STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES

COMMUNITY-BASED CARE
IMPLEMENTATION PLAN
JULY, 1999

Honorable Jeb Bush
Governor, State of Florida

Judge Kathleen A. Kearney
Secretary
A Very Special Thanks -

to all of the youth in foster care, foster parents, and One Church, One Child Board members who spoke first, with candor and courage, at each statewide and regional planning meeting. You gave us the inspiration to move forward with a sense of urgency and passion to make the child protection system, and the world, a better and safer place for children.

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Reverend Beverly Lane
Reverend George Champion, Department of Evangelism, AME Church
Reverend Rudolph McKisseck, Sr., Bethel Baptist Institutional Church
Reverend Willie Bell, Mount Carmel Baptist Church

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INTRODUCTION

In 1996, the legislature mandated that the Department of Children & Families (hereinafter referred to as the “Department”) establish pilot programs during fiscal year 1996-97 that privatized child protection services through contracts with community-based agencies. The stated purpose was to strengthen the support and commitment of communities to protect abused and neglected children, and to increase the efficiency and accountability of the child protection system. The original legislation afforded these pilot sites significant latitude in determining the scope and focus of their programs.

Additional sweeping privatization legislation, in the form of HB 3217 was passed during the 1998 legislative session. HB 3217 amended the original privatization legislation (section 409.1617, Florida Statutes) in several significant ways. The new provisions required the Department to develop an implementation plan by July 1, 1999, which described the methodology to privatize the entire child protection system by January 1, 2003. Child protection investigations will remain in the public sector to be managed either by the Department or a county sheriff.

An outside evaluation was completed in March 1999, reporting the early impact of community-based care in the initial pilots. This evaluation detailed the following conclusions as compared to specific control sites within the Department:

1. The majority of staff formerly with the Department, who is now with the private sector, rate the private sector as the better system.
2. In 65 percent of the cases, the pilots had at least weekly in-person contact with the child as compared to 18 percent by the Department.
3. The average number of children placed in community-based foster homes was 1.6 per home compared to 2.7 per home in the Department’s homes.
4. The average caseload for community-based agencies was 18.9 cases compared to 40.8 cases for the Department.
5. The average number of placements per child in the community-based system was 2.79 as compared to 3.61 for the Department.
6. In one pilot project there was a 66 percent lower length of stay in foster care.
7. In the community-based projects, 12.8 percent of the cases experienced 3 or more counselor changes as compared to 37 percent of the cases with the Department.
8. 78.9 percent of the foster parents rated the community-based project as the more effective child protection system.

Florida’s community-based child welfare pilots are consistent with many child protection reform efforts underway in over half the states but are much greater in
scope. The Child Welfare League of America’s "1998 Managed Care and Privatization Survey" found 47 initiatives in 29 states that are changing management, financing, and service delivery options in ways that are consistent with managed care principles. Florida’s current community-based child protection projects have significantly shifted many management responsibilities from the public to the private sector, and changed how services are delivered. Clearly, Florida’s community-based child protection plan is the most comprehensive reform effort undertaken anywhere in the nation.

I. THE DEPARTMENT’S MISSION AND VISION FOR COMMUNITY-BASED CARE

The Department has articulated a new mission statement and vision for how the child protection system needs to operate in the new millennium. Governor Bush and the Department’s new Secretary, Judge Kathleen Kearney, are strongly committed to better, more effective interventions of behalf of abused and neglected children. The Department’s new mission statement reflects this:

“The Department of Children and Families is committed to working in partnership with local communities to ensure safety, well-being and self-sufficiency for the people we serve.”

The Department’s new leadership is committed to the following vision of Florida’s future child protection system:

• The safety of children at all times will be a foremost concern, and rapid permanency resolution will be the system’s standard.

• Services will be provided by comprehensive, community-based networks of providers who are equipped to manage and deliver all needed services and supports to meet the needs of child abuse and neglect victims and at-risk children and their families.

• Resources will be efficiently and effectively managed to achieve better outcomes for children.

• Services will be coordinated across systems to maximize limited resources and ensure a single, unified case plan, managed by a primary case manager.

• Financial support will be available from diverse federal, state, and local sources, flexibly managed at the local level, to meet child and family needs.

• There will be financial incentives to stimulate continuous improvement in child safety and permanency outcomes.
• There will be a coherent allocation model that equitably distributes resources across all jurisdictions based on actual child and family needs, costs, and standardized performance expectations.

• The system will be able to collect and use data to accurately forecast what services and supports are needed, gauge level of intensity and duration and at what cost, to achieve desired outcomes for each child and family in need.

The vision of community-based care integrates the vision of the child protection system with other services at the community level:

“\textit{A comprehensive, full array of supportive services available to all children and families who reside in Florida provided through an integrated community-based delivery system.}”

II. COMPONENTS OF THE CHILD PROTECTION SYSTEM

The following is a description of the key components of the current child protection system.

Child Protective Investigations – The investigation of suspected abuse, neglect, and abandonment allegations received by the Florida Abuse Hotline will continue to be provided by the Department unless transferred to the local sheriff’s office per local agreement.

Child Protection Teams – Medical, psychological, and multi-disciplinary staffings provided by the Department of Health in child abuse and neglect cases to develop a comprehensive treatment plan.

Services to Child Abuse Victims, Child-In-Home – If a child can be maintained without risk in his or her own home, a variety of services may be provided to address the problems that led to the abuse or neglect. A case plan will be established with the family, and will be either court-ordered or voluntary.

Out-Of-Home Services – If a child cannot be maintained without risk in his or her own home, the child will be placed with relatives, in a foster home, residential group care, or treatment setting until permanency is achieved. Permanency may be achieved through reunification with family, adoption or independent living for older youth. Chapter 39, Florida Statutes, requires that permanency be achieved in all but exceptional cases within 12 months.

Adoption Services – When a family cannot be reunified, termination of parental rights is pursued in order for the child to be adopted. Most adoptive families are provided with a monthly subsidy to assist with the adopted child’s special needs.
Child Welfare Legal Services – Florida law defines when an abused or neglected child should be adjudicated dependent, meaning that protective services, interventions and possibly placement out of the home are critical in order to assure the child's safety and well-being. When a child is adjudicated dependent, all services subsequently provided are under the approval and supervision of the court. Legal representation is required to process dependency cases in the judicial system. The Department, local state attorney, or Office of the Attorney General provides these legal services.

III. COMMUNITY-BASED CARE PLANNING PROCESS

Since passage of HB 3217, the state has sought input from hundreds of stakeholders in dozens of focus groups throughout the state to promote a dialogue with community members and stakeholders. It is clear that participants want to ensure that children and families are better served under community-based care. While there is a strong desire to have local control and flexibility, there is also recognition that the state must ensure that child abuse victims are provided with a quality system that offers both equal access to care and an equal level of protection.

The Department participated in two statewide and five regional forums around the state in 1998 to discuss the implementation of this legislation at the community level. Additionally, there were 94 community forums attended by various stakeholders in the child protection system. Planning for this process has included community-based providers currently under contract with the Department, foster parents, schools, law enforcement agencies, advocacy groups, such as Guardian-ad-litem, and other community leaders in the child protection system.

The statewide forums provided information about the community-based care legislation, major federal and state law changes in child protection, and experiences with community-based care in other states. The participants at the statewide forums began the discussion as to how community-based care should be implemented in Florida. The statewide meetings were held as follows:

- Tampa, September 1-2, 1998; first Statewide Community Planning Forum sponsored by the Department and the Florida Mental Health Institute.
- Tampa, October 29 - 30: second Statewide Privatization Planning Forum organized by Children’s Home Society of Florida and co-sponsored by the Department.

From September to December 1998, five regional forums were held. There were a total of 622 participants who attended these forums. The attendees were:
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<th>Category</th>
<th>Number</th>
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<tr>
<td>Department staff</td>
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</tr>
<tr>
<td>Provider representatives</td>
<td>283</td>
</tr>
<tr>
<td>Other participants</td>
<td>72</td>
</tr>
<tr>
<td>Health and Human Services Board members</td>
<td>8</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>622</strong></td>
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The five regional community-based care forums were held as follows:

1. Panama City on November 4-5, 1998; co-sponsored by the United Way of Northwest Florida and United Way of Big Bend.
2. Orlando on November 12-13, 1998; co-sponsored by the Heart of Florida United Way.
4. Boca Raton/Deerfield Beach on December 1-2, 1998; co-sponsored by United Way of Broward County and Children Services Board.
5. Tampa on December 8-9, 1998; co-sponsored by the United Way of Hillsborough County.

Each planning forum was conducted over a two-day period. The forums were organized to provide information about the current child protection system, new federal and state laws governing child protection, and the community-based care legislation. In particular, the forums included work sessions led by professional, non-Department facilitators, to enable community attendees an opportunity to discuss specific aspects of community-based care and to develop consensus. The specific issues addressed included:

- Guiding principals for building a better child protection system.
- Qualifications of lead agencies.
- Department responsibilities for community-based care.
- Process and cycle for implementation of community-based care.
- Transition issues.
- Legislative issues, including funding.

The results of all work sessions were reported back to the participants at the end of each forum for further validation. This process ensured that many stakeholders had a voice in building the overall conceptual framework in designing a community-based system of child protection in Florida.
In all forums, there was consensus regarding the need for flexible funding and the need to capture and integrate funding for behavioral health services (Medicaid and mental health dollars) with traditional child welfare funds. Time and time again stakeholders expressed the belief that the only way to sustain a truly comprehensive and effective service delivery system was through increased funding flexibility coupled with a reimbursement system that rewards performance measured by the safety and permanency of children.

IV. GUIDING PRINCIPLES FOR DEVELOPING COMMUNITY-BASED CARE

Ten guiding principles were developed by the participants in the second statewide forum. These principles were adopted as the guide for participants working together during all of the subsequent regional and local forums.

1. The care of dependent children and assistance to their families must be a community responsibility involving critical partners such as foster parents, the school system, the courts, law enforcement, the faith community, other community organizations and the State of Florida.

2. The system of care will be child-safety focused, family-centered, respectful of individual needs, outcome-based, and directed toward the achievement of timely permanency.

3. Families and children in the system of care will experience responsive, flexible, relationship-based services from competent staff who maintain frequent contact.

4. The system of care must be designed using an inclusive and participatory planning process. System changes will be appropriately phased-in and targeted to produce improved client outcomes through efficient resource management.

5. The local provider network is the foundation for an orderly transition of child welfare services from the public to private sector.

6. Integrity is the core value of the privatized system creating a sense of normalcy for children through communication and developing trust relationships with the various stakeholders in the child welfare system.

7. Relationships within and between the clients and providers of services are paramount in fostering a cooperative community voice regarding the protection of children.

8. Adequate resources will be required to address the myriad of issues in child protection and each community must participate in the mobilization of these resources from various sources.
9. Accountability will be required at all levels to assure consistent of
treatment utilizing outcome-based measures that are objective and data
driven.

10. All stakeholders will continually be brought together with the intention of
developing a common planning and implementation process of
community-based care.

V. ROLE AND QUALIFICATIONS OF LEAD AGENCIES

Pursuant to s. 409.1671, Florida Statutes, the Department will contract with a
lead agency, in a jurisdiction no smaller than a county, for the provision of all
child protection services needed. The definition of a competent lead agency as
defined in the statute is as follows:

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 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 that provides child
protective services completes the training required of child protective
services workers by the Department of Children and Families.

Additional core qualifications for lead agencies were established through
discussions and consensus building at the regional forums. These qualifications
reflect that while it is important that lead agencies have the ability to manage and
support child protection services in the community.

The community forum participants agreed that potential lead agencies must
demonstrate the ability of their organization to:
• Document an achieved high quality record of child protection service provision. It was recommended that prior involvement in providing services in the community should be considered in the selection process.

• Demonstrate previous and present collaboration efforts within the community.

• Maintain a sound fiscal and management infrastructure.

• Be willing to obtain additional resources.

• Track and measure outcomes.

• Support an internal monitoring and quality improvement process that includes the implementation of a client and customer satisfaction process.

• Secure a bond equal to one quarter of the value of an annual contract.

• Maintain the continued involvement of community stakeholders during all phases of program development, implementation and ongoing operation.

VI. FUNCTIONAL RESPONSIBILITIES OF LEAD AGENCIES

Services provided under the organization and management of a lead agency represent a partnership between the public and private sectors. This partnership is designed to transfer the management, direction, and supervision of the child protection system to the local community. In this process, specific functions will become the responsibility of community stakeholders. The Department’s role and function will shift from a deliverer to a purchaser of services. That role will include continuous quality improvement, contract management and oversight.

In accordance with s. 409.1671, Florida Statutes, community-based agencies will be responsible for:

1. Organizing and managing a whole continuum of needed services for child abuse victims and their families, generally by creating a comprehensive provider network, including:

   • Case management services, including post-placement supervision for children reunified with their families or adopted.
   
   • Services for child abuse victims, child-in-home.
   
   • Out-of-home services, including emergency shelter options, relative care, foster care, residential group care, therapeutic foster care and independent living.
   
   • Adoption services.
• Mental health and substance abuse treatment for children and parents.

2. Managing within the capped amount of the contract and addressing cost overruns.

3. Client and provider profiling and monitoring resource utilization.

4. Intake and referral to appropriate network providers in collaboration with the Department and the courts.

5. Gathering and reporting all information required by the Department for quality and performance oversight including ongoing quality improvement, documentation of outcomes and cost effectiveness of services.

6. Establishing grievance and appeal procedures for all stakeholders including consumers, members of the community, providers and any other interested parties;

7. Training and recruitment of providers.

8. Engaging law enforcement, child protection teams, state attorneys and the judiciary in the community’s partnership to protect children.

9. Establishing a quality assurance system to ensure continuous improvement in client outcomes and system performance.

10. Data collection, information management and analysis in coordination with the Department.

11. Providing any information requested by the Department to support evaluation, documentation and reporting.

VII. DEPARTMENT RESPONSIBILITIES FOR COMMUNITY-BASED CARE

As child protection responsibilities shift from the public sector to the community, the Department will maintain certain critical state and federal monitoring functions. Initially, these responsibilities will include assistance and guidance to local communities during the planning and development phase. Over the long term the Department will be expected to:

1. Continue to operate the Florida Abuse Hotline, which receives all allegations of abuse and neglect, and forward the reports to the appropriate protective investigative unit or sheriff.

2. Continue to operate child protection investigations unless there is an agreement with a sheriff.
3. Continue to operate child welfare legal services unless there is an agreement with the attorney general’s office or state attorney.

4. Provide financial and service utilization data to all prospective lead agencies so that this information can be used in the lead agency bid process.

5. Assist with the development of community partnerships and collaboration, including the selection of lead agency.

6. Negotiate and monitor lead agency contracts.

7. Provide ongoing training and technical assistance to lead agency staff and community providers.

8. Engage in monitoring and quality assurance functions to assure that child safety and well being and other critical outcomes are met.

9. Provide federal claiming activities and reports and assist the lead agencies in maximizing and documenting federal funds.

10. Maintain licensing responsibilities for all foster homes and other child caring facilities.

11. Maintain necessary data and provide appropriate access to that data by lead agencies.

There was also consensus from the forums that the Department’s historical knowledge and expertise is a valuable resource to communities and potential community-based agencies. As such, the Department will serve as more of a senior partner to lead agencies and communities.

VIII. METHOD FOR SELECTING LEAD AGENCIES

Participants at the forums recommended that a uniform process and cycle be used statewide to implement community-based care.

A. The Invitation to Negotiate (ITN)

The Invitation to Negotiate (ITN) is the procurement method the Department will use to obtain competitive applications from potential lead agencies. The ITN approach allows the bidder to be creative and innovative in its proposal for the delivery of child protection services at the community level. The ITN will be advertised in the Florida Administrative Weekly and media outlets within the community to assure a broad base distribution.

Through the ITN process, potential lead agencies will describe and document their qualifications for organizing and managing a community-based system of care. A Qualifications Review Committee, consisting of community and Department representatives, will review and rank the
applications. The Department will develop standard criteria evaluation format to be used statewide by review qualifications committees to consider bids received in response to an ITN. The Department will subsequently initiate the negotiation process with the highest ranked applicant.

B. **Methodology for Selecting Lead Agency**

When the community is ready to shift to community-based care, the district administrator will advertise the notice of an ITN release for the selection of a lead community-based agency. The ITN will specify the services to be performed and the dollar amount available from the Department for these services. The district administrator will also appoint a Qualifications Review Committee, consistent with uniform composition, to evaluate and rank order ITN responses. The Qualifications Review Committee will make its recommendation to the district administrator with the final selection being approved by the Secretary of the Department.

A contract negotiation team consisting of local and state level Department staff will initiate contract negotiation sessions with the highest ranked applicant. Negotiations sessions will be appropriately noticed in the Florida Administrative Weekly and will be open for public attendance. Based on the community-based agency’s plan to provide services and with the fiscal resources offered by the Department, a transitional contract can be signed that will enable the community-based agency to begin the process of transitioning these services from the Department.

It is anticipated that transitional contracts will occur between six and nine months before community-based agencies are able to begin managing the full array of foster care and related services. After the transition contract, the Department will sign a standard operation contract with the agency. It is anticipated that a lead agency contract will be for four fiscal years.

C. **Time Frame for Releasing Invitations to Negotiate**

The participants at the forums agreed that the cycle of releasing ITNs and the negotiation process should provide for an orderly transition. Community-based agencies should be allowed sufficient time to develop a service delivery and management plan. Sufficient time should also be available to hire and train the staff before case responsibilities are transferred. A minimum of a ten-month time frame from the release of the ITN to full service implementation is anticipated to assure sufficient planning and start-up time for the agency to assume the responsibility of providing child protection services. The cycle for each round of releases will be as follows:
1. Release ITN – can be initiated at anytime during the year based upon the readiness of the community and approval by the Department.

2. Bidders’ conference – to be held 30 days after the release of the ITN.

3. Response due to Invitation to Negotiate – 45 days following the bidders’ conference.

4. District decision on ranking of community-based agency – 30 days following the submission of ITNs.

5. Begin negotiations with highest-ranking community-based agency – two weeks following district rankings.

6. Start date for transition contract – within 90 days of negotiating contract.

7. New contract for full range of child protection services excluding investigations – between three and six months of transition contract.

D. Department’s Anticipated Phase-In Schedule

The following schedule, as illustrated on the attached map, will detail the Department's current anticipated phase-in schedule for community-based care:

**Counties Already Converted to Community-Based Care**

1. Sarasota and Manatee counties – Sarasota YMCA
2. Lake and Sumter counties – Lake County Boys Ranch

**Calendar Year 2000**

*County Groupings Under One Lead Agency:*
1. Pinellas and Pasco counties
2. Volusia and Flagler counties
3. Hillsborough County

**Calendar Year 2001**

*County Groupings Under One Lead Agency:*
1. Broward County
2. Dade and Monroe counties
3. Palm Beach County
4. Polk, Highlands and Hardee counties
5. Santa Rosa, Okaloosa and Walton counties
6. Duval County
7. Martin, Okeechobee, St. Lucie and Indian River counties
8. Orange, Seminole and Osceola counties
9. Brevard County
10. Escambia County

**Calendar Year 2002**

*County Groupings Under One Lead Agency*

1. Holmes, Jackson, Washington, Calhoun, Bay and Gulf counties.
5. Citrus, Hernando and Marion counties.

**Communities Not Scheduled To Implement Community-Based Care Under A Lead Agency By 2002**

There are currently seven counties in which community representatives indicated they would not be ready to implement community-based care by December 31, 2002. Those counties are:

1. Collier
2. Hendry
3. Glades
4. Hamilton
5. Charlotte
6. Lee
7. DeSoto

The reasons offered by the community representatives not to implement include:

- Community sentiment that child protection should remain a state responsibility.
- Rural nature of county presents unique issues regarding community-based services, such as transportation due to distance to service delivery points.
• Lack of a qualified community-based organization to perform services and concern regarding an “outside agency” coming into the community who does not understand the community.
• Historical lack of financial support for children’s services.
• Current system is thought by some to be effective and does not warrant change.

The communities that did not feel they would be ready in the next three years discussed the following ways in which the perceived obstacles could be overcome:

1. Establish a steering committee in each community to visit other communities where community-based provision of services has been established.
2. Ensure that the stakeholder group includes the business and corporate sector.
3. Invite community stakeholders from other areas of the state where existing community-based care is operational to speak with local stakeholders group.
4. Provide current data for outcome measures in those communities where community-based services have been operational.
5. Provide information regarding potential funding sources including local match dollars and Medicaid.

In these communities, there will be efforts to establish public-private partnerships in which initial steps towards community-based services are established with a goal of adding additional services in future years.

IX. METHOD FOR TRANSFER OF RESOURCES

A. Current Funding Sources

The federal government, primarily through Title IV-E, Title IV-B, Social Service Block Grant, Medicaid, and the Family Preservation and Support Act has shared the funding of child protection. Of Florida’s total federal funds for child protection, Title IV-E is the most significant, at over $130 million annually. Title IV-E primarily funds those costs related to the identification and out-of-home placement of child abuse/neglect victims. It includes board and care payments for foster care, and individual subsidies for children who are adopted. Title IV-E also provides “administrative funds” for all current state positions performing tasks for any child who is a candidate for foster care, and foster children.
Although the federal and state law require permanency hearings within 12 months of out-of-home placement, the federal funds expended for foster care may be continued until the child turns 18. This has contributed to a disproportionate share of funds going to districts that have foster children in care for the longest periods of time. There are no current federal financial incentives for achieving permanency, one of the fundamental outcomes expected of the child protection system.

It should also be noted that there are additional expenditures for children in the child protection system that are covered through children’s mental health and Medicaid. Medicaid is an excellent funding source for many of the specialized, therapeutic services that abused or neglected children need.

B. Current Resource Allocation and Management Model

The Department believes that a continuation of the current funding allocation to the districts perpetuates inequities and perverse disincentives in the system. Those districts with higher placement rates and longer lengths of stay receive a disproportionate share of the limited resources. To better understand and reduce the variance in utilization and costs across districts, the Department and the Agency for Health Care Administration (AHCA) are currently funding utilization and cost analysis project with the Florida Mental Health Institute and Pareto Solutions. The major goals of this project are to identify and analyze historical cost data for the child protection system, including Medicaid and children's mental health expenditures. These analyses will be prepared for the prior three fiscal years, to analyze service utilization patterns and trends in child protection, including mental health and Medicaid data.

A computer model has been developed to re-structure all current allocations of child protection funds to the districts; building in expected reductions in the range of performance and cost variation. The new allocation will more equitably distribute funds, reward districts with better performance related to permanency, and encourage all districts to better manage available funds.

C. Transfer of Funds for Services to Lead Agencies

As each county or community is ready to assume services under a lead agency the Department at the district level will conduct a three-year historical analysis of all expenditures of that community for foster care and related services. The three-year historical expense information will be included in the ITN released by the Department. Expense information will
include salaries and benefits, operational expenses including rent, travel, capital outlay and contractual services.

The district will implement a standard formula to determine the designated funds to perform the specific monitoring and contract management responsibilities related to the lead agency contract. With the exception of this “carve-out” all general revenue and federal funds received by the Department for the provision of foster care and related services will be identified for transfer to the agency. These figures will be reviewed and approved by the headquarters office of the Department. The contract will be an advance payment type of contract utilizing a cost reimbursement process. This form of contract will permit the lead agency to receive necessary resources in advance to perform the designated duties.

Often expenses are difficult to calculate and may need to be estimated based on multiple functions of various employees. In those districts where an individual county will contract with a community-based agency, the budget will be allocated based on a percent of the workload that exists in that county, using the same allocation/performance model being implemented at the district level.

During fiscal year 1999-2000, the Department received start-up and transition funds for community-based agencies. This will permit a lead agency to hire staff, establish a community stakeholder group, develop a community plan, establish a network of providers for a service delivery system, submit a Financial and Service Plan, and initiate a process to transition staff from the Department to the lead agency. The Department will establish an allocation methodology to distribute these funds within the communities that are in process of phasing in community-based services this current fiscal year. The Department will be seeking additional start-up and transitional resources each year through December 2002.

**D. Transfer of Funds for Administrative Costs to Lead Agencies**

The Department will establish a formula for transfer of administrative and management resources to the community-based agency based on pro-rata share of those positions in the district that will be deleted due to the implementation of this plan. The administrative services' component will include personnel, general services, fiscal, contract management, management information systems and contract administration. This formula will be reviewed and approved by headquarters to assure fairness and consistency statewide. This will be consistent with the workload transfer of staff and resources from the district to the community-based agency. Additional administrative services positions will be needed in the
district to perform contract management functions, administrative monitoring, quality improvement functions and management information services to the community-based agency.

The Department is considering the feasibility and potential cost savings of a statewide contract with an Administrative Services Organization (ASO) to perform all administrative and management functions for community-based agencies. This may eliminate duplication of administrative functions with potential savings. The ASOs would also permit community-based agencies to focus on providing child protection services. This would require the designation of resources to be identified in each county for the ASO contract. The ASO would be responsible for the development and maintenance of a management system that would interface with each community-based agency and provide management and utilization reports necessary for program evaluations and daily business management.

E. Methodology for Transfer of Capital Equipment

The transfer of capital equipment will be designated according to the number of full-time equivalent (FTE) positions that will be deleted within the Department. For each FTE deleted, the Department will identify accompanying equipment such as computers, printers, desks, chairs, cabinets, and other items that will be transferred at the time the services are assumed by the community-based agency. Upon termination of the contract with the community-based agency, all capital equipment transferred or purchased with resources from the Department will be returned to the state.

F. Methodology for Transfer of Expected Workload

The Department's Data Support Unit will provide the most recent three-year historical caseload data in each community which will assist the community-based agencies in their plan to assume these services. This data will cover all service areas being contracted with the agency and will be supplied when the local community is ready to release the ITN. The Department will provide ongoing technical assistance to the local communities during the planning phase regarding the expected workload for the agency. When the Department releases the ITN in a specific community, information will be included which will detail the most recent three-year workload history.

G. Future Cost and Risk Prediction Model
The Department, in collaboration with ACHA, has contracted with Pareto, Inc. to build a computer model, completed by September 1, 1999, enabling the state to estimate the projected utilization and cost of all services, including Medicaid, for children and families receiving services from the child protection system. This model, which is constructed using risk-modeling technologies, will also be utilized by potential lead agencies to test various methodologies to forecast and manage system costs. The Department also hopes to use this model as the basis for cost estimates presented at the Child Welfare Estimating Conference. Eventually, this model could allow the Department to go from a fixed "global" budget to a case-rate method of budgeting and payment.

H. Data Systems

The diverse service delivery methodologies that will come about as communities play an increasing role in caring for children and families will greatly increase the need for data systems to keep track of children and families at risk. The means of accessing this data will also be crucial. The day of the computer in the office wired to a proprietary network will have to change to accommodate the diversity of persons and organizations providing services in communities throughout Florida. The SACWIS project is the key system to integrate the data needed to manage community-based care. The delay’s Florida has experienced in building SACWIS are a fortunate opportunity to now build the system to accommodate what will undoubtedly need to be an Internet accessible system.

I. Future Opportunities for Expanding Revenue Sources

The Department has developed and submitted for approval a federal waiver allowing greater flexibility in how Title IV-E monies can be expended. The waiver will also help establish fiscal incentives to reward the achievement of safety and permanency outcomes.

Over the five-year waiver demonstration, the state intends to test the effectiveness of combining and flexibly using federal, state, and local funds to support and provide incentives to locally controlled systems of child protection. The principal goal in each waiver site will be to ensure that every child and family referred for services receives the services they need, when they need them, in the right amount, no more and no less. Specifically, the state expects to achieve improved outcomes and enhanced system performance in the waiver sites by:

- Contracting with a community-based agency for the management and delivery of services, using a lead agency community network model.
• Introducing financial risk through a fixed contract amount to the lead agency to cover all services for all children and families referred.

• Providing further incentives for outstanding performance through financial bonuses and penalties linked to performance for lead agencies and/or network providers.

• Coordinating and case managing child welfare services with Medicaid-funded behavioral health services for children and families.

• Allowing Title IV-E funds to be used flexibly to better serve at-risk populations and fill in service gaps.

• Developing and using assessment and clinical protocols to better match services and level of care to identified needs.

• Appropriately placing children in the least restrictive, most appropriate setting.

• Collecting and using real-time data to guide service planning and delivery, and resource allocations.

• Creating continuous quality improvement systems that are driven by data.

ACHA, together with the Department, has submitted a state plan amendment that would allow coverage of targeted-case management for the child welfare population, using current general revenue dollars to match Medicaid. If this new program is approved by the Health Care Financing Administration, it will provide additional funding and services. This will permit Florida to significantly increase Medicaid support for the child protection population.

The Department and AHCA have also been working intensively for the past year to clarify diagnosis, procedure, and rate issues relative to the child welfare population, and to simplify billing and procedure codes. AHCA and the Department will soon be implementing a number of new Medicaid opportunities specifically for the child protection population:

1. Develop and implement an assessment procedure utilizing screening criteria to identify children and families with behavioral health needs.

2. Provide special bundled rate in lieu of current specific procedure codes, for residential treatment providers.

3. Develop a proposal and seek legislative support for a state plan amendment to provide Medicaid funding for inpatient psychiatric care for children under 21 years of age.
The Department is also working with community-based agencies, which secure local public funding, to secure federal matching funds. This local match initiative was originally authorized in budget proviso in FY 1998-99. During the last legislative session, SB 2216 was passed which incorporates this program into substantive law.

X. Transition Issues

As in any other service function, the transition from government-run services to community-based operations is a critical process. The extent to which transition planning is thorough will determine how rapidly, and safely, a new program can become operational. The well being of very vulnerable children and families needs to take precedence in all transitional planning efforts.

The following issues have been identified as critical to successful transitions:

1. The stabilization of the Department’s workforce during the transition period. It is critical that key Department staff be encouraged to remain in their positions throughout transition. The Department will need to maintain sufficient manpower to prevent dangerous gaps in protection of children.

2. A smooth transfer and transition of existing children and families from the Department to a community provider. Continuity of interventions to achieve child safety and permanency must be a primary focus during the transition to community-based care.

3. A transition team should be formed in each community to address unique, community-specific issues, assist in mobilizing community involvement and provide assistance as the project is implemented.

4. During the transition phase, the Department and community-based agency need to jointly hire employees whose positions will be transferred to community providers.

5. Community-based agency and provider staff responsible for child protection services must participate in approved training and is certified. This will ensure the uniformity of knowledge and expertise of those working with abused and neglected children.

6. The Department needs to provide technical assistance and begin monitoring functions for community-based agencies during the transition and implementation phase. These functions are expected to evolve and change over time.

7. During the transition phase, the Department and community-based agency will conduct meetings and forums within the community to keep them informed and involved.

8. Additional resources from the legislature will be necessary to assure a smooth transition to community-based care. Community-based agencies
will need time and resources to hire staff, locate office space, and continue the planning process to assume the workload from the Department.

9. To assist with transition, it is recommended that some community-based service delivery staff be located with the Department’s child protection staff in order to optimize the transfer of critical information.

XI. LEGISLATIVE PROPOSALS

The Department has recognized the need for the following additional legislative initiatives regarding the successful implementation of community-based care:

1. The development of fiscal risk corridors that will limit the liability of community-based lead agencies within a capitated allocation methodology. For example, if a lead agency’s expenditures exceed five (5) percent of the total contract amount based upon increased caseloads, additional resources would be made available provided poor performance was not an issue.

2. The development of stop-loss measures for clients that require a significantly higher cost of care. This would ensure that these children receive the appropriate level of care based on their needs.

3. The establishment of an emergency resource pool that would be available to community-based agencies that experienced an unanticipated crisis. Expenditures from such a fund would only be distributed after a thorough analysis of the agency’s expenditures and a documentation of increased caseloads and/or costs.

4. Extend the time to implement community-based care statewide beyond December 31, 2002, especially for rural counties

5. A revision of the law to permit more than one community-based lead agency in densely populated counties.

6. Ongoing funding to support transitional costs as communities transfer to community-based care.

XII. TRANSFER OF PROTECTIVE INVESTIGATIONS TO SHERIFF’S DEPARTMENTS

Section 409.1671, Florida Statutes requires the Department to transfer the protective investigative functions to the sheriffs’ offices in Pasco, Pinellas, and Manatee counties. The Department and the Broward County Sheriff’s Office have also entered into a contractual relationship for the transfer of protective investigative functions. Since 1997, the Manatee County Sheriff’s Office has been performing the protective investigative functions.

In Pasco and Pinellas counties, transitional contracts to cover hiring and training have also been implemented. It is anticipated that Pasco Sheriff’s Office will
assume direct supervision of child protective investigations by January 2000 and Pinellas County Sheriff’s Office by October 1999. The Manatee, Pasco, and Pinellas Sheriffs’ Offices will receive a grant award from the Department effective fiscal year 1999-2000. A seven-member committee appointed by the Governor from the Health and Human Services Boards in Districts 5 and 6 would provide the program evaluation and monitoring of this grant.

The Broward County Sheriff’s Office has also signed a transitional contract for hiring and training functions. The Broward Sheriff’s Office will begin providing child protective investigations during the first week of July 1999.

XIII. TRANSFER OF CHILD WELFARE LEGAL SERVICES

Paragraph 409.1671(1)(a), Florida Statutes, requires the Department to transfer child welfare legal services to either the State Attorney or Office of the Attorney General in Sarasota, Pasco, Pinellas, Broward, and Manatee counties during fiscal year 1999-2000. This transfer is to occur after the transition of protective investigative functions from the Department to the sheriffs’ offices in these counties. Child Welfare Legal Services includes filing of dependency petitions, judicial reviews, case plans and other legal documents for the Department.

The Department has completed a standard contract for the transfer of these services to the respective State Attorney and Office of the Attorney General. The Department anticipates an orderly transfer of these services with current Department staff being hired by the State Attorney or Office of the Attorney General to perform these duties.
XIV. CONCLUSIONS

In general, the stakeholders and Department staff who have been involved in the planning for community-based care have been enthusiastic and committed to the successful implementation of community-based care. All parties recognize the importance and magnitude of this effort to improve child safety as the primary outcome of this initiative. It is also realized that partnerships between the community-based agencies and the Department are essential. These partnerships must be based on mutual respect, support and effective communication.

Representatives from many local communities throughout the state recognize the need to continue to plan at the county and community level and have pledged their continued involvement in this process. While there are concerns about funding, transition costs, financial and legal risks, the most important concern is that community stakeholders continue to work together to help resolve these issues so that children and families are provided the best services possible. The Department recognizes that this plan will be a work-in-progress for the next several years. Clearly there will be improved outcomes for children and families as a result of these efforts provided communities continue to be active partners in caring for children and families in their communities.