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Recent Changes in Florida Welfare and Work, Child Care, and Child Welfare Systems

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Introduction

In 1996, Florida embarked on an ambitious welfare reform program called Work and Gain Economic Self-Sufficiency (WAGES). The state has also made extensive changes to its workforce development system and has put a growing emphasis on addressing problems in child welfare services. The approach taken by Florida has resulted in some dramatic changes in the administration and delivery of social services. Responsibilities for running programs have devolved from the state to the local level, Florida has contracted out a growing number of services previously handled by state agencies, and public-private boards have increasingly assumed a role in setting policy and deciding how services are delivered.

This report begins with a short profile of Florida's population, economy, and politics. Next comes a brief overview of the income support and social services safety net within the state. The following three sections offer a more detailed description of current policies and recent changes in the areas of Temporary Assistance for Needy Families (TANF) and employment and training, child care, and child welfare. The final section highlights some key changes in Florida's social service delivery system and their implications for understanding the effects of devolution and welfare reform.

Information presented in this report comes mainly from interviews with program staff in Hillsborough (Tampa) and Miami-Dade Counties. Additional interviews were conducted with various statelevel officials responsible for WAGES, workforce development, child care, and child welfare to obtain an overview of the system statewide. In addition, focus groups were conducted with WAGES child care recipients in Hillsborough and Miami-Dade and telephone interviews were completed with child welfare administrators in 12 additional counties.¹ Interview information is supplemented with reports and policy documents produced by other research organizations and state and local agencies.

Three sets of visits were made to Florida during late 1999 and early 2000: visits focused on child care in September 1999, child welfare in November 1999, and WAGES and workforce development in April and May 2000.

Social and Political Context Social and Economic Conditions

Table 1 provides an overview of Florida's characteristics on a number of social and economic indicators and compares these figures with national averages. Florida has a proportionally larger minority population than the United States as a whole. The state has an equal percentage (15.4 percent) of blacks and Hispanics. More than 90 percent of Floridians reside in metropolitan areas, which is a considerably greater percentage than in the nation as a whole. Florida is growing much faster than the rest of the country. The teen birth rate is somewhat higher and the overall birth rate somewhat lower than the rates for the

Florida has moved toward service delivery systems that are far different from what they have replaced and a departure from the way states have normally designed these systems.

TABLE 1. Florida State Characteristics, 1999

| | Florida | United States |
|--------------------------------------------------------------------|------------|---------------|
| Population Characteristics | | |
| Population (1999) ^a (in thousands) | 15,111 | 272,690 |
| Percent under age 18 (1999) ^b | 23.6% | 25.7% |
| Percent Hispanic (1999) ° | 15.4% | 11.5% |
| Percent Black (1999) ^d | 15.4% | 12.8% |
| Percent non-citizen Immigrant (1998) ° | 9.4% | 6.3% |
| Percent nonmetropolitan (1996) ^f | 7.1% | 20.1% |
| Percent change in population (1990-1999) 9 | 16.8% | 9.6% |
| Percent births to unmarried women 15-44 (1998) h | 36.6% | 32.8% |
| Percent births to unmarried teens 15-19 (1997) | 10.5% | 9.7% |
| Birth rates (births per 1,000) females age 15-44 (1998) $^{ m h}$ | 13.1 | 14.6 |
| Birth rates (births per 1,000) females age 15-19 (1998) $^{ m h}$ | 55.5 | 51.1 |
| State Economic Characteristics | | |
| Per capita income (1999) ^j | \$27,780 | \$28,542 |
| Percent change per capita income (1995-1999) ^j | 8.1% | 10.8% |
| Unemployment rate (1999) ^k | 3.9% | 4.2% |
| Employment rate (1999) ^I | 80.7% | 81.5% |
| Percent jobs in manufacturing (1998) ^m | 7.3% | 14.8% |
| Percent jobs in service sector (1998) ^m | 36.1% | 29.9% |
| Percent jobs in public sector (1998) ^m | 14.4% | 15.8% |
| Family Profile | | |
| Percent children living in two-parent families (1999) ⁿ | 56.7% | 63.6% |
| Percent children living in one-parent families (1999) ⁿ | 29.7% | 24.8% |
| Percent children in poverty (1998)* ° | 18.8% | 17.5% |
| Percent change in child poverty rate (1996-1998)* ° | -14.9% | -15.0% |
| Percent adults in poverty (1998)* ° | 11.7% | 11.2% |
| Percent change in adult poverty rate (1996-1998)* $^{\circ}$ | -7.1% | -10.4% |
| Political | | |
| Governor's affiliation (1999) ^p | Republican | |
| Party composition of Senate (1999) ^q | 15D-25R | |
| Party composition of House (1999) a | 45D-75R | |

*1998 National adult, national child, and state child poverty estimates show statistically significant decreases from the 1996 estimates at the 0.10 confidence level, as calculated by the Assessing the New Federalism project, The Urban Institute.

United States as a whole, while the percent of births to unmarried women and unmarried teens are higher than the national averages.

Florida's per capita income is somewhat lower than the national average and was growing at a slower pace than the nation's in the late 1990s. Florida's economy is characterized by proportionally fewer manufacturing jobs, more service sector employment, and slightly fewer public sector jobs than in the country as a whole. The unemployment rate is slightly lower than the national rate, and poverty among adults and children is slightly higher. Between 1996 and 1998, child poverty fell at a rate similar to the rate for the nation as a whole. Although the percentage of adults in poverty also fell, the rate of decline was lower than the national rate. Proportionally more children live in single-parent families in Florida than in the United States as a whole.

Republicans have increasingly dominated the state government in recent years. During the first round of site visits, the governor was a Democrat and the Republicans had a very slim majority (two seats) in the House. In 1999, the governor was a Republican and the party had established strong majorities in both houses of the state legislature.

The state had a considerable budget surplus at the end of state fiscal year (FY) 1999. Florida's Working Capital Fund, also known as The Rainy Day Fund, had \$217 million added to it that year, bringing the total to \$550 million. In addition, Florida has a Budget Stabilization Fund mandated by a state constitutional amendment. Any revenue growth exceeding the average annual growth rate in Florida personal income over the previous five years is deposited in this fund. This fund had a balance of \$787 million at the end of FY 1999.² Florida Tax Watch, a nonprofit advocacy group, reports that the surplus is more than seven times the size of the surplus that was available going into the 1990–91 recession.³

Florida's Social Safety Net

Table 2 presents data on the social safety net in Florida and how it compares with summary data on the United States. Florida's maximum monthly welfare benefit for a family of three without other income has remained stable at \$303 since 1996. This is considerably below the national median, which has risen slightly to \$421. Florida's ratio of children receiving welfare to all poor children, a rough measure of welfare coverage, was below the national average in both 1996 and 1998. In addition, the drop in coverage has been much greater in Florida (50.4 percent down to 30.3 percent) than in the United States as a whole (59.3 percent down to 49.9 percent). Although the percentage of children without health insurance rose nationwide between 1996 and 1998, it fell in Florida. But Florida still has a higher percentage of children uninsured than the nation as a whole, even though it followed other states in raising the eligibility limit for publicly financed health insurance. Florida's income cutoff for subsidized child care was lower than the national average for 1999, but there have been some efforts to raise that limit since then.

TANF caseloads in Florida have declined dramatically since the implementation of WAGES in October 1996. The total number of families receiving cash assistance declined 66 percent, from 200,292 in September 1996 to 67,172 in April 2000. The number of TANF cases that include an adult recipient has declined 80 percent, from 152,436 to 30,373. The decline in Hillsborough County has been greater than in the state as a whole, with total cases declining 72 percent (from 15,326 to 4,319) and cases including an adult declining 89 percent (from 11,504 to 1,309). Miami-Dade had the smallest decline of any county in the state; total cases declined 57 percent (47,028 to 20,001) and cases with an adult declined 66 percent (37,067 to 12,594). As a result of the different rates of decline, Miami-Dade went from having 24 percent of all Florida TANF cases with an adult present in October 1996 to 41 percent in April 2000. As of April 2000, the numbers of TANF cases were continuing to decline, though state administrators said they were expecting the numbers to level off.

| | Florida | United States |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|
| Welfare Benefits - Maximum Monthly Benefit (Family of Three, No Income) | | |
| 1996 (AFDC) ª | \$303 | Median: \$415 |
| 1998 (TANF) ª | \$303 | Median: \$421 |
| 2000 (TANF) ^a | \$303 | Median: \$421 |
| Ratio of Children Receiving Welfare to All Poor Children | | |
| 1996 (AFDC) ^b | 50.4% | 59.3% |
| 1998 (TANF) ^b | 30.3% | 49.9% |
| Percent of All Children Without Health Insurance | | |
| 1997 ° | 17.5% | 12.2% |
| 1999 ° | 16.3% | 12.5% |
| Income Cutoff for Children's Eligibility for Medicaid/State Children's Health Insurance Program (Percentage of Federal Poverty Level) | | |
| 1996 ^{d,e} | 113.2% | 123.8% |
| 1998 ^{d,f} | 200.0% | 178.4% |
| 2000 ^{d,g} | 200.0% | 205.1% |
| Income Cutoff for Children's Eligibility for Child Care Subsidy (Percentage of State Median Income/ Federal Poverty Level) | | |
| 1998 (January) ^h | 53% / 150% | 57% / 182% |
| 1999 (June) ^h | 53% / 144% | 59% / 178% |

TABLE 2. The Safety Net in Florida, in National Context

AFDC = Aid to Families with Dependent Children TANF = Temporary Assistance for Needy Families Table notes begin on page 21.

Welfare and Work

Florida engaged in extensive experimentation in the pre-TANF welfare reform era, including the imposition of strict work requirements and time-limited welfare benefits. Much of that experimentation was limited to two small counties.⁴ However, once federal welfare reform became law, the state moved quickly to implement a statewide welfare reform plan. The plan the state implemented had some of the strictest time limits and work requirements in the nation.

WAGES Policy and Program Emphasis

Florida began implementing WAGES in October 1996. WAGES was designed with strict time limits and work requirements, and with few possibilities for exemptions. The vast majority of recipients were required to engage in work activities as soon as they enrolled in the program, and they faced a complete loss of WAGES cash benefits if they failed to do so. These requirements were a major factor in the rapid and extensive caseload decline that has taken place since WAGES was enacted. Legislative changes since 1996 have not altered the basic focus, but they have begun to allow exceptions and to create more opportunities for clients to avoid penalties.

The state is continuing to modify the design of its welfare system. The legislature enacted the Workforce Innovation Act in 2000. This law represents a major revision of Florida's workforce development system, requiring a fuller integration of cash assistance and workforce development. As of July 1, 2000, state oversight has shifted to place responsibility for the WAGES program (renamed Welfare Transition) in the same public-private board that is responsible for workforce development. Previously, separate public-private boards oversaw both programs. Changes have also been made in time limit exemptions, as explained in detail below.

WAGES Eligibility. During the first visit for this case study in 1997, the state had begun counting months for the time limit, but many pieces of the WAGES program, including work activities, were still in the initial stages of development. At the time of the second visit, all WAGES clients were required to attend an orientation describing the program, required work activities, time limits, and support services. Local coalitions have discretion as to how the orientation is designed. The Hillsborough County orientation lasts four days, and clients are required to begin orientation before their eligibility is determined. The Miami-Dade orientation lasts a few hours and is provided to clients who have already been determined to be eligible. Once orientation is complete, clients in both counties usually are assigned to a job club or job search class and then to some other activity. Clients who fail to participate in these assignments can have their WAGES benefits discontinued following their first violation.

Florida had rules in place for issuing up-front diversion payments, but neither Hillsborough nor Miami-Dade was using this option. One of the impediments was that the diversion payment was designed to remove obstacles to a client in finding work, but it was limited to the equivalent of two months' cash assistance (about \$600). Most offices did not use diversion payments often because they found few clients whose main issues could be resolved with this amount of money. The Workforce Innovation Act of 2000 raises the maximum payment for up-front diversion to \$1,000, includes a focus on helping clients maintain employment rather than just assisting them with seeking employment, and appears to broaden eligibility beyond the TANF income limits. Because these changes are combined with an increased emphasis within the state statutes on the importance of diversion, they may lead to changes in Florida's approach to the issue in coming years.

Work Requirements and Exemptions. There are very few exemptions to the work requirement, and thus most adult recipients must engage in some work-related activity. The only individuals exempt from work requirements are caretaker adults in child-only cases, minor children under age 16, participants under age 19 who have not completed high school, individuals receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), those caring for a disabled family member, and one custodial parent in each household with a child under three months of age. Individuals may be deferred from work requirements for medical reasons, domestic violence, or lack of available child care for a child under age 6. In addition, individuals requiring residential treatment for substance abuse or mental health problems are exempt while participating in treatment.

Florida has generally used the federal requirements for countable work activities to set both the hour requirement and limits on what activities count. The main exception has been a provision enacted in 1999 allowing extended education and training. This legislation came in response to concerns that WAGES rules made it difficult for clients to continue or begin education and training programs that extended beyond one year. WAGES coalitions that are meeting the federal requirements for the work participation rate are allowed to accept vocational training or postsecondary education as meeting the work requirement even if the program extends beyond 12 months. The Workforce Innovation Act of 2000 further expands the activities that can be used to meet the state work requirement to include GED preparation, literacy education, and classes in English as a second language. Florida's large caseload reduction has allowed it to meet the federal work participation requirement for TANF participants easily. In response, state policy has become somewhat more flexible about what activities can be used to meet an individual's work requirement. However, implementation of this increased flexibility may be slowed by the fact that many contractors are still bound by provisions that require them to meet federal participation targets.

Sanctioning. Florida has strict sanctions in place. Failure to comply with work requirements results in a complete loss of TANF benefits, and food stamp benefits are also reduced to the extent permitted by federal law. Similar sanctions can also be imposed for failure to cooperate with child support. Less drastic sanctions can be imposed for failure to keep a child's immunizations up-to-date and for poor school attendance on the part of a recipient's child. Work requirement sanctions are by far the most common, though there are also a fair number of child support sanctions. Other types of sanctions are much rarer.

Concerns about sanctioning and pressure from advocacy groups led to revisions in 1999 in the state's legislation governing how sanctions are issued. As a result of these changes, clients are notified of failure to participate and possible sanctions. They are offered support services to help them come into compliance, and they have 10 days to reply to a notice of failure to participate. The Miami-Dade coalition has a contract with Lockheed Martin to visit the homes of noncompliant participants to make sure they get the pre-sanction notice and to offer them assistance in meeting their work requirements. Hillsborough County has a nonfinancial working relationship with the area alcohol, drug, and mental health providers who provide outreach to clients once the notice of failure to participate has been issued. Despite these changes, sanctions are still imposed quite frequently in both counties.

Time Limits. Florida has a shorter time limit than required by federal law for receipt of TANF benefits. The Florida limit is 48 months. The only exemptions are child-only cases, SSI and SSDI recipients, and individuals totally responsible for the care of a disabled family member. In addition, depending on their characteristics, TANF clients are limited to either 24 cumulative months in any 60-month consecutive period or 36 cumulative months in any 72-month consecutive period.

The first WAGES time limits were imposed beginning in 1998.⁵ In spring 2000, approximately 100 clients a month were leaving the program because their interim time limit had expired. The number would likely have been larger if not for a number of provisions allowing time-limit extensions. Legislation revising WAGES in 1998 and 1999 granted clients a one-month extension, up to 12 months total, for each month they met their work requirement through either subsidized or unsubsidized employment. The short-term time limits can also be extended for up to 12 months through "hardship exemptions." These exemptions can be granted to individuals who "diligently participated" in work activities and either face significant barriers to finding employment, have had their progress impeded by domestic violence, or are at risk of having their children removed from their home if benefits are discontinued. Hardship exemptions are reviewed and approved by the local WAGES coalitions. In both Hillsborough and Miami-Dade, hardship exemptions were routinely granted, though frequently for less than the 12-month maximum. Individuals may be deferred from meeting work requirements and granted a hardship extension of the intermediate time limits for medical reasons, domestic violence, or lack of transportation. However, these individuals are still subject to the 48-month lifetime limit.

Until 2000, Florida's WAGES program had no provision for extending lifetime limits beyond 48 months for anyone. The Workforce Innovation Act of 2000 includes a provision that allows extensions for up to 20 percent of the TANF caseload, as is permitted by federal law. In addition, under the new law individuals who are in the process of applying for SSI may remain on TANF until their appeals process is complete. Participants who successfully complete a recommended substance abuse or mental health treatment program may receive a time limit extension of one month for each month spent in treatment, up to 12 months.

Local WAGES Program Focus. Local coalitions are allowed to target some of their funds to special projects they deem important. The Hillsborough County WAGES coalition

has focused on teen pregnancy, providing more than \$1 million to teen pregnancy programs run by the school system and the health department. The Miami-Dade WAGES coalition has emphasized job retention and transportation assistance. However, administrative problems in Miami-Dade have limited the coalition's ability to fully develop special initiatives. The county coalition has struggled with turnover among its executive directors, contracting issues, and computer problems, all of which have absorbed much of its time and energy.

Organization of Welfare and Work Programs

The general themes of social welfare policy in Florida have not changed much since 1997. Policymakers have continued to focus on encouraging the contracting out of more social services. There has been a continued emphasis on decentralization and greater local control. Local control does not mean control by local governments, but rather shifting responsibilities from state agencies to public-private boards that include representatives of state agencies and local government, as well as community-based organizations and private businesses. This movement has intensified in the areas of workforce development, child welfare, and TANF. At the time of the site visit, subsidized child care had experienced minimal organizational change, but the delivery of services at the local level was already handled mostly by private nonprofits. In addition, legislation had just been passed giving local public-private boards greater authority over the use of child care funds. Florida has also seen a substantial increase in funding for child welfare and child care. Florida, like most states, had a substantial TANF surplus resulting from its caseload decline, and funds have been shifted to other services and new initiatives as a result of that decline.

The movement toward decentralization is reflected in table 3. While state agencies maintain some level of involvement in TANF and workforce investment, a great deal of responsibility has shifted to public-private boards. The Department of Children and Families (DCF) is responsible for TANF eligibility, food stamps, child welfare, and

| Federal or Generic Program Name | What program is called in Florida | Which agency administers in Florida |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Temporary Assistance for Needy Families (TANF) | Work and Gain Economic Self- Sufficiency (WAGES) Welfare Transition (as of July 1, 2000) | Department of Children and Families (DCF), WAGES State Board, and local WAGES Coalitions or the Regional Workforce Development Boards (RWDBs) ^a |
| Workforce Investment Act | Workforce | Jobs and Employment Partnership (JEP) and Regional Workforce Development Boards. As of July 1, 2000, JEP's responsibilities are shifted to Workforce Florida, Inc. (WFI) |
| Child Care Development Block Grant | Subsidized Child | DCF, ^b Community Child Care Coordinating Agencies (4C) |
| Food Stamps | Food Stamps | DCF |
| Child Welfare | Family Safety | DCF, Office of Family Safety |
| Medicaid | Medicaid | Agency for Health Care Administration administers; DCF determines eligibility |

TABLE 3. Administration of Income Support and Social Services in Florida

Table notes begin on page 21.

Medicaid eligibility. There are plans to begin shifting some of the responsibilities for child welfare to law enforcement agencies and community-based public private boards.

DCF and the WAGES State Board administered WAGES at the state level. Florida's Workforce Innovation Act of 2000 eliminates the WAGES State Board but makes no substantial changes to DCF's role in administering cash assistance programs. DCF is primarily responsible for overseeing eligibility determination and contracting for alcohol, drug, and mental health services. The WAGES State Board was a nonprofit public-private board that oversaw the 24 local WAGES coalitions, which also had a mix of public and private representatives. DCF and the Board worked together in developing policy, with the Board staff setting policies and procedures for those areas under the responsibility of the local WAGES coalitions. The Board was responsible for approving funding decisions.

The organization of the workforce development system as a whole has changed substantially over the past decade. Some of the biggest changes occurred between 1994 and 1996, through executive orders and the Workforce Florida Act of 1996. In 1994, the legislature created the Jobs and Education Partnership (JEP), a nonprofit public-private partnership governed by a board with a majority of its members from the private sector. JEP was given the responsibility of designing a comprehensive workforce investment strategy. JEP oversaw the establishment of a statewide system of 24 Regional Workforce Development Boards (RWDBs) that replaced the existing Private Industry Councils (PICs). PICs' responsibilities had largely been limited to oversight of activities under the Job Training and Partnership Act; the RWDBs were given the expanded responsibility of developing and overseeing a locally based comprehensive workforce development system. The Workforce Florida Act was designed with the expectation that federal workforce development reform was imminent. Although the federal legislation, the Workforce Investment Act (WIA), did not pass until 1998, Florida's reform was generally compatible with WIA, though some minor legislative changes were required. Florida was one of the earliest states to implement WIA, and it did so while maintaining the basic structure of its workforce development system.

At the local level, DCF district staff oversee TANF eligibility determination and contracting for alcohol, drug, and mental health services. The local WAGES coalitions were responsible for administering TANF employment and training and support services other than substance abuse, mental health, and subsidized child care. The local coalitions could hire their own professional staff or contract out administrative responsibilities.

When the WAGES welfare reform program was initially developed in 1996, the Department of Labor and Employment Services (DLES) was given the responsibility for administering assessment and up-front employment services such as job search and job search training. DLES had significant problems implementing these new responsibilities, and DCF, DLES, and the WAGES coalitions had difficulties coordinating services. In 1998, the Florida legislature addressed this issue by transferring DLES's responsibilities to the WAGES coalitions. As a result, the local coalitions became responsible for contracting for employment and training services including client assessment, case management, and work activities. The local coalitions were required to use performance-based contracting, and payments were dependent on attainment of particular benchmarks such as a client's completion of a work-related activity, obtaining employment, or maintaining employment for a certain period of time. Beyond this requirement, the local coalitions had a great deal of discretion in developing contracts.

In 21 of the 24 local WAGES districts, the RWDBs served as the WAGES coalition, in addition to overseeing a variety of employment and training programs, including WIA programs. The blending of responsibilities for workforce development and WAGES programs was allowed, but not required, by the original WAGES legislation. At the time of the site visits, Hillsborough and Miami-Dade were among the three locations where this blending had not yet occurred.

Passage of the Workforce Innovation Act in May 2000 was part of Florida's continuing effort to consolidate workforce development functions. This act includes some major

changes affecting both TANF and other workforce development programs. A new publicprivate nonprofit agency, Workforce Florida Inc. (WFI), replaced JEP and the state WAGES Board as of July 1, 2000. WFI is required to have three standing committees: the First Jobs/First Wages Council, to focus on youth and new entrants into the labor market; the Better Jobs/Better Wages Council, to focus on efforts to assist adult workers, including those in the Welfare Transition program (which is the new name for the WAGES program), to obtain and retain jobs with potential for advancement; and the High Skill/High Wage Council, to assume responsibility for developing strategies for aligning the state employment and training programs with high-paying, high-demand occupations.

WFI now oversees the performance of the RWDBs. By October 1, 2000, in all regions that had separate local coalitions responsible for WAGES, all that authority over welfare transition was transferred to the RWDBs. Both Hillsborough and Miami-Dade were required to have completed the transition to a single board by that time. The local boards are also required to create the same three committees as WFI. The local boards will largely have the same responsibilities over TANF that they had prior to the new legislation.

The legislation further reduced DLES's responsibilities by transferring administrative, fiscal, information services, and direct services workforce functions and unemployment compensation benefits and tax and appeal functions from DLES to a newly created Agency for Workforce Innovation operating independently within the Florida Department of Management Services. Administrative and direct services were to be performed under agreements with Workforce Florida and the RWDBs. The Department of Revenue was made responsible for collecting unemployment taxes. DLES has been left with greatly reduced responsibilities, and the future of the agency is uncertain. The department was required to submit a budget and staffing plan for its reduced responsibilities by October 2000.

Local WAGES and Workforce Development Service Delivery and Linkages

As noted earlier, the local boards that administer TANF services have a great deal of flexibility in determining how to deliver services. Hillsborough County chose to contract out the bulk of services to a single nonprofit provider. Miami-Dade County relies on a large number of public, nonprofit, and private agencies to provide services to WAGES clients.

TANF eligibility determination and other matters related to cash assistance payments are handled by DCF. DCF refers adult TANF mandatory work recipients to contracted WAGES service providers for employment-related services. In Hillsborough County, Goodwill Industries, a national nonprofit with autonomous local affiliates, has been the primary contractor. Goodwill provides a variety of services, including case management for each client, placing clients in work activities, job search assistance, job development, and job retention services. Basic skills assessments are conducted by the Hillsborough County School System under contract with Goodwill. Joint staffings involving Goodwill career managers and job developers as well as contracted alcohol, drug, and mental health specialists are conducted for each client. These staffings are used to develop a plan of activities designed to remove barriers and lead to employment. Mental health, substance abuse, and domestic violence services are provided by various nonprofit agencies. Most clients are initially assigned to job search and job search training classes lasting between two and four weeks. Clients who do not find a job are assigned to other activities. Most of them engage in community work experience or a combination of community work experience and vocational training or education.

In Miami-Dade County in spring 2000, front-end services—initial assessment, up-front job search assistance, job readiness, and job development—were provided under contractual agreements by Miami-Dade Community College and the Miami-Dade County Public School District. After an orientation, almost every client was assigned to the four-week job club class and job search. Clients could also be assessed or referred to alcohol, drug, and mental health providers during orientation or while in job club, a class in which intensive service contractors—providers responsible for engaging clients in work activities—make short presentations to inform clients of the services they offer.

Clients who did not find employment while receiving front-end services chose an intensive service provider. More than 50 organizations could provide intensive services to clients, though not all of them were actively recruiting clients. The organizations included both nonprofit and for-profit providers. Some of them provided services through a direct contract; others were part of a consortium of community-based organizations put together by Lockheed Martin, a for-profit firm with the largest contract during the first few years of WAGES in Miami-Dade. These contractors were paid based on how many clients they recruited, and they received a set fee for each benchmark achieved by their clients. The intensive providers generally focused on short-term vocational training but provided other services such as employment placement, job retention, and support services. The Miami-Dade WAGES coalition had placed a strong emphasis on having customers choose their intensive service providers. Career managers in Miami-Dade indicated that clients' choices were usually based on the strength of the provider's presentation during class and the client's proximity to the provider.

Hillsborough and Miami-Dade did not have a high level of integration between the broader workforce development system and the TANF program. In this regard, they are not likely to be representative of the rest of Florida, most of which already had combined WAGES coalitions and RWDBs.

Hillsborough County. The county government plays the largest role in workforce development in Hillsborough County. The county Board of Commissioners appoints the majority of the RWDB. At the time of the site visit, the Hillsborough County Employment and Training Division was the administrative entity for WIA. County residents accessed workforce development services in Hillsborough County through seven one-stop centers. A variety of agencies and community-based organizations operate at these centers. DCF, Goodwill, and DLES are each located at five of the seven offices, though not at the same five. DLES's primary responsibility at these centers was to provide job information and referrals, distribute mail applications, and address questions about unemployment compensation, and provide services for Job Corps members, migrant and seasonal farm workers, and food stamp employment and training participants. DLES was also supposed to operate a resource room to provide employment-related information to any interested individual. This service was limited, however, because DLES staff had been cut back dramatically as a result of the department's diminished responsibilities. At the time of the site visit, Goodwill was assuming responsibility for the resource room at the largest one-stop center.

WIA orientation and eligibility determination are the responsibility of county staff. Assessment services and basic education are provided by the county school board. More than two-thirds of adult referrals for WIA are served through Individual Training Accounts (ITAs). (WIA requires that local boards use ITAs for most of the training funded through federal workforce development funds.) The remaining clients are handled through direct referrals to providers who have signed performance-based contracts with the RWDB. Hillsborough County had previously used vouchers, which are one form of ITA, for some training, but since the passage of WIA in 1998 it has increasingly relied on alternative types of ITAs. The ITAs have a \$5,000 per client lifetime limit. All providers wishing to use an ITA must participate in the Florida Education Training Placement Information Program, a statewide interagency data collection and reporting system that obtains follow-up data on former students and others. Eventually, providers will need to meet certain performance criteria in order to remain eligible to receive ITAs.

Hillsborough County was only in the initial stages of planning the assumption of WAGES responsibilities by the RWDB at the time of the site visit, and a great deal of uncertainty prevailed as to what the combined system would entail. TANF clients in Hillsborough County could receive services through WIA or services under Department of Labor Welfare-to-Work (WtW) Grants through the RWDB, but administrative obstacles resulted in a limited number of referrals to the RWDB. In many cases, it was easier for the Goodwill case manager to suggest that the client go directly to a training provider rather than go through the RWDB. This had little effect on clients, though, because the RWDB and the WAGES coalition worked with most of the same providers. The WtW program had had a variety of difficulties in identifying clients. In addition, WAGES administrators said there was a large amount of overlap between services being provided with TANF funds and WtW services. Both of these factors limited the number of referrals.

Miami-Dade County. The administrative entity for the RWDB in Miami-Dade is the South Florida Employment and Training Consortium. The consortium is a partnership of five local governments: Miami-Dade County, Monroe County, and the cities of Miami, Hialeah, and Miami Beach. The consortium and the RWDB do business as the Training and Employment Council of South Florida. There are 33 one-stop career center locations in Miami-Dade County. These one-stops operate under contract with about 20 nonprofit and for-profit service providers. The one-stops include different groups of agencies and organizations. Not all sites have all services available. The Training and Employment Council has put a great deal of emphasis on using video conferencing to fill gaps. For example, if a client is at a one-stop that is not staffed with someone who determines eligibility for WIAfunded training, the office can use video conferencing equipment to speak to someone at another office who can complete the application. WAGES and DCF staff were located in some of the same buildings or complexes, but until 2000 there had been no concentrated effort to integrate workforce development and TANF services. The RWDB has contracts with about 45 different service providers, most of whom have also been providing employment and training services to the WAGES coalition. Services are provided through a combination of direct contracts or vouchers (e.g., ITAs).

The RWDB administers the Refugee Employment and Training Program serving refugees and new entrants to the country. These include Cuban and Haitian entrants who are eligible for WAGES because of special status granted them by federal welfare reform legislation, but who have received their employment and training from the RWDB rather than WAGES. Other than the refugee program, the RWDB in Miami-Dade had only peripheral involvement in TANF until 2000, when both WAGES and the RWDB began planning for the RWDB to assume TANF responsibilities. TANF clients could not use RWDB services to fulfill their work requirement, and the RWDB decided to spend only a limited amount of WtW funds. The RWDB decided to keep its distance from WAGES because of the belief that the program design in Miami-Dade County was unworkable. The newly integrated system will represent a dramatic change for the county. A request for proposals was issued at the end of June 2000, soliciting bids from organizations interested in providing services for a comprehensive workforce development program. The request indicates that individual case managers and education and training providers will be expected to provide both TANF and WIA services.

Program Innovations and Challenges

Florida is engaged in an experiment in the devolution of responsibilities from the state to the local level and from public agencies to public-private partnerships. This was an important focus of Florida's initial efforts in welfare and workforce development reform, and the state has continued and intensified the trend in recent years. One of the results of this focus is that local areas have had diverse experiences implementing the changes that Florida has enacted.

Since 1996, Florida has continued a trend toward increased reliance on public-private boards in setting policy and developing approaches to workforce development. Before welfare reform, DCF played the predominant role in administering AFDC. Under the original WAGES program, DLES was given a major role in welfare reform, and local WAGES coalitions were created to provide oversight and offer intensive services for clients who needed greater help to find or keep employment. DCF's main responsibility became determining eligibility. DLES lost its main welfare responsibilities in 1998, and as a result of the Workforce Innovation Act of 2000 it has lost many of its other workforce development responsibilities, including administration of unemployment compensation. WFI and the RWDBs, both of which are governed by public-private boards, are now the key players in both welfare reform and workforce development.

Florida had a head start in implementing the changes associated with WIA because the changes in its workforce development system were designed in anticipation of federal legislation. The state and the local RWDBs had to make some adjustments after WIA, but these were relatively minor. The state's 2000 legislation is designed to move toward an even greater consolidation of workforce development functions under the governance of public-private partnerships.

Hillsborough and Miami-Dade Counties have had different welfare reform experiences from most of the rest of Florida because the two counties had separate RWDBs and WAGES coalitions. In 2000, the counties faced the challenge of integrating the separate governing structures. Initial indications are that this will result in some major changes in administration of the TANF programs in these areas.

Of all the WAGES coalitions, Miami-Dade has had some of the greatest difficulties, which were reflected in the quality of services provided and the performance indicators monitored by the WAGES State Board. The Miami-Dade coalition faced the threat of a state takeover and as a result operated under a corrective action plan for much of the year 2000. In spring 2000, Miami-Dade WAGES staff were taking steps to resolve some of their key problems and prepare for the changeover to administration under the RWDB.

A number of issues have taken on a greater importance in Florida as a result of the changes wrought by welfare reform. Much concern is voiced about hard-to-serve TANF clients and the amount of resources these clients will need, but not a great deal of evidence exists on the nature of the caseload shift toward more hard-to-serve clients. The extent to which these clients have left the program because they could not meet the stringent requirements is unknown.

In the face of a dramatic decline in its welfare caseload, Florida has begun to turn its attention to addressing issues surrounding job retention and advancement and the working poor population. There is a growing interest on both the state and local levels in extending work support services to working poor individuals who do not qualify for TANF benefits. The legislature and the WAGES State Board had put an increasing focus on job retention services for former recipients and the need to avoid having these recipients return to welfare. Legislation was passed in 1999 creating retention incentive training accounts (RITAs). Anyone who is working and had received TANF assistance since October 1996 is eligible to receive a RITA to cover costs associated with participating in classes or programs that promote job retention and advancement. RITA funds can be used for tuition, fees, educational materials, coaching and mentoring, performance incentives, transportation to and from courses, child care costs during education courses, and other costs deemed necessary to achieve successful job retention and advancement. Job retention is likely to continue as a major focus for WFI.

The movement of WAGES responsibilities to the RWDBs was designed in part to facilitate the use of TANF funds for individuals in low-wage employment. The Workforce Innovation Act of 2000 includes provisions allowing use of TANF funds for child care for families with incomes below 185 percent of the federal poverty level (FPL). Transportation and education and training are being made available to families with incomes up to 200 percent of FPL. However, Governor Jeb Bush vetoed the \$8 million authorized for this "diversion program" for working poor families, so it is unclear how far and how fast Florida will move in this direction.

Child Care

As welfare programs have shifted dramatically toward requiring recipients to work or engage in activities leading to work, child care is now a cornerstone of state efforts to support these activities. People leaving TANF because they have found employment, often referred to as transitional (for the period of transition off of welfare), also often need child care to make their transition a success. Though federal wefare eliminated the requirement that states provide child care assistance to these families—by eliminating any entitlement to child care for them—most states continue to give these families a high priority for child care subsidies. This study examined the ways in which TANF and post-TANF families gain access to child care subsidies. It studied nonwelfare working families as well, since they also need child care but often cannot afford it, and many of the states in this study find themselves in the situation of having to make choices between providing subsidies to TANF clients or to nonwelfare working families.

Since welfare reform, there has been an influx of funding for child care as a result of federal funding increases and the greater flexibility afforded to states under the TANF program. Despite this increase, many Florida counties, including Hillsborough and Miami-Dade, have a waiting list for subsidized child care among non-TANF households. In addition, Florida's child care subsidy program experienced some changes in 1999 as a result of the School Readiness Initiative, but the effects of these changes were not yet apparent at time of the child care site visit in September 1999.

Child Care Eligibility and Assistance

At the time of the child care site visit in September 1999, a family of three was eligible for subsidies if its annual income was below \$20,475 (or 148 percent of the 1999 FPL). Once the family entered the system, it could continue to receive subsidies until its income reached \$25,475 (or 182 percent of the 1999 FPL).⁶ The Workforce Innovation Act of 2000 authorizes child care subsidies for families below 185 percent of FPL, but the law may have a limited impact because of funding shortfalls and waiting lists.

The state has established a priority list for receiving subsidies. The first priority is protective services cases. The second priority has two subgroups: (1) families on WAGES and (2) working poor families with incomes below 100 percent of FPL, teen parents, migrant families, and families receiving SSI. The third priority is working poor families earning between 100 and 150 percent of FPL. Note that income levels for all of these priority households must be well below the formal maximum income set by Florida statute.

At this point, the state serves 100 percent of WAGES families and those with children at risk of abuse and neglect, and as many of the other categories as funds will cover. Both of the sites visited had waiting lists for low-income working families. At the time of the site visits, Tampa had a waiting list of approximately 800 families and Miami-Dade 700 families.

In addition to the child care subsidy program, Florida has the Executive Partnership Program, which matches state money to contributions by local businesses. The combined funds are used to provide child care subsidies for families with incomes up to 200 percent of FPL. Local businesses are allowed to determine who receives the subsidies within this income level. The subsidies usually go to employees of the business, but some use the money for nonemployees. Some funders also may require that the child attend their child care program.

Florida also has two state-funded prekindergarten programs. The Prekindergarten Early Intervention Program serves low-income children and children in protective services. In state FY 1998–99, the state spent \$97 million on this program. The State Migrant Prekindergarten Program serves children whose parents are migrant workers; it spent \$3.3 million in state FY 1998–99.⁷

As part of the state's School Readiness Program, local coalitions have been developed that will have the authority to determine how the locality will spend money across programs (including child care subsidies and prekindergarten programs). This arrangement could eventually result in the merger of the subsidized child care program and the prekindergarten program, but these changes had yet to begin at the time of the site visit.

Administrative Structure and Funding

Florida's child care subsidy program is administered by DCF. At the time of the site visit in September 1999, the administrative structure of the child care program was the same as it had been before welfare reform. In contrast to the major moves to devolve welfare and workforce development to local control, the state continued to set all child care subsidy policies, including eligibility levels, maximum reimbursement rates, and a sliding fee scale.⁸

At the local level, the child care subsidy program is administered by 25 community child care coordinating agencies (called 4Cs). These agencies are contracted by the local district offices; they can be nonprofit or governmental agencies, but most tend to be non-profit organizations. Hillsborough and Miami-Dade Counties are unusual in that the 4Cs in these localities are not nonprofit organizations. In Hillsborough County, the local school district is the 4C; in Miami-Dade, it is the county government. In addition to 4C offices, staff knowledgeable about child care program rules, options, and eligibility procedures are located at local WAGES offices and at many workforce development one-stops.

Although Florida has a single subsidy program that serves WAGES families, transitional families, non-WAGES families, and protective services cases, there are at least two separate funding streams, one for WAGES families and one for working poor (non-WAGES) families.⁹ State funding policies have made it difficult for local agencies to move funds from WAGES to non-WAGES subsidies. As a result, there is a surplus of WAGES money and a shortage of non-WAGES money. The local agencies do not have the flexibility to shift WAGES money in these situations, though unused funds are redistributed by the state. In the future, legislative language may be changed to allow localities greater flexibility in shifting funds from one category to another.

Families moving off welfare are given 24 months of transitional child care. Once that period ends, transitional families can lose their subsidies because they have to go on the waiting list. This has happened in the past in Miami, though as of July 1, 1999, transitional families were exempted from the waiting list and now continue to get child care once their transitional period ends. Tampa is currently funding subsidized child care for transitional families after the transitional period, but this may not continue in the future because of funding limitations.

Over the past five years, child care funding has more than doubled, from about \$180 million to \$450 million. While most of these funds have been TANF funds, Florida has also increased the level of state funding for child care.

Child Care Fees and Reimbursement Rates

All families have to make copayments based on a sliding fee scale. For example, a family of three with an annual gross income of \$13,650 (100 percent of the 1998 FPL) pays \$3.20 each day for full-time care, and a family of three with an annual gross income of \$20,475 (150 percent of the 1998 FPL) pays \$4.80 each day for full-time care. Families with several children in child care pay an additional fee equal to half the fee for the first child.

The state reimbursement rates for child care providers are based on the age of the child and whether the provider is a licensed center, a licensed family child care home, a registered family child care home, or an informal provider. Providers who charge a rate higher than the state reimbursement rate can charge the parents directly for the difference. It was unclear how many families used such providers.

Florida has a Gold Seal Program designed to improve the quality of care available for families by giving higher rates to providers who meet Gold Seal standards. Gold Seal providers are paid up to 20 percent above the district maximum. At the time of the site visit, the state was revising the rules for determining reimbursement rates for Gold Seal providers. Under this new system, the higher rate the providers receive is based on whether the provider charges below or above the district maximum to its private paying parents. The state uses both "contracts" and vouchers. The "contract" system is not a traditional contract because the state does not purchase a certain number of slots from the provider. Instead, it is an enhanced voucher through which the provider agrees to serve subsidized children and meet higher standards. In return, the provider has access to more services (e.g., social workers and nurses). "Contracted" providers in Florida may also have private paying parents. Licensed centers and family child care homes can become contracted providers. Families can use vouchers to receive care from informal providers, in addition to licensed providers. The use of vouchers and contracts varies throughout the state, but generally more children are using contracted providers than voucher providers. In June 1999, 37,946 children received subsidies through vouchers, and 96,969 children received subsidies through "contracts."

The state is moving toward reimbursing providers directly for contracts and vouchers. In Hillsborough County the payment process has recently changed so that providers are always paid by the state. Child care providers are generally paid approximately 15 to 20 days after the month of care. Miami-Dade has not yet changed to this new system. In Miami, the state pays the parent when the parent uses a voucher. In this case, a check is issued to the parent after the parent submits information at the end of the month. This means that the parent has to pay out-of-pocket before receiving reimbursement from the state.

Program Innovations and Challenges

At the time of the site visits, Florida's subsidized child care system had seen few changes since federal welfare reform. The effects of the new School Readiness Initiative had yet to be seen at the local level. Respondents in the Florida sites were unclear about what the legislation would mean for their subsidy program in the future.

In Florida, the most important impact of federal welfare reform on child care has been the significant increase in funding. A second change since welfare reform has been the development of one-stop offices where families may get access to a variety of services, including child care. 4C agencies are required to have staff in one of the one-stop locations within their service area. Other one-stop locations can be served by periodic staffing, phone certifications, or other locally approved service models.

Although one-stops have made it easier to get access to subsidized child care for some clients, WAGES clients need to get referrals authorizing child care from their WAGES workers before they can obtain child care, and they need a new referral each time they are recertified (given continued permission to get child care subsidies). In Tampa, clients could not make appointments with child care workers, which meant that each time they needed to submit a referral they had to wait in line at the office. WAGES clients also had to go into the child care office whenever they changed providers or changed the number of hours they needed child care. While child care subsidies for WAGES clients were linked to their status as WAGES clients, in some areas of the state there was little communication between WAGES staff and child care staff. Such communication might have eliminated some of the need for clients to go back and forth between offices, requiring them to take time off from work to do so.

One of the big challenges in Florida has been creating greater flexibility in using child care funds. Separate funds for WAGES and non-WAGES clients, with limited flexibility for shifting funds, has meant long waiting lists for non-WAGES clients. The legislature and policymakers have expressed an interest in greater flexibility, but at the time of the child care site visit Florida had yet to implement policies that might have reduced the number of children on waiting lists.

Child Welfare

Child welfare agencies seek to protect children from abuse and neglect. They may intervene in families when such behavior is suspected; offer services to such families or require that families complete service programs; and remove children from their home and place them in state-supervised care if the children face imminent or ongoing risk of abuse or neglect in the home. Nationally, many policymakers, researchers, and advocates expressed concern that families that did not fare well under the new welfare requirements might be referred to child welfare agencies for child abuse or neglect. Thus far, however, welfare reform does not appear to have led to a significant increase in child welfare caseloads in Florida. Welfare reform did not change the level of collaboration between child welfare and welfare workers regarding clients involved with both, although the state did make provisions aimed at preventing sanctioned welfare families from entering the child welfare system. Following welfare reform, child welfare funding decreased slightly at first, but since then it has increased. A part of that increase comes from using some TANF funds for child welfare services.

The DCF Office of Family Safety administers the child welfare system in Florida. Services are delivered through 67 local DCF agencies within 15 districts. District offices have considerable decision-making authority over how to design and implement programs to meet local needs. The state has begun a process of further decentralizing child welfare by allowing local law enforcement agencies to take over responsibility for abuse investigations and by giving community-based boards the responsibility for overseeing the privatization of services provided to children in the child welfare system.

Welfare Reform and Child Welfare

During the implementation of welfare reform, child welfare and welfare administrators discussed its potential impacts on the child welfare caseload, and DCF put in place procedures for welfare offices to make reports to child welfare agencies. These procedures may be unique to Florida. If a parent requests a hardship exemption from a welfare time limit and is denied, the case is sent to Family Safety to assess whether the loss of benefits will place the child in danger of entering foster care. Also, when a family is sanctioned for non-compliance with welfare requirements for the second or third time, the Economic Self-Sufficiency Office sends information to the child welfare agency for a "desktop audit" to look at whether the family has been involved with child welfare previously. Initially, that office also reviewed families that reached their welfare time limit, but because of the resulting workload increase, it now looks only at sanctioned families.

Child Welfare Caseloads

Despite widespread concerns in Florida, thus far child welfare caseloads have not increased significantly following welfare reform. There has been a shift in philosophy away from family preservation, which was the focus of the state's child welfare system in the early and mid-1990s, toward greater emphasis on child safety. This shift is apparent in the name change of the division responsible for child welfare from the Office of Family Safety and Preservation to the Office of Family Safety. As a result of the change in focus, more children are investigated for possible maltreatment and more children are removed from their home and placed in foster care.

In 1998, Florida investigated allegations of abuse and neglect involving 186,967 children, 6 percent more than in 1996. In 1998, Florida found 44 percent of these investigated allegations to be substantiated or indicated, an increase from 42 percent in 1996, and well above the national median of 30 percent. Florida's 23.2 victimization rate (abuse/1,000 children) is also double the national median of 11.5. Consistent with the state's prior philosophy of family preservation, from 1990 to 1996 the number of children removed from their home decreased steadily, a 40 percent decrease over the period. Then, from 1996 to 1998, the number of children removed from their home increased by 39 percent.

Although child welfare caseloads have gone up at the same time welfare caseloads overall have gone down, child welfare administrators and caseworkers believed that welfare reform had not been a factor in the increase. Instead, administrators attributed the increase to widely publicized child deaths, especially that of Kayla McKean, which led to legislation in 1999 bearing her name. The new law required a full mandatory investigation for all reports submitted by school personnel, physicians, and judges, and all reports where a previous report has been received regardless of its finding. In the six months following the passage of the Kayla McKean Act, the number of reports increased by approximately one-third. Other factors contributing to the increased child welfare caseload include public awareness of child abuse and greater awareness of domestic violence and its impacts on child welfare. In addition, increased substance abuse involvement among clients and an increase in the population as a whole may have contributed to the increase.

Financing Child Welfare Services

Although federal welfare reform is known for the block granting of federal income assistance, the welfare reform law also altered federal funding streams that many states have used to pay for child welfare services. The Emergency Assistance program was eliminated and the program's funds were rolled into the TANF block grant, the Social Services Block Grant was cut by 15 percent, and eligibility for SSI was defined more narrowly.¹⁰

In 1998, Florida expended \$415 million on child welfare services, a 2 percent decrease from 1996 (not adjusted for inflation).¹¹ Between 1996 and 1998, federal funding for child welfare services in Florida increased by 15 percent, while state funds decreased by 24 percent. In 1998, Florida did not use any TANF dollars for child welfare services, though it had spent \$46,013,822 in Emergency Assistance for child welfare purposes in 1996.

Funding for child welfare services in Florida increased significantly in state FY 1999–2000. Governor Bush put a strong emphasis on child welfare. He appointed a former family court judge to be Secretary of DCF and requested a substantial increase in child welfare funding. State funding increased by approximately \$100 million, the first increase in state funds in several years. Interviewees attributed the increase to highly publicized child deaths, the move toward privatization, and the new governor's different philosophy toward child welfare. In FY 1999, Florida began to use TANF funds to provide in-home services, which previously were funded under Title IV-A Emergency Assistance. Florida also uses TANF dollars to fund the Relative Caregiver Program, which provides relatives caring for children with a payment that is greater than a TANF child-only payment but less than a foster care payment.¹² Funds from the Social Services Block Grant also increased as a result of the transfer of TANF funds into that program. The 2000 legislative session resulted in another increase of more than \$100 million devoted to child welfare.

Collaboration between TANF and Child Welfare Agencies

Many families receiving services from child welfare agencies also receive welfare assistance. These dual-system families may face competing demands. They must meet the new requirements imposed on welfare recipients in order to receive assistance, and at the same time they must meet case plan goals developed by child welfare agencies in order to keep their children or have their children returned to them. Despite the overlap in populations, historically there has been little formal collaboration between child welfare and welfare agencies in Florida.

DCF put policies in place regarding the potential for children to enter the child welfare system in the wake of welfare reform. Dual-system clients—those already involved with both Family Safety and Economic Self-Sufficiency—were not discussed in depth. There is no state policy requiring collaboration between child welfare and welfare workers regarding dual-system clients. Also, the TANF and child welfare agencies have no common database for sharing client information, partly because of confidentiality concerns. Child welfare workers in Hillsborough and Miami-Dade reported that they did not receive training about the changes brought about by welfare reform, and that they learned about it primarily from the media and their clients. Child welfare workers reported that joint case planning with their counterparts in the welfare office does not occur. Child welfare administrators in other counties reported that workers did receive some training about welfare reform, and some identified informal policies that require child welfare and welfare staff to work together.

Other Changes Affecting Child Welfare

Florida child welfare workers and administrators identified highly publicized child deaths as the biggest impetus for change in child welfare in Florida over the past few years. The deaths increased public awareness, stimulated more reports of abuse and neglect, led to new legislation, increased staff responsibilities, and resulted in greater funding for child welfare.

Florida's move toward privatizing child welfare services is another major change currently in its early stages. Florida passed legislation in 1998 mandating that all child welfare services except investigations are to be privatized by 2003. Any sheriff's department that wants to take over the investigation process can submit a plan to do so. If the sheriff's department declines, DCF will retain the investigative function. Monitoring performance and investigations would be the only functions that remain a government responsibility when the privatization project is complete. Community-based service providers will be responsible for all other direct client services, including case management, in-home and out-of-home services, and adoption services. Responsibility for managing the provision of these services will be assigned to a lead agency selected through a competitive process. The state now has four pilot projects on privatization, which the state calls "communitybased care." Every area of the state is at a different level of planning and implementation for the privatization process.

Welfare reform's biggest effect on the child welfare system so far has been changes in the funding structure of the system. However, child welfare, TANF, and workforce development have all been affected by Florida's emphasis on privatization and the move away from having state agencies provide social services.

Conclusions

Three interrelated trends in social services in Florida had just begun to emerge at the time of the first site visit in 1997, and they have since taken on greater importance. These are a move toward giving public-private boards responsibility for overseeing and administering services, the devolution of responsibilities from the state to the local level, and the contracting out of services previously handled by state agencies.

During the first round of site visits for this project, public-private boards were given key responsibilities for implementing welfare reform at both the state and local levels. Since that time, the state has implemented its initial plans and given further responsibilities to the public-private boards. DLES, the state agency initially given responsibility for assessment and up-front services, lost those responsibilities. The responsibilities were transferred to contractors selected by local public-private boards overseen by a state public-private board. These boards administer contracts with a variety of public, nonprofit, and for-profit organizations that are responsible for providing services to cash assistance clients in Florida. Florida's child welfare system has begun to move in a similar direction. The legislature has mandated that all child welfare services be privatized by January 1, 2003. Although DCF will maintain an oversight function for child welfare, the responsibilities for providing services will rest with nongovernmental lead agencies selected by community representatives.

In addition to these trends, Florida has moved toward greater integration of its workforce development and TANF programs. When local WAGES coalitions were being formed in 1996 and 1997, the option existed to have a combined RWDB and WAGES coalition and many regions chose that option. The 2000 legislative session required a single RWDB with responsibilities for TANF and eliminated the separate WAGES State Board. State oversight of TANF services shifted to the same public-private agency responsible for workforce development.

While the most profound change in child welfare is the impending privatization of services, other important changes have occurred since 1997. In an unusual approach, Florida required that some sanctioned TANF clients be referred to child welfare. This has

not resulted in a large increase in child welfare cases, or in greater integration of services among TANF clients who are also involved with the child welfare agency. TANF funds have also been used to create a new benefit category for relative care cases that is greater than the child-only payment but less than the foster care payment.

At the time of the child care site visits, few changes had occurred in the child care subsidy program following federal welfare reform. However, with the School Readiness Program and the requirement that local coalitions be created, there will likely be changes to this program in the future. Florida has also seen an increase in child care funding since federal welfare reform, but at the time of the site visit had yet to integrate child care funding streams so that surplus funds dedicated to the shrinking WAGES population could easily be transferred for use among a growing working poor population.

Florida's system for delivering social services has undergone dramatic changes since 1996. The state has taken advantage of increasing flexibility at the federal level to move toward a service delivery system that is far different from what it replaced and is a departure from the way states have normally designed these systems. Neither the term "stateadministered" nor the term "county-administered" clearly applies to Florida's welfare system or evolving child welfare system. Florida's strict policies have resulted in a very sharp decline in its welfare caseload. The decline is greater in magnitude than that in most other states, but what really makes Florida unique is its approach to providing services.

Endnotes

1. Counties included were Baker, Hardee, Jackson, Putnam, Sarasota, Sumter, and Walton (rural); Broward, Orange, Palm Beach, Pasco, and Volusia (urban).

 Office of the Comptroller. Florida Citizens' Report Fiscal Year Ended June 30, 1999. http://www.dbf.state.fl.us/aadir/citizens_report/pop99/citizen99.pdf. Accessed November 2000.

3. Florida Tax Watch. 1999. Anticipating the Effects of an Economic Recession on Florida's Budget: The State's Financial Health Is Much Improved. http://www.floridataxwatch.org/recess2000.html. Accessed November 2000.

4. Zedlewski, Sheila, Pamela Holcomb, and Amy-Ellen Duke. 1998. *Cash Assistance in Transition: The Story of 13 States*. Washington, D.C. Assessing the New Federalism Occasional Paper No. 16.

5. Florida did have an Aid to Families with Dependent Children (AFDC) welfare waiver that allowed it to run a demonstration program in two counties where recipients were subject to a time limit similar to the one later adopted under WAGES. Time limits for these participants began expiring in 1996.

6. Florida's policy at that time was that families were eligible for subsidies if their income was below 150 percent of the federal poverty level (FPL) and they could continue to receive subsidies until their income exceeded 185 percent of the FPL. The actual dollar amounts used to determine eligibility were slightly lower because they were not automatically adjusted when the FPL was adjusted for inflation.

7. Children's Defense Fund. 1999. Seeds of Success: State Prekindergarten Initiatives. Washington, D.C.: Children's Defense Fund.

8. On October 1, 2000, the administration of the subsidy program at the state level was transferred from the Department of Children and Families (DCF) to the School Readiness Partnership, a public-private board. As noted in the final paragraph of the previous section, the legislation mandating this change also intends to give local coalitions greater control over the child care subsidy program.

9. The working poor funding stream includes non-WAGES families and protective service cases. Transitional families also are included here in some cases. For example, in Miami, transitional families were funded through the non-WAGES funding stream. Tampa, however, had a separate source of money for transitional families.

10. For additional information about these changes, see Geen, Rob, Shelley Boots, and Karen Tumlin. 1999. *The Cost of Protecting Vulnerable Children*. Washington, D.C.: The Urban Institute. *Assessing the New Federalism* Occasional Paper No. 20.

11. Based on data provided by the state in response to the Urban Institute's 1999 Child Welfare Survey.

12. The Relative Caregiver Program, which is new, uses Temporary Assistance for Needy Families (TANF) funds to provide a payment of 72 percent of the foster care rate, following a home study.

Table 1 Notes

a. U.S. Bureau of the Census. "State Population Estimates: Annual Time Series, July 1, 1990, to July 1, 1999." http://www.census.gov/population/estimates/state/st-99-3.txt. [date accessed: October 2000.]

b. U.S. Bureau of the Census. "State and County Quick Facts." http://quickfacts.census.gov/qfd/states/12000.html. [date accessed: October 2000.]

c. U.S. Bureau of the Census, Population Estimates Program, Population Division. "States Ranked by Hispanic Population, July 1, 1999." http://www.census.gov/population/estimates/state/rank/hisp.txt. [date accessed: October 2000.]

d. U.S. Bureau of the Census, Population Estimates Program, Population Division. "States Ranked by Black Population, July 1, 1999." http://www.census.gov/population/estimates/state/rank/black.txt. [date accessed: October 2000.] National population percentages are as of July 1, 1999, from U.S. Census Bureau. "Resident Population Estimates of the United States by Sex, Race, and Hispanic Origin." http://www.census.gov/population/estimates/nation/intfile3-1.txt. [date accessed: October 2000.]

e. Urban Institute estimates based on a three-year average of data in the 1997, 1998, and 1999 March Supplements to the Current Population Survey. A Joint Project Between the Bureau of Labor Statistics and the Bureau of the Census.

f. U.S. Bureau of the Census. 1999. *Statistical Abstract of the United States:* 1999 (119th edition). Table 42. Washington, D.C.

g. U.S. Bureau of the Census. Population Estimates Program, Population Division. "Percent Change in Population for U.S. States: 1990 to 1999." http://www.census.gov/population/www/estimates/stmap03.html. [date accessed: February 2001.]

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Table 2 Notes

a. U.S. Congress, House Committee on Ways and Means. 2000. 2000 Green Book. Table 7-7: Maximum Combined AFDC/TANF Benefits for a Family of Three (Parent with Two Children), July 1994-January 2000. Washington, D.C.: U.S. Government Printing Office. January.

b. Two Urban Institute calculations: (1) Average monthly number of AFDC 1996 recipient children divided by number of children in poverty 1996: U.S. Department of Health and Human Services. Administration for Children and Families. 1997. *Characteristics and Financial Circumstances of AFDC Recipients FY 1996*. Table 18. "Percent Distribution of AFDC Recipient Children by Age (October 1995-September 1996)"; (2) Average Monthly Number of TANF 1998 Recipient Children divided by Number of Children in Poverty 1998: U.S. Department of Health and Human Services. Administration for Children and Families. 1999. Second Annual Report to Congress August 1999. Table 9:22. "Percent Distribution of TANF Recipient Children by Age Group (October 1997-September 1998)." The numbers of children in poverty in 1996 and 1998 are Urban Institute calculations from the *National Survey of America's Families II*.

c. Kenney, Genevieve, Lisa Dubay, and Jennifer Haley. 2000. "Health Insurance, Access, and Health Status of Children: Findings from the National Survey of American Families." In *Snapshots of America's Families II: A View of the Nation and 13 States from the National Survey of America's Families*. Washington, D.C.: The Urban Institute.

d. Based on three sources: (1) Urban Institute's TRIM [Transfer Income Model]; (2) Vernon K. Smith. 1999. "Enrollment Increases in State CHIP Programs: December 1998 to June 1999": Health Management Associates, July; (3) Urban Institute analysis of *1999 SCHIP [State Children's Health Insurance Program] Annual Report*. Rules for 1996 and 1998 are policies in place the majority of the year. Rules for 2000 represent plans approved as of January 1, 2000.

e. In 1996, the thresholds represent the state Medicaid thresholds for poverty-related eligibility or AFDC-related eligibility. Higher thresholds for separate state-financed programs (such as in New York) are not represented here.

f. In 1998, some states' thresholds represent Medicaid eligibility, and others are either Medicaid expansions or stand-alone programs enacted under the SCHIP legislation.

g. In 2000, all states covered at least some children through SCHIP; certain groups in some states are eligible only through Medicaid.

h. Data for 1998 are from January 1, 1998, compared with 1997 federal poverty level (FPL). Gina Adams, Karen Schulman, and Nancy Ebb. 1998. *Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families*. Table A1. Washington, DC: Children's Defense Fund, March. Data for 1999 are from June 1999, compared with 1999 FPL. The 1999 data are calculated using state agency information and information from Helen Blank and Nicole Oxedine Poersch. 1999. *State Developments in Child Care and Early Education*. Table 1. Washington, D.C.: Children's Defense Fund. The Urban Institute calculated 1998 and 1999 U.S. median income eligibility level as a percentage of state median income (SMI) and FPL.

Table 3 Notes

a. The state WAGES board was abolished as of July 1, 2000. Local WAGES coalitions can no longer be separate from the RWDBs (see the discussion of TANF and Workforce Development, below). The Florida Workforce Innovation Act of 2000 renames the RWDBs Regional Workforce Boards (RWBs).

b. As of October 1, 2000 the Florida Partnership for School Readiness, a public-private board, replaced the Department of Children and Families as the lead agency for the state child care subsidy program.

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2100 M Street, N.W. Washington, D.C. 20037 Copyright © 2001 Phone: (202) 833-7200 Fax: (202) 728-0232 E-mail: pubs@ui.urban.org This state update is a product of *Assessing the New Federalism*, a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

In 1996 and 1997, the Urban Institute conducted case studies in 13 states that provided a baseline for understanding changes emerging from welfare reform. This set of state updates describes changes occurring between 1996-97 and 1999-2000 based on a second set of case studies completed in 1999 and 2000. Programs covered include income support through the Temporary Assistance for Needy Families program, employment and training supports for low-income welfare and non-welfare families, child care, and child welfare. It also looks at interactions among these programs.

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