



CHILD WELFARE REFORM

While the child welfare system has experienced great progress over the past two decades, new and existing barriers threaten continued success for children.

Significant challenges include:

- **high turnover** of critical frontline staff
- **inconsistent funding formulas** that have increased inequities
- annual **lead agency deficits**
- an increase of **lead agencies taking in house more than the legislatively recommended 35 percent of services**
- the increasing **shift of risk to the providers**, which can threaten the mission of every frontline provider serving vulnerable children and families.

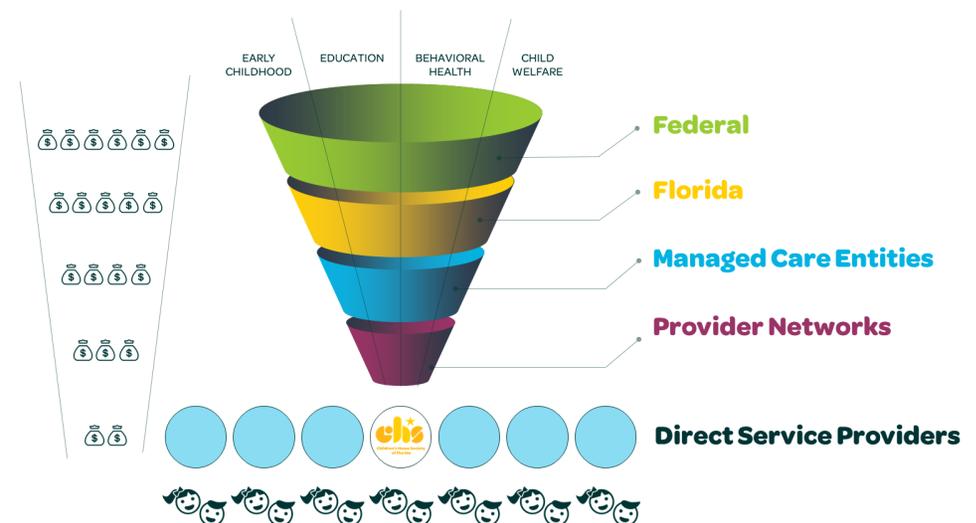
Operational Risks

The child welfare **direct-service provider front line is understaffed and overwhelmed**. As schools and activities resume, we anticipate an increase in child abuse reports, which will lead to an increase of cases, duties and responsibilities for the front line – all in the midst of the continued pandemic. **With burnout on the rise, the workforce remains in jeopardy – and the absence of a stable child welfare workforce has a direct negative impact on child outcomes.** To achieve better outcomes for children, it is crucial that we invest in the front line of child welfare services.

Funds intended to reach our children are severely reduced at every level. **To successfully meet children's complex needs, a long-term priority must be adopted to ensure funds are dedicated to the front line to achieve maximum outcomes.**

Financial Risks

Though the legislative intent of community based care was for lead agencies to assume the full financial risk of services to children in the child welfare system, the reality is that direct-service providers are increasingly responsible for covering the costs of high-quality services for children in foster care. If the cost to care for the influx of children exceeds lead agencies' initial projections, providers end up millions of dollars in deficit. As this financial burden keeps shifting to the provider community, more providers will be forced to exit these contracts.





SCHOOL-BASED HEALTH CENTERS: INCREASE ACCESS FOR STUDENTS

School-based health centers (SBHCs) are currently unable to receive reimbursement for providing services to Medicaid-eligible students, which can interfere with their ability to successfully serve children in need. It is well documented that health challenges negatively impact a student's ability to succeed academically; SBHCs offer children in low-income communities the opportunity to receive easily accessible health care so their education will not be impacted by health issues.

SBHCs are proven to address the access barrier for children, as they are located on school property and staffed by qualified healthcare professionals able to treat medical problems and mitigate the effects of poor health on a child's academic performance. While SBHCs are proven to improve health outcomes in children– and thus positively impact their chances for success in school – the SBHCs face significant funding strains due to Medicaid reimbursement challenges. To best serve children in low-income families, there must be new flexible solutions to ensure these institutions are financially sound and sustainable.

Goal

Increase access to healthcare services (including physical and mental health services) to students on campus in a manner that does not interfere with school instructional hours and helps prevent parents from seeking emergency room care unnecessarily.

COMMUNITY PARTNERSHIP SCHOOLS: CONTINUE TO SUSTAIN AND EXPAND THE PROVEN MODEL

Community Partnership Schools (CPS) provide support, services and solutions to help alleviate physical, emotional, societal and mental health burdens that can interfere with student success.

A partnership among Children's Home Society of Florida, the University of Central Florida and Orange County Public Schools brought the successful Community Partnership School™ model to Florida in 2012. Legislative support began with the first appropriation in FY 2013/14. During the 2019 Legislative Session, the Florida Legislature codified the CPS model into law establishing Section 1003.64, F.S. – Community School Grant Program. Recurring funds were also established to fund existing schools and to expand the model to more schools throughout the state. To date, 26 schools are implementing this model.

Goal

Children's Home Society of Florida advocates for the continued progress and funding commitment by the Florida Legislature to support existing schools and increase the number of Community Partnership Schools operating in Florida.

If you would like to discuss any of these issues in greater detail or need any additional information please contact CHS President & CEO Andry Sweet at (321) 230-4095 or Vice President of Governmental Relations Summer Pfeiffer at (850) 339-5463. Please visit www.chsfl.org/advocate to download the complete issue briefs.