

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Children, Families, and Elder Affairs Committee

BILL: SPB 7048

INTRODUCER: Children, Families, and Elder Affairs Committee

SUBJECT: Department of Children and Family Services

DATE: January 18, 2012

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Preston	Farmer	CF	Pre-meeting
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

This legislation reenacts and authorizes the Department of Children and Family Services (DCF or the department) to reorganize. The bill changes the name of the agency to “Department of Children and Families” and establishes organizational units called “circuits” and “regions.” The bill removes provisions related to the department’s mission and purpose, provisions related to program offices and directors, and obsolete language related to service districts and a prototype region. The bill makes the establishment of community alliances permissive and changes alliance membership. The bill removes a provision enacted in an effort to keep caseloads for child protective investigators and case workers at levels recommended as best practice by the Child Welfare League of America.

This bill substantially amends ss. 20.04, 20.19, 20.43, 39.01, 394.78 and 420.622 of the Florida Statutes.

II. Present Situation:

Background

The department has undergone major reorganizations and divestitures over the years. In 2002, the Governor’s Blue Ribbon Panel on Child Protection found that the Florida Legislature had mandated some form of reorganization for the department 22 times in the preceding 33 years.¹

¹ Governor's Blue Ribbon Panel on Child Protection (May 27, 2002) Retrieved January 3, 2012 from <http://archives.cnn.com/2002/US/05/27/florida.child.report/index.html>.

In 1975, the department was reorganized to transfer operational responsibilities to a local service district level under a single administrator in an effort to resolve the problems associated with providing and coordinating health and human services to a multi-problem client. Divisions were abolished and program offices were created. Eleven service districts were established with a district administrator having line authority over all programs and services within that district.²In 1992, four additional service districts were created for a total of 15.³

In 2000, significant reorganization was mandated, including the establishment of a prototype region and community alliances.⁴ The goal of creating a prototype region was to improve the efficiency and effectiveness of operation as well as to provide a model for the subsequent regionalization of the remainder of the department. The SunCoast region was implemented in 2001 and consisted of Pasco, Pinellas, Hillsborough, Manatee, Sarasota, and De Soto counties. The law stipulated that:

...The department shall evaluate the efficiency and effectiveness of the operation of the prototype region and upon a determination that there has been a demonstrated improvement in management and oversight of services or cost savings from more efficient administration of services, the secretary may consolidate management and administration of additional areas of the state...⁵

Unless the legislature provides authorization, any such consolidation must conform to the districts and subdistricts established in s. 20.19(5), F.S. To date, no additional regions have been established in law. However, the department is currently operating six regions in accordance with temporary legislative authority.^{6,7}

Community alliances of stakeholders, community leaders, client representatives and funders of human services were required to be established in each county to provide a focal point for community participation and governance of community-based services. According to the department, community alliances were never developed in some areas, while in other areas they are active and effective.⁸

The department is responsible for planning, evaluating, and implementing comprehensive statewide substance abuse and mental health programs. These programs include adult community mental health, children's mental health, receiving and treatment facilities, and substance abuse prevention, intervention, and treatment services for adults and children.

Prior to 2003, the department's substance abuse and mental health programs operated within the decentralized district structure. The department's central office performed administrative functions, while the 13 districts and one region operated somewhat autonomously and controlled

² Chapter 75-48, L.O.F.

³ Chapter 92-58, L.O.F.

⁴ Chapter 2000-139, L.O.F.

⁵ *Id.*

⁶ Chapter 2007-174, L.O.F.

⁷ The SunCoast region now consists of Pasco, Pinellas, Manatee, Sarasota, De Soto, Hillsborough, Charlotte, Glades, Hendry, Lee and Collier counties.

⁸ Department of Children and Families, Staff Analysis and Economic Impact Statement, SB 1214, (March 3, 2011).

their own budgets, personnel, purchasing, contracting, and operations. A major issue that emerged as a result of this organizational structure was that staff reported to two separate chains of command. Local program supervisors reported to their district administrators, who reported to the department's Deputy Secretary for Operations. In the central office, substance abuse and mental health each had a separate director who answered to the department's Deputy Secretary for Programs. The central office had little influence with regard to district personnel and performance issues.⁹

In response to these issues and related concerns, the Florida Legislature mandated significant restructuring of the program in 2003.¹⁰ To increase visibility and focus, a new program structure was created which gave the central office more control over policy, programs, and budget. The legislature also required the secretary to appoint an Assistant Secretary of Substance Abuse and Mental Health as well as a Director for Substance Abuse and a Director for Mental Health. Each of these program directors exerts direct line authority over all district substance abuse and mental health programs, including state hospital and institutional staff and control of program budgets and contracts. The Assistant Secretary for Substance Abuse and Mental Health is also required to enter into a memorandum of understanding with each district or region administrator describing their working relationship.¹¹ As a result of flexibility provided by the legislature to reorganize in 2007, the statutory organizational structure is no longer consistent with the working organizational structure.¹²

According to a 2005 evaluation of the reorganization by the Office of Program Policy Analysis and Government Accountability (OPPAGA), the more centralized structure offered a number of benefits including:¹³

- Greater visibility and program support;
- Greater intradepartmental cohesion due to bringing mental health and substance abuse programs together;
- Faster decision-making;
- Increased standardization of policies and practices; and
- Enhanced accountability.

There have also been significant challenges associated with increased centralization which have prompted the department to initiate changing the structure again. The OPPAGA report identified two major issues:¹⁴

- Difficulty for both district and central office staff to maintain communication with other programs, both inside and outside the department; and

⁹ The Florida Senate. *Agency Sunset Review of the Department of Children and Family Services*. Committee on Children, Families, and Elder Affairs. Issue Brief 2009-304, January 2009.

¹⁰ Chapter 2003-279, L.O.F.

¹¹ *Id.*

¹² DCF, *Reorganization of the Department of Children and Families, Report to the Legislature*. (January 1, 2008). Retrieved January 3, 2012, from <http://www.dcf.state.fl.us/publications/docs/ReorgReport013108.pdf>.

¹³ Office of program Policy Analysis and Government Accountability, *Centralizing DCF Substance Abuse and Mental Health Programs Provides Benefits But Also Challenges*. Report No. 05-07, February 2005.

¹⁴ *Id.*

- Difficulty for central office staff to become familiar with local substance abuse and mental health issues.

An additional concern has been that substance abuse and mental health programs were not included in the 2004 department restructuring that consolidated its districts into six large zones for administrative purposes. Although the department's rationale for keeping substance abuse and mental health programs at the district level was to retain the community-based nature of these programs, one consequence has been that they must work within a different administrative structure.¹⁵

Current Statutory Organizational Requirements

The department is created and organizationally structured pursuant to s. 20.19, F.S., with the express mission "to work in partnership with local communities to ensure the safety, well-being, and self-sufficiency of the people served." Although the department name established in statute is the Department of Children and Family Services, the department is authorized to use the name Department of Children and Families.¹⁶

The department is headed by a Secretary appointed by the Governor, subject to confirmation by the Senate. The Secretary is directed by current law to appoint the following specified positions:¹⁷

- Deputy Secretary who shall act in the absence of the Secretary;
- Assistant Secretary for Substance Abuse and Mental Health;
- Program Director for Mental Health and Program Director for Substance Abuse;
- Program directors to whom the Secretary may delegate responsibilities for the management, policy, program, and fiscal functions of the department; and
- District administrators for each of the service districts delineated in s. 20.19(5), F.S.

Section 20.19(7), F.S., provides for one prototype regional operational structure for the counties in the third, twelfth and thirteenth judicial circuits (SunCoast Region). The service districts and prototype region are statutorily responsible for all service delivery operations in their respective areas, with the exception of substance abuse and mental health services.¹⁸

Section 20.04(4), F.S., provides that within the department "there are organizational units called 'program offices,' headed by program directors." Section 20.19(4)(b), F.S., establishes the following program offices for the department:

- Adult Services;
- Child Care Services;

¹⁵ The Florida Senate. *Agency Sunset Review of the Department of Children and Family Services*. Committee on Children, Families, and Elder Affairs. Issue Brief 2009-304, January 2009.

¹⁶ Chapter 2007-174, L.O.F.

¹⁷ ss. 20.19(2) and (3), F.S. and s. 20.19(5)(b), F.S.

¹⁸ Pursuant to section 20.19(2)(c)1., F.S., the Program Director for Substance Abuse and the Program Director for Mental Health have direct line authority over all district substance abuse and mental health staff. Mental health institutions report to the Program Director for Mental Health.

- Domestic Violence;
- Economic Self-Sufficiency Services;
- Family Safety;
- Mental Health;
- Refugee Services; and
- Substance Abuse.

The Secretary is authorized to consolidate, restructure, or rearrange program and support offices in consultation with the Executive Office of the Governor, provided that any such changes are capable of meeting the functions, activities, and outcomes delineated in law. The Secretary is likewise authorized to appoint additional managers and administrators at his or her discretion. However, DCF is one of three executive agencies for which any additional offices may only be established by statutory enactment.¹⁹

Departmental Organization Work Group

On January 17, 2007, Secretary Butterworth established a Department Organizational Review Work Group to examine the organizational structure of DCF. As a result of its review, the Work Group made multiple recommendations including the following:²⁰

Regionalization of Services

- Adopt a regional structure for field operations.
- Implement a circuit-based model for the provision of community services and ensure a departmental leadership presence in each of Florida's 20 judicial circuits.

Organizational Structure

- Adopt a standardized template for the provision of community and administrative services and support at the regional and community level.

Assistant Secretary for Operations

- Modify the table of organization for the Office of the Assistant Secretary for Operations to reflect the changes in field services delivery.

Assistant Secretary for Programs

- Realign the table of organization for the Office of the Assistant Secretary for Programs to parallel the three elements of the Department's formal Mission Statement.
- Expand the role of the existing Office of Provider Relations.

¹⁹ Section 20.04(7)(b), F.S. The Departments of Transportation and Corrections are also subject to this restriction.

²⁰ *Organizational Review of the Department of Children and Families, Final Report of the Organizational Review Work Group (DRAFT)*(April 2, 2007).

- Reassign Headquarters Substance Abuse and Mental Health (SAMH) staff and treatment facilities to the Office of the Assistant Secretary for Programs and SAMH field personnel to the appropriate regional reporting structure.²¹
- Establish an ombudsman position.

Office of Strategic Planning and Innovation

- Create and staff an Office of Strategic Planning and Innovation.

Quality Management

- Designate the Office of Strategic Planning and Innovation as the entity responsible for setting quality and training standards, identifying appropriate resources to support Headquarters and field activities, and maintaining centralized databases on techniques and training standards.
- Transfer the Contract Oversight Unit to the Assistant Secretary for Programs to assure integration of efforts and to maximize communication.
- Distribute quality functions within regions, rather than reporting to Central Office.
- Move responsibility for strategic planning at the regional level to performance and planning teams.
- Adopt a regional model for Quality Assurance and Quality Improvement.

Current Organizational Structure of DCF

In 2007, the Legislature authorized the department to reorganize its administrative structure.^{22,23} Pursuant to this authority, and consistent with the recommendations of the Work Group, the department now plans, administers, and delivers most of its services to target groups through offices in six regions and 20 circuits aligned to match the state's 20 judicial circuits.²⁴ The regional offices are responsible for support services, contract management, and local program

²¹ In reviewing the organization of Substance Abuse and Mental Health, the Work Group concluded that “the creation of the position of Assistant Secretary for Substance Abuse and Mental Health (SAMH) with a separate chain of command for SAMH personnel in the field, albeit necessary at one time to assure proper attention to the issue, has created a silo which impedes both communication and effective management of Departmental field resources.”

²² Chapter 2007-174, L.O.F. Prior to passage of ch. 2007-174, L.O.F., services were provided by DCF in 13 operating districts and one prototype region (SunCoast), supported by six administrative zones and the Central Office Headquarters. Each district had a district administrator or, in the case of the SunCoast region, a regional director appointed by and responsible to the Secretary. The district administrator or regional director assumed responsibility for fiscal accountability in his or her district or region. In each zone, one designated district administrator acted as zone manager.

²³ The 2007 legislation provided the flexibility to the department to continue the process of making organizational changes notwithstanding the structural requirements of s. 20.19, F.S., to better serve the needs of citizens of Florida through additional improvements to the social services system in the State. That flexibility was extended through proviso in the 2008, 2009, 2010, and 2011 legislative sessions.

²⁴ DCF, *Reorganization of the Department of Children and Families, Report to the Legislature*, January 1, 2008. Retrieved January 3, 2012, from <http://www.dcf.state.fl.us/publications/docs/ReorgReport013108.pdf>. Circuits were made consistent with the geographic boundaries of judicial circuits, because of the department's ongoing and regular interaction with the State's court system.

office functions. The circuits are responsible for field operations, such as protective investigations for children and adults and public assistance eligibility determination.²⁵ An additional administrative change is the reintegration of the substance abuse and mental health programs into the administrative structure of the department. These programs now report to the deputy secretary and no longer have direct line authority over regional program supervisors.

Community alliances, comprised of community leaders, clients, and human service organizations, are responsible for establishing community priorities for service delivery, setting community-level outcome goals, promoting prevention and early intervention services, and serving as a catalyst for community resource development. The department is also permitted to establish additional community partnerships at the request of local communities to improve the delivery of services, and state level advisory groups to ensure and enhance communication among stakeholders, community leaders, and clients.

According to the department, prior to reorganization, local district administrators had authority over child welfare, economic self-sufficiency, and adult services. After reorganization, the circuit administrators (formerly known as district administrators) also have direct authority over substance abuse and mental health services, homelessness, domestic violence and refugee programs. The objective of moving decision-making to the circuit level is to allow the circuit administrators more opportunities for focusing resources as needed in the community:²⁶

In its reorganization, the Department has pushed decision-making to the lowest appropriate level. Circuit Administrators have more authority over the entire array of Department services than in previous years... This allows Circuit Administrators the ability to focus resources as needed for direct services in their communities.²⁷

To assure consistency and efficiency of operations throughout the state, the department has also adopted a standardized template for the provision of administrative services and support at the regional and circuit level.

In order to integrate Substance Abuse and Mental Health (SAMH) into the department's overall approach to the delivery of services, and to further align substance abuse and mental health services with the specific needs of the community, the department has:

- Appointed an Assistant Secretary for SAMH;
- Aligned the SAMH programs with the department's overall approach to circuit-based service delivery;
- Revised the organizational structure of the SAMH programs, so that SAMH activities in each circuit are being led by a SAMH Program Supervisor who reports to the circuit administrator;
- Taken action to more closely align SAMH programs statewide, by combining the SAMH Contract and Data Units in the central office; and

²⁵ *Id.*

²⁶ *Id.*

²⁷ *Id.*

- Continued oversight for the State Mental Health Treatment Facilities, which report to the Assistance Secretary for SAMH with assistance from the Mental Health Chief of Facilities and the Director of Mental Health.²⁸

III. Effect of Proposed Changes:

The bill re-enacts the Department of Children and Family Services and places in statute the reorganization plans already accomplished by DCF in response to direction given during the 2007 legislative session.²⁹ The bill amends s. 20.04, F.S., and substantially rewords s. 20.19, F.S., as follows:

Department Reorganization

- Renames the "Department of Children and Family Services" to "Department of Children and Families;"
- Deletes provisions relating to the mission and purpose for the department;
- Removes the statutory responsibilities of the director for Substance Abuse and Mental Health, including but not limited to line authority over district staff;
- Deletes the directive for the director for Substance Abuse and Mental Health to have direct authority over mental health institutions;
- Requires the appointment of the Assistant Secretary for Substance Abuse and Mental Health;
- Provides authorization for the department to provide certain specified services;
- Amends current law changing service districts to organizational units to be called "circuits" and "regions". Circuits must conform to the geographic boundaries of judicial circuits prescribed in s. 26.021, F.S., and regions are to be comprised of multiple circuits; and
- Deletes the prototype region structure in current law, s. 20.19(7), F.S.

Community Alliances

- Makes the establishment of community alliances permissive; and
- Specifies changes to the membership of a community alliance;

The bill also deletes the requirement each fiscal year to develop projections of the number of child abuse cases and include in the department's legislative budget request a specific appropriation for an adequate number of child protective investigators and caseworkers.

The bill also amends s. 20.43, F.S., relating to the Department of Health (DOH), s. 39.01, F.S., relating to definitions, and s. 394.78, F.S., relating to operation and administration, to conform cross-references, and amends s. 420.622, relating to the State Office on Homelessness, to delete the requirement for the Governor to appoint an executive director of the office.

²⁸ *Id.*

²⁹ Chapter 2007-174, L.O.F.

The bill provides for legislation during the 2013 regular legislative session to conform the Florida Statutes to changes made by the bill.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

In 2000, the Legislature enacted a provision in an effort to keep caseloads for child protective investigators and case workers at levels recommended as best practice by the Child Welfare League of America.³⁰ The law requires:

- Each fiscal year the secretary shall, in consultation with the relevant employee representatives, develop projections of the number of child abuse and neglect cases and shall include in the department's legislative budget request a specific appropriation for

³⁰ Chapter 2000-139, L.O.F.

funds and positions for the next fiscal year in order to provide an adequate number of full-time equivalent:

- Child protection investigation workers so that caseloads do not exceed the Child Welfare League Standards by more than two cases; and
- Child protection case workers so that caseloads do not exceed the Child Welfare League Standards by more than two cases.^{31,32}

The bill deletes this requirement from current law, which may adversely affect the caseloads of child protective investigators and case managers.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

³¹ See s. 20.19(5)(c), F.S.

³² The caseload recommendations from the Child Welfare League of America's Standards of Excellence for Services for Abused or Neglected Children and Their Families are: Initial assessment/investigation: 12 active families a month per worker; Ongoing services: 17 active families per worker and no more than 1 new case for every 6 open cases; and Combined assessment/investigation and ongoing services: 10 active ongoing families and 4 active investigations per worker Supervision: 5 social workers per supervisor. Retrieved January 4, 2012 from <http://www.childwelfare.gov/management/workforce/compendium/cwla.cfm>.