

FIRST PUBLIC HEARING FOR FY 2021 TRIM AND BUDGET BEGINS AT 5:01 PM



CHILDREN'S TRUST OF ALACHUA COUNTY

Public Comments

1. Use the Zoom "Raise your hand" function

(click on the "Participants" icon in the toolbar and look for the "Raise your hand" button)

- 2. Use the Zoom "Chat" function
- 3. By phone: 346-248-7799 and use Meeting ID 825 8907 8963



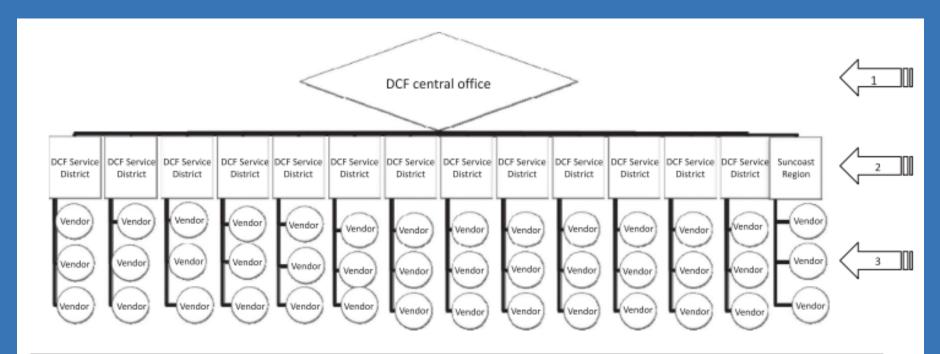
Children's Trust of Alachua County Monday, September 14, 2020 at 4:00 PM

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Funding three programs Day 1

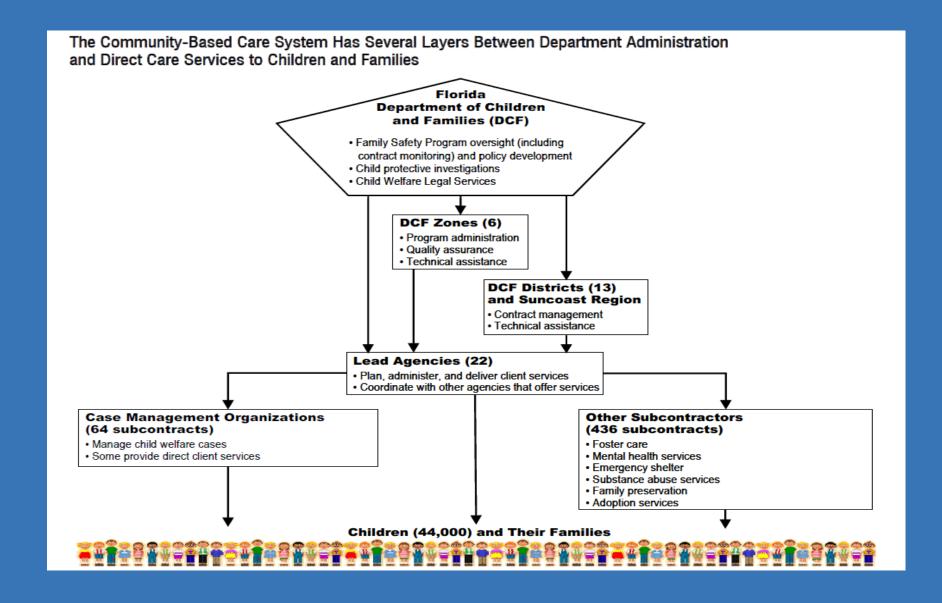
Funding 40+ programs Day 160+





- 1. DCF Central Office: Contract-related policies and directives; administrative support
- 2. DCF's 13 service districts and 1 region: Provide direct services (case management); procure, process, manage, and monitor district service contracts
- 3. <u>Individual vendors under each district's jurisdiction</u>: Deliver direct services to clients (e.g., prevention services, foster care, residential care, and adoption)







- Clear principal-agent relationships
- Stability
- Resources, but not as much as the contracting arrangement
- "Solve social dilemmas"
- Distribution of "property rights" (Milward & Provan, 2000)



Time Period	Process Elements	Areas Funded
The Early Years Years 1-6	Annual RFPs (some years limited only to currently funded agencies) Extensive provider and Council involvement, along with intensive staff review Allocation hearings (first with panels and then with entire Council) Objections process (to contest denial of application or award of less funding then requested)	Based on 16 funding priorities/program service areas, 10 funding categories were developed (pp. 67 – 68, Exhibit "A"): Child Care Juvenile Justice Health Education Dependency Family Stability Substance Abuse Mental Health Developmental Disabilities Recreation In year 4 (Exhibit "B") the funding priorities were no longer tied to the 16 funding problems, the funding priorities included: Economic Status-Family Stability Self Sufficiency Education Child Care Health Substance Abuse Mental Health Substance Abuse Mental Health Substance Abuse Mental Health Substance Abuse Mental Health Child Abuse & Neglect Juvenile Justice Special Needs Recreations and Cultural Activities



Time Period	Process Elements	Areas Funded
Multi-Year Funding Begins Years 7 & 8	Implementation of the multi-year contract process began (each funding area would have an RFP once every three years, with renewal applications in the interim two years) Objection process open only to agencies that included new information in their objection Major allocations hearing and objections process eliminated in year 8 (and thereafter)	In year 7, a Neighborhood-Based RFP was issued, restricted to not for profit organizations with at least two-thirds of the board being residents of the neighborhood intended to be served Funding was narrowed over a three-year period to cover the following populations and issues: Birth to 5 years old After-school programs Teen pregnancy and HIV prevention Grassroots neighborhood capacity building Family-strengthening
Shift in Areas Funded Years 9-13	 In year 10, cycle was increased for funding up to four years without going through a competitive RFP process In year 12, this was increased to a five year cycle The process of RFPs in certain areas and a "base application process" for programs not subject to competitive RFPs continued In year 12, the RFP proposal review process was modified to add additional requirements, see Exhibit "D" 	As part of the revised RFP proposal review process in year 12, additional funding categories were established to allow for board, administration and program development prior to delivery of client services As a result, the following categories of funding were: regular, start up, conditional, and special requests In year 13, funding for Beacon Centers and Family Resource Centers began
Longer Term Contracts – Targeted Areas for Funding Years 14-18	 In year 14, the RFP review process was revised to allow for initial review of proposals, telephone interviews, verifications regarding capability and track record of applicants, personal interviews, internal staff review, ratings and recommendations, and staff recommendation to Council. Based application funding became part of the Council's consent agenda 	In year 15, an RFP was issued for out of school activities In year 15, RFPs for family and community networks were released for each of four targeted geographical areas (TGA) In year 16, RFP for mentoring was released, and Beacon Centers were expanded





The initial process was extremely labor intensive for staff, providers and the Council, with extensive paperwork and lengthy meetings (in some years the allocations hearings were three to four days in length). This was changed to a process that was able to obtain the information needed to make a decision more efficiently. Also, over time, as a system of care was established and many of the RFPs were to find a provider(s) to run an evidence-based program, more responsibility was placed on the staff to investigate and make funding recommendations. The Council thus took on a more policy-making role, relying on the RFP process to identify the best agency for a specific program.



It soon became clear that annual RFPs did not provide enough time to develop and implement programs (on the agency side) nor sufficient time to evaluate the effectiveness of such programs (on CSC's side). Additionally, as systems of care were developed, more time was necessary for programs that were part of a system, as CSC needed to determine both whether the program was working and whether it was contributing to the advancement of the system. These factors, over time, led to a three to four year funding cycle, then to a five year funding cycle with a five year renewal, and finally to the current situation where programs have no fixed cut-off date but are subject to the CPPA and SRAA processes described above.



CSC's focus on accountability (only funding programs that achieve their objectives, an issue from the very first RFP through today's CPPA) has over the years also led to a focused approach on specific areas of funding, with evidence-based programs used when possible, all within an overall System of Care. This narrower focus than the original funding categories automatically excluded certain categories of providers who did not provide programs in these areas. This resulted in CSC going from having ten different funding areas initially (with sixteen problem areas) to eventually having programs focused on CSC's four main goals, through the three components of the Early Childhood System of Care (Healthy Beginnings, Strong Minds, and BRIDGES).



Similarly, CSC's emphasis from the beginning on accountability and evaluating programs led, out of necessity, to termination of programs that could not demonstrate they were achieving their desired outcomes. This was noted by Council members early on as a major change from how government funding of programs usually worked. The mechanism for terminating programs that were not working changed over time – from non-selection when annual RFPs were used to today's CPPA process.



These changes to the funding process (see #s 3 and 4 above), have also contributed to the development of the CSC Accountability Model, in which funding has become more of an investment portfolio decision and not merely funding a program.



Over time there has been a significant change from CSC funding what were essentially agency programs brought forward through the RFP process for additional or new funding to the current situation where agencies are being funded to deliver programs decided on by CSC. One implication of this, for example, is that CSC now is prepared to pay all reasonable costs of implementing its programs, rather than (as in the early years) urging agencies to find additional funding sources.



Funded agencies, particularly but not limited to, smaller agencies, had issues regarding the management and financing of those agencies. This resulted in situations where an agency, primarily for financial reasons, went out of business on short notice, requiring CSC to quickly transition clients to other programs/agencies. This problem led to the certification process.



An RFP (or RFQ) continues as a good mechanism to select providers for new programs, as well as to get input from providers in structuring programs where no evidence-based programs exist. One example of this is the "Light Touch Service" RFQ for FY 14-15.



Strong Minds Network

Strong Minds Network Providers

Child Care Centers ~ Family Child Care Homes ~ School Based Sites

- · Provide Quality Care
- · Provide Quality Environments
- Provide Quality Interactions
- Provide Quality Instruction

Feedback Input

Strong Minds Network Partners

Early Learning Coalition

Children's Forum Palm Beach State College

PBC School District

- · Provide Quality Supports & Resources
- Provide Valid and Reliable Program Assessments
- Provide Scholarships

Feedback III

Input

Children's Services Council

- Provides Funding, Research, and Leadership
- Administers and Manages the Strong Minds Network
- Provides Navigation
- Provides Tiered Reimbursement Supplements

