The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS
Senator Sobel, Chair
Senator Hays, Vice Chair

MEETING DATE: Wednesday, January 8, 2014
TIME: 1:00 —3:00 p.m.
PLACE: *Mallory Horne Committee Room,* 37 Senate Office Building

MEMBERS: Senator Sobel, Chair; Senator Hays, Vice Chair; Senators Altman, Braynon, Clemens, Dean, Detert, Diaz de la Portilla, Grimsley, and Thompson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1		Medically Fragile Children - Dr. John H. Armstrong, State Surgeon General, Department of Health - Elizabeth Dudek, Secretary, Agency for Health Care Administration	Discussed
2		Presentation on Other State's Child Welfare Systems - Jennifer Johnson, Staff Director, OPPAGA - Mary Alice Nye, Chief Legislative Analyst, OPPAGA	Not Considered
		Other Related Meeting Documents	

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Topic Medically Fragile Children's Bill Number *(if applicable)*

Name MARJORIE EVANS Amendment Barcode *(if applicable)*

Job Title CEO

Address 200 SE 19ST Pompano Phone 954-410-4408
Street

Pompano FL 33060 E-mail margee@bcckids.org
City *State* *Zip*

Speaking: ☐ For ☐ Against ☒ Information

Representing Broward Children's Ctr

Appearing at request of Chair: ☐ Yes ☒ No Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting. S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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1-8-14
Meeting Date

Topic Bill Number *(if applicable)*

Name Denise Rusnak Amendment Barcode *(if applicable)*

Job Title Director, Program Development

Address 1800 NW 97 Ave Phone 954-830-9307
Street

Coral Springs FL 33071 E-mail denser@bccKids.org
City *State* *Zip*

Speaking: ☐ For ☐ Against ☒ Information

Representing Broward Children's Center

Appearing at request of Chair: ☐ Yes ☐ No Lobbyist registered with Legislature: ☐ Yes ☒ No

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THE FLORIDA SENATE

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JAN 8 2013
Meeting Date

Kids Corner

Topic Children and Pediatric Nursing Homes Bill Number _____ *(if applicable)*

Name Neil Sutton Amendment Barcode _____ *(if applicable)*

Job Title Administrator

Address 4900 NW 3rd Ave Phone 561-315-6094
Street

Boca Raton FL 33431 E-mail NS1278@GMAIL.com
City *State* *Zip*

Speaking: ☐ For ☐ Against ☑ Information

Representing Florida Health Care Association

Appearing at request of Chair: ☐ Yes ☑ No Lobbyist registered with Legislature: ☐ Yes ☑ No

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S-001 (10/20/11)

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APPEARANCE RECORD

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January 8, 2014
Meeting Date

Topic Medically Fragile Children/Post Acute Care Bill Number _____ *(if applicable)*

Name Cindy Driscoll, Administrative Director Amendment Barcode _____ *(if applicable)*

Job Title All Children's Hospital/Johns Hopkins Medicine

Address 501- 6th Avenue South Phone _____
Street

St. Petersburg FL 33701 E-mail _____
City *State* *Zip*

Speaking: ☐ For ☐ Against ☑ Information

Representing _____

Appearing at request of Chair: ☐ Yes ☑ No Lobbyist registered with Legislature: ☐ Yes ☑ No

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January 8, 2014
Meeting Date

Topic Medically Fragile Children/Post Acute Care — Bill Number _____ *(if applicable)*

Name Dr. Dennis Hart, Administrative Director — Amendment Barcode _____ *(if applicable)*

Job Title All Children's Hospital/Johns Hopkins Medicine

Address 501- 6th Avenue South *Street* — Phone _____

St. Petersburg *City* FL *State* 33701 *Zip* — E-mail _____

Speaking: ☐ For ☐ Against ☑ Information

Representing _____

Appearing at request of Chair: ☐ Yes ☑ No — Lobbyist registered with Legislature: ☐ Yes ☑ No

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January 8, 2014
Meeting Date

Topic Medically Fragile Children/Post Acute Care — Bill Number _____ *(if applicable)*

Name Dr. Anthony Napalitano, Chair of Pediatrics — Amendment Barcode _____ *(if applicable)*

Job Title All Children's Hospital/Johns Hopkins Medicine

Address 501- 6th Avenue South *Street* — Phone _____

St. Petersburg *City* FL *State* 33701 *Zip* — E-mail _____

Speaking: ☐ For ☐ Against ☑ Information

Representing _____

Appearing at request of Chair: ☐ Yes ☑ No — Lobbyist registered with Legislature: ☐ Yes ☑ No

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APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/9/14
Meeting Date

Topic DCF

Bill Number _____ *(if applicable)*

Name Neil Skene

Amendment Barcode _____ *(if applicable)*

Job Title Vice Chairman - MedAffinity

Address 6737 Heartland Circle
Street
Tallahassee FL 32312
City *State* *Zip*

Phone 850-445-9560

E-mail nskene@medaffinity.com

Speaking: ☐ For ☐ Against ☒ Information

Representing _____

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/8/13
Meeting Date

Topic CMAT / CPT

Bill Number _____ *(if applicable)*

Name Peggy Scheuermann

Amendment Barcode _____ *(if applicable)*

Job Title JJ CMS

Address 4052 Bald Cypress Way
Street
Tallahassee FL 32311
City *State* *Zip*

Phone _____

E-mail _____

Speaking: ☐ For ☐ Against ☑ Information

Representing Department of Health

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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1/8/14
Meeting Date

Topic MEDICALLY FRAGILE CHILDREN

Bill Number _____ *(if applicable)*

Name STEPHEN PENNYPACKER

Amendment Barcode _____ *(if applicable)*

Job Title ASSISTANT SECRETARY FOR PROGRAMS

Address 1317 WINEWOOD BOULEVARD *Street*

Phone 850 717 4320

TALLAHASSEE, FL 32399 *City* *State* *Zip*

E-mail stephen_pennypacker@dcf.state.fl.us

Speaking: ☐ For ☐ Against ☒ Information

Representing DEPARTMENT OF CHILDREN AND FAMILIES

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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1/8/14
Meeting Date

Topic Medically Fragile Children

Bill Number _____ *(if applicable)*

Name Matthew W. Dietz

Amendment Barcode _____ *(if applicable)*

Job Title _____

Address 2990 SW 35th St. *Street*

Phone 305-669-2802

Miami FL 33133 *City* *State* *Zip*

E-mail mdietz@justdigit.org

Speaking: ☐ For ☐ Against ☒ Information

Representing Medically Fragile children

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/20/11)

State Child Welfare Systems: Processes and Measures

A Presentation to the Senate Committee on Children, Families, and Elder Affairs

Mary Alice Nye, Ph.D., Chief Legislative Analyst

January 8, 2014

Child Welfare Research

- OPPAGA examined other states' child welfare systems
- Selected states based on child population under age 18
  - Arizona, California, Florida, Georgia, Illinois, Indiana, Michigan, Missouri, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Virginia, Washington

Child Welfare System Processes

- Intake and Screenings
- Investigations
- Service Provision

Intake and Screening

- State definitions of abuse and neglect determine whether calls are investigated
  - Definitions include physical or sexual abuse, general neglect, medical neglect, educational neglect, failure to protect, abandonment, and emotional injury
  - 9 states' definitions (including Florida) include injury, harm, or threatened harm
  - Unlike Florida, 15 states do not include abandonment in definitions

Intake and Screening
(continued)

- Calls screened-in for investigation
  - Florida's 2011 screened-in rate was 80.2%; 2nd highest after Texas (84.3%), 3rd overall
  - National average 60.8%
- Intake screening tools
  - Screening tool recommended by some experts and used by five states
  - DCF is currently reviewing intake screening process

Intake and Screening: Information Available

- Information on previous hotline calls and investigations
  - Prior investigations available in most states
  - Florida's intake system also captures screened out calls
- Information on criminal background
  - In Florida, conducted at the intake level
  - In other states (e.g., Texas) investigators must gather this information

Investigations

- State processes include similar components during child protective investigations
- Investigator begins with visit to child's home and/or interview or observation of the child and followed by:
  - Criminal records of all adults
  - Interviews with caregivers, parents, etc.
  - Risk and safety assessment
  - Evaluation of home environment
  - Medical and home health evaluations

Investigations
(continued)

- Timeframes for response by investigators
  - In Florida, 3-4 hours for immediate and 24 hours for all other
  - Other states
    - Initial response for calls from 2 to 72 hours (e.g., Nevada, Mississippi)
    - Some states allow up to 10 days for non-urgent calls (e.g., California, Delaware)

Investigations: Safety Plans

- DCF has acknowledged problems in its safety plans and lack of follow-through
- New process does not allow an investigator to close a case unless safety plan is complete or no longer needed
- Illinois requires a visit every five days to ensure that safety plan is followed

Investigations: Assessment Methodologies

- Instruments differ in terms of theoretical (consensus) or actuarial basis of the models
  - Some states use an assessment instrument that they have developed in conjunction with experts (e.g., Illinois)
  - Other states use standardized assessment instruments (e.g., California)
  - States may use a combination of instruments (e.g., Florida)

Investigations: Assessment Methodologies *(continued)*

- Florida's transformation will provide for more uniform decision making by investigators and case managers
- Three assessment instruments
  - Present danger assessment
  - Family functioning assessment
  - Risk assessment

Service Provision: Case Transfer

- When investigation finds evidence of abuse/neglect:

  In Florida, community-based care lead agencies provide case management

  - DCF working to address problems during case transfer from investigators to case managers
    - Issues with some community based care lead agencies using their own systems rather than Florida Safe Families Network (FSFN)
    - Working to address provision of safety services

Service Provision
(continued)

- Evidence Informed Interventions:
  - Experts recommend using interventions where research shows results
  - California Evidence-Based Clearinghouse for Child Welfare—rating scale for practice or protocol
    - Promising Research Evidence
    - Supported by Research Evidence
    - Well-supported by Research Evidence

Service Provision
(continued)

- Follow-up on out-of-home placements
  - Florida rules require 30-day follow up
  - For out-of-home placements in Arizona, the case management team meets with the family two to four times per week to discuss progress

Differential Response

- Differential response is an alternative to the typical investigative path for certain screened-in calls
  - Usually for cases of neglect, involving a family situation
  - Focus is on providing services rather than determining facts surrounding incident
  - 11 states use differential response systems

Organizational Culture

- Supportive organizational culture is critical to recruitment and retention of workforce
  - Negative culture (compliance/fear-based) is associated with turnover and less satisfactory child welfare outcomes
  - The department reports it has made efforts to empower investigators

Federal Performance Information

CHILD FATALITIES

State	2011	2010	2009
Texas	246	222	279
Florida	**133**	**180**	**156**
California	123	120	185
New York	83	114	99
Illinois	82	73	77
Michigan	75	71	58
Ohio	67	83	79
Georgia	65	77	60
Pennsylvania	37	29	40
Missouri	36	31	39
Virginia	36	38	28
Arizona	34	20	30
Indiana	34	17	50
Tennessee	29	38	46
New Jersey	22	18	24
Washington	20	12	21
North Carolina	19	17	N/A

FIRST TIME VICTIMS

State	2011		2010		2009	
	Rate	Number	Rate	Number	Rate	Number
New York	10.4	44,714	11.3	48,767	11.3	50,184
Michigan	10.2	23,460	9.9	23,171	9.4	22,063
Indiana	9.4	15,068	11.6	18,694	12.5	19,877
Ohio	8.0	21,511	9.8	26,746	10.2	27,802
North Carolina	7.8	17,926	7.4	16,755	7.4	16,816
Texas	7.4	51,235	7.6	52,205	7.9	54,382
California	7.3	68,112	7.0	65,070	6.6	62,410
Florida	**6.8**	**26,982**	**6.8**	**26,994**	**6.1**	**24,860**
Illinois	6.2	19,151	6.3	19,363	6.5	20,508
Tennessee	5.3	7,852	4.8	7,104	5.3	7,847
Arizona	4.7	7,604)	3.2	5,271	1.9	3,323
Missouri	3.5	5,002	3.2	4,503	3.0	4,315
New Jersey	3.3	44,714	3.6	7,459	3.6	7,324
Washington	2.9	4,640	3.0	4,720	2.8	4,473
Pennsylvania	1.1	3,074	1.2	3,326	1.3	3,636
Georgia	Not Available					
Virginia	Not Available					

ABSENCE OF MALTREATMENT RECURRENCE

State	2011	2010	2009
Pennsylvania	98%	97.4%	97.4%
Virginia	97.7%	97.6%	98%
Texas	97.1%	97.2%	96.3%
Tennessee	97%	96.7%	96.8%
Georgia	96.8%	97.2%	97.8%
North Carolina	96.7%	97.5%	97.6%
Missouri	96.7%	97.3%	96.1%
Arizona	95.4%	96.7%	98.5%
New Jersey	94.8%	94.3%	94.4%
Washington	94.2%	93.7%	93.7%
Illinois	93.4%	93.4%	92.9%
Indiana	93.3%	93.2%	92.7%
California	93%	93.2%	93.2%
Florida	**92.8%**	**92.8%**	**93%**
Ohio	92.3%	93%	92.7%
Michigan	91.4%	91.7%	93.3%
New York	87.8%	87.7%	87.8%

Source: Child Maltreatment 2011, published by the U.S. Department of Health and Human Services.

Child Welfare Performance Indicators

- Child Fatalities
  - Florida: 133 (2011)
  - Differences in how states report child deaths
- Rate of First Time Victims
  - Rate per 1,000 children (look for decrease over time)
  - Florida: 6.8/1,000 children (2011)
- Absence of Maltreatment Recurrence
  - Of all children who were victims of substantiated or indicated abuse or neglect during the first six months of the reporting year, what percentage did not experience another incident of substantiated or indicated abuse or neglect within a six-month period
  - Federal Standard: 94.6%
  - Florida: 92.8% (2011)

Questions?

Dependency Disorder:
An Rx for what ails DCF

DCF is bogged down in dysfunctional rules and organizational silos ...

demoralizes employees by focusing on compliance more than quality ...

and is dependent on outdated, clunky technology and work processes.

Yes, money for adequate family services is urgently needed,
but it's not enough.

If DCF is going to change outcomes,
it needs to change its entire culture.

Neil Skene[i]
DCF Special Counsel 2008-2010

December 25, 2013

The ideal method of ensuring the PI's success in each case is to help them work effectively and develop the following professional characteristics: curiosity, skills at ferreting out and confirming accurate information, critical thinking in determining the key issues of safety and well-being, and articulating clearly why a decision was made and what steps are required to ensure the success of the plan.

The ideal method of helping the PI is NOT the traditional monthly review, the appeasement of transitory QA reviewers with different standards, massive listings of undifferentiated facts or observations, or continual consultation. The ideal method of helping the PI is to develop the supervisor's own skills at asking questions, consistently in each case, that help the PI identify the most important factors, apply critical thinking, and come to his or own best decision about the safety and wellbeing of each child involved in the case. The assessment, and the written analysis, should note material countervailing facts or circumstances and explain why the decision is made despite those countervailing factors.

Child Welfare Regional Quality Management Model
June 2009, Appendix A1
"Coaching in Real Time"

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[i] Personal background: I am vice chairman and a major shareholder of MedAffinity Corporation, offering electronic health records software fulfilling both federal certification requirements and doctors' desire for traditional narrative patient notes. I served at various times over a 30-month period, 2008-2010, as special counsel to Bob Butterworth and George Sheldon at DCF. I was the *St. Petersburg Times* Tallahassee bureau chief in the early 1980s and wrote *Florida Trend's* Tallahassee column then and again in the mid-2000s. I was president of Congressional Quarterly Inc. in Washington (creator of *Governing* magazine) during that company's successful shift to digital products. I served on the board of directors of the Times Publishing Company of St. Petersburg 1987-97 and now serve on boards of two non-profit organizations. I am a member of the Bar in Georgia and Florida. B.A., Vanderbilt University. J.D. *magna cum laude,* Mercer University. I occasionally do management consulting and manage family investment entities. I am volunteer head coach of the 2013 National Champion FSU Undergraduate Mock Trial team. I am writing volume III in a series, *History of the Florida Supreme Court,* for the Florida Supreme Court Historical Society.

Summary: Some Steps for the Secretary of DCF

This is not by any means a comprehensive study of child welfare practice or of steps DCF needs to take. This focuses on matters I consider to be of most critical concern.

I challenged myself, as part of this diagnosis and prescription, to specify what I would do as secretary of DCF to carry forward the ideas advanced here. (This is not a pitch for the job.) Each step needs to be assessed by the leadership team to see that it will accomplish what it is expected to accomplish without bad consequences. This prescription has unlimited refills, but the efficacy and side effects of any prescription must be monitored.

PHILOSOPHY

1. Child protection and wellbeing is primarily a local responsibility. Accountability for performance is to the local citizens, not just DCF. This is a concept behind the original privatization during the administrations of Govs. Chiles and Bush, and the devolution should continue.
2. People who produce good work feel good about themselves. People who feel good about themselves produce good work. (Borrowed from Kenneth Blanchard, *The One-Minute Manager*.)
3. Technology serves the front line, not the other way around. Technology contracts that are not producing effective technology need to be ended as quickly as practicable, and new technology meeting more demanding specifications needs to be sought as quickly as practicable.
4. DCF needs to hire well, be clear about expected outcomes, and equip the staff with technology and approaches that truly improve their success and productivity. Compensation may be constrained by the Legislature, but we are here not just to make a living but to make a mark.
5. Management at all levels will provide coaching, support, and a reinforcement of goals and priorities rather than countermanding and directing. The CPI is responsible for protecting children; management is responsible developing CPI's who do high-quality work.
6. Child welfare is a system, involving state, local and private resources even outside the child welfare system (schools, mental health, law enforcement, social services non-profits). "Contract management" and "compliance" measures are a terrible way to make such a system work. The system needs to be more like an army, with many people in multiple specialties, some private and some public, sharing a coordinated mission of improving children's wellbeing.
7. It is just plain stupid to privatize major functions, such as case management, and then force on the contractors the same clunky software tools and procedural requirements that had been imposed on the state employees performing those duties.
8. The sooner we get the right technology, the sooner we can create the time investigators and lawyers need to do thorough work and the money needed to make salaries more competitive.

CHILD WELFARE INVESTIGATIONS AND LEGAL SERVICES:

1. DCF, though its social workers and lawyers, must take responsibility for making the right decisions for each child and fully supporting that position in court when necessary or appropriate; DCF should not be outdone by other actors in a case in the quality, depth and credibility of a case decision.

2. Consider the differences in skill set of investigators and case managers, including the need for a different mix of investigative and social work skills and knowledge. Consider a return to the hand-off of investigations to CBCs after 30 days or immediately after the initial investigation is completed, with management of the case shifting at whatever point the "social work" of managing the family's progress is predominant as opposed to "investigation" of safety.
3. Suspend mandatory use of the "supervision" technology unless, on further review, it is unwise to do that. Supervisors will ensure that the CPI's documentation and decision on the case is satisfactory and indicate approval.
4. Immediately design and implement a "coaching" model beginning at the highest levels of the agency down through the chain of command to investigators, and the small group of outsiders and insiders will take the lead as examples of effective coaching. (This is far easier said than done, but a journey begins with a first step.)
5. CLS attorneys must learn to document their recommendation on each case in a manner that succinctly provides the relevant facts, identifies the evidence or lack thereof for each material element of the decision, assess the legal materiality of the CPI's assessment of risks to the child, and describes the logic connecting those facts to the recommendation. Witnesses and the key points of their testimony in subsequent court proceedings will be described in a manner that guides the lawyer and other child-welfare staff in preparing properly for court appearances, including use of appropriate DCF policymakers as expert witnesses to compare case plans to best practices in the profession.
6. Circuit management, not CLS lawyers, will make the determination on whether and how to proceed in court on individual cases if lawyers and investigators/supervisors are not aligned in their plan for moving forward with a case. The CLS director and regional management will work together to develop an effective arrangement for this.
7. Knowledgeable leadership team members, including the secretary, will observe and possibly participate in (as lawyers or expert witnesses) dependency court proceedings on a random or selective basis.
8. The top administrator in each circuit will establish an efficient and effective way (without extra "reports") to review every investigative determination made in that circuit on a daily basis for 30 days and will provide reaction and coaching, whether in praise or constructive criticism, through the chain of command down to each investigator. It would be nice and if circuit administrators work together on this, but it need not be a mandate to do so.
9. Two different regional directors will be asked to work with at least one CBC each to find a more efficient and effective way of handling transfers of cases from CPIs to the CBCs. They are welcome to compare notes, but ideally we'll try out two different approaches.
10. One senior individual will be assigned to outline options and feasibility as well as advantages/disadvantages of transferring child-protection investigations to local sheriffs, and the conditions that would make that a workable approach from the perspective of the sheriffs. (The biggest problem I've heard: the unreliability of legislative funding, compared with the reliability of local funding of other sheriffs operations.)
11. Similarly, make a careful comparison of the effectiveness of legal services provided by DCF lawyers and those under contract by assistant attorneys general.

Contents

Greatness is not a function of circumstance. Greatness, it turns out, is largely a matter of conscious choice, and discipline."

Jim Collins in
Good to Great in the Social Sector

Dependency Disorder:
An Rx for what ails DCF

By Neil Skene

After the Apollo One fire at Kennedy Space Center killed three astronauts in January 1967, Flight Director Gene Kranz called his team together. "I don't know what the [investigating] committee will find as the cause," he told them, "but I know what *I* find. *We* are the cause! We were not ready! We did not do our job. ... From this day forward, Flight Control will be known by two words: *Tough* and *Competent*. *Tough* means we are forever accountable for what we do or what we fail to do. ... *Competent* means we will never take anything for granted. We will never be found short in our knowledge and in our skills. Go to your office and write *Tough* and *Competent* on your blackboards. Each day when you enter the room, these words will remind you of the price paid by Grissom, White, and Chaffee."

In April 1970 Gene Kranz was the flight director when the crew of Apollo 13 was brought back to earth alive after an onboard explosion en route to the moon. They never gave up, they threw out the procedure manuals and got creative, and they made the best of scarce resources. In between those crises, Kranz was the flight director when Neil Armstrong and Buzz Aldrin walked on the moon.

Child welfare isn't rocket science. In some important respects it is harder. (If only Sir Isaac Newton could predict human behavior.) The bureaucratic instinct after a tragedy is to say, "We need more rules." The right answer is to say, "We have too many rules; we need more creativity, competence and rigorous thinking." The people on the front lines need to be empowered, not weighed down by directives and rules (and awful technology) imposed from on high in Tallahassee. The front lines include the community-based care (CBC) organizations and their case managers as well as the child protection investigators employed by DCF and a few sheriffs' departments.

Senate President Don Gaetz is right in declaring that the Florida Department of Children and Families must not repeat another cycle of child deaths and changing secretaries.[1] It is very encouraging that the Senate president, one with great success in building an organization, has taken a visible interest in DCF.

DCF's changes after each crisis tend to focus on "what went wrong this time." The result is like the boy putting his finger in the dyke each time it springs a new leak. The danger of the narrow "fix" is illustrated by Apollo One: The astronauts could not open the hatch and escape because it had been designed *not* to be opened from the inside – a design change following the accidental opening of the hatch after splashdown of Gus Grissom's Mercury flight. No one thought through the unexpected consequences.

Finding root causes of failures is difficult. You have to keep peeling back layers, and sometimes it takes several failures. Outsiders, the ones usually relied on for assessments, lack the operational knowledge and time needed to dig that far. The Casey Family Programs report was scary not because of its itemization of problems but because (1) it really was nothing new, and (2) it wasn't the half of it.

This paper is intended to provide missing perspective, based on my 30 months inside DCF.

You don't change an organization with rules and organization charts and sending people off to "training." You change it by changing its

[1] Quoted by Margie Menzel of the News Service of Florida in "Scott Faces Tough Decision on Next DCF Secretary," December 18, 2013.

culture, and you change culture by starting with dynamic, knowledgeable leadership that can identify patterns, assess a situation properly, and turn ideas and information into results with a sense of urgency.

"Culture" is easily misunderstood as picnics in the park and other "team-building" events, but it is a more complex idea than values, quality and reputation, which are part of it. When employees are beaten down by a system in which they have lost confidence and which saps their efficiency and energy, rules don't fix that. Technology doesn't fix that. "Quality Assurance" reports don't fix it.

"Culture" is not mushy or tolerant; just consider Gene Kranz's words to his team after Apollo One. "Culture" does not mean improving "attitudes" or "morale;" it's changing the way daily decisions are made, the considerations in strategic and capital decisions, the allocations of money. "Culture" attracts and retains strong performers or turns them away. "Culture" develops people's professional abilities and stature, or keeps them doing the same thing year after year. It motivates or discourages. A positive culture generates a level of performance that rules and "incentive pay" cannot.

I'm going to focus on three aspects of operations that are fundamental to a turnaround at DCF. Fundamental: As in, it won't happen if you don't embrace these goals; as in, the "transformation" didn't deliver on these things in a timely manner if it ever were designed to deliver on them at all.

If you do not understand what life is really like on the front lines (and you won't get that from public meetings or riding along on abuse calls), you won't cure DCF of what ails it.

Most people on DCF's front lines came into the job committed to protecting children but gradually learned to be committed to "the way things are done around here." (A novel called *The Department*, written by a former DCF investigator, Kevin L. Ramos, who left his job amid the Barahona inquiries, provides a dramatic and painful perspective on the challenges facing investigators at DCF in their professional and personal lives.[2] DCF has a Rube Goldberg system of procedures and behaviors so complex and misaligned that it needs squads of inspectors to catch people who don't comply. (But they don't catch them all; some non-compliance gets caught only when kids die.) "Reform" in such a system is invariably what DCF has just announced: new procedures, new quality assurance protocols, more training.

As discussed more below, DCF must replace this system with an environment in which skilled people committed to child safety and wellbeing can do their best work. DCF needs to replace its compliance culture with effective critical thinking and a culture of coaching and learning at all levels of the organization – both motivating and enabling a high level of individual and team performance. This is absolutely not about more "meetings" or more memos. It is not about more "training." It is about short, focused conversations – five minutes, oftentimes.

Suppose that Coach Jimbo Fisher devoted his time to teaching the FSU football team the rules: no clipping, no pass interference, no personal fouls, how to change dorm rooms – things like that. Every month, the players spend a day in the classroom going over plays. The players work out at the gym, and they have diet and weight objectives, but they don't have practices. They watch game films, but nobody talks about the next opponent. There are no other coaches, just umpires. On Saturday, they all go out on the field and play. There are no pats on the rump for great plays, because the coach isn't actually watching. If they win, the coaches congratulate themselves. If they lose, the offense is sent over to the P.E. department for more training.

This is not exactly a map to the Rose Bowl.

The need for a different culture is easy to say, but it is not easily done. I'm going to offer an approach. But this becomes just another set of procedures and instructions without leadership experienced at turning around an organization – one that can tear down this structure of ineffective, inefficient, energy-

[2] See www.thedepartmentbook.com.

diverting rules and procedures and turn the squads of second-guessers into productive front-line investigators and problem-solvers. This is not something that can be assigned to a committee, as "transformation" seems to have been over the last three years.

To facilitate these changes, DCF also needs a technology that readily adapts to ever-improving processes instead of forcing the staff to adapt to the technology, and provides the explanatory narrative for each case as well as rich data for analysis. An effectively designed effort would not have sapped the money, energy and time of the organization for the last three years.

The first step toward change is admitting you have a problem. Until DCF accepts the counterproductive effect of its procedure-driven culture, it will not make the changes that are needed to fix its never-ending problem.

If rules ensured good decisions, DCF would have a stellar record right now. After all, what could be clearer than Rule 65C-29.004(5)(b):

> Supervisors must review all child protective assessments and assure that safety plans are in place when needed, and that the plan appropriately addresses the identified safety threats.

Besides being a flawed concept of "supervision," the rules about exactly how to do that are so counterproductive that even "second-party" reviews of case findings, by a supervisor's supervisor, also miss obvious problems. (In response to an earlier tragedy attributed to a flawed review, DCF added a second review basically just like it.) What DCF requires supervisors to do is very much at odds with what they learned in social work courses. I suspect that a majority of the small children who died in 2013 had DCF plans that had been reviewed not once but twice.

Rules diminish accountability. Some poor investigator violated a rule and gets fired, while the management ranks point to the rule as evidence that management was not to blame. As Secretary Sheldon would often say, "We can't fire the lowest person on the totem pole and call it reform."

Getting child-protection decisions right is not easy. People have to make some very difficult judgments about what is best for a child in bad circumstances. A social worker from another state, about to begin her first role as a supervisor, asked me the other day what I would do if a child were in danger in the home but there were neither services nor a suitable placement. "It depends," I said lamely. But the difficulty of the decisions and the complexity of keeping up with all the factors involved cannot excuse clear failures of practice revealed repeatedly by the deaths of children. The difficulty of the decisions makes a strong coaching relationship with supervisors, and further up the management chain as well, all the more critical.

Secretary George Sheldon said in a speech at the Dependency Summit in 2009, after recounting recent accomplishments, "We have miles to go before we sleep."

The Barahona tragedy right after the end of the Sheldon tenure was certainly evidence of that. Despite determined efforts to dig into the causes behind each death and change procedures and spread the lessons through the organization, the Barahona case showed once again how difficult it is to turn good policies into operational excellence.

Background

The work behind this paper began in 2008, shortly after I joined the secretary's office as special counsel. Secretary Butterworth and his general counsel's office were clearing out a litigation backlog by settling hundreds of lawsuits for millions of dollars. He wondered aloud one day whether DCF learned anything from the lawsuits. I never found any sign that it did. The lawyers dealing with lawsuits were disconnected from operations; they focused on defending what was done rather than preventing it from happening again.[3]

[3] Shortly before my first planned departure from DCF in May 2009, conclusions drawn from work with lawyers in the General Counsel's office on negligence litigation and administrative hearings were documented in a report similar in approach to the later "Sergeants" report. This one was "Risky Business: How Common Sense and Uncommon

Innovations in policy were flowing down from Tallahassee and were embraced by regional and CBC leadership, and it was a real effort at culture change with ideas like "common sense" and "sense of urgency." But the flow was barely a trickle when it got down to the front lines. Operational change remained elusive. Before I left, I wanted to document what I had learned and propose a new approach. My purpose was to create for Secretary Sheldon – and really for those who would remain after a new administration began – a guide for another wave of improvement in the organization through a new focus on operational effectiveness and on front line employees, the most critical resource in protecting children.

The title, "Make Time for Sergeants: Supervising on the Front Lines at the Florida Department of Children and Families," analogized front-line managers to Army sergeants, who get the troops in shape, motivate them, and produce peak performance.[4] At DCF the investigations supervisors often are frustrated, over-regulated administrators required to follow ineffective procedures, make do with lousy tools for doing the job, and comply with inadequate counsel from lawyers assigned to take child-protection cases into court.

My recommendations did not depend on major new technology. They required skillful, attentive, thoughtful management, up and down the chain of command. Read "Appendix I: Examples from the Field" in "Sergeants" to get an idea of the direction DCF needs to go – and the worse the technology, the more it needs this approach.

Secretary Wilkins understood the need to probe deeper for causation. I have been told that "Sergeants" was among materials provided to his "transformation" team. Some of its themes appeared in the summary of the transformation project produced by DCF in December 2011.[5] (Example: Have supervisors, instead of spending 20% of their time "in the field," spend "80% . . . in the field to coach and mentor CPI." That seems a terribly inefficient way to coach, but it does echo the coaching philosophy I think is critical to strong performance at DCF.)

As "transformation" unfolded, however, it seemed to bog down in two unnecessary complications that proved to be serious diversions from the main goal: (1) the drawn-out, complicated, expensive technology project that was treated as a condition-precedent to other front-line change; (2) the adversarial tone and substance of the relationship with the community-based care organizations.

Amid the summer headlines about child deaths, Secretary Wilkins urged, "Stay the course." Leaders of change certainly have to persevere despites surprises and arrows. But this many child deaths in so short a time more than two years after "the course" began eviscerates confidence in the plan and its execution.

I hope I am wrong to lose hope about effective change. But at this point, there needs to be a full, candid appraisal of the plan by the Governor or the Legislature.

Foundation for Change

DCF did some terrific things in the last ten years, and won support from legislators along the way. The agency has come a long way since the disappearance of Rilya Wilson, and that fact should not be overlooked in the next wave of change. I mention a few here because they were initiatives or foundational steps toward aligning the system and creating a culture of learning and innovation.

The decision by Governor Chiles and the Legislature, adopted by Governor Bush, to "privatize" substantial parts of child-welfare services to "community-based care" organizations (CBCs) is proving to be very

Talent Can Reduce Lawsuits and Save the Lives of Children," By Neil Skene and Florence Snyder (May 29, 2009). Available upon request via email.

[4] Neil Skene, September 30, 2010, available upon request. The footer of this document refers to "Rx for DCF 3.x." This "3.x" numbering treats the "Risky Business" paper (see footnote 5) as version 1.x and "Make Time for Sergeants" as 2.x. The "x" indicates the expectation of continual refinement of these ideas in light of experience. "Risky Business" focuses on the "general counsel" side of DCF.

[5] See the DCF document "Child Protection Transformation Project" (December 2011).

successful, despite some misguided decisions in the early implementation that contributed to the failure of some of the early organizations. The system evolves, and sometimes regresses.

A transformative development, led by Secretary Lucy Hadi at the end of the Bush administration in 2006 and engineered by Deputy Secretary Don Winstead, was development of the so-called "IV (e) waiver" of federal limitations on use of federal foster-care funds. DCF persevered in overcoming the incredible obstinacy of the federal Office of Management and Budget (OMB); it took Governor Bush's personal intervention with his brother's OMB to secure approval of the waiver just hours before the waiver authority expired. Florida became the only state with the flexibility to use "foster-care" money to keep children out of foster care while providing services to help them be safe in their own homes.

Secretaries Butterworth and Sheldon engaged the leadership of the entire system in a common direction and innovation. When Secretary Sheldon wanted to end the placement of foster children five years old and younger in "shift care" rather than foster homes, it happened with astounding swiftness because the CBCs (except one or two, which are no longer with us) embraced the idea and made it happen – without contract amendments or debates over "accountability" or new rules. The various parts of the system worked together to do the best thing for children.

Innovations came from listening to people – child-welfare advocates, CBC leaders, judges, the foster kids themselves. Secretary Sheldon's "normalcy" letter to CBCs promoted ways to treat kids in foster care like normal kids instead of requiring them to obey regulatory protocols to spend the night with a friend or take archery lessons. It happened with a descriptive letter of explanation and examples, not drawn-out rules modifications. Secretary Wilkins embraced "normalcy" as well.

Here's what "normalcy" means: At a meeting of the advisory committee on foster care, someone proposed getting DNA samples from every foster kid. To foster kids, this would amount to treating them like criminals. Mike Dunlavy, now a law school graduate but back then a leader of the Youth Shine group of young adults who spent years in foster care, asked why this was needed. The response was that if something happened to the kids, it would be hard to identify them because of the inadequacy of their dental records. "Then why," Dunlavy asked, "don't we take that money and get them all a dental exam?"

The Quality Parenting Initiative, begun under Secretary Butterworth and with which Secretary Wilkins' wife, Tanya Wilkins, was very engaged, demonstrated the power of throwing off the culture of "rules" and creating a culture of high expectations.[6] It was the concept of an outside lawyer, Carole Shauffer of the Youth Law Center in San Francisco, who was preparing to sue DCF over the lack of foster homes but who instead stepped in to fix the underlying problem. The initiative brought together the many groups that had not worked together well before (licensing, investigations, case management, quality assurance, and most significantly of all, the foster parents themselves), meticulously examined the work flows, and created a new process and also a new culture of mutual respect among people who previously had very little respect for each other. The change was continually reinforced by interactive educational sessions focused on addressing real-life situations and problems that arose.

It turned out, incidentally, that the greatest enthusiasm for raising standards for foster parents was not the licensing people or case managers but the leaders of the foster parent organizations themselves – the ones DCF assumed it had to "regulate" and constrain. They were proud of what they were doing and wanted more foster parents of equal ability and commitment. Launched with funding from the Eckerd Family Foundation, the Quality Parenting Initiative was financially supported by the CBCs because they realized its potential, not because they "had to."

DCF started a monthly teleconference of the top child-welfare leadership statewide to assess what went wrong in some past cases and identify

[6] See www.qpiflorida.org.

specific changes to implement or at least explore further. (My recurring question, reflected in "Sergeants," was: "Where was the supervisor?")

But it was late in 2010 when these more intensive examinations of individual cases paid off in seeing the Rube Goldberg complexity behind the mistakes and non-compliance. But then, for that administration, time was up.

Management Challenge

The management challenge is the gaping hole in every one of the reports that come along after big-headline tragedies, from missing Rilya Wilson to the suicide of Gabriel Myers to the latest deaths and so many in between. Few people in government put effective management at the center of their thinking. Advocates, news reporters, bureaucrats and legislators all think in terms of policy.

The next secretary cannot go in alone, as so many secretaries in state government do, but needs (as Secretary Butterworth had) trusted, highly capable associates who are not defensive about "the way we've always done it," will turn initiatives into operating results, and will be committed to the secretary's success. The importance of a secretary's own team also highlights a perverse result of the "failed secretary" model of accountability: The secretary leaves, but the rest of the administrative structure remains. A new secretary starts over.

I am always surprised, when I talk to "policy people" about eliminating the mass of rules and procedures, how much they cling to them for security against error. The essence of the response is: "If you eliminate rules, there's no standard for people to meet, and people will fail to take all the important steps." To which I say, "If rules are so good, why do kids keep dying as a result of obvious errors in practice and judgment?" No rule can guarantee the "right" decision. Instead, management has to focus on the quality of the work and the wisdom of the decisions, not compliance with procedures.

The skeptics are certainly correct in fearing a sudden suspension of rules. Effective change is relentless but not immediate. Changing the culture and eliminating rules will take a leadership team with fresh thinking, a rich ability to link strategy and operational change, and an ability to enlist all stakeholders in the direction and give them confidence in the operating approach.

Attracting a new leader with the turnaround skills I have described will be difficult in the last year of a term. An alternative is to ensure that the secretary finds someone else who can lead the way in at least starting the turnaround and change the operations and, where necessary, the personnel. In any case, we are not talking about just one person here, and we are not talking about whether people there now are competent. To return to my football analogy, there are a lot of good quarterbacks and players, but right now Alabama really needs somebody who can make a 50-yard field goal. DCF needs someone who knows how to change both operations and the hearts and minds of the people who work there, someone who can take the best from private organizations but understands the differences.

The new system must reflect the interplay of effective checklists (which are short and carefully focused on a specific operation) and effective judgment (which evaluates known risks and opportunities and accounts for the unknowns).[7]

The longstanding cut-and-paste, shovelware documentation of investigations must be replaced by succinct statements of relevant facts based on specific evidence and with clear expectations of family outcomes and timetables and with reliable and timely verification that expectations were met.[8]

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[7] A highly instructive, very readable book on effective checklists, focused on surgical checklists but applicable in many respects to child-welfare practices, is Atul Gawande, The Checklist Manifest (2009). http://gawande.com/the-checklist-manifesto. The book includes "A Checklist for Checklists," developed by Gawande, Brigham and Women's Hospital Center's Surgery and Public Health Dissemination Team, and Dan Boorman of Boeing. It is available free online at http://www.projectcheck.org/checklist-for-checklists.html. The first item is: "Do you have clear, concise objectives for your checklist?" Another: "Have you considered involving all members of the team in the checklist creation process?" Another, particularly applicable to DCF: "Can the checklist be completed in a reasonably brief period of time?"

[8] See the quotation on the last page of this paper, from a "best practices" report.

The Secretary needs to clearly understand the deeper causes of the current dysfunction, determine what can be done immediately and what needs to be done a piece at a time, then identify the legal constraints, assess the capabilities of the people throughout the management chain who have to execute the plan, and remove or reassign as necessary. The management team needs to know what it expects to achieve in the next three months, the next 30 days, and the next 3 days, to know continuously whether anything is not going according to plan, then either fix the execution or change the plan.

Companies go from stagnation to growth by raising the ambitions of the entire organization – for our products, for the kind of people we could attract, for what we accomplish. Failures happen when rules and procedures are imposed on people.

As I wrote once in *Florida Trend*, Governor Bush once stood in the emergency operations center during a hurricane and wondered aloud why the rest of government could not be run with a similar sense of urgency, including suspension of the usual bureaucracy to get things done. DCF would be a good place to try it for sixty days.

Children's Legal Services

Children's Legal Services is a significant part of the problem. It lacks the needed level of confidence from many dependency judges, the community-based care agencies, and the investigators themselves. The reaction of a couple of dependency judges in response to recent deaths – putting new demands on information presented to the court – is evidence of what I have just said

Casey Family Programs, an organization of policy advocates rather than management experts or lawyers, understandably missed the extent to which CLS contributes to the failures. The Casey report suggested re-categorizing cases appropriate for "staffing" by CLS. The "staffing" is the problem, not the solution. It will be the problem no matter which cases are discussed.

The interaction between the investigators or case managers and the lawyers is seriously deficient. Secretary Butterworth's goal in creating CLS as a separate entity from the general counsel was to strengthen case decisions through greater involvement of the lawyers, but in fact the involvement is often limited and sometimes even aloof. It has not produced that result.

There are weaknesses in the lawyers' development and presentation of evidence, including what seems to be a mystical belief that the hearsay rule doesn't apply if it would inconvenience DCF or its lawyers. There are deficiencies in articulating the legal reasoning behind a decision -- in case documentation, and in court proceedings. And I believe that there are inconsistent, erroneous or inadequate applications of legal standards, such as "legal sufficiency" for removal of children and the "nexus" required for removing a child born to a mother who has previously had a child removed from her custody. How widespread are these problems? I don't know. I base these observations on anecdotal observation, not formal study, and my experience is out of date.

Late one afternoon in a conversation with the director of Children's Legal Services, as my time at DCF was ending, I was describing the pervasiveness of poorly articulated, poorly justified decision-making by CPI's. She said she was meeting the next morning with some CLS supervisors to address the same problem among CLS lawyers. Too many CLS "staffing" documents, she said, had "bad fact, bad fact, bad fact, no legal sufficiency," with no clear explanation why those bad facts did not produce legal sufficiency for a dependency proceeding.

Today, three years later, based on accounts of recent tragedies, it appears that the weakness persists, with the result that children are left in unsafe environments not because of the CPI's but because of the lawyers who do not accept the "legal sufficiency" of the situation. Real-life challenges on the front line won out.

I won't outline here the elements of a lawyer's effective counseling relationship with investigative and case management units or of an effective presentation of a case in court. But

once again the system – including its allocation of authority, its culture and expectations, and its technology tools – contributes significantly to the poor outcomes in child protection.

Staff-Friendly Technology

And then there is the technology. The "transformation" technology project is based on undesirably complex specifications from DCF, perpetuates the governmental delusion that big custom software projects will produce desired results, costs far more than necessary to accomplish the "business goals" DCF articulated (assuming it accomplishes them at all), and appears to be underperforming or at least lagging behind schedule. The big programming projects inevitably add on big ongoing "maintenance" and "change" and "upgrade" charges, in part because almost any improvement in work processes requires new programming.[9]

Technology is a significant impediment to effective case investigation. DCF itself said, in the specifications for that contract, that investigators spend 40% of their time doing administrative work. The chosen contractor was supposed to deal with that in some way, but there were no targets or measures for the contractor to meet.

The pre-bid specification documents were in a dozen or so PDF files totaling 24.5 gigabytes. It was not exactly an invitation to be innovative. DCF wasted $230 million on the failed HomeSafeNet, discarded around 2005. (The Rilya Wilson report in 2000 noted concerns about that project and warned DCF of the risks of unsuccessful implementation.) The still-used FSFN seemed, when I saw it, as suited to a modern, efficient, effective child-welfare system as a dial-up modem. Under Secretary Sheldon DCF at one point wrested the continuing management of the system away from the contractor and cancelled an oversight contract because the oversight was superficial.

Secretary Wilkins apparently concluded that that he could not start over a third time, and contracted out, in one big contract, the software upgrade, ongoing software maintenance, and even the "cloud" hardware. Government contract managers love those all-in-one contracts – cuts down on their work, even if they are horrible for the people on the front line and the customers and everyone else. They still live in the old world where "you don't get fired for buying from IBM."

A generation of technological change, meanwhile, has passed DCF by – and the rest of state government too. DCF, like the state as a whole, has mindlessly erected, over many years, multiple impediments to consideration and use of modern, intelligent, cost-effective technology. And as Steve Jobs and Apple proved so often, its design matters as much as functionality in making things really useful.

There are parallels between DCF's drive to adapt FSFN to focus more on family outcomes as in the federal government's drive to use electronic health records to focus the health care system on patient outcomes. Medical providers' conversion to database-oriented EHR systems would save huge sums of money for Medicare and Medicaid and shift focus away from quibbling over the cost of a procedure, but the transition has cost billions of dollars and has been a major disappointment in terms of adoption by doctors.

Why? Because doctors hate the clunky, non-intuitive products from the industry "leaders." Federal figures show 73% of EHR implementations fail to be used by doctors in a way that qualifies for the federal incentives. A recent survey showed 39% of doctors would not recommend the system they have to another doctor, up from 24% a year earlier. Doctors not on a system yet are frozen by the horror stories.

Governor Scott himself has said he has never seen an EHR that saves money. Representative

[9] An unrelated big-tech project making unpleasant headlines (beside Healthcare.gov) is the unemployment benefits computer system, whose underperformance has led to daily penalties and deferral of a $3 million payment. See the News Service of Florida story at http://www.tampabay.com/blogs/the-buzz-florida-politics/state-penalizes-contractor-over-unemployment-website-issues/2158036 and the contractor's response – laying some of the blame on the agency itself and its specifications – at http://miamiherald.typepad.com/nakedpolitics/2013/12/deloitte-defends-its-work-on-state-unemployment-website.html. And remember Convergys? Raise your hand if you think People First is easy to use.

Gayle Harrell, who chairs the Florida House Healthy Families Subcommittee, has served on an influential advisory committee to the federal Centers for Medicare and Medicaid Services (CMS) on federal standards for health-records technology. Rep. Harrell surely knows the frustrating pace of this effort. CMS has repeatedly extended deadlines for various stages of implementation because the technology upgrades take too long and users are not ready. Even with $20 billion in subsidies added as part of the $878 billion "stimulus" legislation of 2009 – subsidies that can make the software virtually free to doctors – the doctors don't want it because it is too hard to learn and adds work instead of reducing it. Like other complex technology projects, it disappoints.

The overarching failure is in the abysmal user experience of the most widely sold software – just as with FSFN.

The young software company in which I am a major investor, MedAffinity, attacked this situation by talking to doctors in great detail about how they work and how they document patient visits. The result is a design using a single screen instead of requiring users to flip back and forth among multiple screens. The system is fully mobile. It makes doctors far more productive, saves them time, and improves their revenues and cash flow by reducing documentation errors that lead to claim denials. Instead of requiring that people and work flows adapt to the requirements of the technology, our technology easily adapts to continual improvements in work-flows, new information needs, and changing regulations.

Forgive the promotional enthusiasm, but I have put my time and money where my mouth is about the importance of designing technology around the user experience. By far the biggest return on investment on this kind of technology comes from the ability of the users on the staff to be highly efficient and do better work.

Like CMS, state government is clueless about truly user-friendly, cost-effective software design. Systems are designed for rule-enforcers and data collectors, not users. The integration of databases is not the Holy Grail of enterprise technology. The Holy Grail is running an operation cost-effectively and getting higher quality at lower cost.

DCF's FSFN technology still does not comply with federal standards for states receiving federal foster-care funds, although DCF says the current project will create compliance. About that time the federal government may change the standards to focus more on outcomes, not procedures, a review now under way at the federal Agency for Children and Families. Undoubtedly more programming will then be needed.

Investigators and case managers hate the system. It is too awkward to use in real time as they investigate, so they become data-entry clerks back at the office. They have to go from one screen to the next in the order established by the technology rather than the logical flow of their work. They often are unable to move to the next screen until they fill in every "required" field. They are frustrated by things like loss of data if the system "times out" when they stop to answer the phone. Their case documentation is inadequate, partly because they deal with the clunky technology and work overload by just copying and pasting. Along with DCF's long lists of compliance items, this system is a major main reason social workers, by DCF estimates, spend 40% of their time on administration.

I recently saw the year-old evaluation[10] of three pilot sites for the proposed new Structured Decision-Making, touted as a critical element of the transformation. The front-line staff evaluating it – mostly investigators who would use the technology – said it would double the time it would take to do the investigation and would at least double, perhaps triple, the time needed to document the cases properly. Barely half thought the new steps would be helpful.

It is very possible that the added steps would contribute to better case decisions. But that's just the beginning of the challenge. What is DCF going to do about that extra work, about caseloads, about frustrations with the documentation software? What happened to the pre-transformation priority of attacking the 40%

[10] Ounce of Prevention Fund of Florida, "Safety Decision Making Methodology: Formative Review – Internal Agency Report (June 30, 2012).

of investigators' time spent on administration? Will it now be 50%, or more?

I realized the similarity between documentation in health care and in child welfare when I was sitting beside a counselor on DCF's child-abuse hotline. The counselor typed some basic information about the child and the caller into a form on the computer screen, but then started taking notes on a paper form, with various big boxes for different information to be written in. After the call ended, the counselor retyped the information into the computer screen (thereby becoming a data-entry clerk, not a hotline counselor). I asked her how many times a day she typed the same things over and over. Six or seven times a day, she said.

Back at MedAffinity, using our documentation software, a non-programmer product specialist in about half an hour used the DCF "matrix" criteria for "physical abuse" to create a form in our system for taking a "physical abuse" report at the hotline using standard phrases, without retyping. Had the paper form the counselor used been a fielded PDF she typed into on the screen, our software could simply import it and make those fields part of the SQL database just as if it were typed directly into our system. So documentation of child-welfare cases COULD be easy. (A new hotline system has since been installed. I know nothing about it.)

The goals for software tools to document an investigation would be something like this:

(a) permit customized templates to let CBCs be innovative in their investigations and documentation while meeting SACWIS standards for a central child-welfare database;

(b) capable of installation in a pilot operating unit in 30 days, NOT 30 MONTHS.

(c) make it administratively fast to identify the greatest risks to the individual child (which might well incorporate the structured-decision-making tools DCF has identified);

(d) ensure a succinct and persuasive justification for the investigative conclusion and highlight the assumptions of ongoing circumstances or case progress that underlie that recommendation;

(e) enable a user designate specific follow-up dates for each step in a case plan based on the expectations, and provide alerts if no follow-up entries are made by those dates;

(f) match the investigative documentation with the needed dependency filings or other paperwork needed for follow-up to ensure those can move forward;

(g) ensure that all of this exists in an SQL or similar database, allowing data to be aggregated at the local or state level and analyzed routinely for patterns that indicate needed process improvement and for assessing outcomes for children and effectiveness of the staff;

(h) capable of importing data from fielded PDFs and making it part of the SQL database just as if it had been entered directly;

(i) reduce by at least 50% the time estimated for completion of the documentation in comparison with FSFN's user interface;

(j) capable of importing "continuing care documents" from children's electronic medical records or creating such records directly;

(k) capable of linking or integrating effectively with other local and state data at DCF and elsewhere;

(l) doesn't require millions of dollars in custom programming.

Legislative Intervention

Legislation needed is not something I have put a lot of thought into, but Secretary Esther Jacobo was asked about it at a committee hearing a couple of days after the Casey report came in. Perhaps I can help.

The Legislature shares the impulse to impose new rules and procedures. When agency management is capable and credible, the Legislature can devote less effort to figuring out what is wrong (which is fundamentally the role of management) and more attention to the question (which I have heard Senator Gaetz ask in the past), "What can we do to help?"

The Legislature has confronted poor management of DCF in the past by imposing

more procedures and more reporting. Perhaps legislators should simply say, "In the absence of any recommended legislative changes from the department, we have to assume the failures are solely a result of poor management."

Nonetheless, four possibilities for legislative action come to mind:

1. Authorize (hint, hint) DCF to give the CBCs greater freedom to design their own work flows in an efficient and innovative manner, without forcing them to comply with so many procedural rules. This is supposed to be happening (CBCs can create their own "operating procedures" and submit them to DCF for approval), but DCF continues to impose technology, procedure and approvals significantly in excess of what is necessary. To privatize, and then force the private organizations to do things the state's way, obliterates much of the potential benefit of privatization. BUT the CBCs have to know that they need to show high performance for children when contract renewal comes around.

2. The extension of foster care to age 21, passed last spring, is a no-brainer for both cost and policy reasons. Parents don't just turn a kid out of their lives at age 18, as the foster system did. Behind in producing rules (!) for licensing foster homes for youths over 18, DCF has told CBCs that those youths should be deemed "visitors" in their foster home. Perhaps the Legislature could automatically extend foster-home licenses to keep a child already in the home when she or he reaches the age of 18, while authorizing DCF to withdraw the extended license. It might save everybody grief.

3. The Legislature apparently did not adopt all the measures needed, under the federal Fostering Connections Act, to get the federal matching dollars for those additional years of foster care – roughly $40 million. I am told that ineligibility results from the absence of an additional budget commitment to adoption subsidies. Legislative reconsideration seems worthwhile in light of the potential for receiving several times as much in additional matching funds for foster-care.

4. The Legislature should seek a full accounting of the specifications, expenditures, timetable, and performance of the "transformation," including the FSFN upgrade and the utility of its design in providing better information while dramatically reducing the burden on front-line staff. Explore alternatives to continuation of the FSFN contract. Use this analysis to understand the disadvantages and track record of similar big hardware-software all-in-one projects throughout government and to develop a deeper understanding of what effective change requires.

Looking Ahead

A final thought for the longer term: DCF and state policymakers have never pursued the larger opportunities of community-based care – the opportunity to start serving children and families BEFORE they are the subject of hotline calls . . . families that know they need help, but don't want to be in a database of child-abusers or neglectful parents, or who have an understandable anxiety that they will show up at DCF saying they need help only to have a bureaucrat take their kids away.

It should not matter whether the child is a referral from the child-protection system or the juvenile-delinquency system or the school system or doctor or a local church or business or even from an overtaxed parent who walks through the door on her own. The community-based care organization for that community can be there, with case managers to define and oversee delivery of services to those unable to afford or cope with the challenges. Even families able to pay might use the services – and the services should be good enough to appeal even to those with superior financial resources.

If I had my way, the "Child Welfare Division" of DCF would adopt the concept of Warren Buffett's corporate headquarters: An extremely small, highly intelligent group of executives focused on long-term strategy and long-term return on investment as well as on performance compared with plans. In child welfare, the community-based care organizations are analogous to Berkshire Hathaway's operating subsidiaries. DCF would need to an activist investor, as diligent and visible in challenging under-performance as Carol Marbin Miller of the *Miami Herald* is for child welfare or as Warren Buffett is for Berkshire's companies. We are not talking "contract management" here.

The time has come to complete the "community-based" responsibility for child welfare by finding a way to create more sense of

local responsibility for the performance of the CBCs and the child-welfare system as a whole. This does NOT mean transferring financial responsibility – not yet, at least. DCF also would have to perform, in the manner of a service bureau for the child-welfare system, obligations the state has under state and federal statutes.

Except for exercising the fundamental government "police power" of removing a child from a parent, DCF should leave as many major operating and strategic decisions as practical, within a unified state system, to well-chosen community-based care agencies. And even the responsibility for investigations and removal recommendations (which required approval by a dependency judge) might be transferred to sheriffs, as has been done very successfully in six counties. (Many sheriffs have said no, in part because they don't want to rely on annual legislative budget drama for funding. DCF should at least examine, objectively and in depth, the relative performance of CPI units under DCF and under sheriffs.)

The state, not just DCF, also needs a serious financial, managerial and programmatic commitment at the state and local level to the services needed by children and their families who could become productive citizens but are impaired by mental illness, substance abuse, physical abuse, or a general inability to cope with their challenges.

Having been required to employ social workers with professional certification, DCF needs to consider taking the many steps needed to achieve systemic certification by meeting national benchmarks of performance. I'm not a huge fan of such things, but the certification standards provide a credible foundation (as opposed to the preferences and philosophies of an individual secretary) for the significant changes DCF must undertake. The state should determine how it can seize the opportunity, created by privatization, to blend public responsibility and private organizations to help children and families create better lives for themselves and make our communities stronger.

Secretary Jacobo's #1 step in her memorandum of November 5 reacting to the report of Casey Family Programs in July was to order a "gap analysis" in services available to restore families that become subjects of DCF investigation. The study surely will confirm in numbers what is already well known: The gap in services is serious. Trying to put broken families back together is a compelling advance in social policy in Florida, because it saves money and saves families. But it cannot work without the services to help them. And if we remove children because of inadequate family services, we'll just return to the terrible days of desperately stuffing children into overcrowded or unsuitable foster placements, which produced million-dollar lawsuits. Money is necessary.

For all the reasons outlined here, though, money simply is not sufficient.

One final thought: DCF is not alone in its dependency on rules, procedures and technology. It's just that other agencies escape scrutiny because children aren't dying under their agencies' care.

Thank you for your patience and concern in reading this far. Descriptions of the current situation at DCF are based on information I believe to be reliable, but I am no longer part of the organization, and others may have different information or different conclusions. Questions, ideas and criticisms are welcome.

Neil Skene
neil@skenelaw.com
Tallahassee, Florida

CourtSmart Tag Report

Room: LL 37 **Case:** **Type:**
Caption: Senate Children, Families, and Elder Affairs **Judge:**

Started: 1/8/2014 1:04:19 PM
Ends: 1/8/2014 2:54:27 PM Length: 01:50:09

1:04:23 PM	Meeting called to order
1:04:30 PM	Chair Sobel's opening remarks
1:05:06 PM	Roll call
1:05:23 PM	Quorum present
1:05:27 PM	Chair Sobel's continued remarks
1:06:03 PM	(Tab 1) - Medically Fragile Children
1:06:26 PM	Elizabeth Dudek, Secretary, Agency for Health Care Administration, opening remarks
1:10:49 PM	Chair Sobel's remarks
1:10:58 PM	Senator Hays' question
1:11:04 PM	Elizabeth Dudek, Secretary, Agency for Health Care Administration, response
1:11:13 PM	Chair Sobel's remarks
1:11:22 PM	Dr. John Armstrong, State Surgeon General, Department of Health, opening remarks
1:17:02 PM	Chair Sobel's question
1:17:22 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:17:33 PM	Chair Sobel's question
1:17:42 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:17:59 PM	Chair Sobel's remarks
1:18:05 PM	Dr. John Armstrong, State Surgeon General, Department of Health, continued remarks
1:22:08 PM	Chair Sobel's remarks
1:22:14 PM	Senator Detert's question
1:23:06 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:23:47 PM	Senator Detert's follow-up question
1:24:27 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:25:05 PM	Senator Detert's remarks
1:25:37 PM	Senator Diaz de la Portilla's question
1:25:57 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:26:02 PM	Senator Diaz de la Portilla's question
1:26:21 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:27:06 PM	Senator Diaz de la Portilla's question
1:27:37 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:27:45 PM	Senator Diaz de la Portilla's question
1:28:06 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:28:18 PM	Senator Diaz de la Portilla's question
1:28:29 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:28:52 PM	Senator Diaz de la Portilla's continued remarks and question
1:29:02 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:29:03 PM	Senator Diaz de la Portilla's question
1:29:14 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response
1:29:18 PM	Chair Sobel's remarks
1:29:36 PM	Stephen Pennypacker, Assistant Secretary for Programs, Department of Children and Families response
1:29:52 PM	Senator Diaz de la Portilla's question
1:30:01 PM	Stephen Pennypacker, Assistant Secretary for Programs, Department of Children and Families response
1:30:09 PM	Senator Diaz de la Portilla's remarks and question
1:31:07 PM	Dr. John Armstrong defers to Peggy Scheuermann, CMS, Department of Health
1:31:21 PM	Peggy Scheuermann, CMS, Department of Health, response
1:31:50 PM	Senator Diaz de la Portilla's follow-up question
1:31:58 PM	Peggy Scheuermann, Department of Health, response
1:32:07 PM	Senator Diaz de la Portilla's remarks
1:33:46 PM	Chair Sobel's remarks
1:34:12 PM	Senator Diaz de la Portilla's remarks
1:34:30 PM	Senator Hays' remarks and question
1:35:11 PM	Dr. John Armstrong, State Surgeon General, Department of Health, response

1:35:14 PM Senator Hays' follow-up remarks and question
1:35:39 PM Dr. John Armstrong, State Surgeon General, Department of Health, response
1:35:57 PM Chair Sobel's question
1:36:00 PM Dr. John Armstrong, State Surgeon General, Department of Health, response
1:36:05 PM Senator Hays' remarks and question
1:39:08 PM Chair Sobel's remarks
1:39:53 PM Dr. John Armstrong, State Surgeon General, Department of Health, response
1:41:19 PM Senator Hays' remarks and question
1:42:27 PM Chair Sobel's remarks
1:43:26 PM Senator Hays' question
1:43:59 PM Elizabeth Dudek, Secretary, Agency for Health Care Administration, response
1:45:05 PM Senator Hays' question
1:45:15 PM Elizabeth Dudek, Secretary, Agency for Health Care Administration, response
1:45:34 PM Chair Sobel's questions
1:45:45 PM Elizabeth Dudek, Secretary, Agency for Health Care Administration, response
1:45:49 PM Chair Sobel's question
1:46:13 PM Elizabeth Dudek, Secretary, Agency for Health Care Administration, response
1:47:09 PM Chair Sobel's question
1:47:17 PM Elizabeth Dudek, Secretary, Agency for Health Care Administration, response
1:47:42 PM Chair Sobel's remarks
1:47:52 PM Elizabeth Dudek, Secretary, Agency for Health Care Administration, response
1:48:03 PM Matthew Dietz, Litigation Director, Disability Independence Group, Inc., remarks
1:58:00 PM Chair Sobel's remarks
1:58:13 PM Elizabeth Dudek, Secretary, Agency for Health Care Administration, response
2:00:22 PM Marjorie Evans, Chief Executive Officer, Broward Children's Center, opening remarks
2:00:37 PM Denise Rusnak, Director of Program Development, Broward Children's Center, remarks
2:05:40 PM Marjorie Evans, Chief Executive Officer, Broward Children's Center, remarks
2:07:13 PM Neil Sutton, Administrator, Kid's Corner, Plantation Nursing and Rehabilitation, remarks
2:10:16 PM Senator Altman's question
2:10:40 PM Neil Sutton, Administrator, Kid's Corner, Plantation Nursing and Rehabilitation, response
2:10:45 PM Senator Altman's questions
2:10:48 PM Neil Sutton, Administrator, Kid's Corner, Plantation Nursing and Rehabilitation, response
2:11:00 PM Senator Altman's remarks and question
2:11:15 PM Neil Sutton, Administrator, Kid's Corner, Plantation Nursing and Rehabilitation, response
2:12:50 PM Senator Altman's remarks and question
2:13:07 PM Neil Sutton, Administrator, Kid's Corner, Plantation Nursing and Rehabilitation, response
2:13:36 PM Senator Altman's remarks and question
2:14:40 PM Neil Sutton, Administrator, Kid's Corner, Plantation Nursing and Rehabilitation, response
2:14:52 PM Senator Altman's remarks
2:15:14 PM Neil Sutton, Administrator, Kid's Corner, Plantation Nursing and Rehabilitation, response
2:15:51 PM Senator Altman's question
2:16:03 PM Neil Sutton, Administrator, Kid's Corner, Plantation Nursing and Rehabilitation, response
2:16:33 PM Senator Altman's remarks
2:16:55 PM Cindy Driscoll, R.N., Administrative Director, All Children's Hospital/John Hopkins Medicine, remarks
2:20:39 PM Chair Sobel's question
2:20:47 PM Cindy Driscoll, R.N., Administrative Director, All Children's Hospital/John Hopkins Medicine, response
2:21:12 PM Chair Sobel's continued remarks
2:21:27 PM Cindy Driscoll, R.N., Administrative Director, All Children's Hospital/John Hopkins Medicine, response
2:21:39 PM Chair Sobel's question
2:21:45 PM Cindy Driscoll, R.N., Administrative Director, All Children's Hospital/John Hopkins Medicine, response
2:22:07 PM Dr. Anthony Napalitano, Chair of Pediatrics, All Children's Hospital/John Hopkins Medicine, remarks
2:26:34 PM Dr. Dennis Hart, Administrative Director, All Children's Hospital/John Hopkins Medicine, remarks
2:31:21 PM Chair Sobel's remarks and question
2:31:41 PM Dr. Dennis Hart, Administrative Director, All Children's Hospital/John Hopkins Medicine, response
2:32:39 PM Senator Altman's question
2:32:51 PM Dennis Hart, Administrative Director, All Children's Hospital/John Hopkins Medicine, response
2:34:55 PM Chair Sobel's remarks
2:35:05 PM Senator Detert's remarks regarding Senator Altman's question
2:36:05 PM Chair Sobel's remarks
2:36:21 PM Senator Hays' remarks
2:37:27 PM Neil Skene, Vice Chairman, MedAffinity, remarks
2:49:48 PM Chair Sobel's remarks

2:50:55 PM Neil Skene, Vice Chairman, MedAffinity, response
2:51:25 PM Chair Sobel's remarks
2:51:59 PM Neil Skene, Vice Chairman, MedAffinity, response
2:52:02 PM Chair Sobel's remarks
2:52:25 PM Neil Skene, Vice Chairman, MedAffinity, response
2:52:54 PM Chair Sobel's continued remarks
2:53:23 PM Stephen Pennypacker, Assistant Secretary for Programs, Department of Children and Families, response
2:54:00 PM (Tab 2) - Other State's Child Welfare Systems by OPPAGA - To be presented at a later date.
2:54:16 PM Meeting adjourned