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Abstract

One has only to look in the yellow pages of any metropolitan area telephone book under "social services" to be faced with a bewildering selection of agencies, public and voluntary, non-profit and proprietary.

KEYWORDS: idea, welfare, child

Accreditation of Florida's Child Welfare Services: An Idea Whose Time has Come

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One has only to look in the yellow pages of any metropolitan area telephone book under "social services" to be faced with a bewildering selection of agencies, public and voluntary, non-profit and proprietary. Information and referral has, as a result, become a standard service of United Way and other public and voluntary agencies. Americans are a generous people. They respond instinctively to the cry of a hurting fellow human being, a newspaper story of a stranded family, or an abandoned child. Americans are a pragmatic people. When they see a problem, they have an urge to do something about it, to come together and find a solution. It is a cultural characteristic which is a relic of pioneer days when survival often depended on neighbors and even strangers getting together in mutual aid. Alexis de Tocqueville noted this in his classic commentary on American life, *Democracy in America*.

Consumers of social services, contributors and funding sources all face the same problem of identifying agencies that meet some recognized standards for quality services. Stories of fraudulent charities are commonplace in the media. Occasionally there are stories of neglect and child abuse even in social service agencies. Less sensational, but nonetheless real, are the inadequate or inappropriate interventions in the lives of children and families. Private industry developed quality control methods to assure that the goods and services produced meet accepted standards. In the area of human services, a peculiarly American solution has evolved to protect those who receive services and those who pay for them. It is called accreditation. In other countries and cultures, government fulfills this role by laying down strict regulations which govern every aspect of the service delivery system. Americans, with their healthy suspicion of too much government intervention in the fields of education and health, have developed an accreditation methodology. The several regional accreditation associations in education and the Joint Commission on the Accreditation of Hospitals have for a long

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time been the recognized instruments of quality control in their fields of human services.

Accreditation is defined as a methodology which assures:

that the organizational providers of service, whether in education, health care or social service, meet the recognized standards of their domain and its professionals. The accreditation of the agency providers is part of a larger system of quality control that includes accreditation of training programs and institutions and the certification and licensing of individual professionals.¹

The specific purpose of accreditation is to assure that services are delivered in effective and efficient ways which are consistent with the canons of good practice and organizational operation. The core of any accreditation system is the norm against which a program is judged. However, to be effective, the system has to be accepted by its constituency and have recognition in the community and in society at large. Accreditation is, thus, a living process which expands to cover new services as they are developed in the field. Accreditation as a process has to win acceptance and achieve credibility, not only among the agencies it seeks to evaluate, but also among consumers and funding sources. Armed with the seal of accreditation, a provider of human services demonstrates to the world that it:

has established policies and procedures for its effective management, is financially sound, manages its financial affairs prudently and is committed to the principle of public disclosure, shapes its programs of services to meet community needs and concerns, continually evaluates its services and operation, respects and protects the clients it serves, is staffed by qualified personnel who work under conditions that promote effective performance, has the facilities and equipment suited to the delivery of quality services.²

Accreditation, as it has developed in the United States, is essentially a voluntary effort as opposed to governmentally imposed regulations. "It began in the field of education in answer to the need educational institutions had to have some objective method of evaluating

1. PROVISIONS FOR ACCREDITATION OF AGENCIES SERVING FAMILIES AND CHILDREN v. (Council on Accreditation of Services for Families and Children 1982).

2. COUNCIL ON ACCREDITATION FOR FAMILIES AND CHILDREN, INC., WE ARE ACCREDITED BY COA AND YOU SHOULD KNOW (1982).

education transfer credits and diplomas issued by schools in the absence of any nationwide governmental standards.”³ Accreditation has worked in the field of education “[d]espite certain limitations and the thorny problems inherent in the establishing of criteria and procedures, educational accreditation has greatly contributed to raising academic standards on both secondary and higher educational levels.⁴

The second field of human services to look at accreditation as a means of assuring quality care was medicine. In 1918, the American College of Surgeons began its hospital standardization program. More than any other movement in North American medicine, it is credited with substantial influence in improving hospital care. In 1953, this responsibility was turned over to a special body known as the Joint Commission on Accreditation of Hospitals (JCAH). The Commission is sponsored by four medical organizations; the American Medical Association, the American College of Physicians, the American Hospital Association, and the American College of Surgeons. Today, JCAH accreditation is the recognized standard-setter for the field.

Authorities in the field of social services have long recognized the need for standard-setting in this rapidly expanding field. The Child Welfare League of America (CWLA) was founded in 1920 for the purpose of improving services for children away from their own homes. This was the era of big orphanages which often were little more than warehouses for dependent children. By the mid 1920s, graduates of the new schools of social work began to influence the field and to work for change. Similar forces were at work in other national organizations, such as the Family Service Association (FSA), founded in 1911, and the National Conference of Catholic Charities, founded in 1910.

In 1954, the Child Welfare League established a membership-linked accreditation system and the Family Service Association followed suit. The efforts of these two standard-setting organizations introduced the concept of accreditation to the field of child and family services. By 1976, between them, these two groups had 580 accredited agencies on their rosters. However, the fact that accreditation was linked to membership tended to limit widespread acceptance of the system by the field. The boards of CWLA and FSA saw the need for a national accreditation system that was open to all public and voluntary agencies without regard to membership in any organization. Membership in a national organization is costly and many agencies which de-

3. 1 NEW CATHOLIC ENCYCLOPEDIA 82 (1966).

4. *Id.* at 83

sired accreditation by a nationally recognized agency such as CWLA, were faced with paying a second set of national dues in addition to their own national affiliation. In 1976, of the 545 agencies in the National Conference of Catholic Charities, only twelve, including the Catholic Community Services of Miami were accredited by the Child Welfare League of America.

In 1976, the boards of CWLA and FSA decided to initiate a joint project, the Council on Accreditation of Services for Families and Children (COA). The COA was to be an independent agency with its own governing board. It would be sponsored by the two national organizations. It was expected that other national organizations would join them, but membership in a national organization would not be a requirement for accreditation, thus removing a possible conflict of interest. Funding for the project was received from the U.S. Department of Health, Education and Welfare, the Ittleson Foundation, the Benjamin Rosenthal Foundation, and the W.R. Grace Corporation. The preliminary work was done by staff from the national offices of the original sponsors, directed by a joint committee of both boards.

The Council was legally incorporated in August 1977 and hired its first executive director a month later. In June 1978, the first full board took office. It consisted of individuals with broad backgrounds and experience in the family and children's field. Major national organizations assisted in the selection of the first board: the American Federation of Labor and Congress of Industrial Organizations, American Association for Marriage and Family Therapy, Association of Jewish Family and Children's Agencies, National Association of Black Social Workers, National Conference of Catholic Charities, and the National Council of the Churches of Christ in the USA.

In July 1978, the Council took over accreditation functions from its two sponsors. One of its first acts was to change the existing accreditation cycle from five years to four. This compares with a ten year cycle for education and a three year cycle in the medical field. The new organization had a formidable task, since it took over an ongoing process, with fifty-nine CWLA and FSA agencies up for accreditation in the first year. Each of these agencies had to be re-educated to a new method of operation. One of the first changes noted was a change in terminology. What had formerly been referred to as standards for accreditation now became provisions. The reason for the change was expressed by the new executive director in these words:

The Council term for its accreditation requirements is provi-

sion, as distinguished from the goal standards which have traditionally been developed by its national sponsor organizations. The sponsors of COA continue to be the source of the criteria upon which we base our provisions. Provisions are rigorous, but realistic operational requirements we distill from the sponsors' standards and their positions on critical issues. Provisions describe the quality practice of the present; goal standards could be said to lead the field into the future.⁵

The first edition of the Provisions for Accreditation was published in September 1978 and was widely distributed to local agencies, national organizations, public agencies and officials, libraries, and interested persons in the field. It was the product of two years' work which involved not only the national staffs and boards of CWLA and FSAA, but input from hundreds of persons representing local service agencies, national professional, advocacy and service organizations.

In 1980, the board of the Council took another step forward. It adopted a peer review methodology. Previously site visits had been made by the professional staffs of the two sponsors. In this regard the Council had chosen to follow the education rather than the hospital accreditation model. In February 1980, a new sponsor joined the fold, the National Conference of Catholic Charities (NCCC), with its 545 diocesan and branch agencies and 200 member institutions. It brought a new element into the movement towards widespread acceptance of the accreditation system. NCCC is a voluntary membership organization of Catholic charities agencies. By July 1980, the Council could report that in its first three years:

It had published the first comprehensive accreditation provisions for family and children's agencies, developed accreditation instruments and the policies and procedures governing the accreditation process, established a decisionmaking structure, trained staff and peer accreditors, published a directory of accredited agencies, conducted agency accreditations and reaccreditations, instituted evaluation systems, expanded its national support, and begun recognition efforts at several levels.⁶

5. Interview with Jeffrey Hantover, Executive Director of the Council on Accreditation of Services for Families and Children, in New York, New York (Nov. 15, 1983).

6. The Council on Accreditation: A Brief History (an unpublished fact sheet available from the Council on Accreditation of Services for Families and Children, 67 Irving Place, New York, New York 10003).

The Council was also able to report that it had received an additional two-year grant from the Ittleton Foundation and a three-year grant from the Administration for Children, Youth and Families. With these grants, the Council was able to add a small division for evaluation and development. The purpose is to develop provisions for the accreditation of services not previously covered as well as the modification of the rating system and evaluation instruments. During the next two years, provisions for mental health, residential treatment, substance abuse, refugee resettlement, home health aide service, volunteer services, and non-residential elderly services were developed. Work has begun on provisions for the accreditation of programs for runaway youth, under a new grant from the Youth Development Bureau. Under a grant from the Kellogg Foundation, the Council is adding volunteer friendship services, such as Big Brother organizations and social development groups, such as scouting and boys' clubs. These accreditation provisions will be in effect by January 1985, and, by 1987, provisions for the accreditation of several other services such as information and referral, credit-counseling and employee assistance will likely be available in a truly comprehensive system.

Accreditation seeks to accomplish several goals. It helps consumers as they decide on their choice of service providers. It tells the community that the agency and the service it provides has met accepted standards of performance. It helps private and public funding sources to identify which agencies are worthy of financial support. It helps a community to plan its referral networks with confidence in the services rendered. Accreditation therefore is a valuable tool for the community in bringing help to its hurting members. Accreditation also helps the agency in several different ways. It provides the governing board and its chief executive officer with an outside independent evaluation of its operation. It thus complements the work of the external financial auditor. Like the financial audit, it establishes specific goals for agency improvement. On the opposite side, it helps to protect the agency against pressures to lower its standards.

The Council for the Accreditation of Services for Families and Children was conceived, designed and established to accomplish these goals. It is structured to provide a careful balance between broad community interests and professional expertise. Its structure provides for the "participation of all elements in the field from the line professional to the national professional organization, from the consumer of service

to national service and advocacy groups.”⁷

The basic elements of any legitimate accreditation process are: 1) provisions or standards against which an agency's organization and service or services can be judged and 2) a systematic process for examining an agency in an objective review.

The provisions are the basis for the accreditation. They cover the entire range of agency operation, from governance by its board to contacts between staff and client, including the agency structure, policies, procedures and personnel. Provisions must reflect the best practice in the field, the state of the art. Thus, they must be constantly reviewed, modified and expanded as advances in research and practice are made. In undertaking this project, the Council built on the standards developed over the years by its two founding sponsors, the CWLA and the FSA. They are the product of a long cooperative process which must go on as long as accreditation exists and there are services and agencies to be accredited. Provisions should be distinguished from the licensing requirements of governmental agencies, which usually set only minimum standards involving life safety and quantitative measurements such as child-adult rations. Provisions are intended to represent the best practice in the field. They are specific objectives to be attained. They serve to set the sights of agencies as they look to their futures.

The systematic process for applying these principles developed by the Council includes the following steps:

1. a self study completed by the agency;
2. on-site evaluation by the accreditation team;
3. an accreditation report on the agency's compliance with the provisions;
4. agency opportunity to review and comment on the report;
5. objective evaluation of the report by a group of individuals experienced and knowledgeable in the realities of agency operation;
6. appeals process for agencies denied accreditation;
7. public identification of accredited agencies; and
8. monitoring of agencies to ensure continued compliance.⁸

The Council's provisions are divided into generic and service categories. The Council describes them as:

7. PROVISIONS FOR ACCREDITATION OF AGENCIES SERVING FAMILIES AND CHILDREN *supra* note 1, at vii.

8. *Id.* at vii.

The generic provisions encompass those aspects that apply to all agencies regardless of the service provided. Whether an agency offers adoption, foster care or substance abuse services, there are policies and practices of administration, fiscal management, personnel management, or evaluation that must be met. For example, all agencies must prepare annual budgets; not all agencies are required to utilize volunteers, but those who do should meet the provisions (for volunteers), whether these volunteers contribute to advocacy or day care services for children.⁹

The service provisions provide the requirements specific to each service offered by the agency. If the Council has provisions for a given service, an agency that offers that service to the public must submit for review and meet at least the mandatory requirements for that service or lose accreditation as an agency.

The Council has established service councils for different areas of the country. It is the responsibility of the service council to review the report of the accreditation team and recommend one of four actions to the board of trustees: accreditation for four years; denial; deferment up to one year to allow the agency to bring itself into compliance with specific provisions; and deferment for additional information.

In October 1983, the Council had 458 accredited agencies. The number in Florida was only ten, yet there are some 700 child service agencies licensed by the state. Clearly, accreditation has a long way to go in Florida. Florida legislators and child advocates can encourage quality control in child welfare agencies by considering accreditation status when reviewing funding requests, and otherwise lending support to programs. On the national scene, the idea continues to gain more acceptance. The Council now numbers among its sponsors the Association of Jewish Family and Children's Agencies and the Lutheran Social Service System.

For accreditation to be truly effective it must have widespread recognition. The seal of Good Housekeeping and the stamp of Underwriters' Laboratories serve a double purpose in the manufacturing industry. They give the buying public assurances of quality and they also help the manufacturer sell products. Thus both consumer and provider benefit. This occurs when the stamp of approval is widely recognized in the community. The same is true for the seal of accreditation. The medical and educational accreditation associations have won widespread accept-

9. *Id.* at viii.

ance not only in their own specific fields, but in the community at large. No service provider in these fields can hope to survive very long without the associations' approval. Funding sources demand it and the consumer expects it. The Council has recognized this from the beginning and has worked to cultivate such recognition. The following are some examples of progress toward formal recognition:

1. Blue Cross-Blue Shield of Michigan requires COA accreditation for participation in its outpatient psychiatric program.
2. The California United Way Bay Area Group Insurance Trust Fund covers outpatient services for mental and nervous disorders only if the provider is COA accredited.
3. Nationally, Xerox and IBM Employee Assistance Contracts with FSA require COA accreditation.
4. The Association of Mental Health Administrators, the National Association of State Mental Health Program Directors and the National Mental Health Association recommend COA accreditation as one way of assuring that out-patient psychiatric services eligible for insurance reimbursement meet accepted standards of quality.

It is only with the formal recognition of accredited child welfare services that effective quality control can take place. As the Council on Accreditation has stated, "[a]ccreditation as a form of private, voluntary quality control is carried out in the spirit of helping agencies. Accreditation is part of the process of agency education and improvement that will serve the interests of the agency, client, and the community as a whole. Quality control is a natural and necessary part of a responsible and accountable system of service delivery."¹⁰

10. *Id.*