

# oppaga Special Report



January 2004

Report No. 04-03

## DCF Needs to Improve Child Protection Staff Training and Clarify DCF and Lead Agency Roles

### *at a glance*

There is no single optimal mix of specific services for addressing the needs of families involved in child protection investigations. Rather, services must be tailored to meet the unique needs of each family. The availability of services to families does affect the frequency of reabuse. Some evidence links the availability of family services to the workload and turnover of protective investigators, but it is not a primary factor.

As the department shifts additional responsibility to community-based care providers, it needs to address three issues:

- implementing an effective training system that provides child welfare workers the necessary skills to perform their work successfully;
- clearly delineating the responsibilities of district and sheriff's office child protective investigators and lead agency caseworkers; and
- developing effective quality assurance monitoring systems to ensure fiscal integrity and quality services by its contracted providers.

### Purpose

The 2003 Legislature directed OPPAGA to conduct a study of the impact that the availability of services to families has on the protective investigators' workload and turnover and on the subsequent reports of abuse in the families.<sup>1</sup> OPPAGA also was directed to identify those services that address the immediate needs of families involved in a child protective investigation process and those services that would be most likely to prevent the families' return into the child protection system.

### Background

The Child Protection Program is intended to provide for the care, safety, and protection of abused and 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 such treatment. The program provides five major services—the Florida Abuse Hotline, protective investigations, in-home services, out-of-home services, and adoptions.

---

<sup>1</sup> Chapter 2003-127, *Laws of Florida*.

To improve the effectiveness of the Child Protection Program, the 1996 Legislature created pilot programs to privatize child protection program services. In 1998, the Legislature expanded this initiative statewide and directed the department to contract with community-based care agencies to provide foster care and related services. Under the new privatized structure, lead agencies are to assume many of the management and operational responsibilities previously held by the department's service districts. Lead agencies are responsible for planning, administering, and delivering client services; ensuring that services are provided in accordance with state and federal laws; and coordinating with other public and private agencies that offers services to program clients.

The Department of Children and Families (DCF) administers program services through a central program office in Tallahassee, 13 district offices, 1 regional office, 5 county sheriffs' offices, and community-based care providers. As of December 2003, the department had contracted with 7 community-based care lead agencies to provide services to 14 of the state's 67 counties. The department plans to complete its statewide privatization by contracting with 15 additional lead agencies by July 1, 2004, six months ahead of its statutory deadline of December 31, 2004.

The program was appropriated \$924 million for Fiscal Year 2003-04. State general revenue appropriations account for \$253 million and appropriations from trust funds account for \$671 million of the program's appropriated budget. For Fiscal Year 2003-04, the Legislature authorized 5,469.5 full-time equivalent (FTE) positions to administer the program.

### ***The child welfare system has many long-standing issues***

In a series of reports since 2001, OPPAGA has reported several long-standing problems with the Child Protection Program: (1) high staff turnover, (2) high case backlogs, and (3) not meeting reabuse reduction targets. The department has worked to improve

performance in these areas, but some problems continue.

**The program has had high staff turnover, but it appears to be improving.** Like many other states, Florida has had problems retaining qualified child protection staff, which hinders the program's ability to adequately respond to the abuse and neglect of children. Turnover diminishes the quantity and quality of child abuse investigations, which in turn diminishes the program's ability to assure that children are safe. The turnover rate for family services counselors in Fiscal Year 2000-01 was 29.7%, which was significantly higher than the 7% average turnover rate among all Florida state employees for calendar year 2000 and exceeded the national average turnover rate among child protective workers of 20%.<sup>2,3</sup>

Department data indicates that protective investigator turnover is improving. The projected annualized turnover rate was 51.7% for August-October 2002, and the rate was 28.5% for the same three-month period in 2003.<sup>4</sup> While the department could not provide us with current statewide turnover data for other family services counselor positions, including caseworkers, certain lead agencies we contacted also reported that their workforce was beginning to stabilize.<sup>5</sup>

**The program has had high case backlogs, but these are declining.** In previous reports, we have noted that the program has had significant case backlogs, which have contributed to high caseloads and adversely affects investigators' ability to initiate new cases and may place children in danger of future harm. Specifically, the program had

---

<sup>2</sup> Prior to May 2002, the department included the protective investigation positions within the family service counselor job class.

<sup>3</sup> *Progress Report of Justification Review of Child Protection Program within the Department of Children and Families*, OPPAGA [Report No. 02-16](#), March 2002.

<sup>4</sup> This data does not include positions at the five sheriffs' offices.

<sup>5</sup> Statewide turnover data is not available because the COPES database contains positions scheduled for deletion as districts move to community-based care, and thus gives a distorted view of the program's statewide vacancy rate. See *Child Protection Program Makes Needed Changes But Lacks Data for Evaluating Results of Initiatives*, OPPAGA [Report No. 03-09](#), January 2003.

backlogs of 48,541 child abuse investigations in June 2000 and 35,017 cases in September 2002.<sup>6,7</sup>

The department has made substantial progress in reducing case backlogs. In December 2002, the department established new targets for backlog reduction: a 50% reduction by February 28, 2003, and a 90% reduction by June 30, 2003. Due to several initiatives, the program has significantly reduced the backlog of child abuse investigations. As of October 2003, the program had a backlog of 3,077 cases.

**The program has not met legislative goals to reduce reabuse.** A primary goal of the program is to provide services to children and families to prevent abused and neglected children from being further victimized. Historically, DCF has not met either the federal or the state targets for reducing reabuse. The federal and state reabuse measure assesses whether children are kept safe from further abuse within six months of the first abuse report. The federal standard is that reabuse should occur in no more than 6.1% of cases, and the state standard is 7%. Over the last five years, Florida's reabuse rate has exceeded both the federal and state standards. The reabuse rate recently increased from 7.3% in April through June 2002 to 9.7% in October through December 2002, before reducing to 9.1% in January through March 2003.

## Questions and Answers –

Our review of child protection services and reabuse addressed three questions.

- What specific services would address the immediate needs of families and help reduce the incidence of reabuse?
- What impact does the availability of services to families have on the frequency of reabuse and the workload and turnover of protective investigators?

- What actions should the department take to improve the effectiveness of community-based care in reducing reabuse?

### *What specific services would address the immediate needs of families and help reduce the incidence of reabuse?*

There is no single optimal mix of specific services for addressing families' needs. As part of this review, the Legislature asked OPPAGA to identify those specific services that would address the immediate needs of families involved in a child protective investigation process and those services that would be most likely to prevent the families' return into the child protection system.

However, our analysis indicates that services must be tailored to meet the unique needs of the family. Many risk factors have been identified that contribute to child maltreatment. Therefore, in order to be effective, service approaches must consider the combination of individual, familial, environmental, and social or cultural risk factors unique to each case.

Historically, the program has not been effective in prescribing services that meet individual family needs because families often have not been involved in case plan development and certain services have not been available. Although s. 39.601, *Florida Statutes*, requires program staff to work with each family to develop a case plan that will address its specific issues and problems, department quality assurance reviews have found that parents and children are not consistently involved in developing case plans. A recent federal review also noted that certain services, such as those needed to address substance abuse and mental health problems, often were not available. As a result, many case plans listed a uniform set of services instead of specifying services to meet individual families' unique needs. When case plans do not contain tasks specific to family needs, the family is less likely to receive the treatment it needs to change its behavior.

Recently, the program has taken steps to improve its case planning process, but it cannot monitor statewide progress because the case

<sup>6</sup> *Justification Review of the Child Protection Program within the Department of Children and Families*, OPPAGA [Report No. 01-14](#), March 2001.

<sup>7</sup> *Child Protection Program Makes Needed Changes But Lacks Data for Evaluating Results of Initiatives*, OPPAGA [Report No. 03-09](#), January 2003.

plan module of HomeSafenet has not yet been implemented. In June 2003, the department began requiring counselors to document that family group conferencing occurred in all new case plans. The department is also in the process of identifying community best practices for getting parents and children to actively participate in case plan development that can be implemented statewide. Department administrators hope that these initiatives will ensure family involvement and improve their adherence to case plans in order to prevent reabuse.

However, the department will not be able to immediately determine whether these new strategies are having the intended effect because the case plan module of HomeSafenet has not been implemented. The department is in the process of outsourcing the remaining functions of HomeSafenet and the vendor will establish the due dates for completion of major components including the case plan component.<sup>8</sup>

The department also recently contracted with the University of South Florida's Chiles Center to conduct a statewide needs assessment. The center is conducting the project in two phases. The first phase was concluded in a report issued in October 2003 that provides statewide and county-level data for multiple risk and protective factors, such as rates of child maltreatment, poverty, and level of violence in communities. By June 2004, the center will provide a community-level needs assessment that identifies and evaluates the availability and accessibility of prevention and family support services for children and families. The department will use this assessment to determine how best to implement specific services and enhance future training for child protection staff. Local communities can use this information to make informed decisions about what types of programs are most needed.

### ***What impact does the availability of services to families have on the frequency***

### ***of reabuse and the workload and turnover of protective investigators?***

The availability of services to families has an impact on the frequency of reabuse. Some evidence links the availability of certain services for families to the workload and turnover of protective investigators, but it is not a primary factor.

There is a strong link between the availability of services and subsequent reabuse. In Ch. 2003-127, *Laws of Florida*, the Legislature expressed concern that families being investigated for child abuse may be remaining in the investigation process longer or returning through the child protective system due to certain services not being available. Our analysis supports this concern. We interviewed program management and line staff and found that families that do not receive services they need may be more likely to repeat the maltreatment on their child. These stakeholders asserted that families with substance abuse, mental health, and domestic violence problems are particularly in need of immediate services to prevent reabuse.

There is some evidence that the availability of services for families can affect the workload and turnover of protective investigators. A 2003 report by the Florida Senate's Committee on Children and Families found that the lack of available services has led to worker frustration and turnover.<sup>9</sup> Although not a primary factor, several members of focus groups conducted during the review reported that a lack of services for families was increasing the workload of the protective investigators, specifically in terms of tasks required to locate available services and extending the length of time the cases are open.

Our interviews of program managers, protective investigators, and caseworkers in selected areas and reviews of department exit interview data similarly found some relationship between availability of services and workload and turnover. Some workers we

---

<sup>8</sup> HomeSafenet is Florida's child welfare and client management information system.

---

<sup>9</sup> *Retention of Protective Investigators and Protective Investigative Supervisors*, Interim Project Report 2003-110, The Florida Senate Children and Families Committee, January 2003.

interviewed cited higher levels of frustration when services are not available, and clients then re-enter the system, which increases their workload and sometimes their desire to resign. In addition, department exit interview data indicated that 4% of child welfare workers said a lack of client services was their top reason for leaving. However, high workload in general is the factor that most strongly influences protective investigators' decisions to leave their jobs.

Recent legislative and department initiatives are designed to improve job retention for protective investigators. The 2003 Legislature addressed a number of issues related to staff retention in Ch. 2003-127, *Laws of Florida*. This law established a Protective Investigative Retention Workgroup and prohibited the department from shifting protective investigations funds to other activities.

In response to requests from the department and the 2002 Blue Ribbon Panel on Child Protection, the Legislature also increased the salaries for program front-line staff and increased the number of protective investigative staff. In addition, the department issued a recruitment and retention plan in July 2003 (the Performance Path to Excellence), which establishes a competency-based system to be used as the basis for applicant screening, establishing performance standards, and evaluating, promoting, and rewarding employees.

***What actions should the department take to improve the effectiveness of community-based care in reducing reabuse?***

As the department shifts additional responsibility to contract providers through community-based care, the department's role becomes one of a purchaser, rather than a provider, of services. With diminished responsibility for direct services, the department needs to establish strong contract management and support processes to help ensure the effectiveness of its new service delivery system in preventing reabuse. The department should address three issues in this area.

- The department should implement a more effective training system that provides child welfare workers with the necessary skills to perform their work successfully.
- The department needs to clearly delineate the responsibilities of district and sheriff's office child protective investigators and lead agency caseworkers.
- The department should develop a more effective quality assurance monitoring system to ensure fiscal integrity and quality services.

**The department should implement a more effective training system for child welfare workers.**

The department is authorized by statute to create training and certification programs for its employees and service providers to ensure that only qualified employees and service providers provide client services.<sup>10</sup> The department is required to develop rules that include qualifications for certification, including training and testing requirements and continuing education requirements for ongoing certification. Currently, the department contracts with Professional Development Centers (PDC) to deliver classroom training, field training, and testing for child protection professionals and child protection certification programs. These programs include pre-service training to certify newly hired workers, in-service training to recertify workers every three years, and supervisory effectiveness training for supervisors and managers.

However, the training provided by the PDCs does not meet the education and training needs of child welfare workers. Department, sheriff's office, and community-based provider managers indicate that the pre-service and in-service training provided by PDCs does not adequately prepare workers to successfully conduct investigations and manage cases. Lead agency directors told us that the current training for caseworkers does not adequately address lead agency differences, such as the system of care, data entry requirements, and case plan standards. District and sheriff's office

---

<sup>10</sup> Section 402.731, *F.S.*

staff responsible for protective investigations similarly reported that the training offers minimal on-the-job training, which is needed to teach the application of the complex set of laws and policies surrounding child abuse, neglect, and abandonment. In addition, program officials said that the supervisory effectiveness training administered by the PDCs does not provide supervisors with the necessary skills to handle daily activities in order to positively influence casework practice and staff retention.

As a result, many lead agencies, sheriffs' offices, and district offices use service dollars to provide supplemental training to new workers and supervisors. This reduces the funds available to serve clients. For example, one lead agency spends an estimated \$100,000 annually to provide supplemental training to its employees. The need to provide additional training also results in extra workload for current employees because new workers are not ready to investigate and manage cases. This hinders the program's ability to improve its performance in reducing reabuse and staff turnover.

The 2003 Legislature mandated that the department redesign its child welfare training system, but the department has been slow to implement a new system. Specifically, the law required the department to establish core competencies for a single integrated curriculum that ensures that employees delivering child welfare services obtain the knowledge, skills, and abilities to competently carry out their work responsibilities and to establish child welfare training academies as part of a comprehensive system of child welfare training.<sup>11</sup> In response to this directive, the department planned to end its contracts with the PDCs on December 31, 2003. However, the department will not submit a Request for Proposals (RFP) to competitively procure a child welfare core competency curriculum until January 2004 and has extended the PDC contracts to June 30, 2004.

Delays in improving the training system will continue to hinder the effectiveness of child protective services, especially as 15 new lead agencies begin their contracts between December 2003 and June 2004. These lead agencies will hire employees before the new training is made available. Thus, their employees will receive the deficient PDC training, which will likely require these new lead agencies to use service dollars to provide needed additional training to prepare their workers for delivering child protection services.

**The department needs to clearly delineate the roles of protective investigators and caseworkers.** Given the structure of the child protective service delivery system, investigating agencies (district and sheriffs' offices) and lead agencies need clear parameters delineating their responsibilities. However, the department has not provided sufficient guidance to investigating agencies and lead agencies. As a result, confusion and inconsistencies in program service delivery have developed in various districts.

There are two primary areas in which additional guidance is needed. First, the department should clarify how cases with immediate service needs are to be transferred from investigators to lead agencies. Although the department requires all districts to conduct Early Service Intervention (ESI) staffings, in which investigators arrange with the lead agencies what services families need, these staffings generally take three to five days to arrange. The department does not provide specific protocols for how an investigator is to access these services in an emergency situation in which a family needs services immediately.<sup>12</sup> Some districts have emergency staffings between investigators and lead agency workers, enabling families to receive services quickly. However, investigators in other districts cannot immediately access such

---

<sup>11</sup> Chapter 2003-146, *Laws of Florida*.

---

<sup>12</sup> Prior to the transition to community-based care, investigators could immediately refer families to services aimed at keeping children in the home, such as Family Builders and Intensive Crisis Counseling Program (ICCP). However, with the move to community-based care, investigators must access in-home services through lead agencies.

services and may have to wait to refer families for services at the ESI staffing (three to five days later).

In cases in which immediate services are not available, investigators must choose to either wait until services are made available, putting children at risk of further harm, or remove the children from the home. Although federal and state laws require workers to make reasonable efforts to maintain children in the home, in most cases a lack of immediate access to services forces investigators to remove the children from the home. This service access problem has led to increases in the number of children in out-of-home care in some areas of the state. For example, as Pasco and Pinellas counties shifted to community-based care through a service contract with Family Continuity, the number of children removed from their homes rose 39% while the number of investigations rose 10% between July 2000 and June 2002.<sup>13</sup> Such increases in the number of children in out-of-home care results in lead agencies having to locate more temporary placements and foster families, and thus shifts dollars away from services designed to maintain children in their homes.

Some districts are developing initiatives to improve the investigators' ability to immediately access in-home services, and these initiatives demonstrate the benefits of establishing specific protocols for how an investigator is to access services in an emergency situation. Recently, Pinellas County Sheriff's Office met with Family Continuity to establish emergency protocols and educate investigators on what specific services are available and how to refer clients to them. In addition, Family Continuity established Emergency Response Teams to handle emergency cases involving domestic violence, substance abuse, and mental health problems. Program officials believe that these initiatives will help reduce the number of children removed from their homes.

The second area in which the department needs to provide additional guidance and

oversight is the extent to which investigators are to be involved in case planning. Neither Florida laws nor the department's operating procedures clearly state what role investigators should play in the development of case plans or referrals for services. Currently, lead agencies and investigatory entities tend to have differing interpretations on the role of investigators in case planning, resulting in investigators' responsibilities varying from district to district.

Lead agency directors told us that investigators should provide assistance to caseworkers in developing case plans and service referrals because investigators are more familiar with family strengths and risks and what services would be beneficial to the families than are caseworkers at the beginning of the case planning process. The lead agency directors asserted that this is especially important in judicial cases when judges often require testimony from workers involved with the family before approving a case plan to help the family. In contrast, most officials at district and sheriffs' offices contend that investigators should only be responsible for conducting investigations and the caseworkers should develop the case plans.

Investigators' responsibilities for case planning vary from district to district. In some districts, investigators transfer their cases to caseworkers at the ESI staffing and do not provide additional assistance in developing the case plans. However, investigators in other districts are more involved in the case planning process, and work to identify and link clients to specific services and help caseworkers write case plans. This inconsistent practice may lead to investigative and caseworker workload differences across the state, as some contracted lead agencies and sheriffs' offices have more responsibilities than others. Without consistent standards being followed, the department cannot appropriately monitor, evaluate, and compare lead agency and district unit performance.

**To ensure fiscal integrity and quality services, the department should ensure that its new quality assurance monitoring system is**

---

<sup>13</sup> Family Continuity began providing services previously delivered by the department in July 2000.



**effectively implemented.** Effective state oversight of the community-based care system is critical to ensure that child protection services are effectively delivered and taxpayers' dollars are efficiently spent in accordance with state and federal law. The department has had historical challenges in developing an effective monitoring system for community-based care providers. The department is planning to implement a new system in early 2004.

Our prior reports have noted several weaknesses in the department's oversight of the community-based care system. We reported in 2001 that the department's system for monitoring providers did not allow for routine assessment of the quality of the provider's service provision.<sup>14</sup> Instead, the department's monitoring focused on compliance with contractual requirements and program administration issues, rather than critical aspects of service provision. We recommended that the department implement a system for monitoring the quality of provider services in order to identify best practices, take action to improve program services and client outcomes, and hold providers accountable for achieving program results.

In January 2003, we reported that the department had established a quality assurance monitoring process for provider services, but that improved coordination was needed for an efficient and effective oversight system.<sup>15</sup> These System of Care reviews examine child and family outcomes as compared to system performance under the compliance monitoring. However, the department had not streamlined its duplicative and overlapping monitoring processes. As a result, a comprehensive assessment of provider performance could not be achieved and targeting needed performance improvement was difficult.

The department plans to implement a new quality assurance/quality improvement system in early 2004. The new system is designed to evaluate the adequacy and quality of services,

identify strengths and needs of the service delivery system, provide reports to program managers on quality services and the need for improvement, and provide federal and state compliance information. The new system is a three-tiered approach that uses a qualitative process. Tier 1 is the responsibility of the local service provider, Tier 2 is the responsibility of the district and regional administration, and Tier 3 is the responsibility of the central office in Tallahassee. The department is currently testing the review instruments and plans to implement the Tier 2 instrument statewide by January 2004.

The department needs to ensure that it implements its new monitoring system effectively and efficiently. The 2003 Legislature appropriated 88 new FTEs to the department to expand its quality assurance function. The department must ensure that these new staff positions are filled in a timely manner so it can fully implement the new monitoring system. The system needs to be in place when the department finishes privatization of the program, which is currently scheduled for completion by July 1, 2004.

## Conclusions and Recommendations —

There is no single optimal mix of specific services for addressing the needs of families involved in child protection cases. Rather, services must be tailored to meet the unique needs of the family. However, the program has historically been ineffective in prescribing services that meet individual family needs. The program has recently taken steps to improve its case planning process, but statewide data will not be available to monitor its progress until the case plan module of HomeSafenet is implemented.

The availability of services to families has an impact on the frequency of reabuse. Some evidence links the availability of certain services for families to the workload and turnover of protective investigators, but it is not a primary factor. The factor that most strongly influences protective investigators'

---

<sup>14</sup> OPPAGA [Report No. 01-14](#), March 2001.

<sup>15</sup> OPPAGA [Report No. 03-09](#), January 2003.



decisions to leave their jobs is workload in general. Recent legislative and department initiatives are designed to improve the job retention rates of protective investigators.

As the department shifts additional responsibility to contract providers through community-based care, the department's role becomes one of a purchaser, rather than a provider, of services. With diminished responsibility for direct services, the department needs to establish strong contract management processes and should address three issues.

First, the department should implement a more effective training system for investigators and case managers. Specifically, the department should establish as soon as possible a training curriculum that includes

- extensive on-the-job training that gives newly hired investigators and case managers opportunities to write safety plans, child safety assessments, family assessments, predisposition summaries, and case plans under the mentoring of experienced workers;
- advanced training in domestic violence, substance abuse, and mental health issues;
- flexible curriculum, allowing trainers to address individual agency practices and systems of care; and
- flexible training schedules so that child welfare workers can be trained soon after they are hired.

Second, the department needs to clearly define the responsibilities of child protective investigators and lead agency caseworkers.

Currently, investigators in some districts have difficulty immediately accessing in-home services, and there is substantial variance between districts in the extent to which investigators are involved in case planning. We recommend that the department require all lead agencies and investigating agencies to establish written protocols for how investigators can access emergency services to keep children in their homes. We also recommend that the department provide clear instructions as to what role investigators should have in developing case plans and referring clients to services.

Third, the department must implement an effective quality assurance process. State oversight of a privatized system is critical to ensure that quality services are being delivered and taxpayers' dollars are spent in accordance with state and federal law and as efficiently and effectively as possible. Thus, we recommend that the department implement its new quality assurance monitoring system by July 1, 2004, so it will be in place when the department finishes privatization of the program. Beginning in Fiscal Year 2004-05, the department also should provide the Legislature a summary of its Tier 2 and Tier 3 quality assurance monitoring reports each quarter.

## Agency Response

In accordance with the provisions of s. 11.51, *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Children and Families, for review and response. The Secretary's response has been reproduced in its entirety in Appendix A on page 10.

---

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

**Florida Monitor:** <http://www.oppaga.state.fl.us/>

Project supervised by Nancy Dufoe (850/487-9242)

Project conducted by Scott Stake (850/410-4747)

Gary R. VanLandingham, OPPAGA Interim Director

---

**Jeb Bush**  
*Governor*

---



---

**Jerry Regier**  
*Secretary*

---

**Florida Department of Children and Families  
Office of the Secretary**

January 20, 2004

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

Dear Mr. VanLandingham:

Thank you for your December 23 letter providing the preliminary findings and recommendations of the Office of Program Policy Analysis and Government Accountability progress report on DCF Needs to Improve Child Protection Staff Training and Clarify DCF and Lead Agency Roles.

Enclosed is the Department's response to the findings and recommendations. If your staff has any additional questions please have them call, Ms. Amy Karimipour, Senior Management Analyst Supervisor, at (850) 922-7015.

If I may be of further assistance, please let me know.

Sincerely,

/s/  
Jerry Regier  
Secretary

Enclosure

## **FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES**

### **RESPONSE TO OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY'S PROGRESS REPORT ON DCF NEEDS TO IMPROVE CHILD PROTECTION STAFF TRAINING AND CLARIFY DCF AND LEAD AGENCY ROLES**

**Recommendation:** The Department should implement a more effective training system for child welfare workers.

**Department Response:** Upon the 2003 Florida Legislature's direction to redesign its child welfare training system and based on SB 1454, the Department contracted with MAXIMUS to conduct an evaluation and recommended redesign of the child welfare training system. On September 1, 2003, the Department submitted the final MAXIMUS report to the Legislature. The report assessed the Department's current training system against the federal Adoption and Safe Families Act/Children and Family Service Review evaluation criteria, conducted national research to identify core competencies and best practices of other states, and proposed core competencies for Florida.

Throughout October and November 2003, the Department met with CBCs and Sheriff Offices, and also held a publicly noticed meeting to solicit input regarding the child welfare training system redesign. All meetings were extremely informative and additional stakeholder information was factored into the Department's decision-making process. The additional work with stakeholders took more time than the Department desired; however, the input yielded a redesign strategy that more closely balances the state's need for standardization, quality and revenue maximization with the stakeholders need for flexibility, choice and resource deployment.

The Department has developed the framework for a new training program and is finalizing its competitive procurement vehicles. The Department plans to select a training vendor in April 2004 to work with the Department and the current training provider to transition services to the new training system by July 1, 2004.

**Recommendation:** The Department needs to clearly delineate the roles of protective investigators and caseworkers.

**Department Response:** CBC Lead Agencies have working agreements with the Department and Sheriff Offices that include specific joint operating procedures outlining the agreed upon roles and responsibilities of the protective investigators/sheriff, and lead agency caseworkers. These agreements are amended as issues arise and as case practice dictates. The procedures include the role investigators play in the development of case plans.

While the responsibilities of the protective investigator and the caseworker are delineated in these agreements, as well as current Department's rules and operating procedures, the Department recognizes that at the caseworker level the

## **FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES**

### **RESPONSE TO OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY'S PROGRESS REPORT ON DCF NEEDS TO IMPROVE CHILD PROTECTION STAFF TRAINING AND CLARIFY DCF AND LEAD AGENCY ROLES**

responsibilities in the case handoff are not always consistently followed. The Department is addressing this through rule rewrite. We will continue to assess and identify best practices in case planning to ensure that services that meet the individual needs of each child and family are provided as quickly as possible. We will continue to identify and address the barriers to achieving that goal.

The Department recognizes that the transition from state operated child welfare services to a community-based care system poses challenges for workers. The program office will work collaboratively with the Districts, County Sheriff Office, and CBCs to forward best practices associated with case transfer models. This will largely be accomplished through:

- Training
- Clarification of core competencies through the training redesign process
- The Child and Family Services Review (CFSR) Program Improvement Plan quality improvement process

**Recommendation:** The Department should implement its new quality assurance monitoring system by July 1, 2004, so it will be in place when the Department fully moves to implementation of community-based care. Beginning in Fiscal Year 2004-05, the Department also should provide the Legislature a summary of its Tier 2 and Tier 3 quality assurance monitoring reports each quarter.

**Department Response:** The Department, as part of its responsibility for oversight and accountability for the use of public resources, developed and is presently implementing the new quality management system to ensure fiscal integrity and quality services by its contract providers, as well as services provided by the Department.

The new system evaluates the quality of provider services in order to identify best practices, take action to improve program services and client outcomes, and hold providers accountable for achieving program results. Quality Management includes self-assessment, validation and improvements.

We concur with the recommendation that the Department must effectively implement its new quality assurance system by July 1, 2004. A memorandum was disseminated on December 3, 2003 informing the district and regional administrators that the three-tiered quality assurance system would be implemented in January 2004. Quality assurance monitoring reports will be provided to the Legislature upon request.