Introduction/Background

Changes in Child Welfare

Nationally, Florida’s community-based child welfare projects represent some of the broadest efforts at learning how the child welfare system can be changed to provide better services. Significant trends and factors on the national level continue shaping all areas of human services, including child welfare. For example, partnerships between the public and private sectors are being formed in an attempt to better serve those in need. Managed care techniques, such as service provider networks, are being implemented in child welfare. Many states are examining the potential for further involving the private sector in the delivery of services to children and families in need, and how resources can be better used by implementing managed care principles. It is within this context of change that legislation was introduced that has paved the way for Florida to learn more about the impacts of increased and enhanced private sector involvement.

Florida’s current community-based child welfare projects represent a substantial step toward determining ways to improve Florida’s child welfare system. In fact, the three continuing projects represent a shifting of the responsibility for the child welfare function from the public to the private sector. Such a significant step dictates that we, as a state, seek to learn all that we can from these projects. The outcome evaluation is a continuing step toward learning from the experiences of the privatization projects, and toward using this information to shape Florida’s child welfare system into the next century.

Sweeping privatization legislation, in the form of HB 3217, was passed during the 1998 legislative session. HB 3217 amends the original privatization legislation (Section 409.1671, Florida Statutes). Under the original legislation, the Department of Children and Families was required to establish pilot programs during fiscal year 1996-97 that privatized child welfare services through contracts with community-based agencies. Continuing community-based child welfare programs are in place in Districts 4, 8, and 13. The original legislation afforded these pilot sites significant latitude in determining the focus and scope of their respective programs. Subsequently, these sites have developed unique approaches to the delivery of services that are intended to improve child welfare in the area they serve.

Significant HB 3217 Initiatives

HB 3217 initiates broad system change in several key ways. These include the following:

Statewide Implementation Plan: The Department of Children and Families (the Department) is to develop a plan by July 1, 1999 for privatizing the entire child welfare system in Florida by January 1, 2003. Within this plan, the Department is to identify any areas in the state that cannot be privatized until obstacles are effectively addressed/removed. In addition to identifying these areas, ways to address obstacles to privatization must be specified.

Immediate Privatization of District 5: A second key way in which HB 3217 impacts privatization is that it calls for the child welfare function (i.e., all foster care and related services) in District 5 (Pinellas and Pasco Counties) to be fully privatized by December 31, 1999. This timetable is in advance of the rest of the state, and thus implementation will be well underway in District 5 before the state plan is fully developed.

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1 Managed care can be defined as a variety of mechanisms designed to control utilization or cost of services.
Protective Investigations: A third key part of HB 3217 is that it moves the child protective investigations function to the sheriff’s departments in Pinellas and Pasco Counties, respectively. (Note that the protective investigations function in Manatee County was with the sheriff’s office in that county prior to passage of HB 3217.) The protective investigations function is not included in this evaluation.

The Evaluation

The 1998-99 outcome evaluation of the three continuing community-based pilot sites culminated in this evaluation report being submitted to the Legislature. Also developed, but separate from this report, is a preliminary report on implementation of privatization in District 5. Previously, two privatization evaluation reports have been developed. The first is entitled “Implementation Study Report on the Child Welfare Privatization Projects” and the second is entitled “Interim Evaluation of Florida’s Child Welfare Privatization Projects.” See the previously presented information on how to obtain copies of evaluation reports from the Department’s Office of Standards and Evaluation.

Factors that need to be considered relative to the evaluation of privatization efforts to date include the following:

• The continuing privatization projects in Districts 4, 8, and 13 experienced staggered implementation processes during 1997 (their first year of operation). For example, the District 8 privatization project became responsible for adoption cases in Sarasota County on January 1, 1997, foster care cases on March 1, 1997, and protective services (supervision) cases on June 2, 1997.

• Key outcomes, such as reducing the average length of stay in care, are long-term in nature and require that the projects be up and running for at least a couple of years before definitive data are available by which long-term success can be gauged.

Although the next iteration of evaluation activities will provide an even better opportunity to examine performance based on outcomes that are long-term in nature, the current set of evaluation activities attempts to examine as much useful and available outcome data as possible in order to determine the status of the privatization projects at this early point in their existence/development. Thus, the evaluation looks at a core set of outcomes that have been established for the privatization projects. These outcomes are identified in the model privatization contract developed by the Office of Family Safety and Preservation. Beyond a core set of outcomes, several additional outcomes, including some that are project-specific are examined. Other areas of inquiry are include the following:

• The relative intensity of the projects’ service delivery models as compared to the traditional model operated by the Department and its impact on service delivery (including cost efficiency) and outcome achievement; and

• Federal funding issues resulting from privatizing child welfare services.
Evaluation Purpose

The Legislative Mandate for Conducting Annual Evaluations

As did the original privatization legislation, HB 3217 requires the Department to perform several key oversight functions relative to the continuing privatization projects (and subsequent privatized efforts to come on line) throughout their existence. These oversight functions include establishing a quality assurance process for the contracted services and programs of each site, and ensuring that privatized services are delivered in accordance with applicable federal and state statutes and regulations. An element of the quality assurance role of the Department is annual evaluations of the projects. Annual evaluation reporting is to address quality performance, outcome attainment, and cost efficiency.

Broad Evaluation Questions

The outcome evaluation attempts to address the broad question of whether privatization is doing a better job of meeting the needs of children and families than is the Department of Children and Families. This question addresses system effectiveness. Secondarily is whether privatized systems of care can effectively perform the child welfare function more efficiently than the Department. In other words, are the privatization projects better at utilizing resources to achieve desired outcomes than is the Department? A related question is whether the projects are able to supplement the dollars channeled to them by the Department with community resources. If a privatized system of care is found to be more costly, the issue of supplementing project resources with community resources takes on increased significance. The answers to these questions require that the privatization projects be evaluated over an extended period of time; i.e., the next two to three years at least.

Availability of Long-Term Data

The amount of long-term outcome data that is available is presently limited due to the length of time that the privatization projects have been in operation. Although the privatization projects in Districts 4, 8, and 13 were all implemented beginning January 1, 1997, the manner in which they were implemented directly impacts data availability. For example, the Bridges Program in District 13 grew incrementally - as new children entered shelter care each month. As a result, an insufficient number of children will have been in the Bridges Program in excess of one year to allow for a large cohort to be available for tracking. While the importance of examining success from the standpoint of long-term outcomes is undeniable, the opportunity exists to examine some performance indicators that are related to a child’s experience while in care. For instance, how do the privatization projects and the Department compare with respect to the amount of involvement/contact that staff are having with children and families in care? The answers to such questions can give an indication of whether systems of care are doing the things necessary to increase the likelihood that desired outcomes would be obtained.

In addition, issues that relate to the cost efficiency of the projects will be examined to the extent possible. Addressing the issue of efficiency is complicated by 1) readily available fiscal data for a full operating period during which the entire privatization program was operating; 2) in District 13, the discontinuation of the case rate payment methodology; and 3) difficulty in readily obtaining detailed Department cost information on the corresponding set of services to those privatized for comparative purposes.
Future Evaluation Activities

The privatization legislation calls for the privatization projects to be evaluated annually. Significant challenges are inherent in evaluating program effectiveness and efficiency for diverse community-based child welfare projects. Keys to success in this area include:

1) Ensuring that existing and planned data systems will support outcome measurement; and

2) Allowing for a sufficient demonstration period before definitive conclusions are drawn about the effectiveness and the efficiency of community-based child welfare.

As statewide implementation of community-based child welfare has started, the issue of transitioning successfully from one system to another is of increasing importance. Note that an entire section of the evaluation report has been dedicated to presenting issues related to transitioning. Several of these issues, in the opinion of the independent evaluator, pose substantial threats to the overall health of the state’s child welfare function (both public and private sectors) if not addressed proactively and aggressively.
Project-Description Summaries

This section briefly describes the three continuing community-based child welfare programs. These programs are the Family Services Coalition in Jacksonville and surrounding counties, the Sarasota County Coalition for Families and Children, and the Bridges Program of the Lake County Boys Ranch in Lake and Sumter Counties. Each of these programs began formal implementation on 1/1/97. At this time, given its size and scope, the Sarasota County Coalition represents Florida’s most extensive effort in transferring the role and function of the Department of Children and Families in the area of child welfare to the private sector. Each of these projects is more thoroughly described in an implementation study report that was produced in early 1998. See the reference to the implementation study report found on the acknowledgments page of this report. Included therein are instructions as to how copies of that report can be obtained. Each of the summary descriptions that follow contain an “updates” discussion that, while not exhaustive, lists some of the more notable changes that the community-based programs have experienced since the implementation study report was published. In addition, a summary table is provided at the end of the project description summaries section that presents specific program information for each site.

The Family Services Coalition

The Family Services Coalition in District 4 serves all five counties in District 4: Baker, Clay, Duval, Nassau, and St. Johns. Four residential agencies in Jacksonville, the Baptist Home for Children, the Boys Home Association, the Children’s Home Society, and the Jacksonville Youth Sanctuary formed the Family Services Coalition to coordinate a service delivery system for all dependent adolescents in the district. The project serves children age 12 to 17 in foster care and youth 18 and over in independent living. Youth in care are provided residential care, assessment, case planning, clinical services, and independent living skills training. Each Coalition member is a residential service provider, and prior to forming into a coalition, each had maintained long-standing contracts with the Department to provide residential placements for children. With the exception of the Jacksonville Youth Sanctuary, Coalition members had not served a large number of high-need adolescents (e.g., teenagers in foster care) prior to forming into the Coalition. Much of the system development work done by the member agencies of the Coalition has been in the area of establishing of an extensive foster home network, and subsequently relying less on group residential beds.

The Coalition was in the process of transitioning child welfare cases from the Department during the evaluation study. As of this writing, 152 youth are being managed by Coalition caseworkers, while another 161 youth are residing in Coalition placements. Presently, the Coalition has five caseworkers, all of which are employed by individual Coalition agencies. For those youth living in group residential situations in Coalition member programs (i.e., not the Coalition youth in foster care), the assigning of workers to individual Coalition members facilitates a higher level of contact/involvement between worker and child. With the current emphasis on developing the Medicaid component of each member agency, many Coalition youth now have a targeted case manager at their respective provider agency. This person coordinates with a youth’s caseworker to form a more substantial intervention unit on behalf of the child. The Coalition’s current contract does not put a cap on the number of children that can be served under the contract. In addition, the contract facilitates the growth of the Coalition by adding six worker positions and one supervisor position in 4/99. With no contractually restricted limit on the number of children that can be served under the Coalition’s contract with the Department, and with the funded expansion of the casework function, the Family Services Coalition is poised to provide valuable information on how the private sector addresses the extensive personal and social needs of children ages 12 to 17 - the most challenging group for which to find solutions.
Notable Changes over the Past Year

Several developments that warrant presentation have occurred within the Family Services Coalition over the past year. These developments include:

- The Family Services Coalition’s budget was cut by 17 percent by the Department. This was part of a district-wide budget reduction effort to balance the out-of-home care deficit. As a result of this decrease in room and board care revenue, the Coalition members struggled with options to address the funding loss. Consequently, rates were re-negotiated and provider funding was cut between ten and 13 percent; group care facilities were closed; and support funding for foster care was reduced by 7.5 percent.

- Another result of the out-of-home care funding reduction was the need to shift the service delivery model to more of a rehabilitative services driven approach than just maintenance and overlay. The Coalition providers were required to enhance Medicaid treatment services and use existing staff to implement skill building, social rehabilitation, and behavioral health programming. The system required increases in targeted case management to assess and link with other community-based services. One of the four Coalition members, the Boys’ Home, is experienced in these areas and provided technical assistance and support to the other three provider agencies.

- The Coalition headquarters moved to a larger, professional office complex that is located only minutes from the Department’s District 4 offices and Child Welfare Legal Services.

- The Coalition has adopted a new Board of Directors membership structure. This new structure is a specific attempt to broaden Board membership, and enhances representation from various segments of the child welfare community. Previously, Board membership was limited to two members each from the four Coalition provider agencies. The new Board composition includes one member from each of the Coalition provider agency Boards of Directors; a judge; four at large members from the child welfare community; a representative from the Department of Juvenile Justice; a Duval County Health Department representative; a Duval County School Board representative; the executive directors from each of the Coalition provider agencies; and two youth consumers in subsidized independent living. The executive directors from the provider agencies and the youth consumers are non-voting participants.

- The Coalition implemented a new data system in July 1998 to try and address problems with client tracking, caseworker productivity, and utilization review, and to generally improve management capabilities through the use of current and accurate information.

- The Coalition signed a contract with the Department that does not limit the number of children that the Coalition can serve. In effect, the Coalition and its member agencies are subject to the risk associated with unplanned increases in the number of children entering care. There is also a “no eject/reject” clause in the contract. Combining a potentially “limitless” number of youth entering care and a no eject/reject clause, the Family Services Coalition now finds itself in a similar position to that of the Department.

The Sarasota County Coalition for Families and Children

The Sarasota County Coalition for Families and Children administers and coordinates the delivery of child welfare services for the entire Sarasota County population. The Youth and Family Services arm of the local YMCA in Sarasota County serves as the administrative support/home to the Coalition. The project serves all children in Sarasota County needing protective services, foster care, and adoption services. Two key distinctions between the Coalition’s service delivery model and that of the Department’s former model in Sarasota County are present. First, the Coalition employs clinical
specialists. Clinical specialists are masters level clinicians who provide therapy services to children in care on an as needed basis. Employing clinical specialists is a significant shift in the way dollars are spent to address needs. The Department typically purchases these services through a local community mental health provider. One apparent benefit of the Coalition’s keeping service dollars in-house is the opportunities for an enhanced and well-coordinated team approach to service delivery between the worker and the clinical specialist.

A second key difference between the Coalition’s model and the Department’s (typical) model is that a Coalition worker (i.e., team) remains with a child throughout his/her stay in the system of care. The Coalition worker remains with a case as that case transitions from one stage of care to another; e.g., as a child transfers from protective services to foster care. A child formerly served by the Department in Sarasota County, for example, had a protective services worker while living at home and then was transferred to a foster care worker when the child was removed from the home.

A key characteristic is the well-developed and active community stakeholder group that has been instrumental in the Coalition’s development since prior to implementation. This stakeholder group was initially formed by the Department in District 8 once it was mandated that Sarasota County would be privatized. This group has assisted the Coalition in obtaining relatively substantial amounts of local dollars to supplement contract dollars from the Department. The Coalition has a significant managed care element in that project funding is capitated irrespective of the number of children and families served. Therefore, the project is at risk of economic loss. The Coalition incorporates a type of utilization review function to help ensure that individual cases are being managed as effectively and efficiently as possible. Of the continuing community-based child welfare programs, the Sarasota County Coalition is the largest.

**Notable Changes over the Past Year**

Several developments that warrant presentation have occurred regarding the Sarasota County Coalition over the past year. Some of these developments include:

- Legislation adopted in the 1998 session mandated that Manatee County come under the lead agency (i.e., the Sarasota YMCA) for the Sarasota County Coalition. The legislation mandates that a contract be in place between the YMCA and the Department in District 6 by July 1, 1999.

- The contract for the Sarasota County Coalition has moved from District 8 (Ft. Myers) to District 6 (Tampa). This may facilitate improved Department/Sarasota County Coalition relations given the sometimes difficult history of relating between the Coalition and District 8 staff.

- Many of the dollars that had been held back from the Coalition’s contract for contract oversight, including contract management, monitoring, and quality assurance, have been made available to the Coalition. Therefore, the Coalition now has more dollars in its contract with which to provide services.

- The Coalition president was previously responsible for both program development and managing ongoing program operations. As the Coalition grew, and as demands on this person’s time from the broader (statewide) child welfare community increased, it became apparent that a position dedicated solely to the management of program operations had to be created. Subsequently, this position has been created and filled.

- The Coalition has altered somewhat its approach to employing clinical resources across those children and families in care. Initially, a clinical specialist was automatically assigned to each child who entered care. Presently, only those children/family situations identified as needing clinical intervention are assigned a clinical specialist. In the opinion of the evaluator, this represents a more reasoned use of clinical resources.
• The Coalition continues its aggressive approach to developing alternative methods of funding child welfare. As a part of this, Sarasota County is one of four communities in the state soon to begin participating in a pilot project that will allow for local government dollars to serve as match dollars for federal funding. Currently, only state expenditures qualify as match dollars for federal funding.

**The Bridges Program**

The Bridges Program in District 13 operates out of the Lake County Boys Ranch to provide services to all children entering care in Lake and Sumter counties. The Lake County Boys Ranch is a comprehensive child caring agency, including residential and clinical services. Prior to the development of the Bridges Program and the subsequent relinquishing by the Department of its child welfare role and function to the Bridges Program, the Boys Ranch was a substantial service provider in District 13. For the first 20 months of its existence, the Bridges Program served only children entering care for the first time through shelter care. The Department continued to maintain the existing Lake and Sumter caseloads until 8/31/98. Beginning in 9/98, and continuing through 11/98, the Bridges Program assumed the 300 or so existing cases still remaining with the Department in Lake and Sumter Counties.

Of note is that the Bridges Program once received payment from the Department in the form of a case rate. Case rates, a managed care payment mechanism that can operate much like an insurance premium, proved to be unsupportable by the Department from an administrative standpoint for several reasons. For example, the number of intakes increased significantly during the latter half of 1997, and thus the case rate of $15,264 per child became financially impossible for the Department to fund.

The Lake County Boys Ranch, in effect, the lead agency for the Bridges Program, is unique in that it has maintained a relatively comprehensive array of services for those children in its care over a period of years. It had reached such broad proportions that, well before the privatization legislation, there had already been discussions between Lake County Boys Ranch and Department staff regarding the Boys Ranch assuming from the Department the case management role for the children the care of the Boy’s Ranch. Over time, the Bridges Program should provide a variety of useful answers regarding private sector capability to manage the role and function of the Department. This may be especially true as it relates to smaller, more rural districts.

**Notable Changes over the Past Year**

Several developments that warrant presentation have occurred regarding the Bridges Program of the Lake County Boys Ranch over the past year. Notable developments include:

• From September through November 1998, the Bridges Program received approximately 300 cases from the Department that represented the remaining Department caseload in Lake and Sumter Counties. The Department no longer is providing ongoing child welfare services in either of those counties. Presently, the Department only provides protective investigations and child welfare legal services in those two counties.

• The program lost its operations manager from early Fall 1998 until a new program manager was hired in 1/99. In the opinion of the independent evaluator, the absence of a program manager during a period of significant transition (i.e., over 300 cases) was a threat to the program’s ability to effectively carry out its function. From subsequent discussions with the new program operations manager, the independent evaluator has learned that steps are planned and others are presently being taken to help ensure that program capacity matches need.
The Bridges Program moved into the Department’s former offices in Tavares. Recently, the program has moved from this cramped building into another Department building in the same complex that affords Bridges’ staff more room. In addition, their current residence contains the Department’s legal function for Lake and Sumter Counties. Co-locating these two functions provides an excellent opportunity for the legal function and the Bridges Program to develop a stronger, more efficient working relationship.

The case rate payment methodology was discontinued by the Department in early 1998.