



Health Care Appropriations Subcommittee

**Wednesday, November 15, 2017
10:30 A.M. - 12:30 P.M.
Sumner Hall (404 HOB)**

MEETING PACKET



**The Florida House of Representatives
Appropriations Committee
Health Care Appropriations Subcommittee**

Richard Corcoran
Speaker

Jason Brodeur
Chair

**Agenda
Wednesday, November 15, 2017
10:30 a.m. – 12:30 p.m.
Sumner Hall (404 HOB)**

- I. **Call to Order/Roll Call**
- II. **Opening Remarks**
- III. **Update on Behavioral Health Revenue Maximization Designated State Health Program by the Agency for Health Care Administration**
 - Beth Kidder, Deputy Secretary for Medicaid
Agency for Health Care Administration
- IV. **Update on the Department of Children and Families Child Protective Investigations Workforce**
 - Mike Carroll, Secretary
Department of Children and Families
- V. **Closing Remarks/Adjournment**

Update on Florida Designated State Health Program Project

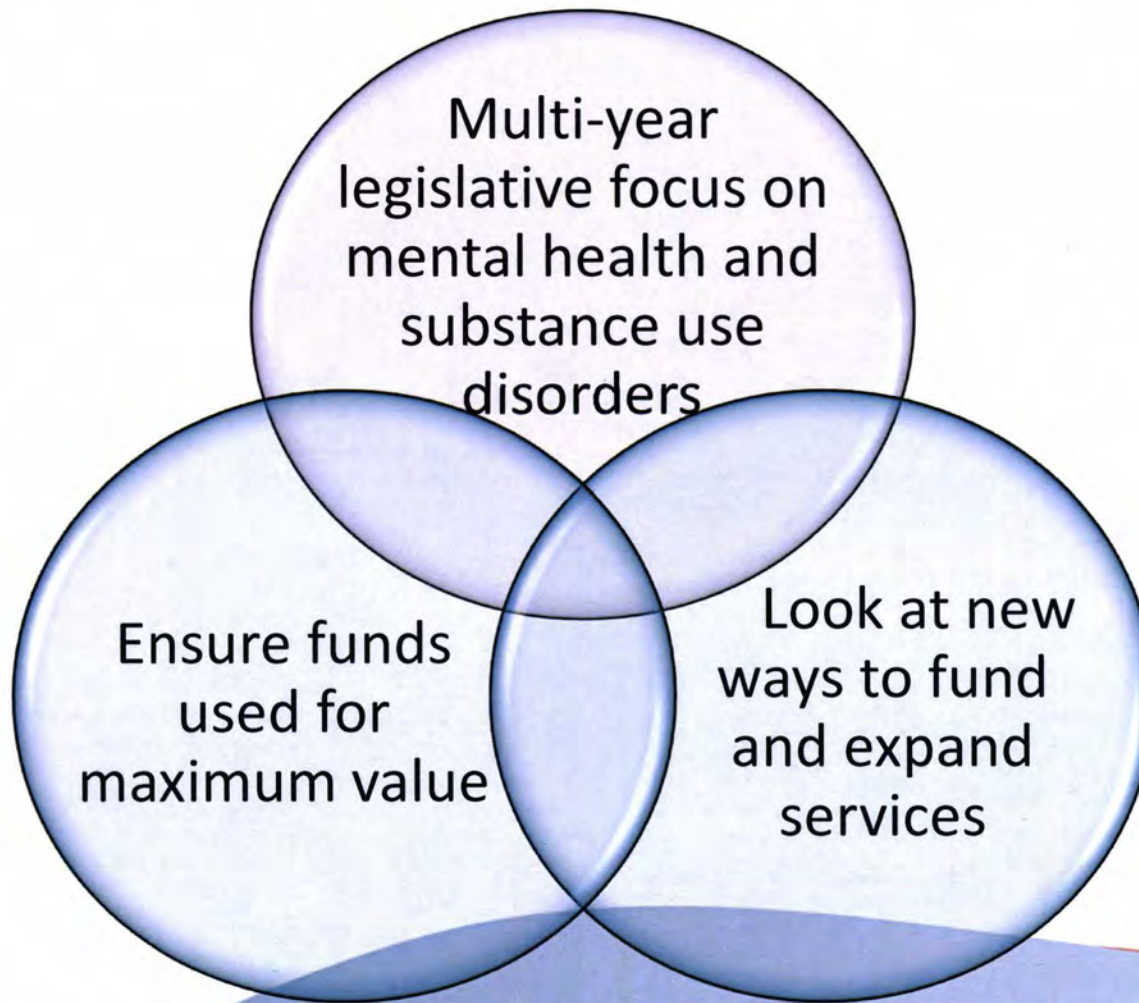
Beth Kidder
Deputy Secretary for Medicaid

Presented to:
House Health Care Appropriations
Subcommittee

November 15, 2017



Background: Legislative Focus on Substance Use Disorders and Mental Health

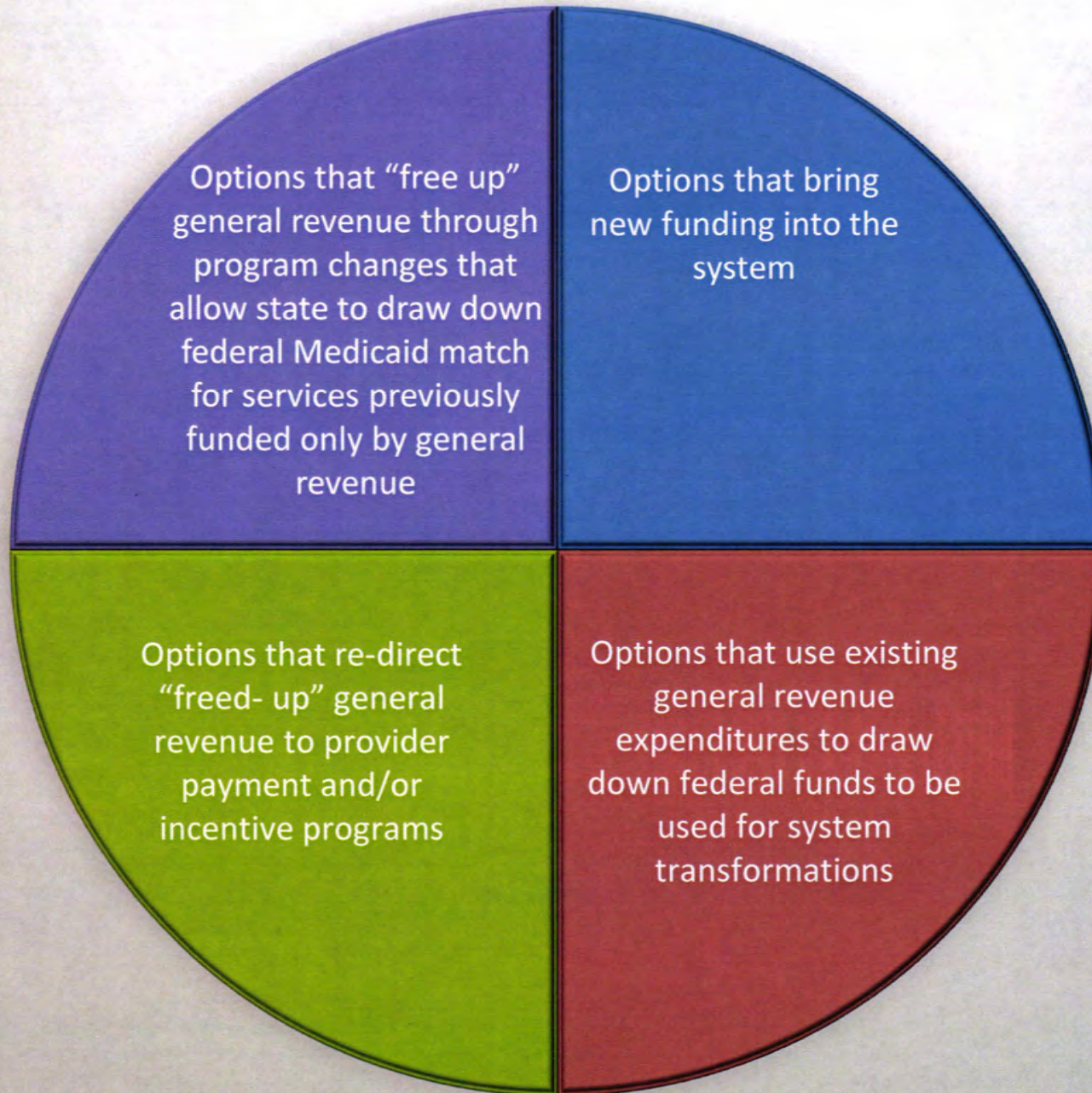


2016 Legislative Direction

- SB 12:
 - Directed the Agency to submit a plan evaluating alternative uses of increased Medicaid funding to advance the goal of improved integration of behavioral health services and primary care for individuals eligible for Medicaid.
 - The “Revenue Maximization Report”
- Collaborated closely with Department of Children and Families
- Submitted December 2016



2016 Legislative Direction: Revenue Maximization Options



Revenue Maximization Options

Options that “free up” general revenue

- Seeking Medicaid eligibility for people with severe mental illness and/or substance use disorder (SUD)
- Covering additional services through Medicaid for people with SUD
- Covering additional services through Medicaid that DCF currently covers using general revenue

Options that re-direct “freed- up” general revenue

- Adjust the capitation rate for Medicaid enrollees with mental illness and SUD to increase provider payment
- Increase reimbursement rates for Medicaid behavioral health treatment services
- Increase reimbursement rates to providers through incentive payments

Revenue Maximization Options

Options that use existing general revenue expenditures to draw down federal funds to be used for system transformations

- Designated State Health Program model
- Innovative programs to provide incentives for improved outcomes for behavioral health conditions through a Delivery System Reform Incentive Payment (DSRIP) model

Options that bring new funding into the system

- Supplemental payments to providers using Intergovernmental Transfers or Certified Public Expenditures



2017 Legislative Direction

- Presentation of Revenue Maximization report at Legislative committee meetings
- 2017 General Appropriations Act directed the Agency to seek federal approval for a Designated State Health Program



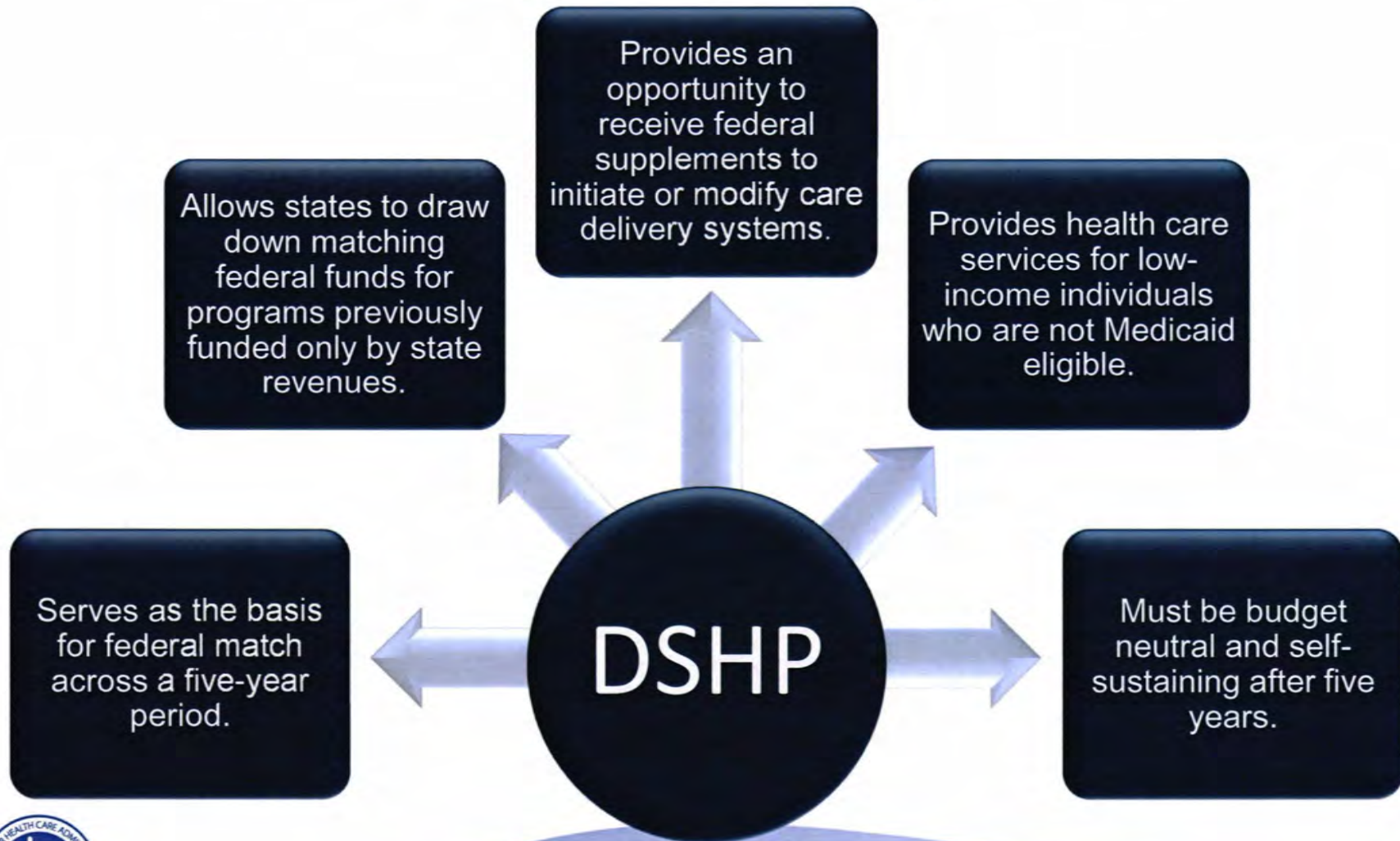
2017 Legislative Direction: Proviso

... the Agency for Health Care Administration shall seek federal approval for a designated state health program which allows the state to use general revenue funds expended on behavioral health services for non-Medicaid eligible individuals in the substance abuse and mental health safety net system administered by the Department of Children and Families as state match for federal funds.

...use the federal funds to improve the quality of and access to behavioral health services for Medicaid and non-Medicaid eligible individuals served by either the state Medicaid program or the safety net system, as allowable.

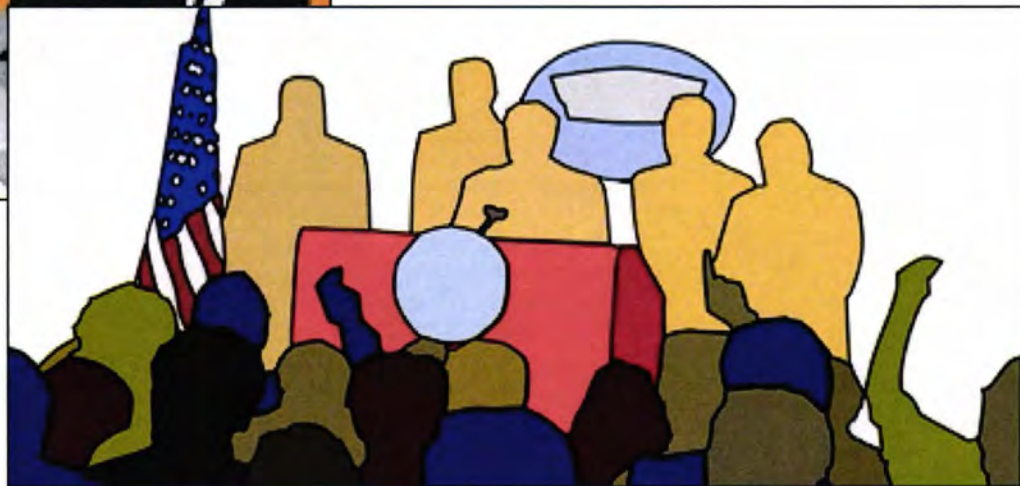
The goal for the use of funds generated by the designated state health program is to enhance long-term outcomes and improve value by increasing the use of coordinated, community-based services and supports and reducing the use of intensive services.

What is a Designated State Health Program (DSHP)?



Design of Florida's DSHP

Agency and DCF collaborated on an initial concept.



The Agency hosted two public meetings to gather input from stakeholders.



Status of Florida's DSHP Proposal

- The Agency, in collaboration with DCF, submitted a concept paper to the federal Centers for Medicare and Medicaid Services (CMS) at the beginning of August.
- CMS has strongly encouraged the Agency to consider alternative approaches to address state goals
- Some alternatives include:
 - Covering additional services through Medicaid for people with substance use disorder
 - Covering additional services through Medicaid that DCF currently covers with general revenue
 - Supplemental payments to providers using intergovernmental transfers or certified public expenditures.



Questions?





Child Protective Investigation Workforce

House Health Care Appropriations Subcommittee

Secretary Mike Carroll
November 15, 2017

Presentation Points

- The Role of the Child Protective Investigator (CPI)
- CPI Positions and Starting Salaries
- Social Work Degrees – Statutory Goal
- CPI Training – Preparation for the Work
- CPI Workload Trends, Retention and Turnover
- CPI Workforce Survey Results
- Strategies to Support
- Implementation of Florida’s Performance Improvement Plan



The Role Of The Child Protective Investigator

- Child protective investigators (CPI) are often the state's first responders to trauma, domestic violence, and families in distress.
- In severe situations, CPIs will frequently conduct joint, but separate investigations with law enforcement . . . focusing on elements of child safety and placement needs while officers conduct the criminal investigation.
- In most instances, however, the signs and evidences of child maltreatment are less obvious and CPIs approach the family by themselves. Parents are initially resistant to help and are afraid of anyone outside the family interfering.



The Role Of The Child Protective Investigator

- **CPI's first challenge –**
 - Overcome secrecy and deception
- **Successfully engage parents –**
 - Respect and accountability
- **Skilled in interviewing –**
 - What is credible and germane
- **Skilled in assessments –**
 - Determine child safety, danger threats, and protective capacities
- **Determination –**
 - Strive to do very best

CPI Positions and Starting Salaries

	<u>Positions</u>	<u>Salary</u>
Child Protective Investigator	1,064	
Point of Hire		\$35,640
First Competency-Based Increase		\$37,620
Full Certification Status		\$39,600
Senior Child Protective Investigator	215	\$41,500
Child Protective Investigator – Field Support Supervisor	26	\$46,900
Child Protective Investigator Supervisor – SES	230	\$49,200
TOTAL Positions	1,535	

Social Work Degrees – Statutory Goal

Statutory goal is 50% of workforce will have a social work degree by 2019.

Child Protective Investigative Staff 1,606*

Social Work baccalaureate degrees 191

Masters of Social Work 48

TOTAL Social Work degrees 239

Percentage of workforce with social work degree 15%

Net decrease from last year Less than < 1%

CPI staff held an additional 59 master's degrees in social service related disciplines – psychology, sociology, child and family development, etc.

An additional 510 baccalaureate degrees were also held in these related, secondary fields.

* This number includes OPS staff.

CPI Training – Preparation for the Work

PRE-SERVICE TRAINING

CORE Training

5 weeks

CURRICULUM EMPHASIS

Basic child welfare skills.
Interviewing, child development, maltreatment, Chapter 39, and Administrative Code. Structured field days for hands-on skill development.

CPI Specialty Track

2 weeks

Specific job role skills.
Maltreatment identification, court process, safety determination, safety planning, and risk assessment.

Certification Exam taken after Pre-Service training complete.
CPI required to become provisionally-certified before assigned cases.



Ongoing CPI Training

Required Training for Provisionally Certified CPIs (within first year)

- 20 hours Individual Supervision
- 20 hours Group Supervision
- 6 Field Observations

Full certification CPIs complete 20 In-Service training hours per year, examples include:

- Forensic Interviewing
- Intimate Partner Violence
- Child Sexual Abuse
- Safety Planning

Specialty In-Service Training, examples include:

- Medical Neglect
- Human Trafficking
- Substance Abuse (under development)



CPI Workload Trends

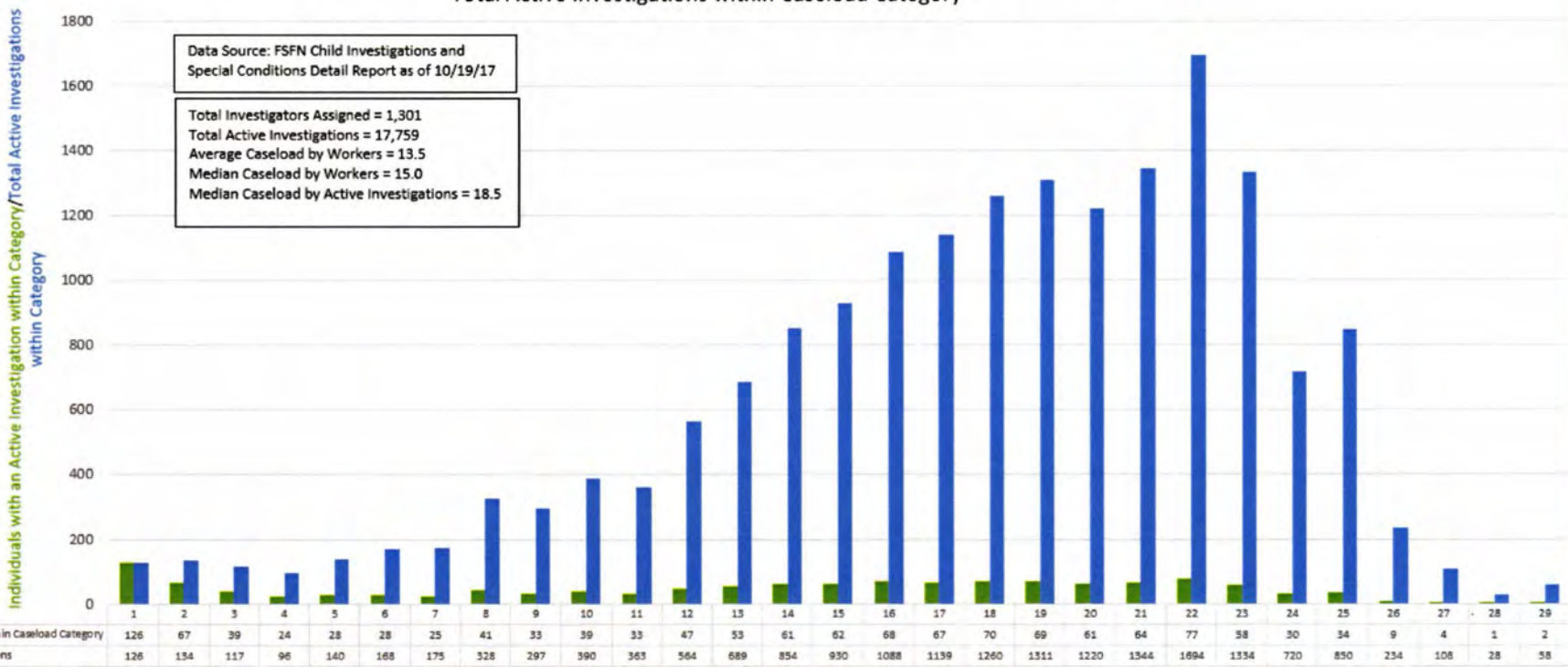
Monthly Average Number of New Investigations

	Total Investigations (Initial and Additional)	Average Monthly New Cases Per Allocated Position	Average Monthly New Cases Per Actual Filled Position
SFY 2015-16	142,680	9.29	10.03
SFY 2016-17	147,555	9.60	10.40
Child Welfare League of America (CWLA) Standard for "Active" reports per month			12.0



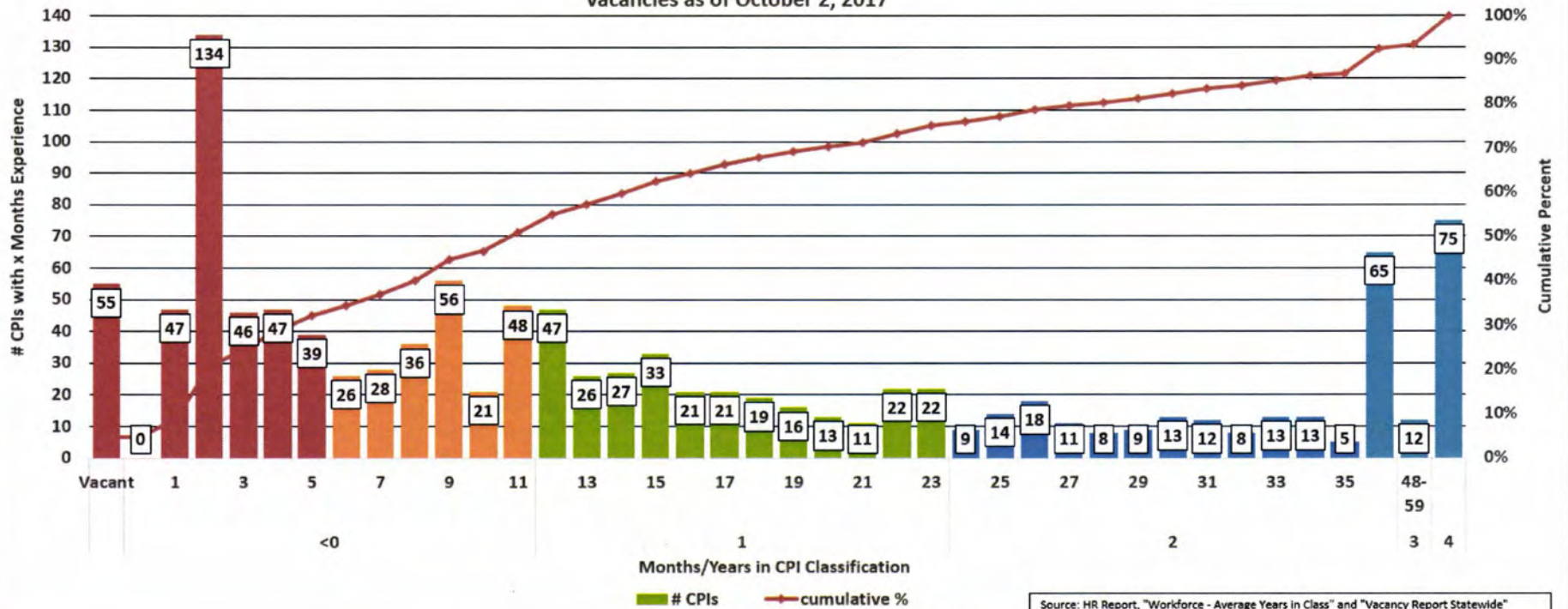
Percentage of CPIs Assigned an Investigation by Cohort and Percentage of Active Investigations by Cohort

Statewide/DCF Investigative Areas Only
 Total Active Investigations (All Types)
 Total Individuals in FSFN Assigned an Active Investigation within Caseload Category and
 Total Active Investigations within Caseload Category



Retention – Child Protective Investigators

Child Protective Investigators
Months in CPI Classification
as of October 2, 2017 and
Vacancies as of October 2, 2017



Source: HR Report, "Workforce - Average Years in Class" and "Vacancy Report Statewide"

Turnover of Child Protection Staff

Turnover Rate by Class Title – Past Three Years

Class Title	SFY 2014-15	SFY 2015-16	SFY 2016-17
Investigator	39%	45%	41%
Sr. Investigator	17%	27%	22%
Field Support Supv.	0%	0%	4%
Supervisor	10%	17%	16%



CPI Workforce Survey Results

Most selected (Top Three) responses from survey participants . . .

Most Agree/Strongly Agree Statements

- ✓ My supervisor appreciates my work – 88.3%
- ✓ My immediate supervisor provides me with fair and honest feedback – 88%
- ✓ My immediate supervisor communicates job expectations/responsibilities clearly - 85%

Most Disagree/Strongly Disagree Statements

- ✓ I have enough time for my personal life – 67%
- ✓ I have time off with no work responsibilities– 56%
- ✓ My workload is manageable – 48%



CPI Workforce Survey Results

Most selected (Top Three) responses from survey participants . . .

Highest Rating of 'Extremely Important' to Personal Satisfaction

- ✓ Ability to Manage Work and Personal Life – #1
- ✓ Time Off with No Work Responsibilities – Tied at #2
- ✓ Fair Treatment from Supervisor and Managers – Tied at #2



Strategies to Support

Hiring

- Region Recruiters who know the work

Training

- Protected Caseload Newly Trained

Supervision

- Program Administrator and Supervisor Proficiency Process
- Professional Development Training for Supervisory Workforce

Workload

- CPI Efficiencies Initiative
- Mindshare Retention Pilot
- CPI Support Pilot



Questions?



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