

Florida Department of Children and Families



Re-forming the Social Service Business Partnership:

Setting out the Vision and Strategies for Reform

Secretary Jerry Regier

February 4, 2003

Purpose: Determine the most appropriate organizational and service delivery structure which aligns with the department's mission, in order to build a more accountable and responsive department focused on excellence and family safety and stability.

Document Sections:

1. Partner with the Private Sector and Communities
2. Achieve Key Program Strategic Goals
3. Realign, Refocus and Reduce Administrative Infrastructure

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Accomplishments, September 2002 – January 2003

Community Based Care Transition Agreements

- Twelve counties have completed the transition to community based care.
- Fourteen additional counties have selected their lead agencies and are in the process of developing their systems of care.
- The remaining 41 counties are in the process of competitively procuring lead agencies. This procurement process is targeted to be completed by July 1, 2003.

Child Protection Investigation Backlog Reduction

- The department is currently ahead of schedule to meet the June 30, 2003, target of eliminating cases in backlog as of December, 2002.
- As of January 27, the department has achieved a backlog reduction of 28.2% since December 12, 2002 (from 30,038 to 21,578) when a formal backlog reduction plan went into effect.

Missing Children

- On December 17, Secretary Regier and FDLE Commissioner Tim Moore provided Governor Jeb Bush with the results, findings and recommendations on Operation Safekids. The initiative was successful both in terms of recovering Florida's missing children, improving inter-agency communication, and identifying systemic improvements.
- At the conclusion of the initiative, 290 of the 393 children had been located.
- Missing children units are being established in each district including working agreements and updated protocols with local law enforcement.
- Eighty-six percent of missing children are runaways

Staff Retention

- Child Protective Investigator separations have been reduced by 58% since October 2002.
- All front line supervisors (1,300) were trained at a state-wide retention conference in early December on strategies to mentor and retain staff. All second level supervisors are to receive the training on February 6 and 7.

Developmental Disabilities

- As of January 15, 2003, 441 people previously on the waiting list or in crisis have been added to the waiver and are now receiving services. This leaves 1,105 people to be added by June 30 in order to meet this year's targeted goal.
- The department is working in partnership with stakeholders to publish standardized rates and develop individualized budgets for consumers. Nine meetings have been held since August with stakeholders.

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Child Visitation

- In September of 2002, the department opened up communication and instituted a new policy for reporting monthly visitations by foster care and protective services staff. The new way of reporting counts all children requiring visits, including children who have run away or who are absconded.
- Even with this more inclusive method of accounting for visitations, the department has been able to consistently visit between 93 and 94 percent of all children each month since September.

HomeSafenet

- There has been a significant improvement in functionality for the ease of HomeSafenet usage for front line workers (10/16/02 and 12/16/02 “Builds”) in response to worker suggestions during the Secretary’s listening tour.
- The advanced planning document which is the guidance document required by our federal partners was updated and submitted to HHS (Health and Human Services) on January 18, 2003.
- The Child Safety Assessment Tool is in pilot phase with projected rollout in March of 2003

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DCF Recommendation Summary

Issue	Recommendation	Date	Page
I. Partner with Private Sector and Communities			
<ul style="list-style-type: none"> Community Based Care (child welfare) 	– Implement CBC statewide by the end of Fiscal Year 2003/2004 (June 30, 2004)	6/30/04	6
	– Transfer child protective investigations to local law enforcement agencies by the end of Fiscal Year 2003/2004	6/30/04	
	– Outsource Child Welfare Legal Services agencies by the end of Fiscal Year 2003/2004	6/30/04	
<ul style="list-style-type: none"> Economic Self-Sufficiency 	– Expand the scope of existing outsourced pilot projects by June 30, 2003	6/30/03	9
	– Expand pilots by recruiting two additional counties by June 30, 2003	6/30/03	
	– Continue to explore further outsourcing of ESS eligibility function		
<ul style="list-style-type: none"> Adult Services 	– Retain adult case management services within DCF		10
	– Transfer responsibility for adult protective investigations – with the exception of those where self-neglect is alleged -- to a law enforcement entity		
	– Allegations of self-neglect should be handled by the agency responsible for in-home services and support		
II. Achieve Key Program Strategic Goals			
<ul style="list-style-type: none"> Developmental Disabilities 	– Install new DD management team by February 3, 2003	2/03/03	11
	– Implement contract for validated expenditure projections by 3/1/2003, with a report by 4/1/2003	4/1/03	
	– Implement DD redesign and rate study by June 30, 2003	6/30/03	
<ul style="list-style-type: none"> Family Safety 	– Reduce caseloads (families) of all child welfare workers to 15 by December, 2003	12/31/03	13
	– Reduce children in out-of-home care by 25% by June 30, 2004 (from approximately 33,000 to 25,000)	6/30/04	
	– Increase adoption rates by 36% for FY 2003/04	6/30/04	
<ul style="list-style-type: none"> Governor’s Priority of Stronger Families 	– Reduce the divorce rate in Florida by 20% by December 31, 2006 (Broader than DCF)	12/31/06	14
	– Reduce non-marital births by 10% by December 31, 2006 (Broader than DCF)	12/31/06	
III. Realign, Refocus and Reduce Administrative Infrastructure			
<ul style="list-style-type: none"> Accountability and Responsiveness 	– Retool the organization structure of DCF now to address factors that need to be changed		15
	– Continue dialogue with mental health and substance abuse stakeholders concerning higher visibility, attention, and optimal future organizational placement.		16

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Issue	Recommendation	Date	Page
• Divestiture	– Transfer the cystic fibrosis program to the Department of Health	7/1/03	18
	– After outsourcing in-home support programs for vulnerable adults within DCF, explore transfer of program responsibility to another entity or state agency		18
	– Child care regulation should be transferred from DCF to join the balance of School Readiness program functions now housed in the Agency for Workforce Innovation	7/1/03	19
• Reduce overhead	– Implement the option to consolidate administrative functions while retaining districts.	12/31/03	20
	– Develop a communication and change management plan that would include announcement of a specific plan in March and completion of the plan by June 30, 2003.	6/30/03	22
	– During Fiscal Year 2003/04, design post-privatization organizational model for field offices.	6/30/04	
Eliminate duplication and downsize headquarters	– Implement a forward-thinking, streamlined, accountable and responsive organizational structure.		22
	– Reduce complaints concerning DCF to the Governor and the Legislature by 50%		
	– Resolve complaints within 30 days, 100% of the time.	6/30/03	

Section I. Partner with Private Sector and Communities

Community-Based Care

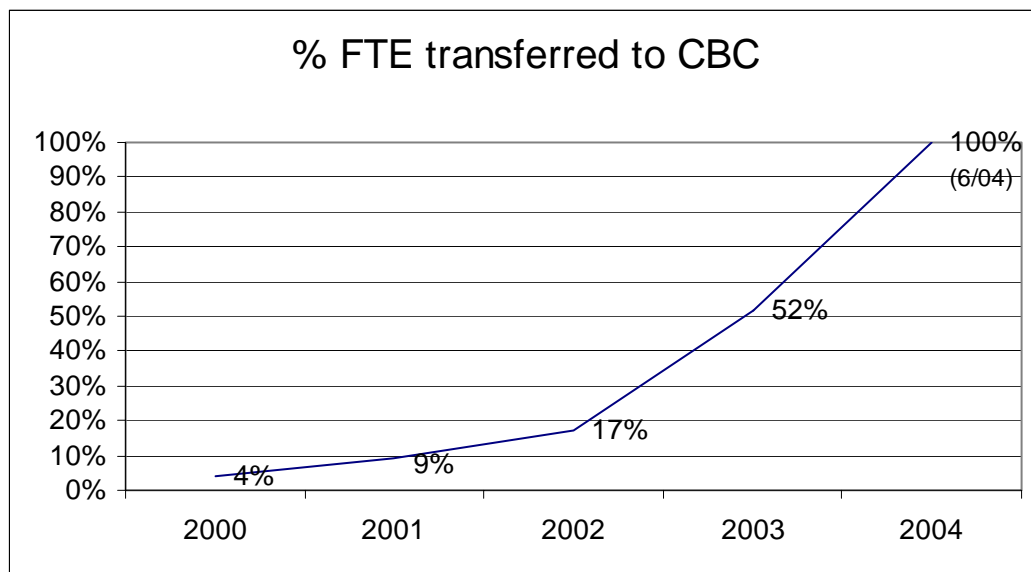
In order to improve child protective services and increase local participation and support, the department will contract with community-based providers for the provision of foster care and related child protection services.



Current Conditions:

- Prior to the implementation of Community-Based Care the department had 2,787¹ FTEs providing child protection services across the state (excluding Child Protective Investigation – 1,389 FTE and Child Welfare Legal Services – 431.5 FTE).
- 12 counties have completed the transition to Community-Based Care. This represents a reduction of 729 FTEs, or a further 26% of the DCF child welfare workforce. 27% of the identified children and families in Florida are now being served by lead agencies.
- 14 counties have selected a lead agency and are in the process of developing their local system of care. These counties represent 702 FTEs, or another 25% of the DCF child welfare workforce. They will provide services to 24% of the identified children and families in Florida.
- 41 counties remain to complete the process of competitively procuring a lead agency by July 1, 2003. These counties represent 1356 FTEs, or roughly the final 50% of the DCF child welfare workforce. They will be providing services to the final 49% of the identified children and families in Florida.

Figure 1. CBC Transition Projections



¹ Per COPES data run 7/25/01

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Table 1. Recent Expenditure Data

Program	Year	Agency	Average Per Child ²
Protective Investigation (PI)	2001/2002	Broward Sheriff's Office	\$726.53
		Manatee Sheriff's Office	\$650.06
		Pasco Sheriff's Office	\$660.72
		Pinellas Sheriff's Office	\$728.47
		Seminole Sheriff's Office	\$806.42
		Sheriff Average	\$714.44
		DCF	\$613.91
Foster Care and Related Services	2000/2001	CBC	\$3,299.00
		DCF	\$6,520.00
	1999/2000	CBC	\$4,390.00
		DCF	\$5,125.00

Definition of Success/End State/Goals:

- The department will have successfully transitioned the tasks of providing child protection services to lead agencies that are fully equipped to address the needs of the local community.
- The department will be able to provide unit cost data for all three areas of child protective services (investigation, case management, and legal services).
- The department will complete the transition to a performance based and outcome oriented oversight agency.

Strategies	Time Frame	Legislation Required
Family Safety Allocation Methodology <ul style="list-style-type: none"> • The department, lead agencies and other key stakeholders continue working to develop a county-based methodology that provides greater equity in how funds allocated to Family Safety are distributed across the state, including administrative costs. 	2/3/03	Yes (Technical revisions to existing Statute)
Increased funding through Revenue Maximization <ul style="list-style-type: none"> • Continue developing recommendations for increased draw down of federal funds for child protection services. • Continue working with local Children's Services Councils and United Way organizations to increase opportunities for local matching of federal funds for early intervention and prevention services. 	3/1/03	Yes
Transfer of administrative funds to the lead agencies <ul style="list-style-type: none"> • Utilize a consulting/accounting firm to validate the methodology for ensuring an appropriate amount of funds currently supporting department Central Office and District operations are transferred to Lead Agencies in their contracts to provide child protection services. 	4/1/03	No

² Sources: PI – *Sheriffs' Child Protective Investigations: Program Performance Evaluation Report*. Draft January 2003; CBC – University of South Florida, Florida Mental Health Institute. (August 2002). *Evaluation of the Florida Department of Children and Families Community-Based Care Initiative in Manatee, Sarasota, Pinellas and Pasco Counties: Final Report on Fiscal Year 2001-2002*.

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Strategies	Time Frame	Legislation Required
Validate cost of care model <ul style="list-style-type: none"> • Validate existing demographic data, referrals rates, provider expenses, subcontract rate structures and associated costs to DCF. • Validate econometric model. • Apply validated case rate in development of DCF Budget Request and Lead Agency contracts. 	3/1/03 4/1/03 8/1/03	No
Accelerate the timeline for full implementation of Community-Based Care <ul style="list-style-type: none"> • Comprehensive review of the current timeframe by local administration; identification of opportunities and concerns, and lessons learned with an eye on a new completion date of June 30, 2004. • Develop single statewide contract that is more concise and less prescriptive. • Expand technical assistance for new private agencies moving into Community-Based Care. 	3/1/03 3/1/03 2/15/03	No
Transfer child protective investigations to law enforcement <ul style="list-style-type: none"> • Develop advocacy and educational strategies in cooperation with law enforcement agencies currently providing PI services • Develop cost models and strategies to include transfer of adult as well as child protective investigations • Develop timetable for transfers 	6/30/04 4/1/03 4/1/03	No
Outsource Child Welfare Legal Services <ul style="list-style-type: none"> • Document lessons learned from pilot sites • Explore all options: States Attorneys, Attorney General, private agencies 	6/30/04	Yes

The Secretary's Policy Recommendation:

- Implement Community Based Care statewide by the end of FY 2003-2004 (June 30, 2004).
- Transfer child protective investigations to local law enforcement agencies by the end of FY 2003-2004.
- Outsource Child Welfare Legal Services by end of FY 2003-2004.

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Economic Self Sufficiency

The department will work towards improved training and better pay for the workforce as well as the provision of benefit determination services in a more efficient and effective manner utilizing the very best in technology and customer service.

Current Conditions:

- 7,219 DCF staff provide eligibility determination services for approximately 1.9 million participants in 13 districts and the region.
- 37,411 time-limited assistance participants (recipients with work requirements) are served through outsourced eligibility determination staff in pilot programs in Palm Beach and Hillsborough Counties
- Community based care staff in Pasco County performs eligibility determination services for child-only families who receive relative care giver payments
- Work requirements and related programs under Florida Welfare Transition program for TANF cash assistance recipients are delivered through one-stop career centers operated by 24 regional workforce boards that are funded through the Agency for Workforce Innovation (AWI). Workforce Boards are privately-incorporated entities chartered by the state’s workforce investment board—Workforce Florida, Inc.—pursuant to Chapter 245, F.S. TANF funds are appropriated directly to AWI for these work programs. DCF contracts with AWI for operation of the Food Stamp Employment and Training Program (FSET), and FSET services are also delivered through one-stop career centers.

Critical Issues:

- Begin process of applying for any federal waivers which may be necessary
- Secure legislative concurrence to continue exploring the outsourcing of eligibility determination services.

Strategies	Time Frame	Legislation Required
Evaluate the potential benefits of ESS outsourcing.	4/10/03	No
Expand outsourced eligibility determination services in pilot sites to Food Stamps and Medicaid. Recruit additional pilot sites.	5/03/03	Yes HHS Approval Required
Explore the potential for further outsourcing of ESS Services.	5/03/03	No
Develop and initiate plan for receiving and communicating results of evaluation and exploration with stakeholders, including the ESS staff.	7/01/03	No

The Secretary’s Policy Recommendation:

- Expand the scope of existing outsourced pilot projects by 6/30/03.
- Expand pilots by recruiting two additional counties by 6/30/03.
- Continue to explore further outsourcing of ESS eligibility function.

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Adult Services Protective Investigations

In order to provide adult protective services in a more efficient and effective manner, the department will explore the potential for transferring these functions to other agencies.

Current Conditions:

- **Approximately 28% of the victims reported last year were under the age of 60.**
Significance: In order to transfer adult services to Dept. of Elder Affairs (DOEA), DOEA's statutory mission would have to be expanded to serve adults under the age of 60.
- **Approximately 15-20% of the reports received each year are allegations of financial exploitation (i.e. theft, fraud, embezzlement, etc.)**
Significance: The skills required to conduct complex, financial investigations are not necessarily the same as those currently required to perform abuse and neglect investigations. Law enforcement agencies, the Office of Attorney General, FDLE and other comparable entities may be better equipped than DCF or DOEA to perform these financial and criminal investigations.
- **Approximately 30% of the reports received last year were allegations of self-neglect.**
Significance: The skills required to assist these victims are more social work based than investigative. The need for criminal investigation is typically absent, the need for strong social work skills more critical. These skills are more likely found in DCF or DOEA than in a law enforcement agency, the Office of Attorney General, FDLE, etc.

Options:

- Retain adult case management services within DCF.
- Transfer adult case management services to the Department of Elder Affairs.
- Retain responsibility for all adult protective investigations within DCF.
- Transfer responsibility for all adult protective investigations to law enforcement.
- Transfer responsibility for all adult protective investigations other than those involving allegations of self neglect to law enforcement

The Secretary's Policy Recommendation:

- Retain adult case management services within DCF.
- Transfer responsibility for adult protective investigations—with the exception of those where self-neglect is alleged—to a law enforcement entity.
- Allegations of self-neglect should be handled by the agency responsible for in-home services and support.

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Section II. Achieve Key Program Strategic Goals

Developmental Disabilities

Issue:

Redesign developmental disabilities system and increase number of individuals served.

Current Conditions:

- For years consumers and families have sought more choice and control over services. Pilot project results show that when individuals and families have greater choice, they are more satisfied with services and feel needs are better met.
- There is wide variation in average monthly expenditures per person (in July 2002 they ranged from \$1,499 in District 7 to \$2,332 in the SunCoast Region) and in rates for specific services. Expenditures during FY 02-03 are projected to exceed the budget by \$13.7 million for the Medicaid waiver program and \$5.4 million for private institutional care facilities.
- Despite a 94% funding increase and fully serving 21,672 additional persons since FY99, the Department now faces a wait list of over 10,000 persons.
- The department cannot accurately track or project costs/expenditures

Goals/End State:

- A system where consumers are more empowered through increased control of service decisions.
- A system of fair and equitable rates.
- Reduced number of persons waiting for DS Waiver services.
- Greater predictability in program expenditures.

Strategies	Time Frame	Legislation Required
Resolve and validate all budget data through contracting for independent data management	4/1/03	No
Increase individuals' and families' control of service decisions through implementation of flexible services package and individualized budgets for consumers.	1/1/03	No
Provide services to people on the wait list for the DS Waiver.	6/30/04	Yes, allocation of requested funds

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Results:

- Trend charts showing increased number of Personal Outcome Measures realized on average year-to-year, particularly regarding choice of personal goals, satisfaction with services, satisfaction with personal life situations, and fair treatment.
- Trend charts showing number of persons being fully served on the DS Waiver.
- Trend charts showing differences in average spending between the highest and lowest districts, adjusted for differences in consumers served.

The Secretary's Policy Recommendation:

- Install new DD management team by 2/03/03
- Implement contract for validated expenditure projections by 3/1/03 with report by 4/1/03
- Implement DD redesign and rate study by 6/30/03

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Family Safety - Smaller Caseloads through Stronger Families

Issue:

The Department of Children and Families will increase prevention services resulting in fewer children needing to be removed from their homes, and will also promote higher rates of family reunification following provision of needed services.

Current Conditions:

- On January 23, 2003 there were 33,301 children in out-of-home care. The divorce rate is 5.38 divorces per 1,000 population; 36.6% of births are out of wedlock; single parent households represent 36.9% of households.
- In FY 2001-02, the Department received 211,022 reports of child abuse and neglect and 41,547 reports of adult abuse, neglect or exploitation.
- At the end of FY 2001-02, 48,054 children and an estimated 3,377 adults were receiving services as a result of these reports.
- In 1998, 52% of protective supervision cases had substance abuse treatment as a requirement of the case plan.
- Use of illicit substances in Floridians over age 12 has been reduced from approximately 8% in 1998 to 5.5% in 2002.

Strategy 1: Promote the development of an appropriate array of services designed to prevent removal of children and recurrence of abuse and neglect.

Actions	Time Frame
Expand the Neighborhood Partnerships statewide	To Be Determined
Expand the use of Family Team Conferencing/Individual Courses of Action	To Be Determined
Expand substance abuse and mental health services and support for families with children or adult members diagnosed with mental illness or substance abuse	To Be Determined
Enhance service integration at the community level through collaboration between community-based care providers and the substance abuse and mental health systems	To Be Determined
Include family preservation goals and strategies in all contracts	To Be Determined
Establish targets for districts and CBC providers regarding removal of children and length of stay in out-of-home care	To Be Determined

Strategy 2: Increase the level of prevention services to avoid the need for more intrusive and costly interventions in the future.

Actions	Time Frame
Develop a unified prevention plan within DCF and across state agencies	March, 2003
Create prevention continuum of services to coordinate and integrate departmental prevention efforts	September, 2003
Develop measurable indicators for all prevention programs	December 2003
Ensure CBC link to secondary prevention services.	To Be Determined

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Strategy 3: Target services to those in greatest need.

Actions	Time Frame
Ensure that all calls accepted as child and adult reports by the hotline meet statutory criteria	February 2003
Evaluate whether certain child and adult calls should receive a less intensive response and propose options for “dual-track” or “alternative response” system*	February 2003
Evaluate whether child and adult calls involving facilities should be assessed by the agencies responsible for regulating those facilities and propose options*	February 2003

Strategy 4: Emphasize voluntary, shorter-term, and more intensive services

Actions	Time Frame
Ensure compliance with requirement to offer voluntary services	March 2003
Ensure that CBC contracts include requirements for reducing length of services	June 2003

Strategy 5: The Governor’s Priority of Stronger Families:

Implement Florida’s Marriage Initiative Agenda as part of prevention and family preservation plan

Actions	Time Frame
Establish Marriage Initiative goals with proposed outcome measures	2/14/03
Establish collaborative relationships with stakeholders to develop family formation strategies, programs, and policies	4/1/03
Conduct Statewide Baseline survey in order to collect and analyze reliable demographic data on marriage, divorce, patterns of cohabitation and intent to marry/remarry.	7/1/03 – 6/30/04 with possible longer term follow up evaluation

The Secretary’s Policy Recommendations:

- Reduce caseloads (families) of all child welfare workers to 15 by December 2003.
- Reduce children in out-of-home care by 25% by 6/30/04 (from approximately 33,000 to 25,000).
- Reduce the divorce rate in Florida by 20% by 12/31/06. (Broader than DCF)
Reduce non-marital births by 10% by 12/31/06. (Broader than DCF)
- Increase adoption rates by 36% for FY 03-04

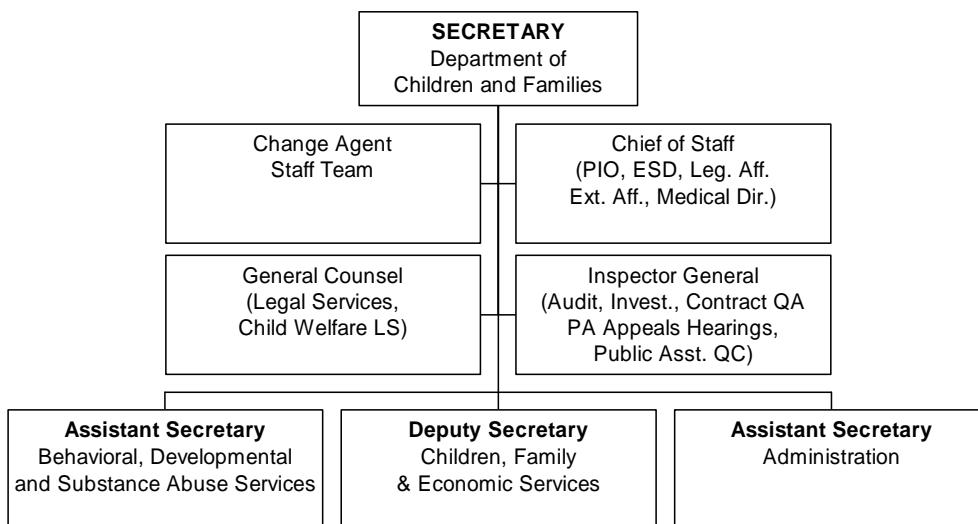
* Legislative Considerations: Requires changes to Chapter 415, F.S.

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Section III. Realign, Refocus and Reduce Administrative Infrastructure

Accountability and Responsiveness

Change-Focused Transitional Structure for DCF



- | | | |
|------------------------|-----------------------|----------------------------|
| - Developmental Disab. | - Districts/Region | - Finance and Accounting |
| - Mental Health | - Child Welfare | - Revenue and Budget |
| - Substance Abuse | - Economic Self Suff. | - Human Resources |
| - Institutions | - Refugee Assistance | - Professional Development |
| - Adult Services | - Homeless Services | - General Services |
| | - Domestic Violence | |

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Mental Health and Substance Abuse

Issue:

What is the best organizational placement for mental (behavioral) health (MH) and substance abuse (SA) services?

Current Conditions:

- All state funded mental health and substance abuse services with the exception of those provided in state operated institutions are outsourced.
- Districts have responsibility for mental health and substance abuse services contracting.
- Last fiscal year, MH served 140,010 adults and 77,803 children through contracts with community providers.
- Last fiscal year, MH served 125,023 adults and 76,016 children through contracts with community providers.
- The MH program directly operates four state hospitals with a total of 1,039 beds. The program also contracts for 405 MH institutional beds.

Need for change:

- Increased visibility of and focus on needs of persons with mental illness and substance abusers.
- An organizational platform that supports advocacy for MH/SA funding and other resources.
- Consistent policy framework oriented to community-based, client-family centered services.
- Standardized and streamlined administration of MH and SA throughout the state.
- Maximizing the critical role of Medicaid funding in behavioral health services.
- Importance of MH and SA services in strengthening families.

Considerations in transfer or divestiture:

- Historic and current relationships between MH and SA service networks should be preserved; many consumers have “dual diagnosis”.
- DCF children and their parents must receive full access to community MH and SA services.
- Assurance that the family based and recovery oriented MH and SA mission and service delivery model will be preserved.
- Assurances that community based privatized purchasing mechanisms will be retained.
- The MH and SA agency must have the infrastructure to manage large institutional programs.

Options:

- Address the factors listed above by retooling the current structure of DCF.
- Move either mental health or substance abuse or both to another existing state agency.
- Create a new department for mental health and substance abuse services.

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The Secretary's Policy Recommendation:

- Retool the organizational structure of DCF now to address the factors that need to be changed;
- Continue dialogue with mental health and substance abuse stakeholders concerning higher visibility, attention, and optimal future organizational placement.

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Divestiture

Adult Services In-Home Support Program

Issue:

What changes should be made in the operation and organizational placement of the Adult Services in-home support program? (includes Community Care for Disabled Adults, Home Care for Disabled Adults, Aged and Disabled Adults Waiver, Cystic Fibrosis, Other Protective Intervention Services)

Considerations:

- **The In-Home Support Programs serve permanently disabled adults ages 18-59.**

Significance: The Department of Elder Affairs (DOEA) has comparable programs to CCDA, HCDA and ADA waiver which serve clients ages 60 and over, including DCF Adult Services clients as they turn age 60. Continuous service delivery regardless of age could be of benefit to these clients. Expansion of DOEA's mission would be advisable.

Significance: DCF currently administers the Developmental Disabilities Program which provides very comparable services, using similar or the same providers to serve permanently disabled clients as well. It may be advisable to organizationally place all programs that serve permanently disabled clients in a cohesive fashion and provide comparable service delivery systems regardless of disability.

Significance: Clients receiving services through the In-Home Support Programs typically are clients in need of long-term care. The Legislature created an Office of Long-Term Care and an advisory board to make recommendations regarding Florida's long term care needs. This Office's findings may be of assistance in determining optimal placement for these disabled adults.

- **The current service delivery system includes some privatization. Contract providers are used to deliver services; many of the providers also serve DOEA clients. Case management in two of the main programs is contracted out in the majority of the Districts.**

Significance: Alternative service delivery models such as the use of CBC providers or the current DOEA privatized model could be considered.

- **The Cystic Fibrosis Program combines the use of a medical model and a social work model to provide services.**

Significance: In addition to previously discussed alternative organizational placements, this program has been historically discussed as a potential candidate for transfer to the Department of Health. Historically, the Legislature has not deemed it appropriate to transfer this program.

The Secretary's Policy Recommendation:

- Transfer the Cystic Fibrosis Program to the Department of Health.
- After outsourcing in-home support programs for vulnerable adults within DCF, explore transfer of program responsibility to another entity or state agency.

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Child Care Regulation

Issue:

DCF is responsible for regulating child care facilities. Since all other components of the child care (now called “School Readiness”) program are now in the Agency for Workforce Innovation, responsibility for regulating child care facilities should be transferred to the Agency for Workforce Innovation.

Current Situation:

- The Department of Children and Families is responsible for the licensure of child care facilities, large family child care homes, facilities for mildly ill children, and the licensure and registration of family day care homes, as well as conducting on site inspections. The department is also responsible for the development of a standardized core curriculum for mandated training of child care personnel and family child care home operators. These regulatory activities ensure the consistent and uniform application and compliance with the minimum requirements of Chapter 402, F.S., and the health, safety and well-being of children in child care.
- There were 5,938 licensed child care facilities and family day care homes in FY 01-02, there are 6,565 facilities and homes licensed through the second quarter of 02-03

Options:

- Child Care Regulation and Information is a distinct sub-entity within the department’s Family Safety Program budget and could be transferred to another agency such as the support services component of the Agency for Workforce Innovation (AWI) through a “Type 2” transfer as authorized by s. 20.06(2), F.S. Resources for the DCF Child Care Program Office, which are budgeted in the Program Management and Compliance sub-entity of the Family Safety Program and an appropriate share of the departments overhead resources would also be transferred. Existing department rules would also be transferred to AWI.
- There has been discussion regarding transferring the licensing function to entities other than AWI such as the Department of Education, the Department of Health, or the Department of Business and Professional Regulation. Of the latter three choices, DOH would provide the best alternative since it offers a Direct link to environmental health units that currently inspect child care facilities, DOH Nurses could provide a valuable service to assist with educating providers on health issues, and the local health department infrastructure exists to support statewide field staff.

Legislative Considerations

- Amend sections 402.26 – 402.39, F.S. to change responsibility from DCF to Agency for Workforce Innovation.
- Authorize a Type 2 transfer pursuant to s. 20.06 (2), F.S.

The Secretary’s Policy Recommendation:

This function should be transferred from DCF to join with the balance of School Readiness program functions, now housed in the Agency for Workforce Innovation.

Re-forming the Social Service Business Partnership

Reduce Overhead

Consolidation of District Administrative Infrastructure Services

Current Conditions:

- With legislative approval, DCF consolidated Districts 5 and 6 and 2 counties from District 8 into a region in July 2001.
- In response to a state revenue shortfall and reduction in department funding in December 2001, statewide district and program management was decreased by 12.5 percent without impairing services.
- An evaluation showed that the formation of the region resulted in administrative savings without adversely affecting service outcomes.
- The remaining 13 districts vary significantly in size, administrative structure, and urban/rural makeup.
- Consolidation of administrative infrastructure services would offer a further opportunity to redirect administrative resources to direct services or contracted services oversight, while maintaining a visible coordinating staff presence throughout the state.
- Regional consolidation of administrative infrastructure services would offer the opportunity to better standardize administrative structure and practice by having fewer persons reporting to central office..

Legislative Considerations:

Section 20.19, F.S. would permit further administrative consolidation with the following guidelines:

- Evaluation of the efficiency and effectiveness of the operation of the prototype region and determination that there was a demonstrated improvement in management and oversight of services or cost savings from more efficient administration of services.
- Retention of districts with boundaries conforming to those contained in statute.
- Retention of a district administrator for each of the service districts.

Options:

1. Consolidate administrative infrastructure services by centralizing administrative functions in regions while retaining district service offices. No legislative action is necessary. However, in order to bring administrative boundaries into conformance with judicial circuit boundaries, the Legislature would need to approve the move of two counties (Madison and Taylor Counties) between districts/regions.
2. Change s. 20.19, F.S., to permit the Secretary to establish regions without district substructures, thus ensuring additional economies could be realized.
3. Eliminate district and regional offices as administrative entities and have field offices located throughout the state that do contract management, coordination, quality assurance and consumer assistance.

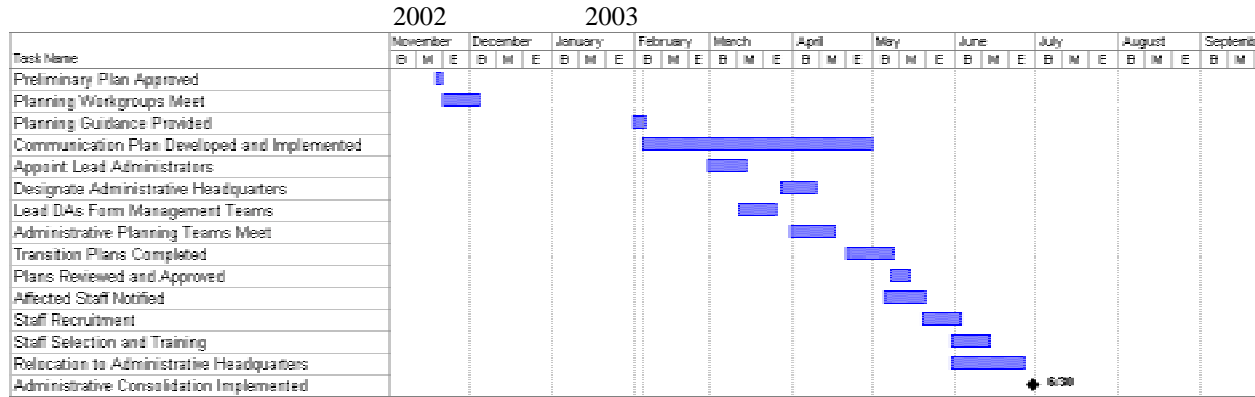
Objective:

Create administrative saving and efficiency in operation by sharing administrative and programmatic resources and a common management structure. The administrative structure will be standard in each

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area. District Administrators will continue to be responsible for management and oversight of direct and contracted services in their respective districts. Lead district administrators would be designated to supervise the consolidated administrative functions.

Figure 2. Consolidation Implementation Plan



Results:

Administrative positions identified for savings and reinvestment in services.

The Secretary's Policy Recommendation:

- Implement Option 1 to consolidate administrative functions while retaining districts.
- Develop a communication and change management plan that would include announcement of a specific plan in March and completion of the plan by June 30, 2003.
- During FY 2003-04, design post-privatization organization model for field offices.

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Eliminate Duplication and Downsize Headquarters

Issue:

Central office functions and activities must be streamlined and refocused on providing organizational leadership and support to front-line staff so that services are delivered timely, efficiently and with maximum effectiveness.

Current Conditions:

- The department has approximately 24,300 FTEs. (About 27% of the overall DCF budget is spent through contracts).
- The current organizational structure is very similar to that established in 1975.
- Many of the department's processes have been adapted and modified over the years and are not at maximum efficiency or reflective of a contract management operating environment.
- Districts differ significantly in both organizational structure and practice. Districts were designed to support large numbers of staff providing direct services to clients.
- The Legislature has mandated that child welfare services be shifted to Community-Based Care by December 30, 2004, exclusive of protective investigations.
- As the department expands the scope of contracted services to Community-Based Care providers, the requirement for increased accountability for resources by both the department and providers becomes more critical.
- The present organization structure does not afford the most effective means for budget and program accountability.
- There is a lack of a standardized process for receiving and resolving complaints from both the public and staff.
- The department's lingering image is one of dysfunction; levels of credibility and satisfaction are low with the general public and with elected officials.
- The department is generally perceived as reactive, isolated and not user friendly

Definition of Success/End State/Goals:

- Statewide organization aligned to support the department's core mission.
- Roles and responsibilities clarified so that accountability is achieved.
- Business/service delivery model based upon collaborative partnerships, shared physical and technology assets and shared responsibility for clients and family outcomes.
- DCF's supporting infrastructure streamlined and focused on collaborative policy development, resource mobilization, monitoring service quality, training and assuring accountability for performance outcomes.
- Resource and asset allocation based upon equity principles and objectives, common sense allocation formulas and methods.
- The department will be more focused on expected outcomes through monitoring for quality achievement while assuring the cost effectiveness of services.
- The department will have a competent, skilled and stable workforce prepared to manage a state of the art service delivery system.

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Legislative Considerations:

- The Legislature views DCF as being top-heavy, unresponsive, and impervious to change, leading to discussions of options to reduce the scope of the agency through divestiture of programs.
- Fully implement Chapter 2001-191, Laws of Florida, to provide regulatory relief to mental health and substance abuse providers and avoid duplicative and unnecessary monitoring.
- Review other duplications of effort.

Strategy 1 : Realign and streamline headquarters program offices, administrative support offices and executive office to support the Social Service Business Partnership model.

Actions	Time Frame
Redesign and reorganize current program office roles and responsibilities to focus on policy design and development, resource (budget) development and allocation, training, data, performance monitoring and quality assurance.	6/30/03
Redesign and reorganize the budget management function by placing budgetary planning and management responsibility with the program offices and technical oversight and monitoring responsibility with the budget office.	6/30/03
Assign responsibility for CBC development activities and implementation to the Family Safety program.	6/30/03
Redesign and reorganize the contract administration function to focus on monitoring of performance outcomes in addition to compliance. Assign contract quality assurance function to Inspector General.	6/30/03
Develop a unit based budgeting and cost distribution/reimbursement process.	6/30/03
Expand the centralized Administrative Service Center to service the fiscal and purchasing needs of all districts, if the present evaluation supports that this will enhance turnaround times and efficiencies.	6/30/03
Redesign and reorganize the executive office functions to achieve improvements and efficiencies in complaint handling and resolution, planning, quality assurance oversight and assuring implementation of Secretary priorities and organizational change initiatives.	6/30/03
Redesign the Training and Professional Development function & issue a Request For Proposals.	3/1/03
Identify key staff to track and ensure implementation of directives.	3/1/03
Centralize and revamp communications office.	3/1/03

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Strategy 2: Strengthen skills and competencies and develop critical thinking skills at all levels of the department.

Actions	Time Frame
Engage schools of social work and public administration to develop case studies stressing leadership and critical thinking skills based on actual child safety issues.	7/1/03
Implement the American Public Human Services Association Leadership for High Performance training throughout the department.	7/1/03
Change focus of district training from classroom to field-based, on the job training stressing critical thinking skills. Explore the feasibility of establishing training units for child welfare training.	7/1/03
Provide continuous professional development opportunities and require one week of case study based inservice training every six months.	7/1/03
Implement supervisor training which stresses the role of the supervisor in mentoring staff and providing leadership while transitioning from caseworker to supervisor.	3/1/03
Work with the Legislature to revise s.402.40, F.S., with regard to training academy language and the mandate to contract with Tallahassee Community College.	2003 session
Begin competitive procurement process for new child welfare training system.	Contract effective 7/1/03
Partner with CBC representatives to develop training strategies for new child welfare training system.	3/1/03
Implement cross-training opportunities for community-based agencies serving child welfare families.	7/1/03
Implement distance training for licensure activities (substance abuse).	7/1/03

Strategy 3: Redesign the department's contracting process to focus its monitoring efforts on determinations of quality and quantity of services provided to clients to hold providers accountable for performance.

Actions	Time Frame
Assess current contracting operations in both the central office and districts compared to a business approach on shared collaboration, a common vision, a well-defined mission, and service delivery process.	2/15/03
Eliminate duplicative services and overlaps in order to streamline the process.	3/1/03
Implement performance outcome measures for all contracts.	4/1/03
Communicate a business partner model to Community-Based Care and other providers.	4/1/03
Develop plans and training to improve staff skills and competencies to manage and monitor contracts in the new environment.	3/1/03 – 6/1/03

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