November 15, 2021

Joseph A. Ladapo, MD, PhD
State Surgeon General
4052 Bald Cypress Way, Bin A-00
Tallahassee, Florida 32399

Dear Dr. Ladapo:

Enclosed is our report # C-2021-001, *Child Protection Teams Consulting Engagement.* This report provides an independent evaluation of the Child Care Protection Team Program within the Bureau of Child Protection and Special Technology.

The consulting engagement was conducted at the request of Dr. Robert Karch, Deputy Secretary for Children's Medical Services and was performed by Ashlea K. Mincy, CIGA, Assistant Director of Auditing, and supervised by Mark H. Boehmer, CPA, Director of Auditing.

If you wish to discuss the report, please let me know.

Sincerely,

Michael J. Bennett, CIA, CGAP, CIG
Inspector General

MJB/akm
Enclosure

cc: Melinda M. Miguel, Chief Inspector General, Executive Office of the Governor
Lisa Norman, CPA, Office of the Auditor General
Robert D. Karch, MD, MPH, FAAP, Deputy Secretary for Children's Medical Services
Marcy R. Hajdukiewicz, MS, Director, Division of Children's Medical Services
Mark H. Boehmer, CPA, Director of Auditing

FLORIDA DEPARTMENT OF HEALTH
OFFICE OF INSPECTOR GENERAL

CHILD PROTECTION TEAM PROGRAM, A CONSULTING ENGAGEMENT

Report # C-2021-001 • November 15, 2021

***Purpose of this project*:**
The Department of Health's (Department, DOH) Deputy Secretary for Children's Medical Services requested our office conduct a consulting engagement to evaluate selected processes of the Bureau of Child Protection and Special Technologies (Bureau), its medical directors, and contracted Child Protection Teams (CPT).

***What we examined*:**
Agreed upon objectives for this engagement included reviewing whether the Bureau has adequate oversight controls in place to ensure CPTs operate efficiently in compliance with requirements; and review if CPTs consistently implement processes statewide.

***Summary of results*:**
While the Program is largely in compliance with requirements and continues to update processes to ensure the program works efficiently and effectively, we identified the following areas that management should address to increase transparency, improve processes, operate in compliance with requirements, and help minimize the potential for fraud:

- Quality Assurance Reviews could be improved;
- Consistency during programmatic monitoring could be improved;
- A uniform process to collect, secure, and process evidence has not been implemented and/or documented statewide;
- Timeframes to review hotline abuse reports and conduct assessments could be re-evaluated;
- The process for notifying the Department of Children and Families (DCF) of a positive indicator of abuse or neglect could be strengthened; and
- The process to maintain and secure case files could be strengthened.

Management received monthly updates throughout the project and immediately began to strengthen controls when notified during these updates of areas needing improvement.

Additional details related to this project follow below.

BACKGROUND

The Bureau is responsible for the statutorily mandated Child Protection Team Program (Program). The Bureau promotes the safety and well-being of Florida's children by providing medically led multidisciplinary assessment services for children suspected of being abused or neglected. The first CPT was established during Fiscal Year (FY) 1977-78 under what was then the Department of Health and Rehabilitative Services (HRS). CPTs became operational across the entire state during FY 1980-81.

Section 415.5055, Florida Statutes, was created in 1984 to read, "[HRS]…shall develop, maintain, and coordinate the services of the department's service districts. Such teams may be composed

of representatives of appropriate health, mental health, social service, legal service, and law enforcement agencies." It included, "Medical diagnosis and evaluation services, including provision or interpretation of X-rays and laboratory tests, and related services, as needed, and documentation of findings relative thereto."[1]

The Program was established in DCF January 1, 1997, when HRS ended, except for the medical direction function[2], which was assigned to the newly created DOH.[3]

Florida law[4] was amended to read, "The Legislature finds that optimal coordination of child protection teams and sexual abuse treatment programs requires collaboration between the [DOH] and [DCF]. The two departments shall maintain an interagency agreement that establishes protocols for oversight and operations of child protection teams…Child protection team medical directors shall be responsible for oversight of the teams."[5]

CPTs were transferred to DOH on January 1, 1999 to "reduce duplication, achieve maximum efficiency, and ensure accountability."[6]

Florida law[7] tasked DOH's Division of Children's Medical Services with developing, maintaining, and coordinating the services of one or more multidisciplinary CPTs in each of DCF's service circuits. The State Surgeon General and the Deputy Secretary for Children's Medical Services, in consultation with the Secretary of DCF, and the Statewide Medical Director for Child Protection, maintain the responsibility for the screening, employment and if necessary, the termination of CPT medical directors.

CPTs are a team of professionals established by the Department to receive referrals and to provide specialized and supportive services while processing child abuse, abandonment, or neglect cases. Services CPTs must be capable of providing include, but are not limited to, the following:

a) Medical diagnosis and evaluation services, and documentation of related findings.
b) Telephone consultation services.
c) Medical evaluation related to abuse, abandonment, or neglect, as defined by policy or rule of the Department.
d) Psychological and psychiatric diagnosis and evaluation services for the child or child's parents, custodians, or other caregivers, or any other individual involved in a child abuse, abandonment, or neglect case, as the CPT may determine to be needed.
e) Expert medical, psychological, and related professional testimony in court cases.
f) Case staffings to develop treatment plans for children whose cases have been referred to the CPT. The CPT may provide consultation with respect to a child who is alleged or is shown to be abused, abandoned, or neglected.
g) Case service coordination and assistance.
h) Training services to DOH employees, DCF employees, and other medical professionals as is deemed appropriate to enable them to develop and maintain their professional skills and abilities in handling child abuse, abandonment, and neglect cases.

[1] Section 9, 84-226, Laws of Florida
[2] Section 6, 97-237, Laws of Florida
[3] Section 7, 97-237, Laws of Florida
[4] Section 415.5055, Florida Statutes (1997)
[5] Section 4, 97-237, Laws of Florida
[6] Section 2, 98-137, Laws of Florida
[7] Section 39.303, Florida Statutes

i) Educational and community awareness campaigns on child abuse, abandonment, and neglect to enable citizens to be more successful in preventing, identifying, and treating child abuse, abandonment, and neglect in the community.
j) CPT assessments that include, as appropriate, medical evaluations, medical consultations, family psychosocial interviews, specialized clinical interviews, or forensic interviews.

The Department contracts with 22 organizations throughout Florida to serve as CPTs.

DCF is required to refer child abuse, abandonment, and neglect reports to DOH for an assessment and other appropriate available services when cases include the following:

a) Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age.
b) Bruises anywhere on a child five years of age or younger.
c) Any report alleging sexual abuse of a child.
d) Any sexually transmitted disease in a prepubescent child.
e) Reported malnutrition of a child and failure of a child to thrive.
f) Reported medical neglect of a child.
g) Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any child remains in the house.
h) Symptoms of serious emotional problems in a child when emotional or other abuse, abandonment, or neglect is suspected.
i) A child who does not live in Florida but is currently being evaluated in a Florida medical facility.

DETAILED RESULTS AND RECOMMENDATIONS

In an effort to provide a fair and accurate representation of normal processes prior to COVID-19, we reviewed documentation from July 1, 2019 through August 30, 2021. CPT's processes may have been impacted by the COVID-19 pandemic.

Based upon the results of our engagement, we identified the following opportunities for improving effectiveness and efficiencies in operations of the CPT Program:

1. Quality Assurance Reviews could be improved.

- Florida law[8] provides that the CPT quality assurance program and DCF is to collaborate to ensure referrals and responses to child abuse, abandonment, and neglect reports are appropriate. Each quality assurance program is to include a review of records in which there are no findings of abuse, abandonment, or neglect, and the findings of these reviews shall be included in each department's quality assurance reports.
- The *Child Protection Team Program Quality Assurance Handbook (Handbook)*, requires that CPTs will receive a comprehensive Quality Assurance Review (QAR) every three years consisting of:
  - A review of randomly selected records and administrative documents by a team of QAR peer reviewers;
  - An onsite visit of the CPT's facility;

[8] Section 39.303(8), Florida Statutes

- An analysis of management and services data from the *Child Protection Team Information System* (CPTIS), as well as an analysis of the CPT's budget; and
- Interviews with CPT stakeholders receiving services in the community.

- QARs were not always completed regularly and/or by the due date, including some that were due prior to the emergence of COVID-19 in March 2020.
- Some of the most recent QAR reports did not document findings from the review of records in which there were no findings of abuse, abandonment, or neglect.
- The quality assurance program relies on a team comprised of individuals employed by the CPTs and a Program staff member to conduct the QARs. Generally, Program management is not included on site during the QARs.
- Some CPTs expressed concerns that the QAR process does not include consequences associated with deficiencies identified during the QARs, resulting in the risk CPTs may not take the QARs seriously.

Recommended process improvements:
Due to the in-depth monitoring required during QARs, Program management should consider re-evaluating whether conducting a QAR only once every three years is adequate. To ensure compliance with requirements and standards when deficiencies are identified at a CPT, a follow-up QAR within a year may be appropriate. Program management should also ensure QARs are conducted timely.

To emphasize the importance of the QARs and ensure adequate communication between the CPTs and Program management, consider having a member of Program management present during the QARs. Program management should also consider imposing consequences when deficiencies are identified during the QAR.

Program management should ensure the findings from the review of records in which there are no findings of abuse, abandonment, or neglect, are documented in the QAR reports to be in compliance with section 39.303(8), Florida Statutes.

2. Consistency during programmatic monitoring could be improved.

- The *Handbook* requires that programmatic monitoring be performed on all contracts issued by the Department at least annually to determine the CPT's compliance with contractual terms and conditions.
- Contract managers conduct programmatic monitoring on a monthly, quarterly, and annual basis. Monitoring to evaluate compliance with contract deliverables is heavily based on the *Monthly Deliverable Report* from CPTIS. The information from these reports is based on the information input into CPTIS by CPT staff. Contract managers do not evaluate the information input into CPTIS for accuracy. There was no documentation to support the CPT QAR reviewers periodically verified accuracy and quality of CPTIS data. Some CPTs expressed concern that other CPTs may alter the numbers in CPTIS to ensure constant or increased funding. The risk of this occurring is heightened when the information input in to CPTIS is not evaluated for accuracy.
- Criteria regarding the amount of data that must be analyzed during annual monitoring had not been established at the time of our review. Contract managers' performance measures include they are to conduct annual monitoring by June 30 each year. Program management explained contract managers must review the data available at the time and must review at

least a calendar quarter worth of data, but this had not been formally documented. Our review of FY 2019-20 annual monitoring documentation observed that the annual monitoring for a majority of the CPTs included analyzation of three or less months of data. Three months' worth of data, especially if obtained in consecutive months, may not be enough to get an accurate representation of the CPTs' activities.

- Section C.3, Attachment I of all CPT contracts provides that CPTs must submit Attachment VII, *Invoice*; Attachment IV, *Monthly Deliverable Report*; and the supporting documentation to the contract manager within 30 calendar days from the end of each month for which payment is being requested. We noticed instances where the *Invoice* was submitted and approved with errors.
- Contract managers are required to complete an *Invoice Performance Analysis* prior to approving a reimbursement request. Some contract managers were utilizing *Invoice Performance Analysis* forms that were prepopulated to show the invoice complied. This practice increases the risk that a contract manager will overlook a noncompliance issue.

Recommended process improvement:

To ensure contract deliverables are consistently being met statewide, Program management should consider developing a process to periodically evaluate the information input into CPTIS by the CPTs. The evaluation will help ensure information reported on the Deliverable Report is accurate, while also providing assurance to CPTs the numbers are not artificially inflated.

While Program management developed formally documented monitoring procedures during our review engagement, we recommend management consider requiring a full year of data be analyzed during annual monitoring.

Program management should also consider working with contract managers to ensure invoice requests are accurate prior to approval and discontinue the use of prepopulated Invoice Performance Analysis forms.

3. A uniform process to collect, secure, and process evidence has not been implemented and/or documented statewide.

- Assessments conducted by CPTs may include the collection of evidence.
- A statewide process to collect, secure, and process evidence has not been implemented and/or documented. The CPTs we interviewed discussed the different ways evidence is collected and handled. The processes utilized may be slightly different depending on the processes required by local law enforcement.
- It is critical to ensure the proper collection, security, and processing of evidence during CPT cases. Evidence could include rape kits that if lost could substantially affect the outcome of a case.
- Program management initiated a draft of such protocols in September 2021, that once approved will be implemented.

Recommended process improvement:

Program management should consider finalizing the development and implementation of statewide protocols to collect, process and secure evidence.

4. Timeframes to review hotline abuse reports and conduct assessments could be re-evaluated.

- The *Handbook* requires that the Team Coordinator and Medical Director (or designees) review Abuse Hotline reports within four working days of receipt and entered into the CPTIS Abuse screen within the same four working days.
- The *Handbook* also explains that for children referred to and accepted by the CPT, assessment activities will be completed within 20 calendar days following the date of referral, unless an appropriate exception is documented. Achievement will be determined through a review of CPTIS statistical reports.
- These timeframes were set by Program management years ago.
- CPTs' compliance with these timeframes is evaluated based on *Deliverable Reports* from CPTIS.
- We observed that CPTs timely review Abuse Hotline reports within four working days.
- In instances where a CPT assessment is conducted past the 20 calendar days the reason must be documented in CPTIS. The Program relies on CPT staff to document the reason and does not conduct analysis to determine if the reason cited is justifiable.
- Section B.1.A.1.4, Attachment I of all CPT contracts states failure to assess a minimum of 90 percent of children referred by DCF within 20 business days will result in a $1,000 reduction in that month's invoice.
- Risk is increased that a CPT may report a late assessment without reasonable cause so to avoid a financial consequence when Program staff do not have a process to verify and ensure such reasons are in fact reasonable.
- Timely reviewing Abuse Hotline reports and conducting assessments is vital to ensure the safety and security of children. While the timeframes were set by Program management, the current time frames allow for up to 20 plus days to pass before an assessment is conducted, increasing the risk a child may be left in an unsafe environment for longer than necessary.

Recommended process improvement:
Program management should consider re-evaluating the timeframes for reviewing Abuse Hotline reports and conducting assessments to determine whether they should be tightened to better ensure cases are completed promptly to better the security and safety of children.

Program management should also consider developing a periodic review process to ensure documented reasons for not completing a CPT report timely are justifiable and legitimate.

5. The process for notifying DCF of a positive indicator of abuse or neglect could be strengthened.

- The contract originally required the CPT to contact DCF and verbally communicate all assessments with a positive indicator of abuse or neglect within 24 hours of the child's assessment. CPTs were also required to document the verbal notifications of positive indicators in CPTIS within 72 hours of the child's assessment.
- The contract was amended in FY 2020-21 to require the CPT to contact DCF and communicate all assessments, removing the requirement that the CPT document the verbal

notification of positive indicators in CPTIS, and removing the subsequent financial consequence for noncompliance.

- A verbal conversation satisfies the notification requirement. However, while a verbal conversation is necessary, relying solely on a verbal conversation increases the risk that a notification would not be documented. Program management stated the 24-hour notification should be documented in the case file.
- Management explained the 72-hour requirement to input the 24-hour notification date in CPTIS was removed based on the following:

  "Prior to adding this task to the contract, providers were obligated to document verbal notifications with DCF within 72 in the progress notes (CPTIS). After this task was added, providers continued to document verbal communications in progress notes and inadvertently overlooked the 'Data Entry Date' and 'Time of Activity' section in CPTIS to document this information. As a result, several providers received financial consequences for this oversight, in which premature implementation of this task may have been a factor."
- Multiple QAR reports we reviewed noted instances where the 24-hour notification of positive findings were not documented in case progress notes.

Recommended process improvement:
Program management should consider requiring in addition to the verbal notification that CPTs follow up with notification in an official documented form. This action will provide documentation of the notification in the event the date of verbal notification is not documented in the notes and provides the Department with a source document to verify the notification occurred.

6. The process to maintain and secure case files could be strengthened.

- Florida law[9] provides that in order to protect the rights of the child and the child's parents or other persons responsible for the child's welfare, all records concerning reports of child abandonment, abuse, or neglect, including reports made to the central abuse hotline and all records generated as a result of such reports, shall be confidential and exempt from the provisions of section 119.07(1), Florida Statutes, and shall not be disclosed except as specifically authorized.
- The Program has not issued guidance regarding how files should be maintained, whether hard copy or electronic, only that records are to be maintained according to Department guidelines.
- CPTs currently maintain either hard copy, electronic files, or both. CPTs are not consistently maintaining the case files statewide.
- Storage of hard copy files were also found to be inadequate. While the files may be stored in lockable file cabinets, CPT staff explained cabinets are not always locked, and key codes to the rooms where the hard copy files are stored are not periodically changed or changed when staff leave a CPT.
- Furthermore, CPTs do not maintain files for a consistent amount of time. CPTs reported maintaining files for 7 years, 10 years after the child turns 18 years of age, and indefinitely.

[9] Section 39.202(1), Florida Statutes

Recommended process improvement:
Program management should consider developing and providing directives to CPTs to ensure files are maintained consistently, securely, and in compliance with the State of Florida's General Records Schedule GS1-SL for State and Local Government Agencies.

SUPPLEMENTAL INFORMATION

Section 20.055, Florida Statutes, charges the Department's Office of Inspector General with responsibility to provide a central point for coordination of activities that promote accountability, integrity, and efficiency in government.

Ashlea K. Mincy, CIGA, Assistant Director of Auditing, conducted the consulting engagement under the supervision of Mark H. Boehmer, CPA, Director of Auditing.

Our methodology included a review of applicable Code of Federal Regulations, Florida law[10], the *Child Protection Team Program Quality Assurance/Handbook*, QAR reports, programmatic monitoring reports, and CPTIS. Program management and a random selection of CPT staff were also interviewed.

This consulting engagement was conducted in conformance with *International Standards for the Professional Practice of Internal Auditing*, issued by the Institute of Internal Auditors, as provided by section 20.055(6)(a), Florida Statutes, and as recommended by Quality Standards for Inspections, Evaluations, and Reviews by Offices of Inspector General (*Principles and Standards for Offices of Inspectors General*, Association of Inspectors General).

We want to thank management and staff in the Department's Bureau of Child Protection/Special Technologies and the contracted CPTs for the information and documentation they provided, and for their cooperation throughout the project.

Copies of all final reports are available on our website at **www.floridahealth.gov (search: internal audit)**. If you have questions or comments, please contact us by the following means:

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[10] Florida Statutes, Florida Administrative Code