Evaluation of the Privatization of Child Welfare in Florida: An Organizational Analysis

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Expanding the Research Base
The Louis de la Parte Florida Mental Health Institute
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Desired Outcomes of CBC

- Better local coordination with other systems
- Adaptation to local community needs and circumstances
- The generation of additional resources to apply to child welfare

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Desired Outcomes of CBC

- Increased cost-effectiveness and administrative efficiency
- Improved service quality and effectiveness
- Enhanced consumer participation

Desired Outcomes of CBC

- Increased flexibility particularly with respect to "red tape" & personnel matters
- Promotion of innovation
- Increased accountability at state and local levels
- Local ownership of child welfare problems

CBC Agencies Included in FY03-04 Analysis

Service Contract held 18 + months	Service Contract held 7-17 months	Service Contract held 6 months or less
Partners for Community-Base Care (PCBC)	Hillsborough Kids, Inc.	Family Support Services (FSS)
Family Continuity Programs (FCP)	Families First Network	ChildNet, Inc.
Sarasota YMCA		Child & Family Connections (CFC)
		Heartland for Children
		United for Families
		Partnerships for Families

Research Question

- How effective is CBC at designing and improving systems and services for child protection?
- Two of the indicators that addressed this question included:
  - ✓ *Organizational structure* of the lead agencies
 - ✓ *Provider network structures* utilized by the lead agencies

Methods

- CEO Survey

- Community Alliance Chair/Vice Chair Survey and request for membership roster as well as meeting minutes

- Questions were designed within a strength-based framework to elicit examples of connectedness to lead agencies and CBC
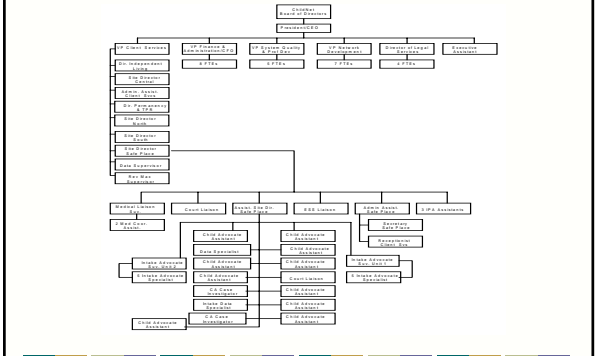
Results: Organizational Structure

- Various levels of complexity across the agencies
- Similar departments/divisions across lead agencies (horizontal differentiation)
  - 4-5 distinct departments or divisions
- Differing numbers of hierarchal arrangements (vertical differentiation)
  - Range of persons from the lowest level of the organization to the highest
- 3 for low differentiated organizations, almost 6 or the high

Example of Low Vertical Differentiation
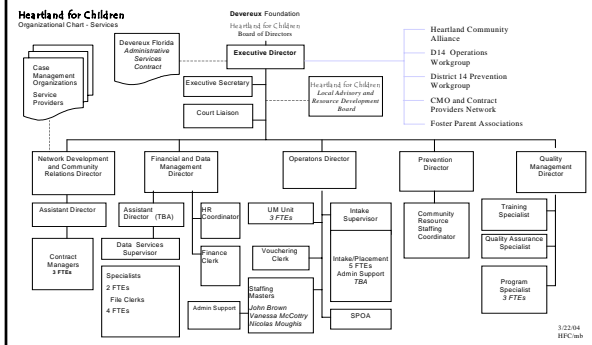
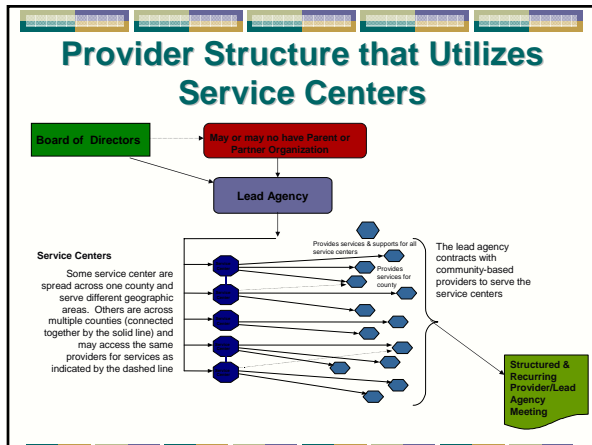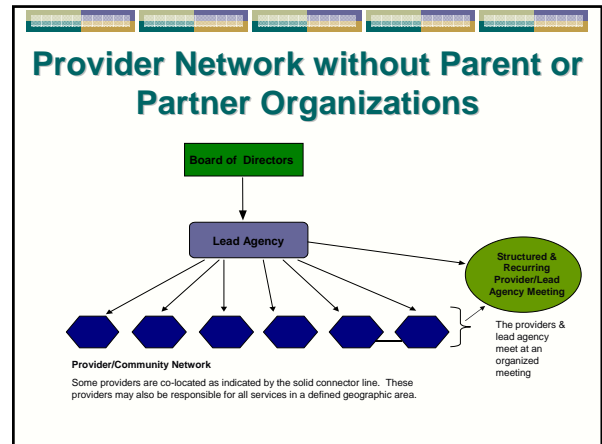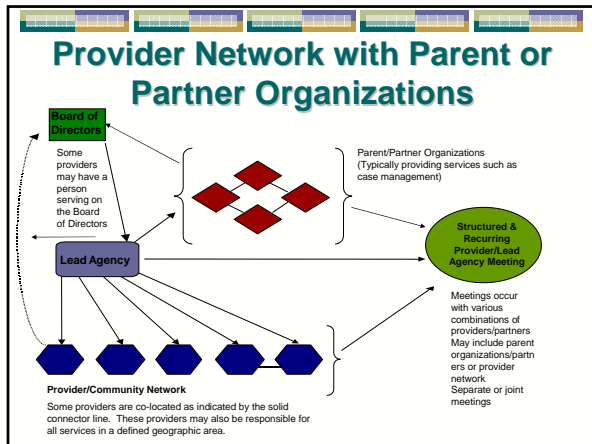## Example of High Vertical Differentiation

Results: Strengths Attributed to Organization Structure

- The structure allows the provider network to connect with the organization at several points so that the lead agency works at all times in true partnership with network members
- There are several venues for providers, consumers, and advocates to bring issues to the attention of workgroups for discussion, review, and action
- Capability to coordinate management of varied funding sources and providers to integrate a comprehensive array of behavioral health and child welfare services
- Maximizes functional oversight for the system of care
- Communication remains fluid among departments

Results: Structure of Provider Networks

Three models utilized by lead agencies:

1. Provider network that includes Parent or Partner organizations
2. Provider network that does not include Parent or Partner organizations
3. Provider Structure that utilizes service centers

Provider Network with Parent or Partner Organizations

Board of Directors

Some providers may have a person serving on the Board of Directors

Parent/Partner Organizations (Typically providing services such as case management)

Lead Agency

Structured & Recurring Provider/Lead Agency Meeting

Meetings occur with various combinations of providers/partners May include parent organizations/partners or provider network Separate or joint meetings

Provider/Community Network

Some providers are co-located as indicated by the solid connector line. These providers may also be responsible for all services in a defined geographic area.

Provider Network without Parent or Partner Organizations

Board of Directors

Lead Agency

Structured & Recurring Provider/Lead Agency Meeting

The providers & lead agency meet at an organized meeting

Provider/Community Network

Some providers are co-located as indicated by the solid connector line. These providers may also be responsible for all services in a defined geographic area.

Provider Structure that Utilizes Service Centers

Board of Directors

May or may no have Parent or Partner Organization

Lead Agency

Service Centers

Some service center are spread across one county and serve different geographic areas. Others are across multiple counties (connected together by the solid line) and may access the same providers for services as indicated by the dashed line

Provides services & supports for all service centers

Provides services for county

The lead agency contracts with community-based providers to serve the service centers

Structured & Recurring Provider/Lead Agency Meeting

Summary

- Organizational and provider structure analysis in the preliminary stages

- Helps to create context for the environment of a lead agency

- Future evaluations will include analyses of other organizational components

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Research Questions

- How effective is Community-Based Care at involving the community in child protection both as service partners and resource contributors?

- What types of community governance boards support the lead agency and what is their relationship with the lead agency or agencies in their area, as well as the Department?

Methods

- CEO Survey
- Community Alliance Chair/Vice Chair Survey and request for membership roster as well as meeting minutes
- Questions were designed within a strength-based framework to elicit examples of connectedness to lead agencies and CBC

Background

- Community Alliances were mandated to "provide a focal point of community participation and governance of community-based services" (s.20.19(6)(a), F.S.)
- Alliances, although unique to each community, were designed to consist of a broad spectrum of community stakeholders
- Duties were to include needs assessment, setting priorities, planning for resource utilization, determining locally-driven outcomes to supplement state–required outcomes, and community education
- Scope of the Community Alliances was designed to include CBC issues, in addition to broader human service areas.

Results: Alliance Membership

- Alliances generally reported that they contained those members specified in Statute, in addition to members at large from each county within the Alliance's domain
- Examples of members' professional roles include: DCF, county government, juvenile welfare, school district, court system, United Way, and the Sheriff's Office
- Of the Alliances who responded to our survey, only 3 had representatives from mental health or the business community; only 2 included local foundations or foster parents, and only 1 Community Alliance had substance abuse or consumer representatives

Results: Alliance Mission and Discussion of Child Welfare

- Most Alliances do focus on or cover issues of child welfare on a regular basis
- DA and representatives from the lead agencies attend monthly meetings and provide updates (e.g., outcome reports, staff training issues, services offered)
- Lead agency and District staff also are present to respond to Alliance member questions
- A few of the newer Alliances reported playing a part in the selection of the lead agency in their area
- A few Alliances have advocated on behalf of the lead agency in terms of increased funding

Results: Ability of Alliances to Make Suggestions

- In some communities, Alliances have been able to assist new lead agencies with collective experience in areas such as foster care recruitment.
- Several Alliances reported that they are not able to make recommendations to their lead agency because DCF Central Office has made it clear that the Alliance is "advisory only"
- Due to this, many Alliance members feel they have no recognized authority
- Communication process primarily involves listening to presentations and receiving updates from lead agencies, rather than Alliance members being solicited for recommendations.

Results: Facilitators to the Communication Process

- When DCF/lead agency is receptive to Alliance Chair's request for further engagement
- High quality of professionalism and leadership of Lead Agency administration
- Excellent Communication between DA and lead agency CEO
- When lead agency exceeds community's initial expectations
- When DA is member of the Alliance and any other pertinent subcommittees
- When lead agency is responsive to Alliance's requests for information
- Email and/or newsletter updates

Results: Facilitators to the Communication Process

- "The Alliance benefits from being well informed so that information can be shared throughout the various agencies and communities represented by Alliance members. DCF benefits from having Alliance member input on key issues, such as transition planning, readiness assessment, and resource development."
- "They [the lead agency] have encouraged Alliance members to ask questions and visit them to see how things are working."

Results: Barriers to the Communication Process

- Secretary and Central Office DCF have made it clear that Alliances are "advisory only"
- Alliances that cover several counties and multiple lead agencies may lose local authority and momentum in shaping local systems of care
- Alliances in less populated areas feel other Alliances are driving decisions at the state level
- No incentives to be an Alliance member, such as administrative support, authority, or pay

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Results: Barriers to the Communication Process

- Lack of authority has an impact: "I have to travel an hour each way for the meetings, and combined with the time of the meeting, it ties up at least half of my day. When speakers/specialists do not even show up, but rather send representatives because they sense that they don't really need to be there (e.g., sheriffs, school board members, judges, etc, send representatives in their place), this makes it seem questionable whether it's critical for the Alliance members to come together and meet."

Results: Barriers to the Communication Process (cont)

- "We would GREATLY appreciate clarification from the legislature on whether or not Alliances were intended to have any authority??"
- "Is the Alliance a vital, key, substantive player? No. There is an effort to get new members engaged, but as of now it needs improvement."

Policy Recommendations

- Community Alliances are potential community governance partners, but clarification is needed regarding their authority, and their role relationship with the lead agency boards of directors and other community stakeholder groups.
- Legislatively appropriated incentives for Alliance membership and engagement in child welfare issues should be considered.
- More direct communication is encouraged between DCF Central Office and the Community Alliances, for example, by legislative updates on child welfare related bills, so that the Alliance members can voice their opinion before items are passed/vetoed.

Next Steps

- Complete lead agency CEO survey & Community Alliance Chair survey with all new lead agencies
- Collect information on new lead agency provider network contracts, organizational structure, and Board of Directors

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CBC Agencies Being Evaluated for FY04-05

Service Contract held 18 + months	Service Contract held 7-17 months	Service Contract held 6 months or less
Partners for Community-Base Care (PCBC)	Family Support Services of North Florida, Inc.	Big Bend Community-Based Care
Safe Children Coalition (Sarasota YMCA)	Child & Family Connections	Children's Network of Southwest Florida
Hillsborough Kids, Inc.	ChildNet, Inc.	Heartland for Children
Families First Network	United for Families	Kids Central, Inc.
Sarasota YMCA		Partnership for Families
		Clay & Bakers Kids Net, Inc.
		Nassau County Board of County Commissioners
		St. Johns County Board of County Commissioners

The Consortium for Child Welfare Studies
http://childwelfare.fmhi.usf.edu/

Florida Department of Children & Families
http://www.state.fl.us/cf_web/
/cf_web/myflorida2/healthhuman/publications/pubs.html

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