calls made to the hotline increased by 44.9% from 323,886 calls made in Fiscal Year 1998-99 to 469,334 calls made in Fiscal Year 1999-2000. The Child Welfare Estimating Conference, established by the 1990 Legislature to forecast calls to the hotline, underestimated the number of calls for Fiscal Year 1999-2000 by 36%. Consequently, hotline staff were not prepared to deal with the large volume of increased calls.

Second, hotline counselors answered more calls per month because of the increase and are spending more time per call. Counselors answered 25.7% more calls on average in Fiscal Year 1999-2000 than in Fiscal Year 1998-99. In addition, the average amount of time that counselors spent talking to callers increased by three minutes, and the average time counselors spent processing information from calls increased by four minutes. Hotline management attributes the increase in time to process calls to a 1999 statutory revision that requires counselors to document information about calls not accepted as abuse reports.¹⁸ Because of the increase in call volume and length, caseworkers had less time available to take other calls.

¹⁸ Chapter 99-168, *Laws of Florida*.

*Performance Goals Not Met;
More Effective Strategies Needed*

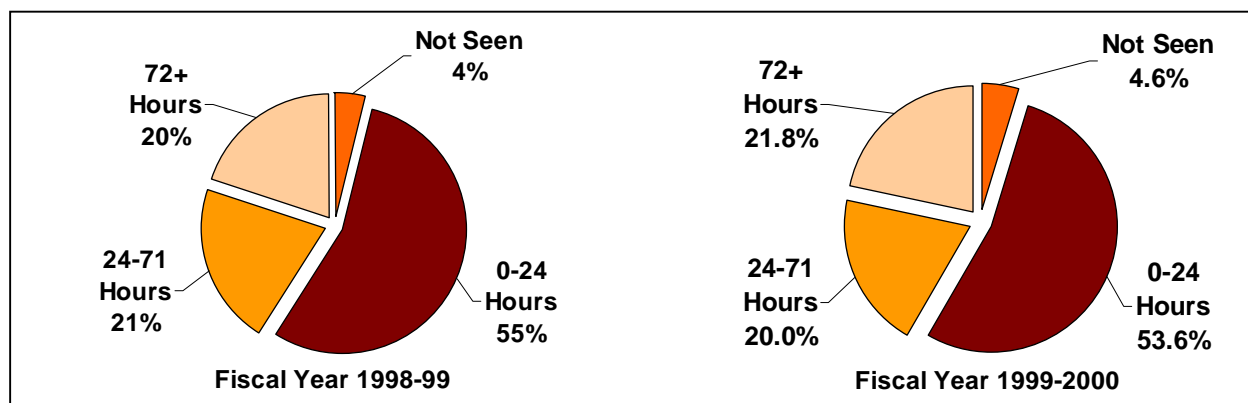
Preliminary data indicates that the program is now responding to calls more quickly. Since October 1999, the Legislature appropriated 73 new positions to the hotline. These included 57 counselor positions, 8 supervisor positions, and 6 data processing positions. During the first quarter of Fiscal Year 2000-01, the call abandonment rate decreased to 13.9%, a significant reduction from the prior year (23.4%). However, while this level of performance is an improvement, it still does not meet the legislative goal that no more than 3% of hotline calls be abandoned.

Almost half of alleged victims were not seen within 24 hours

Florida law designates two response priorities for protective investigations, immediate and 24-hour. In cases where information received by the hotline indicates that the child is in imminent danger of being harmed, protective investigation staff must immediately initiate an investigation. The Legislature has established a goal that protective investigation staff must meet face-to-face with 100% of alleged child victims within 24 hours.

During both Fiscal Years 1998-99 and 1999-2000, protective investigators did not make face-to-face contact with alleged victims within 24 hours for nearly half of cases received. In Fiscal Year 1998-99, investigative staff made face-to-face contact with 87,421 children within 24 hours (representing 54.9% of all alleged victims). In the following fiscal year, staff made face-to-face contact with 95,951 children (53.6%) within 24 hours. In both years, investigative staff saw only approximately three-fourths of alleged victims within 72 hours (see Exhibit 7). While the department reports information on the amount of time it takes to see alleged victims, this information is not reported by response priority. As a result, the program cannot determine if the children deemed to be at higher risk are seen as soon as possible.

Exhibit 7
Almost Half of Alleged Child Victims Were Not Seen Within 24 Hours
During Fiscal Years 1998-99 and 1999-2000¹



¹ Performance data includes sheriff and district protective investigators.
Source: Department of Children and Families.

*Performance Goals Not Met;
More Effective Strategies Needed*

*Program's ability to see
alleged victims within
24 hours is limited by
incomplete information*

The primary factor limiting investigators' ability to see alleged victims within 24 hours is that some alleged child victims are difficult to locate because the information callers provide to the hotline is incomplete. Callers may report incidents of suspected abuse or neglect that they have witnessed in public places involving children that are not known by the caller. The information that the caller provides the hotline is often limited to the race and sex of the child, an estimate of the child's age, and the location in which the alleged incident occurred. In these cases child protective investigators have to rely on their knowledge of the community and other agency resources to locate alleged victims with the limited information provided by callers. This additional work takes time and may result in delays in the investigator's ability to make face-to-face contact with the alleged victim or may preclude investigators from finding the alleged victim at all. Program data for Fiscal Year 1999-2000 indicate that 5,597 alleged victims (3.1%) were never seen because investigators could not locate or identify the child or family based on the information callers provided to the hotline.

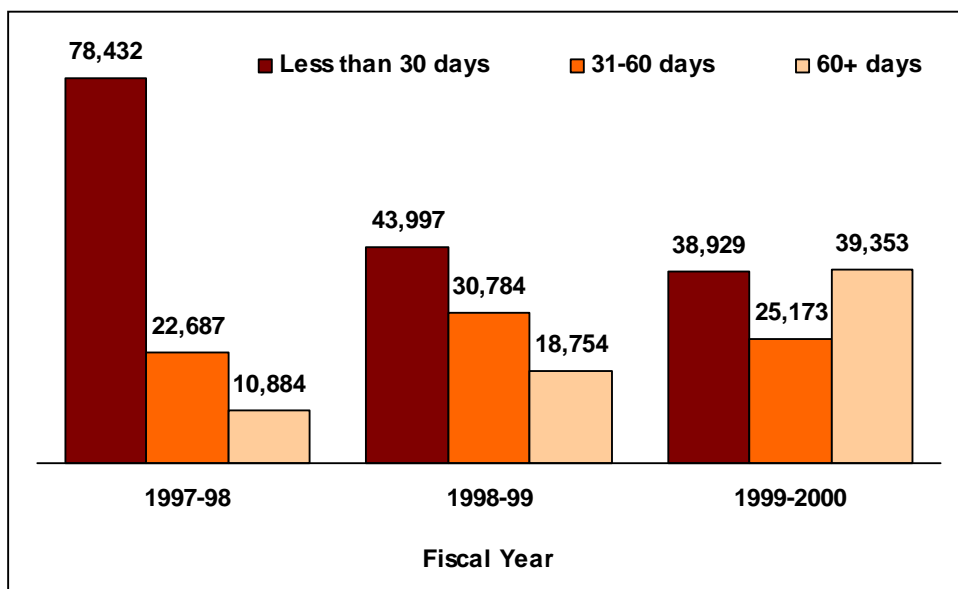
*Many investigations are
not closed within
required 30-day period*

Prior to July 1, 2000, Ch. 39, *Florida Statutes*, required the program to complete child abuse investigations within 30 days. When a case is closed, the program ensures that certain minimum requirements have been met, such as whether there is any indication that the alleged victim has been abused or neglected, whether the child is at risk of further harm, and whether the child or family needs continuing services to prevent further harm to the child.

For the past three fiscal years, the program did not meet the 30-day case closure goal and the program's performance has declined over that period. As shown in Exhibit 8, 38,929 of the 103,455 initial reports (37.6%) investigated during Fiscal Year 1999-2000 were closed within 30 days. This level of performance is 9.4 percentage points worse than the 30-day case closure rate for Fiscal Year 1998-99 and 32.4 percentage points worse than the 30-day case closure rate for Fiscal Year 1997-98.

*Performance Goals Not Met;
More Effective Strategies Needed*

Exhibit 8
During the Past Three Fiscal Years,
the Number of Cases Closed in Less than 30 Days Has Declined¹



¹ Performance data includes sheriff and district protective investigators.

Source: Department of Children and Families.

The 2000 Legislature extended the required timeframe for closing cases to 60 days.¹⁹ For the first quarter of Fiscal Year 2000-01, the program did not meet the new statutory goal of closing cases within 60 days. Program data indicate that slightly more than half (54.4%) of the investigations conducted during the first three months of the 2000-01 fiscal year were closed within 60 days. This performance is worse than the 60-day case closure rate for the previous fiscal year. In Fiscal Year 1998-99, 80% of the cases were closed within 60 days.

Several factors impede program efforts to close cases quickly

Investigative staff are required to document reasons why cases are open beyond statutory time frames in the Florida Abuse Hotline Information System (FAHIS). However, investigators did not provide reasons why 40,369 (62.6%) of the 64,526 cases were not closed within 30 days. Of those cases for which reasons were given, 38% of investigations had been completed but were pending because the supervisor had not officially closed the case or data had not been entered into the system. Several other factors impeded investigators' ability to close cases in a timely manner.

- Cases in which local law enforcement agencies and child protection teams are involved in gathering evidence and investigating abuse allegations can take longer than the statutory timeframe for case

¹⁹ Chapter 2000-168, *Laws of Florida*.

*Performance Goals Not Met;
More Effective Strategies Needed*

closure. Chapter 39, *Florida Statutes*, requires the department and local law enforcement authorities to coordinate investigation activities in cases involving criminal allegations. These cases can be held open while law enforcement gathers evidence and completes their criminal investigations. In addition, the Department of Health's child protection teams are involved when face-to-face medical evaluations are necessary. Child protection teams hold case staffings and collect medical evidence, which can extend investigation time.

- An investigation cannot be closed when the department receives an additional report of abuse and neglect involving the alleged victim.
- Investigations awaiting legal action from child welfare legal services and disposition decisions from judges cannot be closed until these decisions are made.
- Cases were not closed because investigators were unable to contact witnesses. As part of the investigation process, investigators must interview people who have had contact with the child, alleged perpetrator, and the family. The investigation cannot be closed until these contacts are made.

Substantial increases in new cases also hinders timely case closures

Another factor that has hindered timely completion of investigations is the substantial increase in the number of abuse reports. The monthly caseload for new cases increased by 57.2% from 9,085 cases in July 1998 to 14,278 cases in June 2000. This increase potentially limits the amount of time investigators have to conduct all of the statutorily required investigation tasks that must be completed before a case can be closed. These tasks include determining if any child in the family has been abused or neglected, the long-term risk to each child, and the services necessary to safeguard and ensure the child's safety and well-being.

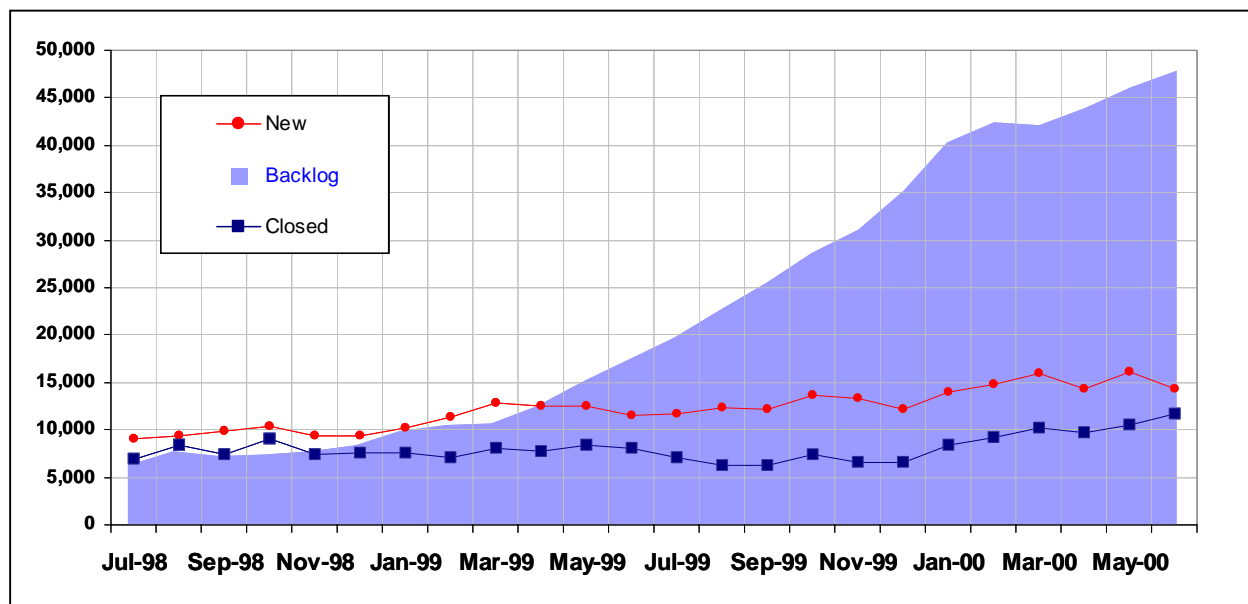
Significant increases in new cases and program's inability to quickly close cases contributed to backlog

Because of the significant increase in new cases and the program's inability to close investigations within time standards, the number of backlog cases (investigations open longer than 45 days) has increased by 665% from 6,349 cases in July 1998 to 48,541 cases in June 2000. The backlog is problematic because high caseloads may adversely affect investigators' ability to initiate new cases within 24 hours and may place children in danger of further harm. Exhibit 9 illustrates how the increase in new cases and the department's inability to quickly close cases has contributed to the substantial increase in the backlog of cases as of June 2000.

*Performance Goals Not Met;
More Effective Strategies Needed*

Exhibit 9

During Fiscal Years 1998-99 And 1999-2000, the Backlog of Cases Dramatically Increased Due to Department's Inability to Close Cases Quickly



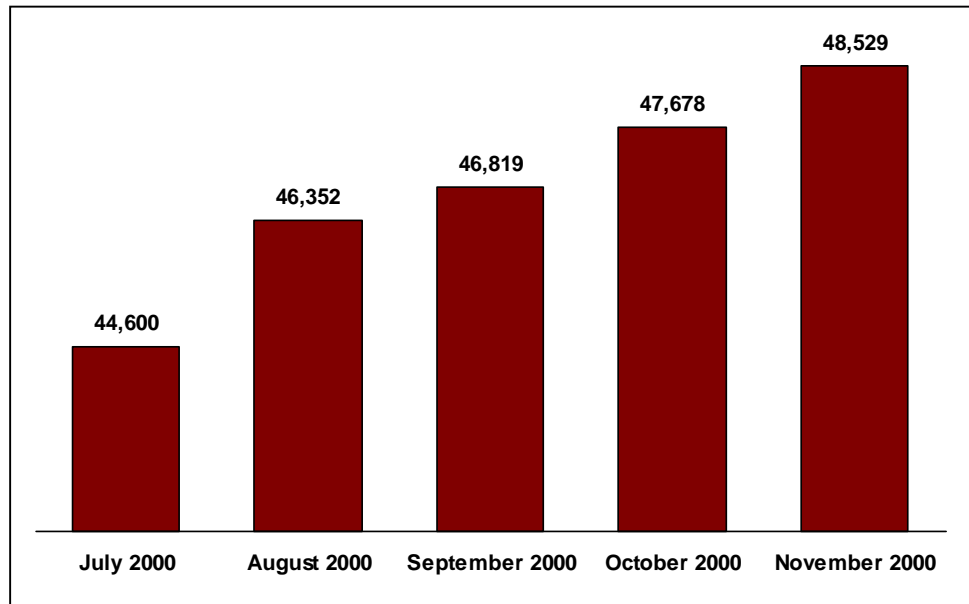
Source: Department of Children and Families.

In January 2000, the department required the district offices to establish corrective action plans for reducing their backlog by targeting the oldest investigations for closure and tracking results. These efforts resulted in reductions in some districts. For example, Districts 5 and 10 reduced their backlogs by 31% and 66% respectively between January and June 2000. District 7's backlog reduction strategy was more intensive because this district accounted for more than one-third of all of the state's backlogged cases.²⁰ Strategies included temporarily reassigning district staff from other program areas and experienced investigative staff from other districts to help reduce the backlog. However, these efforts were largely unsuccessful and District 7's backlog increased by 40% between January and June 2000.

Furthermore, the backlog has increased, even though in July 2000 the Legislature extended the statutory timeframe for closing investigations from 30 days to 60 days. Statewide, the backlog increased from 44,600 to 48,529 over the five-month period of July 2000 to November 2000, a 9% increase (see Exhibit 10). During that time period only 7 of the 15 districts managed to reduce their backlog at all. In addition, the backlog in District 7 still represents over a third of all backlog cases and increased 14% during the same five-month period.

²⁰ District 5 is comprised of Pasco and Pinellas counties; District 10 is comprised of Broward County; and District 7 is comprised of Brevard, Osceola, Orange, and Seminole counties.

Exhibit 10
Backlog of Cases Has Continued to Increase
from July 2000 to November 2000



Source: Department of Children and Families.

Although the program has not met its performance goals, it has been reasonably effective in keeping victims safe from further harm

The program has not met legislative performance standards for preventing reabuse

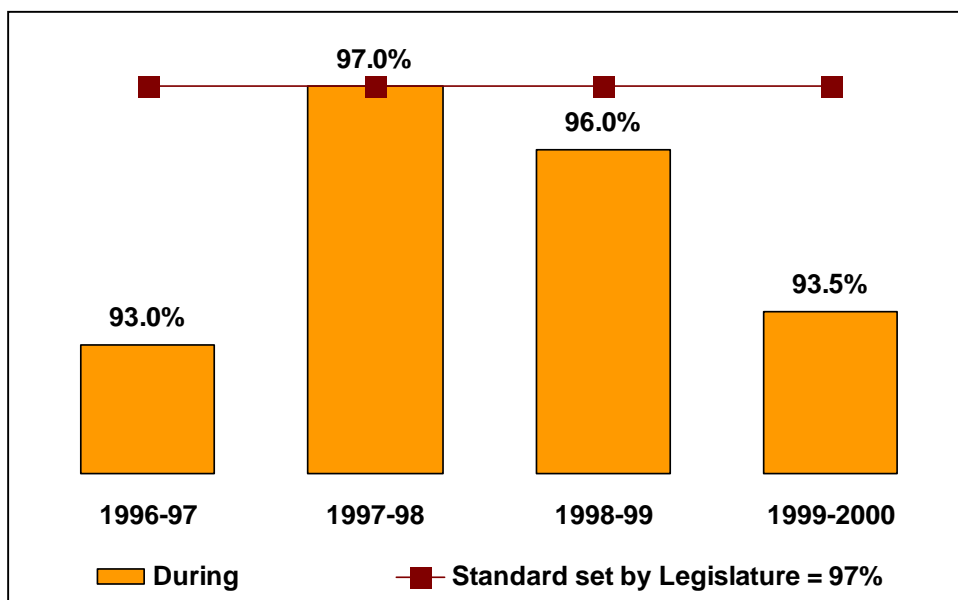
Another primary goal of the program is to provide services to children and families to prevent abused and neglected children from being further victimized. The Legislature has established two measures to assess the impact of program services in helping to prevent the subsequent abuse and neglect of children. The first measure assesses whether abused or neglected children are kept safe from further abuse while they are receiving program services. The second measure assesses whether children are kept safe from further abuse within one year after receiving program services. We concluded that program services are reasonably effective in keeping abused children from being further harmed. However, the department has not met the targets for either measure.

*Performance Goals Not Met;
More Effective Strategies Needed*

The program has not met the legislative standard for keeping children safe from further abuse while in care

The Legislature has established a goal that 97% or more of the children who are served by the program will not be reabused or neglected during service provision. Exhibit 11 shows that the program has met this goal in only one of the past four years (Fiscal Year 1997-98), and its performance has declined for the past two years.

Exhibit 11
The Program Has Not Met the Legislative Standard for Keeping Children Safe From Further Abuse While in Care, and Performance Has Been Declining

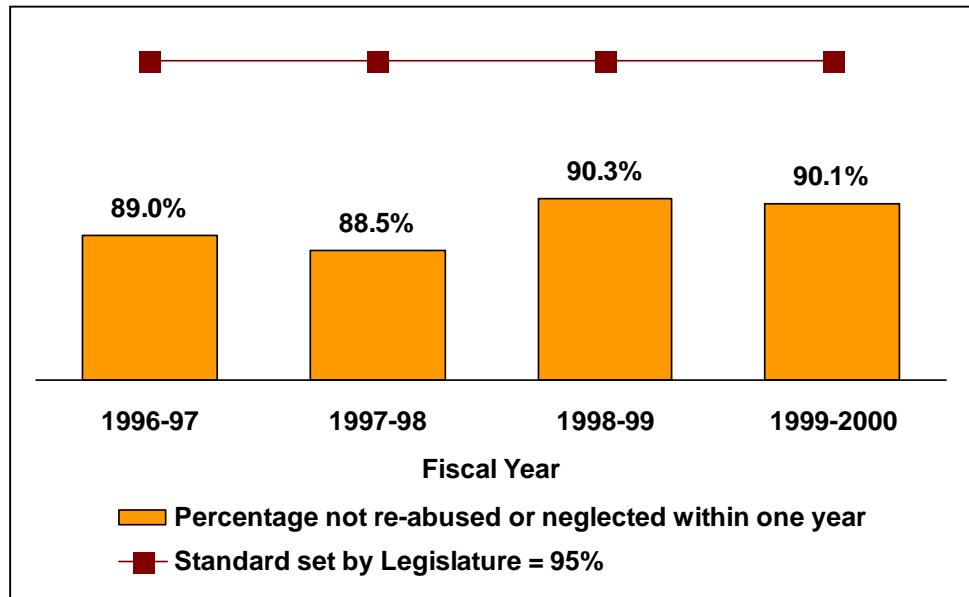


Source: Department of Children and Families.

The program has not met the legislative standard for keeping children safe from further abuse within one year of their case closure

Another indicator of the impact of program services in helping to keep children safe is the number of children who experience no reoccurrence of abuse or neglect within one year of their cases' closure. The Legislature has established a goal that 95% of the children who are served by the program would remain safe from further abuse or neglect within one year of their cases being closed. As shown in Exhibit 12, the program has not met this goal and program performance has remained relatively constant over the past four years.

Exhibit 12
**Program Has Not Met Its Goal That Children Not Be Reabused
or Neglected One Year After Case Closure**



Source: Department of Children and Families.

Several social problems make it difficult to achieve successful client outcomes for some families served by the program. Research shows that substance abuse and domestic violence are significant issues that are common to families reported for child abuse and/or neglect. For example, the department reviewed a random sample of protective services cases in February 1999 and found that 52% of the families in the sample had substance abuse treatment as a requirement of their case plans. Domestic violence is also present in at least one-half of the families involved in child protective services nationally. These types of problems are very complex and cannot be easily or quickly resolved.

The program has not met permanency goals for clients receiving foster care or adoption services

The federal Adoption and Safe Families Act (ASFA) requires that the department establish court-approved permanency goals for each child within the first 12 months a child is in the department's custody. The program must decide if the child should be

- returned to the parent;
- continued in foster care for a specified period;
- placed for adoption; or

*Performance Goals Not Met;
More Effective Strategies Needed*

- continued in foster care on a permanent or long-term basis because of the child’s special needs or circumstances.

Exhibit 13 details the federally mandated timeframes established by ASFA to guide the court’s involvement in child safety and permanency process.

**Exhibit 13
Timeframes for Federally Mandated Court Involvement Under ASFA**

Preliminary Protective Hearing	1 to 3 working days after removal, to consider whether the child can go home
Adjudication Hearing	60 days after removal, to consider whether allegations are legally sufficient to support state intervention
Disposition Hearing	30 days after adjudication, to consider who should have custody and whether reasonable efforts have been made to prevent removal
Review Hearing	every six months that the child remains in foster care
Permanency Planning Hearing	12 months from time of entry into foster care
Termination of Parental Rights Hearing	whenever determination is made that termination is in the child’s best interest
Adoption Hearing	after adoptive placement is found

Source: Government Accounting Office, *Juvenile Courts: Reforms Aim to Better Serve Maltreated Children*, January 1999.

Program uses several permanency options

The permanency options for children that are used by the program include

- temporary placement with the goal of being reunified with parent(s);
- long-term foster care;
- placing a child in the permanent custody of a foster parent, placing a child in an independent living program (for children 16 and older); and
- adoption.

A primary program goal is to ensure that child abuse victims live in safe, stable, and permanent home environments. Program services are most often geared towards reunifying children with their parents once child safety issues have been resolved in their homes. Out-of-home services include providing care in a licensed foster care setting and providing protective supervision services for children who are placed with relatives or other adults approved by the court. However, when reunification is not appropriate, the department must find adoptive homes or other permanent and stable living arrangements for children. The program provides adoption post-placement services to ensure that all needed supports are in place for a child and their adoptive parents prior to an adoption being finalized by the court.

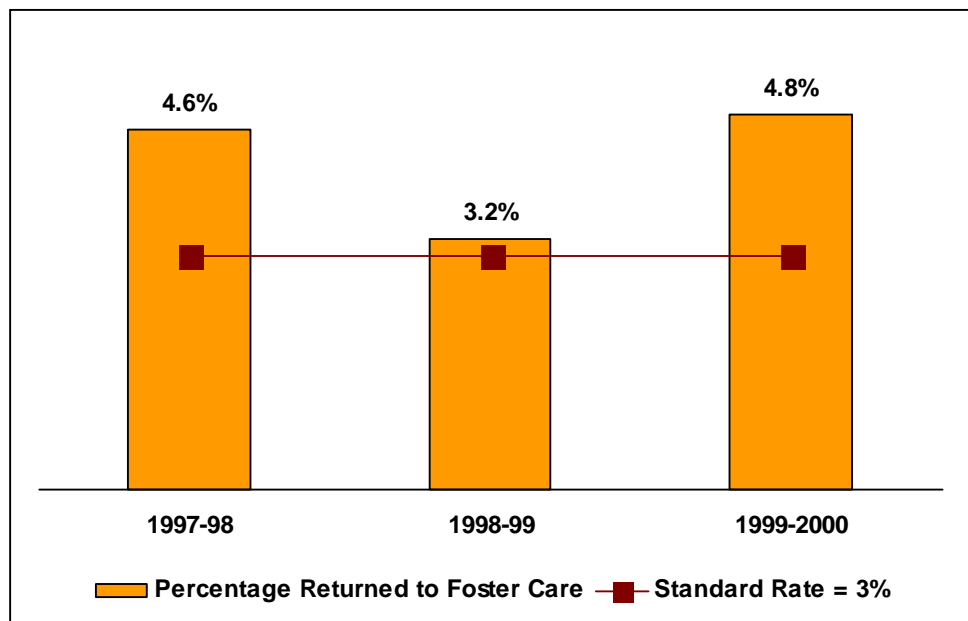
The program has not met performance goals for children in foster care

Program efforts to reunite children with parents not always successful

Another important program goal is that each child who is reunified with their parent(s) will remain safe from harm and will not need to return to foster care. To measure its success in achieving this goal, the Legislature has established a goal that no more than 3% of children who are reunited with their families will need to return to foster care within one year of reunification. The program must reassess its permanency decisions when a child returns to foster care within a year of being reunified with parents. For example, more children returning to foster care may indicate that the department is reunifying families too soon to the detriment of children's safety or that the services provided to the parent(s) were not effective in removing the factors that endangered children.

The program has not met its goal in the past three fiscal years to limit the rate of return to 3% (see Exhibit 14).

Exhibit 14
Program Is Not Meeting the Standard of Limiting Children Reentering Foster Care Within One Year to 3%



Source: Department of Children and Families.

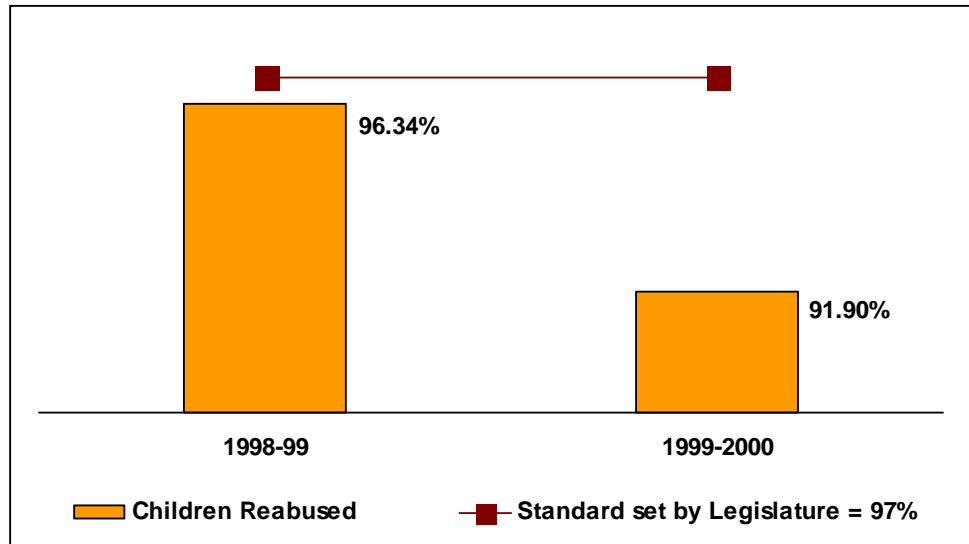
Program has not met standard of keeping children in foster care safe from further abuse

For the past three fiscal years, the program has not met the legislative goal of keeping 97% or more of the children served in foster care safe from further abuse while in care. As shown in Exhibit 15, the program's performance has declined in the past year. For Fiscal Year 1999-2000,

*Performance Goals Not Met;
More Effective Strategies Needed*

91.9% of the 14,980 children in foster care were not abused or neglected during service provision; which means that 1,214 foster care children (8.1%) were abused while in the state's care.

Exhibit 15
Percentage of Children Safe from Reabuse While in Foster Care Declined Between Fiscal Years 1998-99 and 1999-2000

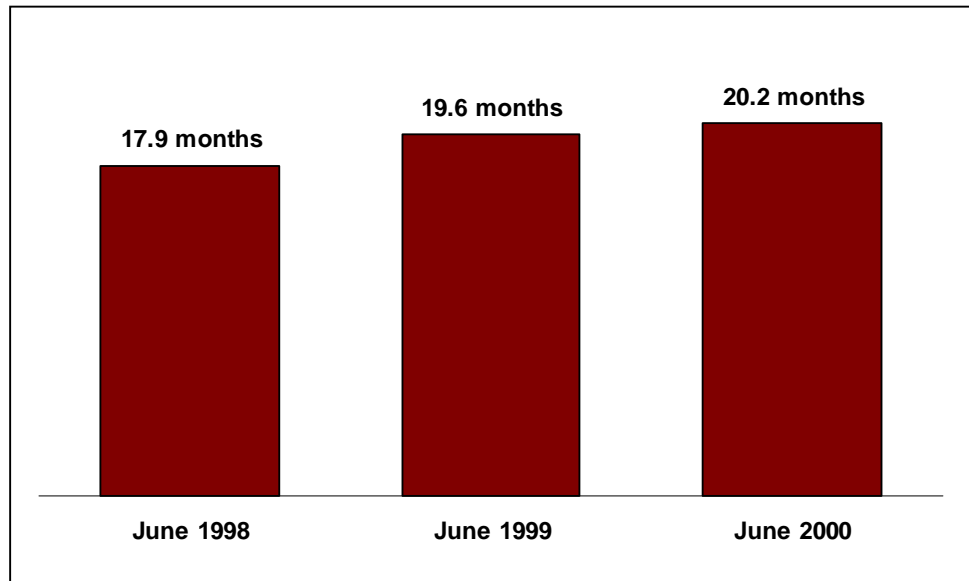


Source: Department of Children and Families.

The average foster care stay for children with a goal of returning home was 20.2 months in June 2000.²¹ The program does not have a performance measure for length of stay in foster care or adoption. Exhibit 16 shows the average lengths of stay for foster children who the program plans on returning home increased slightly between Fiscal Years 1997-98 and 1999-2000.

²¹ The department calculates average length of stay as the time period that active clients spend in care. Children who exited care are not counted.

Exhibit 16
Florida's Average Length of Stay for Foster Care Clients
With a Goal of Returning Home Has Increased



Source: Department of Children and Families.

Program faces challenges in meeting needs for an increasing number of children in foster care

In the past five years, the department has seen increases in the number of children who are removed from their homes and must be placed in licensed foster care settings. These increases have affected the program's ability to achieve permanency for children in a timely manner.

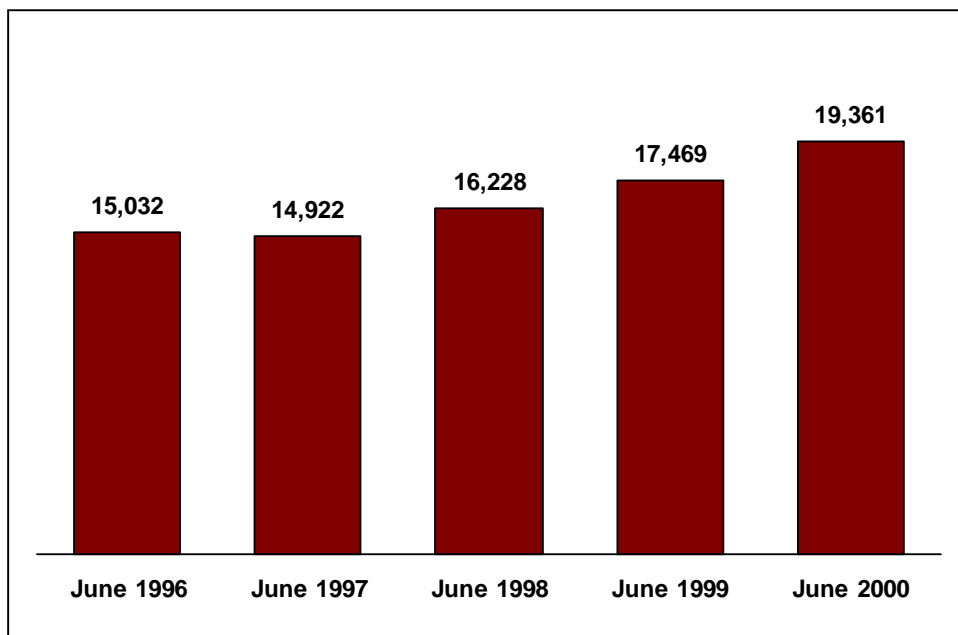
From June 1996 to June 2000, the number of children in foster care settings has increased by 28.8% (see Exhibit 17). The foster care caseload includes children who are in the state's custody because they have been removed from their homes and were not placed with relatives. Foster care includes

- short-term living arrangements (i.e., emergency shelter) and
- long-term care when children cannot be reunified with their families or when adoption is not appropriate or desired (i.e., residential group care and Independent Living).²²

²² Adolescent children in the department's custody can decide if they want to be adopted after their parents' parental rights have been terminated.

*Performance Goals Not Met;
More Effective Strategies Needed*

**Exhibit 17
Foster Care Children Increased 28.8% Since June 1996**



Note: These figures do not include children that are placed with relatives or other adults by the court or at the parents' requests.

Source: Department of Children and Families.

The number of children in foster care has outpaced the number of foster homes

Despite program efforts to recruit more foster care parents, the number of children in foster care has outpaced the program and private agency ability to increase the number of foster homes. The Legislature and the program have taken several steps to recruit more foster parents. In October 1999, the Legislature provided 70 new foster care recruiting positions. In addition, the program requested and received funding for foster parent support services for mentoring and recruitment activities in Fiscal Year 1999-2000. The program has also increased outreach efforts such as media campaigns and partnering with local community agencies. However, although the program has not yet compiled data on recent foster care capacity, the capacity of foster homes increased only 5% between Fiscal Year 1997-98 and 1998-99.

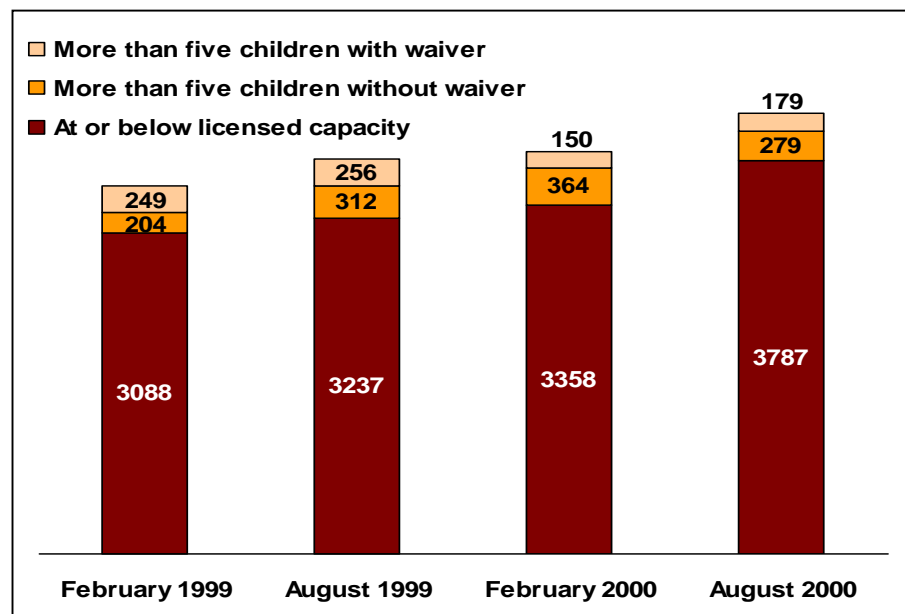
When the number of children needing care outpaces the number of homes, some homes serve more children than they are licensed to serve, making them over capacity.²³ The department bases the licensed capacity on the physical structure, skills and characteristics of foster parent, and number of persons living in the home. Each child must be placed into a foster home that has the capacity to meet the child's needs. Most homes are not licensed to serve more than five children. Exhibit 18 shows that

²³ The department bases over capacity statistics on the number of waivers it grants to allow foster homes to its licensed capacity.

*Performance Goals Not Met;
More Effective Strategies Needed*

some of the department's family foster care homes served more than five children between February 1999 and August 2000. The percentage of homes with more than five children ranged from 14.9% in August 1999 to 10.7% in August 2000. When a home is over capacity problems can arise. In an overcrowded home, children generally get less attention and support from their foster parents. In addition, department staff cannot match the needs of children with the resources of homes, but instead place children in whatever homes have room and are willing to take them.

Exhibit 18
Some Family Foster Care Homes Serve More Children Than They Are Licensed to Serve



Source: Department of Children and Families.

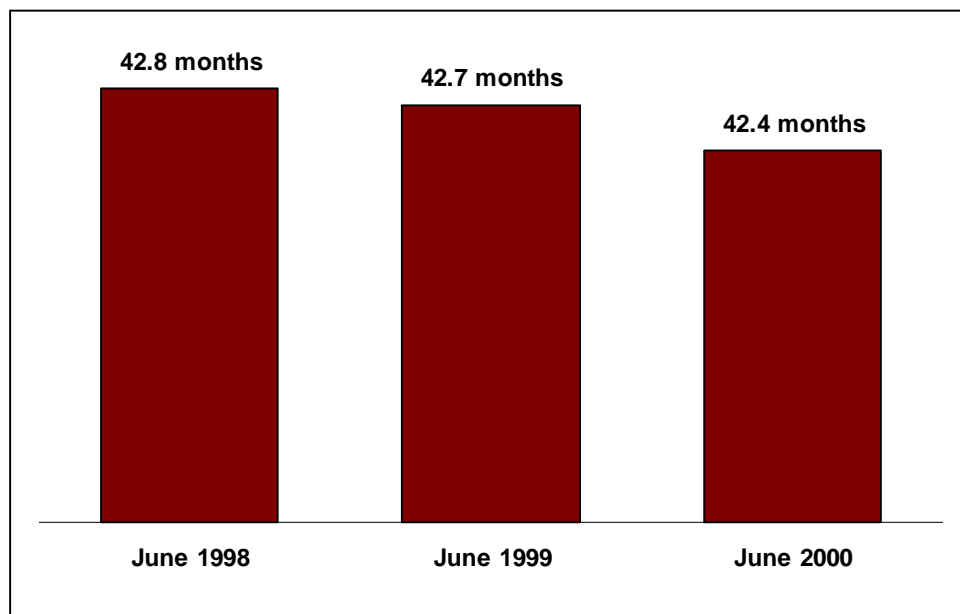
**Although the program has not met its adoption goal,
its performance has improved**

The average length of stay for children awaiting adoption is lower than the national average. Florida has an average length of stay for children that have a goal of being adopted of 42.4 months, which is lower than the national average of 46 months.²⁴ The average length of stay for children waiting to be adopted has remained fairly stable—42.8 in June 1998, 42.9 in June 1999, and 42.4 in June 2000 (see Exhibit 19).

²⁴ The Adoption and Foster Care Analysis and Reporting System Report, Current Estimates as of October 2000.

*Performance Goals Not Met;
More Effective Strategies Needed*

Exhibit 19
Florida's Average Length of Stay for Adoption Client
Remained Fairly Stable for the Past Three Fiscal Years



Source: Department of Children and Families.

The Legislature's performance standard is to finalize adoptions for 90% of children who are legally available for adoption each year. For the past three years, the program has not met its adoption goal, although its performance has improved. For Fiscal Year 1999-2000, the program finalized adoptions for 66% of the children whose parental rights were terminated. In Fiscal Year 1998-99, the program finalized adoptions for 68.2% of eligible children. Both years represented improvements compared to Fiscal Year 1997-98 (45%).

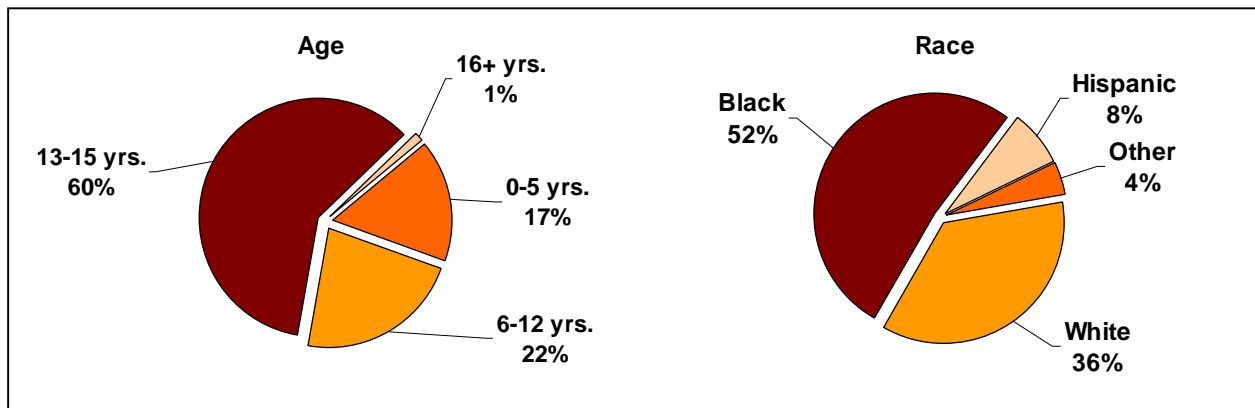
Department staff stated that the primary reason for the improvement is that parents waited to begin the adoption process until after December 1997 in anticipation of the passage of a college tuition waiver bill for adoptees.²⁵ Another factor is that in 1998 the program automated the adoption exchange statewide. The adoption exchange lists characteristics of potential adoptive parents and adoptable children to facilitate adoption matches. This system is automated and the children are listed on the Internet resulting in greater access to adoption information. The program also implemented a Homefinder staff position in each of the department's 15 service districts to work with the media to find homes for difficult to place children.

²⁵ This college tuition waiver bill, HB 1873, was signed into law in June 1997.

*Performance Goals Not Met;
More Effective Strategies Needed*

There are several reasons why the department has not met its adoption goal. First, the department finds adoptive homes for special needs children who, by definition, are harder to place in adoptive homes.²⁶ *Florida Administrative Code* defines special needs children as having established significant emotional ties with their foster parents, or not likely to be adopted because they are eight years of age or older; mentally retarded; physically or emotionally handicapped; of black or racially mixed parentage; or a member of a sibling group.²⁷ During Fiscal Year 1999-2000, most children eligible for adoption were minorities and older (see Exhibit 20). Another reason the department has not met its adoption placement goal is that delays can occur when parents appeal the termination of parental rights. This legal process takes approximately a year to resolve, leaving the child unable to obtain permanent placement until the appeal is finalized. Third, delays occur because the legal process for interstate adoptions is complex and time consuming. The number of interstate adoptions has increased due to the use of the Internet, increasing the number of adoptions with delays.

Exhibit 20
As of June 2000 the Majority of Children Eligible for Adoption Are Minorities and Older



Source: Department of Children and Families.

Program faces challenges in meeting needs for an increased number of children waiting to be adopted

Increasing number of children eligible for adoption

The number of children waiting to be adopted has grown and has outpaced the number of adoptive homes placements and finalizations. Placement occurs when a child is placed in a potential adoptive home, while finalization occurs when the child is legally adopted. Between Fiscal Years 1995-96 and 1999-2000, the number of children who were

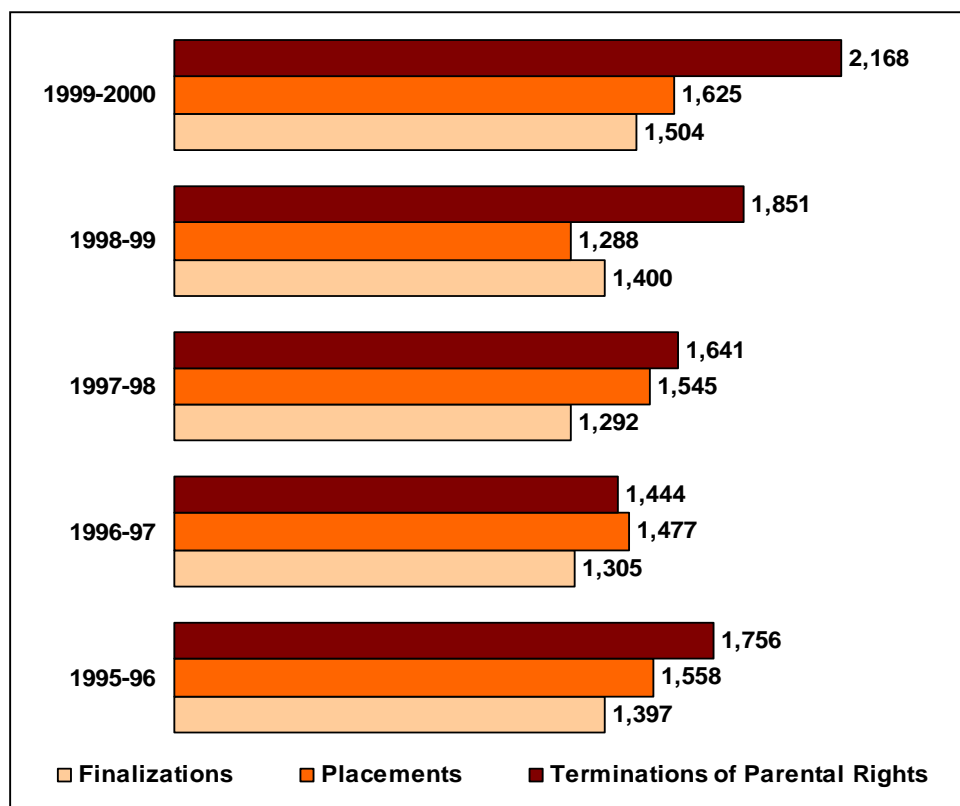
²⁶ Private adoption agencies are responsible for finding adoptive homes for children without special needs.

²⁷ Chapter 65C-16 Adoptions, *Florida Administrative Code*.

*Performance Goals Not Met;
More Effective Strategies Needed*

eligible for adoption because parental rights had been terminated increased by 23.5%, while the number of children adopted increased by 7.7% (see Exhibit 21).²⁸ The program's efforts in finding adoptive homes is targeted at special needs children. The department usually refers non-special needs children to private adoption agencies for placement.

Exhibit 21
The Number of Children up for Adoption
Has Increased Since Fiscal Year 1996-97



Source: Department of Children and Families.

A primary reason for the increase in children awaiting adoption placement is that federal law has been changed to speed the process of terminating parental rights in cases when children cannot safely be returned home. The federal Adoption and Safe Families Act of 1997 (ASFA) requires states to hold a permanency hearing within 12 months (formerly 18 months) to determine whether the child will be returned home, placed with a relative or other long-term arrangement, or adopted. ASFA also requires states to file petitions to terminate parental rights immediately in certain situations. For example, a state can file a petition to terminate parental rights if a child has been in foster care for 15 of the most recent 22 months. Moreover, ASFA allows states to plan their efforts

²⁸Termination of parental rights is required before a child is considered eligible for adoption.

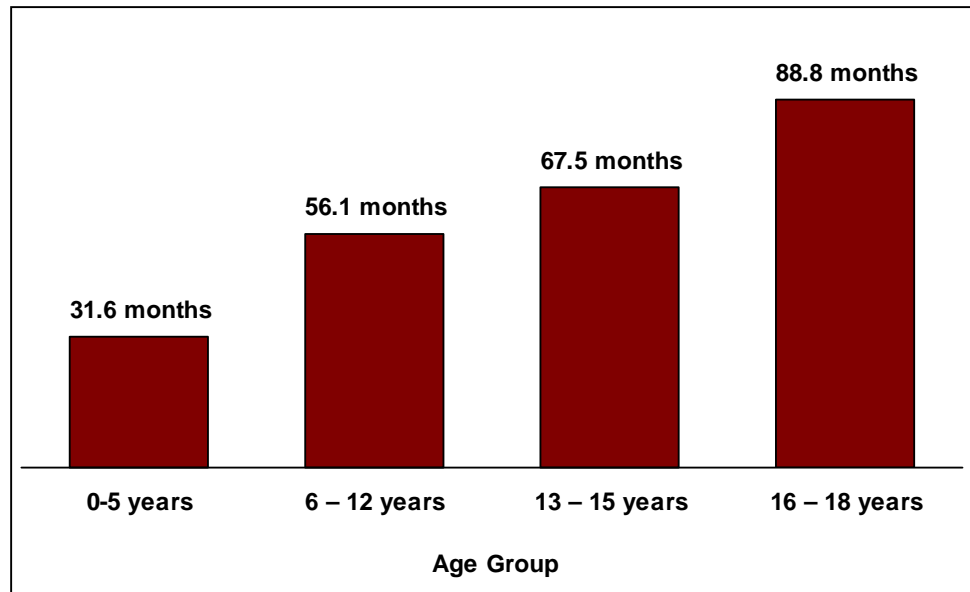
*Performance Goals Not Met;
More Effective Strategies Needed*

to place a child for adoption concurrently with efforts to preserve or reunify the family. These policy changes have increased the number of parents whose rights have been terminated, which in turn has increased the number of children eligible for adoption.

*A child's age is a factor
in achieving timely
permanency*

Research shows that children who enter the foster care system after age three and then become eligible for adoption are less likely than younger children to find adoptive homes. Because many adoptive parents prefer to adopt younger children, older children are at an increased risk of remaining in the foster care system for extended periods (see Exhibit 22). The average length of stay for children waiting for adoption in June 2000 was significantly less for children age five or younger than for older children.

Exhibit 22
As of June 2000 Children Age Five or Younger
Spend Fewer Months Waiting to Be Adopted



Source: Department of Children and Families.

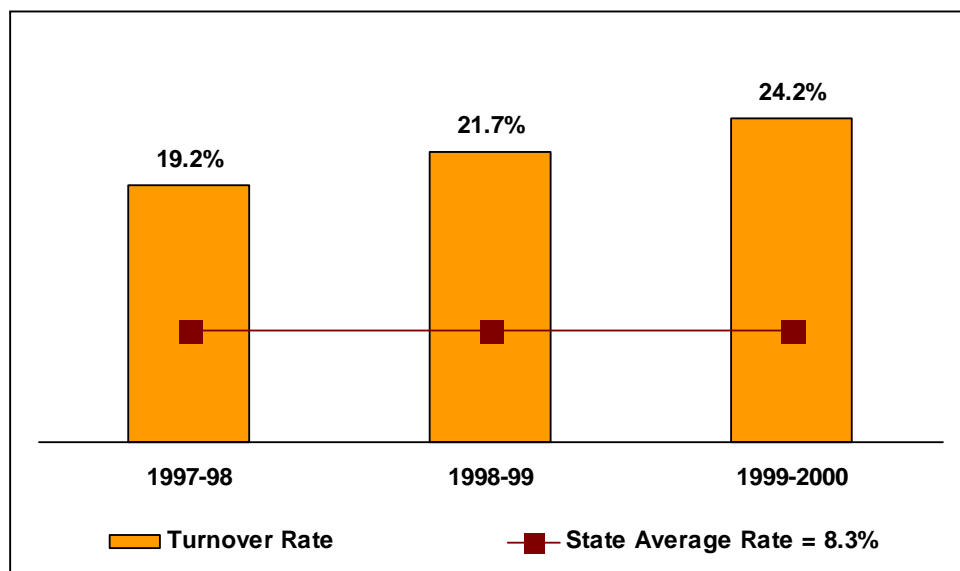
*High staff turnover diminishes the program's ability
to meet legislative goals*

Another factor that adversely affects the program's ability to achieve its overall goals is the high turnover rate for family service counselors and positions assigned to protective investigations, protective supervision, and foster care. As shown in Exhibit 23, the turnover rate among these positions in Fiscal Year 1999-2000 was 24.2%, compared to a turnover rate of 8.3% for all state employees. A high turnover rate impedes the

*Performance Goals Not Met;
More Effective Strategies Needed*

program's ability to achieve program goals. For example, the loss of an experienced counselor results in a diminished continuity in cases and an increased workload for remaining caseworkers and supervisors. It also means that some children will get a new caseworker. A change in caseworkers can mean less stability for the child, as a new worker has to become familiar with the child's history and develop a relationship with the child and the family.

Exhibit 23
Family Service Counselor Turnover Rate
Is Higher Than the Average State Turnover Rate



Source: Departments of Children and Families and Department of Management Services.

Retention of qualified caseworkers is a national problem

The problem of retaining qualified child protection workers is not unique to Florida. A report issued by the Child Welfare League of America in 2000 found that state and public child welfare agencies faced challenges in attracting, training, and retaining qualified child protection staff.²⁹ Numerous factors have been cited as contributors to the difficulty in retaining child protection staff including staff shortages, hard to serve client populations, frequent revisions to program laws, low to modest compensation, and competition with other more attractive options in the current job market.

Legislature and department have taken initiatives to address the turnover problem

In the 1997-98 fiscal year, the Legislature and the department began implementing several initiatives that were intended to reduce turnover among family service counselors

- In Fiscal Year 1997-98, the Legislature authorized the department to

²⁹ Child Welfare League of America; 2000 Children's Legislative Agenda.

*Performance Goals Not Met;
More Effective Strategies Needed*

establish a child protection training program to reduce poor staff morale and staff turnover as well as positively affect the quality of decisions made regarding children and families.

- In Fiscal Year 1998-99, the Legislature granted the department's request for funds to create a training pool. The training pool consists of temporary employees who are trained prior to being hired full-time so they can be available to immediately fill vacancies created by turnover. The training pool has reduced the average number of days family service counselor positions are vacant, from 102 days in 1997 to 52 days in calendar year 1999.
- In Fiscal Year 1999-2000, the department's provider of child protection training, the Professional Development Centers, transitioned from a regional training system with six training sites to a district-based training system with 21 sites. Training resources and personnel are now more locally accessible for new staff.

In addition, the program is considering and may seek authority and resources for a number of recruitment and retention initiatives, including establishing

- an employee referral incentive program to provide incentives to employees who refer potential employees,
- programs to attract/retain the changing workforce such as applicants that may be interested in opportunities for geographic mobility and scheduling flexibility, and
- a lifestyle/work life enhancement program, that would assess environmental conditions (e.g., work/office conditions) and other factors that contribute to worker satisfaction and determine ways to keep staff satisfied once resources have been invested to recruit and train them.

Conclusions and Recommendations ---

The program should continue to monitor the hotline's call response rate

The program's performance in responding to hotline calls in a timely manner has declined since Fiscal Year 1997-98. The Legislature appropriated 40 new counselor positions to the hotline for Fiscal Year 1999-2000, which increased staffing by 43%. During the first quarter of Fiscal Year 2000-01, the call abandonment rate decreased to 13.9%. We recommend that the department continue to monitor the hotline's call response rates to determine if the increase in staff has had a positive impact on performance.

*Performance Goals Not Met;
More Effective Strategies Needed*

The program should begin tracking whether investigators make immediate contact with children deemed to be at higher risk

During both Fiscal Years 1998-99 and 1999-2000, the program did not make face-to-face contact with alleged victims within 24 hours for nearly half of cases received. In addition, Florida law requires protective investigation staff to commence investigations immediately if the alleged victim is in imminent danger of being harmed. However, the program does not report the amount of time it takes to see alleged victims in need of an immediate response. As a result, the program cannot determine if those high-risk cases are being handled as required. We recommend that the program begin tracking the time frame that it takes protective investigators to see alleged victims in critical, immediate need cases. The program should use this information to ensure that protective investigators prioritize their time to ensure that alleged victims who are deemed to be at higher risk are seen first.

The program should ensure that investigation staff record complete and accurate information on investigations not closed within 60 days

In order to assess an alleged victim's risk and initiate services to prevent further harm, Ch. 39, *Florida Statutes*, establishes a time frame for when protective investigations should be completed. However, for the past three fiscal years, the program did not meet the 30-day case closure goal, and the program's performance has declined over that period. In addition, although required by department procedures to record reasons why cases are open beyond statutory time frames, investigators did not provide reasons for 62.6% of the cases that were not closed in a timely manner during Fiscal Year 1999-2000. We recommend that the department ensure that child protective investigation staff comply with this procedure and record complete and accurate information on reasons why investigations are not closed within 60 days.

As part of its new statewide information system for the program, HomeSafenet, the department is developing the capacity to automatically track key phases in protective investigations. We recommend that the department remain committed to developing this capacity so program management will be more easily able to determine whether key case activities have been completed and what services are still needed.

The program should consider new strategies for reducing case backlog

Because of the significant increase in new cases and the program's inability to close investigations within time standards, the number of backlog cases (investigations open longer than 45 days) has increased by 665% from 6,349 cases in July 1998 to 48,541 cases in June 2000. The backlog is problematic because it adversely affects investigators' ability to initiate new cases within 24 hours and may place children in danger of further harm. In January 2000, the program required the district offices to establish corrective action plans for reducing their backlog by targeting the oldest investigations for closure and tracking results. However, these strategies have not been successful in all districts. We recommend that the program consider adopting other strategies for reducing the backlog such as targeting those cases in which the reason the case is still open is that it needs supervisor attention before it can be closed.

*Performance Goals Not Met;
More Effective Strategies Needed*

The program should consider family characteristics when determining strategies for preventing reabuse

The program is not meeting its legislative goal that 97% or more of the children who are served by the program will not be reabused or neglected during service provision and that 95% of the children will not be reabused within one year of their cases being closed. Several social problems make it difficult to achieve successful client outcomes for some families served by the program. Research shows that substance abuse, domestic violence, and poverty are significant issues that are common to families reported for child abuse and/or neglect. The program is in the process of implementing a new child assessment instrument that will be part of HomeSafenet. This assessment will allow protective investigation staff to assess and collect data on the types of problems that lead to child abuse. We recommend that the department continue to support this effort and see that it is fully implemented. Once this new instrument is implemented, we recommend that the program use information about specific family characteristics that are present in cases where reabuse occurs to determine how strategies for preventing reabuse can be improved.

The program should aggressively recruit new foster and adoptive parents and monitor and evaluate district recruitment activities

In the past five years, the program has seen increases in the number of children who are removed from their homes and must be placed in licensed foster care settings, with relatives, or in adoptive homes. These increases have affected the program's ability to safely reunite children with their parents or find adoptive homes in a timely manner. Furthermore, the number of children in foster care has outpaced the department and private agencies' ability to increase the number of foster homes. Although a previous OPPAGA report recommended that the department continue its efforts to increase the supply of foster homes by aggressively recruiting new foster parents, those efforts have not been successful.³⁰ Therefore, we recommend the program continue aggressively recruiting new foster parents. In addition, the program's central office does not compile an inventory of district level foster care recruitment and retention efforts. We recommend that the program monitor and evaluate the recruitment activities conducted by each district and provide technical assistance needed by the districts.

For Fiscal Year 1999-2000, the program did not meet its goal for placing children in adoptive homes, but did improve over previous performance. The number of children waiting to be adopted has also grown and has outpaced the number of adoptive homes, placements, and finalizations. In addition, the majority of children eligible for adoption are minorities and older children, which can be more difficult to place. We recommend that the program continue its efforts to recruit adoptive homes.

³⁰ *Performance Audit of the Foster Care Program Administered by the Department of Health and Rehabilitative Service*; Florida Office of the Auditor General, Report No. 11151, January 3, 1989.

*Performance Goals Not Met;
More Effective Strategies Needed*

To improve employee retention, the program should target its resources to eliminate barriers that are within its control

Another factor that adversely affects the program's ability to achieve its overall goals is the high turnover rate for family service counselors and positions assigned to the protective investigations, protective supervision, and foster care. To improve its employee retention efforts, we recommend the program target its resources to eliminate barriers that are within its control such as assessing conditions that may have a major impact on job satisfaction, such as improved technology. The program should also identify the best practices of the service districts and private providers and use them as models for all districts.

The Department Faces Challenges in Implementing Community-Based Care Initiatives

Introduction

Beginning in 1996, the Legislature enacted community-based care initiatives that significantly privatize child protection program services.³¹ These initiatives include establishing four pilot projects, authorizing private providers to be lead agencies and assume the management responsibilities previously performed by the department, and mandating community participation. To assess the department's implementation of community-based care, we visited six service districts. We found that the department has experienced problems with both the privatization pilot projects and lead agency implementation. The program's accountability system also needs to be improved. Specifically, we found there are a number of challenges facing the program and department.

- Each of the privatization pilot projects encountered difficulties. Two of the pilot projects were not successful in meeting performance goals and have since had their contracts terminated. One pilot project was successful in meeting performance standards and expanding its programs and has since transitioned into a lead agency.
- The department has had problems establishing lead agencies and will not fully privatize foster care and related services by January 2003 deadline. Most existing providers lack the capacity and experience to assume additional management responsibilities or may be reluctant to assume increased financial risk. Furthermore, some communities are reluctant to privatize child protection services.
- The department will need to improve its processes for monitoring provider performance and establish contracts that provide incentives and disincentives to improve performance.

³¹ Chapters 96-402, 98-180, and 2000-139, *Laws of Florida*.

Background

The legislative initiatives made three major changes related to privatizing child protection services. First, community-based care initiatives mandated the privatization of a wider array of services that have historically been provided in-house. In addition, the legislation established new private, community-based entities (known as lead agencies) to perform the management and operational responsibilities that had been previously handled by the department. Third, it created community planning entities that are responsible for coordinating local input for the new community-based care system.

New initiatives privatize a wider array of services

Privatized services. The department is required to privatize foster care and related services statewide by January 1, 2003. These services include protective supervision, foster care, and adoptions case management services. Although the department has contracted for direct services since the early 1980s, the current initiatives call for privatizing services that have historically been provided in-house and represent a significant change in the program's service delivery system. State employees will no longer be providing services to clients, and the department's role will change from that of a provider of services to a purchaser of services. Under the proposed system, the only services the department will continue to provide will be the Florida Abuse Hotline and the majority of child protective investigations. In Broward, Manatee, Pinellas, Pasco, and Seminole counties, county sheriffs' offices have been authorized to provide child protective investigative services.

New organizational entities. The department's initiatives are guided by the belief that providing services to children and their families is a community responsibility. The current system divides responsibility for children and their families between the department and contracted service providers. The department seeks to create a new system of care whereby a private entity will be responsible for services to children and their families.

Lead agencies will assume many management and operational responsibilities

To create this new system of care the Legislature altered the organizational structure of the program. Under the new structure, lead agencies will assume many of the management and operational responsibilities previously held by the department's 15 service district offices. Lead agencies are private, community-based agencies responsible for planning, administering, and delivering client services; ensuring that services are delivered in accordance with state and federal laws; and coordinating with other local public or private agencies that offer services for clients. Lead agencies may either provide services directly or may enter into contracts with provider agencies.

*The Department Faces Challenges in Implementing
Community-Based Care Initiatives*

Chapter 409.1671, *Florida Statutes*, mandates that in order to take over services a lead agency must have

- the ability to coordinate, integrate, and manage all child protective services in the designated community in cooperation with child protective investigations;
- the ability to ensure continuity of care from entry to exit for all children referred from the protective investigation and court systems;
- the ability to provide directly, or through a contract with a local network of providers, all necessary child protective services;
- the willingness to accept accountability for meeting the outcomes and performance standards related to child protective services established by the Legislature and the federal government;
- the capacity and the willingness to serve all children referred to it from the protective investigation and court systems, regardless of the level of funding allocated to the community by the state, provided all related funding is transferred; and
- the willingness to ensure that each individual who provides child protective services completes the department's required child protection training.

Community alliances are to be established in each county

Community planning. Beginning in 1998, the department conducted forums throughout the state to seek input from stakeholders regarding the direction, goals, and principles of a community-based system of care. In its community-based care implementation plan, the department states that the new system of care should be designed using an inclusive and participatory planning process. To accomplish this, the 2000 Legislature required the department to establish a community alliance in each county or multiple counties.³² These community alliances comprise specific stakeholders, community leaders, client representatives, and funders of local human services. Their duties include

- joint planning for resource utilization in the community, including resources appropriated to the department and any funds that local funding sources choose to provide;
- needs assessment and establishment of community priorities for service delivery;
- determining community outcome goals to supplement state-required outcomes;
- serving as a catalyst for community resource development;
- providing for community education and advocacy on issues related to delivery of services; and
- promoting prevention and early intervention services.

³² Section 20.196(a), *F.S.*

Privatization pilot projects had difficulty achieving legislative goals

As required by the 1996 Legislature, the department established pilot privatization programs through contracts with community-based agencies to provide foster care and related services. The intent of this initiative was to improve accountability and efficiency while incorporating communities in the care of abused and neglected children. During the pilot project time period (1997 to 2000), the department spent \$27.5 million on the four privatization pilots.³³ Exhibit 23 provides a detailed description of each pilot project, including the services provided and population served.

Exhibit 23
Since 1997 Four Pilot Projects Have Provided a Variety of Services to Clients

Project Name	Location	Contract Dates	Services Provided	Population Served	Cost of Contracts
Homeward Bound	Escambia and Santa Rosa counties (District 1)	7/97-11/99	Foster care and reunification services	Birth to age 18 in foster care for the first time	\$2,335,894
Family Services Coalition	Baker, Clay, Duval, Nassau, and St. Johns counties (all of District 4)	1/97-6/00	Administrative services, case management, assessments, group care, specialized and therapeutic foster care, and clinical services	Children in foster care ages 12 to 17 and youth 18 and over in independent living	9,565,060
Sarasota County Coalition for Families and Children	Sarasota County (District 8)	1/97-6/99	Protective services, foster care, and adoptions	All children needing services	9,532,917
Bridges Program	Lake and Sumter counties (District 13)	1/97-12/99	Assessments, family foster care, therapeutic foster care, group care, home-based services, and adoptions	All children needing services for the first time through department emergency shelter services	5,618,579

Source: Department of Children and Families.

Evaluations are inconclusive about the effectiveness of the pilot projects

As required by the 1996 legislation, the department evaluated each of the privatization pilot projects annually to assess whether private providers did a better job providing services to children and families than the department. Since the implementation of the pilot projects in 1997, there have been four evaluations.³⁴ Overall, the evaluations were inconclusive about the effectiveness of the pilot projects. Citing the lack of long-term

³³ The department spent approximately 1.9% of its annual budget on the pilot projects.

³⁴ *Implementation Study Report on the Child Welfare Privatization Projects*, B. Peacock, conducted for the Department of Children and Families, January 1998; *Interim Evaluation of Florida's Child Welfare Privatization Projects*, B. Peacock, conducted for the Department of Children and Families, March 1998; *Final 1998-1999 Outcome Evaluation Report on Florida's Continuing Community-Based Child Welfare Programs*, B. Peacock, prepared for the Florida Department of Children and Families, March 1999; *Florida Community-Based Care Evaluation 1999-2000*, T. Markowitz, prepared for the Department of Children and Families, March 2000.

*The Department Faces Challenges in Implementing
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data and the department's inability to report data by individual pilot site, the four evaluations reported only limited outcome and process data on the success of the pilot projects and relied on interviews, surveys, focus groups, and case file reviews to reach conclusions.

Pilot evaluations yielded some positive results

Evaluations determined that the pilot projects outperformed the department in some areas. The pilot projects were able to provide services more quickly than the department, and some stakeholders rated the private system as better as a whole. The pilot projects were generally faster in establishing contact with children and families in care and staff visited families more frequently. Clients surveyed also reported that the pilot project staff were more helpful than department staff in getting needed services. Moreover, the majority of foster parents and staff who were formerly with the department and now with private providers rated the private sector as the better system.

Pilot projects had lower caseloads than the department

A primary reason the pilot project staff were able to visit children and families more frequently is that they had relatively low caseloads. According to the evaluation reports, pilot project staff had considerably lower caseloads than department staff. A counselor's average caseload for community-based agencies was 18.9 compared to 40.8 cases for the department. In September 1999, the Family Services Coalition served 108 in-home and out-of-home cases, the Sarasota Coalition served 555, and the Lake County Boys Ranch had 304 cases. In total, the in-home and out-of-home cases served by the pilots represented only 1.9% of the state's total caseload; the department's districts averaged 3,127 in-home and out-of-home cases.

Our review of outcome data for the three pilot projects for which data is available found that two of the pilot projects were not successful at meeting any of their performance goals (see Exhibit 24).³⁵ Moreover, none of the pilot projects met the standards for preventing reabuse of children during or one year after services. Only one of the pilot projects—the Sarasota County Coalition—met outcome standards for the length of stay in foster care and preventing children from reentering foster care after reunification with their parents.

³⁵ The Homeward Bound Pilot Program is not included because at the time of data collection it was no longer considered a pilot project.

The Department Faces Challenges in Implementing Community-Based Care Initiatives

Exhibit 24

Two of the Pilot Programs Did Not Meet Any Performance Standards in Fiscal Year 1999-2000

Project Name	% of Children Not Reabused During Service Provision (Standard 97.0%)	% of Children Not Reabused 1 Year After Closure of Services (Standard 95.0%)	Average Length of Stay for Children with Goal of Being Reunited with Parents (Standard 18 months)	% of Children That Reenter Foster Care Within 1 Year of Being Reunited with Parents (Standard 3.0%)
Family Services Coalition	93.8%	88.9%	31.6	16.7%
Sarasota County Coalition for Families and Children	91.8%	92.5%	10.3	0.0%
Bridges Program ¹	76.1%	86.2%	NA	21.6%

¹ The parent organization of the Bridges Program, the Lake County Boys Ranch, had its contract terminated in Fiscal Year 1999-2000, and the outcomes available reflect children who had been in their care prior to termination.

Source: Department of Children and Families.

The District 1 Homeward Bound program was no longer considered a pilot after 1998

District 1—Homeward Bound. The pilot project in District 1, Homeward Bound, was initially successful in finding placements for children, but it was less successful over time, especially for special populations like adolescents. Because the pilot failed to expand its placement resources it was unable to meet its contractual obligation to place all eligible children, forcing the department to place children. In 1998, when the privatization legislation mandating contracting of foster care and related services passed, the pilot project shifted its emphasis from placement services to all foster care services. The program was given more responsibility for managing all services and planning for its clients and was no longer considered a pilot project. The program’s current contract requires that the provider take on full case management responsibility. The district expects that the program will take over these responsibilities for 120 children by March 2001.

In July 2000, the contract with the Family Services Coalition was terminated

District 4—Family Services Coalition. This pilot project experienced several difficulties. District staff stated that coalition staff had limited knowledge of foster care, which resulted in failure to follow policies and procedures to conduct timely judicial reviews. The district staff also had to provide a large amount of technical assistance. When services are privatized, the department is responsible for assisting and guiding providers by supplying technical assistance. However, district staff found that the coalition needed extensive assistance to implement the program. Specifically, the coalition needed assistance in general foster care casework, information about federal funding streams and other fiscal issues, judicial timelines, and knowledge of other programs such as protective investigations and supervision. Because of these difficulties, the working relationship between district staff and coalition staff was tension-filled.

*The Department Faces Challenges in Implementing
Community-Based Care Initiatives*

The department discontinued the contract with the Family Services Coalition in July 2000. The department severed the contract because the coalition failed to meet outcome standards such as the number of children reabused during and after service provision and the number of children reentering foster care after reunification. It had also become too expensive to support the coalition's administrative structure. Though the coalition contract was terminated, the district continues to contract individually with coalition providers for case management services.

The Bridges Program experienced financial difficulty, and its contract was terminated

District 13—Lake County Boys Ranch Bridges Program. This pilot project was not successful, and the department informed the Lake County Boys Ranch in September 1999 that its Bridges Program contract would not be renewed due to the department's inability to provide additional funding beyond the negotiated amount. The services provided to 1,500 children through that contract were moved back to the department.

Under the original contract, the Bridges Program was paid \$20.91 per child per day. However, caseload increases made it financially impossible for the department to continue funding the contract this way and it altered the contract in February 1998 to use a capitated rate. Under this amended contract, the Bridges Program was allocated a set amount of money with which to provide services for each client. This change placed the Bridges Program at greater risk financially. The program subsequently asked the department for more money, which led the department to sever the contract in September 1999 because they were unable to provide such funding.

The Bridges Program experienced a huge caseload increase which placed a high level of stress on all aspects of the service delivery system and the provider's finances. During the first two years of the contract the caseload doubled and then quadrupled in its third year. From September 1998 to November 1998 the department transferred 300 of its cases to the Bridges Program. At the same time, Bridges was receiving new shelter care cases every day. The high caseloads eventually out stripped the capacity of Bridges to provide services. One factor that contributed to the limited capacity was the absence of a broad network of providers in the rural district which forced Bridges to provide many services in-house.

The department and the Bridges Program also had difficulties in maintaining an effective working relationship due to the death of a former Bridges client. In November 1998, six-year-old Kayla McKean was killed by her father in Lake County; Kayla had been involved in the child welfare system and under the care of the Bridges Program prior to her death.

In April 2000, the Lake County Boys Ranch was indicted on charges of Medicaid fraud and grand theft because of evidence of overbilling, double

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billing, and fraud in their billing practices. The grand jury alleged that the provider falsely billed the Medicaid program for \$1,540,227 in case management services. It also alleged that Boys Ranch double billed Medicaid and the department for case management services. As a result, the department terminated the remaining four foster care contracts, which served about 70 children.

*Several factors
contribute to the
District 8 pilot project's
success in providing
services*

District 8—Sarasota County Coalition for Children and Families. This pilot project was the most successful in meeting performance standards and expanding programming. There are many factors that led to the Sarasota County Coalition's success and subsequent expansion into a lead agency. The Sarasota YMCA, the coalition's parent organization, offered many child welfare services, such as child care and adolescent services, for several years. This provided them the infrastructure and experience to quickly assume the responsibilities of the pilot project. In addition, District 8's pilot project provided the widest range of child protection services among the four pilot programs. Services include protective supervision, foster care, and adoption services. The pilot was also able to maintain lower caseloads and have more in-person client contact than the department.

Another key factor in the success of this pilot project is the well-developed and active community stakeholder group. This group has been instrumental in the coalition's financial and programmatic development. Moreover, the project's executive director has been one of the state's leaders in privatizing child welfare services and helped write the privatization legislation. Resources are high in Sarasota County, as it is among the wealthiest counties in Florida; the county ranks fourth in per capita income among the 67 counties in Florida. The local community is active in contributing both time and money to the coalition. In addition, Sarasota County has the lowest percentage of children of all Florida counties. This means that the caseloads have and will continue to be lower than other parts of the state.

Though considered to be the most successful pilot, the Sarasota Coalition has experienced some difficulties. Both department and coalition staff expressed concern that it was difficult to maintain an effective working relationship. The department had to move the contract management function for the pilot project in District 8 to District 6 because of the difficult relationship between the Sarasota Coalition and department staff. The pilot program also required increased levels of technical assistance on cost allocation methodologies and federal funding requirements from the department.

The department will not likely fully privatize foster care and related services by January 2003

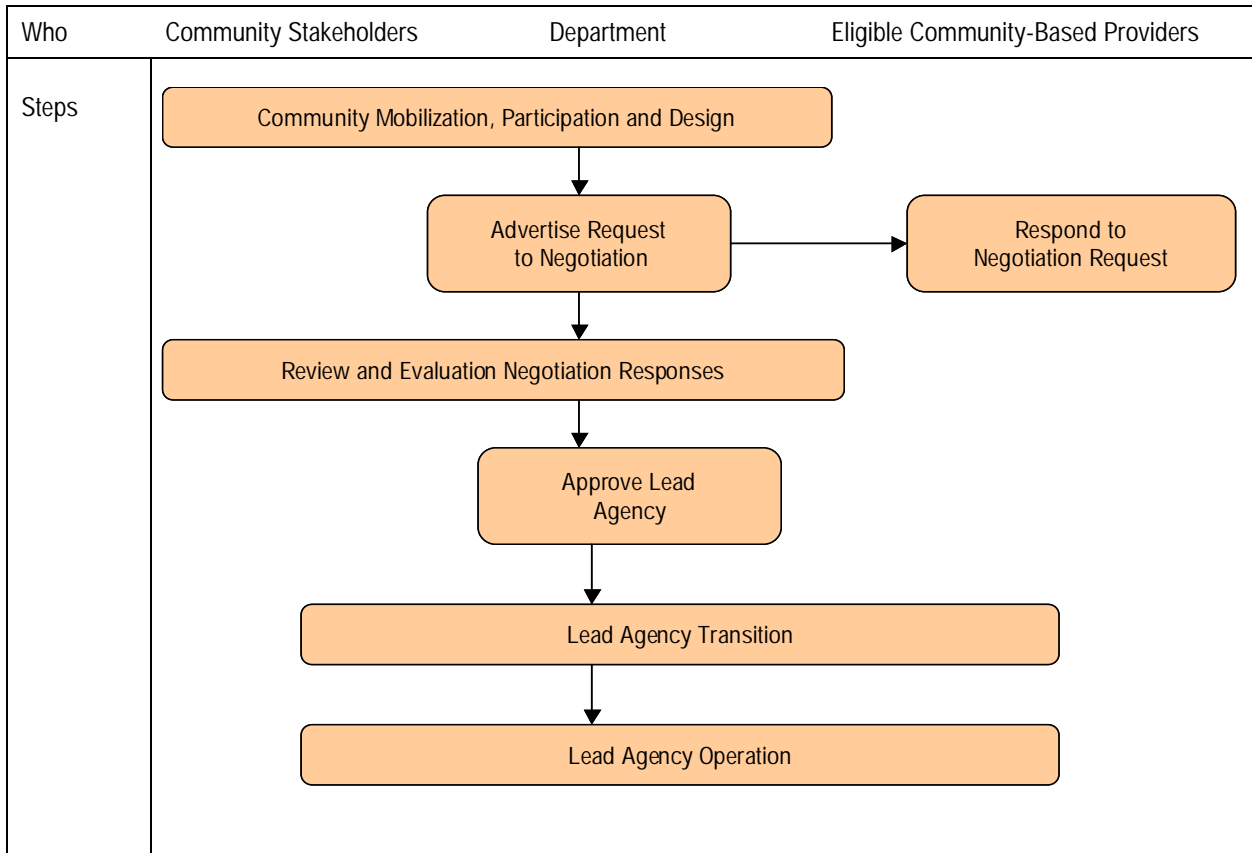
Selection of lead agencies is a multi-step process

To pursue privatization of child welfare services, the department established a number of steps in the lead agency transition process. This multi-step process includes community participation and design as noted in Exhibit 25. To build community participation, the department's district offices are responsible for forming community alliances in their areas. Community alliances and district officials work together to determine community need and readiness to assess whether providers are available to move to community-based care. When district officials determine that communities are ready to make this transition, they are required by statute to select a lead agency through a competitive process. The department chose the invitation to negotiate as its competitive process.³⁶ Potential lead agencies respond to the request by describing and documenting their qualifications for organizing and managing a community-based system of care. Next, a qualifications review committee, consisting of community and district representatives reviews, ranks the proposals and recommends one lead agency to the district administrator. The Secretary of the department approves the final selection. Last, the department conducts contract negotiations with the applicant, and upon agreement of conditions a transitional contract is signed. The transitional contract enables the lead agency to develop a service delivery and management plan, essentially building the needed infrastructure to deliver the full continuum of child protective services. The department anticipates transitional contracts will last between six to nine months. When the department determines the lead agency is ready to provide services, an operations contract is signed and services are transferred as planned.

³⁶ Invitation to Negotiate (ITN) is a written solicitation for competitive procurement; it is used when a Request for Proposals or Invitation to Bid will not provide the solution the department desires; the qualifications of the provider or the terms of the working relationship required to achieve the goal of the contract is more critical to the success of the program than the price; or single source procurement might otherwise be the only available method.

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**Exhibit 25
Transition of Lead Agencies Is a Multi-Step Process**



Source: OPPAGA illustration of process.

Two lead agencies are operational; preliminary outcomes show promise

As of December 2000, two lead agencies were operating in four counties:

- YMCA Children, Youth, and Family Services, Inc., which serves Sarasota and Manatee counties, and
- Family Continuity Programs, which serves Pasco and Pinellas counties.

The YMCA, which historically provided services in Sarasota County, expanded into the role of a lead agency in 1999 and began providing services in Manatee County that same year. The newest lead agency, Family Continuity Programs, signed its transitional contract in January 2000 and began providing services in some areas in Pinellas and Pasco counties in July. The lead agency will continue phasing in services and should be finished in April 2001.³⁷

³⁷ Outcome data is not yet available for the Family Continuity Programs.

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Exhibit 26

Child Protection Lead Agencies Have Contracted for \$33,488,296

Lead Agency	Location	Contract Dates	Total Cost of Contracts
YMCA Children, Youth, and Family Services, Inc.	Sarasota and Manatee counties	7/1/99 to present	\$20,333,756
Family Continuity Programs, Inc.	Pasco and Pinellas counties	1/1/00 to present	\$13,154,540

Source: Department of Children and Families.

Review results show promise for one lead agency

Preliminary outcomes are promising for the YMCA lead agency initiative in Sarasota and Manatee counties. During the summer of 2000, the department conducted an internal federal funding compliance review to ensure compliance with federally prescribed eligibility requirements and programmatic standards prior to the federal government’s review in 2001. Compliance is measured by meeting the 90th percentile of performance on each of the indicators. Areas of review included

- safety, permanency, and child and family well-being;
- reasonable efforts, timely case plan development, periodic reviews with assurances of child and family service provision; and
- documentation of eligibility determinations.

Reviewers examined 72 different indicators including whether background checks were completed, judicial reviews were held every six months, and children receiving Title IV-E maintenance payments were in licensed placements. The YMCA initiatives in Sarasota and Manatee counties scored at least 90% on 29 of the indicators. Among the noted strengths of both counties were holding judicial reviews on time, preserving community and family connections, case plan development, communication with providers, and arranging for services. However, the review noted improvement was needed in identifying the dental and educational needs of clients, documenting extenuating circumstances for extending case plans, and ensuring that required monthly face-to-face contact in foster homes occurs.

Other communities are at various stages in the lead agency implementation process

Districts, counties, and communities throughout the state are at various steps in the lead agency planning process. As discussed above, one district is totally privatized and two districts are partially privatized. Other districts have made significant strides toward lead agency implementation by organizing community input and support through community alliances. As of February 2001, the department reports that it has

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established or is in the process of establishing community alliances in each of 15 service districts.

Districts are also making strides toward lead agency implementation by releasing invitations to negotiate. As of December 2000, the department released five invitations to negotiate for lead agencies: District 1, 9, and 12, and Duval and Hillsborough counties. The department expects to release invitations to negotiate in District 14 and in DeSoto and Broward counties, by June 2001.

Potential obstacles may prevent the department from establishing lead agencies statewide

Department officials expect to release last requests to negotiate after June 2002

Although progress has been made to meet the legislative deadline, the department's current schedule shows three districts, Districts 2, 3, and 7 are slated to begin the invitation to negotiate process after June 2002. This means that 46% (29 counties) of the remaining 63 non-privatized counties will likely not transition all foster care and related services to a lead agency by January 1, 2003. The department estimates a minimum 10-month time period from the release of the invitations to negotiate to the signing of the lead agency operations contract. This time period allows the lead agency sufficient opportunity to develop service delivery and management plans and to hire and train staff before assuming client service delivery responsibilities. Officials cited the lack of community readiness to move to community-based care and lack of provider availability as the major reasons why the department will advertise the final invitations for lead agency negotiations so close to the legislative deadline.

Unanticipated problems with lead agency selection is causing delays

Transitional delays and other obstacles may further hinder implementation efforts. For example, in District 12 an invitation to negotiate was released in March 2000. The negotiation process has been lengthy, and the department expects to enter into a transition contract with the lead agency by early 2001. District 1 is also facing unanticipated delays in awarding its lead agency contract. Department officials said that one of the two potential lead agencies that responded to the invitation to negotiate was disqualified and has filed a protest.³⁸ Department officials report that District 1 will enter into a transition contract by May 2001. Two districts, District 4 and District 9, rejected the single lead agency applicant, which has resulted in delays. As of December 2000, District 4 decided not to release its second invitation to negotiate and was reviewing their lead agency procurement process. Department officials

³⁸ Pursuant to s. 120.57(3)(b), *F.S.*, any person or firm who has been adversely affected by a decision or intended decision concerning a bid solicitation, or a notice of contract award may file a written notice of protest with the contact person listed in the solicitation within 72 hours after the beginning of the posting period.

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indicated in February 2001 that District 4 plans to release its second invitation to negotiate in March of this year. District 9 has responded to its applicant's protest and proposed a settlement and has proceeded with negotiations.

Financial risks may prevent some providers from becoming lead agencies

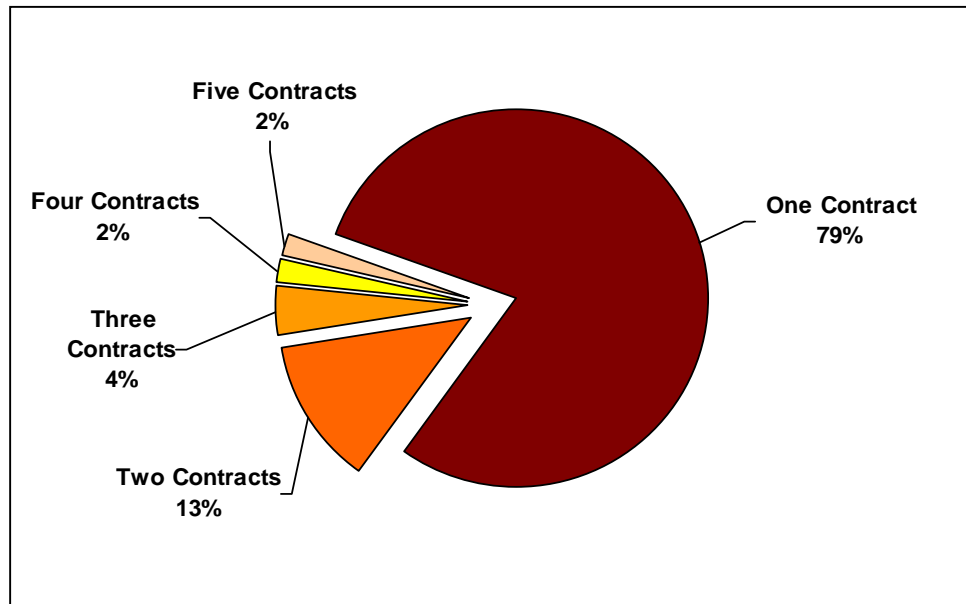
The department faces a number of challenges in establishing lead agencies statewide. First, reluctance to assume financial risk may prevent some providers from taking on lead agency responsibilities. Financial risks can include the risk of incurring expenditures beyond the provider's control, such as costs associated with unanticipated increases in caseload. Provider representatives we interviewed in Districts 2 and 9 voiced apprehension about the financial risk they would have to assume as a lead agency and the potential jeopardy to their businesses. The department has already encountered this situation in District 5. In March 1999, the department signed a lead agency transition contract with Devereux Florida Treatment Network of Pasco and Pinellas counties. However, Devereux's national board of directors expressed concerns about the financial and legal risks the agency would face and the contract was terminated. In response to these concerns, the department worked with the 2000 Legislature to establish a risk pool of \$4.5 million for offsetting extreme instances of caseload growth that are beyond agency control.

To become lead agencies, most providers will have to expand services

Second, many providers will have to substantially expand their capabilities in order to become lead agencies because they do not currently provide a full continuum of child protective services including fiscal, administrative, contract, and case management components. Current providers generally serve specific clientele (e.g., adolescents) or specialize in specific services (e.g., emergency shelter, foster care, or adoptions) and therefore lack the infrastructure and capacity to assume the responsibility for management and delivery of foster care and related program's services. Exhibit 27 shows that, in Fiscal Year 1999-2000, 79% of the program's service providers had one contract, and only 2% of the providers had five or more contracts. Therefore, this lack of experienced comprehensive service providers may impede the department's ability to establish lead agencies statewide.

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Exhibit 27
79% of Program Service Providers Have One Service Contract



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

Some communities are satisfied with the department providing services

Finally, the department identified several counties in which community representatives indicated that they would not be ready to implement community-based care by the mandated deadline. Among the reasons cited were community sentiment that child protection should remain a state responsibility and limited accessibility to services in rural areas. Department officials also note that in some districts performance outcomes are consistently above state averages, management is strong, and the community is favorable to services remaining with the program.

Other states have faced challenges implementing privatization initiatives

Like Florida, more than half of the states are experimenting with programs to change the management, financing, and service delivery options of child protective services. Two of these states, Kansas and Illinois, have privatized many of their child welfare services, but have taken different approaches. Kansas utilizes a case rate approach, which gives contractors a predetermined amount of money for each client they receive. Illinois uses performance contracts. These contracts link reimbursement rates or payment schedules to the achievement of specified performance indicators or client outcomes.

Kansas. In 1996, the Kansas Department of Social and Rehabilitative Services (SRS) privatized the majority of its child welfare services utilizing

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a lead agency approach similar to Florida's. The privatization began when the department awarded contracts for family preservation and adoption services. In 1997, three non-profit agencies took over the task of foster care. The providers were responsible for placement, case plans, service provision, and reporting progress to the SRS and courts. SRS staff were left to concentrate on eligibility determination, family services, case management, performance-based monitoring, and case and administrative reviews.

The cost of providing services under the privatization contracts was significantly higher than expected. The original foster care contracts reimbursed providers with case rates at a capitated level for each family or child depending on the type of service given. The first-year case rates, which ranged between \$12,860 and \$15,504, were expected to cover all the costs of providing services. However, these case rates were set too low and created major funding shortages for providers. An audit of the privatization programs found several reasons for the case rate being set too low.

- Case rates were based on inaccurate historical information about costs. Audit estimates found that the costs were 65% higher than originally estimated for foster care, and 13.5% higher for adoption.
- Case rates were based on unrealistic estimates about how long children would stay in the system. The department assumed that 60% of the children would leave foster care in six months or less, but the contractors had only been able to place 20% of the children in that time.
- Case rates did not include costs for start-up or monitoring.

The Kansas Legislature and SRS have provided over \$80 million in additional funding to private foster care providers

From 1997 to December 1998, the Kansas Department of Social and Rehabilitative Services (SRS) paid the providers an additional \$45.2 million for cost overruns. To prevent further overruns, the SRS adjusted the case rate by increasing the amount by \$1,500. However, these adjustments still did not cover all of the costs for foster care and the foster care budget was increased. In Fiscal Year 1999 the SRS spent \$111.9 million dollars on foster care services, a 33.2% increase over the \$74.7 million in Fiscal Year 1998. This increase was not commensurate with caseload increases; however, as the number of clients served in the foster care program only increased 11% from 4,425 clients to 4,968.

The cost overruns coupled with high staff turnover among service providers, created changes in the way services were provided. In 1998, turnover of provider staff ranged from 29% to 54%, resulting in many staff being very inexperienced. In surveys, provider staff reported that their initial training was inadequate and they had more cases than they could handle. Staff inexperience also contributed to casework problems such as lack of case documentation and delays in services to clients. Providers also reported that funding shortages altered service provision. The providers were not able to pay subcontractors and foster homes

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adequate rates. This situation forced some operations out of business and forced others to consolidate their services with other agencies, potentially affecting the quality of service. Some services, such as counseling, were done in-house because they did not have the money to subcontract the service.

With regard to client outcomes, Kansas providers' performance on key indicators was mixed. While performance for some indicators was above standard, the performance on timely achievement of permanency and remaining home after reunification with parents was below standard (see Exhibit 28).

Exhibit 28
Kansas Providers' Performance on Key Indicators Was Mixed

Year	% of children with no substantiated abuse/neglect reports while in care (Standard 98%)	% of children with four or fewer placement moves (Standard 70%)	% of children returned home or achieving other permanency within 12 months or referral (Standard 65%)	% of children who remain in the home within 12 months of return (Standard 90%)
1998	99%	98%	33%	68%
1999	99%	99%	40%	73%

Source: Kansas Department of Social and Rehabilitative Services.

Illinois has had privatized child protective services for many years

Illinois. During the early 1990's there was a large increase in the number of children in Illinois' child welfare system. From 1990-1997 there was a 146% increase in the number of children in the foster care population. The Department of Children and Family Services (DCFS) attributed this increase to a number of high profile abuse and neglect cases and the practice of opening relative foster care cases when relatives were caring for children in their parent's absence, but were not at risk of abuse or neglect.

Illinois' child protection services were already extensively privatized when the Department of Children and Family Services (DCFS) utilized a new approach to contracting. Prior to 1997, Illinois' DCFS was already utilizing fee-for-child contracts. In Fiscal Year 1996, contracted services accounted for 90%, or \$1,041,551,800, of child welfare spending in Illinois. However, the DCFS contended that the fee-for-child payments method created a perverse incentive in that providers stood to lose funding if they discharged a child from the system without receiving a new referral in exchange. This led some providers to maintain their caseload instead of decreasing it. Department data shows that more children were entering the system than were leaving and that many children were moved in and out of numerous foster care placements.

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Illinois implemented performance contracting, an approach that utilizes financial incentives and disincentives

In response to the high number of children living in foster care, the DCFS initiated many reforms including performance contracts. Performance contracts are different from standard contracts in that they include a financial reimbursement system that rewards private agencies for superior performance and penalizes them for inferior performance. This is accomplished by redesigning how agencies receive new cases. Twenty-four percent of an agency's caseload must be made up of new referrals. At the same time the agencies must move 24% of their cases to permanency. If an agency exceeds this 24% standard, it receives fewer new cases with no reduction in funding, allowing it to serve fewer children with more money. If it does not meet the 24% standard, the agency must serve more children at the same contract level and the assignment of new referrals is stopped, lowering its contract amount. To encourage the placement of children, the contracts also give providers additional resources to fund permanency-focused positions, initiate services more quickly, and allow them to use administrative funds more flexibly.

Changing the contracting system in Illinois has helped to decrease the number of children in foster care

Thus far, performance contracting has resulted in fewer children in the foster care system. The DCFS reported a 9.1% decrease in caseload in state Fiscal Year 1998 and a 17.8% decrease in state Fiscal Year 1999. DCFS also projects the foster care caseload to further decline by 15.8% in state Fiscal Year 2000 and 14.4% in 2001. The department cites its ability to reinvest savings from caseload reductions into performance contracting as a major component to these reductions.

Despite the success of performance contracting, the Illinois Department of Children and Family Services has also encountered some difficulties. The most significant obstacle encountered under performance contracting is the inability of the department to utilize data during the contracting process. The contracting time line does not allow the department to collect, review, and finalize data results until the quarter after the contracts are signed. Another challenge is that the reinvestment structure of performance contracting is dependent on the failure of some agencies. Non-performing agencies are required to give up part of their caseloads and their contract amounts are subsequently reduced. This allows for the transfer of the cases and money to better performing agencies. If there was to be a large increase in the number of incoming cases, the ability of agencies to handle the capacity, especially in the event of transfers, is questionable. Furthermore, critics of the system have questioned the department's placement of children. The Cook County Public Guardian's Office expressed concern that the department places new referrals without regard to which agency could serve them best.

Further improvements needed in the program's accountability system introduction

As the department shifts additional responsibility to contract providers, accountability becomes increasingly critical. With diminished or no responsibility for direct services, the department will only be as effective as its contract service providers. The state retains custody of dependent children and remains responsible for the use of public resources and the quality of services. To ensure fiscal integrity and quality services, the program must have an effective provider monitoring system.

The program's provider monitoring system needs to be improved

***Monitoring of providers
focuses on compliance
issues***

While some improvements have been made in the program's accountability system, the program still needs to improve its provider monitoring system. Currently, the main purpose of the department's provider monitoring is to determine whether providers are complying with contractual requirements. Provider monitoring focuses largely on compliance and program administration issues such as administrative, fiscal, and programmatic components of services rather than critical aspects of service provision. Provider monitoring also verifies that a provider is delivering services in accordance with contract terms and conditions, is meeting performance standards, and is collecting and reporting accurate data. Review elements include staffing requirements, adequacy of facilities, and compliance with statutes and regulations. For example, staff examine client files to determine whether clients received services, if client records are up-to-date, and if staffing standards are being met.

***Monitoring quality of
contractor services
helps to assess
performance***

However, the department's system for monitoring providers does not allow for routine assessment of the quality of the provider's service provision. While compliance monitoring is important, it provides only part of the information the department needs to effectively manage the program. Monitoring also should evaluate the contractor's performance in delivering services and achieving desired program goals through quality decision making. Compliance monitoring does not provide this level of qualitative information. For example, compliance monitoring determines how many times a counselor saw a client. Quality monitoring determines whether the interaction between the client and counselor was comprehensive and thorough. Quality monitoring also determines if clients receive services that meet their needs and if caseworkers' decisions were in the clients' best interest. Qualitative and outcome information from these reviews could be used to evaluate the functioning of children and families in light of the services delivered.

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Reviews of the quality of provider's services have found strengths and weaknesses

Although not routinely conducted it has proven useful when the department has reviewed the quality of provider services. In August 2000, a review of the lead agency in Sarasota and Manatee counties underwent a comprehensive contract, quality assurance, and federal compliance monitoring. This review found that, overall, the lead agency was providing quality services and making good decisions concerning their clients. For example, the majority of case plans were individualized to the client and goals were clearly stated. The review also found that appropriate services to facilitate educational achievements, identify mental health needs, and treat health problems were provided in 100% of the cases. The department has also conducted reviews of non-community-based care providers that have proven useful in determining what quality improvements were needed.

Other workload priorities prevent district staff from conducting more monitoring

According to program management, one of the primary impediments to the department's ability to conduct quality monitoring is that staff with the necessary expertise are unable to participate in monitoring activities on a regular basis. The department is currently experiencing high turnover of staff and has a large number of protective investigations that have not been closed. As of June 2000, there were 48,541 investigations open statewide. Staff who would be involved in monitoring have been assigned to work on these cases and other duties due to the high rate of staff turnover. These assignments are often very important to ensure the safety of children. Monitoring, while an important part of their job and the department's mission, is a lower priority than these tasks.

Conclusions and Recommendations

It is too soon in the implementation of community-based care to draw definitive conclusions on whether privatization of child protection services will be able to resolve the program's weaknesses. However, we identified several problems with the department's implementation of the legislatively mandated community-based care initiatives that warrant further consideration. First, the department's four pilot projects mandated by the Legislature in 1996 had difficulty achieving their legislative goals. Second, the department has also experienced some difficulties and delays in establishing lead agencies, and more than likely will not meet the statutory deadline for statewide implementation of community-based care by January 1, 2003. To effectively implement lead agencies statewide, the department will need to address several potential obstacles such as reluctance on the part of many providers to assume the increased financial risk that comes with lead agency status, the limited number of providers with the capacity to provide a comprehensive array of services, and the reluctance of some communities to privatize child protection services.

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Department officials said they plan to ask the Legislature for flexibility in defining a lead agency in order to overcome some of these impediments. Specifically, the department is going to ask the 2001 Legislature to revise s. 409.1671, *Florida Statutes*, to allow a lead agency to assume responsibility for a narrower range of services than currently required until such time as it could develop the infrastructure and expertise needed to fully function as a lead agency. This revision could also provide for alternatives to the current financial risks that lead agencies must assume. These alternatives could include sharing more of the risk with the department or assuming more risk over time. In addition, the department may ask the Legislature to amend the statutes to give community alliances more flexibility and control in the design of their community's lead agency model.

The Legislature should consider amending s. 09.1671, F.S., to allow for more flexibility in how lead agencies are defined, including allowing districts to serve in the role

We agree with this approach and recommend that the Legislature consider amending s. 409.1671, *Florida Statutes*, to allow lead agencies more flexibility to build capacity and infrastructure over time. However, even with this increased flexibility, our review shows that the lead agency model may never be optimal in every county because of a lack of providers or community reluctance. As a result, we recommend that the Legislature consider making an additional revision to Ch. 409, *Florida Statutes*, and expand the definition of a lead agency to include the department's district offices. This would allow for the existence of a public private partnership in some areas of the state where it is determined that the department has the infrastructure and ability to effectively serve program clients as a lead agency.

The program should implement a system for monitoring the quality of provider services

Another major challenge facing the department is establishing an effective accountability system that includes an effective system to monitor provider performance, good contracts that provide incentives and disincentives to improve provider performance, and reliable data to help the Legislature and other policy makers make informed budget and policy decisions. To improve its program monitoring practices, we recommend that the program implement a system for monitoring the quality of provider services. This information will enable the program to identify best practices, take action to improve program services and client outcomes, and hold contractors accountable for achieving program results. The quality of services cannot be fully determined if a provider is only monitored to determine their compliance with contractual requirements. The quality monitoring system should be similar to the program's monitoring of lead agency contracts, which provides detailed information on performance. District program office staff should be assigned to conduct the monitoring in conjunction with the department's schedule for contract monitoring. However, given that many district staff are currently working on high priority assignments such as helping to reduce the backlog, the department should phase the new monitoring system in as district staff become available.

Appendix A

Statutory Requirements for Program Evaluation and Justification Review

Section 11.513(3), *Florida Statutes*, provides that OPPAGA Program Evaluation and Justification Reviews shall address nine issue areas. Our conclusions on these issues as they relate to the Department of Children and Families' Child Protection Program are summarized in Table A-1.

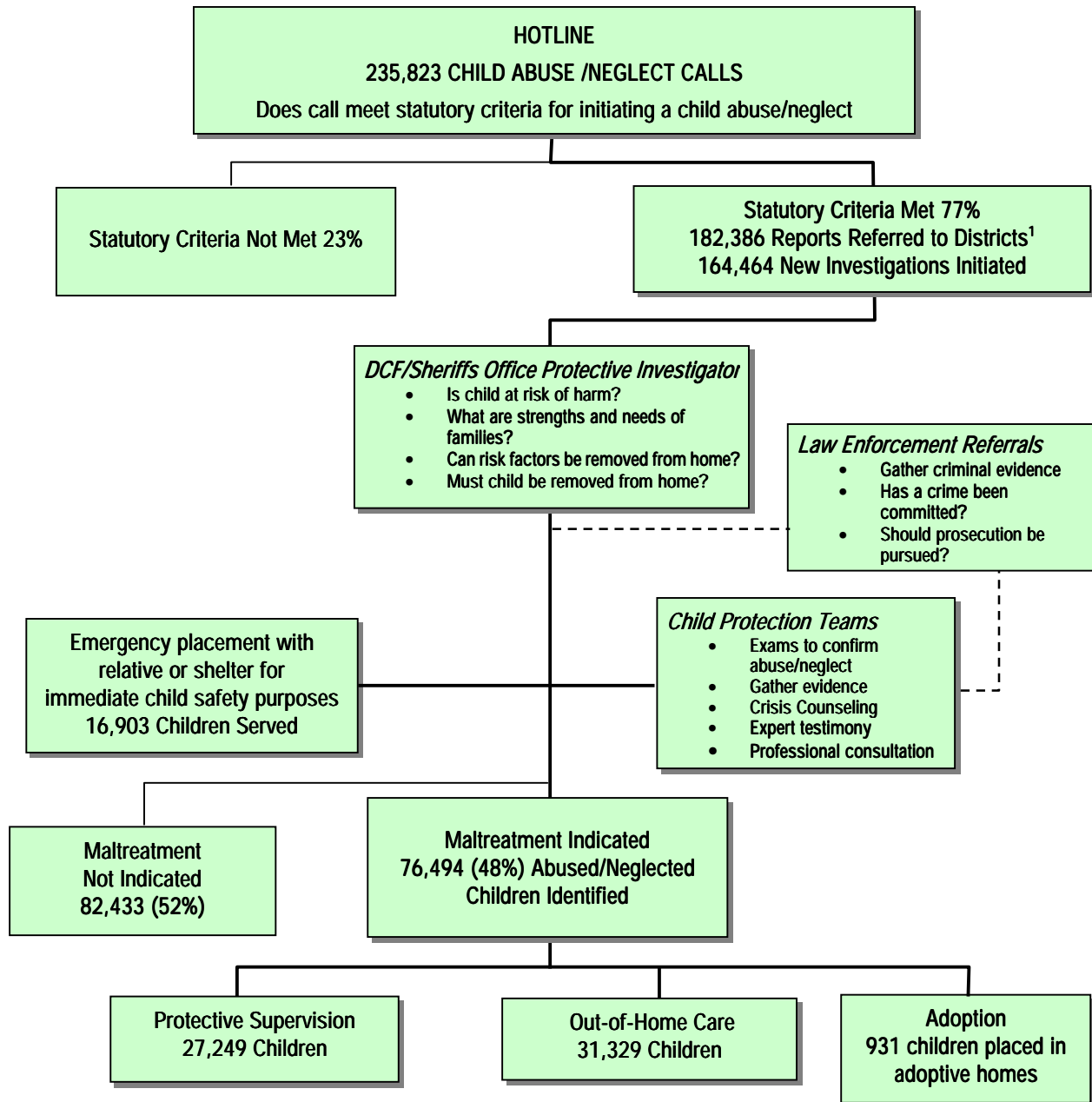
Table A-1
Summary of the Program Evaluation and Justification Review

Issue	OPPAGA Conclusions
The identifiable cost of the program	The Child Protection Program was appropriated \$721,212,035 and was authorized 5,802 positions for Fiscal Year 2000-01. State general revenue appropriations account for 31.6% and appropriations from trust funds account for 68.4%.
The specific purpose of the program, as well as the specific public benefit derived therefrom	The purpose of the Child Protection Program is to protect children from abuse and neglect and ensure a permanent and stable living arrangement for children who are victims of abuse and neglect. Preventing subsequent occurrences of child abuse and neglect is an important program goal because children should be keep free from harm, hospitalization for medical treatment of injuries sustained from physical abuse can be costly, and the legal process of removing children from their homes is disruptive to families and detrimental to society's best interests.
Progress towards achieving the outputs and outcomes associated with the program	The program should improve its performance for responding to hotline calls, conducting investigations, and finding permanent homes for abused children. During Fiscal Year 1999-2000 the program <ul style="list-style-type: none"> ▪ was not timely in responding to calls to the Florida Abuse Hotline, seeing alleged victims face-to-face, or closing investigations; ▪ did not meet its legislative performance standards in preventing reoccurrences of child abuse and neglect; and ▪ did not achieve its goal to ensure that abused and neglected children are provided safe, permanent, and stable living arrangements in a timely manner.
An explanation of circumstances contributing to the state agency's ability to achieve, not achieve, or exceed its projected outputs and outcomes, as defined in s. 216.011, <i>F.S.</i> , associated with the program.	The program continues to struggle with turnover, varied performance across districts, and a difficult client population. These factors contribute to the program's inability to meet its performance goals.
Alternative courses of action that would result in administering the program more efficiently and effectively	Hotline Operations. The program is not meeting the legislative standard in responding to hotline calls. We recommend that the department continue to monitor the hotline's call response rates to determine if the increase in staff has had a positive influence on performance.

Issue	OPPAGA Conclusions
	<p>Protective Investigations. We recommend that the department begin tracking the time frame that it takes protective investigators to see alleged victims designated as critical, immediate-need cases and use this information to ensure that protective investigators prioritize their time to ensure alleged victims deemed to be at higher risk are seen first.</p> <p>Protective investigators, although required by department procedures to record reasons why cases are open beyond statutory time frames, did not provide reasons for 62.6% of the cases that were not closed in the statutory time frame during Fiscal Year 1999-2000. We recommend that the department ensure that child protective investigators comply with this procedure and record complete and accurate information on reasons why investigations are not closed within 60 days.</p> <p>As part of its new statewide information system for the program, Home SafeNet, the department is developing the capacity to automatically track key phases in protective investigations. We recommend that the department remain committed to developing this capacity so program management will be more easily able to determine whether key case activities have been completed and what services are still needed.</p> <p>We recommend that the department consider adopting additional strategies for reducing backlogs. For example, targeting cases in which the reason the case is still open is that it needs supervisor attention before it can be closed.</p> <p><i>In-Home Supervision.</i> The department is in the process of implementing a new child assessment instrument that will be part of Home SafeNet. This assessment will allow protective investigation staff to assess and collect data on the types of problems that lead to child abuse. We recommend that the department continue to support this effort and see that it is fully implemented. Once this new instrument is implemented, we recommend that the department use information about specific family characteristics that are present in cases where reabuse occurs and determine whether strategies for preventing reabuse are effective or need to be redesigned.</p> <p><i>Out-of-Home Supervision and Adoptions.</i> We recommend that the department continue its efforts to increase the supply of foster and adoptive homes. We also recommend that the department monitor and evaluate the recruitment activities conducted by each district and provide technical assistance needed by the districts.</p> <p><i>Employee Retention.</i> We recommend that the program target its resources to eliminate barriers that are within its control such as implementing the lifestyle/work life enhancement program that is designed to assess office conditions and office supplies that may have a major influence on job satisfaction. The department should also identify the best practices of the service districts and private providers and use them as models for all districts.</p>

Issue	OPPAGA Conclusions
	A major challenge facing the department is establishing an effective accountability system that includes a system to monitor provider performance, good contracts, and reliable data to help the Legislature and other policy makers make informed decisions. To improve its program monitoring practices, we recommend that the program implement a system for monitoring the quality of provider services.
The consequences of discontinuing the program	Discontinuing the program would have adverse societal effects and would likely place children at greater risk of severe abuse or even death. National studies have concluded that abused children are much more likely to experience problems such as learning disorders, developmental abnormalities, and physical maladies than children who are not abused.
Determination as to public policy, which may include recommendations as to whether it would be sound public policy to continue funding the program, either in whole or in part.	This program provides beneficial services to program clients and to Florida's citizens. This review identifies several alternatives for improving services.
Whether the information reported pursuant to s. 216.03(5), <i>F.S.</i> , has relevance and utility for the evaluation of the program.	The program's measures used for this review are comprehensive, measure program outcomes, and reflect the most critical functions of service provision.
Whether state agency management has established control systems sufficient to ensure that performance data are maintained and supported by state agency records and accurately presented in state agency performance records.	The department has established sufficient procedures that reasonably ensure that the performance data used in this review, for background and informational purposes only, are reasonably accurate.

Florida's Child Protection System



¹ 17,922 reports involved incidents of abuse or neglect already being investigated.

Source: Department of Children and Families.

Agency Response

In accordance with the provisions of s. 11.45(7)(d), *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Children and Families for her review and response.

The Secretary's written response is reprinted herein beginning on page 66. The attachments cited in the written response are not included. However, the attachments are available upon request or may be found at OPPAGA's website.

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FLORIDA DEPARTMENT OF
CHILDREN & FAMILIES

Office of the Secretary



Jeb Bush

Governor

Kathleen A. Kearney

Secretary

March 2, 2001

Mr. John W. Turcotte, Director
Office of Program Policy Analysis and
Government Accountability
Post Office Box 1735
Tallahassee, Florida 32302

Dear Mr. Turcotte:

Thank you for your February 9, 2001 letter providing the preliminary findings and recommendations of your justification review for the Child Protection Program.

I believe that it is imperative that the Florida Legislature is informed that your justification review was conducted during a specific time frame that is not reflective of the Department's current practice and performance.

Our response to the findings and recommendations found in your review is enclosed. If I may be of further assistance, please let me know.

Very truly yours,

/s/

Judge Kathleen A. Kearney
Secretary

Enclosure

RESPONSE TO OPPAGA'S JUSTIFICATION REVIEW ENTITLED:
CHILD PROTECTION PROGRAM
MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS
CHAPTERS 1-3

MAJOR FINDING:

THE PROGRAM IS BENEFICIAL, PROPERLY PLACED, BUT FURTHER IMPROVEMENTS NEEDED.

DEPARTMENT'S RESPONSE:

The Department agrees. In the response below, some very dramatic improvements that have already taken place are highlighted, as well as some strategies for further improvements, many of them are well underway. It is important to note that the Department is bound by the realities of state budgeting and contracting, and that many of these improvements are directly attributable to the infusion of resources appropriated in the 1999 and 2000 legislative sessions finally becoming operational.

RECOMMENDATION 1:

The program should continue to monitor the hotline's call response rate.

DEPARTMENT'S RESPONSE:

The Hotline's response rate has improved dramatically to as low as 3%, well below the Legislative standard of 7%. There is more recent data available than that covered in the report. During the months of December 2000 and January 2001, the Hotline abandoned call rate was down to 3%. The improvement in the abandoned call rate is the direct result of the recruitment, training and deployment of additional staff; utilization of newer state of the art telephone technology and other strategies for improving counselor productivity. Since October of 1999, the Hotline was appropriated 57 new counselor positions: 7 in October 1999; 35-in January 2000; 5 in July 2000; and 10 in December 2000. They also received 8 supervisor, 2 manager and 6 data processing control specialist positions over the same time period for a total of 73 positions.

We expect to maintain this positive trend and will continue to monitor the call rate as recommended.

RECOMMENDATION 2

The program should begin tracking whether investigators make immediate contact with children deemed to be at higher risk.

DEPARTMENT'S RESPONSE:

The Department's tracking system indicates that 74.5% of high risk reports are commenced within three hours, an improvement from one year ago. As the report mentioned, Florida law requires protective investigation staff to commence investigations immediately if the alleged victim is or appears to be in imminent danger of being harmed. Other investigations should be commenced within 24 hours. A statewide on-line management report which tracks commencement time daily is available. This is the On-Line Reponse Time Performance Report from the Florida Abuse Hotline Information System (FAHIS). Below is a chart that illustrates the type of data we can track on-line, on a daily basis which shows that response times are significantly better today than one year ago.

	% of Investigations Commenced in:			
	Immediate Response		24 hour Response	
	0-3 Hours	3-6 Hours	0-24 Hours	24-48 Hours
2/18/2001 - 2/24/2001	74.5%	11.9%	91.2%	8%
2/21/2000 - 2/27/2000	67.6%	15.4%	86.1 %	11.6%

In commencing each investigation, the protective investigator attempts to have face-to-face contact with the alleged child victim. In many cases the child is not at the address given to the Hotline. The investigator then tries to determine the location of the child. This may not always be possible because: the address may not exist or be incorrect; the child may have moved out of the area; the family may have moved with no forwarding address; the family may refuse to allow the child to be seen, or the child may not exist. Because it is beyond the control of the investigator to see all child victims within 24 hours, the 100% standard set by the Legislature, though laudable as an aspirational goal, will never be attainable as a performance budgeting standard.

Nevertheless, we expect to improve performance for this measure as new staff are hired, trained and gain experience. Also, investigative staff will have the latest technology available including cell phones and wireless laptop computers to help locate children.

The Department currently has on-line, daily management reports to determine commencement performance for both "immediate" and "24-hour" response investigations. We are in the process of developing the capacity to track which individual victims have not been seen so that supervisors and managers can proactively identify which cases merit attention to ensure that alleged victims are being seen in a timely fashion.

HomeSafenet, the statewide automated child welfare information system, will include the first of many decision support tools that will provide investigators, supervisors and management, with on-line, real-time information on the progress and characteristics of each case. This information will guide investigators and supervisors through the investigation and decision making process and provide daily information to supervisors and management on the progress of cases.

RECOMMENDATION 3

The program should ensure that investigation staff record complete and accurate information on investigations not closed within 60 days.

DEPARTMENT'S RESPONSE:

The Department is focusing on child safety information for investigations not closed within 60 days and has developed a risk model, which categorizes each case based on the potential risk to the child. Since the safety of the child is of paramount concern, districts have been asked to prioritize open cases based on five priority groups from highest to lowest risk for children. Priority is determined by applying a point system to various criteria related to child safety such as age of the youngest victim, existence of prior abuse reports, victims seen, maltreatment type, response priority (immediate or 24 hour) and reporter type. Districts are completing and closing the highest risk cases first. An estimated 1 % of the cases currently in backlog belong to the highest risk group. A concerted effort has been made by all districts to address these cases. Many of these cases remain open for investigative purposes but the families involved are receiving services under the auspices of the Department to ensure child safety. The most prevalent reason the case remains open is that the juvenile court has not yet determined the legal status of the dependency petition.

Districts are continuing to stratify their cases using the risk model and will be reporting on a monthly basis, by category, why cases are still open. We are continuing to refine this model and will work to ensure the quality and integrity of the information recorded by staff as recommended. Staff will be held accountable for accurately reflecting the status of cases.

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As described earlier, the Child Safety Assessment instrument in Release Two of HomeSafenet will allow supervisors and managers to view cases electronically as they progress through the investigatory process. Supervisors and managers will know on a daily basis whether required actions are being taken and data elements completed.

RECOMMENDATION 4

The program should consider new strategies for reducing case backlog.

DEPARTMENT'S RESPONSE:

New strategies are being implemented because our concern for child safety is more paramount than the length of time a case is open. All districts have backlog plans which are monitored monthly and provide varied approaches to reducing backlog based upon each district's unique demographics. In addition, we have introduced the risk model described above so that districts will first focus on the highest risk cases. The best defense against backlog is the deployment of new investigative staff authorized by the 2000 Legislature. These positions were lapsed and did not become effective until October 2000. It takes time for staff to become experienced, productive counselors therefore the full beneficial effect of these valuable resources will take time.

Dr. Richard Gelles, et. al., of the University of Pennsylvania, completed an independent evaluation of the Florida Hotline and determined that the Hotline is accepting cases that are outside of the statutory definition of abuse, neglect, and abandonment. Work is currently underway to refine the Hotline screening criteria so that only calls that meet the defined statutory criteria are accepted and referred to the districts for investigation. This work will be completed in April 2001.

There is reason to be optimistic about the management of backlogged cases. For the first time in several years, more cases are being closed than received. Also, the number of backlogged cases is at its lowest point in four months. Backlog will be closely monitored by the Family Safety Program Office and the results reported to the Secretary on a daily basis.

The second release of HomeSafeNet, when fully developed and deployed, will provide protective investigators, whether they are Department or Sheriff's Office employees, with powerful tools and management reports to reduce the backlog and ensure the timely and appropriate completion of investigations.

RECOMMENDATION 5

The program should consider family characteristics when determining strategies for preventing reabuse.

DEPARTMENT'S RESPONSE:

HomeSafenet will provide the Department with data on the types of family problems that lead to child abuse. The automated initial child safety assessment now being implemented will provide automated information on family characteristics for the first time. The Department will use this information as well as other data and management reports from HomeSafenet to develop strategies for improving practice and decision making regarding child safety and preventing reabuse.

Preliminary data for the latest two quarters indicate improvement with regard to reabuse while in foster care. Performance for this measure was at 98%, which is above the legislatively mandated goal of 97 percent. The measure of reabuse during one year following the provision of services indicates that performance has remained fairly constant but below the legislative goal of 95%. While national studies indicate that the 95% goal may not be attainable, it is expected that there will be improvement in that measure. However, since the cases we close this year will be followed for reabuse for the next twelve months, this will not be apparent until next year. Likewise, the cases reported as "reabused" in this year's performance reports were closed one year ago so this year's reports are reflective of last year's actions.

The Department takes the reabuse measure very seriously. An understanding of how we determine reabuse is important in evaluating performance.

- ◆ ***Florida uses very broad definitions of abuse, neglect, and threatened harm.*** When reabuse performance measures were first adopted by the Legislature, the Department developed and recommended the methodology for how performance was to be determined. Florida, unlike many states, has implemented two categories for determining abuse and neglect. The first category is "verified" cases where the preponderance of the credible evidence results in a determination that the specific injury, harm or threatened harm was the result of abuse or neglect. The second category includes investigations where there are some indications of abuse/neglect but not a preponderance of credible evidence. After much debate, the Department decided to report on both categories when counting reabuse which results in more cases being counted as "reabused" or "reneglected". This is not the standard that is used by most states in reporting reabuse statistics. The majority of other states only report on cases of verified abuse and neglect which results in fewer cases being reported in this category.

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- ◆ **Florida evaluates reabuse for one year following services.** The federal government, in its outcome report to Congress, measures reabuse which is defined as abuse within a six-month period following the first incident. In Florida, we track reabuse for a 12-month period following closure of the case. Most states have adopted the less rigorous standard as set forth by the federal government.
- ◆ **Florida investigates prospective harm, unlike many other states.** In addition to the categories of "abuse" and "neglect", Florida investigates cases which are likely to result in harm to the child, even if the child has not yet experienced abuse, neglect, or abandonment.
- ◆ **Florida includes incidents which involve different perpetrators and maltreatments than the original case.** The reabuse may involve a completely different perpetrator and different maltreatment than the original incident.

RECOMMENDATION 6

The program should aggressively recruit new foster and adoptive parents and monitor and evaluate district recruitment activities.

DEPARTMENT'S RESPONSE:

New initiatives funded by the 2000 Legislature are helping the Department improve recruitment and retention of foster and adoptive parents. Foster and adoptive parents do a wonderful job, voluntarily, of caring for children who have been abused or neglected by their parents. Many of the children have behavioral problems that can be treated and managed with professional help and other supports. Recruitment and retention of foster and adoptive parents is an issue nationally, as well as in Florida. The following initiatives, which are now being implemented in the districts as a result of appropriations from the 2000 Legislature are designed to give foster parents the supports they need to perform this difficult task:

- ◆ New contracted foster care and adoption staff are being hired and trained to help recruit and support foster and adoptive parents;
- ◆ Behavioral analysts will be available to advise foster parents on behavioral problems of individual foster children;
- ◆ Foster parents will be trained on behaviorally based parenting skills using a program called "Parenting Tools for Positive Behavior Change;"

- ◆ A state level foster parent liaison will be available to support the statewide Foster Parent Association, with similar supports being made available at the district level;
- ◆ A mentoring program is being set up to provide stipends for foster parents who recruit and mentor new foster parents;
- ◆ The Department's Office of Community Resources and Volunteer Management has increased efforts with corporations, local businesses, community providers and individual volunteers to offer supports to foster children and foster parents as well as help with recruitment efforts. For example, foster children have received clothing and computers, and foster parents have received holiday dinners and respite services. An estimated \$14.8 million worth of goods and services were donated on behalf of abused and neglected children during FY 1999-2000.
- ◆ The Department's Office of Communications has partnered with local media outlets to target recruitment efforts for foster and adoptive parents. The CBS network affiliate in Orlando conducted a week long televised recruitment campaign during August, 2000. The NBC network affiliate in West Palm Beach just completed a similar week long effort during its sweeps week in February, 2001.

As recommended, the Department is also looking at ways to strengthen Central Office as well as district oversight of recruitment activities.

RECOMMENDATION 7

To improve employee retention, the program should target its resources to eliminate barriers that are within its control.

DEPARTMENT'S RESPONSE:

Efforts to alleviate workload may be the most effective retention strategy.

The report acknowledged that staff turnover is a crisis nationally for child welfare agencies. It also acknowledged some of the Department's strategies for retaining staff. In an effort to approach the problem analytically, a statewide retention workgroup has been established to identify root causes for high turnover and develop career paths for counselors.

In a recent survey, counselors were asked about barriers to performing their jobs. Preliminary indicators reveal that workload is the predominant barrier. The additional staff discussed above, concomitant with new technology and HomeSafenet, should help alleviate workload pressures. In 1999, the child welfare training system was revamped to focus more on experiential learning—teaching the tasks that counselors need to do their jobs. Efforts are underway to make sure that the job task analyses that are the basis for this "nuts and bolts"

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training are updated and relevant. These and other workload improvement efforts may be the most effective retention strategies.

Understanding that the Governor's plans for career service reforms are still in an evolutionary stage, these reforms are expected to allow us to reward and retain our most talented public servants.

**DEPARTMENT'S RESPONSE TO IMPLEMENTING COMMUNITY-BASED
CARE INITIATIVES
CHAPTER 4**

INTRODUCTION

DEPARTMENT'S RESPONSE:

1. The legislation passed in 1996 and expanded on in 1998 and 2000 was precedent setting, and created the largest scale mandate for the privatization of child protection services in the entire country.
2. The Department has effectively embraced this mandate and significantly broadened the scope of the initiative beyond privatization to what we now call Community-Based Care (CBC). The CBC vision includes significant community level non-governmental participation in the design of an overall system of comprehensive care and supports for entire families.
3. The perspective established in the report is that the initiative is facing serious challenges. This is without adequate representation of the Department's response to these challenges or the progress achieved.

Resource Documents Attached:

- A) s. 409.1671, Florida Statutes (1996)
- B) s. 409.1671, Florida Statutes (1998)
- C) s. 409.1671, Florida Statutes (2000)

BACKGROUND

DEPARTMENT'S RESPONSE:

This section provides adequate background on the three major components of CBC:

- a.) Privatization of the entire Child Protection system except for the Florida Abuse Hotline and child protection investigations (Sheriffs' offices have assumed this responsibility in Manatee, Pinellas, Pasco, Broward, and Seminole counties);
- b.) Contracting with Lead Agencies to organize effective systems of care for the families served and;

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- c.) Organizing Community Alliances in each county to provide opportunity for inclusive and participatory planning.

RECOMMENDATION 8

Privatization pilot projects had difficulty achieving legislative goals.

DEPARTMENT'S RESPONSE:

1. Based on the lessons learned from the initial four Pilot Projects, the Department has made significant improvements in the CBC initiative as demonstrated in the chart set forth below.

Pilot	Lessons Learned	Improvements	Current Status
Sarasota County Coalition for Children and Families	Community support/readiness	<ul style="list-style-type: none"> • §20.19, F.S., amended in 2000 to create Community Alliances to provide input into the development of CBC at the local level. 	Community Alliances active in all 67 counties (see attached chart).
District 13 - Lake County Boys Ranch Bridges Program	Financial Risk	<ul style="list-style-type: none"> • § 409.1671, F.S., amended in 2000 to create authority to have a risk pool. 	<ul style="list-style-type: none"> • The 2000 Legislature appropriated \$4.5 million and the Department is developing a risk pool management plan.
District 4 - Family Services Coalition & District 1 - Homeward Bound	Agency Readiness	Based on nationally recognized accrediting standard, the Department has developed a lead agency readiness assessment tool (Council On Accreditation).	Lead Agency must pass all items on the readiness assessment before a service contract will be signed.
District 13 - Lake County Boys Ranch Bridges Program	Quality Assurance/Monitoring	<ul style="list-style-type: none"> • Development of a comprehensive monitoring system for quality and compliance 	<p>Department has a contract with Florida State University to provide an annual evaluation of the quality, financial stability and effectiveness of lead agencies.</p> <p>Department conducts ongoing monitoring of programmatic and administrative compliance, as well as quality assurance and outcome attainment.</p>

2. The section includes two types of outcome data on the original four legislatively mandated Pilot Projects:

- a) Data comparing the performance of the pilots with the performance of the state-operated service system, and
- b) Data that compares the performance of three of the pilots with the statewide standards for FY 1999-2000.

3. When compared with the state-operated systems, the pilots performed better on six of seven measures reported and equal to the state-operated system on the seventh measure.

The Sarasota County Coalition project met both standards for reunification of children in Foster Care with their parents; however, none of the three pilots met either of the two standards on percent of children re-abused. The reader is referred to the Department's comments contained within its response to Recommendation 5 set forth above for further clarification of this measure.

4. The report characterizes the need for technical assistance as a difficulty. The need for extensive technical assistance is a natural result of the significant expansion in scope and responsibility that community-based agencies must manage as they move into the child protection service delivery system leadership role.

5. The report states that the pilot projects "represented only 1.9% of the state's total caseload." The Department feels it is important to clearly note that a proportionate share of the Department's appropriated funds were used for the pilot projects.

6. Success of the Sarasota County Coalition for Children and Families can not be directly tied to the relative wealth of the community or the percent of children of all Florida counties. The Sarasota program has been successful in garnering community support and commitment to invest time in the program. This type of activity can be replicated in all of Florida's counties. Additionally, Sarasota receives a fair share of the state's funding based on population and workload. Sarasota's ability to have low caseloads is the result of reducing duplication, leveraging federal funding, and implementing a coordinated service delivery system.

7. Technical assistance to the pilot projects was necessary because both the Department and the agencies were working in partnership to

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build a new system of care. For this to be completed, an intense level of communication and information sharing needed to be maintained.

8. An internal review was completed during the summer of 2000, to prepare for an Adoptions and Safe Families Act (ASFA) audit, which is scheduled by the federal government to begin in the Fall of 2001. The results of the internal review were very positive for the CBC sites and, in fact, Sarasota and Manatee counties scored better overall on the ASFA review than any of the DCF districts.

Resource Documents Attached:

- D) Community Alliance Activity Summary
- E) Community Alliance Activity Maps
- F) Lead Agency Readiness Assessment
- G) Example Analysis of CBC Readiness Assessment

RECOMMENDATION 9:

The Department will not likely fully privatize foster care and related services by January 2003.

DEPARTMENT'S RESPONSE:

1. The OPPAGA Report accurately portrays the major steps in the competitive procurement / contracting requirements as set forth in Sections 287.059 and 409.1671, Florida Statutes. In consideration of:

- a) the complexity of the services being purchased;
- b) the value of the contracts;
- c) the requirement for substantial Community Alliance participation in the process; and
- d) the critical importance that that new community-based system be a significant improvement over the existing state-run system,

the timelines to fully privatize an entire community system are necessarily lengthy and complex. The Department has been vigorously pursuing the development of the CBC initiative and is in constant dialogue with the Legislature to advise them of the progress being made in keeping with our statutorily mandated timeline for implementation.

2. The Invitation to Negotiate is a competitive procurement process. Built into this process are several steps that increase the time it takes to negotiate and execute a contract. However, the Department chose the Invitation to Negotiate as its method of competitive procurement because it provides the Department, community, and applicants with the best opportunity to work together to develop a comprehensive and locally supported system of care for child protection services.

3. Each Invitation to Negotiate issued by the Department for CBC has been responded to by competent and well established entities.

4. There has been significant progress in the competitive procurement of CBC Lead Agency providers in several counties, since the OPPAGA review was conducted:

a) **District 12, Volusia and Flagler counties** - Negotiations have concluded and Children's Home Society, which represents Partners for Community-Based Care, Inc. has agreed to the terms of a start-up contract.

b) **District 1, Escambia, Santa Rosa, Okaloosa, Walton counties** - The Department had selected a successful applicant. This selection led to a protest by an unsuccessful applicant. In a Recommended Order dated February 2, 2001, the Division of Administrative Hearings recommended the dismissal of this protest. The Final Order has been issued and the Department will begin negotiations with the successful applicant, Lakeview Center. The Department expects to enter into a start-up contract by April 2001.

c) **District 9, Palm Beach County** - The Department will be entering negotiations on March 5, 2001, with the successful bidder, Child and Family Connections, a partnership between Children's Home Society and The Children's Place at Home Safe.

d) **SunCoast Region, Hillsborough County** - The Department is negotiating with Hillsborough Kids, Inc., a partnership between Children's Home Society, The Children's Home Inc. and Northside Mental Health Center. The Department expects to enter into a start-up contract by May 2001.

e) **District 4, Duval County** - The Department has developed a new format for the ITN that is more streamlined and encourages

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innovation of the service delivery system by the responding provider agencies. The ITN will be released in March 2001.

5. When these counties have completed the entire development process, a total of 13 counties will be fully privatized. These community-based agencies will be under contract to serve approximately 32,000 victims of child abuse. This represents about 42% of all of the victims identified in the State during FY 1999/2000.

Resource Documents Attached:

- H) Community-Based Care Development Model
- I) Children Identified as Victims in Reports Locked
- J) Community-Based Care Lead Agency Status Map

RECOMMENDATION 10:

Potential obstacles may prevent the Department from establishing lead agencies statewide.

DEPARTMENT'S RESPONSE:

The Department concurs that implementation of the current Lead Agency model is a challenge, specifically as it relates to the development of adequate service delivery and administrative infrastructure within each potential Lead Agency. The Department recognizes that the capacity to support the community-based care initiative is not fully developed in some of the more rural areas of our state. However, it is felt that this report understates the wide range of service experience existing providers have with children and families, in a variety of settings.

- a) In reporting that 79% of Family Safety contracted program service providers have only one service contract, OPPAGA only looked at the number of contracts within the Family Safety program. By excluding from the analysis any contracts a provider may have outside of the Family Safety program (e.g., Mental Health, Substance Abuse, Developmental Disabilities, Juvenile Justice, alternative education, crisis intervention, etc.) or the different types of services a provider might provide under one contract with Family Safety, OPPAGA does not present an accurate picture of provider experience.

- b) There are other factors, which are strong indicators of provider service capacity beyond the number of contracts they may have with Family Safety (e.g., the types of clients served, the number and types of subcontracts managed, working agreements with other providers, programs and/or Departments, etc.).
- c) Despite the concerns regarding the chart illustrated in Exhibit 27, page 54, the 8% of all service providers who have three or more Family Safety contracts amounts to a total of 25 provider agencies. This is a substantial provider base to support the implementation of CBC.

RECOMMENDATION 11:

Further improvements needed in the programs accountability system introduction.

DEPARTMENT'S RESPONSE:

The Department concurs with the conclusion that quality assurance efforts need improvement. Some of the activities currently under way to further develop and improve quality assurance are that:

1. The Department is currently preparing to achieve accreditation by a nationally recognized accrediting organization. It is imperative that the Florida Legislature support this initiative and fund our accreditation efforts.
2. All Lead Agencies are required to become accredited by a nationally recognized accrediting body within four years of becoming a Lead Agency. This requirement is documented in the ITN and written into the service contract. A fully accredited Lead Agency will have multiple quality assurance mechanisms established, including but not limited to: quarterly reviews of all performance and process data, peer reviews, external reviews, program evaluations, assessment of consumer satisfaction (qualitative) and an approved continuous quality improvement plan.
3. District Quality Managers have been appointed by the District Administrator in each district and are responsible for the coordination of monitoring and data sampling activities.
4. The Department has established a Contracted Client Services Office to provide a single point of accountability for contract management that can address, in a comprehensive and unified manner, the wide variety

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of issues that affect the acquisition, management, and monitoring of contractual services. This capacity has been fully established at Central Office and is in the process of being developed and expanded to the district/regional offices.

6. The Department has developed a comprehensive Quality Improvement Plan. The overall mission of this initiative is to, "empower employees through tools and technical assistance to identify, solve, and improve service quality and performance."

Resource Documents Attached:

- K) Contract System Improvement Plan (Presentation to the Grand Jury, January 2001)
- L) Department of Children and Families Quality Improvement Plan, February 2001

CONCLUSIONS AND RECOMMENDATIONS

DEPARTMENT'S RESPONSE:

1. The Department learned a great deal from both the successes and failures of the first four pilots. The lessons learned led to statutory authority for a risk pool and community alliances, and the development of a readiness assessment instrument which allows the Department and Lead Agency to monitor progress during the transition phase as the legislatively mandated capacities of lead agencies are developed.
2. Provider and community reluctance is largely the result of a lack of information and understanding. With increased outreach activities to the community, community stakeholders, district staff, and the development of community alliances will bridge the information gap.
3. The Department will seek flexibility in how communities are allowed to proceed with the CBC initiative. Our proposed language is consistent with the concept of increased flexibility proposed in the OPPAGA report. The Department's proposed language is as follows:

If attempts to competitively procure services through an eligible lead community-based provider as defined in subsection (1)(b) do not produce a capable and willing agency, the Department shall develop a plan in collaboration with the local community alliances. The plan will detail how the community will continue to

implement privatization through competitively procuring either the specific components of foster care and related services or comprehensive services for defined eligible populations of children and families from qualified licensed agencies as part of its efforts to develop the local capacity for a community-based system of coordinated care. The plan will ensure local control of service provision and may include recognized best business practices including some form of public/private partnerships.

4. The most important goal of all CBC activities is the improvement of the overall system of care. The attainment of this goal is critical in all 67 counties of our State. New federal laws require that ASFA standards are met statewide. It is important for the further development of community-based care that the Florida Legislature give careful consideration to the recommendation that the definition of Lead Agency be expanded to accommodate a broader form of public/private partnership. This option may offer an effective solution to the challenges of increasing provider capacity and minimizing community reluctance.

1996 Florida Statute 409.1671 Foster care and related services; privatization.

(1) It is the intent of the Legislature to encourage the [Footnote 1] Department of Health and Rehabilitative Services to contract with competent community-based agencies to provide foster care and related services. By privatizing these services, the support and commitment of communities to the reunification of families and care of children and their families will be strengthened, and efficiencies as well as increased accountability will be gained. services may include family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, postadjudication legal services, foster care supervision, postadjudication case management, postplacement supervision, permanent foster care, family reunification, the filing of a petition for the termination of parental rights, and adoption.

(2) The department may contract for the delivery, administration, or management of protective services, the services specified in subsection (1) relating to foster care, and other related services or programs, as appropriate. The department shall retain responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations.

(3) (a) The department shall establish a quality assurance program for the privatization of services. The quality assurance program must include standards for each specific component of these services. The department shall establish minimum thresholds for each component. Each program operated pursuant to contract with a community-based agency must be evaluated annually by the department or by an objective competent entity designated by the department under the provisions of the quality assurance program. The evaluation must be financed from cost savings associated with the privatization of services. The department shall submit an annual report regarding quality performance, outcome measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, the Minority leader of each house of the Legislature, and the Governor no later than January 31 of each year, beginning in 1998. The quality assurance program must be funded through administrative savings generated by this act.

(b) The department shall establish and operate a comprehensive system to measure and report annually the outcomes and effectiveness of the services that have been privatized. The department shall use these findings in making recommendations to the Governor and the Legislature for future program and funding priorities in the child welfare system.

(4) (a) The community-based agency must comply with statutory requirements and agency regulations in the provision of contractual services. Each foster home, therapeutic foster home, emergency shelter, or other placement facility operated by the community-based agency must be licensed by the [Footnote 1] Department of Health and Rehabilitative Services under chapter 402 or this chapter. Each community-based agency must be licensed as a child-caring or child-placing agency by the department under this chapter.

(b) A community-based agency providing contractual services under this section may be issued a Medicaid provider number pursuant to s. 409.907 to enable the agency to maximize federal support for these services under the state's Medicaid plan. A community-based agency must also participate in and cooperate with any federal program that will assist in the maximization of federal support for those services, as directed by the department.

(5) Beginning in fiscal year 1996-1997, the [Footnote 1] Department of Health and Rehabilitative Services shall establish a minimum of five model programs. These models must be established in the department's districts 1, 4, and 13; in subdistrict 8A; and in a fifth district to be determined by the department, with the concurrence of the appropriate district health and human services board. For comparison of privatization savings, the fifth model program must be contracted with a competent for-profit corporation. Providers of



these model programs may be selected from a single source pursuant to s. 287.057(3)(c) and must be established, community-based organizations within the district or subdistrict.

Contracts with organizations responsible for the model programs shall include the management and administration of all privatized services specified in subsection (1), except for funds necessary to manage the contract. If the community-based organization selected for a model program under this subsection is not a Medicaid provider, the organization shall be issued a Medicaid provider number pursuant to s. 409.907 for the provision of services currently authorized under the state Medicaid plan to those children encompassed in this model and in a manner not to exceed the current level of state expenditure. Each district and subdistrict that participates in the model program effort or any future privatization effort as described in this section must thoroughly analyze and report the complete direct and indirect costs of delivering these services through the department and the full cost of privatization, including the cost of monitoring and evaluating the contracted services. History: s. 49, ch. 94-164; s. 5, ch. 96-402.

[Footnote 1] Note. The Department of Health and Rehabilitative Services was redesignated as the Department of Children and Family Services by s. 5, ch. 96-403.

1998 Florida Statute 409.1671 Foster care and related services; privatization.--

(1)(a) It is the intent of the Legislature that the Department of Children and Family Services shall privatize the provision of foster care and related services statewide. As used in this section, the term "privatize" means to contract with competent, community-based agencies. The department shall submit a plan to accomplish privatization statewide, through a competitive process, phased in over a 3-year period beginning January 1, 2000. This plan is to be submitted by July 1, 1999, to the President of the Senate, the Speaker of the House of Representatives, the Governor, and the minority leaders of both houses. This plan must be developed with local community participation, including, but not limited to, input from community-based providers that are currently under contract with the department to furnish community-based foster care and related services, and must include a methodology for determining and transferring all available funds, including federal funds that the provider is eligible for and agrees to learn and that portion of general revenue funds which is currently associated with the services that are being furnished under contract. The methodology must provide for the transfer of funds appropriated and budgeted for all services and programs that have been incorporated into the project, including all management, capital (including current furniture and equipment), and administrative funds to accomplish the transfer of these programs. This methodology must address expected workload and at least the 3 previous years' experience in expenses and workload. With respect to any district or portion of a district in which privatization cannot be accomplished within the 3-year timeframe, the department must clearly state in its plan the reasons the timeframe cannot be met and the efforts that should be made to remediate the obstacles, which may include alternatives to total privatization, such as public-private partnerships. As used in this section, the term "related services" means family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, foster care supervision, case management, postplacement supervision, permanent foster care, and family reunification. Unless otherwise provided for, beginning in fiscal year 1999-2000, either the state attorney or the Office of the Attorney General shall provide child welfare legal services, pursuant to chapter 39 and other relevant provisions, in Sarasota, Pinellas, Pasco, and Manatee Counties. Such legal services shall commence and be effective, as soon as determined reasonably feasible by the respective state attorney or the Office of the Attorney General, after the privatization of associated programs and child protective investigations has occurred. When a private nonprofit agency has received case management responsibilities, transferred from the state under this section, for a child who is sheltered or found to be dependent and who is assigned to the care of the privatization project, the agency may act as the child's guardian for the purpose of registering the child in school if a parent or guardian of the child is unavailable and his or her whereabouts cannot reasonably be ascertained. The private nonprofit agency may also seek emergency medical attention for such a child, but only if a parent or guardian of the child is unavailable, his or her whereabouts cannot reasonably be ascertained, and a court order for such emergency medical services cannot be obtained because of the severity of the emergency or because it is after normal working hours. However, the provider may not consent to sterilization, abortion, or termination of life support. If a child's parents' rights have been terminated, the nonprofit agency shall act as guardian of the child in all circumstances.

(b) As used in this section, the term "eligible lead community-based provider" means a single agency with which the department shall contract for the provision of child protective services in a community that is no smaller than a county. To compete for a privatization project, such agency must have:

1. The ability to coordinate, integrate, and manage all child protective services in the designated community in cooperation with child protective investigations.
2. The ability to ensure continuity of care from entry to exit for all children referred from the protective investigation and court systems.
3. The ability to provide directly, or contract for through a local network of providers, all necessary child protective services.
4. The willingness to accept accountability for meeting the outcomes and performance standards related to child protective services established by the Legislature and the Federal Government.



5. The capability and the willingness to serve all children referred to it from the protective investigation and court systems, regardless of the level of funding allocated to the community by the state, provided all related funding is transferred.
 6. The willingness to ensure that each individual who provides child protective services completes the training required of child protective service workers by the Department of Children and Family Services.
- (2) The department may contract for the delivery, administration, or management of protective services, the services specified in subsection (1) relating to foster care, and other related services or programs, as appropriate. The department shall retain responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations.
- (3)(a) The department shall establish a quality assurance program for privatized services. The quality assurance program may be performed by a national accrediting organization such as the Council on Accreditation of Services for Families and Children, Inc. (COA) or the Council on Accreditation of Rehabilitation Facilities (CARF). The department shall develop a request for proposal for such oversight. This program must be developed and administered at a statewide level. The Legislature intends that the department be permitted to have limited flexibility to use funds for improving quality assurance. To this end, effective January 1, 2000, the department may transfer up to 0.125 percent of the total funds from categories used to pay for these contractually provided services, but the total amount of such transferred funds may not exceed \$300,000 in any fiscal year. When necessary, the department may establish, in accordance with s. 216.177, additional positions that will be exclusively devoted to these functions. Any positions required under this paragraph may be established, notwithstanding ss. 216.262(1)(a) and 216.351. The department, in consultation with the community-based agencies that are undertaking the privatized projects, shall establish minimum thresholds for each component of service, consistent with standards established by the Legislature. Each program operated under contract with a community-based agency must be evaluated annually by the department. The department shall submit an annual report regarding quality performance, outcome measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, the minority leader of each house of the Legislature, and the Governor no later than January 31 of each year for each project in operation during the preceding fiscal year.
- (b) The department shall use these findings in making recommendations to the Governor and the Legislature for future program and funding priorities in the child welfare system.
- (4) The community-based agency must comply with statutory requirements and agency rules in the provision of contractual services. Each foster home, therapeutic foster home, emergency shelter, or other placement facility operated by the community-based agency or agencies must be licensed by the Department of Children and Family Services under chapter 402 or this chapter. Each community-based agency must be licensed as a child-caring or child-placing agency by the department under this chapter. The department, in order to eliminate or reduce the number of duplicate inspections by various program offices, shall coordinate inspections required pursuant to licensure of agencies under this section.
- (5) Beginning January 1, 1999, and continuing at least through December 31, 1999, the Department of Children and Family Services shall privatize all foster care and related services in district 5 while continuing to contract with the current model programs in districts 1, 4, and 13, and in subdistrict 8A, and shall expand the subdistrict 8A pilot program to incorporate Manatee County. Planning for the district 5 privatization shall be done by providers that are currently under contract with the department for foster care and related services and shall be done in consultation with the department. A lead provider of the district 5 program shall be competitively selected, must demonstrate the ability to provide necessary comprehensive services through a local network of providers, and must meet criteria established in this section. Contracts with organizations responsible for the model programs must include the management and administration of all privatized services specified in



subsection (1). However, the department may use funds for contract management only after obtaining written approval from the Executive Office of the Governor. The request for such approval must include, but is not limited to, a statement of the proposed amount of such funds and a description of the manner in which such funds will be used. If the community-based organization selected for a model program under this subsection is not a Medicaid provider, the organization shall be issued a Medicaid provider number pursuant to s. 409.907 for the provision of services currently authorized under the state Medicaid plan to those children encompassed in this model and in a manner not to exceed the current level of state expenditure.

(6) Each district and subdistrict that participates in the model program effort or any future privatization effort as described in this section must thoroughly analyze and report the complete direct and indirect costs of delivering these services through the department and the full cost of privatization, including the cost of monitoring and evaluating the contracted services.

1998 Florida Statute 409.1671 Foster care and related services; privatization.--

(1)(a) It is the intent of the Legislature that the Department of Children and Family Services shall privatize the provision of foster care and related services statewide. It is further the Legislature's intent to encourage communities and other stakeholders in the well-being of children to participate in assuring that children are safe and well-nurtured. However, while recognizing that some local governments are presently funding portions of certain foster care and related services programs and may choose to expand such funding in the future, the Legislature does not intend by its privatization of foster care and related services that any county, municipality, or special district be required to assist in funding programs that previously have been funded by the state. Nothing in this paragraph prohibits any county, municipality, or special district from future voluntary funding participation in foster care and related services. As used in this section, the term "privatize" means to contract with competent, community-based agencies. The department shall submit a plan to accomplish privatization statewide, through a competitive process, phased in over a 3-year period beginning January 1, 2000. This plan must be developed with local community participation, including, but not limited to, input from community-based providers that are currently under contract with the department to furnish community-based foster care and related services, and must include a methodology for determining and transferring all available funds, including federal funds that the provider is eligible for and agrees to earn and that portion of general revenue funds which is currently associated with the services that are being furnished under contract. The methodology must provide for the transfer of funds appropriated and budgeted for all services and programs that have been incorporated into the project, including all management, capital (including current furniture and equipment), and administrative funds to accomplish the transfer of these programs. This methodology must address expected workload and at least the 3 previous years' experience in expenses and workload. With respect to any district or portion of a district in which privatization cannot be accomplished within the 3-year timeframe, the department must clearly state in its plan the reasons the timeframe cannot be met and the efforts that should be made to remedy the obstacles, which may include alternatives to total privatization, such as public-private partnerships. As used in this section, the term "related services" means family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, foster care supervision, case management, postplacement supervision, permanent foster care, and family reunification. Unless otherwise provided for, beginning in fiscal year 1999-2000, either the state attorney or the Office of the Attorney General shall provide child welfare legal services, pursuant to chapter 39 and other relevant provisions, in Sarasota, Pinellas, Pasco, Broward, and Manatee Counties. Such legal services shall commence and be effective, as soon as determined reasonably feasible by the respective state attorney or the Office of the Attorney General, after the privatization of associated programs and child protective investigations has occurred. When a private nonprofit agency has received case management responsibilities, transferred from the state under this section, for a child who is sheltered or found to be dependent and who is assigned to the care of the privatization project, the agency may act as the child's guardian for the purpose of registering the child in school if a parent or guardian of the child is unavailable and his or her whereabouts cannot reasonably be ascertained. The private nonprofit agency may also seek emergency medical attention for such a child, but only if a parent or guardian of the child is unavailable, his or her whereabouts cannot reasonably be ascertained, and a court order for such emergency medical services cannot be obtained because of the severity of the emergency or because it is after normal working hours. However, the provider may not consent to sterilization, abortion, or termination of life support. If a child's parents' rights have been terminated, the nonprofit agency shall act as guardian of the child in all circumstances.

(b) As used in this section, the term "eligible lead community-based provider" means a single agency with which the department shall contract for the provision of child protective services in a community that is no smaller than a county. The secretary of the department may authorize more than one eligible lead community-based provider within a single county when to do so will result in more effective delivery of foster care and related services. To compete for a privatization project, such agency must have:

1. The ability to coordinate, integrate, and manage all child protective services in the designated community in cooperation with child protective investigations.

2. The ability to ensure continuity of care from entry to exit for all children referred from the protective investigation and court systems.
3. The ability to provide directly, or contract for through a local network of providers, all necessary child protective services.
4. The willingness to accept accountability for meeting the outcomes and performance standards related to child protective services established by the Legislature and the Federal Government.
5. The capability and the willingness to serve all children referred to it from the protective investigation and court systems, regardless of the level of funding allocated to the community by the state, provided all related funding is transferred.
6. The willingness to ensure that each individual who provides child protective services completes the training required of child protective service workers by the Department of Children and Family Services.

(c)1. The Legislature finds that the state has traditionally provided foster care services to children who have been the responsibility of the state. As such, foster children have not had the right to recover for injuries beyond the limitations specified in s. 768.28. The Legislature has determined that foster care and related services need to be privatized pursuant to this section and that the provision of such services is of paramount importance to the state. The purpose for such privatization is to increase the level of safety, security, and stability of children who are or become the responsibility of the state. One of the components necessary to secure a safe and stable environment for such children is that private providers maintain liability insurance. As such, insurance needs to be available and remain available to nongovernmental foster care and related services providers without the resources of such providers being significantly reduced by the cost of maintaining such insurance.

2. The Legislature further finds that, by requiring the following minimum levels of insurance, children in privatized foster care and related services will gain increased protection and rights of recovery in the event of injury than provided for in s. 768.28.

(d) Other than an entity to which s. 768.28 applies, any eligible lead community-based provider, as defined in paragraph (b), or its employees or officers, except as otherwise provided in paragraph (e), must, as a part of its contract, obtain a minimum of \$1 million per claim/\$3 million per incident in general liability insurance coverage. In any tort action brought against such an eligible lead community-based provider, net economic damages shall be limited to \$1 million per claim, including, but not limited to, past and future medical expenses, wage loss, and loss of earning capacity, offset by any collateral source payment paid or payable. In any tort action brought against such an eligible lead community-based provider, noneconomic damages shall be limited to \$200,000 per claim. A claims bill may be brought on behalf of a claimant pursuant to s. 768.28 for any amount exceeding the limits specified in this paragraph. Any offset of collateral source payments made as of the date of the settlement or judgment shall be in accordance with s. 768.76. The lead community-based provider shall not be liable in tort for the acts or omissions of its subcontractors or the officers, agents, or employees of its subcontractors.

(e) The liability of an eligible lead community-based provider described in this section shall be exclusive and in place of all other liability of such provider. The same immunities from liability enjoyed by such providers shall extend as well to each employee of the provider when such employee is acting in furtherance of the provider's business. Such immunities shall not be applicable to a provider or an employee who acts in a culpably negligent manner or with willful and wanton disregard or unprovoked physical aggression when such acts result in injury or death or such acts proximately cause such injury or death; nor shall such immunities be applicable to employees of the same provider when each is operating in the

(3)(a) In order to help ensure a seamless child protection system, the department shall ensure that contracts entered into with community-based agencies pursuant to this section include provisions for a case-transfer process to determine the date that the community-based agency will initiate the appropriate services for a child and family. This case-transfer process must clearly identify the closure of the protective investigation and the initiation of service provision. At the point of case transfer, and at the conclusion of an investigation, the department must provide a complete summary of the findings of the investigation to the community-based agency.

(b) The contracts must also ensure that each community-based agency shall furnish regular status reports of its cases to the department as specified in the contract. A provider may not discontinue services without prior written notification to the department. After discontinuing services to a child or a child and family, the community-based agency must provide a written case summary, including its assessment of the child and family, to the department.

(c) The contract between the department and community-based agencies must include provisions that specify the procedures to be used by the parties to resolve differences in interpreting the contract or to resolve disputes as to the adequacy of the parties' compliance with their respective obligations under the contract.

(4)(a) The department shall establish a quality assurance program for privatized services. The quality assurance program shall be based on standards established by a national accrediting organization such as the Council on Accreditation of Services for Families and Children, Inc. (COA) or the Council on Accreditation of Rehabilitation Facilities (CARF). The department may develop a request for proposal for such oversight. This program must be developed and administered at a statewide level. The Legislature intends that the department be permitted to have limited flexibility to use funds for improving quality assurance. To this end, effective January 1, 2000, the department may transfer up to 0.125 percent of the total funds from categories used to pay for these contractually provided services, but the total amount of such transferred funds may not exceed \$300,000 in any fiscal year. When necessary, the department may establish, in accordance with s. 216.177, additional positions that will be exclusively devoted to these functions. Any positions required under this paragraph may be established, notwithstanding ss. 216.262(1)(a) and 216.351. The department, in consultation with the community-based agencies that are undertaking the privatized projects, shall establish minimum thresholds for each component of service, consistent with standards established by the Legislature. Each program operated under contract with a community-based agency must be evaluated annually by the department. The department shall submit an annual report regarding quality performance, outcome measure attainment, and cost efficiency to the President of the Senate, the Speaker of the House of Representatives, the minority leader of each house of the Legislature, and the Governor no later than January 31 of each year for each project in operation during the preceding fiscal year.

(b) The department shall use these findings in making recommendations to the Governor and the Legislature for future program and funding priorities in the child welfare system.

(5)(a) The community-based agency must comply with statutory requirements and agency rules in the provision of contractual services. Each foster home, therapeutic foster home, emergency shelter, or other placement facility operated by the community-based agency or agencies must be licensed by the Department of Children and Family Services under chapter 402 or this chapter. Each community-based agency must be licensed as a child-caring or child-placing agency by the department under this chapter. The department, in order to eliminate or reduce the number of duplicate inspections by various program offices, shall coordinate inspections required pursuant to licensure of agencies under this section.

(b) Substitute care providers who are licensed under s. 409.175 and have contracted with a lead agency authorized under this section shall also be authorized to provide registered or licensed family day care under s. 402.313, if consistent with federal law and if the home has met:

1. The requirements of s. 402.313; and
2. The requirements of s. 402.281 and has received Gold Seal Quality Care designation.

(c) A dually licensed home under this section shall be eligible to receive both the foster care board rate and the subsidized child care rate for the same child only if care is provided 24 hours a day. The subsidized child care rate shall be no more than the approved full-time rate.

(6) Beginning January 1, 1999, and continuing at least through June 30, 2000, the Department of Children and Family Services shall privatize all foster care and related services in district 5 while continuing to contract with the current model programs in districts 1, 4, and 13, and in subdistrict 8A, and shall expand the subdistrict 8A pilot program to incorporate Manatee County. Planning for the district 5 privatization shall be done by providers that are currently under contract with the department for foster care and related services and shall be done in consultation with the department. A lead provider of the district 5 program shall be competitively selected, must demonstrate the ability to provide necessary comprehensive services through a local network of providers, and must meet criteria established in this section. Contracts with organizations responsible for the model programs must include the management and administration of all privatized services specified in subsection (1). However, the department may use funds for contract management only after obtaining written approval from the Executive Office of the Governor. The request for such approval must include, but is not limited to, a statement of the proposed amount of such funds and a description of the manner in which such funds will be used. If the community-based organization selected for a model program under this subsection is not a Medicaid provider, the organization shall be issued a Medicaid provider number pursuant to s. 409.907 for the provision of services currently authorized under the state Medicaid plan to those children encompassed in this model and in a manner not to exceed the current level of state expenditure.

(7) The department is authorized to establish and administer a risk pool to reduce the financial risk to eligible lead community-based providers resulting from unanticipated caseload growth.

(8) Notwithstanding the provisions of s. 215.425, all documented federal funds earned for the current fiscal year by the department and community-based agencies which exceed the amount appropriated by the Legislature shall be distributed to all entities that contributed to the excess earnings based on a schedule and methodology developed by the department and approved by the Executive Office of the Governor. Distribution shall be pro rata based on total earnings and shall be made only to those entities that contributed to excess earnings. Excess earnings of community-based agencies shall be used only in the service district in which they were earned. Additional state funds appropriated by the Legislature for community-based agencies or made available pursuant to the budgetary amendment process described in s. 216.177 shall be transferred to the community-based agencies. The department shall amend a community-based agency's contract to permit expenditure of the funds. The distribution program applies only to entities that were under privatization contracts as of July 1, 1999. This program is authorized for a period of 3 years beginning July 1, 1999, and ending June 30, 2002. The Office of Program Policy Analysis and Government Accountability shall review this program and report to the President of the Senate and the Speaker of the House of Representatives by December 31, 2001. The review shall assess the program to determine

furtherance of the provider's business, but they are assigned primarily to unrelated works within private or public employment. The same immunity provisions enjoyed by a provider shall also apply to any sole proprietor, partner, corporate officer or director, supervisor, or other person who in the course and scope of his or her duties acts in a managerial or policymaking capacity and the conduct that caused the alleged injury arose within the course and scope of those managerial or policymaking duties. Culpable negligence is defined as reckless indifference or grossly careless disregard of human life.

(f) Any subcontractor of an eligible lead community-based provider, as defined in paragraph (b), which is a direct provider of foster care and related services to children and families, and its employees or officers, except as otherwise provided in paragraph (e), must, as a part of its contract, obtain a minimum of \$1 million per claim/\$3 million per incident in general liability insurance coverage. In any tort action brought against such subcontractor, net economic damages shall be limited to \$1 million per claim, including, but not limited to, past and future medical expenses, wage loss, and loss of earning capacity, offset by any collateral source payment paid or payable. In any tort action brought against such subcontractor, noneconomic damages shall be limited to \$200,000 per claim. A claims bill may be brought on behalf of a claimant pursuant to s. 768.28 for any amount exceeding the limits specified in this paragraph. Any offset of collateral source payments made as of the date of the settlement or judgment shall be in accordance with s. 768.76.

(g) The liability of a subcontractor of an eligible lead community-based provider that is a direct provider of foster care and related services as described in this section shall be exclusive and in place of all other liability of such provider. The same immunities from liability enjoyed by such subcontractor provider shall extend as well to each employee of the subcontractor when such employee is acting in furtherance of the subcontractor's business. Such immunities shall not be applicable to a subcontractor or an employee who acts in a culpably negligent manner or with willful and wanton disregard or unprovoked physical aggression when such acts result in injury or death or such acts proximately cause such injury or death; nor shall such immunities be applicable to employees of the same subcontractor when each is operating in the furtherance of the subcontractor's business, but they are assigned primarily to unrelated works within private or public employment. The same immunity provisions enjoyed by a subcontractor shall also apply to any sole proprietor, partner, corporate officer or director, supervisor, or other person who in the course and scope of his or her duties acts in a managerial or policymaking capacity and the conduct that caused the alleged injury arose within the course and scope of those managerial or policymaking duties. Culpable negligence is defined as reckless indifference or grossly careless disregard of human life.

(h) The Legislature is cognizant of the increasing costs of goods and services each year and recognizes that fixing a set amount of compensation actually has the effect of a reduction in compensation each year. Accordingly, the conditional limitations on damages in this section shall be increased at the rate of 5 percent each year, prorated from the effective date of this paragraph to the date at which damages subject to such limitations are awarded by final judgment or settlement.

(2)(a) The department may contract for the delivery, administration, or management of protective services, the services specified in subsection (1) relating to foster care, and other related services or programs, as appropriate. The department shall retain responsibility for the quality of contracted services and programs and shall ensure that services are delivered in accordance with applicable federal and state statutes and regulations.

(b) Persons employed by the department in the provision of foster care and related services whose positions are being privatized pursuant to this statute shall be given hiring preference by the provider, if provider qualifications are met.



how the additional resources were used, the number of additional clients served, the improvements in quality of service attained, the performance outcomes associated with the additional resources, and the feasibility of continuing or expanding this program.

(9) Each district and subdistrict that participates in the model program effort or any future privatization effort as described in this section must thoroughly analyze and report the complete direct and indirect costs of delivering these services through the department and the full cost of privatization, including the cost of monitoring and evaluating the contracted services.

Community Alliances

Implementation and Operational Progress Status Report 2/22/01

1. ORGANIZATIONAL MEETINGS HELD – Planning Stage

District 1

Individual Alliances were established in all 4 counties in the last 6 months of 2000. By-Laws are being formalized.

District 2

One Alliance will serve Sub-district 2A. One Alliance will serve Sub-district 2B. Organizational meetings for each sub-district were held in Nov. 2000. Next meetings : last week in Feb, 2001.

District 3

One Alliance representing all 11 counties is being developed. Organizational meetings were held in Jan. & Feb. 2001.

District 4

Baker, Duval, Clay, and St. Johns County united in a four-county Alliance. Nassau County voted to have a single-county Alliance.

SunCoast Region

Hillsborough, Pinellas, & Manatee County: Alliance organizational meetings held December 2000.
Sarasota County: The Alliance is being built on the existing Sarasota Stakeholder group.

District 7

The Osceola County Alliance membership remains very dynamic. It will become necessary to engage both the new members of the School Board of Osceola County, and the new Sheriff to reset the agenda for the Alliance. The District Administrator has directed these activities to begin immediately.

District 10

February, 2001: Drafted by-laws were presented to the members, final draft to be presented in March, 2001.

District 11

District 11-A: Miami-Dade

The Alliance for Miami-Dade has met regularly in 2000 and has established a formal advisory board relationship with the preexisting Alliance for Human Services of Miami-Dade County (A4HS).

District 11-B: Monroe

The Monroe Executive Roundtable has agreed to establish a committee that will serve as the Alliance.

District 12

A single district-wide Alliance has organized and is working to ratify by-laws, expand mandated membership, fully define CBC locally, and explore partnership opportunities.

District 13

Hernando, Lake, and Sumter County Alliances expect to ratify by-laws in the first quarter of 2001.

District 14

A Tri-County Community Alliance is developing. The District's existing CBC Steering Committee has agreed to transition to the Alliance to serve as it's system development and oversight body.

2. BY-LAWS HAVE BEEN RATIFIED

SunCoast Region

Pasco County: The Alliance ratified their by-laws in Jan. 01. **DeSoto County:** Alliance by-laws passed and officers were elected in November 2000.

District 7

Orange County Alliance ratified by-laws in late 2000. **Brevard County** Alliance has been subsumed by existing Shared Services Network. **Seminole County** Alliance has ratified by-laws.

District 8

Alliances are functional in **Lee, Collier, Charlotte, Hendry** and **Glades** counties. By-laws have been approved and Alliance meetings are scheduled through 2001 in all counties.

District 9

Alliance members accepted the by-laws in December, 2000, becoming a standing committee of the Health and Human Services Committee.

District 13

Citrus & Marion County Alliances have ratified their by-laws.

District 15

The Okeechobee & Treasure Coast Alliance has 24 members. The four existing county Shared Services Networks agreed to unite in a single district-wide Community Alliance in March, 2000. By-laws have been ratified.

3. Goal Setting, Action Taking following ratification of By-Laws

District 8 – Alliances developing next steps in community partnership building and action planning. Requests have been made for training in Family Safety Programs, budget and contracting.

District 9 – Alliance has requested that an annual evaluation of Community-Based Care in Palm Beach County be conducted.

District 13 - Meeting in early March, 2001 with chairs and co-chairs of the 5 Alliances to develop community specific tools/processes to define outcomes for children and their families, mechanisms for reviewing available community programs and their impact on the outcomes.

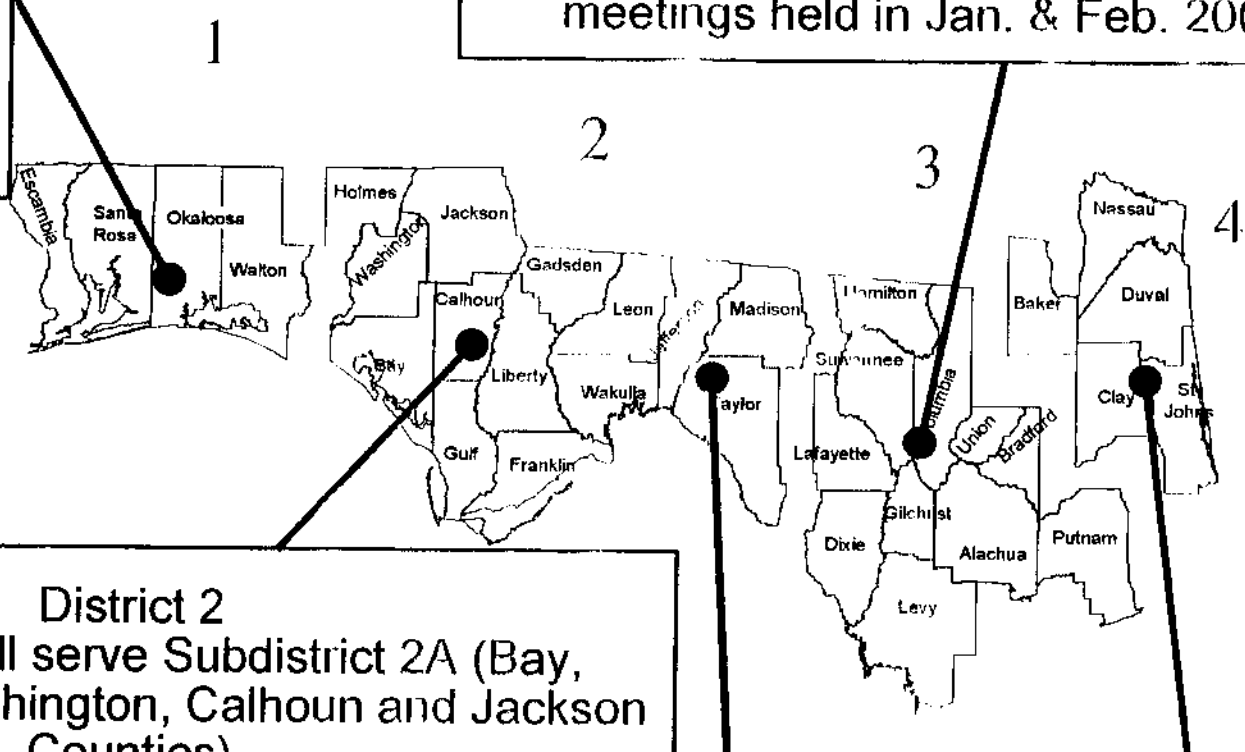
District 15 - Longest standing Alliance, met with local Legislative Delegation in Jan, 01; the Alliance has been asked for their input on several points of discussion regarding their involvement and participation in the ITN process. These points of are:

- o Identify the Priority Outcomes for a local System of Care
- o Input on the ITN development, including applicant capacity requirements
- o Review of draft ITN documents for comment
- o Participate as an evaluator on the ITN evaluation team
- o Participate as a member of the negotiation team
- o Assist in the development of a transition plan
- o Assist in the evaluation of performance and implementation strategies
- o Monitor and evaluate performance, achievement of outcomes, and on-going system refinements.

District 1
 Individual Alliances established in all counties in the last 6 months of 2000. By-Laws are being formalized.

District 3
 One District-wide Alliance representing all 11 counties developing. Organizational meetings held in Jan. & Feb. 2001.

ALLIANCE STATUS BY DISTRICT



District 2
 One Alliance will serve Subdistrict 2A (Bay, Gulf, Holmes, Washington, Calhoun and Jackson Counties)
 One Alliance in Subdistrict 2B (Leon, Wakulla, Madison, Jefferson, Taylor, Liberty, Franklin, and Gadsden Counties).
 Most recent meetings held on Feb. 27 & 28, 2001.

District 4
 Nassau county voted to form a single-county Alliance. Baker, Duval, Clay and St. Johns counties united in a four-county Alliance

Attachment E : Community Alliance Activity Map

SunCoast Region

SunCoast Region

Hillsborough County: Alliance organizational meeting held December, 2000.

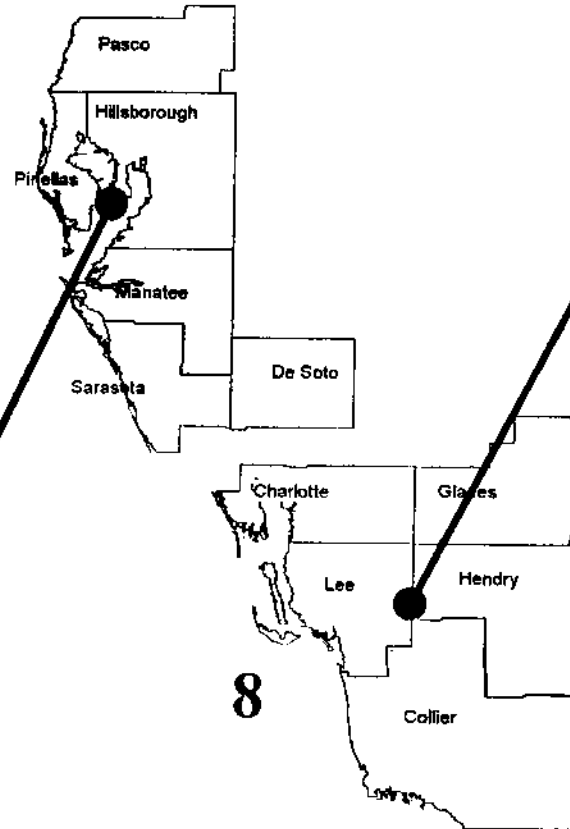
Pinellas County: Alliance organizational meeting held December, 2000.

Manatee County: Alliance organizational meeting held December, 2000.

Pasco County: The Alliance ratified their by-laws in Jan. 01.

Sarasota County: Alliance is being built on the existing Sarasota Stakeholder group.

DeSoto County: Alliance by-laws ratified and officers were elected in November 2000.



District 8
Alliances are functional in Lee, Collier, Charlotte, Hendry and Glades counties.

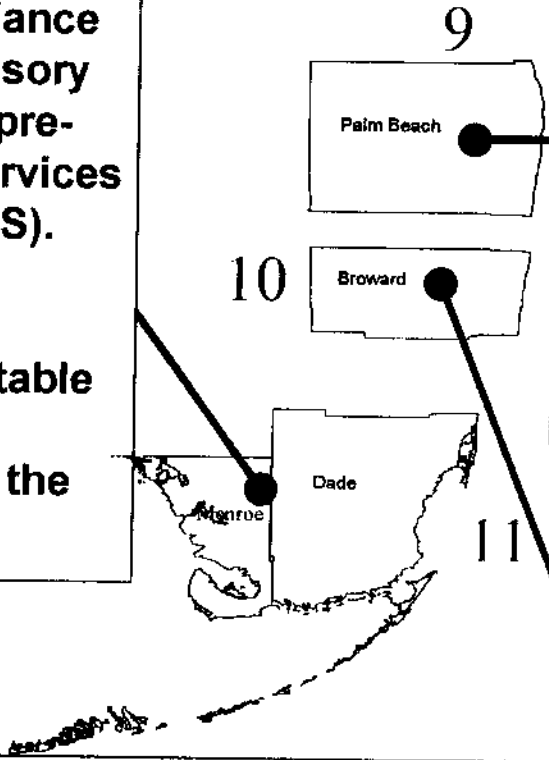
By-laws have been ratified and Alliance meetings are scheduled through 2001 in all counties.

**ALLIANCE
STATUS BY
DISTRICT**

District 11-A: Miami-Dade
 The Alliance for Miami-Dade met regularly in 2000. The Alliance has established a formal advisory board relationship with the pre-existing Alliance for Human Services of Miami-Dade County (A4HS).

District 11-B: Monroe
 The Monroe Executive Roundtable has agreed to establish a committee that will serve as the Alliance.

District 9
May 19, 2000: Vision, Mission and Duties were accepted by the core members.
December 18, 2000: The Alliance members accepted the by-laws to become a standing committee of the Health and Human Services Committee.



ALLIANCE STATUS BY DISTRICT

District 10
December, 2000: The second Alliance meeting was held, where it was decided that the Alliance would have a total of 21 members. An interim chair was elected, a by-laws committee was established, and a standard meeting time set.
February, 2001: Drafted by-laws were presented to the members, final draft to be presented in March, 2001. The following Alliance sub-committees are forming:
Education, Finance, Media and QA / QI.

Attachment E : Community Alliance Activity Map

District 13
Citrus & Marion County Alliances
 have ratified their by-laws.
Hernando, Lake and Sumter County
Alliances expect to ratify by-laws
 in the first quarter of 2001.

District 12
 A single district-wide
Alliance has organized and is
working to formalize by-laws,
expand mandated member-
ship, fully define CBC locally,
and explore partnership
opportunities.

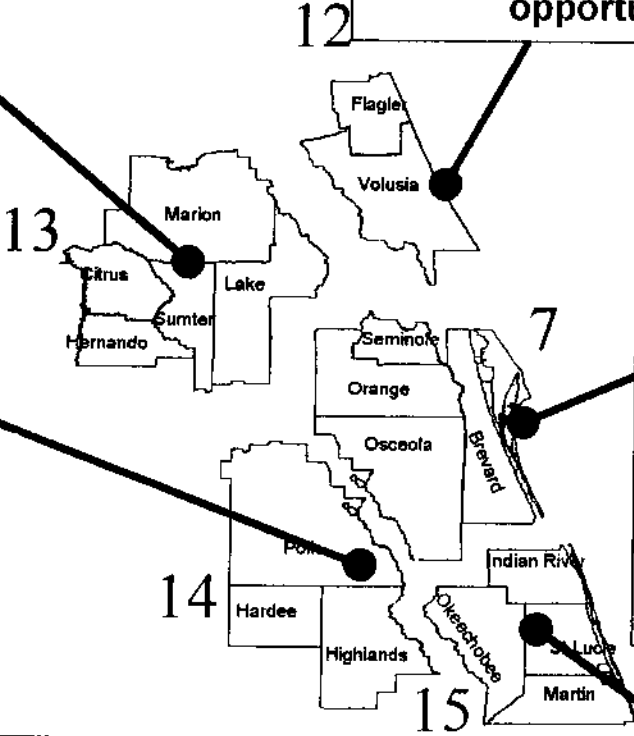
District 14
 A Tri-County Community
Alliance is developing. The
District's existing CBC
Steering Committee has
agreed to transition to the
Alliance to serve as it's
system development
and oversight body.

District 7
Orange County Alliance ratified
by-laws in late 2000. Brevard
County Alliance has been
subsumed by existing Shared
Services Network. Seminole
County Alliance has ratified
by-laws. Osceola County Alliance
remains very dynamic. It will
become necessary to engage the
newly elected named members
to reset the Agenda.

District 15
 The four existing county Shared Services Networks agreed to form
 a single district-wide Community Alliance in March, 2000. The
Okeechobee & Treasure Coast Alliance has 24 members. By-laws have
been ratified.

**ALLIANCE
 STATUS BY
 DISTRICT**

Attachment E : Community Alliance Activity Map





CBC READINESS ASSESSMENT



Quality Assurance Provider Readiness Technical Assistance Worksheet

Name of CBC Organization: _____

Technical Assistance Specialist Name: _____

Interview Date/Time: _____ Location _____

Person(s) Interviewed: _____

A. Organizational Purpose and Relationship to the Community

1. There is a clear organizational mission statement that is consistent with Community Based Care.

Evidence: This mission statement should be included in the response to the ITN. If so, the technical assistance specialist should accept this statement as submitted. If not, the mission statement must be reviewed.

Yes No Comments: _____

2. Consumer and Community Involvement and Collaboration must be evident.

Evidence: The provider has established a relationship with the Community Alliance(s), who will assist the provider in meeting the goals of the community. In the event a Community Alliance has not been coordinated plans have been made to coordinate a community stakeholder group. Group must be functional within 90 days of operation. The provider also has met with department staff and other agencies to explain their program, and referral expectations.

Yes No Comments: _____

3. Consumer access to services of the organization is clearly described in materials that are available to the consumer.

Evidence: The provider has materials that are appropriate for the consumer, that describe how services will be rendered, hours of operation, how they can access assistance for various services, and emergency services. These materials should be available before operation of a program or service center.

Yes No Comments: _____



CBC READINESS ASSESSMENT



4. Responsiveness to individual and group differences is included in the provider's operational plans.

Evidence: The provider has, at a minimum, made arrangements for translators for the languages spoken in the catchment area. These services must be in place at the time of operation. The provider also has plans to address the cultural diversity of the population. These plans should be available 90 days after operation and show a time frame for implementation.

Yes No Comments: _____

5. The provider has assigned staff to stay current with state and federal requirements and to work with the state on policy initiatives.

Evidence: The provider indicated which staff will have this responsibility. These responsibilities should be designated before operation.

Yes No Comments: _____

B. Continuous Quality Improvement

1. The provider has a formal written plan to describe the quality assurance and improvement program. The structure of the plan includes the following components and characteristics.

- a. The plan includes all staff;
- b. It is consistently implemented;
- c. All data are reviewed at least quarterly;
- d. Documentation to include minutes of meetings, action plans and follow-up monitoring documents;
- e. Data are collected to address ongoing performance, client incidents, accidents and grievances;
- f. There is a peer review component;
- g. Review by an external party included;
- h. Program evaluation capabilities must be present;
- i. A continuous improvement plan must be part of the design;
- j. Client outcome assessment and reporting must be part of the design;
- k. Methods to determine client satisfaction must be specified; and
- l. Methods to keep the Department informed of QA/QI activities and findings must be delineated.

Evidence: A formal quality assurance plan must be in place prior to operation. If the provider has provided services before, the technical assistance specialist should review previous quality



CBC READINESS ASSESSMENT



assurance plans and the implementation of such plans. Should there be any question about the provider's current plan or previous implementation of quality assurance activities, the provider should be informed and a plan modification requested. The provider must demonstrate that within 90 days of operation, an appropriate quality assurance program is functional.

Yes No Comments: _____

2. The provider has mechanisms for tracking and approving service utilization.

Evidence: The provider has completed an analysis of the expected volume of children and families to be served, the anticipated service utilization patterns, the necessary resources that must be in place and the associated cost of the anticipated service provision. The provider also has plans to track critical components of service utilization, to approve services in a timely manner, and to continually analyze the pattern of care against available funds. The analysis and utilization plan must be in place prior to operation.

Yes No Comments: _____

C. Organizational Stability

1. The provider can demonstrate that they are a legal entity that can do business in Florida.

Evidence: The provider has documents that show that the provider is a legal entity to do business in Florida. The agency has a current Child Placing Agency license and does not have any significant uncorrected non-compliance issues on previous monitoring reports.

Yes No Comments: _____

2. Organizational Structure and relationship to the Governing Body is clear.

Evidence: There is a table of organization that is clear and shows the reporting responsibilities of all staff. The table describes the relationship to the main corporate office, as well as the governance of the local entity and the main office must be described. The local management decision-making process is clear including the role of the main office. This information must be available before operation.

Yes No Comments: _____



CBC READINESS ASSESSMENT



3. Staff and Board members are free of any conflicts of interests.

Evidence: Conflicts of interest was checked at the time that the provider was awarded the contract. The technical assistance specialist should check to be sure that such a review was conducted and that no conflicts of interests exist.

Yes No Comments: _____

4. The provider has an adequate financial basis for operation and has reserves to accommodate cash flow needs.

Evidence: The provider has security bonds, liability insurance and performance bonds in place. The provider has completed a cash flow analysis and can show the anticipated cost of operation for the first year by month; they can also indicate anticipated revenue and any cash shortfalls that may be anticipated. The provider has identified appropriate existing resources for at least 60 days of operation. This portion of the review should be completed by someone with accounting and budget experience. This analysis must be completed prior to operation.

Yes No Comments: _____

5. The provider has a network management plan in place that addresses the following:

- a. Standards by which the provider will select members of the network;
b. Anticipated subcontracts to be completed for necessary agencies;
c. Payment mechanisms established that are clear and address risk issues;
d. Service authorization system;
e. Credentialing of subcontractors staff;
f. Caseload standards, and other performance requirements
g. Review of required licenses, facility standards etc.;
h. Written agreements with other service agencies that the provider does not directly contract (these at a minimum must include substance abuse providers, mental health providers, and medical care providers); and
i. Network complaint and grievance procedures

Evidence: The network management plan is clear and available to all network members. The provider has entered into the appropriate subcontracts and agreements necessary for the operation of their model prior to assuming service delivery.

Yes No Comments: _____



CBC READINESS ASSESSMENT



6. The organizational structure includes appropriate management staff for fiscal operation, MIS management, quality improvement, and personnel services.

Evidence: All the above staff must be hired before operation.

Yes No Comments: _____

D. Management of Human Resources

1. A written human resources planning, organization, and deployment plan exists.

Evidence: They provider must determine, by site, the anticipated number of children to be served through out of home care, protective supervision, adoption and any other voluntary services that may be provided. Number of people that must be hired, the types of positions and the time frames for training are clearly outlined. A hiring schedule has been developed for the hiring of all staff. Supervisory responsibilities have been determined. A human resource plan should be completed within the first weeks of a transitional contract. All staff necessary to render services in a program or service center must be hired prior to operation. Necessary support staff must also be in place for effective operation of the service center or program.

Yes No Comments: _____

2. Leadership's role in the organization is clear. The accountability of the operation of the program is clearly established.

Evidence: It is clear who has the ultimate accountability for the operation of the program.

Yes No Comments: _____

3. The provider has personnel policies and procedures in place.

Evidence: Personnel policies and procedures are clearly written and available to staff. The policies and procedures must address all necessary background checks. The policies and procedures must be written prior to operation. Position descriptions must be available before hiring and followed during the initial hiring phase.

Yes No Comments: _____



CBC READINESS ASSESSMENT



4. The provider has a personnel records system in place.

Evidence: A personnel records management plan must be available and records are functional and are in compliance with the providers stated policy and procedures, including the 5-year record retention requirement. The system should be in place at the time of operation.

Yes No Comments: _____

5. Employee and Consumer Grievance Procedures are established.

Evidence: The employee and consumer grievance procedures are written and available for staff to review. Staff should be trained on the procedures. The procedures should be in place prior to operation.

Yes No Comments: _____

6. An orientation program is in place for all new staff.

Evidence: The provider has a written orientation plan and all employees receive orientation within 30 days of assuming their duties.

Yes No Comments: _____

7. The provider has a detailed staff training and development program. The program addresses how the provider will arrange for mandatory departmental training and integrate their own training to ensure effective implementation of the provider's service delivery model.

Evidence: The provider has a complete training program that addresses the state mandatory training and the provider's specific training components. The provider may develop a two pronged approach. One approach would be for staff who in the last 5 years has had the state's training. The second approach would be for staff who is new to child protection and have not received the state's training. The scheduling of any PDC training must be completed and coordinated with PDC. All staff must receive the PDC training in accordance with state policy. The provider's training regarding their specific requirements must be scheduled and completed. It is essential that the critical training components occur before the staff assume responsibilities and that all other training is completed as soon as possible. (Note: Trying to work in required training after staff has assumed new duties puts strain on a new system and provider.)

Yes No Comments: _____



CBC READINESS ASSESSMENT



E. Quality of the Service Environment

- 1. The provider has a system that will ensure that all subcontractors and foster homes are appropriately licensed.

Evidence: The provider has completed on-site visits and a file review of all foster homes serving children in their catchment area. The provider has established a means for on-going quality review of the foster homes and a method to ensure that licenses are current. These activities should be completed prior to operation, but no later than 30 days after assuming responsibilities.

Yes No Comments: _____

- 2. The provider has a system in place to evaluate the capacity of the subcontractors and foster homes.

Evidence: The provider has done a utilization analysis to determine the number of foster beds, emergency shelter beds, and group homes required; and must have completed a plan to guard against overcrowding. The number of waivers in place has been reviewed for appropriateness and a plan should be in place to reduce the number of waivers required. These activities should be completed during the transition contract. If not fully completed by that date, the must be completed within 30 days of operation.

Yes No Comments: _____

F. Financial and Risk Management

- 1. The provider has a cost allocation plan that aligns financing with the provider's service design.

Evidence: An allocation plan for the use of the federal dollars was approved *at least* 30 days prior to operation. The allocation plan was completed before or concurrent with the development of the operating procedures. The operating procedures have addressed the documentation and operational practices necessary to support the allocation plan. Staff are knowledgeable about how to conduct business and document care in order to earn their projected revenues. The operating procedures are in place before operation and training on required documentation must have been completed.

Yes No Comments: _____



CBC READINESS ASSESSMENT



2. Financial Planning (Please see organizational stability section on cash flow analysis)

Evidence: The provider must be able to show the anticipated cost of the staff for the program or service center that they plan to operate and the related revenues and expenses. This must have been completed before operation. However, a long-term business plan should be available and if not at time of operation, within 90 days.

Yes No Comments: _____

3. The accounting system must be adequate to support a community based care model, and must be sufficient to support payroll and subcontractor payments. (Similar to a managed care accounting system)

Evidence: The provider has an accounting system that collects costs by cost centers and will eventually allow the provider to evaluate costs by recipient and predict cost patterns. The provider should have such an accounting system in place before operation. But if not, the provider should put such an accounting system in place within the first year of operation.

Yes No Comments: _____

4. The provider must have written fiscal policies and procedures that include: payment, invoices, delinquencies, reconciliation, audits, and other standard accounting procedures.

Evidence: The provider must have the above procedures in place and functional prior to operation.

Yes No Comments: _____

5. The provider must have a risk management program in place. The risk management program should include basic risk management programs as are required by insurers and a risk management components that address the unique factors required for managed care. The risk management system should be integrated with the quality assurance system and the utilization management program. The risk management program also must address payment methods to both the provider and to the subcontractors.

Evidence: The provider should be able to demonstrate a good understanding of risk management. It would be best if the plan was in place before the program became operational, but if this is not possible it should be in place within 90 days. If there are any indications that the provider has had liability problems in the past, failure to meet program expectations, or financial problems, the issue of risk management should be thoroughly reviewed. Further evidence should be required to demonstrate that the provider has addressed these risk management issues and can assure better



CBC READINESS ASSESSMENT



performance. All subcontracts should address risk management issues and the subcontractors should be clear about their responsibilities.

Yes No Comments: _____

G. Management Information Systems

1. The provider must have a management information system in place that addresses the ICWIS, FCARS, Adoption systems and FAHIS requirements.

Evidence:

- a. The provider has been trained on all the above systems;
- b. The necessary computer equipment has been transferred by the district prior to the start of contract services
- c. The agency has arranged for the necessary drop lines;
- d. The agency has staff that can manage their network including interface with externally delivered applications
- e. The provider is fully prepared to establish MIS connectivity with the state and with the network providers.
- f. Appropriate licenses have been secured for all MIS programs and systems

Yes No Comments: _____

2. The provider will have a care management component of the MIS that will enable them to track clients progress, determine patterns of care, ensure appropriate practices, evaluate costs and communicate vital client information to network providers.

Evidence: The provider will have a care management MIS component. If not at the time of operation, it should be in place within 6 months of assuming case management. The provider should be knowledgeable about the SACWIS plans and ensure that which ever program is developed, the program will be able to electronically transfer all DCF- and state-approved, required data.

Yes No Comments: _____



CBC READINESS ASSESSMENT



H. System of Care

- 1. The provider must have a comprehensive description of the system of care and the model for the provision of all required services. The following components and principles should be addressed:
a. Is strength based, provides for individualized child and family services, and is culturally appropriate,
b. Addresses assessments, case planning, case coordination and implementation, legal responsibilities and case closure.

Evidence: The provider must have a detailed plan on file and be able to fully describe the plan for the system of care

- 2. The provider must have referral and/or working agreements and have determined the flow of cases and referrals with the following groups:
a. Protective investigations
b. Child Protection Teams
c. Law enforcement
d. Circuit courts
e. State attorney
f. Guardian Ad Litem and
g. Department of Juvenile Justice

Evidence: All the above agreements must be in place prior to operation.

Yes No Comments:

- 4. The provider must have policies and procedures in place that address compliance with state and federal laws and regulations. The department's essential practice procedures must be included in the policy and procedures

Evidence: The provider must have developed a detailed plan for their system of care. The provider must review all the department's policies and procedures to determine which ones line up with their proposed practices and which ones need to be modified. They must present any modifications to the department for approval prior to implementation. To ensure that staff are clear on the expectations and there is no confusion regarding prior practices and the providers system of care, these policies and procedures must be in place prior to operation. These policies and procedures must be reviewed by staff who are knowledgeable in child protection requirements.

Yes No Comments:



CBC READINESS ASSESSMENT

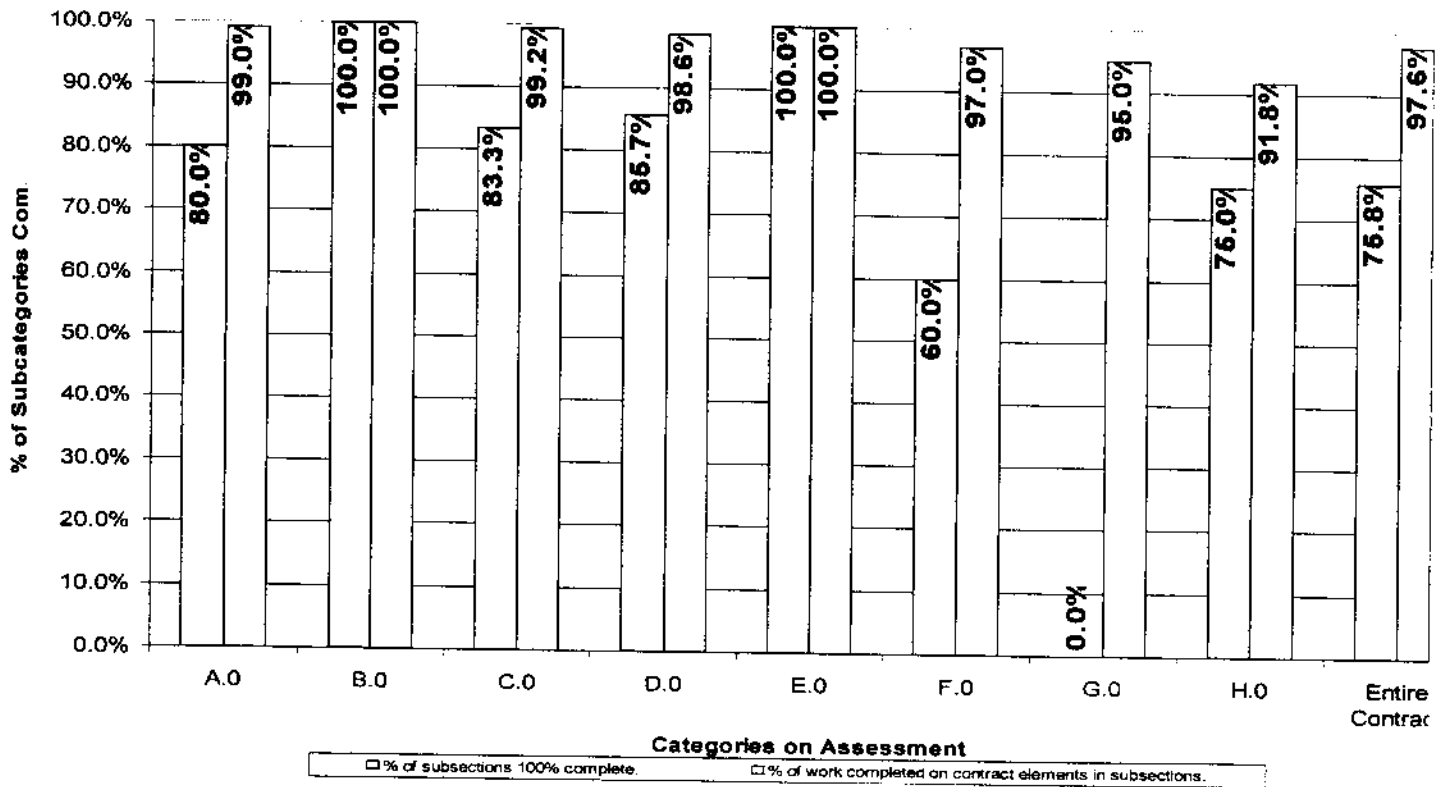


5. The provider must have a detailed plan for transferring the cases from the state to the provider. This plan must address the following components:
- a. The cases must be prior reviewed to determine the contents of the case files and activities that must be completed.
 - b. A formal sign off system should be established that documents the above.
 - c. Children and Families must be notified of the changes and introduced to their new workers.
 - d. The plan should avoid disruptions of care
 - e. Any changes in service delivery patterns should be anticipated and addressed.

Evidence: The transition plan for the cases should be written and agreed upon by the state and the provider within the first 30 days of the transition contract. All of the above transition activities must have been completed prior to the provider assuming direct case management responsibilities.

Yes No Comments: _____

Section Analysis of CBC Readiness Assessment



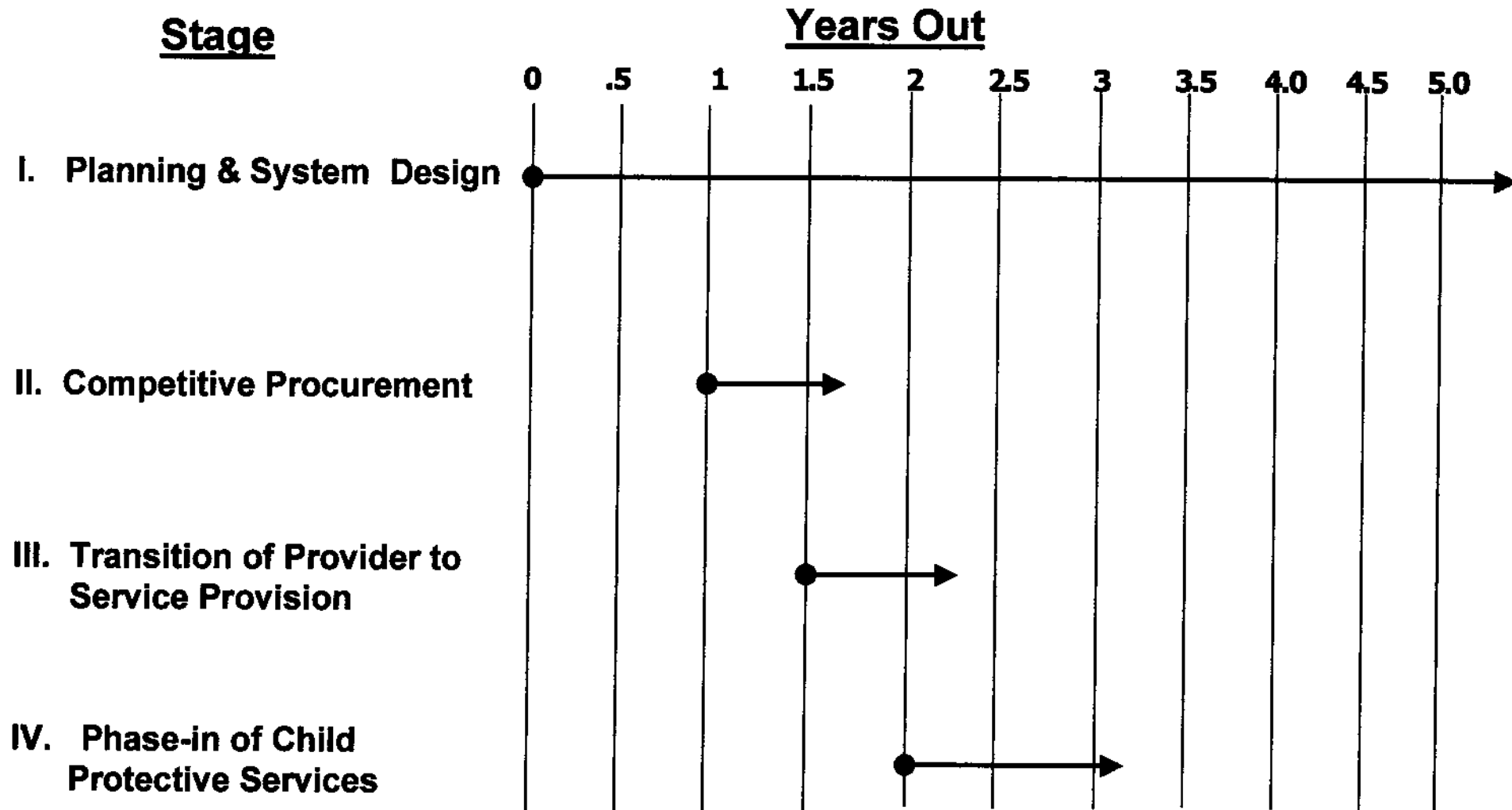
Section Number	Readiness Factor	# of Factors	Factors Complete	% of Subsections 100% Complete	% of work completed on contract elements in subsections
A.0	Organizational Purpose and Relationship to the Community	5	4	80%	99.0%
B.0	Continuous Quality Improvement	2	2	100%	100.0%
C.0	Organizational Stability	6	5	83%	99.2%
D.0	Management of Human Resources	7	6	86%	98.6%
E.0	Quality of Service Environment	2	2	100%	100.0%
F.0	Financial and Risk Management	5	3	60%	97.0%
G.0	Management and Information Systems	2	0	0%	95.0%
H.0	System of Care	4	3	75%	91.8%
CBC ALL	Total Readiness Assessment Score	33	25	76%	97.6%

Note: Section % is based on number of sub-sections 100% complete.

% of work completed is sum of all work completed in each subsection divided by the number of subsections for the section showing the percentage of work completed for the section.

Community-Based Care Development Model

Timetable (Approximate)



Attachment H : Community-Based Care Development Model

**CHILDREN IDENTIFIED AS VICTIMS IN REPORTS LOCKED
DURING JULY 1999 - JUNE 2000**

DISTRICT	DUPLICATED COUNT								UNDUPLICATED COUNT								
	VERIFIED		SOME INDICATION		SUBTOTAL - SOME INDICATION AND VERIFIED		NO INDICATION/BLANK	TOTAL	VERIFIED		SOME INDICATION		SUBTOTAL - SOME INDICATION AND VERIFIED		NO INDICATION/BLANK	TOTAL	
	#	% OF SUB TOTAL	#	% OF SUB TOTAL	#	% OF TOTAL			#	% OF SUB TOTAL	#	% OF SUB TOTAL	#	% OF TOTAL			% of State Total
1	1,887	36.1%	3,345	63.9%	5,232	40.9%	7,565	12,797	1,815	37.7%	2,995	62.3%	4,810	46.0%	6.3%	5,641	10,451
2	1,921	37.1%	3,252	62.9%	5,173	43.4%	6,739	11,912	1,829	39.4%	2,813	60.6%	4,642	49.4%	6.1%	4,748	9,390
3	1,211	40.0%	1,817	60.0%	3,028	38.4%	4,866	7,894	1,183	41.5%	1,667	58.5%	2,850	42.5%	3.7%	3,861	6,711
4	2,724	35.6%	4,918	64.4%	7,642	41.0%	10,987	18,629	2,630	37.2%	4,448	62.8%	7,078	46.1%	9.3%	8,275	15,353
5 PASO	29	25.7%	84	74.3%	113	37.7%	187	300	27	24.5%	83	75.5%	110	39.6%	0.1%	168	278
5 PISO	619	38.0%	1,010	62.0%	1,629	45.0%	1,991	3,620	607	38.8%	956	61.2%	1,563	48.4%	2.0%	1,669	3,232
5	1,078	28.1%	2,760	71.9%	3,838	40.8%	5,559	9,397	1,046	29.1%	2,545	70.9%	3,591	45.3%	4.7%	4,341	7,932
6 MSO	707	38.3%	1,137	61.7%	1,844	53.1%	1,630	3,474	685	40.4%	1,009	59.6%	1,694	56.6%	2.2%	1,299	2,993
6	2,141	30.4%	4,901	69.6%	7,042	43.9%	9,008	16,050	2,051	31.8%	4,392	68.2%	6,443	49.4%	8.4%	6,590	13,033
7	3,055	45.2%	3,699	54.8%	6,754	49.9%	6,787	13,541	2,890	46.8%	3,283	53.2%	6,173	54.6%	8.1%	5,125	11,298
8	1,507	46.6%	1,727	53.4%	3,234	24.5%	9,965	13,199	1,470	47.9%	1,597	52.1%	3,067	28.0%	4.0%	7,900	10,967
9	2,122	33.4%	4,224	66.6%	6,346	46.3%	7,374	13,720	2,019	34.5%	3,838	65.5%	5,857	51.8%	7.7%	5,459	11,316
10 BSO	400	32.3%	838	67.7%	1,238	41.2%	1,769	3,007	393	33.1%	793	66.9%	1,186	43.7%	1.6%	1,528	2,714
10	1,362	24.1%	4,286	75.9%	5,648	53.4%	4,920	10,568	1,323	24.7%	4,032	75.3%	5,355	58.2%	7.0%	3,853	9,208
11A	2,329	30.1%	5,406	69.9%	7,735	42.5%	10,486	18,221	2,291	31.2%	5,045	68.8%	7,336	46.2%	9.6%	8,530	15,866
11B	300	52.9%	267	47.1%	567	60.6%	369	936	291	57.4%	216	42.6%	507	64.0%	0.7%	285	792
12	983	31.7%	2,114	68.3%	3,097	43.0%	4,102	7,199	936	33.3%	1,877	66.7%	2,813	47.2%	3.7%	3,144	5,957
13	2,640	46.3%	3,063	53.7%	5,703	50.9%	5,506	11,209	2,545	48.0%	2,759	52.0%	5,304	56.2%	6.9%	4,141	9,445
14	1,889	41.1%	2,709	58.9%	4,598	47.4%	5,112	9,710	1,800	42.5%	2,431	57.5%	4,231	52.7%	5.5%	3,793	8,024
15	905	45.6%	1,079	54.4%	1,984	42.7%	2,660	4,644	879	46.7%	1,005	53.3%	1,884	47.5%	2.5%	2,083	3,967
STATE	29,809	36.2%	52,636	63.8%	82,445	43.4%	107,582	190,027	28,710	37.5%	47,784	62.5%	76,494	48.1%	100.0%	82,433	158,927

CBC Phases:

- 1 - Green Counties 10%
- 2 - Orange Counties 32 %
- 3 - Blue Counties 40%
- 4 - Grey Counties 18%

NOTES: Identified as victim means at least one finding of verified or some indication for abuse, neglect or threatened harm.

If one or more such finding is verified, the victim is counted as verified.

Only if no such finding is verified is the victim counted as some indication.

For unduplicated counts, if any report had such a finding which was verified, the victim is counted as verified.

District is used from the most recently locked report.

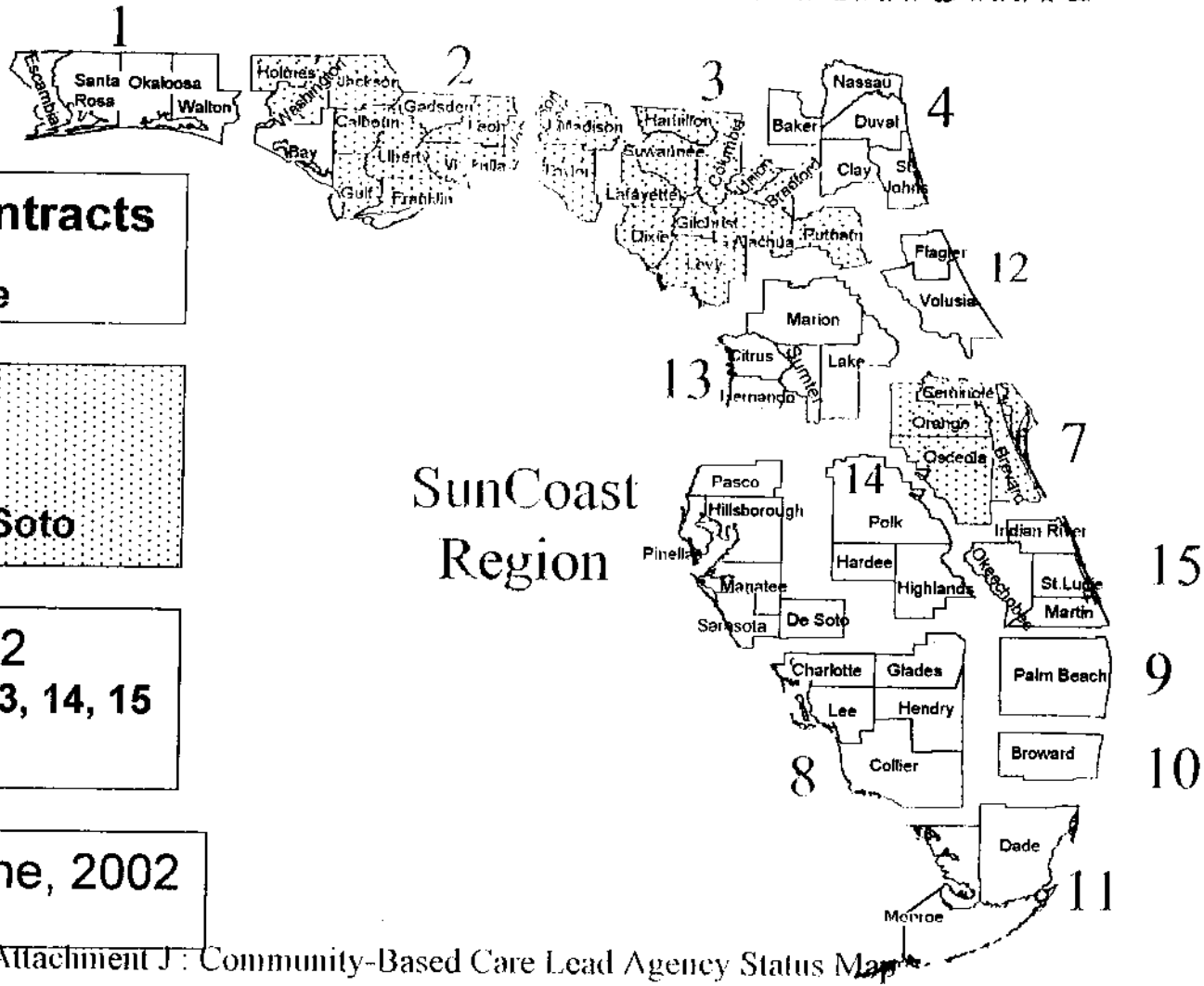
Pasco Sheriff Office (5 PASO) includes 058449, 058454, 058550.

Pinellas Sheriff Office (5 PISO) includes 058140, 058141, 058153, 058243, 058245, 058246, 058255, 058JUD, 058344, 058347, 058352.

Manatee Sheriff Office (6 MSO) includes district/area/units 063712, 063755, and 063758.

Broward Sheriff Office (10 BSO) includes district/area/units 100BSO, 100S01, 100S02, 100S03, 100S04, 100S05, 100S06, 100S07, 100S08, 100S09, and 100S10.

Community-Based Care Competitive Procurement Timeline



SunCoast
Region

Current CBC Contracts

- Pasco & Pinellas
- Sarasota & Manatee

Fiscal Year 00/01

- Districts 1, 9, 12
- Duval
- Hillsborough & DeSoto

Projected FY 01/02

- Districts 8, 10, 11, 13, 14, 15
- Rest of District 4

Projected after June, 2002

- Districts 2, 3, 7

Attachment J: Community-Based Care Lead Agency Status Map

Contract System Improvement Plan

*Presentation to
the Grand Jury
January 2001*

Department of Children & Families
Judge Kathleen A. Kearney, Secretary

Attachment K : Contract System Improvement Plan (presented to Grand Jury, 1/2001)

Background - Recent History

- Florida Legislature reviews Departments contracting system - Dec 1996
- Legislature introduces reform legislation - March 1997
- House Bill 2019 became law without signature; the Legislature approves 22 positions to begin reforms - April 28, 1998
- Direction given to establish stronger contracting office at headquarters and for districts to create contract monitoring units - July 29, 1998
- Budget amendment approved by Cabinet - December 8, 1998
- Contract monitoring units begin operations - March 1, 1999
- Headquarters unit is fully operational - December 1999

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The Past - 1997

Statewide support resources.

- 1 select exempt contracting officer
- 4 contract policy staff
- 1 contract trainer

Typical district resources.

- 2 - 3 contract administration staff
- 9 - 12 part time contract managers
- 0 contract monitors

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The Present - 2000

Statewide support resources.

- 3 select exempt contracting officers
- 3 contract attorneys
- 3 contract trainers
- 5 certified public accountants dedicated to contracting functions
- 25 additional staff dedicated to contract documents, contract policies, monitoring activities, and provider performance improvement

Typical district resources.

- 2 - 3 contract administration staff
- 9 - 12 part time contract managers
- 4 - 6 contract monitors
- 1 audit evaluation and review specialist (who is a certified public accountant)
- Ad hoc contract evaluation team

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The Future - 2003

(note - the LCBR grand jury nos. are in parentheses - new nos. are red & bold)

Statewide support resources (remain the same).

- 3 select exempt contracting officers
- 3 contract attorneys
- 3 contract trainers
- 5 certified public accountants dedicated to contracting functions
- 25 additional staff dedicated to contract documents, contract policies, monitoring activities, and provider performance improvement

Typical region resources.

- 4 - 6 contract administration staff
- **12 - 16** (15 - 20) full time contract managers
- **12 - 15** (12 - 18) contract monitors (30 new positions from 2000 legislature)
- **1 - 2** (2 - 3) audit evaluation and review specialists (who are certified public accountants)
- well organized & trained contract evaluation teams

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Major Contract Improvement Initiatives

- Department has evaluated districts' contracting functions effectiveness & efficiency. Reported in 12/15/99.
- Department is evaluating fiscal accountability of contracting system - will report in the Spring of 2001.
- Department is developing rules to establish penalties for providers that fail to comply with corrective action plans.
- Department has published standard contract monitoring procedures; additional contract monitoring tools are under development.
- Department is developing professional competence standards for staff assigned contracting duties and preparing contract training manual.
- Department has published disciplinary standards that apply to staff who fail to properly perform contracting duties.

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Major Contract Improvement Initiatives

- Model contract documents are now developed by a single team ensuring greater level of consistency and improved quality.
- 100 department staff have been trained by the Florida Institute of Technology in effective contract negotiation techniques; 25 department staff have been trained to deliver future negotiation training.
- 48 department staff have completed auditing techniques training put on by the Management Information Systems Training Institute; 25 more are scheduled for training in May.
- Central office contracting staff visit each district a minimum of once per quarter.
- The department has developed an assessment instrument for evaluating the readiness of an organization to become a lead agency.
- **Lead agency contracts must be reviewed by central office prior to execution.**

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Department of Children and Families
Quality Improvement Plan
February 2001

Quality Mission Statement: MSPT will empower employees through tools and technical assistance to identify, solve, and improve service quality and performance.

Background

The Department of Children and Families recognizes that there are multiple avenues to build a full quality system. There are, however, not as many avenues available to ensure that the services are at the level of quality required. The Department's standard of quality is, "service good enough for our own families." To ensure this level of quality regardless of whether the services are provided directly or purchased, the following elements must be in place and operating harmoniously:

Quality improvement
Quality assurance
Contract monitoring

Department staff have agreed to utilize definitions that are generally accepted in the human service field. Definitions of all key terms regarding quality assurance, improvement and accreditation are available to staff on the Department's intranet site at www.dcf.state.fl.us/~os/mspt.

Quality improvement is an employee-driven approach that seeks to solve problems at the level closest to the consumer. A number of Department staff at all levels of service have been trained in classic tools of quality improvement problem solving. The Department maintains a web and hard-copy repository of these exercises utilizing these tools which have been called "QIC Stories."

Quality assurance is an external approach that looks at validating practice and the measurement that has been done locally. It is more of a monitoring approach. Generally the quality assurance activities have been conducted by central office program offices, or purchased from external quality assurance entities. There has never been, prior to the current administration, an effort to coordinate the quality assurance activities statewide.

Contract monitoring is our method of quality assurance for contract provider agencies. Many of these contract providers are already engaged in quality improvement activities of their own. The Department has not previously required them to submit reports on these processes, though there is now movement in that direction.

Central Office Mission Support (MSPT) is conducting a survey of provider agencies and has found in a preliminary sample¹ that 82% of the 107 respondents have at least one QI team in operation. The team(s) are keeping minutes of their meetings and formally monitor their quality improvement plans. The respondents reported that 61% were accredited and 71% are using automated data systems.

At the Department, quality improvement and assurance are directed through the Office of Mission Support and Performance. The contract monitoring elements are directed through the Office of Contracted Client Services and through local contract performance units.

This plan, while recognizing the significance of contract monitoring, is focused on the Office of Mission Support and Performance's efforts regarding quality activities. MSPT has included contract staff in their training and statewide quality meetings. MSPT staff and contract staff have been working together to begin to build consistency in the measures used in contracts as well as for services provided internally.

MSPT Structure

The Office of Mission Support and Performance includes four bureaus. The bureaus are:

- Community-Based Care
- Quality Improvement
- Evaluation and Measurement
- Quality Assurance and Accreditation

The following table breaks out the main tasks of each bureau in the Office of Mission Support and Performance:

¹ The sample consists of 32% of the identified children's service providers, which is significant only at the 80% confidence level. Staff are following up with non-responders by phone to obtain the required number for statistical significance.

**Table 1
MSPT Bureaus**

Community-Based Care	Quality Improvement	Measurement/Evaluation	Quality Assurance and Accreditation
Alliance building and support	Online Desk Guide	Data encyclopedia	Integration of statewide quality assurance activities
Input into the reorganization	District quality managers -- integration	Target setting methodology	Accreditation of the Department
ITN support	District quality councils and teams -- support and technical assistance	PB2 -- selection of outcomes/measures	Data validation
Lead agency readiness and transition	SIT report -- monthly online data report	Consultation on programs on evaluation	Staff training
Quality assurance in community-based-care	Customer satisfaction surveys	Strategic and business planning support	Quality Time -- a taped "news show" on quality tools and techniques
Community capacity building	Community partner surveys	LBR support	
	Incident reporting system		

As can be seen in the table, each bureau has a wide range of activities. For this plan, the Bureau of Community-Based Care will not be included, though it is through community-based services that the Department intends to provide locally driven high quality services to clients and communities.

Bureau of Quality Assurance

The Bureau of Quality Assurance submitted to the MSPT Director a plan for quality assurance in spring of 2000. The quality assurance process has been progressing with the following activities completed in the past twelve months:

- The plan was disseminated for comments and revised
- The plan was presented to district, institution, and central office leadership
- All program quality assurance chiefs meet regularly with the QA Bureau Chief
- A job description for quality managers has been disseminated
- The quality assurance grids (matrices) are being validated
- The first Quality Time program was presented in December of 2000

At a quality manager meeting held in February of 2001, district/region, institution and program staff committed to preparing the final version of the quality assurance grids before March 31,

2001. They also agreed to submit a report of all actual reports completed in the districts/region, institutions and programs from the time period January 1, 2000 to March 31, 2001. Through the grids and the reporting process, redundant requirements can be eliminated and for the first time there will be a coordinated inventory of the quality assurance efforts of the entire Department. These grids will be posted online with the expectation that MSPT staff will maintain the coordinated repository and clearinghouse for this information statewide.

These activities will go a long way to coordinate monitoring activities that have often been ad hoc and disorganized, with the information and action plans disregarded or only utilized in limited locations. Clearly this has not engendered best practice, one of the Department's seven strategies for success -- the guiding principles for MSPT (see Appendix B).

Bureau of Evaluation and Measurement

Before proceeding to a discussion of quality improvement activities, it is important to mention the activities of the Bureau of Evaluation and Measurement. Prior to the current administration there was often confusion about how data were to be collected. Each district and institution defined data elements in their own idiosyncratic manner -- in other words, there was a total lack of standardization. In 2000, MSPT launched the solution to this problem through the data encyclopedia. Posted on the Department's intranet site is an automated encyclopedia of measures that specifies exactly how each data element is to be captured and from what data source (web addresses of MSPT products can be found in Appendix A). Staff are required to capture data as per the encyclopedia. Beginning in 2001, quality assurance staff will begin checks in the districts/region of whether the data are being collected according to the encyclopedia. For new or revised measures, there is a policy under consideration regarding how they become official and become defined thoroughly for the Department and posted to the encyclopedia (this process is called Encycloposting).

Additionally MSPT is testing a web-based approach to setting targets for measures using a logic model as opposed to the haphazard and often subjective manner that targets are currently selected. The model utilizes strategic importance, resources, trends, benchmarks and staff capacities as variables. The methodology has been embraced positively by experts in the field and is still under review. MSPT staff hope to have the methodology fully "debugged" and online by summer 2001.

Finally, the Bureau of Evaluation and Measurement is committed to fill the MSPT library with all evaluations completed regarding Department performance. Staff will be able to access the library's holdings online and make requests for needed materials. The library will also serve as a valuable resource for community stakeholders. MSPT staff anticipate having the library operational by April 15, 2001.

At the February, 2001 Quality Manager meeting, staff strongly recommended that planning be returned to Mission Support and Performance. In the districts/region and institutions planning is still included in MSPT. It has been moved to the Office of Programs at central office. Where planning ultimately will be housed at central office is an issue open for discussion. Regardless of its position on the organizational chart, MSPT staff are active in both the planning process (strategic and business) as well as the legislative budgeting and bill analysis processes.

Bureau of Quality Improvement

The Bureau of Quality Improvement has evolved slowly. There were two significant shifts in personnel in 2000. The Bureau has new leadership and staff and is making progress. Quality improvement at the Department will occur through the quality managers and the quality councils. Every district/region and institution will ultimately have a quality manager in place. Over time, as resources are available, these staff will become full time quality managers and meet certain educational and professional standards. The majority of the current quality managers do meet the high level of skill required. They are generally at least "double-hatted" currently, however, due to limited resources. These staff are often the districts/region or institutions planners as well as quality managers.

The quality managers have asked that each local program and administrative entity designate a quality liaison to serve on the local quality council. The local quality councils will meet at least quarterly with the duty to integrate, disseminate and report upon information regarding the following activities:

- Any quality assurance monitoring completed
- The results of contract monitoring
- Any quality improvement activities conducted by teams in the location
- Progress toward accreditation
- District/region/institution review and analysis of the following data elements: peer review, supervisory review, incident reporting and program evaluation/SIT reporting

The quality manager will ensure that the local leadership is aware of these data and will decide with the council and leadership how the information should be coordinated. The quality manager will submit any necessary reports and data to the central repository and will prepare a standardized report of the information as well as participate in a quarterly statewide quality meeting. The team agreed that they would create the format for the reports prior to the April 30th deadline. The quarterly quality meetings will occur in February, May, August, and November. It is hoped that at least once a year the quality managers can meet face-to-face. Otherwise the VTC technology will be used.

The Bureau of Quality Improvement has put a desk guide online for staff to use that includes problem solving tools and materials that can be used locally for action planning and staff education. The Bureaus of Quality Improvement and Assurance are both responsible for designing the following much needed materials in 2001:

- Basic training for leadership (underway, completed by June 30, 2001)
- Basic training for staff (underway, completed by August 31, 2001)
- A reporting format for the quarterly reports (March 15, 2001)
- A web posting place for the reports (the February 2001 data will be posted before March 15, quality kickoff information from fall 2000 is already online)
- A standardized action plan and follow-up tool (September 30, 2001)
- An automated process for tracking online (September 30, 2001)

The Institutional staff have requested that they be allowed to proceed in a slightly different manner. The team of facility quality managers will meet in the next 90 days to design a standardized set of measures and reporting structure. They too will report out on the quarterly deadlines, but due to their different programs and requirements will use a more appropriate format to meet their needs as well as the needs of central office. The Institutions are generally far ahead of the districts/region in using quality improvement teams and tools and recording their progress over time.

Data Elements for Quality Improvement

With this administration, there has been a great push to create standardized, routinized, scientifically valid and relevant methods of data collection. One source of Department data that meets this standard is satisfaction surveying. At the present time MSPT collects satisfaction data through two venues on an annual basis. Staff collect client satisfaction data on 15 client target groups. There is also a community partners survey to capture data from significant stakeholder groups. Both surveys have been in use for the past four years. The reports are posted on the both the intra and internet web sites.

The Department has found it difficult to come to consensus on client incident reporting. Currently there are two pilot projects underway. The project in District 11 will likely serve as the model for keeping client incidents tracked. Consensus and standardization are expected by the end of the year. The Inspector General's Office tracks employee incidents.

The Department has limited capacity at this time to conduct peer record review, and even less capacity to carry out supervisory peer review. MSPT staff will work in collaboration with program staff to implement peer review within the 2001-02 fiscal year. Currently there are ad hoc reviews. In the interim, until the Department has an ongoing process, quality managers will be responsible

for sharing the results of what is learned through the ad hoc reviews statewide so that all staff can benefit.

Finally, program evaluation is carried out through two vehicles -- ad hoc evaluations and through outcome and output monitoring. Significant ad hoc evaluations have been conducted on a number of topics including: community-based care, foster parenting, and the abuse hotline. These reports are available online and will also be available through the library.

The outcome and output monitoring is done through the monthly SIT (Situation) Report briefing to the Secretary. On a monthly basis, programs and districts/region are required to report on measures that are out of compliance with action plans for correction. In the current year, a prioritized list is being developed. MSPT staff prepare the SIT report and post it online. Staff also alert programs to potential hotspots and places where the data seem to contain anomalies.

As can be ascertained from this discussion, all four of the needed elements of an accredited quality system are not available in a standardized form statewide at the present time. Quality managers have been instructed to build upon what is currently available and to link together in work groups to develop the remaining elements.

Lawsuits

There is a final activity that is carried out by MSPT staff across the four bureaus. This activity has been lawsuit data collection and validation. MSPT staff have played a large role in the Ward lawsuit and settlement. Staff have been integrally involved in the design of the settlement document, data collection, target setting and ongoing problem solving. The MSPT staff have provided an objective data collection process for the tracking of progress in District 10.

The MSPT staff have worked to design measures for the ME lawsuit as well. MSPT staff are likely to participate in this data collection as well, and again ensure appropriate methodology and objectivity. MSPT staff participated in training with the Department of Juvenile Justice regarding their quality assurance process. MSPT staff have been asked to determine how Department staff can link quality assurance activities between children's mental health, family safety and juvenile justice programs.

MSPT staff have followed the Johnson Court monitor into the field to assess care to persons with mental illness served in their communities. Staff have again assisted with the development of tools and measures.

MSPT staff consider the validation of program measures and tools as part of the ongoing role of the Bureau of Quality Assurance. The office possesses measurement, evaluative and statistical expertise.

Summary

In summary, the Department will ensure the highest possible quality through the use of local MSPT quality managers reporting on the activities of representative quality councils. They will do so on a quarterly basis using a standardized format. The information will be posted on the intranet so that best practices can be shared. MSPT staff at central office will provide the repository for information as well as coordinating the data sharing process statewide. Central office staff will also provide tracking for the districts/region and institutions on projects and action plans.

MSPT staff will continue to collect and validate data. The staff will provide tools for better and more coordinated data collection, analysis and reporting. Quality Time will be the ongoing training mechanism, with a curriculum developed for those staff and leaders who have not received any quality improvement and assurance training.

Measures and methods used in the field will be validated by Mission Support and Performance staff through the quality assurance process to ensure that all data that is collected meets scientific rigor. The central office staff will serve as a clearinghouse for evaluations completed, quality improvement and assurance projects underway and ultimately partner with contract staff to capture data on all providers.

Appendix A
MSPT Quality Activities and Web Locations

The monthly **Situation Report** is on the MSPT Website. The address is:
<http://eww.dcf.state.fl.us/~os/mspt/sit.shtml>

The **Quality Improvement Desk Guide** is on the QI Web page. The address is:
<http://eww.dcf.state.fl.us/~os/mspt/deskguide.shtml>

Sixty six of the 100+ **QIC Stories** is located on the QI Web page. The address is:
<http://eww.dcf.state.fl.us/~os/mspt/qiintr/qicstory.shtml>

Quality Time news and information program as well as the Quality Time Newsletter is located on the QI Web page. The address is: <http://eww.dcf.state.fl.us/~os/mspt/blank.shtml>

The statewide QI/QA/Accreditation kickoff meeting and other meeting minutes and results will be posted on the QI Web page. The address is:
<http://eww.dcf.state.fl.us/~os/mspt/docs/kickfinal.doc>

Statewide Quality Improvement **Quality Managers** and contacts are listed on the QI Web page. The address is: <http://eww.dcf.state.fl.us/~os/mspt/qiintr/qicontact.shtml>

Coming very soon to the QI Web page are results from various department surveys, such as: Incident Reporting Survey of National QI experts, and child provider survey of QI activities and processes.