Income Support and Social Services for Low-Income People in Florida

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State Reports

Assessing the New Federalism
An Urban Institute Program to Assess Changing Social Policies
Income Support and Social Services for Low-Income People in Florida

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This report is part of the Urban Institute’s *Assessing the New Federalism* project, a multi-year effort 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 and their effects. In collaboration with Child Trends, the project studies child and family well-being.


The nonpartisan Urban Institute publishes studies, reports, and books on timely topics worthy of public consideration. The views expressed are those of the authors and should not be attributed to the Urban Institute, Child Trends, their trustees or funders.

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About the Series

Assessing the New Federalism is a multi-year Urban Institute project designed to analyze the devolution of responsibility from the federal government to the states for health care, income security, employment and training programs, and social services. Researchers monitor program changes and fiscal developments. In collaboration with Child Trends, the project studies changes in family well-being. The project aims to provide timely, nonpartisan information to inform public debate and to help state and local decisionmakers carry out their new responsibilities more effectively.

Key components of the project include a household survey, studies of policies in 13 states, and a database with information on all states and the District of Columbia, available at the Urban Institute's Web site. This paper is one in a series of reports on the case studies conducted in the 13 states, home to half of the nation's population. The 13 states are Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. Two case studies were conducted in each state, one focusing on income support and social services, including employment and training programs, and the other on health programs. These 26 reports describe the policies and programs in place in the base year of this project, 1996. A second set of case studies will be conducted to examine how states reshape programs and policies in response to increased freedom to design social welfare and health programs to fit the needs of their low-income populations.

The income support and social services studies look at three broad areas. Basic income support for low-income families, which includes cash and near-cash programs such as Aid to Families with Dependent Children and Food Stamps, is one. The second area includes programs designed to lessen the
dependence of families on government-funded income support, such as education and training programs, child care, and child support enforcement. Finally, the reports describe what might be called the last-resort safety net, which includes child welfare, homeless programs, and other emergency services.

The health reports describe the entire context of health care provision for the low-income population. They cover Medicaid and similar programs, state policies regarding insurance, and the role of public hospitals and public health programs.

In a study of the effects of shifting responsibilities from the federal to state governments, one must start with an understanding of where states stand. States have made highly varied decisions about how to structure their programs. In addition, each state is working within its own context of private-sector choices and political attitudes toward the role of government. Future components of Assessing the New Federalism will include studies of the variation in policy choices made by different states.
## Contents

Highlights of the Report 1

Florida: A Brief Overview 11
  Population 11
  Economy and Budgetary Landscape 14
  Political Landscape 15

Setting the Social Policy Context 19
  Florida’s Agenda for Serving the Needs of Low-Income Families 19
  Social Welfare Spending 20
  Organization of Services and Administrative Structure 23

Income Support and Welfare Reform 31
  Florida’s Income Support Programs 31
  Welfare Reform 33

Programs That Promote Financial Independence 41
  Employment and Training 41
  Child Care and Early Childhood Education 46
  Child Support 56
  Medicaid and Other Health Insurance 59
  Teen Pregnancy Prevention 60

Last-Resort Safety Net Programs 65
  Child Welfare 65
  Homeless and Emergency Services 71
Highlights of the Report

This report focuses on the baseline conditions of cash assistance and social services in Florida, as the state embarked on the new welfare reforms associated with the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)—in particular, replacement of Aid to Families with Dependent Children (AFDC) with Temporary Assistance for Needy Families (TANF).

State Overview

With slightly more than 14 million inhabitants in 1995, Florida is the fourth most populous state in the nation. Florida’s population is growing considerably faster than the nation’s. The state ranks first in the country in the proportion of its population over age 65, and its elderly population is also one of the fastest growing in the country. Despite the comparatively high and growing numbers of elderly people in Florida, the median age of state residents is 37.6 years and the number of children has grown significantly since 1990. The state has a large Hispanic population, constituting 16.5 percent of the population. Immigrants also make up a significant part of the population—about 10 percent of the total state population in 1996. Florida’s economy is healthy and growing at a faster rate than the U.S. economy, but it also had a slightly higher poverty rate than the nation (16 percent versus 14 percent) in 1995 as well as a higher percentage of children in poverty (26 percent versus 22 percent).

Florida’s population growth has occurred against the backdrop of a long history of fiscal conservatism and low social spending. In the 1990s, the increase in its youngest and oldest age groups has placed enormous strains on Florida’s
family and health services, educational system, and criminal justice system. However, the state’s ability to respond to the increasing level of need among its population is constrained by the prevailing general antitax environment and self-imposed constraints on the use of available revenues. Historically, policy-making in Florida has been dominated by the legislature; the governor has a relatively weak role. Despite this, the late Governor Lawton Chiles was viewed as an active governor who placed a high priority on children’s issues—particularly child and maternal health—during his two-term tenure.

### Setting the Social Policy Context

Social welfare policy developments in Florida reflect three basic themes: (1) general reservations about and lack of confidence in the ability of public agencies to administer programs efficiently; (2) the belief that public agencies should not have sole control over decisionmaking regarding the design, management, and delivery of services and that a locally based response to community needs is called for; and (3) a conviction that services and programs need to be coordinated and integrated to the maximum extent possible, should reflect the needs of local communities, and should be held accountable to performance-based outcome measures. Although there is little support for expanding income support programs per se, there is much support for initiatives that provide opportunities for individual advancement and economic success.

These three themes are exemplified throughout major policies and programs for low-income families covered by this study. They are particularly pronounced in major legislation enacted in the areas of workforce development and welfare reform. The Florida Workforce Act of 1996 provides the statutory base for restructuring the state’s employment and training system, an initiative that had already started in response to earlier developments, including executive orders issued by the governor. The 1996 Work and Gain Economic Self-Sufficiency (WAGES) Act focuses primarily on moving welfare recipients into employment; it was modeled heavily after the new workforce development legislation and its welfare reform waiver demonstration project. In each of these areas, the legislature mandated changes that transferred some responsibilities traditionally accorded state agencies to public-private boards; gave localities greater flexibility to design, coordinate, and manage an integrated workforce development and welfare-to-work system; and included performance-based outcome standards.

Also, consistent with the budgetary and philosophical context that shapes Florida’s social welfare policy, Florida does not have a history of funding income support and social services much beyond the minimum amount necessary to receive federal funds, and it spends less than many other states on these areas. For example, in 1995 the state spent only 60 percent of the national average on AFDC benefits and only 40 percent of the national average on foster care. Expanding funding for criminal justice (primarily for the purpose of build-
ing prisons) and education figured most prominently on the state’s agenda during the 1990s. At the same time, the state legislature repeatedly made social services the target for spending cuts, despite efforts by the governor to the contrary, although it supported and appropriated some additional funding for different aspects of programs targeted by Governor Chiles for expansion.

Basic Income Support and WAGES Welfare Reform

The major income support programs in Florida are the Food Stamp program and AFDC (now TANF). The average AFDC monthly benefit per family was $277 in 1995, well below the nationwide average of $381 and among the bottom third of all states. Reflecting the federal safety net’s historic role in muting differences across states in social program generosity, spending in the state for programs that were fully paid for by the federal government, such as the Food Stamp program, tended to be near or above the national average. Food Stamp program spending per poor family in Florida for households with children was $692 versus $711 for the United States. The maximum combined AFDC/TANF and food stamp benefit for a family of three in Florida (with no other income) was $616 per month in 1996, more than double the maximum AFDC/TANF benefit alone ($303) but still only 57 percent of the federal poverty level. There is no statewide General Assistance program for the indigent, although counties can choose to provide some type of assistance out of their own revenues.

In June 1996, Florida passed comprehensive welfare reform legislation—the WAGES Act. WAGES was developed in response to general dissatisfaction with the welfare system, coupled with the desire to build on the state’s experiences with its welfare reform demonstration that operated in selected sites beginning in 1994. WAGES made a key change to the administration and organization of welfare-to-work services by creating and transferring significant planning, policy, and funding authority for welfare-to-work services and administration to several local, community-based WAGES coalitions and one statewide WAGES coalition. By statute, private-sector employers must represent a majority (51 percent) of board members.

Key features of WAGES include a tiered time limit on cash receipt with a four-year maximum on the total time a person may receive assistance, strict participation mandates and sanctions, up-front diversion assistance, family cap and parental responsibility mandates, financial work incentives, transitional services, and one-stop service delivery. Except for time limits, most of these features had not been implemented as of January 1997 but were phased in over the course of that year.

As in most other states, the average monthly number of AFDC/TANF families in Florida grew rapidly in the early 1990s and then began to decline after 1993. In contrast, the Food Stamp program caseload has remained relatively stable in Florida since 1993. Between January 1993 and January 1996, the num-
ber of AFDC families receiving cash assistance declined by 16 percent in Florida, compared with 7 percent nationally. The AFDC/TANF caseload has dropped dramatically since 1996: Between January 1996 and March 1998, the caseload dropped by 49 percent, compared with 30 percent for the nation. Thus, Florida has experienced continuous and above-average cash assistance caseload declines since 1993, a trend that has become even more marked during the period that roughly corresponds with the implementation of statewide welfare reform and a particularly strong economy.

**Programs That Promote Financial Independence**

To help promote self-sufficiency, income support programs need to be supplemented with employment and training, subsidized child care, child support collection efforts, and health insurance coverage.

**Employment and Training**

The process of instituting a workforce development system in Florida began in 1994 with the creation of the Jobs and Employment Partnership (JEP), a non-profit public-private board whose mission is to expand economic development activities and upgrade skills in the state. By statute, private-sector employers must represent a majority of JEP board members. Executive orders by the governor in 1995 and 1996 that were subsequently enhanced and ratified by the Florida Workforce Act of 1996 gave the JEP greater authority to pursue its workforce development mission.

To give the JEP greater local control over the planning and delivery of services, these executive and legislative actions established chartered Regional Workforce Development Boards to carry out local oversight, planning, and policy development for all state-funded and federally funded workforce programs within an area. They further directed that the new workforce development system contain four key elements: welfare-to-work programs, one-stop career centers, school-to-work programs, and high-skill/high-wage jobs programs. These four components encompass a range of initiatives and programs that were already in place and at varying stages of development in the state but had never been linked together under a formal and explicitly defined “workforce development” umbrella.

The primary employment and training program for cash assistance recipients is the WAGES program, which requires welfare recipients to engage in various work-related activities and provides supportive services to enable them to do so. Welfare recipients are a key target population but not the primary focus of the workforce development system, which seeks to upgrade the skills of all workers. Workforce development in the state refers to a broader focus and set of activities that encompass upgrading the skills of all workers to make Florida more competitive and attractive to employers.
Subsidized Child Care and Early Childhood Education

In order for families to work and be self-sufficient, they must be able to obtain and afford child care. Welfare reform stimulated a dramatic increase in child care funding in Florida, first for welfare recipients and more recently for the low-income working poor. The state appropriated $372 million in fiscal year (FY) 1997–98 for subsidized child care, an increase of slightly more than $100 million from the previous year and $175 million more than was spent on subsidized child care in FY 1995–96. Welfare recipients, as opposed to low-income working families, received a disproportionate share of this additional funding. Since the site visit on which this report is based, the state increased child care funding (in FY 1998–99) for low-income working families by 55 percent. This most recent budget development marks a significant investment in additional state revenue dollars for child care, a break from past state spending patterns in this area, and an opportunity to close the long-standing gap between child care funding for welfare families and low-income families.

Florida has spent many years working to create a seamless system of child care that overcomes the traditional patchwork system that resulted from so many different child care programs and funding streams. All child care funding streams are administered by 25 child care coordinating agencies at the local level. All but one of these coordinating agencies also serve as child care resource and referral agencies, and 11 are Head Start grantees. To further facilitate the ability of local child care coordinating agencies to administer a seamless system of child care, Florida uses uniform payment rates, sliding fee scales, and a standardized application.

In addition to subsidized child care assistance, Florida has a state-funded prekindergarten early childhood program, and it uses state funds to supplement the federally funded Head Start program. In recent years, early childhood education has received increasing attention and priority as a result of brain research related to young children’s development and the state’s top education objective to increase school readiness. In addition, welfare reform has added a new sense of awareness about the need to build and expand upon existing efforts to make early childhood education programs more accessible to working parents and achieve greater coordination between early childhood education programs and subsidized child care.

Child Support

Unlike most states, the Department of Revenue (DOR) administers the Child Support Enforcement program in Florida. Since DOR assumed this responsibility in 1994, efforts have increased to strengthen and streamline the system’s capability to establish, enforce, and collect child support obligations and to increase public awareness through public education campaigns and high-profile enforcement initiatives. Since 1994, collections have increased by nearly $200 million (from $387 million in state fiscal year [SFY] 1993–94 to $585 million in SFY 1997–98) and worker productivity, measured in terms of annual
collections per worker, is reported to have increased by approximately 20 percent. These positive outcomes have generated much support for the decision to place child support enforcement under the DOR and run the program “like a business.”

**Medicaid and Other Health Insurance**

As in other states, Medicaid in Florida is the predominant state-administered health care program for low-income individuals, accounting for 16.5 percent of total state spending in 1995. The only other state program providing assistance to low-income, otherwise uninsured families is the Healthy Kids Program. Florida’s Medicaid program provides coverage to all families receiving cash assistance, to nonwelfare families with incomes below 28 percent of the federal poverty level, and to pregnant women and infants up to 185 percent of the federal poverty level. In general, however, Florida is less generous in its eligibility standards for Medicaid than the average state. In 1994, 39.6 percent of the population with incomes below 150 percent of the federal poverty level had Medicaid coverage, compared with 51 percent nationally, putting Florida in the bottom 10 states in percentage of total low-income population covered.

Lack of health insurance is a major problem in Florida. The state has one of the highest uninsured rates in the country—19.2 percent of the nonelderly population was uninsured in 1994–95, compared with 15.5 percent for the nation as a whole. The Healthy Kids Program, which won national awards for innovation in government and remained a top priority with Governor Chiles, represents the state’s effort to expand health insurance coverage. It is a school enrollment-based insurance program that provides comprehensive health insurance coverage to school-age children and their younger siblings. Since the site visit on which this report is based, the state created Florida Kid Care, earmarking $245 million to allow coverage of 265,000 additional children in families earning at or below 200 percent of the federal poverty level.

**Teen Pregnancy Prevention**

Teen births accounted for 13.4 percent of all births in Florida in 1996. In general, emphasis on teen pregnancy prevention has increased during the 1990s in the state, and several teen pregnancy prevention initiatives and strategies are currently in place. The state’s philosophy toward teen pregnancy prevention is that a combination of pregnancy prevention services and approaches are needed, rather than a single type of program or approach. The new WAGES welfare reform law, which devotes an entire section to teen pregnancy prevention issues, increases the potential to leverage funding and expand prevention efforts in this area.

The Department of Health is responsible for most teen pregnancy prevention services. In addition, 30 local Healthy Start Coalitions—composed of social service providers, representatives from public health departments, private providers, school district personnel, advocates, and private-sector
representatives—actively work on creating and sustaining community-based, coordinated teen pregnancy prevention systems. The predominant characteristics of teen pregnancy prevention efforts in Florida are (1) increased collaboration and integration of service efforts at the local level and greater diversity in community groups that work on family planning and teen pregnancy prevention issues; (2) development of comprehensive school health projects that successfully integrate sex education and counseling on the full range of family planning services; (3) a growth in abstinence-based programs; and (4) increased awareness about the need to include males in teen pregnancy prevention and teen parenting programs.

### Last-Resort Safety Net Programs

Welfare reform program changes may motivate and help some families to find jobs and attain financial independence, but it is also important to recognize that some new rules could make matters worse for some families. Child welfare and emergency services are part of the state’s last-resort safety net for families facing internal strife or the loss of basic requirements such as food and shelter.

### Child Welfare

Child welfare in Florida is the responsibility of the Department of Children and Families (DCF). In 1996, the state’s child welfare service delivery efforts focused on reducing the need for foster care by providing prevention services to families with children at risk of abuse and neglect; keeping families in crisis together through family preservation services; facilitating adoption as soon as possible in cases where reunification is not feasible; and serving families through a less adversarial approach to abuse and neglect investigation. Unlike most states, Florida has maintained its commitment to family preservation services even in the face of negative media attention prompted by child deaths. Although Florida’s child welfare costs have continued to rise, the state has been able to rely on improved maximization of federal funds to cover these increased costs.

In response to the persistent problem of high turnover among child welfare staff, the state implemented “competency-based entry-level family-centered” training in January 1997 to provide in-service and preservice training to child welfare staff. The training is linked to a competency-based pay plan that enables employees to earn pay increases for performance, even if the increase exceeds the employees’ pay grade. The goal of the new competency-based pay and training plan is to attract more qualified child welfare workers, encourage higher job retention among staff, and improve the overall quality of services.

### Homeless and Emergency Services

Addressing the problem of homelessness and the provision of emergency services has not been a high priority at the state legislative or agency level,
and capacity to address such issues varies by community. According to the annual report on “Homeless Conditions in Florida” that DCF is required to submit to the governor and the legislature, there were about 55,000 homeless persons in Florida on any given day in 1996–97. The state provides a small amount of funding ($200,000) for local homeless coalitions. Florida has 20 such grassroots organizations, which together have as members more than 1,200 community agencies, churches, units of government, and other interested parties. Established in 1988, the local homeless coalitions are responsible for planning and coordinating services, promoting public awareness of the needs of the homeless, providing information and referrals, gathering data on homelessness, and seeking resources.

Nonprofit agencies are the primary providers of a wide range of emergency and homeless services. Dade County is unique among Florida’s counties in having a 1 percent food and beverage tax to fund homeless services (85 percent of revenues) and domestic violence programs (15 percent of revenues). An oversight body, the Homeless Trust, distributes these tax proceeds and other monies received from federal and private sources to homeless programs. In addition, the Trust runs a homeless assistance center that provides basic shelter, comprehensive employment and training programs, and a comprehensive health care provision system for the homeless.

**Implications of Federal Welfare Reform Legislation**

Because Florida had already passed its own welfare reform legislation—which laid out a detailed blueprint for reform—just before the passage of PRWORA, most of the specific mandates and options included in PRWORA did not require further state-level policy changes. Because so few modifications to WAGES were necessary to come into compliance with PRWORA, the state was able to submit its plan quickly to the federal government and to officially implement its TANF program (i.e., WAGES) on October 1, 1996.

The federally mandated restrictions on immigrant eligibility for public assistance represent a key aspect of federal welfare reform that had not been part of the state’s WAGES welfare reform plan. At the time of the site visits in early 1997, the foremost issue on the minds of many of the respondents we interviewed for this study, particularly in Dade County, was this specific and unwelcome aspect of federal welfare reform. PRWORA barred most legal immigrants from receiving food stamp and Supplemental Security Income (SSI) benefits and gave states the option to provide TANF and Medicaid (non-emergency services) to immigrants residing in the United States as of August 22, 1996. New immigrants—that is, those arriving after August 22, 1996—are barred from TANF and Medicaid for their first five years in the country. Since PRWORA was enacted in August 1996, Congress has taken successive actions to mitigate the impact of these bars and restore eligibility for some, but not all, legal immigrants.
With the fourth-largest noncitizen population in the nation, Florida incurs serious human and economic costs as a result of restrictions on immigrant eligibility for assistance. This is particularly true for the Miami/Dade County area, where about half of the state’s immigrant population is concentrated. Florida originally estimated that more than 100,000 legal immigrants—nearly 10 percent of all legal noncitizens in the state—would lose SSI or food stamps or both as a result of PRWORA’s immigrant provisions.

Florida has taken a number of steps to soften the blow of the welfare reform’s provisions affecting immigrants. Like most states, Florida has opted to continue to provide TANF and Medicaid to current immigrants but has not chosen to use state funds to provide TANF or Medicaid assistance to new immigrants affected by the five-year bar on TANF and Medicaid eligibility. The state also created the Legal Immigrant Temporary Bridge program, a $23 million state-funded program that purchased federal food stamps and provided the equivalent benefit to immigrants no longer eligible for food stamps. Following the recent federal food stamp restorations, the Bridge program was terminated.

Despite state and federal actions to restore benefits, these provisions have caused confusion in the immigrant community and demanded significant attention on the part of government officials, agency staff, and community-based agencies and advocates.

Two key features of federal welfare reform—additional resources and additional state flexibility—have had a significant positive impact on Florida’s ability to implement its WAGES welfare reform initiative. As a result of the adoption of a block grant financing structure (and dramatic caseload reductions), Florida has received far more federal dollars than it would have without federal welfare reform. This has provided the state with the resources needed to implement innovative changes in its welfare reform system faster and more comprehensively than would otherwise have been possible. The state has used the bulk of its TANF “windfall” to fund WAGES work activities and other support services, including a substantial expansion in child care assistance.

Translating the goals and provisions of WAGES into an operational reality presents a wide array of significant implementation challenges. The study’s site visit in early 1997 provided a glimpse into the very early phase of WAGES implementation. At that time, issues surrounding setting up the new administrative structure and defining relationships among key organizations predominated. Many key implementation issues relating to how the mix of services available through WAGES would actually be delivered had yet to be addressed. Since then, Local WAGES Coalitions have engaged in designing service delivery plans and contracting with service providers to carry out a wide range of WAGES services, and both DCF and the Department of Labor and Employment Services have worked to implement those aspects of the legislation for which they hold primary responsibility.

Florida’s welfare reform initiative is an evolving process. Since the site visit in January 1997, the 1998 state legislature took the important step of fur-
ther broadening the role of the State WAGES Board and Local WAGES Coalitions to include the full continuum of services provided under the WAGES program, with the exception of eligibility determination. Declining caseloads coupled with the state’s relatively short time limit have also led to increased efforts at the state and local levels to deploy services and strategies that address the needs of harder-to-serve welfare recipients with multiple barriers to employment.

Since the early 1990s, Florida has placed increasing emphasis on moving toward devolving responsibility for service delivery and administration in the areas examined in this report. The timing of this study coincided with the early start-up and implementation period of significant reforms in the areas of welfare and workforce development. These reforms push the degree and scope of devolution within Florida to a new level. It needs to be underscored that “devolution” in Florida does not refer to shifting authority from the state to local government. Florida’s version of in-state devolution seeks to bring together a wide range of actors (e.g., various public agencies, nonprofit community-based organizations, and employers) in the belief that collaborative, community-based partnerships are in the best position to deliver services in ways that are most useful and appropriate to the needs of their own communities. The newly created public-private, community-based WAGES boards are the most innovative example of how the state has attempted to devolve and broaden responsibility for program design and service delivery. Of particular note is the inclusion of a strong employer presence on the boards, a new role for the employer community that brings a different perspective and range of expertise to the traditional welfare-to-work landscape. With its commitment to in-state devolution, Florida clearly provides an interesting case for assessing the new federalism.
Florida:  
A Brief Overview

This overview presents contextual background for understanding the programs and policy developments in Florida described in this report and their implications for low-income families with children. It provides key demographic and economic characteristics of the state, followed by a brief description of the budgetary and political landscape (also see table 1). The discussion highlights those aspects that are particularly influential in shaping Florida’s social welfare policies and programs, such as rapid growth and demographic change, an antitax environment, limited state expenditures on social programs, and the relationship between the legislative and executive branches of state government.

Population

With slightly more than 14 million inhabitants in 1995, Florida is the fourth most populous state in the nation. The state has 67 counties, and the majority of the population resides in a half dozen major urban centers (e.g., Miami/Fort Lauderdale, Tampa/St. Petersburg, Orlando, and Jacksonville). The state’s population is considerably less rural than the national average, with 21.4 percent of its inhabitants living in rural areas, compared with 36.4 percent for the nation.

Florida’s population is growing considerably faster than the nation as a whole. In the first half of the 1990s, for example, Florida’s population increased 9.5 percent, compared with a national population increase of 5.6 percent. Most of this growth—79.3 percent—comes from net migration,
Table 1  Florida State Characteristics, 1995

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</tr>
<tr>
<td>In One-Parent Families and Working (1994)i, o</td>
<td>16.5%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Percent Children below Poverty (1994)i</td>
<td>25.9%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Median Income of Families with Children (1994)i</td>
<td>$33,250</td>
<td>$37,109</td>
</tr>
<tr>
<td>Percent Children Uninsured (1995)i</td>
<td>11.5%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Political</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governor’s Affiliation (1996)p</td>
<td>Democrat</td>
<td></td>
</tr>
</tbody>
</table>

a. Two-year concatenated March Current Population Survey (CPS) files, 1995 and 1996. These files are edited using the Urban Institute’s TRIM2 microsimulation model. Excludes those in families with active military members. The noncitizen figure reflects a CPS three-year average (March 1996–March 1998, where 1996 is the center year) edited by the Urban Institute to correct misreporting of citizenship.


g. CPS three-year average (March 1994–March 1996, where 1994 is the center year) edited using the Urban Institute’s TRIM2 microsimulation model.


i. Employment rate is calculated using the civilian noninstitutionalized population ages 16 and older.


k. Percent of all families (two or more related persons living in the same household) that include one or more related children and where the head of the family is nonelderly and married and the spouse is present.

l. Percent of all families (two or more related persons living in the same household) that include one or more related children and where the head of the family is not married and is nonelderly.

m. Full-time work is defined as at least 1,750 hours per year (50 weeks × 35 hours per week) and less than 1,750 hours per year (50 weeks × 35 hours per week).

n. Part-time work is defined as at least 910 hours per year (52 weeks × 17.5 hours per week) and less than 1,750 hours per year (50 weeks × 35 hours per week).
predominantly by elderly persons migrating from other parts of the United States to Florida and also by foreign immigrants.

The state ranks first in the country in the proportion of its population over age 65 (almost 18 percent in 1995), a substantially higher proportion than the national average of 12.1 percent. Its elderly population is also one of the fastest growing in the country, with an increase of 10.9 percent between 1990 and 1995 among state residents ages 65 to 84 and a 24 percent increase among residents ages 85 and older. Between 1995 and 2000, the number of Florida’s residents ages 65 to 84 is expected to grow by 5.6 percent and its over-85 population is projected to grow by 28.9 percent.

Despite the comparatively high and growing numbers of elderly in Florida, the median age of Florida’s population is 37.6 years, just three years higher than the United States as a whole. Although the percentage of children under age 18 in Florida is just slightly lower than that of the United States as a whole—24.6 percent compared with 26.8 percent—the number of children has grown significantly since 1990. For example, the population ages 0 to 4 and ages 5 to 17 increased by 13.7 percent and 9.8 percent, respectively, between 1990 and 1995. The population ages 0 to 4 is expected to decline somewhat between 1995 and 2000, but the group ages 5 to 17 is projected to increase by 14.1 percent.

In terms of family composition, the percentage of two-parent families in 1995 was quite a bit lower than the nation’s (30.1 percent versus 35.7 percent) and the percentage of one-parent families was slightly higher (14.2 percent versus 13.8 percent). Slightly more mothers of children ages 12 or under worked full time than the national average (41.8 percent versus 38.1 percent).

Florida is notable for its large Hispanic population—16.5 percent compared with 10.7 percent for the nation. Only three states have larger Hispanic populations than Florida. The state’s non-Hispanic black population, comprising 15.4 percent of the overall population, is also somewhat higher than the nation’s (12.5 percent). Although a large proportion of the Hispanic population is native-born, immigrants constitute a significant part. In 1996 noncitizen immigrants constituted about 10 percent of the total state population, and the largest share—23 percent—were Cubans. As discussed in greater detail below, Florida’s immigrant population is heavily concentrated in Dade County.

Florida had a slightly higher poverty rate than the nation (16.2 percent versus 14.3 percent) in 1995, as well as a higher share of children in poverty (25.9 percent versus 21.7 percent), a considerably lower median income for families with children ($33,250 versus $37,109), a higher proportion of out-of-wedlock births (35.7 percent versus 32.6 percent), and a higher percentage of families with children headed by a single parent (30 percent versus 26 percent). Overall,
Florida also scores poorly on an array of indicators of child well-being, although its performance is improving. According to a composite rating of 10 selected measures of child well-being based on 1995 data, Florida ranked 44th out of the 50 states and the District of Columbia—up from 47th for the previous year.4

The two local case study sites—Hillsborough and Dade Counties—make up 20 percent of the state population. Hillsborough County, which includes the city of Tampa, is the fourth most populous county in the state, with 910,855 residents. According to 1990 census figures, 12.9 percent of the population in Hillsborough County was of Hispanic origin. Median family income was on par with the state as a whole. Dade County, which includes the city of Miami and 25 municipalities, is by far the state’s most populated county, with more than 2 million residents (about 14 percent of the state’s population). Dade County is also poorer than the state as a whole, with a lower per capita personal income and a higher unemployment rate, and its ethnic makeup is strikingly different from the rest of the state. Forty-five percent of Dade County’s population was foreign-born in 1990—the largest share, by far, of any county in the United States—and more than one-half of the state’s noncitizens live in the Miami metropolitan area.5 Hispanics and immigrants are further concentrated in the city of Miami. Two-thirds of Miami’s population is Hispanic, and only 12 percent is non-Hispanic white. In addition, the population of Miami is 60 percent foreign-born, compared with 15 percent for the state as a whole.

Economy and Budgetary Landscape

Florida’s economy is healthy and growing at a faster rate than the U.S. economy. Among the 10 states with the largest population, Florida ranked first in net annual job growth.6 Job growth during fiscal year (FY) 1997–98 was projected to be 2.9 percent, more than double the U.S. rate of 1.3 percent.7 The state’s per capita income in 1995 and its income growth in the 1990–95 period (at just over $23,000 and 20.7 percent, respectively) were on par with the national average, and unemployment was just slightly lower than the nation’s (5.1 percent versus 5.4 percent in 1996). The state’s service sector is strong and growing, but its manufacturing sector is relatively weak—the state’s share of jobs in manufacturing is about half the national share (8.5 versus 16.2 percent).

Florida’s population growth has occurred against the backdrop of a long history of fiscal conservatism and low social spending. In the 1990s, the increase in its youngest and oldest age groups has placed enormous strains on Florida’s family and health services, educational system, and criminal justice system. However, the state’s ability to respond to the increasing level of need among its population is constrained by the prevailing general antitax environment and self-imposed constraints on the use of available revenues.

Florida is one of seven states with no state personal income tax, a lack that the state partially offsets with high sales tax revenue. In 1992, Florida’s sales tax revenue was 47 percent above the national average, reflecting a relatively high
6 percent sales tax (exempting food and drugs). However, even with this high sales tax revenue, Florida’s 1992 tax effort (state and local tax revenue per $100 of personal income) was still 12 percent below the national average. About 72 percent of the state’s general revenue ($15.6 billion in FY 1996–97) comes from sales tax collections. State general revenues made up 39 percent of the overall FY 1996–97 budget. The balance is made up of hundreds of trust funds, which are earmarked for specific purposes authorized by law. All federal dollars go into these trust funds; these dollars comprise a little more than 25 percent of total trust fund revenue.

Florida’s constitution also places limits on revenue growth in two ways. In 1994, the constitution was amended to limit state revenue growth to no more than the growth in the state’s personal income as measured by a five-year average. Then, in 1996, Florida’s voters passed an amendment to the state’s constitution to require the support of two-thirds of the voters for any new constitution-based tax or fee, a measure that further diminished the potential for establishing a state income tax or increasing other tax revenue sources.

Given the constraints on the state’s ability to generate revenues beyond those gained through consumption-based taxes and fees, there is fierce competition across program areas for the limited amount of available state public dollars. The approved state budget for FY 1996–97 was $39.8 billion, 1.75 percent greater than the previous year. Although it represented the largest state budget ever passed, it was still the second smallest budget increase in 20 years. Approximately 30 percent of the state budget for that year was allocated to education; 29 percent to health and human services; 19 percent to general government; 17 percent to economic development, environmental protection, and transportation; and 7 percent to criminal justice programs. A fuller discussion of budget priorities is provided in the next section.

Finally, it should be noted that Florida’s ability to invest in programs for children was given an enormous boost as a result of the settlement it received in 1997 from a lawsuit advanced by the state against the tobacco industry. The settlement includes at least $11.3 billion in payments over 25 years and specifies that the funds are to be used for children’s health care coverage and other health-related services, reimbursement of medical expenses incurred by the state, efforts to reduce sales of tobacco products to minors, and meeting performance goals. The first appropriation of these funds is slated for the Florida Kids Campaign Against Tobacco Pilot Program, a major expansion of health insurance for low-income children, and various other services for children, including substance abuse and mental health services.

**Political Landscape**

Historically, state policymaking in Florida has been dominated by the legislature. The legislature has a large, permanent staff and relatively few constraints on its budget. The governor’s position is relatively weak, largely
because the members of the cabinet are elected officials rather than appointed
by the governor. An elected cabinet tends to provide greater opportunity for
the legislative branch to override the governor’s legislative priorities with its
own agenda. The cabinet is composed of seven members, who cast votes in
their roles as members of various commissions.

Florida’s legislature has traditionally been led by Democrats. However,
Republicans gained a two-seat majority in the Senate in 1994 and in the House
in 1996. Republicans gained additional seats in the Senate in 1996, giving
them a six-seat margin over Democrats. Governor Lawton Chiles, a moderate
Democrat, was elected in 1991 and died in December 1998, just before the end of
his second term. The structural constraints placed on gubernatorial power
notwithstanding, Governor Chiles was viewed as an active governor who placed
a high priority on children’s issues, particularly child and maternal health.
Governor Chiles also repeatedly took the lead in pushing for expansions in
social and health programs for children. Although Governor Chiles typically
received only a portion of his budget request from the legislature, more spending
on children’s social and health services was approved than might have been
appropriated otherwise.

County governments generally have limited authority in the areas of fiscal
(i.e., tax) and social welfare policy within the state. Because of its large popu-
lation, urbanism, and ethnic composition, Dade County stands apart from other
counties in many respects. According to those interviewed for this study, the
state legislature and county governments tend to view Dade County as “a dif-
ferent world,” separate and distinct from the rest of the state. There is constant
tension over the distribution of resources between Dade County and the balance
of the state, and Dade County has generally fought harder than other counties
for greater local autonomy and flexibility.

Two noteworthy political and fiscal developments occurred in Dade County
shortly before the site visit. Starting in October 1996, the county shifted from a
bifurcated model of local governance that included a county manager and a
county commissioner to a governance structure dominated by a single mayor.
Before this, the mayor’s position was appointed and largely ceremonial. The
new Metro Dade County mayor is elected by a vote of the people and is respon-
sible for hiring the county manager and preparing the county budget. The char-
ter change that provided for the new county mayor also switched the county
commissioner elections from countywide to districtwide elections, a change
that increases the potential for members of smaller minorities (e.g., African
Americans, Central Americans, and non-Hispanic whites) to be elected to this
politically important post.

These political changes occurred when the city of Miami was beset with
serious fiscal problems arising from a projected $68 million budget shortfall in
1996 (out of a budget of about $275 million). The magnitude of this fiscal cri-
sis prompted the governor to take the unprecedented step of appointing a
Financial Oversight Board to help Miami balance its budget. (State law grants
the governor wide powers over a city’s finances when a city fails to balance its budget for two consecutive years.) With the appointment of the board, the city’s plan for correcting its financial problems must be approved by the governor. As of March 1998, the city was still working on a financial recovery plan that would meet the board’s approval.

Independent of the fiscal and political changes occurring in Dade County, the overall political landscape of the state is due for change in the near future for several reasons. First, Governor Jeb Bush has taken office in 1999, succeeding Governor Chiles (who died in office shortly before he was to step down). Second, term limits are slated to go into effect in 2000, preventing roughly 50 percent of the current legislators from running for reelection. Cabinet members will also be subject to an eight-year term limit. The long tenures of elected cabinet members have led to the development of successful working relationships with the governor and the legislature. As new members fill these cabinet positions, there will be more opportunities for the governor and outside lobbying forces to assume more influential roles vis-à-vis the legislature.
Setting the Social Policy Context

This section sets the stage for understanding the major programs covered in this study. It provides key background contextual information on Florida’s overarching vision and approach to services and support for low-income families, the state’s spending priorities and levels, and the organizational and administrative structures in place to carry out these programs.

Florida’s Agenda for Serving the Needs of Low-Income Families

Social welfare policy developments in Florida reflect three basic themes: (1) general reservations about and lack of confidence in the ability of public agencies to administer programs efficiently; (2) the belief that public agencies should not have sole control over decisionmaking regarding the design, management, and delivery of services and that a locally based response to community needs is called for; and (3) a conviction that services and programs need to be coordinated and integrated to the maximum extent possible, to reflect the needs of local communities, and to be held accountable to performance-based outcome measures. While there is little support for expanding income support programs per se, there is much support for initiatives that provide opportunities for individual advancement and economic success.

These three themes are exemplified throughout this report’s examination of the major policies and programs for low-income families covered by this
study. They are particularly pronounced in major legislation enacted in the areas of workforce development and welfare reform. The Florida Workforce Act of 1996 provides the statutory base for restructuring the state’s employment and training system, an initiative that had already started in response to earlier developments, including executive orders issued by the governor. The 1996 Work and Gain Economic Self-Sufficiency (WAGES) welfare reform legislation focuses primarily on moving welfare recipients into employment; it was modeled heavily after the new workforce development legislation and its welfare reform waiver demonstration project. In each of these areas, the legislature mandated changes that transferred some responsibilities traditionally accorded state agencies to public-private boards; gave localities greater flexibility to design, coordinate, and manage an integrated workforce development and welfare-to-work system; and included performance-based outcome standards.

Also, consistent with the budgetary and philosophical context that shapes Florida’s social welfare policy, its safety net programs are among the nation’s least generous. Expanding funding for criminal justice (primarily for the purpose of building prisons) and education figured most prominently on the state’s agenda during the 1990s; education, in particular, has been the state legislature’s first priority. At the same time, the legislature has repeatedly made social services the target for spending cuts, despite efforts by the governor to the contrary.

The legislature’s push for cuts in social services spending can be attributed in part to the perception among many legislators that the state’s lead social service agency’s budget was inflated and services were inefficiently administered. For state fiscal year (SFY) 1996–97, the final budget included a 7 percent increase in funding for education and a 25 percent increase in funding for criminal justice (primarily related to corrections); it also earmarked $38.3 million for job creation incentives and other economic development initiatives. The governor’s budget proposal to increase spending for social services by $400 million was rejected, however, and the final budget included a 7 percent cut in social services funding.

Although always a strong proponent of children’s issues, Governor Chiles in his second term focused more sharply on promoting support and funding for social and health services for children. For example, the governor’s last three budget proposals (i.e., SFYs 1996–97, 1997–98, and 1998–99) all included major children’s initiatives covering a range of programs and services. In particular, they called for significant expansions in health care insurance and health services for young children, a consistent priority of Governor Chiles. While he was unsuccessful in securing wholesale approval in any year for his Children’s Initiative, the legislature supported and appropriated some additional funding for different aspects of the programs the governor targeted for expansion.

Social Welfare Spending

Fiscal priorities play a large role in shaping the context in which policy decisions are made. Florida does not have a history of funding income support and
social services much beyond the minimum amount necessary to receive federal funds, and it spends less than many other states on these areas. This does not mean, however, that the state does not make a significant contribution to existing income support programs and social services. For example, about half (or $1.5 billion) of the SFY 1996–97 budget for the Department of Children and Families (DCF)—the state agency responsible for economic assistance and many social service programs—was funded out of state general revenue funds. About one-fifth of the DCF budget was spent on direct benefits, such as cash assistance, and the rest was spent on other types of services and administration.¹⁰

How Florida compared with the nation in spending for families with children in 1995 on the different federal programs is reflected in table 2. In spending for income support and social services programs in which the state was required to contribute state matching funds and had some flexibility in setting program parameters, such as the former Aid to Families with Dependent Children (AFDC) program and Foster Care, Florida fell below the national average. The state spent only 60 percent of the national average on AFDC benefits and only 40 percent of the national average on foster care. Florida’s low AFDC spending reflects its low grant payments—the average AFDC monthly benefit per family was $277 in 1995, well below the national average of $381 and 36th among the states.

Florida also ranked well below other states in spending on child care and child welfare services. For example, the state spent only 57 percent of the national average on child care for AFDC families and 77 percent of the national average on child protection and family preservation programs in 1995. The Child Welfare League of America (CWLA) ranked Florida 35th out of 42 states on its 1996 per capita child welfare expenditures. Florida spent $23.99 per capita on child welfare services, well below the median of $37.73 for the 42 states that responded to CWLA’s survey.¹¹ Despite significant increases in Medicaid expenditures during the 1990s, Florida still ranks in the bottom 10 states in percentage of total low-income population covered by Medicaid.¹² In addition, there is no state General Assistance program for the indigent, although counties can choose to provide some type of assistance out of their own revenues.

Reflecting the federal safety net’s historic role in muting differences across states in social program generosity, spending in the state for programs that were fully paid for by the federal government tended to be near or above the national average. Food Stamp program spending per poor family in Florida for households with children was $692 versus $711 for the United States, for example, and spending on the Earned Income Tax Credit was $1,100 versus $1,010.

In certain respects, the funding picture has become brighter for low-income families since 1996. By implementing welfare reform on October 1, 1996, Florida qualified for approximately $45 million in additional federal block grant funds in SFY 1996–97 for WAGES, compared with what the state would have received under the former AFDC federal/state matching arrangement. (For the federal fiscal year 1996–97, Florida’s “windfall” was about $60 million in additional federal funds.) Because the AFDC (now TANF, or Temporary Assistance for Needy
### Table 2 Social Welfare Spending in Federal Programs for Families with Children in Florida, FY 1995

<table>
<thead>
<tr>
<th>Program</th>
<th>Federal</th>
<th>State/Local</th>
<th>Total</th>
<th>Florida</th>
<th>United States</th>
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</thead>
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<tr>
<td><strong>Income Security</strong></td>
<td></td>
<td></td>
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<tr>
<td>AFDC Benefitsb</td>
<td>$430.0</td>
<td>$333.9</td>
<td>$763.8</td>
<td>$513</td>
<td>$851</td>
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<tr>
<td>AFDC Administrationc</td>
<td>76.5</td>
<td>76.5</td>
<td>153.0</td>
<td>103</td>
<td>136</td>
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<tr>
<td>SSI for Childrend</td>
<td>—</td>
<td>—</td>
<td>274.6</td>
<td>184</td>
<td>184</td>
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<tr>
<td>EITC, Federala</td>
<td>1,638.2</td>
<td>—</td>
<td>1,638.2</td>
<td>1,100</td>
<td>1,010</td>
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<td><strong>Food Security</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Food Stamps for Households with Childrenf</td>
<td>1,030.9</td>
<td>—</td>
<td>1,030.9</td>
<td>692</td>
<td>711</td>
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<tr>
<td>Child Nutritiona</td>
<td>447.2</td>
<td>—</td>
<td>447.2</td>
<td>300</td>
<td>344</td>
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<tr>
<td><strong>Education and Training</strong></td>
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<tr>
<td>JOBSb</td>
<td>19.1</td>
<td>12.7</td>
<td>31.8</td>
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<td>JTPA</td>
<td>98.2</td>
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<td>98.2</td>
<td>66</td>
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<td><strong>Child Care/Development</strong></td>
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<tr>
<td>AFDC</td>
<td>29.0</td>
<td>22.5</td>
<td>51.4</td>
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<tr>
<td>At-Risk</td>
<td>14.1</td>
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<tr>
<td>CCDBG, Head Starti</td>
<td>171.7</td>
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<td>171.7</td>
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<td><strong>Child Support Enforcement</strong></td>
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<td>106.0</td>
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<td>Protection/FamPres</td>
<td>19.4</td>
<td>6.5</td>
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<tr>
<td>Foster Care</td>
<td>69.4</td>
<td>62.0</td>
<td>131.4</td>
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<td>Adoption Assistance</td>
<td>16.8</td>
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<td>30.2</td>
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<tr>
<td><strong>IV-A Emergency Assistance</strong></td>
<td>29.2</td>
<td>29.2</td>
<td>58.3</td>
<td>39</td>
<td>124</td>
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<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid, children onlyo</td>
<td>917.6</td>
<td>712.8</td>
<td>1,630.5</td>
<td>1,095</td>
<td>984</td>
</tr>
</tbody>
</table>

a. **Spending per Poor Family.** This is spending on each item divided by the number of poor persons in families with children. The number of poor was estimated using the average poverty rate for persons in families with children for 1993–1995 (derived from three years of the Current Population Survey).


c. **AFDC Administration.** This includes administrative costs for child care (except At-Risk), work programs, automated data processing (ADP), FAMIS (a management information system), fraud control, Systematic Alien Verification for Entitlements (SAVE), and other state and local expenses. Source: ACF-231 Line by Line Report, Administration for Children and Families, U.S. Department of Health and Human Services.


f. **Food Stamps, households with children.** Includes benefit payments only, not administrative costs. Estimates are derived by multiplying actual benefit spending in each state by the estimated proportion of spending for households with children in each state. Source: Urban Institute tabulations based on Food Stamp Quality Control data and tabulations by Food and Consumer Service, U.S. Department of Agriculture.

g. **Child Nutrition.** Includes federal spending for WIC, school lunches, and school breakfasts, plus federal obligations for the Child and Adult Care Food Program and the Summer Food Service for Children. (Federal obligations may differ from actual spending.) Source: Budget Information for the States, Budget of the United States Government, FY 1997 and FY 1995, Office of Management and Budget.

h. **JOBS.** Total spending (combined federal and state) is average monthly expenditures multiplied by 12. The federal and state shares for 1995 were estimated based on the match rates for various components of JOBS spending for federal obligations in the fiscal year. Source: Urban Institute tabulations based on forms FSA-331 and ACF-332, Administration for Children and Families, U.S. Department of Health and Human Services.

i. **JTPA.** Includes federal obligations to states for JTPA spending under Title II-A (disadvantaged adults), Title II-B (summer youth), and Title II-C (youth training). Federal obligations to states may differ from actual spending. Source: Budget Information for the States, Budget of the United States Government, FY 1997 and FY 1995, Office of Management and Budget.


*(Notes continued on page 23)*
Families) caseload in Florida has declined so dramatically since WAGES was first implemented, the state has reaped even greater windfalls in available federal dollars than originally anticipated. These funds have been used to support work-related activities and services for WAGES participants.

As a result of federal welfare reform, the state also received an additional $17 million in child care funds in SFY 1996–97, and it has since substantially increased state dollars allocated for child care. Significantly more funding also has become available to address the health needs of low-income families as a result of the state’s $13 billion tobacco settlement and the availability of additional federal dollars through the recent enactment of the federal State Child Health Insurance Program (S-CHIP).

**Organization of Services and Administrative Structure**

The traditional distinction of state-administered versus county-administered systems that is often used to classify the organization of health and human services at the state level is less meaningful for characterizing Florida than for other states. Formally speaking, the state’s social welfare system is state administered. However, Florida has progressively moved to a different model that blends aspects of both state-administered and county-based systems. Table 3 shows the organizational structure of Florida’s social welfare programs. Although some state-administered features have been retained, opportunities for local discretion and flexibility are provided through the use of a variety of regionally and community-based, public-private boards and by giving public agencies at the local level greater authority to make administrative and management decisions. Overall, the administration, organization, and service delivery structure of many income support, social service, and employment and training programs in Florida are in the midst of tremendous change.

**Health and Human Services**

Until the end of 1996, the state Department of Health and Rehabilitative Services (DHRS) was the lead administrative state agency for all major health and human services programs in Florida. At the sub-state level, DHRS programs were (and continue to be) administered by 15 district offices, which receive about half of the agency’s administrative budget. Each district office is respon-
sible for the departmental operations of its designated geographic area. The district offices, in turn, oversee the operations of smaller service centers. For example, the district office designated to serve Hillsborough County is also responsible for neighboring Manatee County; within Hillsborough County, the district office oversees a total of six service centers.

Effective January 1, 1997, DHRS was split into two separate departments—the Department of Health (DOH) and the Department of Children and Families (DCF). This recent reorganization marks the largest in a series of reorganizations, each designed to move away from a central umbrella agency model. During the first half of the 1990s, DHRS was divested of responsibility for sev-

<table>
<thead>
<tr>
<th>Program</th>
<th>State Agency Location</th>
<th>Local Administrative Arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income Security</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Assistance</td>
<td>Department of Children and Families (DCF)</td>
<td>15 district offices/local service offices</td>
</tr>
<tr>
<td>General Assistance</td>
<td>N/A</td>
<td>County government (optional)</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>DCF</td>
<td>15 district offices</td>
</tr>
<tr>
<td><strong>Education and Training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOBS/WAGES</td>
<td>Department of Labor and Employment Services (DLES)/State WAGES Board</td>
<td>DLES jobs and benefits offices/Local WAGES Coalitions</td>
</tr>
<tr>
<td>JTPA</td>
<td>Jobs and Education Partnership/DLES</td>
<td>Regional Workforce</td>
</tr>
<tr>
<td>Other Vocational Education and Training</td>
<td>Department of Education</td>
<td>Local community colleges and vocational technical centers</td>
</tr>
<tr>
<td><strong>Child Care/Child Development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td>DCF</td>
<td>15 district offices/25 child care coordinating agencies</td>
</tr>
<tr>
<td>Head Start</td>
<td>N/A</td>
<td>Local grantees and contractors</td>
</tr>
<tr>
<td>Other Child Development</td>
<td>Department of Education</td>
<td>Public schools and contractors</td>
</tr>
<tr>
<td><strong>Child Support Enforcement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td>Department of Revenue (DOH)</td>
<td>Local DOR offices</td>
</tr>
<tr>
<td>Child Protection/Family Preservation</td>
<td>DCF</td>
<td>15 district offices/local service offices</td>
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<tr>
<td>Foster Care</td>
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<tr>
<td>Adoption Assistance</td>
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<tr>
<td><strong>Emergency Services</strong></td>
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<tr>
<td>Title IV-A Emergency Assistance</td>
<td>DCF</td>
<td>Local homeless coalitions/local grantees</td>
</tr>
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<td>McKinney, Other Homeless Programs</td>
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<tr>
<td><strong>Immigration/Refugees</strong></td>
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<td></td>
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<tr>
<td>Refugee Assistance</td>
<td>DCF</td>
<td>Local grantees</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>Agency for Health Care Administration, DCF (for Medicaid eligibility, mental health and substance abuse services)</td>
<td>67 County Departments of Public Health</td>
</tr>
</tbody>
</table>
eral programs. The Medicaid program was placed in the newly created Agency for Health Care Administration, although DHRS (now DCF) continued to oversee Medicaid eligibility determination. Similarly, programs targeted toward the elderly and youth were transferred, respectively, to a newly created Department of Elder Affairs and a Department of Juvenile Justice. The Child Support Enforcement program was transferred to the Department of Revenue. Even with these changes, DHRS was still the largest state agency of its kind in the country as of 1996.

The state legislature approved this latest reorganization of health and human services in response to the widespread perception that the existing administrative structure was unwieldy and fraught with waste and mismanagement. In particular, DHRS had received much criticism for its handling of child abuse investigations and for expensive cost overruns associated with the development of its automated client information and management system. The organizational split was intended to reduce the layers of bureaucracy, to make the delivery of services more efficient, and—of particular concern to those spearheading the legislative proposal for reorganization—to increase visibility and access to public health services.

The new DCF, with a $3 billion budget and a staff of 27,000 former DHRS workers, has responsibility for children and family social programs, child welfare, child care, mental health and substance abuse, developmental disability programs, and economic self-sufficiency programs, such as Food Stamps, AFDC/TANF, and Supplemental Security Income (SSI). The newly configured DOH, with a $1.2 billion budget and a staff of 12,000 former DHRS workers, has responsibility for public health, county health departments, and Children’s Medical Services (which operates clinics and coordinates services for 80,000 children with disabilities) throughout the state. A parallel reorganization of DHRS took place at the district office level but had little substantive impact on the basic service delivery structure for non–health-related services for families and children.

Although the DCF district offices were originally created in 1975 to allow for greater decentralization, management and decisionmaking authority was still highly centralized at the state level. Since 1993, however, the state has made greater efforts to give district offices more flexibility and authority while simultaneously redefining the role of the state central agency to one that supports program policy development, coordinates fiscal and budgetary matters, and provides technical assistance and oversight.

The focus at the district level, in turn, has been on creating client-focused, community-based, integrated service delivery systems that coordinate resources in the community with department resources and rely on the input of various community-based boards to shape service priorities and delivery. This movement toward devolution is clearly an ongoing process, and the degree to which authority has shifted downward and become more decentralized varies by program area.
Within this basic organizational framework, counties assume the role of “provider of last resort.” The extent to which counties fund and administer social service programs varies by county, as does the level of interaction between county government and DCF district offices. Hillsborough County relies primarily on federal Community Development Block Grant funds and county-generated funds derived from ad valorem tax revenues to operate neighborhood service centers that provide emergency services such as rent and utilities.

Dade County is more heavily involved in the provision of social services than other counties and, in recent years, has shifted county revenues to help compensate for cuts in federal and state spending. In 1996–97, its Department of Human Services had a $100 million budget, 45 percent of which was funded out of county general revenues. The department operates multipurpose neighborhood service centers that provide direct services such as energy assistance and rent assistance; it also contracts with about 220 community-based organizations for a variety of services such as substance abuse and treatment services, mental health services, and family preservation, early prevention, and intervention services. In both Dade and Hillsborough Counties, the county government is also the primary delegate agency for the Head Start program in the area; Dade County is also the primary administrative contract agency for all subsidized child care programs.

Employment and Training

Similar to the nation as a whole, employment and training programs in Florida have traditionally operated in a more decentralized fashion than income support programs. The state’s recent efforts to develop an integrated workforce development system occurred in response to the belief that the myriad employment and training programs and funding sources at both the state and federal levels had produced an inefficient system marked by fragmentation, duplication, and lack of coordination. Additionally, the absence of any coordinated strategy between economic development initiatives and employment and training programs was viewed as a weak link that undermined the effectiveness of each.

According to a review of Florida’s employment and training system issued in 1995, there were 28 programs in the state that provided employment and training services, not including programs that primarily provided adult general education or job placement services. Responsibility for administering these employment and training programs was divided among eight state agencies, but the majority were administered by the Department of Education (DOE), the lead state agency for vocational training, and the Department of Labor and Employment Services (DLES), the lead state agency for most other employment assistance programs.

DLES responsibilities include operating the state’s Unemployment Compensation program and Employment Security services (e.g., labor market information, job placement assistance, veterans’ services, and an automated job
bank) for the general population, the Job Training and Partnership Act (JTPA) program for the economically disadvantaged, and the Vocational Rehabilitation program for persons with disabilities. DLES also has general oversight responsibility for the JTPA program, the largest employment and training program for the disadvantaged. JTPA services were delivered through regional Service Delivery Areas, each with a Private Industry Council (PIC) governing board. DLES also was contracted by DCF to operate Project Independence, the federally mandated Job Opportunities and Basic Skills Training (JOBS) welfare-to-work program for welfare recipients, and the Food Stamp Employment and Training program for food stamp recipients. At the time of the site visit, the DLES administrative and service delivery structure was divided into seven regional areas (it has since been reduced to six), with several service centers located within each region.

Since 1992, Florida has been engaged in a series of administrative and organizational changes to its employment and training/economic development system. Initially, these changes focused on economic development; they were subsequently expanded to include employment and training/workforce development. Overall, the major trends reflected by these changes are the creation of public-private boards to oversee many responsibilities traditionally accorded government agencies; far greater involvement of the private sector in policy, funding, and service delivery decisions through their representation on these boards; a shift in emphasis from the administration of separate programs to a systemwide focus; and greater flexibility to design new systems at the local level.

In 1992, the legislature created Enterprise Florida Inc. (EFI), a nonprofit public/private partnership managed by a board of business leaders and government representatives, to oversee economic development within the state. In response to the fragmentation of the existing employment and training system, the legislature created the Jobs and Education Partnership (JEP) in 1994 and made it an affiliate board of EFI. The JEP was charged with designing a comprehensive workforce development strategy. Like its parent body, the JEP is a nonprofit corporation governed by a board consisting of a majority from the private sector as well as representatives from education, labor, community-based organizations, and government. The makeup of the JEP board is purposely designed to give the state’s workforce development strategy a strong business and economic development focus, with primary emphasis on building a highly skilled workforce and a high-wage economy.

As a consequence of executive orders subsequently issued by the governor and the 1996 workforce development legislation, the JEP was given greater authority to develop the state’s workforce development efforts, including overseeing the establishment of a statewide system of 25 Regional Workforce Development Boards (RWDBs). The RWDBs have oversight responsibility for the full spectrum of state and federally funded workforce programs within an area and must consist of a majority (51 percent) of representatives from the private sector. As part of this reorganization, the RWDBs now serve as the PICs for the JTPA program, and its service delivery areas were redesignated and
aligned with community college service areas. The new RWDBs became operational on July 1, 1996.

The creation of a new administrative and organizational workforce development structure has affected organizational roles, responsibilities, and relationships at every level of the employment and training system in Florida. The difficulties involved in transitioning to the new integrated workforce development system are vastly complicated by a whole new set of challenges and issues posed by Florida’s new welfare reform initiative. How exactly policies will be developed and services will be delivered and coordinated under the new system was still being sorted out at the time of the site visit in early 1997.

**Welfare Reform**

The 1996 WAGES legislation made several significant changes to the state’s cash assistance program, particularly for the organization and delivery of welfare-to-work services. First, WAGES transferred lead administrative responsibility for the work-related aspects of the program from DCF to DLES. The designation of DLES as the lead agency for the work-related component of WAGES was made to promote and reinforce the programmatic shift in focus from income maintenance to a work-based welfare system. This change is not as straightforward as it might appear, because the WAGES legislation also took the unusual step of transferring a significant amount of fiscal and policy decisionmaking authority to public-private boards at the state and local levels (i.e., a State WAGES Board and Local WAGES Coalitions) that are required to have a majority (51 percent) of their membership composed of private-sector employers.

The legislature’s decision to establish boards for WAGES modeled after the newly established regional workforce development boards is based on the belief that community and private-sector involvement is essential for welfare reform to be successful. As with workforce development, this sentiment reflects larger philosophical themes that shape much of the policy context in Florida: dissatisfaction and disenchantment with government in general, confidence that the private sector should be more involved and can do a better job than public agencies if given the opportunity, and a desire to shift the locus of decisionmaking and responsibility to the community level.

The State WAGES Board is responsible for overseeing the funding, policy, and operations of the WAGES program. This oversight responsibility includes approving Local WAGES Coalitions’ financial and program plans, ensuring coordination and accountability of the Local WAGES Coalitions’ activities, and working with DCF, DLES, and other relevant state agencies to achieve desired outcomes. The legislation calls for 24 chartered Local WAGES Coalitions that, by design, have the same geographic service boundaries as the RWDBs. Local WAGES Coalitions must coordinate with RWDBs, and one means to achieve coordination is through representation of board members. The RWDBs and Local WAGES Coalitions may be composed of almost all the same members; some may have two relatively independent boards with some overlap.
in members. The Local WAGES Coalitions were slated to be operational by July 1, 1997, although many experienced start-up and implementation delays.

By statute, the Local WAGES Coalitions are responsible for local-level planning (i.e., developing a financial and program plan), oversight functions, and coordinating with the RWDBs within their geographic area. The critical role of the Local WAGES Coalitions was ensured by giving these new entities administrative and fiscal responsibility for providing services to the non–job-ready welfare population, such as community work experience, education and training, case management, and other supportive services. Thus, Local WAGES Coalitions do not serve simply in the oversight or advisory capacity that is common to most nongovernmental, community-based boards.

The new organizational structure of welfare requires coordination among DCF (which still retains responsibility for matters relating to eligibility and benefit determination), DLES, the JEP, the RWDBs, the new State WAGES Board, and the Local WAGES Coalitions. The exact nature of the relationships among these entities, their roles and responsibilities, and how policy and service coordination will be achieved will vary across the state, but the establishment of the State WAGES Board and Local WAGES Coalitions clearly alters the traditional decisionmaking structure within the welfare arena.
Income Support and Welfare Reform

Income support programs are designed to provide for the basic needs of poor families. A predominant goal of welfare reform is to minimize individuals’ need for public assistance and their dependency on these programs. Overall, Florida’s income support system in 1996 and 1997 was in a state of change and transition as a result of the enactment of comprehensive state welfare reform legislation in mid-1996. This section provides an overview of Florida’s major income support programs in terms of how many low-income individuals receive assistance and the level of support provided. The remainder of the discussion addresses Florida’s efforts to restructure its system so that it is less focused on simply providing income support and more focused on reducing welfare dependency.

Florida’s Income Support Programs

The major income support programs in Florida for low-income residents are the AFDC (now TANF) program and the Food Stamp program. The AFDC/TANF program provides cash assistance to needy children who are being deprived of parental support because their parent is absent from the home, incapacitated, deceased, or unemployed. In Florida, about three-quarters of the total cash assistance caseload in FY 1996 were single adults with children. Under the AFDC program, the federal government set basic eligibility guidelines, but states were permitted to set income thresholds for AFDC eligibility, establish benefit levels, and define some coverage parameters. As a result, states varied widely in the generosity of their AFDC programs, particularly in terms of the maximum payments
and the maximum income allowed before eligibility was lost. Florida, as already noted, had a less generous AFDC program than the average state, even though its poverty rate and its average income level are close to the national average. The average AFDC/TANF monthly grant for a family of three with no other income in Florida was $267 in 1996, compared with the national average of $374, and Florida ranked among the bottom third of all states.

The Food Stamp program serves as an important supplement to cash assistance in Florida and helps to offset some of the impact of the state’s low cash assistance benefit levels. Unlike cash assistance, Food Stamp program eligibility and benefit thresholds are set by the federal government. With few exceptions, families receiving cash assistance also receive food stamps. However, because of less restrictive eligibility rules, a broader range of low-income individuals participate in the Food Stamp program (e.g., working poor two-parent families, single adults, and the elderly) than in the AFDC/TANF program. In 1996, an average of 1.3 million individuals received food stamps each month in Florida.

As shown in table 4, the maximum combined AFDC/TANF and Food Stamp benefit for a family of three in Florida (with no other income) was $616 per month in 1996, more than double the maximum AFDC/TANF benefit alone ($303), but still only 57 percent of the federal poverty level. A family of three in Florida could earn up to $393 per month before it no longer qualified for cash assistance, compared with $516 per month for the same family living in the median state. Florida families are most likely to receive cash assistance for less than 12 months. Data on unduplicated counts of AFDC families who received assistance for at least one month between December 1992 and November 1996 show that 61 percent of those cases received assistance for 1 to 12 months, 22 percent for 13 to 24 months, and 17 percent for 25 to 46 months.

### Table 4 Comparison of AFDC Program Rules and Benefits (for a One-Parent Family of Three Persons) in Florida with Those in the Median State, 1996

<table>
<thead>
<tr>
<th></th>
<th>Florida</th>
<th>Median State</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum AFDC grant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$303</td>
<td>$389</td>
</tr>
<tr>
<td>As a percentage of poverty</td>
<td>28%</td>
<td>36%</td>
</tr>
<tr>
<td>Percentage change in real value since 1970</td>
<td>-33%</td>
<td>-51%</td>
</tr>
<tr>
<td><strong>Combined AFDC and Food Stamp benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total benefits</td>
<td>$616</td>
<td>$699</td>
</tr>
<tr>
<td>As a percentage of poverty</td>
<td>57%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Earnings level at which AFDC eligibility ends after 12 months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total earnings</td>
<td>$393</td>
<td>$516</td>
</tr>
<tr>
<td>As a percentage of poverty</td>
<td>36%</td>
<td>48%</td>
</tr>
</tbody>
</table>

As in most states, the average monthly number of AFDC/TANF families in Florida grew rapidly in the early 1990s; in Florida it then began to decline after 1993. In contrast, the Food Stamp program caseload has remained relatively stable since 1993. Between January 1993 and January 1996, the number of AFDC families receiving cash assistance declined by 16 percent in Florida, compared with 7 percent nationally. The AFDC/TANF caseload has dropped dramatically since 1996. Between January 1996 and March 1998, the caseload in Florida dropped by 49 percent, compared with 30 percent for the nation as a whole. Thus, Florida has experienced continuous and above-average cash assistance caseload declines since 1993, a trend that has become even more marked during the period that roughly corresponds with the implementation of statewide welfare reform and a particularly strong economy.

**Welfare Reform**

Florida has been engaged in reforming welfare for several years. The state received a waiver from federal AFDC rules in 1994 to operate the Family Transition Program (FTP) in selected sites. Then, in June 1996, the state enacted the WAGES Act, a comprehensive statewide welfare reform plan. WAGES also serves as the state’s TANF plan. WAGES was developed in response to general dissatisfaction with the welfare system, coupled with the desire to build and expand upon the state’s experiences with its FTP welfare reform waiver. The impending likelihood that federal welfare reform would be enacted at the national level also provided momentum for the state to take advantage of this opportunity to redesign its welfare system. Once the federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was passed in August 1996, Florida moved quickly to implement WAGES as its TANF plan at the earliest date possible, October 1, 1996.

The overall goal of WAGES is for families to be strong and economically self-sufficient so as to require minimal assistance on the part of government. The following are the major underlying principles of Florida’s welfare reform efforts:

- Parents have an obligation to support themselves and their families to the fullest extent of their capabilities.
- A productive working lifestyle is better than a dependent lifestyle because it enhances an individual’s pride and self-esteem, and it provides children the positive parental role models they need for learning and earning.
- Work is inherently valuable even when financial rewards are modest, because it enhances dignity and self-respect and affords the opportunity to develop individual talents.
- Welfare reform must produce a significant reduction in the number of families who are economically dependent on public assistance.
- Welfare must be a temporary form of assistance rather than an ongoing entitlement.
Policies determining service delivery need to be community based, and actual services should be performance based. The private sector must play an active role in welfare reform.

These principles guided the development of the WAGES legislation and ultimately led to a new set of policies, procedures, expectations, and organizational strategies for the state’s cash assistance program and its welfare-to-work component. It is nevertheless important to bear in mind that far more welfare clients in 1996 were exposed to the state’s traditional JOBS program (Project Independence) than to either FTP or WAGES. Further, the various features of WAGES described later in this section were phased in at different points beginning in October 1996 and continuing throughout the following year.

Family Transition Program Waiver

The FTP waiver demonstration represents an important intermediate point in the evolution of welfare reform in Florida, both in chronological terms and with respect to an overall shift in philosophy and policy toward a transitional, work-based welfare system. FTP was implemented in 1994 in two counties—Alchua (Gainesville) and Escambia (Pensacola). The program covered about 4 percent of the state’s AFDC caseload and was offered on a mandatory basis in one county and a voluntary basis (i.e., recipients could elect to participate in the project) in the other. In 1995, the mandatory version of FTP was expanded to six additional counties.

FTP employed a “Work First” program approach that emphasized more up-front employment-related participation activities (e.g., job search and job readiness instruction) and immediate placement in jobs. The state’s traditional JOBS program—Project Independence—had included job search instruction in its mix of services but placed greater emphasis on longer-term education and training services.

Florida was one of the first states with waivers to impose a time limit on cash receipt. In FTP counties, cash assistance was time-limited for most recipients to two years in any 60-month period, and for the particularly disadvantaged to three years in any 72-month period. Participants who cooperated with FTP program rules but, despite diligent effort, had not found a job upon reaching their time limit could continue to receive benefits by engaging in a community service work position. Assistance could also be continued for children whose parents reached the time limit if there was an otherwise imminent risk of out-of-home placement. Temporary extensions to the time limit were permitted under certain circumstances. The first set of FTP recipients began to reach the time limit “cliff” in the spring of 1996.

Compared with the traditional AFDC and JOBS programs, FTP also included the following: (1) stricter welfare-to-work program participation requirements, (2) an additional year of transitional child care assistance, (3) higher eligibility-related asset limits, (4) a more generous treatment of earn-
ings for eligibility purposes, enabling more recipients to combine work with welfare, and (5) more intensive case management. The penalty for noncompliance with participation requirements was not altered under FTP, but sanctions were enforced more strictly than under the traditional JOBS program. In an effort to promote parental responsibility and improve child outcomes, FTP required families to obtain proper and up-to-date immunizations for preschool-age children and ensure that school-age children attend school regularly—failure to fulfill either of these requirements could lead to a reduction in the family’s monthly cash grant. FTP was more generously funded than the traditional Project Independence program, had lower client-to-staff ratios, and co-located many different kinds of services under one roof.

Evaluation evidence on the first two years of FTP indicates that participation in the demonstration resulted in increased employment and earnings relative to participation in the traditional JOBS program. These gains did not translate into reduced welfare receipt, however, because the more generous treatment of earnings for eligibility purposes allowed recipients to combine work with welfare. FTP began to generate significant reductions in welfare receipt rates just after the first recipients reached their two-year time limit. At this early juncture, only a small proportion of recipients who could potentially hit the time limit had done so. This is because most had not received benefits continuously over the two-year period and therefore still had time remaining on their time clocks.26

The WAGES Welfare Reform Program

This section highlights the key organizational and programmatic features of Florida’s WAGES programs. WAGES shares many of the features found in the FTP program but also contains important modifications and innovations. WAGES made two key changes to the administration and organization of welfare-to-work services that did not build upon the state’s experience with FTP. DLES was made the lead state agency for the work-related component of WAGES, and several local, community-based WAGES coalitions and one statewide WAGES coalition (both with a plurality of private-sector representatives) were created and given significant authority and responsibility for WAGES planning, policy and funding decisions, and service delivery.

Before WAGES, DHRS (now DCF) was the designated lead agency for Project Independence, the state’s JOBS program that was replaced by WAGES/TANF. DCF contracted with DLES to operate the Project Independence program but retained overall responsibility for policy and administration.27 When WAGES made DLES the lead public agency for the state’s new welfare-to-work program, it eliminated the need for this type of a contractual relationship between DLES and DCF. Although DCF is no longer directly involved in the welfare-to-work component, it still plays a key role in many aspects of the WAGES program, and significant coordination between the two agencies is necessary.

Many states have transferred part or all responsibilities of their welfare-to-work programs to the state agency that holds primary responsibility for
employment-related programs. The truly noteworthy aspect of Florida’s welfare reform initiative is its concurrent decision to turn substantial fiscal and policy decisionmaking authority over to public-private boards. As noted in the previous section, the State WAGES Board is responsible for overseeing the funding, policy, and operation of the WAGES program. This oversight responsibility includes ensuring coordination and accountability of Local WAGES Coalitions as well as advising and coordinating WAGES activities handled by DCF and DLES.

Just as the establishment of the State WAGES Board represents a new direction in the governance and administrative structure of Florida’s approach to welfare reform at the state level, the parallel establishment of 24 Local WAGES Coalitions represents the same phenomenon at the local level. Like the State WAGES Board, Local WAGES Coalitions must generally reflect the racial, gender, and ethnic diversity of the community as a whole, and at least half of the members must represent the business community. Each coalition must have 11 voting members who are appointed for three-year terms, but most Local WAGES Coalitions are much larger.

As noted in the previous section, each Local WAGES Coalition is responsible for (1) developing a WAGES financial and program services plan within the guidelines provided by the State WAGES Board, (2) developing a funding strategy to implement these plans that incorporates resources from all principal funding sources, and (3) selecting an entity to administer the financial and services plan. Although not required by statute, a policy decision was made by DLES to transfer to the Local WAGES Coalitions the responsibility for handling the delivery of services for WAGES participants who do not quickly obtain employment and need further supports and assistance to make them job-ready. The local coalitions are allocated a substantial share of the WAGES funding and given the flexibility to contract with as many different providers for as many types of services as it deems necessary to carry out this responsibility.

In terms of local-level organization and delivery of services, the WAGES program model originally divided responsibility for WAGES among DCF, DLES, and the Local WAGES Coalitions. DCF maintained responsibility for all aspects of the programs that affect eligibility and benefit levels—determining eligibility, reducing benefits as a result of sanctions, tracking time spent on assistance, granting time-limit hardship exemptions, and so forth. At the time of the site visit, DLES had been made responsible for “front-end” employment-assistance services to help job-ready or nearly job-ready clients move quickly into jobs, including up to six weeks of preemployment services (i.e., job search, job readiness, and job placement assistance). The new Local WAGES Coalitions were responsible for “intensive” services for those who were unsuccessful in their up-front job search attempts and needed additional supports and assistance to become job-ready.

WAGES was amended, after the site visit, to transfer even more responsibility to the Local WAGES Coalitions. The 1998 Florida legislature mandated
that Local WAGES Coalitions would deliver, through one-stop career centers, the full continuum of services provided under the WAGES program, including services that are provided at the point of application. However, the Local WAGES Coalitions may not determine an individual’s eligibility for cash assistance—this remains the responsibility of DCF—and all education and training must be provided through agreements with RWDBs. These changes became effective October 1, 1998.

Intensive work-related activities that count toward the participants’ work requirement are primarily community service assignments but also include on-the-job training and short-term vocational education and training. Intensive support services may include, but are not limited to, intensive case management, counseling, alcohol and substance abuse treatment, transportation assistance, and parenting classes. The Local WAGES Coalitions may contract with nonprofit, for-profit, and other public agencies in the community to provide services. For example, the first set of WAGES contracts awarded by the Miami-Dade Local WAGES Coalition for intensive services included 14 different WAGES contracts, among them a $15 million contract with a private company (Lockheed), which in turn subcontracted with 24 agencies for other services.

As summarized below, other key features of WAGES include a relatively short time limit on cash receipt, strict participation mandates and sanctions for noncompliance, up-front financial diversion assistance, family cap and parental responsibility mandates, financial work incentives (i.e., a more generous earned income disregard), and other changes affecting eligibility and grant amounts, transitional services, and one-stop service delivery. With the exception of time limits and some eligibility-related changes, most of these features had not been implemented as of January 1997. The intensive component in most service delivery areas did not become operational until later that year.

Time-limited assistance. The two most noteworthy features of Florida’s time limit are that (1) the lifetime time limit is shorter than the maximum permitted under PRWORA and (2) the time limit is based on a two-tier structure that takes into account length of time on welfare and other participant characteristics. The major difference between the time limit adopted under FTP and the WAGES time limit is that the former was not a lifetime time limit. The state’s new four-year lifetime time limit went into effect statewide on October 1, 1996.

Florida’s “tiered” time limit structure recognizes that not all welfare recipients are alike and that some may take longer to completely transition off welfare than others. Therefore, while most WAGES participants are limited to 24 cumulative months of participation in any consecutive 60-month period, the time limit is extended to 36 months in any 72-month period for cases in which the client (1) received AFDC or temporary assistance for any 36 months out of the preceding 60 months, (2) is a custodial parent under age 24 who has not completed high school or its equivalent, or (3) had little or no work experience in the preceding year. Recipients who receive the extension up to 36 months are still subject to the cumulative two-year lifetime limit. As with FTP’s time limit
policy, children will continue to receive financial support if it is determined that termination of assistance would result in a child being placed in an emergency shelter or foster care. Hardship exemptions to the time limit will be granted under certain circumstances.

**Participation mandates.** WAGES further advances the emphasis on moving as many welfare recipients as possible into jobs through strict participation mandates. Exemptions from work and participation requirements are extended only to parents with a child age three months or younger, compared with six months and younger under FTP (and age three or younger under Project Independence). At the time of the site visit, all other single-parent recipients were required to participate a minimum of 20 hours a week, increased to a minimum of 25 hours a week effective October 1, 1998. Two-parent families are subject to a higher level of hours of required participation. In addition, non-custodial parents who are delinquent in child support payments may be required to engage in WAGES work activities through a court order.

**Sanctions for noncompliance.** WAGES sanctions policies for noncompliance with work and participation were designed to send the clear message that there are negative consequences for failure to comply with program rules and to encourage families to engage in activities before they reach the time limit. The severity of the sanction depends on the number of times a recipient is non-compliant. The first incidence of noncompliance results in a full family sanction (i.e., termination of the entire family grant) until the client comes back into compliance for 10 working days. Subsequent incidences of noncompliance include termination of food stamps in addition to cash assistance for the adult, coupled with minimum sanction periods of 30 days for the second occurrence of noncompliance and three months thereafter. With the exception of the full family sanction for the first instance of noncompliance, children under age 16 in sanctioned families may still receive assistance.28

**Up-front financial diversion assistance.** WAGES introduced the opportunity for applicants to choose a one-time cash payment in lieu of ongoing cash assistance. Up-front diversion assistance is targeted to applicants who may not truly need ongoing assistance but, because of an unexpected situation or an emergency situation, require some immediate financial assistance to seek or retain employment. Examples of diversion assistance include a shelter, utility, or car repair payment. The diversion payment is limited to no more than two months of assistance, based on family size, and may be subject to repayment. If this option is chosen, the family is restricted from applying for assistance for three months, unless an emergency is demonstrated. This policy had yet to be implemented at the time of the site visit.

**Family cap and parental responsibility mandates.** WAGES includes a “family cap” policy.29 For the first additional child conceived while the mother was receiving cash assistance, the WAGES family cap reduces by half the incremental increase in benefits that would have been provided under traditional AFDC rules. No increases in benefits are provided for any more additional chil-
Eligibility and benefits. WAGES did not alter the basic structure of who is eligible to receive cash assistance. It did, however, make several specific changes to eligibility rules that have an impact on eligibility and benefits. These include changing the way shelter obligations are treated, applying the expanded income disregard used under FTP on a statewide basis, adopting resource limits that are lower than allowed for under FTP but higher than under traditional AFDC rules, and increasing the exemption for the value of an automobile slightly above that permitted under FTP program rules. Although not included in the original WAGES legislation, Florida also adopted the PRWORA option to eliminate the formerly mandated practice of passing the first $50 of child support collected on behalf of welfare children directly to the family (commonly referred to as the $50 child support pass-through).

Transitional services. After a WAGES participant finds a job, transitional child care is available for up to two years, transitional Medicaid is available for up to 12 months, and transitional education and training to upgrade skills or prepare for employment in another occupation is available for up to two years.

One-stop service delivery. The WAGES legislation specified that DLES must establish local one-stop centers that, at a minimum, should function as a single point of entry for intake of cash assistance applications, eligibility determination, diversion assistance, and front-end employment-related requirements and activities. Although not required, local WAGES one-stops are also encouraged to serve as the central point of intake for other types of services, such as child support, public health, child care, and housing assistance. A fuller description of the WAGES one-stop initiative is provided in the next section.
A wide range of programs in Florida are designed to promote financial independence and economic well-being. Some of these are heavily targeted to welfare recipients or those at risk of welfare dependency, while others focus more generally on low-income and disadvantaged individuals and families. The previous section addressed how Florida has combined its cash assistance program with a stronger focus on moving welfare recipients into employment through a variety of changes falling under the general heading of welfare reform. This section examines other types of programs that promote financial independence, both for welfare recipients and for other low-income individuals. These include employment and training programs designed to build skills and increase employability, child care assistance to support parents’ efforts to obtain and maintain employment, child support to raise the amount of income going to families in which one parent is absent, subsidized health care coverage, and teen pregnancy prevention.

**Employment and Training**

Florida’s employment and training system spans a multitude of programs. A state assessment of the JTPA program in 1995 identified 48 employment programs operating in the state that provided employment and training services. The following discussion highlights a few of these programs, but its primary aim is to explore two key developments in the area of employment and train-
ing that have far-reaching implications for the administration and delivery of these types of services in Florida: (1) the state’s workforce development initiative and (2) efforts to develop a one-stop service delivery system.

The process of instituting a workforce development system in Florida began in 1994 with the creation of the JEP. The JEP is an affiliated board of Enterprise Florida Inc., the nonprofit public-private partnership created in 1992 to expand economic development activities and upgrade skills in the state. JEP is governed by a board of directors totaling 30 members from education, business, labor, community-based organizations, and state government agencies. By statute, private-sector employers must represent a majority of JEP board members.

The legislature charged JEP to “bring together business, labor, education, community, and government leaders to design a comprehensive workforce development strategy to merge the state’s myriad training and employment programs into a comprehensive customer-focused, market-driven, and community-managed system.” However, the originating 1992 legislation provided little guidance on how the JEP should achieve this goal.

Building on the initial actions and recommendations of the JEP, executive orders by the governor in 1995 and 1996 that were subsequently enhanced and ratified by the Workforce Florida Act of 1996 gave the JEP greater authority to pursue its mission. To give JEP greater local control over the planning and delivery of services, these executive and legislative actions established chartered RWDBs to carry out local oversight, planning, and policy development for all state and federally funded workforce programs within an area. They further directed that the new workforce development system contain four key elements: welfare-to-work, one-stop career centers, school-to-work, and high-skill/high-wage jobs programs. These four components encompass a range of initiatives and programs that were already in place and at varying stages of development within the state but had never been linked together under a formal and explicitly defined “workforce development” umbrella.

The comprehensive workforce system that Florida is in the midst of creating and refining is integrally linked to the state’s larger economic development strategy, and its ultimate goal is to upgrade skills to make Florida more competitive and attractive to employers. Welfare recipients are a key target population but not the primary focus of the workforce development system. At the same time, the passage of comprehensive welfare reform and its strong link to workforce development have important implications for the shape, direction, and focus of workforce development efforts within the state.

**Service Delivery Structure and Administrative Issues**

The DLES is the primary state administrative agency responsible for employment-related assistance (e.g., unemployment compensation, workers’ compensation, labor market information, job placement services), including targeted program assistance for individuals who have difficulty obtaining gainful
employment because of various social and economic disadvantages (e.g., JTPA and WAGES) or physical disabilities (e.g., vocational education). The DOE, which oversees the state’s community college system and vocational technical centers, is the largest provider of vocational training.

Although Florida’s workforce development strategy calls for transferring a great deal of responsibility for workforce development policy to private-public boards (i.e., the JEP and RWDBs), it does not require that administrative and operational responsibility for employment and training programs be consolidated under a single state administrative agency. Therefore, as of early 1997, many administrative issues and questions were yet to be resolved concerning how the new workforce development system and RWDBs would affect the role and responsibilities traditionally held by DLES and DOE for employment, education, and training programs.

The workforce development changes set in motion by the governor’s executive orders and by the Florida Workforce Act of 1996 had the greatest immediate impact on the administrative structure of the JTPA program—the largest employment and training program for disadvantaged individuals. Before 1996, DLES had general administration and program oversight responsibilities for JTPA, and locally based Private Industry Councils (PICs) were responsible for overseeing the JTPA fiscal and program functions within their geographically designated service delivery areas. Under the new workforce development strategy, the JEP was designated as the state-level Human Resource Investment Council and specifically charged with carrying out general policy, planning, and oversight responsibilities mandated by JTPA.

To continue to qualify for JTPA funds and avoid creating a dual system, the RWDBs now serve in the capacity of JTPA PICs and have responsibility for designated geographic areas that are coterminous with reconfigured JTPA service delivery areas and the community college geographic service areas. At the same time, the RWDB board structure is designed to be broader in its representation, scope, and mission than the traditional PIC board structure. For example, the RWDBs must include upper-level private-sector executives (who are not permitted to vote by proxy), develop a plan for a locally designed service delivery system that incorporates all of the state’s strategic workforce development components, and collaborate with the JEP in developing uniform performance measures and outcome standards related to these components.

The designation of the public-private JEP as the Human Resource Investment Council and the shift to regional workforce development boards led to tremendous upheaval within the traditional JTPA administrative structure. For example, fully 70 percent of members on the newly chartered RWDBs were new appointees who had not served on the PIC boards they replaced. RWDBs are not permitted to provide direct services; in contrast, most PICs provided case management and job search services in-house. DLES regional offices are now supposed to share oversight responsibilities with the RWDBs, although the exact division of responsibilities had not been fully worked out as of early 1997.
Local respondents noted that the lack of state-level coordination between the JEP and DLES in this early phase of their developing relationship had at times led to the issuance of inconsistent and duplicative policies.

According to respondents, the primary focus and efforts of “workforce development” in 1996 centered around establishing the RWDBs—a charter process that involved extensive planning, coordination, and decisionmaking at the community level. Relationships among DLES, the JEP, and the new RWDBs and traditional local-level service providers were still being developed. Therefore, the site visits took place too soon in the evolution of Florida’s workforce development system to observe its impact on the actual delivery of services. Local respondents in Hillsborough and Dade Counties reported that very little had changed from the perspective of clients in terms of actual service delivery at this early juncture.

The state’s comprehensive welfare reform legislation, also passed in 1996, has important ramifications for the state’s efforts to restructure the traditional employment and training system and create an integrated workforce development system. As described more fully in the previous section, the private-public Local WAGES Coalitions play a critical role in the planning, oversight, and delivery of services for welfare recipients. Some early discussion envisioned that the RWDBs would also serve as Local WAGES Coalitions, much in the same way that they serve in the dual capacity of PIC boards for the JTPA program. However, the final WAGES legislation requires only that the WAGES and RWDB geographical service delivery boundaries conform with one another and that WAGES services be coordinated to the maximum extent possible with those delivered by the RWDBs. This has led to a variety of arrangements in the way the RWDBs and Local WAGES Coalitions are structured and the degree to which board membership overlaps.

Although “welfare-to-work” is considered one of the four major components of the state’s workforce development strategy for which the RWDBs are responsible, the establishment of the WAGES coalitions raises questions regarding the exact role of the RWDBs in developing and overseeing welfare-to-work reform strategies and service planning. In interviews, those who are affiliated most closely with the workforce development community voiced concern about the potential for welfare reform to overshadow other key elements included under workforce development. Those who are affiliated most closely with welfare reform questioned whether the RWDBs would have sufficient expertise and interest in advancing the goals of welfare reform. They also voiced concern that the focus on WAGES will be diluted if Local WAGES Coalitions are treated as appendages to the RWDBs and welfare reform is viewed simply as one component of workforce development.

These concerns reflect basic philosophical tensions between the goal of workforce development and the goal of welfare reform. The primary mission of workforce development is to upgrade the skills of all workers in the state, while the primary mission of welfare reform is to reduce welfare dependency by having welfare recipients form an attachment to the labor market. These
issues were beginning to be addressed explicitly in 1996 and 1997 as part of the overall process of establishing Local WAGES Coalitions—a complicated process that, not surprisingly, was at times contentious and divisive in some areas of the state. The full ramifications of both initiatives and the relationship between the two had yet to be fully explored, much less resolved.

One-Stop Career Centers

The state’s one-stop career center initiative began in the early 1990s, with assistance from federal one-stop planning and implementation grants awarded by the U.S. Department of Labor, and is still under development. The basic goal of a one-stop service delivery system is to streamline employment and training programs and services so that access to employment-related information and services can be obtained from a single contact point. While this vision has consistently guided efforts to develop a one-stop service delivery system, recent workforce development and welfare reform efforts in the state have created additional twists that are shaping its overall direction and scope.

In 1993, DLES began consolidating its local Unemployment Claims Centers and Job Service Centers into single Jobs and Benefits offices, which provide a single point of intake for those seeking unemployment compensation or assistance in finding a job. This multi-year effort is now completed.

At the time workforce development legislation was enacted in 1996, DLES was also engaged in efforts to further expand the centralized Jobs and Benefits intake system to include eligibility for other employment and training programs under its purview (e.g., vocational rehabilitation, JTPA, and Job Corps), and to develop “virtual” electronic one-stop centers for customers to get information about and apply for a wide range of programs via computer.

In the local case study sites, the more comprehensive colocated one-stop model with a common intake system was in Hillsborough County and the integrated, automated systems version of one-stops was being developed in Dade County. Regardless of the particular model used to achieve a one-stop system, the primary focus was on providing assistance to job seekers in general (as opposed to particular target populations) and on improving coordination across programs administered by DLES as well as between DLES programs and other education and vocational programs (e.g., school-to-work, adult education, and vocational training programs).

In general, the inclusion of a one-stop service delivery system as one of the four key components of the state’s workforce development strategy gave this initiative greater visibility but did not change its general focus or direction. Welfare reform, however, has forced DLES and the emerging workforce development system to reevaluate and potentially modify the direction of its one-stop career initiative. The workforce development version of one-stops had envisioned that welfare recipients could get employment assistance through one-stop centers but stopped short of making one-stops the primary point of intake.
and up-front services for welfare recipients. In contrast, the WAGES welfare reform program model requires that DLES Jobs and Benefits offices serve as the “front-door” and one-stop service center for WAGES applicants and participants.

The WAGES version of one-stops entails colocating DCF eligibility staff with DLES staff and making Jobs and Benefits offices (as opposed to welfare offices) the point of intake for cash assistance applications and eligibility determination, as well as access to other types of assistance such as housing, emergency services, and child care. As discussed in the previous section, the original WAGES legislation assigned responsibility for the up-front work-related aspect of WAGES (e.g., job search/job readiness and work registration) to the DLES Jobs and Benefits offices, a change that required substantial staffing reorganization for DLES. Approximately 500 former Project Independence staff who provided welfare-to-work assistance to welfare recipients out of the DCF welfare offices were slated to be physically and administratively integrated into the Jobs and Benefits office management and staffing structure.

At the time of the site visits in early 1997, DLES and DCF were just beginning to sort out the implications of WAGES for the development of one-stops and the larger service delivery system for welfare recipients. The RWDBs in both sites were continuing to work independently on developing their more universal vision of one-stops, and there appeared to be little to no interaction or coordinated planning taking place between the RWDB and DCF/DLES on this matter.

Along with the basic implementation challenge of balancing the needs of welfare recipients with those of other job seekers within a single one-stop structure, DCF and DLES staff in both sites were grappling with a number of “bricks and mortar” issues, such as the need for additional space to accommodate the expanded number of colocated program staff and the lack of linked access to different programs’ data systems. It was unclear what role the RWDBs will end up playing in the establishment of WAGES one-stops and how the two different visions underlying welfare reform one-stops and workforce development one-stops will ultimately be reconciled.

**Child Care and Early Childhood Education**

In order for families to work and be self-sufficient, they must be able to obtain and afford child care. For welfare recipients, the inability to pay for child care represents a major barrier to employment. Similarly, working poor families often cannot stretch resources to cover the costs of child care and are at risk of going on welfare because their inability to pay for child care prevents them from maintaining employment.

During the 1990s, families receiving cash assistance and low-income working families in Florida have faced sharply divergent realities regarding the
availability of subsidized child care. For the most part, sufficient child care funding has been available to serve welfare recipients and those transitioning off welfare into jobs seeking child care assistance. In contrast, there have been long waiting lists for low-income child care assistance, and subsidized child care has been available for only a fraction of the eligible population.

The state’s waiting list for low-income child care during the past 10 years has ranged from 20,000 to 30,000, generally settling around 25,000. At the time of the site visit in early 1997, the waiting lists for low-income child care stood at about 1,000 in Hillsborough County and about 5,000 in Dade County. Respondents at both the state and local levels emphasized that the waiting list for low-income child care significantly understated the extent of need, because the lengthy waiting period discourages many people from applying or staying on the waiting list.

Beginning in 1996, funding for child care assistance increased dramatically, first for welfare recipients and even more recently for the low-income working poor. An additional $72 million for low-income child care was included in the final 1998–99 state budget—a 55 percent increase in funding over the previous year and an amount sufficient to eliminate current waiting lists for child care. This most recent budget development marks a significant investment of additional state revenue dollars for child care, a break from past state spending patterns in this area, and an opportunity to close the long-standing gap between child care funding for welfare families and low-income families. A concurrent effort during the past legislative session to pass final legislation that would have radically restructured and integrated the early child care and subsidized child care systems proved unsuccessful.

The following discussion of Florida’s child care system describes the way subsidized child care was funded and structured in 1996–97, after state and federal welfare reform legislation was enacted but before the approval of this newest investment of funding for low-income child care. It also provides an overview of public early childhood education programs, their relationship to the subsidized child care system, and efforts to achieve—as well as barriers that militate against—greater coordination and integration between these two types of publicly funded child care.

**Subsidized Child Care Funding and Eligibility**

Welfare reform stimulated a dramatic increase in child care funding in Florida. The state 1997–98 budget appropriated $372 million for subsidized child care, an increase of slightly more than $100 million from the previous year ($272 million) and $175 million more than was spent on subsidized child care in 1995–96 ($197 million). Most of this expansion in subsidized child care assistance was made possible by an increase in federal funding sources. More than 60 percent of the total amount appropriated in 1997–98 was earmarked for current and former WAGES clients.
The significant expansion of child care funding for current and former WAGES participants reflected a consensus within the state legislature that child care was a key ingredient for the success of its new employment-focused welfare reform initiative. Thus, the decision to mandate participation in WAGES for all recipients (except those with children under 12 weeks of age) was coupled with a commitment to increase funding sufficiently to meet the increased need for child care assistance among the welfare population as well as those transitioning off welfare.

To appreciate the recent trends in subsidized child care funding in Florida, it is helpful to understand some of the more significant financing and funding changes that have taken place in the child care arena. Before the enactment of federal welfare reform legislation in August 1996, welfare recipients who participated in welfare-to-work program activities and former welfare families who were no longer eligible for benefits because of their earnings were virtually guaranteed child care as long as states allocated a sufficient amount of their own money to meet a federally imposed match requirement. Child care assistance for these families was funded through the AFDC-JOBS program and the Transitional Child Care program. Transitional child care assistance was available for up to one year, after which former working AFDC parents could be eligible to receive assistance through other low-income child care funding sources.

Before PRWORA was enacted, child care assistance for the broader low-income working population was available through three major federal funding streams—the Child Care Development Block Grant (CCDBG), the Title IV-A At-Risk Child Care Program, and the Social Services Block Grant (SSBG). CCDBG funding did not require a state match and was distributed to states based on a formula that took into account the proportion of needy children relative to all children and per capita income. The At-Risk Child Care program required a state match and was targeted to non-AFDC working families “at risk” of becoming eligible for AFDC if child care assistance were not provided. SSBG funds may be used for a wide range of social services, and Florida relies heavily on this funding source to provide child care assistance for low-income families.

PRWORA made significant changes related to child care. Most notably, it eliminated the distinction between welfare and low-income child care by consolidating the major category-based child care funding streams—AFDC-JOBS child care, Transitional Child Care, CCDBG, and At-Risk Child Care—into a single Child Care Development Fund (CCDF) grant. The overall amount of funding available for child care assistance was increased, although not at sufficient levels to serve all welfare and low-income families. Consequently, it is now up to states to determine which families receive child care assistance and under what circumstances, if any, child care assistance should be funded at levels that make it a virtual guarantee for eligible families.

In Florida these federally based changes initially did not alter the basic disparity between funding for low-income families and welfare families. This is
because the state chose to use the increase in federal funding and state flexibil-
ity to invest additional child care dollars heavily in current and former WAGES
participants. The state originally estimated that child care funding for welfare
recipients would roughly need to triple to cover the child care costs associated
with the WAGES work requirement in its first year. To accomplish this, the state
allocated almost all of its TANF “windfall” dollars (more than $60 million) and
all of its CCDF block grant money (and most of its prior year’s unspent CCDBG
funds) for WAGES child care. A comparatively small increase ($6 million) in
state general revenues for low-income child care was more than offset by reduc-
tions in SSBG funding used to subsidize child care for the working poor.

Although federal child care funds are now consolidated under a single
block grant, the state continued to appropriate funding on a categorical basis
largely defined by the welfare status of individuals.34 Two-thirds of the overall
$372 million in SFY 1996–97 appropriations primarily served WAGES welfare
recipients and former welfare recipients transitioning off welfare; the rest was
targeted to the working poor and children at risk of abuse. Funds cannot be
shifted between these two categories without legislative approval.

Because federal child care funding is still insufficient to serve all welfare
and low-income working families, the ways states choose to set priorities on
who receives child care assistance, define eligibility criteria, and set provider
reimbursement rates have important coverage and quality implications.
Florida’s welfare reform legislation did not affect eligibility or criteria for setting
priorities for child care assistance, although these criteria were formally desig-
nated by statute for the first time. WAGES did, however, reduce reimburse-
ment rates for unlicensed informal care and make welfare families subject to the
same sliding-scale copayment schedule as all other families. It also extended
eligibility for transitional child care from one to two years, retained the require-
ment that a family must receive WAGES cash assistance for three out of six
months to qualify for transitional child care, and eliminated the use of the child
care disregard as a way to subsidize child care costs incurred by working
WAGES families.

The states’ policies for setting priorities are structured so as to preserve the
continuity of child care assistance for welfare families as they move from wel-
fare to work. At the same time, they do this at the expense of reducing the num-
ber of working poor families who can secure child care assistance. Once a
family has been determined eligible for subsidized child care, it may continue
to receive assistance as long as family income does not exceed 185 percent of
the federal poverty level.

Families with children at risk of abuse, neglect, or exploitation who are cur-
rently DCF clients receive first priority for subsidized child care. The second
level of priority for subsidized care includes, in descending order, welfare (i.e.,
WAGES) families, those leaving welfare because of their earnings, migrant farm
workers and teen parents who are not receiving assistance but are enrolled in
school or employed, and low-income families with incomes below 100 per-
cent of the federal poverty level. The lowest priority for child care assistance is reserved for families with incomes between 100 and 150 percent of the federal poverty level.

The number of current and former welfare families using child care increased significantly in the year following the implementation of WAGES—by about 20,000 additional children. However, the demand for WAGES child care between October 1996 (when WAGES was implemented statewide) and June 1998 was lower than anticipated, in part because full implementation of the work requirement proceeded more slowly than anticipated. As a result, there was a surplus in child care assistance for current and former welfare recipients during the same period that waiting lists for low-income child care were rising (at times higher than 30,000) and were periodically frozen. The legislature approved a special allocation of nearly $6 million from the WAGES reserve fund in 1997 for about 8,500 low-income school-age children on the waiting list during the summer months but stopped short of shifting child care funds allocated for WAGES recipients to low-income child care.

One noteworthy and innovative financing mechanism that began in early 1997 is the Child Care Partnership Program established by the WAGES legislation. This initiative stems from the belief that employers should play a greater role in assisting workers with their child care needs and seeks to promote a stronger public-private partnership to that end. The state provides a dollar-for-dollar match for child care dollars donated to the purchasing pool by employers, local government, and other private donors. The Child Care Purchasing Pools are administered by local child care coordinating agencies.

The state set aside $2 million for this initiative in its first year of implementation (SFY 1996–97) and doubled the amount set aside in the program’s second year. Thus far, the state’s set-asides for this program leveraged an equal amount of nonstate dollars, and the 1998 state budget increased the amount of the state set-aside. In addition to this relatively new financing mechanism, 27 of Florida’s 67 counties exercised the option provided by the state to establish special taxing boards that levy a property tax for children’s services. On average, about one-quarter of the $63 million generated through this financing source was allocated to child care–related services.

Subsidized Child Care Service Delivery Structure

Florida has spent many years working to create a seamless system of child care that overcomes the traditional patchwork system that has resulted from so many different child care programs and funding streams. The basic features of the state’s subsidized child care system were not altered in the wake of welfare reform.

All child care funding streams are administered by 25 child care coordinating agencies at the local level. All but one of these local child care coordinating agencies also serve as child care resource and referral (CCRR) agencies, and 11 are
Head Start grantees. To further facilitate the ability of local child care coordinating agencies to administer a seamless system of child care, Florida uses uniform payment rates, sliding-fee scales, and a standardized application. As a result of these features, users of subsidized child care can gain access to different child care sources through a single office. They also can transition smoothly from one category of subsidized child care to another without experiencing gaps in assistance or having to make new child care arrangements whenever their program eligibility status changes.

Families receiving subsidized child care assistance may place their children in licensed child care centers that are contracted to provide slots for subsidized children, or they may use vouchers to pay for a provider of their own choosing—child care centers, family child care homes, relatives, or other informal care arrangements. The use of vouchers has grown in recent years, a trend that is expected to continue in the future. As of 1996–97, however, slightly more than half (55 percent) of all subsidized child care funds were still spent on contracted child care providers.

DCF is the designated lead agency responsible for subsidized child care. Before WAGES, administrative responsibility for child care programs was consolidated under one office within DCF, except that DCF and DLES shared responsibility for JOBS-related child care (i.e., DLES was contracted by DCF to operate the JOBS program, including child care). Local DCF and DLES offices are responsible for contracting with the 25 child care coordinating agencies to administer and manage the entire range of subsidized child care programs. This administrative structure has remained essentially the same since Florida’s welfare reform program was implemented in October 1996, with two exceptions: (1) child care funding allocations for WAGES participants (i.e., welfare recipients and those transitioning off welfare) bypass DLES and are included in the contracts established between DCF district offices and the local child care coordinating agencies, and (2) the State WAGES Board was given responsibility for review and approval of factors used to make allocation decisions for WAGES-related child care and oversight of the utilization of WAGES child care funds.

The local child care coordinating agencies are responsible for completing and processing all authorized child care applications for current welfare recipients who are employed or participating in WAGES, former welfare recipients eligible for transitional child care, and eligible families receiving protective services through the child welfare system. They also serve as the point of intake for low-income families seeking child care assistance. In addition, local child care coordinating agencies are responsible for maintaining child care assistance waiting lists, establishing and monitoring subcontracts with centers and family day care homes, or, alternatively, issuing voucher certificates to parents to purchase child care from providers of their own choosing.

Local child care coordinating agencies are almost always private nonprofit agencies. The two local case study sites represent exceptions to this general
rule. Responsibility for operating the child care coordinating agency is held by the school board in Hillsborough County and by the county government in Dade County. Both of these administrative entities also serve as the CCRR and Head Start grantees for their communities.

As part of its ongoing effort to create a seamless system of child care, the state is focusing on efforts to establish a single point of entry and unified waiting lists that encompass both early childhood development programs (i.e., prekindergarten programs and Head Start) and subsidized child care programs. Progress toward this end had already been made in some localities through special collaborative grants. The state’s WAGES welfare reform legislation explicitly requires that all districts work toward achieving this goal, although it did not mandate an implementation date or allocate additional money specifically for this purpose.

Supply and quality. In terms of the overall supply of child care, most respondents felt Florida was in a relatively favorable position. Improving the quality of child care and expanding child care assistance to more low-income families were much more frequently cited as the key challenges and needs. At the same time, respondents emphasized that care offered during nonstandard work hours (evenings and weekends) and for infants and special needs children was limited. As a result of welfare reform, these pockets of low supply or outright shortages represented a special source of concern because mothers with very young children are now required to participate in work activities and because low-income workers and welfare recipients are more likely to obtain jobs that require evening or weekend work.

Child care centers are required to be licensed, and the number of licensed programs has increased about 3 percent every year for the past several years. Licensing or registration for family child care providers is optional. Licensing is performed by the state or, at county option, by the counties (so long as local licensing requirements meet or exceed those required by the state). Twenty of the 67 counties in Florida have assumed responsibility for licensing. Effective in 1992, the state made teacher-to-child ratios—a key element of quality child care—smaller for infants and toddlers and increased training requirements for licensed and regulated child care providers.

In addition, the state requires subsidized child care centers to score 70 percent or more on a state-based quality assessment that exceeds general licensing standards. Informal providers receiving state subsidies are simply required to complete a criminal background check and tuberculosis test and attend a three-hour orientation. In FY 1996–97, the state allocated $5 million in TANF funds over and above the 4 percent “quality set-aside” required under the new federal child care block grant to make improvements designed to increase the availability and quality of licensed and registered family child care homes.

While most respondents identified various ways in which the state had sought to maintain and improve the quality of child care, they viewed this as
a critical area where further improvements could and should be made. One concern regarding quality is that the amount of the subsidy available to parents—75 percent of the market rate—prohibits families in some areas from gaining access to higher-quality care, although it was also noted that higher cost was not in and of itself a guarantee of quality. Another concern is that the shift toward vouchered care has made it more difficult to ensure that children in subsidized child care receive quality care because vouchered providers are not subject to the state’s quality assessment test. On a more general level of concern, teacher/child ratios lag behind standards recommended by national accrediting organizations; low pay for child care workers contributes to staff turnover rates of 30 percent or greater; enforcement of standards among licensed providers is relatively weak; and family day care providers go largely untrained and unregulated.

A new statewide initiative to promote quality child care in the state is the Gold Seal Quality Care program established by the WAGES legislation. This program is part of a new three-tiered categorization of care based on quality: unlicensed/unregulated “informal” care (tier 1), licensed/regulated care (tier 2), and “gold seal” quality care (tier 3). The shift to this differential structure was accompanied by a reduction in the payment rate for unlicensed/unregulated providers to half of that received by regulated/licensed providers. At the other end of the quality spectrum, a child care provider must meet or exceed standards set by national accrediting organizations to be officially designated a gold seal.39

These changes were intended to help parents choose care based on quality considerations and give providers an incentive to become licensed/regulated and meet the highest standards of quality. At the same time, to the extent that unlicensed/unregulated providers fail to respond to the incentive or parents continue to choose unregulated providers, lowering the payment rate for non-regulated providers also serves as a cost-containment measure. In addition, because providers that receive the gold seal designation do not receive higher payment rates, the potential for this designation to serve as an incentive for providers to become accredited is reduced. More recently, the state legislature earmarked additional funds specifically for the purpose of paying a higher rate to gold seal providers.40

**Early Childhood Education Programs and Their Relationship to Subsidized Child Care**

In addition to providing subsidized child care, Florida has a state-funded prekindergarten early childhood program, and it uses state funds to supplement the federally funded Head Start program. In recent years, early childhood education has received increasing attention and priority as a result of brain research related to young children’s development and the state’s top education objective to increase school readiness. Both Head Start and the state’s prekindergarten program seek to promote the development and education of disadvantaged young children to help ensure their success in later life; they use a comprehensive
program approach that includes education, health and nutrition services, and parent involvement.

In SFY 1995–96, an estimated 138,000 children ages three to four were eligible for prekindergarten services in Florida. About 15 percent of these were enrolled in prekindergarten early intervention programs and another 15 percent were served through Head Start programs. The prekindergarten program and other preschool projects are funded through lottery revenues. The 1997 legislative session provided $97 million from these revenues for the state’s prekindergarten program, up $3 million from the previous year. The state received $127 million in federal funds to operate Head Start programs in 1996–97, an increase of about $3 million from the previous year.

While subsidized child care serves children up to 13 years old and early childhood education programs focus more narrowly on three- and four-year-olds, there is significant overlap in the eligible populations served by both types of programs. At least 75 percent of the children enrolled in the state’s prekindergarten program must be four-year-olds with family incomes at or below 130 percent of the federal poverty level (the remainder may include three- or four-year-olds who are similarly economically disadvantaged but have been either abused, neglected, or prenatally exposed to alcohol or drugs). The majority of Head Start children, in both Florida and the nation as a whole, are four-year-olds with family incomes below the federal poverty level. Staff interviewed from both types of programs reported on the need for and efforts to develop more strategies and services for younger children ages three and under.

As in most states, the Department of Education in Florida is responsible for administering the state’s Prekindergarten Early Intervention Program as well as other smaller early childhood development programs. Unlike subsidized child care and the prekindergarten program, Head Start is subject only to federal regulation. Federal funds are provided directly to local Head Start grantees, which operate Head Start at the local level, pass funding through to delegate agencies, or both. The state’s prekindergarten program is offered in all 67 school districts and serves approximately 29,000 children. Florida permits school districts to contract with other types of providers to operate this program, and a substantial portion have chosen to do so.

Respondents noted that interaction and coordination among the prekindergarten, Head Start, and subsidized child care systems have increased over time but that tremendous coordination challenges remain. A state coordinating council and local interagency coordinating councils exist to promote and develop coordination between early education and child services and funding. While these councils provide a mechanism for coordination, it was noted that the early childhood education focus on “helping the child” versus the subsidized child care system’s focus on “helping the parent go to work” creates an inherent tension that is difficult to overcome. The fact that the prekindergarten program and subsidized child care are administered by different state agencies...
and that local Head Start programs operate independently of any state administrative entity further impedes effective coordination.

At the same time, there was a strong consensus among state and local respondents that better coordination was critical to provide better care that appropriately meets the developmental needs of young children. The state’s Collaborative Community Partnership Grant program was highlighted as an example of successful coordination. Funded annually at $3 million through earmarked state lottery revenues, this grant program has been the primary mechanism used to foster collaborative partnerships between prekindergarten programs, Head Start grantees, and the local central coordinating agencies to improve the quality and delivery of early child care and education services, conduct outreach initiatives, and share funding sources. A major focus of the grants is to develop a single point of entry for parents seeking child care services that includes subsidized child care and all early childhood education programs as well as a unified, unduplicated waiting list.

In addition to the need for a streamlined and simplified intake and enrollment process, respondents noted the need to structure early childhood development programs better. The goal is to structure programs so that parents engaged in the labor force (or subject to welfare reform work requirements) can use them while at the same time not sacrificing the focus on promoting school-readiness and quality, and healthy outcomes for children. Typical of most early childhood education programs, Head Start and prekindergarten programs in Florida have traditionally operated 180 days a year and 6 hours a day, making it difficult for many working parents to take advantage of them.

Much energy has been devoted in recent years to exploring and developing ways to create and expand wraparound services between subsidized child care and early childhood education programs, and extended hour and extended day programs, and to continue to make parental involvement a key program feature. Both of the local study sites—Hillsborough and Dade Counties—offered some extended day and extended year slots, but there was general agreement that a wide gap still existed between the availability of extended and/or wraparound services and the need for these services. The implementation of WAGES has reportedly added a new sense of urgency to make early childhood education programs more accessible to working parents and achieve greater coordination between early childhood education programs and subsidized child care.

The need to consolidate responsibility for child care policy and the subsidized child care and early childhood prekindergarten programs under a single administrative umbrella has also received increasing attention and priority within the state legislature since the site visit in early 1997. As in the 1998 legislative session, comprehensive proposals to amend Florida’s early childhood care system, including its governance, standards, and utilization of resources, will be considered in the next session of the legislature.44
Child Support

An important source of support for single-parent, low-income families is money from child support paid by a noncustodial parent. Under Title IV-D of the Social Security Act, the child support enforcement program is responsible for overseeing the administration of all functions necessary in IV-D child support cases to ensure that children in single-parent families receive child support payments on their behalf. These functions include establishing paternity, locating noncustodial parents, establishing and modifying child support orders, enforcing support orders, and distributing collections.

The child support enforcement program serves both welfare recipients and nonwelfare recipients. By federal law, parents receiving AFDC/TANF are required to assign their child support rights to the state, and both AFDC/TANF and Medicaid recipients must cooperate with the state child support agency in establishing paternity or enforcing child support orders. Nonwelfare families can, on a voluntary basis, apply for and receive the same range of child support services available to welfare recipients after paying a $25 application fee. In 1996, Florida’s total IV-D child support caseload numbered about 1.3 million.

Florida is one of the few states in the nation that has placed administrative authority for the IV-D Child Support Enforcement Program in the Department of Revenue (DOR). The shift in administrative responsibility for child support enforcement to DOR has been coupled with efforts to strengthen and streamline the system’s capability to establish, enforce, and collect child support obligations, and to increase public awareness through public education campaigns and high-profile enforcement initiatives. Since DOR assumed responsibility for the child support enforcement program in 1994, collections have increased by nearly $200 million (from $387 million in SFY 1993–94 to $585 million in SFY 1997–98), and worker productivity, measured in terms of annual collections per worker, is reported to have increased by approximately 20 percent. These positive outcomes have generated much support for the decision to place child support enforcement under the Department of Revenue and run the program “like a business.”

Service Delivery Structure

In addition to overall responsibility for the central administration of the state’s child support enforcement program, child support staff are located in DOR offices throughout the state. Primary responsibilities of DOR child support staff include handling intake, locating noncustodial parents, establishing voluntary paternity acknowledgments, initiating some types of enforcement actions, and working with the courts to establish and modify child support orders. Nonwelfare families can apply for and obtain child support services directly from DOR offices. DCF automatically refers AFDC/TANF and Medicaid cases to DOR to initiate child support enforcement work.
Compared with many states that have reduced the role of the court system in child support and shifted to greater reliance on administrative processes to handle various child support establishment and enforcement activities, Florida still relies heavily on the courts and a judicial or quasi-judicial process to handle child support matters. With the exceptions of Dade and Manatee Counties, DOR contracts with a mix of public and private attorneys for child support legal services.\textsuperscript{46} At the time of the site visit, about half of the state’s judicial circuits used only judges to hear and adjudicate child support issues (e.g., contested paternity cases, establishment and modification of child support orders, and contested or delinquent orders), and the rest employed hearing officers or a combination of judges and hearing officers for these purposes. The local Clerk of the Circuit Court or depository in each county is responsible for receiving child support collections, disbursing payments to families that are not participating in the child support enforcement program, and forwarding IV-D child support payments to DOR.

**Recent Initiatives**

Since 1994, Florida has taken a number of steps to strengthen enforcement and increase child support collections through new initiatives such as (1) establishing a new-hire directory requiring businesses to report new hires for child support enforcement purposes, (2) suspending or denying various types of licenses of noncustodial parents who are not complying with a court order for child support, and (3) establishing an in-hospital voluntary paternity acknowledgment program.\textsuperscript{47}

These and other improvements to the system have produced positive results. In the first year, affidavits of paternity were filed for approximately 53 percent of all unwed births, representing a significant increase in the numbers of out-of-wedlock children for whom paternity is established. The new-hire directory has resulted in the collection of an additional $11 million in child support and will be expanded to include all employees in October 1998 to conform with PRWORA requirements. Since the inception of Florida’s license suspension program in 1994, approximately 11,000 noncustodial parents owing past due child support have received license suspension notices.

A more recent change resulting from state legislation in 1996 is entering the names of all parents who have warrants issued on them for not paying child support into the state’s automated crime information database.\textsuperscript{48} This new procedure, formerly reserved only for people with arrest warrants for criminal offenses, allows police officers to instantly identify and arrest noncustodial parents with outstanding warrants for past due child support. This often occurs during routine traffic stops for speeding or other driving violations. Those arrested are released from custody after they have paid their entire debt or a portion ordered by the court. In the first six months of operation, more than 4,300 noncustodial parents were arrested as a result of this new enforcement technique.

Since 1996, the state has used private contractors to locate noncustodial parents and collect past due child support on certain nonpaying cases. Early
results indicated that this effort did yield successful location of noncustodial parents and collections of past due child support. The state has no plans to privatize the entire child support system, but the legislature has stated its intent to encourage contracting with private entities for the provision of specific child support enforcement activities whenever such contracting promises to be cost-effective.

**Implications of Federal Child Support Reform**

PRWORA contained a number of significant federal reforms related to child support, many of which Florida had already implemented before passage of the federal law (e.g., the new-hire directory and driver's license suspension). However, some aspects of PRWORA require substantial modifications to the current system. According to those interviewed, the two greatest changes and challenges resulting from PRWORA concern the state's automated child support computer system and the way that child support payments are collected and disbursed.

Like most other states, Florida needs wholesale modifications to its existing child support computer system to support the PRWORA requirement for a single statewide child support computer system. Since the site visit in early 1997, the state legislature has appropriated several million dollars in additional funding to enable DOR to make necessary improvements in the state’s automated child support computer system.

PRWORA also requires states to establish a single location to which employers can send child support payments withheld from paychecks and operate a centralized unit to disburse child support payments. This requirement poses a particularly difficult challenge for the state because responsibility for maintaining records on all child support cases (IV-D and non-IV-D) as well as collection and disbursement has traditionally been the responsibility of the local Clerks of the Circuit Court. At the time of the site visit, it had not been determined how these issues would be addressed and several different options were being considered, all of which would constitute a significant change from the current system.

Several new child support features contained in PRWORA may be implemented at state option. Among those options that directly affect families on welfare, Florida chose to implement the following: (1) elimination of the monthly $50 pass-through of child support collected on behalf of welfare families, (2) institution of stronger penalties for noncooperation through the enforcement of full-family sanctions (i.e., termination of a family’s entire cash assistance grant) for those failing to cooperate with the child support program in establishing paternity, and (3) transfer of responsibility for determining noncooperation and “good cause” for noncooperation from DCF welfare staff to DOR child support staff. As of early 1997, the pass-through to families had been eliminated and DOR was working with DCF on finalizing new sanctions and good cause exception policies and procedures.
Those interviewed for this study noted that the new time limit on receipt of welfare raises the stakes for a child support system already strained beyond capacity and creates even greater tension between the agency’s dual responsibilities to serve both welfare and nonwelfare cases. Respondents pointed out that DOR staff are still working on backlogs of unserved AFDC/TANF cases for which they assumed responsibility in 1994.

Since the site visit, the IV-D child support caseload has decreased from 1.3 million to 861,000, largely as a result of efforts to eliminate duplicate and inactive cases. Still, fewer than half of the remaining cases have an order for support. Of those obligated to pay child support, only about one-third pay the full amount owed and about half pay some portion. On a more positive note, the 1998 legislature approved a substantial increase in funding for additional child support positions that, coupled with the additional funding to improve automated system capability, should enhance the ability of the child support program to address these challenges more effectively.

Medicaid and Other Health Insurance

As in other states, Medicaid in Florida is the predominant state-administered health care program for low-income individuals, accounting for 16.5 percent of total state spending in 1995. The only other state program providing assistance to low-income, otherwise uninsured families is the Healthy Kids Program. Florida’s Medicaid program provides coverage to all families receiving cash assistance and to nonwelfare families with incomes below 28 percent of the federal poverty level. In addition, Florida has taken advantage of the option to cover pregnant women and infants up to 185 percent of the federal poverty level, and it has a medically needy program that covers individuals whose medical expenses bring their income down to 28 percent of the federal poverty level. In general, however, Florida is less generous in its eligibility standards for Medicaid than the average state. In 1994, 39.6 percent of the population with incomes below 150 percent of the federal poverty level had Medicaid coverage, compared with 51 percent nationally, putting Florida in the bottom 10 states in percentage of total low-income population covered.

In 1995, approximately 2.2 million of the state’s population were Medicaid beneficiaries. A large proportion of the Medicaid population is composed of AFDC/TANF recipients—cash assistance recipients are categorically eligible for Medicaid. Even with state and federal changes to cash assistance in conjunction with welfare reform, states are required to continue to use the old AFDC criteria for determining Medicaid eligibility. This will require modifications to the application process, and there are concerns that those who are not eligible for WAGES or do not seek WAGES cash assistance may not realize they may still be eligible for Medicaid.
Lack of health insurance is a major problem in Florida. The state has one of the highest uninsured rates in the country—19.2 percent of the nonelderly population was uninsured in 1994–95, compared with 15.5 percent for the nation as a whole. The Healthy Kids Program, which has won national awards for innovation in government and consistently remained a top priority with Governor Chiles, represents the state’s effort to expand health insurance coverage. It is a school enrollment–based insurance program that provides comprehensive health insurance coverage to school-age children and their younger siblings.

The Healthy Kids Program encourages parental responsibility and defrays costs by requiring families to pay premiums based on a sliding-fee scale as well as copayments for some services. The average monthly cost to parents for participating in the Healthy Kids Program is $51. Originally established in 1991 as a three-year Medicaid Section 1115 waiver demonstration, the program as of 1996–97 relies on financing from the state (about 49 percent), participating families (about 35 percent), and local governments (about 16 percent). In 1997, the Healthy Kids Program operated in about 17 counties (an increase from 9 counties in the previous year), covering approximately half of the uninsured children in the state. Both Dade and Hillsborough Counties have Healthy Kids Programs.

After the site visit in early 1997, Governor Chiles pressed hard for and received legislative approval to expand health care coverage. In 1997, the governor requested and received an additional $16 million for the Healthy Start Program, making it possible for the program to provide health insurance coverage for 60,000 children. With the enactment of the federal State Children’s Health Insurance Program and the receipt of the tobacco settlement funds, the governor received legislative approval both to expand Medicaid eligibility and to further expand the Healthy Kids Program. The final approved budget for SFY 1998–99 created Florida Kid Care, earmarking $245 million ($75 million in tobacco settlement funds and the rest in federal matching funds) to allow coverage of 265,000 additional children in families earning at or below 200 percent of the federal poverty level.

**Teen Pregnancy Prevention**

Teen births accounted for 13.4 percent of all births in Florida in 1996. The strong link between out-of-wedlock childbearing and poverty and welfare dependency, particularly for adolescents, makes the prevention of teen pregnancy a critical component for the long-term success of welfare reform. In general, emphasis on teen pregnancy prevention in Florida has increased during the 1990s, and there are several teen pregnancy prevention initiatives and strategies in place.

Consistent with the emphasis on community-based planning and services that is a key aspect of Florida’s overall approach to service delivery, teen preg-
nancy prevention efforts operate on the premise that successful pregnancy prevention programs and strategies require community-based collaboration and coordination along all major dimensions—planning, funding, and service delivery. Within this framework, the state’s philosophy is that a combination of pregnancy prevention services and approaches is needed, rather than a single type of program or approach. The new WAGES welfare reform law, which devotes an entire section to teen pregnancy prevention issues, increases the potential to leverage funding and expand prevention efforts in this area.

According to local-level case study interviews, the predominant trends in Florida’s teen pregnancy prevention efforts since the early 1990s are (1) increased collaboration and integration of service efforts at the local level and greater diversity in community groups that work on family planning and teen pregnancy prevention issues; (2) development of comprehensive school health projects that successfully integrate sex education and counseling into the full range of family planning services; (3) a growth in abstinence-based programs; and (4) increased awareness about the need to include males in teen pregnancy prevention and teen parenting programs.

**Service Delivery System**

The Department of Health is responsible for most teen pregnancy prevention services. In addition to standard family planning services provided through county public health departments, DOH oversees the Comprehensive School Health Projects and the Healthy Start initiative, both of which include teen pregnancy prevention services. The Department of Education operates the Teen Assistance Program (TAP), a teenage parenting program, and coordinates with DOH on the Comprehensive School Health Projects. In general, state agency-level involvement in teen pregnancy prevention focuses on monitoring, providing technical assistance, selecting local program grantees, helping to facilitate coordination and collaboration at the local level, and addressing legislative and funding issues. The actual delivery of teen pregnancy prevention services is carried out primarily by local school districts and county public health offices.

Local Healthy Start Coalitions are the lynchpin for translating the goal of a community-based and coordinated teen pregnancy prevention approach into a reality. The coalitions are composed of social service providers, representatives from public health departments, private providers, school district personnel, advocates, and private-sector representatives. In addition to a statewide Healthy Start Coalition, there are 30 Healthy Start Coalitions throughout Florida that collectively represent all counties in the state. The Healthy Start initiative, enacted in 1991, created these coalitions and provides funding for their activities. Teen pregnancy prevention is but one piece of their larger mandate to ensure that women and children have access to maternal and child health services, with the goal of reducing infant mortality and morbidity. The Healthy Start Coalitions also serve an important advocacy role at the local and state levels.
**Services and Needs**

In addition to family planning services available to the entire population, Florida has four major programs that include a focus on preventing teen pregnancy. Some are provided statewide and others not, and specific program designs and features vary across communities. Education Now and Babies Later (ENABL) is an abstinence-based program targeted to fifth- and sixth-graders that is designed to support youth in delaying the onset of sexual activity, decrease the school dropout rate, and focus youth on positive activities. ENABL uses a community-based model that involves local educational systems, health agencies, community organizations, and parents. Some but not all ENABL sites are funded by state dollars.\(^{56}\) Although it does not operate on a statewide basis, the number of local sites offering ENABL has expanded rapidly in the past few years.

The Comprehensive School Health Projects (CSHPs), a state-funded grant program enacted in 1991, are designed to promote student health, decrease student involvement in drug/alcohol abuse and other risk-taking behaviors, and reduce the incidence of teenage pregnancy. Grant proposals and projects are initiated by county public health units and local school districts.\(^ {57}\) In 1995, 71 CSHPs operated in 50 counties. The projects are targeted to communities with the highest rates of underserved children, teen pregnancy, and low birth-weight babies. Projects operate along different CSHP program models, and services vary across the different projects and program models.\(^ {58}\) The most common services, offered in some combination, are health assessments and counseling, health and sexuality education, case management, preventive intervention services and referrals for students at risk of school failure because of early and unprotected sexual activity, parenting and childbirth education, on-site prenatal care, and nutrition (i.e., the Women, Infants, and Children [WIC] program) services for teen mothers.

The Healthy Start initiative focuses primarily on prenatal and maternal health services. With respect to teens, the emphasis is on preventing repeat pregnancies and providing services (e.g., parenting support) to help teen mothers stay in school and complete their education. TAP, which operates in all of Florida’s 67 school districts, also provides services designed to help teen parents stay in school (e.g., transportation, on-site child care, counseling) and reduce repeat pregnancies, but it does so within a more structured program format.

While state and local respondents interviewed for this study reported a general increase in political support for efforts to develop and coordinate teen pregnancy prevention services and strategies, there was also a consensus that these types of services and family planning services in general were vastly underfunded relative to need. Also cited was the need for additional primary prevention initiatives, particularly those targeted at elementary and middle school-aged children and in disadvantaged areas and high-risk communities where teen pregnancy rates are highest.\(^ {59}\)

Respondents also cited the need for continued improvement in developing an integrated system of referral to family planning services, particularly with
respect to connecting students with family planning services in the community, and a lack of organized activities (e.g., mentoring after-school programs) that could build youth self-esteem and teach decisionmaking skills so as to divert students from engaging in risk-taking behaviors. Another significant impediment to addressing pregnancy prevention issues fully in Florida classrooms is the reluctance of some school boards, parents, and school personnel to teach sex education, particularly with respect to contraception methods.\textsuperscript{60}

Finally, it was noted that males have traditionally been excluded from teen pregnancy prevention strategies and that recognition of the need to target both males and females has only recently become a priority. While there are plans to broaden the teen pregnancy prevention and parenting focus to include males, very few programs had yet done so.\textsuperscript{61}

**Welfare Reform**

In Florida, the state’s new WAGES welfare reform program provides a platform to further promote community-level collaboration on behalf of teen pregnancy prevention and may serve in the future as a new source of funds for teen pregnancy prevention services.\textsuperscript{62} The state’s TANF plan indicates that WAGES participants will receive information about family planning, emergency contraception, and male contraception, and this information will also be made available through child support enforcement offices and immunization clinics. This strategy can be implemented without additional funding and thus is expected to be implemented in the short term, although it was not yet in effect as of early 1997.

Longer-term teen pregnancy prevention strategies called for by WAGES that will require additional funding include (1) establishing a Teen Pregnancy Prevention Community Initiative that provides community incentive grants to provide for the development and implementation of comprehensive community-based teen pregnancy prevention approaches that are collaborative and fill current gaps in services, (2) implementing a statewide protocol for referring clients receiving public assistance to family planning services and follow-up by the family planning program, and (3) integrating family planning services with WAGES work activities by including family planning education and counseling in all case management activities, offering monthly family planning classes, and colocating nurses in DCF offices and WAGES one-stop offices to provide family planning counseling, triage, and referrals to other services in the community.

The new focus on incorporating males into teen pregnancy prevention efforts (as well as promoting father involvement in general) is also found in the WAGES legislation. Subject to the availability of funds, the legislation calls for Local WAGES Coalitions, Healthy Start, Teen Pregnancy Prevention Task Committees, ENABL projects, and other community initiatives to incorporate strategies (e.g., male mentoring and positive peer groups) to promote abstinence, pregnancy prevention, and responsible fatherhood education for males.
WAGES also mandates the creation of a Commission on Responsible Fatherhood whose purpose is to raise awareness of the consequences for children raised without a father present and to identify obstacles that impede and approaches that promote involving fathers in the lives of their children. The commission, subject to availability of funds, is to work in cooperation with local community Healthy Start Coalitions to advise them in implementing plans to increase the participation of responsible fathers in families. In response to the incidence of teen births resulting from older males impregnating younger females, WAGES also requires teen mothers to report the age of fathers for child support purposes and expands statutory rape laws to make it punishable as child abuse for a person 21 or older to impregnate a girl under 16 years of age.63

The site visit occurred too soon after the initial implementation of WAGES to determine how much impact the teen pregnancy prevention provisions included in the WAGES legislation will have on teen pregnancy prevention efforts in the state. Overall, respondents reported that the inclusion of a teen pregnancy prevention component in WAGES had already increased awareness about this issue and foresaw that the Healthy Start Coalitions would work closely with the Local WAGES Coalitions to ensure that teen pregnancy prevention was an integral part of welfare reform.
Welfare reform program changes may motivate and help some families to find jobs and attain financial independence, but some new rules—such as full-family sanctions and time limits—could also make matters worse for some families. This section considers services aimed at helping families whose serious and immediate needs go beyond lack of money. Child welfare services and emergency assistance are part of the state’s safety net of last resort for families facing internal strife or the loss of basic requirements such as food and shelter. In the area of child welfare, the focus has shifted from only investigating and dealing with abuse toward ensuring the future safety of children through family preservation and support services. Addressing the problem of homelessness and the provision of emergency services has not been a high priority at the state legislative or agency level, and capacity to address such issues varies by community.

Child Welfare

Over the past decade, Florida’s child welfare system has undergone significant structural, philosophical, and financial changes. In the late 1980s and early 1990s, Florida started to focus more on preserving families and preventing foster care placements. This “family preservation” focus stems largely from concern over the large and increasing number of children placed in foster care—a trend that many consider not in the best interest of children and also a trend that has significantly increased Florida’s child welfare costs. Despite recent decreases in the foster care caseload, Florida’s child welfare costs have contin-
ued to rise. However, the state has been able to rely on improved maximization of federal funds to cover these increased costs.

Service Delivery Structure

As the lead state agency for child welfare, DCF is responsible for setting policy direction and goals, administering federal and state revenue streams, and providing technical assistance. To improve coordination between child abuse prevention and family preservation, both programs were brought together in 1996 under one division, the Office of Family Safety and Preservation, within DCF. With the exception of a few privatization pilot projects and other district-based innovative initiatives, the vast majority of staff handling child abuse investigations and out-of-home placements are state employees working out of local DCF offices. The DCF district offices are responsible for overseeing child welfare operations and are given some discretionary authority to determine how child welfare funds are spent. The district offices are also responsible for contracting with a diverse set of locally based providers to provide family preservation programs and other family support services.

According to state- and local-level staff interviewed for this study, DCF’s stated goal of moving from a centralized administrative model to a more decentralized one that emphasizes local service integration has been more fully realized in the area of child welfare than in other program areas (e.g., income support) under the department’s purview. Child welfare respondents attributed this to three factors: the increase in out-of-home placements created a climate that fostered the development of new strategies; changes in service delivery were needed to respond to criticisms by the legislature and courts that DCF was failing to provide adequate child welfare services; and child welfare has historically been subject to fewer federal restrictions and regulations. At the same time, because DCF central agency staff are ultimately responsible for child welfare outcomes and the child welfare program has repeatedly been the target of intense scrutiny, state agency officials are reluctant to transfer as much authority to the district offices as would appear in a totally decentralized system.

District-level Health and Human Services Boards (HHSBs) are one mechanism used by the state to promote coordination and integration of services at the local level. Created in 1992, these community-based boards are responsible for assessing client service needs, conducting community planning, establishing local service priorities, and evaluating the performance of district agencies. The HHSBs in Dade and Hillsborough Counties are most actively involved in planning and coordination of family preservation and support services (and developmental disabilities).

The state also funds about 20 community facilitator positions out of family preservation and support planning funds for the purpose of encouraging community involvement and building collaborative partnerships between child
welfare and other private and public agencies serving children. Overall, local-
level interviews indicated that these types of partnerships and coordination
were still limited and generally occurred only when a contractual arrange-
ment existed between the district office and the outside provider.

**Service Delivery Philosophy and Programs**

During the 1990s, the state has shifted its child welfare service delivery phi-
losophy, placing greater emphasis on (1) reducing the need for foster care by
providing prevention services to families with children at risk of abuse and
neglect and keeping families in crisis together through family preservation
services, (2) facilitating adoption as soon as possible in cases where reunifica-
tion is not feasible (a relatively recent shift), and (3) serving families through a less
adversarial approach to abuse and neglect investigation. The state is also exper-
imenting with privatizing different core child welfare functions. In 1996, the
state legislature mandated DCF to establish five model child welfare privatiza-
tion programs. These privatization pilots focus on different populations, pri-
vatize different functions, and use different reimbursement methods.

In 1993, the state legislature established the Family Services Response
System (FSRS) to encourage local districts to design nonadversarial approaches
for responding to and handling reports of child abuse and neglect. For example,
one pilot county uses public health nurses, Healthy Start workers, and school
nurses to respond to those reports of abuse and neglect deemed less serious. All
districts had implemented FSRS by 1996, although the extent to which districts
have experimented with different nonadversarial approaches varies.

Like many other states facing rapid growth in the number of foster care cases,
Florida turned its focus to family preservation—intensive services to families
with children at “imminent risk” of placement outside the home in order to pre-
vent the need for foster care. Florida has two statewide family preservation pro-
grams: the Intensive Crisis Counseling Program (ICCP) and Family Builders. Both
programs reflect the nonadversarial philosophy advocated by FSRS.

ICCP was piloted in Florida in 1981. By 1989, all counties in the state had
added ICCP to their menu of child welfare services. ICCP services follow a
mental health model, with short-term counseling services designed for fami-
lies in need of intensive therapeutic services. Family Builders was first imple-
mented in Florida in 1991 and has since become the larger of the two family
preservation programs. ICCP provides 24-hour services with a maximum case-
load of four, a service duration of 45 days, and a service intensity level neces-
sary to meet the needs of families in crisis (at least two family contacts each
week). ICCP focuses on the needs of families with adolescents, and Family
Builders focuses on families with younger children. Family Builders programs
generally offer services to a family for a longer duration (i.e., three to four
months) than ICCP, employ a more comprehensive team of professionals and
paraprofessionals, and include a broader range of family support services such
as homemaker skills, parenting classes, crisis counseling, and child care.
In addition to ICCP and Family Builders, family support services are available on a voluntary basis to families for which there is insufficient evidence to remove a child from the home but enough evidence to indicate that removal may be warranted in the future. If a family meeting this criterion refuses to participate on a voluntary basis, however, the child may be removed from the home. Voluntary services are intended to be short-term (three to six months). Families are referred to different kinds of family support services within the community and are supervised by a caseworker.

Unlike most other states, Florida has maintained its commitment to family preservation services in the face of negative media attention prompted by child deaths. The state's continued commitment is largely the result of a declining foster care caseload and positive outcome evaluations of its family preservation programs. Strong support for a family preservation focus by the secretary of DCF and the opportunity to expand family preservation efforts through increased federal dollars have helped to reinforce this commitment.

Between 1984 and 1991, foster care caseloads spiraled upward by 85 percent. Since 1991, however, the average foster care caseload has decreased by more than 20 percent. In recent years, the state has also achieved success in decreasing the average length of stay in foster care, although this remains an area of particular concern. A 1990 lawsuit against the state (refiled in 1995 and settled in 1996) on this issue was viewed by those interviewed for this study as an important contributing factor to two major policy directions: (1) preventing foster care placements through family preservation and (2) increasing adoption placements when reunification is not desirable. The average length of stay for children in foster care (for whom reunification is the goal) declined from 25.7 months in August 1995 to 20.5 months in January 1997. The goal is for children to remain in foster care no more than 18 months; more than half of the districts had reduced the average length of stay below 18 months as of January 1997.

Since 1987, the state has used a toll-free statewide hotline and a centralized intake system for all child abuse and neglect reports. Using standardized criteria, hotline personnel determine whether the allegation reported meets the statutory definition of abuse and neglect. The criteria have remained the same over the past five years, with only minor modifications. Reports in need of investigation are automatically forwarded to the appropriate district office for investigation within 24 hours. In SFY 1995–96, the centralized hotline received 200,556 reports of child abuse or neglect. Of the reported cases, 57 percent were determined to require an investigation. Half (51 percent) of the children in families investigated were found to have indications of maltreatment; 3.8 percent had to be removed from the home for the immediate protection of the child.

**Capacity Issues**

Florida’s child welfare system has always operated under a fairly tight budget, and the high numbers of child abuse investigations and foster care place-
ments have caused great strains on the system. Capacity issues were a much greater concern in Dade County than in Hillsborough County. In 1996, the district office serving Hillsborough County had the highest “voluntary family service” caseload in the state, whereas the district office serving Dade County was in the process of phasing out this service component because of unmanageably high caseloads, lack of staff resources, and a need to direct staff resources to higher-priority cases. The average length of stay for foster care cases slated for reunification in the district serving Hillsborough County was 19 months, compared with 36 months for similar cases in the district covering Dade County. Respondents in Dade County also noted that the Family Court was overloaded with cases, which resulted in frequent case processing delays, continuances, and high turnover among child welfare attorneys.

Child welfare staff in both local sites reported that the demand for services provided by family preservation programs far exceeds the ability to provide these services. Both programs are always filled in both Hillsborough and Dade, and there was a 90-day waiting list for ICCP services for Dade County families. The limited capacity is extremely problematic because these programs are, by design, supposed to serve families in immediate crisis. When confronted with no available openings in these programs, caseworkers face the dilemma of choosing between keeping the child in the family without intensive support services, removing the child even though such an extreme step might not be warranted, or relying on providers in the community that are not contracted by DCF and therefore are not required to monitor and inform workers on the families’ participation or progress.

High child welfare staff turnover significantly diminishes DCF’s capacity to provide quality services and meet statewide child welfare goals. In response to this problem, the state implemented “competency-based entry-level family-centered” training in January 1997 to provide in-service and preservice training to child welfare staff. The training is linked to a competency-based pay plan that enables employees to earn pay increases for performance, even if the increase exceeds the employees’ pay grade. The new competency pay plan did not go into effect until mid-1997, when the legislature appropriated an additional $6.5 million. The goal of the new competency-based pay and training plan is to attract more qualified child welfare workers, encourage higher job retention among staff, and improve the overall quality of services.

**Funding**

Child welfare funding over the 1990s has increased significantly, primarily as a result of a dramatic expansion of federal dollars that has more than offset declines in state spending. According to state estimates, child welfare spending increased by 58 percent between 1990–91 and 1996–97, from $237 million to $376 million. During this same time, state general revenue spending on child welfare decreased from $158 million to $151 million, and federal revenue increased by more than 185 percent, from $79 million to $225 million. In particular, Florida has increased the amount of federal foster care payments and its
use of federal Emergency Assistance (EA), Medicaid, and SSI funds for child welfare purposes.

Between 1990–91 and 1996–97, even though Florida’s foster care population decreased by about 18 percent, the state increased the amount of federal foster care reimbursement (Title IV-E funds) it received by 197 percent. The state accomplished this increase by better documenting job activities that could be claimed as IV-E administrative expenses and improving identification of Title IV-E eligible children placed in foster care.

In 1993, Florida also began to receive child welfare funding through the EA program, which provides funds for assisting needy families with dependent children. In 1996–97, projected EA revenue for child welfare exceeded $30 million. Similarly, Florida began using SSI funding for child welfare purposes in 1993 and in 1995–96 received $5 million to help defray the cost of foster care for SSI-eligible children. In addition, because many children in the child welfare system are eligible for Medicaid, certain service coordination activities performed on behalf of these children can be billed to Medicaid. Florida began collecting Medicaid reimbursement for such child welfare activities in 1993 and projected receiving $2.4 million in funding in 1996–97. In general, funding for family preservation has also increased significantly, and there is support for the expansion of the Family Builders program.

**Implications of Welfare Reform**

Among the state- and local-level respondents interviewed for this study, there was general concern over the effects and implications of welfare reform on child welfare. There was also a great deal of uncertainty over what shape these would take in both the short and long term. One immediate concern was that WAGES work requirements would create an incentive for relatives taking care of children to apply to become foster parents to avoid the new work requirements and time limits.

On an informal basis, Florida relies heavily on relatives for out-of-home placements; one respondent estimated that two out of three out-of-home placements are with relatives. These types of arrangements are not counted as part of the foster care caseload. Most relatives do not attempt to become foster parents (in part because there are annual licensing procedures); instead, many receive cash assistance in the capacity of relative caregivers.

A possible response by relative caregivers to the new welfare reform changes is to forfeit their share of the cash assistance benefit rather than comply with the new work rules, thereby making the case a “child-only” case rather than a “relative caregiver” case. This potential development would have a negative impact on the amount of cash assistance available to children in the household. In the last legislative session, a new law was enacted that allows relative caregivers to receive payments at up to 82 percent of the foster care payment—more assistance than is received by child-only cases.
but less assistance than could be obtained if the relative caregiver formally became a foster care parent.67

The new WAGES sanctions policy (not yet in effect as of January 1997) also necessitates greater interaction between child welfare and cash assistance eligibility workers in cases where a parent is sanctioned more than once for non-compliance. Children under age 16 in these families may continue to receive cash assistance and food stamps through a third-person protective payee. If the parent does not cooperate in the selection of such a payee, the case will be referred to the child welfare system. At the time of the site visits, referral procedures were to be worked out at the district office level and had yet to be established. Child welfare staff expressed uncertainty over how to handle sanctioned cases referred to them when there were indications of neglect and abuse. It was unclear whether they had the authority to remain involved in cases in which families do not meet intervention criteria. Overall, respondents cited the need for cross-training between child welfare and WAGES staff, although development and execution of such training had not yet taken place.

Homeless and Emergency Services

According to the annual report on “Homeless Conditions in Florida” that DCF is required to submit to the governor and the legislature, there were about 55,000 homeless persons in Florida on any given day in 1996–97, down 5 percent from the previous year.68 This difference may reflect a change in the way DCF developed the most recent estimates rather than an actual decrease in homeless persons.69 An estimated 35 percent are families, 49 percent are single males, and 16 percent are single females. About 32 percent are chronic or long-term homeless and about one-quarter are veterans. In terms of need for specific services, 41 percent experience alcoholism and/or drug abuse, 23 percent experience mental illness, and 27 percent experience both.

The state does not have an overarching plan for helping people out of homelessness.70 As the lead state agency on homeless issues, DCF focuses on preventing the emergence of conditions that can lead to homelessness. This philosophical stance emphasizes the need for reinforcing existing programs, such as food stamps and child support enforcement, rather than developing and funding services to assist those who find themselves homeless.71

The Department of Community Affairs (DCA) has primary responsibility at the state level for creating affordable housing for very low, low-, and moderate-income individuals, but neither DCF nor DCA has implemented policies specifically designed to move the homeless into transitional and permanent housing. As noted previously, there is no state General Assistance program, although the homeless may access free medical care from county public health units, and counties may use their own resources to provide other types of emergency services.
The state does facilitate efforts by communities to respond more effectively to the needs of the homeless by funding local homeless coalitions. Florida has 20 such grassroots organizations, which together have as members more than 1,200 community agencies, churches, units of government, and other interested parties. Established in 1988, the local homeless coalitions are responsible for planning and coordinating services, promoting public awareness of the needs of the homeless, providing information and referrals, gathering data on homelessness, and seeking resources. In 1996–97, the legislature provided approximately $205,000 to assist these coalitions’ activities. At the time of the site visits, the homeless coalition in Dade County was no longer functioning, but Hillsborough County had an active homeless coalition.

A major source of funding for homeless services comes from the federal government through the Stewart B. McKinney Homeless Assistance Act. Between 1987–88 and 1996–97, McKinney Act spending for homeless services in Florida totaled $231 million. Florida’s Emergency Financial Assistance for Housing Program, funded through the Title IV-A EA program, provides one-time grants of up to $400 to families at immediate risk of homelessness. This program serves approximately 5,000 families per year and was funded at $1.8 million in SFY 1996–97. Respondents reported that this type of funding had declined significantly from earlier years and now tends to be exhausted within the first few months of each year. Florida also provides funds for grants to community and government agencies to provide a wide range of homeless services, including emergency shelter, food, housing assistance, counseling, and case management to help people obtain other services. In SFY 1996–97, these grants-in-aid totaled $860,000.

The majority of emergency services and housing are locally based, and the extent to which there is a commitment or the capacity to provide emergency and homeless services varies by community. Overall, in 1995–96, there were 157 permanent shelters for the homeless in Florida, totaling 5,725 beds. More than half of Florida’s 67 counties have no shelter services, most have no General Assistance program, and the state meets less than 10 percent of the emergency shelter needs of its homeless. Despite the wide gap between service needs and existing capacity, there is some indication that local communities are beginning to take additional steps to address a broader range of homeless needs that include not only emergency assistance but also employment services, mental health services, and other supportive services. According to DCF, as of 1996–97 there were 39 colocated, multi-agency centers that provide homeless assistance in Florida and 7,656 transitional housing beds.72

Nonprofit agencies are a critical source of support for a wide range of emergency and homeless services, but county government provides some of these services as well. In Dade, county-funded services included rental assistance for those about to be evicted, apartment-hunting help, and housing services and case management for AIDS patients; a few emergency shelters; and one transitional men’s shelter. Hillsborough County residents are permitted one-time emergency assistance on an annual basis, which may include rent and utilities assistance, food
baskets, transportation, gas money, or other necessities that cannot be purchased with food stamps. In both counties, short-term financial assistance is available for persons with disabilities with pending SSI applications; Hillsborough County will also provide short-term financial assistance to those identified as having mental impairments rendering them “socially unemployable.”

Dade County is unique among Florida’s counties in having a 1 percent food and beverage tax to fund homeless services (85 percent of revenues from those taxes) and domestic violence programs (15 percent of revenues). The Homeless Trust serves as the oversight body for the distribution of these tax proceeds to homeless programs. The Homeless Trust operates independently of local government in that it does not receive county or city government support and, in turn, funds only private nonprofit agencies. In addition to distributing tax revenues, the Homeless Trust receives federal and private funds, which are used to fund programs and services provided by nonprofit agencies as well as for direct services. The Homeless Trust operates its own 350-bed Homeless Assistance Center in Miami and, at the time of the site visit, was building a 300-bed shelter in the Homestead area. In addition to providing basic shelter, the Homeless Assistance Center provides two comprehensive employment and training programs and a comprehensive health care provision system for the homeless. Since its creation in 1993, the Homeless Trust has created 3,400 new beds in emergency, transitional, and permanent housing.
Innovations and Challenges

The previous sections of this report have provided numerous examples of state-initiated changes and innovations in programs and services for low-income families and children in Florida. This final section places these changes and innovations within the larger context of government reengineering, service delivery trends, and federal welfare reform.

Improving Government Performance and Accountability

Florida has made a concerted effort in the past six years to improve government performance and accountability. Performance-based outcome measures are increasingly being used for monitoring, budgeting, and contracting purposes. One attempt to make state government more accountable is the work of the Florida Commission on Government Accountability to the People, which tracks a set of common indicators on an annual basis against target goals to monitor the impact of state government on well-being. Other approaches include requiring state agencies to engage in a strategic planning process and, more recently, moving to a performance-based state budgeting process.

Florida’s Government Performance and Accountability Act of 1994 required that the traditional line-item state budget be replaced with a performance-based budget that links an agency’s outcomes with its budget appropriations. Once it is fully implemented, an agency’s actual performance can be compared with its performance standards. According to the implementation schedule established by statute, performance-based agency budgeting will be fully phased in
by SFY 2001–02. DCF and DLES—the two primary agencies examined in this report—are in the process of transitioning to the new system. The DOR is already operating under the performance-based measurement system.

In response to the general perception that current performance standards for employment and training programs were inadequate, the Florida Workforce Act of 1996 required RWDBs to take the lead in establishing new performance measurement standards. The new measurement standards are to be structured along three tiers: measures for systemwide outcomes, benchmark outcomes for each of the four strategic workforce development components discussed previously, and agency and provider measures. The legislation also requires RWDBs to award 20 percent of payments for workforce development programs on the basis of performance outcomes.

WAGES, too, requires new performance standards (e.g., job placement, hourly wage, retention, diversion assistance) and a performance-based payment structure for providers of WAGES services. The payment structure defers half of the total costs of providing services until the client has been placed in a job and another 10 percent until employment is retained at least six months. The state also plans to provide incentives to state employees that are consistent with the incentives built into WAGES performance-based contracts. Neither the workforce development nor the WAGES performance-based measures and payment standards had been implemented as of early 1997.

Since 1993, Florida’s state agencies have been required to engage in a five-year strategic planning process that is reassessed annually and serves as the basis for legislative budget requests. For example, the DCF strategic planning process includes identifying a series of statewide core priorities/outcomes, corresponding key performance indicators, and the primary intervention strategies to be used to achieve outcomes. Districts may also identify additional outcomes and performance indicators. The key performance indicators are tracked statewide as well as at the district level to allow the state to measure progress on a district-by-district basis. The strategic planning and budget request process is undergoing modification because of the transition to performance-based budgeting.

### The Role of Public, Nonprofit, and For-Profit Agencies

As reflected in this report’s descriptions of various service delivery structures across key program areas, publicly funded services are provided by both government agencies and private agencies. In fact, because this report focuses so heavily on how government agencies provide services, it does not capture the full range and rich diversity of local-level services provided by the nonprofit sector to low-income families and children. This caveat notwithstanding, the public programs studied do make extensive use of contracts with nonprofit agencies to provide a great many services. From the state’s perspective, relying on nonprofit agencies to deliver services is consistent with the philosophy that services should be community-based.
The issue of greatest interest to the state is framed not so much in terms of whether services should be provided by public agencies versus nonprofit agencies, but in terms of how policies can be designed to promote collaborative public-private partnerships at the local level. The challenge for government agencies at the state and local levels is to determine which program service functions and areas would benefit from using nonprofits, which are better suited to in-house management and delivery, and how to coordinate services between the two. Variation in the mix of publicly and privately provided services across local areas is considered a positive feature because each community has different needs and available resources.

In the past few years, the state has also begun to experiment more with using for-profits to administer and deliver services that have traditionally been carried out by either public or nonprofit agencies. In child welfare, a handful of pilot privatization initiatives are under way, and major child welfare legislation was passed in the 1998 legislative session that mandates the implementation of a statewide child welfare privatization plan in 2001.

Private for-profit companies are also assisting DOR in carrying out selected child support activities. And under WAGES, for-profits have entered the welfare-to-work arena in some areas across the state—most notably in Dade County—by winning contracts to administer a variety of services to recipients. In addition, the legislature authorized $10 million for demonstration projects to demonstrate the feasibility of privatizing all service delivery functions associated with the WAGES program in no fewer than three locations. The employment and training system awarded some of its contracts to for-profit agencies even before the recent interest in privatization. People interviewed for this study voiced both optimism and reservations about the potential for for-profit agencies to assume a stronger and more diverse role in the delivery of human services.

Implications of Federal Welfare Reform Legislation

Because Florida had already passed its own welfare reform legislation at the time federal welfare reform was enacted, most of the specific mandates and options included in PRWORA did not require the state to make further policy changes. The two significant exceptions to this general observation are federally mandated changes that affected able-bodied recipients (i.e., a strict work requirement) and, as described in greater detail below, eligibility of immigrants for assistance. The state’s WAGES legislation had not targeted policy changes for either of these populations.

Immigrant Provisions74

Federal welfare reform radically altered immigrant policy by restricting legal immigrants’ access to federal assistance programs and giving states greater discretion in determining immigrants’ eligibility for a range of public benefits (e.g., cash assistance, SSI, food stamps, Medicaid). For the first time, receipt of pub-
lic benefits is dependent on citizenship status, not legal presence. Federal welfare reform also gave new immigrants—those arriving after the passage of PRWORA on August 22, 1996—less access to federal public benefit programs than immigrants who were already residing in the United States on that date.

Specifically, PRWORA barred most legal immigrants from receiving food stamp and SSI benefits and gave states the option to provide TANF and Medicaid (nonemergency services) to immigrants residing in the United States as of August 22, 1996. New immigrants—those arriving after August 22, 1996—are barred from TANF and Medicaid for their first five years in the country. Upon reaching the end of the five-year bar, these new immigrants will be considered eligible for TANF and Medicaid. However, most of these immigrants are still likely to find their application for benefits denied because PRWORA also requires that the income of an immigrant’s sponsor must be deemed available to the immigrant for eligibility determination purposes until citizenship is achieved.75

Since PRWORA was enacted in August 1996, Congress has taken successive actions to mitigate the impact of these bars and restore eligibility for some, but not all, legal immigrants. First, the federal Balanced Budget Act of 1997 (signed into law in September 1997) restored eligibility to immigrants receiving SSI as of August 22, 1996, and to most other current immigrants—those entering the United States before August 22, 1996—who qualify for benefits because of a disability but are not yet receiving SSI. Then, in June 1998, eligibility for the federal Food Stamp program was restored for certain legal immigrants, including children (under 18 years old); elderly immigrants who were at least 65 years old on August 22, 1996; and disabled immigrants—all of whom must have been lawfully present in the United States on August 22, 1996 (Public Law [PL] 105-185).

Before the federal food stamp restoration took place, the federal Supplemental Appropriations Act of 1997 authorized states to purchase federal food stamps to distribute to legal immigrants no longer eligible for the federal Food Stamp program. Most recently, in October 1998, Congress approved legislation to restore SSI eligibility to a relatively small group of immigrants already receiving SSI on August 22, 1996, who are without permanent resident status but are residing in the country with the Immigration and Naturalization Service’s authority (PL 105-306).

With the fourth-largest noncitizen population in the nation—comprising 8 percent of the U.S. total and 10 percent of the state’s population—Florida incurs serious human and economic cost restrictions on immigrant eligibility for assistance. This is particularly true for the Miami/Dade County area, where about half of the state’s immigrant population is concentrated. Florida originally estimated that more than 100,000 legal immigrants—nearly 10 percent of all legal noncitizens in the state—would lose either SSI, food stamps, or both, as a result of PRWORA’s immigrant provisions. For example, it was estimated that the PRWORA bars on eligibility would cause 97,000 immigrants to lose food stamps as a result of the bar—70,000 of whom live in Dade County—and 54,000 immigrants to lose SSI benefits.76 At the time of the site visit in early
1997, the foremost issue on the minds of many of the respondents interviewed for this study, particularly in Dade County, was this specific and unwelcome aspect of welfare reform.

Florida has taken a number of steps to soften the blow of welfare reform’s provisions affecting immigrants. Despite state and federal actions to restore benefits, these provisions have caused confusion in the immigrant community and demanded significant attention on the part of government officials, agency staff, and community-based agencies and advocates.

Like most states, Florida has opted to continue to provide TANF and Medicaid to current immigrants but has not chosen to use state funds to provide TANF or Medicaid assistance to new immigrants affected by the five-year bar on TANF and Medicaid eligibility. The state authorized funding to restore SSI benefits, but subsequent federal action in this area rendered those funds largely unnecessary, so the state never implemented this program.

The state also created the Legal Immigrant Temporary Bridge program, a $23 million, state-funded program that purchased federal food stamps and provided the equivalent benefit to immigrants no longer eligible for federal food stamps. However, the program’s ability to offset the immigrant bar on food stamp benefits is limited in several important ways. The program originally covered only qualified elderly (age 65 or older) immigrants. In July 1998, the program was expanded to cover qualified immigrant children and disabled SSI recipients (who were already receiving SSI as of August 22, 1996). Eligibility is further limited only to those immigrants who resided in the state before February 1997; those who apply for benefits after that date are not eligible. Given how frequently people cycle on and off food stamps, the impact of this restriction is particularly large. In an effort to promote naturalization, eligibility for Florida Bridge is also contingent upon the submission of a self-declaration that describes the eligible recipient’s attempts to become a naturalized citizen. As a result of these restrictions, the Florida Bridge program is projected to serve only 17,000 immigrants in 1998—fewer than one-quarter of all legal immigrants in the state originally projected to lose their food stamp benefits.

The Florida Bridge program was designed only as a temporary program, and following the federal food stamp restorations, which restored federal eligibility for almost all immigrants covered under the state program, Florida decided to sunset the program on October 31, 1998.

The state has responded in other ways to the restrictions on immigrant eligibility as well. Governor Chiles actively lobbied the federal government to restore benefits to legal immigrants, maintaining that the federal government has a responsibility to provide for poor, legally admitted immigrants. Florida was the first state to sue the federal government regarding the immigrant provisions of PRWORA, although the state later lost its case in U.S. District Court. The state also funded a $2 million naturalization initiative that supports the efforts of community-based organizations to help immigrants pursue natural-
ization. Whether funding to support naturalization efforts continues now that some bars on immigrant eligibility have been lifted remains to be seen.

**Additional Federal Resources and Flexibility**

Although the 1996 WAGES legislation laid out a detailed blueprint for reform, the state’s ability to proceed with its implementation was shaped by key features of federal welfare reform, most notably the increased flexibility and increased resources it afforded states. As a result of the adoption of a block grant financing structure and dramatic caseload reductions, Florida has received far more federal dollars than it would have absent federal welfare reform, which in turn has enabled the state to fund and implement different aspects of WAGES faster.

Because so few modifications to WAGES were necessary to come into compliance with PRWORA, the state was able to submit its plan quickly to the federal government and to implement its TANF program (i.e., WAGES) officially on October 1, 1996. The state has used the bulk of its TANF “windfall” to fund WAGES work activities and other supportive services, including a substantial expansion in child care assistance. For example, in FY 1997–98, the state allocated around $150 million to cover the costs of front-end preemployment services and intensive services (e.g., community work experience and more intensive supportive services, not including child care). By contrast, total funding for the Project Independence program (not including child care) in 1995–96 was approximately $36 million. Thus, PRWORA not only provided Florida the ability to pursue its version of welfare reform but also provided the state significantly more resources to do so.

Translating the goals and provisions of WAGES into an operational reality presents a wide array of significant implementation challenges. The site visit in early 1997 provided a glimpse into the very early phase of WAGES implementation. At that time, issues surrounding setting up the new administrative structure and defining relationships between key organizations predominated. Many key implementation issues related to how the mix of services available through WAGES would actually be delivered had yet to be addressed. Since then, Local WAGES Coalitions have engaged in designing service delivery plans and contracting with service providers to carry out a wide range of WAGES services, and both DCF and DLES have worked to implement those aspects of the legislation for which they held primary responsibility.

Florida’s welfare reform initiative is an ongoing and evolving process. As noted earlier, in its second year of implementation, the state legislature took the important step of further broadening the role of the State WAGES Board and Local WAGES Coalitions to include the full continuum of services provided under the WAGES program, with the exception of eligibility determination. Finally, declining caseloads coupled with the state’s relatively short time limit have also led to increased efforts at the state and local levels to deploy services and strategies that address the needs of harder-to-serve welfare recipients with multiple barriers to employment.
Since the early 1990s, Florida has placed increasing priority on moving toward devolving responsibility for service delivery and administration in the areas examined in this report. The timing of this study coincided with the early start-up and implementation period of significant reforms in the areas of welfare and workforce development. These reforms push the degree and scope of devolution within Florida to a new level.

It needs to be underscored that “devolution” in Florida does not refer to shifting authority from the state to local government. Florida’s version of in-state devolution seeks to bring together a wide range of actors (e.g., various public agencies, nonprofit community-based organizations, and employers) in the belief that collaborative, community-based partnerships are in the best position to deliver services in ways that are most useful and appropriate to the needs of their own communities.

In the areas of income support and social services, devolution has involved moving from a system where fiscal, policy, administration, and management decisions were tightly controlled within the central state agency to one that gives district-level offices and community-based boards far greater flexibility to determine what services are needed and how they can best be delivered. For example, district offices have the authority to make service delivery contracting decisions. Each district also has a nongovernmental Health and Human Services Board that conducts community needs assessments to help inform and shape DCF district office priorities and services. Subsidized child care for low-income families is coordinated at the local level through child care coordinating agencies.

Workforce development involves devolution in the sense that private-public boards are assuming greater responsibility for policymaking, funding decisions,
and general oversight at the state and local levels for employment and training. At the same time, the motivation for this shift in authority was not to decentralize services but rather to coordinate an already highly fragmented and decentralized system, as well as to ensure that the private sector played a greater role in that process.

The newly created public-private, community-based WAGES boards represent the most innovative example of how the state has attempted to devolve and broaden responsibility for program design and service delivery. Of particular note is the inclusion of a strong employer presence on the boards, a new role for the employer community that brings a different perspective and range of expertise to the traditional welfare-to-work landscape. With its commitment to in-state devolution, Florida clearly provides an interesting case for assessing the new federalism.
Notes

1. Information on population growth by age group contained in this section was obtained from the Florida State Legislature, Joint Legislative Management Committee, Economic and Demographic Research Division, Demographic Information for Members and Staff, February 1998.


4. The Annie E. Casey Foundation, Kids Count Data Book: State Profiles of Child Well-Being, Baltimore, 1997. The 10 selected measures are percent of low birth-weight babies; infant mortality rate; child death rate; rate of teen deaths by accident, homicide, and suicide; teen birthrate; juvenile violent crime arrest rate; percent of teens who are high school dropouts; percent of teens not attending school and not working; percent of children in poverty; and percent of families with children headed by a single parent.

5. U.S. Bureau of the Census, 1990. At 36.4 percent, the county with the second-highest concentration of Hispanics was Santa Cruz, Arizona.


8. Ibid.

9. Florida also has a rather unusual additional source of funds for children’s programs. Since 1986, counties have been permitted to establish independent taxing authorities for children’s services if there is sufficient voter support. Counties may establish a taxing district at a rate of up to 50 cents for each $1,000 of assessed annual property valuation to address the needs of children. Such independently funded authorities exist in six counties, one of which is Hillsborough County. Dade County, the other local site visited for this case study, has a Children’s Services Council, but voters have not chosen to give it this special taxing authority. In 1995–96, the Children’s Board of Hillsborough County generated $12.3 million, of which 78 percent is allocated to children’s services, a substantial share of which is related to child care.


13. The Agency for Health Care Administration also has authority over a number of health regulatory functions, including hospital budget review, licensing and regulation of health facilities (including certificate of need), and health care–related professional licensure.

14. Each county operates a public health unit, which is the administrative and delivery unit of the state Department of Health. Decisions regarding the types of services provided and service delivery are determined by each county public health unit, and local health department directors report to county commissioners. Despite the county-based dimension of this organizational arrangement, county health departments are essentially state franchises, and all staff are employed by the state.

15. For example, local respondents characterized the relationship between the DCF district office and county government in Dade County as being a strong one and provided several examples of where the two entities have worked together to fill gaps in services and to leverage funding. In Hillsborough County, respondents suggested that little interaction typically occurs between the county government and the DCF district office.

16. There are 28 community colleges and 46 vocational technical centers in the state, which are funded almost entirely by state general revenues and student fees.
17. The creation of EFI reflected the state legislature’s dissatisfaction with the direction and efforts of the Department of Commerce, the lead state agency responsible for economic development in the state. The Department of Commerce was officially abolished in 1996, and most of its responsibilities were transferred to Enterprise Florida Inc. The Office of Tourism, Trade, and Economic Development was created to house functions that could not be legally transferred to EFI.

18. In addition to the JEP, Enterprise Florida Inc. has three affiliate boards dealing with international trade and economic development, capital development, and technology development.

19. Of the total FY 1996 AFDC/TANF caseload in Florida, 76 percent of cases were composed of single adults with children, 23 percent were child-only cases in which the parent was either absent or did not qualify for assistance, and 1 percent were two-parent families (Department of Health and Human Services, Administration for Children and Families, Characteristics and Financial Circumstances of AFDC Recipients, September 1995–October 1996).

20. The federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) eliminated AFDC and created TANF, which is a block grant program that consolidates funding for cash assistance and welfare-to-work programs and grants states greater flexibility to determine eligibility and other program rules.


22. Department of Health and Human Services, Administration for Children and Families.

23. Given this study’s interest in assessing the new federalism, it is not clear for the purposes of this baseline report whether WAGES should be viewed primarily as a state-initiated welfare reform or a response to federal welfare reform. This is because WAGES was designed with a close eye on the federal welfare reform debate and in anticipation that block grant legislation would be forthcoming. However, a number of state-level respondents reported that the state was prepared to seek the necessary federal waivers to implement WAGES in the event such legislation failed to be enacted. For this reason, it seems more accurate for the purposes of this report to portray WAGES as a state-initiated welfare reform rather than a response to federal welfare reform. Because the state tried to develop welfare reform legislation that would be compatible with federal welfare reform developments, WAGES and PRWORA contained many similarities, and it was not difficult for the state to come into compliance with the new federal law.

24. This list consolidates and summarizes key principles articulated in WAGES: A Plan to Reform Welfare, developed by the Florida Senate Select Committee on Social Services Reform; in the WAGES legislation; and by respondents interviewed for this study.

25. Recipients were subject to the longer 36-month time limit if they (1) received welfare for at least 26 of the 60 months before they entered FTP or (2) were younger than 24 years old and had no high school diploma and little or no recent work history.


27. At the local level, DLES provided Project Independence activities such as intake, case management, and job search services in-house and relied on outside providers (e.g., community colleges) for the delivery of education and training services. As in most JOBS programs, some of these services were obtained through contractual arrangements and others were made available to participants through existing programs and services available in the community and required no formal contract.

28. Families may avoid being sanctioned if the reason for their noncompliance meets “good cause” criteria, which include such reasons as lack of child care, family emergencies, court appearances, or transportation mechanical problems when no other means of transportation is available. However, the time limit “clock” continues to tick in cases where a recipient receives a “good cause” exception for one of these reasons. This policy is intended to create a disincentive for recipients to rely excessively on good cause criteria for nonparticipation. To simulate
the work environment, good cause reasons for noncompliance will not be considered unless they are reported within three days after a recipient misses a scheduled activity.

29. Under a statewide waiver request, Florida had sought and obtained approval from the federal government to impose a family cap policy in 1995, but this policy was not implemented until WAGES was passed in 1996.

30. When plans to create Regional Workforce Development Boards were originally developed, it was anticipated that Congress would pass block grant legislation that consolidated employment and training programs and gave states wide latitude to redesign their employment and training system. When federal legislation failed to be enacted, the state was faced with the challenge of making changes in keeping with the vision of a broad-based and coordinated workforce development system while still complying with JTPA requirements.

31. For example, the redesignation of Service Delivery Areas (SDAs) required that the city of Tampa and Hillsborough County, which had previously been divided into two separate SDAs and administered by two separate PICs, be merged into a single SDA. Local respondents noted that, although the merger was not a particularly contentious process, it consumed much time and energy and took about a year to complete.

32. The Florida Workforce Act of 1996 did call for expanding the integrated, automated dimension of the one-stop initiative by requiring that all agencies conducting workforce development activities have linked access to programs (e.g., Job Service, Unemployment Compensation, public assistance, postsecondary student financial assistance, and enrollment) by July 1999 to allow for uniform determination of eligibility and management of services.

33. In addition, AFDC recipients who were employed, but whose earnings were insufficient to make them ineligible for welfare, received some child care assistance by having part of their child care expenses discounted when the amount of their grant was determined.

34. In state fiscal year 1996–97, DCF district offices were given discretion over how to distribute child care funds across programs and target populations, as long as the state observed the federal requirement that 70 percent of the federal block grant funds were spent on TANF clients or those at risk of TANF. This increased local flexibility was withdrawn the following year because of a decision by the state legislature to create two category-based pots of child care funding and prohibit shifting funds between them without special legislative approval.

35. Employers may choose to participate by contributing funds to partially cover the costs of providing child care subsidies to their own low-income employees eligible for subsidized child care or by making a general contribution to the pool to serve children at large who are on the low-income child care waiting list. Overall, employers had donated less than local government and United Way to the pools, and some localities involved in the initiative had had greater success in raising funds than others.

36. In their role as child care resource and referral agencies, the local child care coordinating agencies counsel and assist families in finding child care, maintain a database on early education programs and child care providers, and work toward increasing the supply and quality of child care by recruiting providers, recruiting employers to help subsidize or enhance the quality of care for employees, providing training to child care providers and technical assistance on how to become accredited, and raising local and private contributions to supplement federal and state dollars.

37. The other exception is Duval County, which relies on its city government to serve in the role of the local community child care coordinating agency.


39. In its first year of implementation, 379 child care facilities and family child care homes received the gold seal designation.
40. The state 1998–99 budget included an additional $4.7 million for the gold seal program.

41. School districts were also given a new option to transfer 20 percent of their prekindergarten allocation to other programs. This new provision had not been in effect long enough to demonstrate how it would affect the overall level of resources going to prekindergarten programs.

42. The State Department of Education also administers the Prekindergarten Program for Children with Disabilities and the Florida First Start program, which provides early family intervention to at-risk infants and toddlers and their families.

43. In Hillsborough County, for example, more than half of the 42 sites operating pre-K programs are school-based sites operated by the school board, but the rest are non-school-based sites operated by providers under contract. In Dade County, there is even greater diversity—a little more than a third of the 162 prekindergarten program sites in Dade County are operated by private contractors; the rest are operated by the local child care coordinating agency (i.e., Dade County government), Head Start grantees or delegate agencies, or other types of providers.

44. In the 1998 legislative session, the Senate passed a bill that would have required localities to merge their subsidized child care and prekindergarten programs under a single administrative structure and set standards of care (e.g., adult-child ratios and space requirements). The House version contained a similar provision for a consolidated administrative and policy structure at the local level, but another provision, permitting a relaxation of standards, created sufficient controversy to prevent final passage.

45. In most states, the lead administrative agency for child support enforcement is the state welfare agency.

46. Child support in Dade County is housed in the Dade County State Attorney’s Office; in Manatee County, the child support program is housed in the Clerk of the Circuit Court and staffed by county employees.

47. Businesses with fewer than 250 employees were exempt from required participation in the new-hire directory until October 1, 1998. The license suspension and revocation policy includes professional and business licenses, education certificates, drivers’ licenses, and vehicle registrations. The in-hospital paternity acknowledgment program permits and encourages voluntary establishment of paternity in hospitals and birthing facilities at the time of the child’s birth.

48. The 1996 legislation also (1) expanded DOR’s authority to levy bank accounts and other personal property and credits in order to collect past due child support, (2) approved piloting the use of administrative orders to require genetic testing in contested paternity cases, and (3) adopted the Uniform Interstate Family Support Act (UIFSA), which simplifies and expedites the processing of interstate child support cases.

49. DOR is currently calculating the cost-effectiveness of this privatization initiative.


52. Florida has no statewide General Assistance and thus no General Assistance medical program.

53. In addition, Florida Medicaid covers aged and disabled individuals with incomes up to 90 percent of the federal poverty level and has an institutional care program that provides nursing home and intermediate care facilities for the developmentally disabled (ICF/DD) services to individuals with incomes up to 300 percent of the SSI standard.

54. The birthrate was 40.6 per 1,000 births for teen girls ages 15 to 17 and 84.8 per 1,000 births for girls ages 18 to 19 in 1996, compared with 44.8 per 1,000 births and 87.9 per 1,000 births for each respective age group in 1995. Joint Legislative Management Committee, Economic and Demographic Division, Demographic Information for Members and Staff, February 1997 and February 1998.
55. The Healthy Start Initiative is funded from federal Maternal and Child Health Block Grant dollars and state general revenues.

56. The state-funded ENABL programs must be implemented in geographical areas with a high percentage of adolescent pregnancy, high levels of poverty, and an above-average number of low birth-weight babies.

57. The CSHP grants are approved and overseen at the state level by DOH in cooperation with DOE. At the local level, CSHP grants are overseen by School Health Advisory Committees that are composed of community leaders, parents, school district members, and representatives of the county public health departments.


59. According to respondents, primary pregnancy prevention efforts have tended to be concentrated in more affluent areas and are just beginning to be more fully developed in disadvantaged communities where there are relatively few pregnancy prevention resources available.

60. Schools in Florida are mandated to provide sex education curriculums, but the quality and the length of the instruction reportedly vary by county; 16 of Florida’s 67 counties do not permit discussion of contraception and some sexual practices.

61. As of early 1997, there were five “teen male” clinics in south Florida that provided physical examinations, STD screenings, and condom distribution to teen males. DOH was working with the University of Miami to expand services to include family planning instruction.

62. WAGES also contains provisions that affect teen parents. Teen parents must remain in school until they complete high school or receive a general equivalency degree (GED) in order to receive financial assistance from WAGES, and teen parents must live at home or with a responsible adult in order to receive benefits.

63. The expansion of the statutory rape law is supposed to be accompanied by increased education for students and the general public on rape awareness issues, rape prevention, risks, and consequences of statutory rape.

64. ICCP is based on the Homebuilders model, a family preservation program pioneered by Washington state in 1974.

65. A state evaluation of ICCP found that in 1991–92, 96.1 percent of the children served by the program were successfully maintained in their homes and 91.8 percent of ICCP children were not abused or neglected during the six months following case closure. Similarly, an independent evaluation of Family Builders found that 88 percent of the families who received services did not have an additional abuse or neglect report filed against them in the following six months. A follow-up study revealed that 85 percent of Family Builders families had no subsequent reports three years after they exited the program.

66. In addition to welfare reform, recent changes in the mental health financing and service delivery structure have had an impact on child welfare because many child welfare families need and use mental health services. At the time of the site visits, the state was in the process of implementing a managed care system that places limits on the number of visits allowed and places restrictions on which providers may be used. Respondents noted that both changes presented problems for their population because of the severity of the mental health problems experienced and difficulties associated with accessing approved providers.

67. The new Relative Care Giver Program is paid for out of federal TANF surplus dollars and state general revenues. The latter counts toward the state’s required maintenance-of-effort dollars under TANF.


69. In previous years, DCF estimates of the numbers of homeless included the application of a statewide formula. For 1996–97, DCF relied solely on estimated numbers of homeless people reported by the state-funded local homeless coalitions. The coalitions’ estimates do not cover nine rural counties, none of which is considered to have a significant number of homeless.
70. Although responding to the problems of homelessness has not received especially high priority at the state level, Florida does target funding for a system of centers and shelters for youth and domestic abuse victims. The state funds 38 domestic abuse centers for abused women and their children, as well as 23 homeless and runaway youth shelters. The youth shelters served about 14,000 young people in 1996–97 and were funded at $22.8 million. The domestic abuse centers were funded at $7.6 million in 1996–97, with the monies coming from the State Marriage License Trust Fund.


73. For example, one of the core priorities is to “protect children from abuse and neglect and build stable families.” Using FY 1993–94 as the baseline year, two key indicators used to monitor progress in meeting this priority outcome are (1) increase the percentage of children who are not reabused or reneglected within one year after leaving DCF services from 89.26 percent to 95 percent in FY 2000–01 and (2) increase the number of adoptive placements from 1,310 to 1,900 by FY 2000–01.

74. This section relies heavily on additional interviews conducted as part of *Assessing the New Federalism*’s examination of welfare reform and other policy changes on immigrants. See Wendy N. Zimmermann and Karen C. Tumlin, *Patchwork Policies: State Assistance for Immigrants under Welfare Reform* (forthcoming 1999).

75. In addition, immigrants subject to sponsor-deeming whose sponsors are not supporting them financially may be exempted from deeming rules for one year by qualifying for a federal “indigence” exemption. Before welfare reform, deeming lasted for three years for AFDC and was not applied to Medicaid.


77. Florida had appropriated $23 million to provide substitute services for elderly legal immigrants losing SSI who were actively pursuing naturalization. These funds are now being used to provide assistance to immigrants losing food stamps. Of the total $23 million, $12 million was expended in FY 1998 and the remaining $11 million was reauthorized for FY 1999.

78. Florida was also one of several states to sue the federal government in 1994 for failure to control illegal immigration. The state’s suit, which sought to recoup the costs of providing health care, social services, and education to undocumented immigrants, was dismissed by the U.S. district court. *Chiles v. United States of America*, U.S.D.C., S.D. Fla. (Case No. 94-0670).

79. *Rodriguez et al. v. Shalala, Callahan and Glickman*, U.S.D.C., S.D. Fla. The suit alleged that the immigrant bars on the SSI and food stamp programs violate the equal protection clause of the Constitution because they discriminate on the basis of citizenship. The suit also charged the federal government with violating the 10th amendment, which reserves powers not specifically delegated to the federal government to the states, by forcing Florida to assume the financial burden of immigrants losing federal benefits. However, the U.S. district court ruled that while PRWORA “may not be a perfect method” for trimming welfare benefits, it is constitutional. New York City and the city of Chicago have filed similar suits.

80. In addition, the 1998 legislature approved adoption of the Family Violence Option under PRWORA and required Local WAGES Coalitions to create a service delivery plan that addresses the safety and self-sufficiency needs of WAGES participants who are victims of domestic violence.
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