

oppaga Special Report



February 2004

Report No. 04-15

DCF's Lead Agency Readiness Assessment Process Meets Statutory Requirements, But Needs Strengthening

at a glance

Although the Department of Children and Families' new process to determine district and lead agency readiness meets legislative intent, the process should be strengthened to better ensure that community-based providers are ready to assume responsibility for child welfare services. While the department is taking steps to improve the process, it should also further improve its readiness instrument and require lead agencies to submit business plans before finalizing its contracts with these organizations. Finally, the department should strengthen its data and accountability monitoring systems. As required by law, we will continue to monitor department progress in future reviews.

Purpose

Chapter 2003-146, *Laws of Florida*, directs OPPAGA and the Auditor General, in consultation with the Child Welfare League of America and the Louis de la Parte Florida Mental Health Institute, to jointly review and assess the Department of Children and Families' process for determining district and lead agency readiness to provide child protective services. Accordingly, we worked in cooperation with these entities in carrying out fieldwork for this project.

This is the first in a series of reports on lead agency readiness. Future reports are due each September and March until full transition to community-based care is accomplished statewide.

Background

In 1996, the Legislature mandated the Department of Children and Families to create a pilot program to privatize certain child protective services, including family preservation, emergency shelter, foster care, and adoption.¹ The 1998 Legislature expanded the community-based care initiative statewide by directing the department to contract with lead agencies to assume many of the management and operational responsibilities previously held by the department's service districts.² Under community-based care, the Legislature has shifted the department's role from being a primary provider of services to being a purchaser of services. As of January 2004, the department had contracted with 11 lead agencies that served 28 counties (see Exhibit 1). These lead agencies served 42% of children receiving child protection services statewide (21,083 of 50,052 children).

¹ Chapter 96-402, *Laws of Florida*.

² Lead agencies are private, community-based agencies responsible for planning, administering, and delivering client services; ensuring that services are delivered in accordance with state and federal laws; and coordinating with other local public or private agencies that offer services for clients.

Exhibit 1
As of January 2004, the Department Had
Contracts with 11 Lead Agencies That Totaled
\$342 Million and Served 42% of Children
Receiving Child Protection Services

Lead Agency	Department District/Region	Services Contract Amount FY 2003-04
Families First Network	District 1	\$ 17,754,891
Family Support Services	District 4	24,871,222
Family Continuity	SunCoast Region	31,846,207
Hillsborough Kids	SunCoast Region	43,000,000
YMCA	SunCoast Region	19,364,999
ChildNet	District 10	49,811,191
Partners for Community-Based Care	District 12	15,915,702
Child and Family Connections	District 9	86,347,202
United for Families	District 15	40,524,000
Partnership for Families	District 2A	2,728,422
Heartland for Children	District 14	9,948,627
Total		\$342,112,463

Source: Department of Children and Families.

Due to problems experienced by some lead agencies, the 2003 Legislature required the department to formalize the readiness assessment process. Prior to March 2003, the department's process for determining whether a lead agency was ready to provide child protection services included a readiness assessment document. District employees completed the document based on information and documents the lead agency submitted. The district used the document as a tool to evaluate the provider's readiness.

Department contract monitoring reports for November 2002 and January 2003 identified two lead agencies that were experiencing problems that threatened their existence and the early success of community-based care.³

³ The two lead agencies are Family Continuity Programs, which began providing services in June 2000, and Partners for Community-Based Care, which began providing services in December 2001.

These problems related to financial stability, data integrity, and high staff turnover that adversely affected lead agency performance. One lead agency did not submit invoices on time or maintain an adequate cash flow. In addition, both agencies lacked internal measures to ensure the accuracy and timeliness of data entered into the department's information system, HomeSafenet. Also, one agency experienced a 64% turnover rate for case managers and a 60% turnover rate for supervisors in its first nine months of operation. These problems impaired the lead agencies' effectiveness.

To address these problems, the 2003 Legislature required the department to establish a readiness assessment process to review the operational readiness of each district and lead agency. The review process is to include an assessment instrument with criteria reflecting national accreditation standards. A team of district and lead agency staff with direct experience with the startup and operation of a community-based care agency and representatives from the community alliance conduct the review.⁴

In implementing the Legislative mandate, the department contracted for a coordinator for the readiness assessment teams and implemented a new multi-step readiness assessment process which includes the following major steps. (See Appendix A for a detailed description of the process.)

1. District and lead agency staff prepare a draft of the readiness assessment instrument and operational plans.
2. The department works with lead agencies and district managers in the state to select a readiness assessment team.
3. Each member of the readiness assessment team conducts a desk review of the draft readiness assessment instrument and select supporting documentation.

⁴ A community alliance is group of stakeholders, community leaders, client representatives and human services funders in each county that provides a focal point for community participation and governance of community-based services.

4. Several months into this process the team conducts a one-and-a-half day visit to the lead agency, where they hear an overview of its plans to begin operations and services. The team identifies critical issues that need to be addressed, leads technical assistance work groups discussing these issues, and formulates recommendations. The recommendations become the basis for a corrective action report.
5. Lead agency and district staff finalize the instrument and operational plans, and make needed changes based on the corrective action report. The team coordinator inventories final operational documents and reviews the status of corrective actions.
6. Before the lead agency begins providing services the team conducts a second site visit for one-half day to review the completed instrument and the district and lead agency's responses to the recommendation report. The team conducts an exit conference with the district and lead agency to discuss strengths and weaknesses. If the team determines that the lead agency is ready to begin providing services, the team prepares a final report with recommendations for the department's Secretary to review and approve.
7. Within 30 days following the exit conference, the Secretary of the department is to certify in writing to the Governor and Legislature that both the district and lead agency are prepared to transition to services.

To assess the department's process for determining a lead agency's readiness to begin providing child protection services, we reviewed readiness activities for four lead agencies (Partnership for Families, Big Bend Community-Based Care, Family Support Services, and ChildNet). In addition, we interviewed department, lead agency, and provider staff and community stakeholders involved in the readiness process.

Findings

Although the department's new process to determine district and lead agency readiness meets legislative intent, the process should be strengthened to better ensure that community-based providers are ready to assume responsibility for child welfare services. While the department is taking some steps to improve the process, it will be critical that the department fully implement its planned accountability system. As required by law, we will continue to monitor department progress in future reviews.

The department's lead agency readiness assessment process meets statutory requirements

The department has implemented a district and lead agency readiness assessment process that meets statutory requirements. As required by law, the readiness assessment instrument addresses community-based care operations related to programmatic, financial, technical assistance, training, and organizational competencies, as well as local criteria reflective of the local community priorities. The department developed this instrument with the help of lead agency staff, which was critical for ensuring that the instrument includes realistic criteria for lead agencies to meet.

The department has a reasonable process for identifying lead agency weaknesses during the readiness assessment process and for verifying corrective actions. The readiness assessment teams for the reviews of 10 lead agencies since July 2003 also have included district and lead agency employees with direct experience in the startup and operations of a lead agency and representatives of the appropriate community alliance.

The department should modify the readiness assessment process to improve its quality and effectiveness.

The department's lead agency readiness assessment process is evolving, and during the course of our fieldwork it took steps that will improve the effectiveness of these reviews. However, we believe that additional changes would further improve the assessment process.

- All critical areas should be assessed during first site visit.
- Review teams should systematically review readiness documentation.
- Department should provide more technical assistance during readiness.

Assessment teams have not addressed some critical areas during initial site visits, which diminished the reviews' effectiveness.

Department guidelines suggest that site visit participants discuss specific topics during initial site visits.⁵ These topics include system of care, transition plan, human resources, budget and financial issues, information system, quality assurance and quality improvement plans. It is important that these areas be covered during the initial site visits because the initial site visit is the primary opportunity for the readiness assessment team to review planned operations, identify areas needing further attention, and offer technical assistance.

However, neither of the two assessment teams we observed during initial site visits discussed all of these critical operational areas. Specifically, the teams did not address the areas of human resources, quality assurance plans, and budget and finance information.⁶ Consequently, the team certified the lead agencies as ready to provide services without

having fully reviewed and addressed all critical operational areas.

During our review, we recommended that the department require that all operational areas are addressed during the initial site visit. To address this concern, the department developed and implemented a finance and resource management checklist in December 2003 that readiness teams are to use to ensure that all topics are covered. The department is working to expand its team training guide curriculum. This new requirement will help ensure that all critical items are covered at the initial site visit.

Assessment teams have not systematically evaluated supporting documentation.

Three readiness assessments were weakened because the teams did not review all critical documents submitted by the lead agencies. For example, one lead agency's quality assurance plan was incomplete. In addition, the documentation for another lead agency incorrectly indicated that the system of care design had been approved by the department. Finally, a third lead agency's financial documents did not include proof of required fidelity bonds, liability insurance, performance bonds, or a cash flow analysis for the first year of operation. Without an independent review of critical documents by the team, there is little assurance that the requirements of the readiness assessment are met in full.

During our fieldwork, we recommended that the department require the readiness assessment team to review documents that deal directly with client safety and program resources. In December 2003, the department requested that lead agencies provide child safety operating procedures and financial documents to the readiness assessment team prior to the second site visit.

To further assure lead agency compliance with operational requirements, the department should develop a mechanism to ensure that that assessment teams review and approve critical documents prior to the department contracting for services.

⁵ *Quality Assurance and Technical Assistance Peer Review Team Process Community-Based Care Training Guide/Curriculum*, Department of Children and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, April 30, 2003.

⁶ We attended readiness site visits in District 2A on September 10 and 11, 2003, and December 1, 2003, and District 2B October 22 and 23, 2003.

The department should improve technical assistance during the readiness assessment process. The department has not established a formal process for providing technical assistance to lead agencies during the startup phase. Instead, district employees frequently refer prospective lead agencies to established lead agencies that have a track record in the area of assistance needed. Although this approach may be helpful, lead agency managers indicated this method has not provided them with sufficient technical assistance in such critical areas as invoicing, revenue maximization, and adoptions. Without adequate technical assistance from the department, new lead agencies have to assume the responsibility of providing services without the benefit of sufficient institutional knowledge.

In December 2003, the department took steps to strengthen its process for providing technical assistance to prospective lead agencies. Department officials are now meeting monthly with lead agency directors to address technical assistance needs. In addition, in a written action plan provided to OPPAGA, the department designated the assistant director for community-based care as the official contact for requests for technical assistance. Having a single contact point will help ensure quality and consistency in the referral process.

While these actions should help improve the technical assistance process, the department also should track the frequency and type of requests that are made by lead agencies to help identify statewide training needs.

The department should modify its readiness assessment instrument to ensure thorough and consistent reviews

Although the department's assessment instrument contains statutorily required criteria, several changes to the instrument would improve the effectiveness of the readiness assessment process.

- The readiness instrument should show more evidence of stakeholder support.

- Lead agencies should submit business plans during readiness process.
- The department should provide more detail in readiness instrument.

Department officials have agreed that these changes would help improve the process and expect to implement a revised instrument early in 2004.

The readiness assessment instrument does not adequately show stakeholder support of lead agency mission and vision. One of the Legislature's key goals in privatizing foster care and related services was to encourage community stakeholders to more actively participate in the provision of child welfare services. The readiness assessment tool requires the lead agency to provide written documentation of the provider's organizational purpose and relationship to the community through a written mission statement. However, the readiness assessment tool does not require lead agencies to provide sufficient information to demonstrate that they have effectively communicated their mission and vision to community stakeholders. As a result, there is little assurance that stakeholders understand and support the principals underlying a lead agency's mission and vision statements.

To address this concern, the department is planning to solicit the opinions of readiness assessment team members to determine if any specific actions or best practices are appropriate to add to the readiness assessment tool. To further address this issue, the department should add a requirement to the assessment instrument requiring documentation, such as survey results, indicating stakeholder understanding of and support for the lead agency's mission and vision statements.

Lead agencies should be required to submit business plans during the readiness assessment process to enable team review and guidance. Prior to our review, the readiness assessment instrument required lead agencies to develop and submit to the department a long-term business plan within

90 days after the effective date of its services contract. The business plan provides a narrative description of the lead agency's rationale for its financial and risk management plans and organizational structure. Because this plan was provided after the assessment process was completed, the readiness assessment teams did not have an opportunity to review business plans. Team review of the business plan would help ensure that the lead agency and district have comprehensively addressed all elements required to successfully implement transition to community-based care.

During our fieldwork, we recommended that the department revise its assessment instrument to require business plans to be submitted prior to execution of a services contract. In December 2003, the department amended its procedures to request that lead agencies submit business plans prior to execution of their services contract. This procedure applies to lead agencies with anticipated service contract start dates of February 1, 2004, or later.

To improve its usefulness, the department should provide more detail in its readiness assessment instrument. The department's readiness assessment instrument requires lead agencies to submit deliverables for each component, but does not provide minimum requirements and best practices for each deliverable. Lead agency deliverables include a consumer access guide, cultural diversity plan, quality assurance/quality improvement plan, initial case transfer plan, and long-term business plans. For example, lead agencies are to submit a "written case transfer plan, developed in collaboration with the department, at least 30 days prior to initial case transfer. The plan will be detailed and include tasks, milestones, and specific timeframes for implementation." However, this requirement does not specify the types of tasks that should be documented nor does it address specifications for department and lead agency roles and responsibilities.

We suggest that the department modify the instrument to contain examples of minimum requirements and best practices for each critical component. Providing the department's expectations for each document required by the instrument would help improve the readiness assessment process.

The department needs to complete the implementation of the program's accountability system

An effective accountability system is essential to helping policymakers and program managers provide adequate oversight of lead agency performance. The Legislature and other policymakers need reliable information on lead agency performance to ensure that the transition to community-based care is achieving desired goals and that public funds are expended appropriately. Department managers need reliable information to adequately oversee lead agency performance and take appropriate and timely actions to remedy problems.

Historically, the department's data and monitoring systems have had weaknesses that impeded their effectiveness. The department faces challenges in sufficiently improving these systems before completing full transition to community-based care, which it projects to occur by December 2004.

The implementation schedule of HomeSafenet impedes department oversight of lead agencies. Previous OPPAGA and Auditor General reports have noted weaknesses in the department's child welfare information system, HomeSafenet.⁷ As a result of these weaknesses, the department extended the original timeframe for the completion of HomeSafenet from 2004 to at least July 2005.

⁷ For example, [Report No. 03-09](#) issued in January 2003 found delays in reporting key data related to child protective investigations. In addition, [Report No. 02-16](#) issued in March 2002 and Auditor General [Report No. 03-017](#) issued August 2002 found that planning delays related to HomeSafenet resulted in gaps in the department's performance data. In addition, we noted that there have been several implementation delays since the federal government approved the information system in Fiscal Year 1993-94.

The department has completed several components of HomeSafenet. The current system has basic case management reporting functions (i.e., child removal/placement history, participant demographics, placement provider information, chronological notes, case assignment and tracking), Adoption and Foster Care Analysis and Reporting System (AFCARS) data, Child Safety Assessment (CSA) and Hotline Intake.^{8,9} In addition, the system can now report on some but not all performance measures. As of December 2003, the department could produce reports for 11 of its 18 legislative performance measures, but was unable to provide information on the remaining 7 measures. The department also needs to develop several critical HomeSafenet components, including case planning, financial management, the National Child Abuse and Neglect Data System Report, and interface access to data in external information systems. Once in place, the financial management module will include information needed to support maintenance and monitoring of information on service providers and the tracking and management of financial transactions related to the care of children receiving services.

In November 2003 the department issued a Request for Quote for a systems integrator to complete HomeSafenet development. The department anticipates awarding a contract to a vendor by early March 2004 and foresees completion within 18 to 24 months. However, because of this timeframe, HomeSafenet will not be completed before all lead agencies have taken over the provision of child welfare services. This may impede the department's

ability to provide effective oversight because key information needed for decision making will likely not be available from HomeSafenet.

The department should continue to improve its provider monitoring systems. As noted by a 2001 Auditor General report, it is critical that the department develop a comprehensive monitoring infrastructure that ensures that state funds are used appropriately and that contractor performance meets state standards and assists in achieving program objectives and outcomes.¹⁰ A comprehensive monitoring system should have two components, a process for monitoring service quality and a process for monitoring contract compliance.

In 2003, the department developed and piloted a multi-tiered quality assurance monitoring system. Lead agencies will conduct Tier 1 monitoring of their direct service units on a routine basis to assess direct service delivery. Department district/region offices will conduct Tier 2 monitoring of lead agencies through peer review of case files and stakeholder interviews. The department's central office will conduct Tier 3 monitoring to validate district monitoring activities and to identify best practices, provide technical assistance, and review compliance. The department plans to implement this system statewide in January 2004 and anticipates completing a statewide review within one year.

The department's quality assurance monitoring system appears reasonable. In addition to ensuring standardization of monitoring, the system provides a level of external oversight through its central office. This should enable the department to review lead agency performance at both the individual lead agency and statewide levels, which will help identify strengths and weaknesses of both individual providers and the statewide system.

⁸ AFCARS collects case-level information on all children in foster care for whom state child welfare agencies have responsibility for placement care or supervision and on children who are adopted under the auspices of the state's public child welfare agency.

⁹ CSA provides the means to record allegations of abuse and neglect, support and document investigation activities, and assess the need for services. The CSA tool guides investigators in decision making for assessing child safety and risk in order to determine the need for services. CSA management tools provide front-line staff with better tools to manage investigative activities, including outcome indicators for investigative timeframes.

¹⁰ *Monitoring of Community-Based Care Providers of Child Welfare Services by the Department of Children and Family Services*, Auditor General [Report No. 02-033](#), September 2001.

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However, the department could strengthen its oversight system by developing a standard tool for monitoring lead agencies' compliance with contract requirements. A standard tool would allow the department to compare provider performance and ensure equitable treatment of all lead agencies. If the department maintains its current schedule, all lead agencies will be providing some services by December 2004. Therefore, it is essential that the department have appropriate contract monitoring tools in order to provide effective oversight of lead agencies.

Although the department will provide yearly contract and quality assurance monitoring of lead agencies, it has not established a systematic and standardized process to provide assistance to lead agencies in the months immediately following service transition. Lead agencies can experience challenges transitioning to full operations. For example, there have been instances of increased staff turnover and caseloads, thus necessitating continued department guidance and assistance. The department should develop a system for early identification of lead agency problems that would include establishing benchmarks in critical areas.

The department needs to enhance its contingency planning efforts. As part of its accountability system, it is also important that the department have strong contingency plans in the event of lead agency failure. Section 409.1675, *Florida Statutes*, describes the conditions under which the department may petition for the appointment of a receiver for a community-based care lead agency. The department's lead agency services contract includes a provision identifying the general process to be followed if either party to the contract exercises their contract termination rights. This plan includes a 180-day period for the transfer of staff, equipment, records, and services from a lead agency to a successor agency; and provisions and timetables for informing consumers, stakeholders, and community partners on issues relating to the

transition. The department also has had discussions with the Florida Coalition for Children to create a "swat team" of department and lead agency staff who would be deployed to support the day-to-day operations of a failed lead agency and begin competitive procurement of a new lead agency.

While these are reasonable initial steps, it will be important for the department to develop contingency plans for a range of potential problems in lead agency performance that do not rise to the level of receivership and contracting with a new lead agency. For example, the department should develop plans for addressing situations such as financial emergencies by lead agencies, incidents of abuse or death of children while in lead agency care, and violations of state or federal law. Given the number of lead agencies that will operate statewide, the department's lessened control over daily operations under outsourcing, and its own past performance problems, it will be important for the state to be able to respond quickly and effectively should these problems occur.

Conclusions and Recommendations

The department's lead agency readiness assessment process meets statutory requirements. Its readiness assessment instrument covers critical areas of operations, and was developed using national accreditation standards and with lead agency staff assistance. The readiness assessment teams have included district and lead agency employees with direct experience in the start-up and operations of a lead agency and representatives of the appropriate community alliance.

However, the department's process should be strengthened to better ensure that community-based providers are ready to assume responsibility for child welfare services. While the department is taking steps to improve the process, it should take additional steps.

Specifically, it should take the actions described below.

- **Ensure assessment teams review and approve all critical documents.** To further assure lead agency compliance with operational requirements, we recommend that the department require assessment teams to review and approve critical documents prior to contracting for services.
- **Track requests for technical assistance.** To ensure technical assistance needs are addressed, we recommend that the department track the frequency and type of technical assistance requests made by lead agencies to help identify and respond to statewide training needs.
- **Strengthen community support evidence.** We recommend that the department add a requirement that the readiness assessment instrument include documentation, such as survey results, indicating stakeholder understanding of and support for the lead agency's mission and vision statement.
- **Include additional detail in readiness instrument.** To improve the usefulness of the instrument, we recommend that the department, in consultation with lead agencies, modify the instrument to contain examples of minimum requirements and best practices for each critical component.

- **Strengthen oversight systems.** We recommend that the department develop a standard monitoring tool for assessing lead agencies compliance with contract and law requirements. The department also should strengthen its systems for early identification of lead agency problems including establishing benchmarks for early warning indicators such as financial ratios, caseload ratios, caseload changes, and supervisor to case manager ratios. The department should review the lead agency at intervals such as every 60-days, 90-days, and 180-days. The department should use this information to identify problems and types of technical assistance needed.
- **The department should enhance its contingency planning efforts.** Finally, the department should develop contingency plans for a range of potential problems in lead agency performance that do not rise to the level of receivership and contracting with a new lead agency.

Agency Response

In accordance with the provisions of s. 11.51, *Florida Statutes*, a draft of our report was submitted to the Secretary of the Department of Children and for his review and response. The Secretary's written response has been reproduced herein and begins on page 13.

OPPAGA supports the Florida Legislature by providing evaluative research and objective analyses to promote government accountability and the efficient and effective use of public resources. This project was conducted in accordance with applicable evaluation standards. Copies of this report in print or alternate accessible format may be obtained by telephone (850/488-0021 or 800/531-2477), by FAX (850/487-3804), in person, or by mail (OPPAGA Report Production, Claude Pepper Building, Room 312, 111 W. Madison St., Tallahassee, FL 32399-1475).

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Appendix A

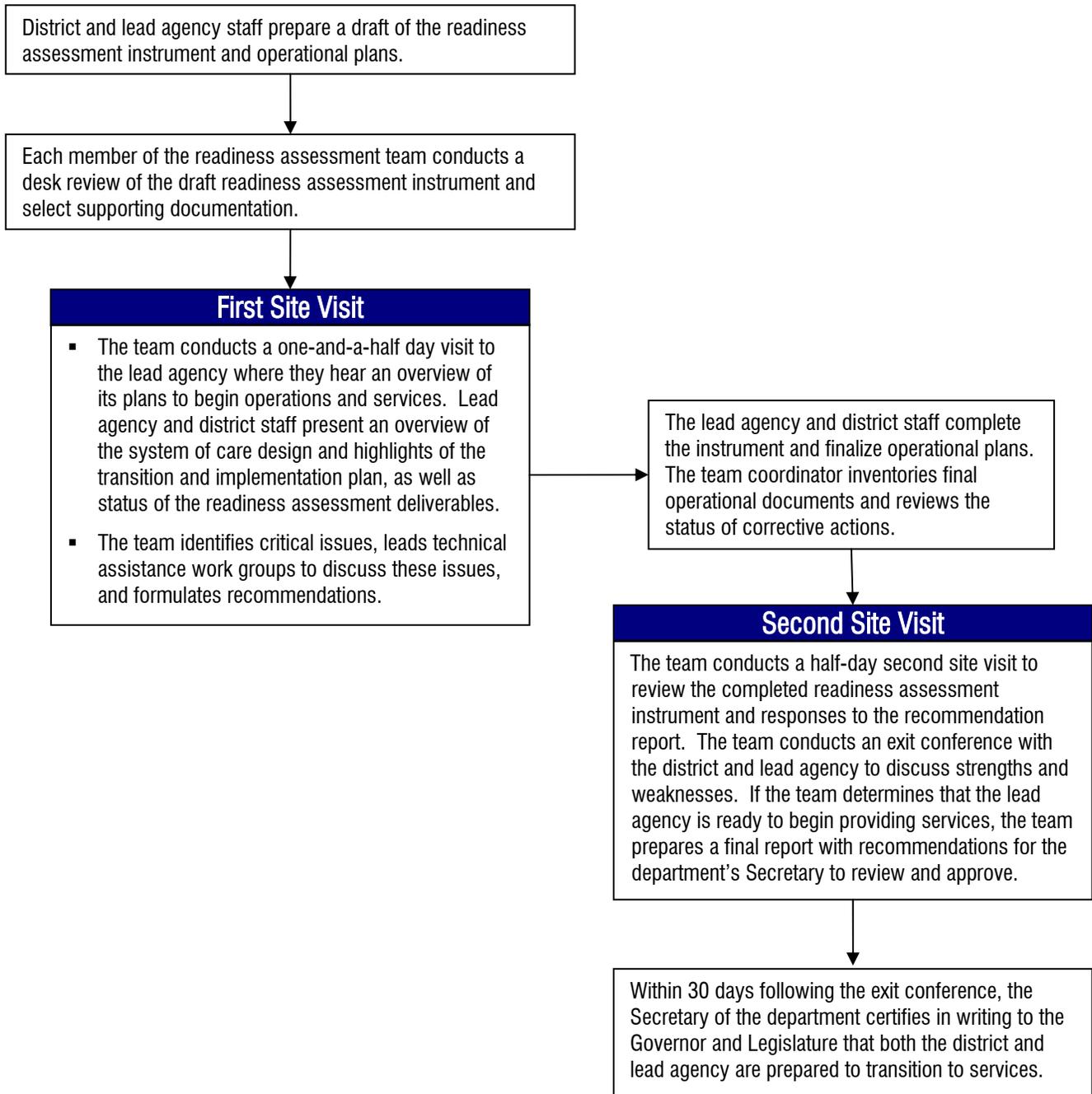
Readiness Assessment Process Flow Chart

The Department of Children and Families was required by Ch. 2003-146, *Laws of Florida*, to establish a process to evaluate the operational readiness of districts to transition the provision of services to lead agencies and lead agencies readiness to deliver and be accountable for such service provision. The major components of the process are described below.

- **Readiness Assessment Instrument.** This document is used to evaluate the operational readiness of the district and the lead agency that is based on a set of uniform criteria; was developed in consultation with currently operating community-based care lead agencies and reflecting national accreditation standards, evaluates programmatic, financial, technical assistance, training and organizational competencies; and includes local criteria reflective of the local community-based care design and the community alliance priorities.
- **Readiness Assessment Team Coordinator.** The coordinator organizes the recruitment of peer review team members and schedules site visit dates, provides the team with project information including all desk review materials. The coordinator also supports the team's activities during the site visits, moderates group meetings, and prepares all written documents of team activities and recommendations. The department contracted with the Florida Mental Health Institute for the team coordinator.
- **Readiness Assessment Team.** The assessment is conducted by a joint team of district and lead agency staff with direct experience with the startup and operation of a community-based care service program and representatives from the appropriate community alliance. The team works in partnership with local communities to craft solutions to the demands of community-based care and start-up and transition that are based on the best practices developed in other Florida communities where lead agencies have been successfully implemented.
- **Two on-site visits.** Readiness assessment teams conduct two site visits in the district preparing to transition. The first site visit generally occurs approximately five months after the effective date of the start-up contract. The final site visit occurs approximately 30-45 days prior to the anticipated effective date of the services contract.

The key points in the processes as implemented are illustrated in the flowchart on the next page.

Table A-1
Readiness Assessment Process Flow Chart



Appendix B

Child Protection and Permanency Performance Measures

The Legislature has required the department to report 18 child protection and permanency performance measures. The department is using its HomeSafenet data system to collect and report this data. As of December 31, 2003, the department could provide information on 11 of the measures. It was anticipating being able to use the system to provide data on three additional measures

Measure	Standard	Reporting from HomeSafenet
Percent of victims verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months	7%	Pending
Percent of children reunified who were reunified within 12 months of latest removal	55%	Yes
Percent of foster children who were subject of reports of verified or indicated maltreatment	1%	Pending
Number of children remaining in out-of-home care more than 12 months	16,000	Yes
Percent of children entering out-of-home care who re-entered within 12 months of a prior episode	3%	Yes
Percent of cases reviewed by supervisors in accordance with department timeframes for early warning system	100%	Yes
Percent of investigations commenced within 24 hours	100%	Yes
Percent of investigations from an entry cohort completed within 60 days	100%	Yes
Number of investigations not completed after 60 days	0	Yes
Percent of foster homes that exceed their licensed capacity without a current waiver	0%	No
Percent of case plans completed within 60 days after the child is removed from the home	100%	No
Percent of adoptions finalized within 24 months of the latest removal	35%	Yes
Number of investigations	211,500	Yes
Number of children receiving adoptive services	9,000	Pending
Number of children receiving adoption subsidies	18,100	No
Number of children under protective supervision (point in time)	17,690	Yes
Number of children in out-of-home care	33,270	Yes
Number of children with a goal of adoption who remain in out-of-home care after 24 months	4,000	Pending

Source: Department of Children and Families.

Appendix C

Jeb Bush
Governor



Jerry Regier
Secretary

Florida Department of Children and Families
Office of the Secretary

February 16, 2004

Mr. Gary VanLandingham
Interim Director
The Florida Legislature
Office of Program Policy Analysis and
Government Accountability
111 West Madison Street
Room 312, Claude Pepper Building
Tallahassee, Florida 32399-1475

Dear Mr. VanLandingham:

Thank you for your recent letter providing the preliminary findings and recommendations of your Special Review on DCF's Lead Agency Readiness Assessment Process Meets Statutory Requirements, But Needs Strengthening.

Enclosed is our response to the findings and recommendations. If your staff has any additional questions, please have them call, Mr. David Fairbanks, Assistant Director of Community-Based Care, at (850) 487-1987.

If I may be of further assistance, please let me know.

Sincerely,

/s/
Jerry Regier
Secretary

Enclosure

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

**RESPONSE TO OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT
ACCOUNTABILITY'S PROGRESS REPORT ON
DCF'S LEAD AGENCY READINESS ASSESSMENT PROCESS MEETS STATUTORY
REQUIREMENTS, BUT NEEDS STRENGTHENING**

Recommendation: Ensure assessment teams review and approve all critical documents.

Department Response: For each Readiness Assessment completed from March 2003 through November 2003, the Peer Review Team Coordinator reviewed all readiness deliverables completed by District DCF staff and CBC agency staff and submitted a report to the Peer Review Team at the Final Site Visit. The Coordinator's review followed review and written approval by District DCF or Lead Agency leadership as appropriate. During the Peer Review Team's Initial and Final Site Visits, select documents, such as Quality Assurance Plans, Organizational Charts, and Human Resources Transition Plans were provided to the Team for review.

- In December 2003, this process was strengthened by amending procedures to ensure quality review of critical documents prior to issuing a final report and recommendation to the Secretary.
- An Organizational, Financial, and Risk checklist was developed for use by the Team. The checklist itemizes for the Team specific deliverables required either by Statute or contract, and includes the minimum specifications for each (e.g. insurance coverage/limits, performance bond requirements, licensing requirements, budget, etc). This document, along with copies of each supporting piece of evidence is distributed to the Team at each site visit. The modified process allows for the Team to thoroughly review all documentation and report any exceptions or recommendations for inclusion in the Final report within 5 business days of the Exit Conference.
- Programmatic operating procedures developed by Lead Agencies also qualify as critical documentation appropriate for direct inspection by Peer Review Team members. Although most providers have chosen to adopt the Department's approved operating procedures, the Readiness Assessment Process has been strengthened to require that any operating procedures re-written by the Lead Agency be distributed to and reviewed by the Team.

Additionally, the Site Visit Agendas have been modified and prescribed for each project to ensure all critical elements are included and to provide sufficient time for presentation and inquiry by the Team prior to contracting for services.

Recommendation: Track requests for technical assistance.

Department Response: The Department has established a single point of contact for Lead Agencies to request Technical Assistance. The Assistant Director for Community-Based Care is designated the official contact for requests for technical assistance. Requests for technical assistance received by

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

**RESPONSE TO OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT
ACCOUNTABILITY'S PROGRESS REPORT ON
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REQUIREMENTS, BUT NEEDS STRENGTHENING**

others, either within the Department or from the Peer Review Team process, will be copied to the Deputy Director's Office. The Deputy Director will ensure administrative staff track technical assistance requests by frequency and type and provide regular reports on trends to help identify training needs.

Additionally, the Secretary's monthly meetings with District Administrators and CBC Directors will continue to include technical assistance issues on the agenda.

Recommendation: Strengthen Community Support Evidence.

Department Response: The Peer Review Team Coordinator consulted with individuals who have served as peer reviewers, CBC directors from around the state who have completed at least portions of their phase-in to Community-Based Care, and District Administrators to determine additional best practices that are appropriate to include in Readiness Assessment Criteria. Responses were received through January 2004. The Readiness Assessment Tool, Section A, was extensively modified to include additional guidance and criteria requirements relating to community development, communication, and integration. This revised instrument will be used for all Readiness Assessment beginning February 1, 2004 and beyond. Start-up projects will receive training prior to their Initial Site Visit to ensure that these modifications and minimal standards are understood and incorporated into their planning.

Recommendation: Include additional detail in readiness instrument.

Department Response: In addition to a review of community collaboration requirements, the Department completed a comprehensive review of all components of the Readiness Assessment instrument and completed extensive revisions consistent with observations and findings found in the OPPAGA Special Report.

Specifically, the instrument was revised to strengthen guidance, detail, and standards for Business Plan submissions, Case Transfer Protocols, Consumer's Access to Services, and Cultural Diversity Plan. The instrument now includes details previously provided to projects during pre-readiness review training via distribution of exemplary models developed in other areas of the state. By including this detail in the tool we anticipate less variability in work-product and more consistent adherence to minimum content standards.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

**RESPONSE TO OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT
ACCOUNTABILITY'S PROGRESS REPORT ON
DCF'S LEAD AGENCY READINESS ASSESSMENT PROCESS MEETS STATUTORY
REQUIREMENTS, BUT NEEDS STRENGTHENING**

Recommendation: Strengthen oversight systems.

Department Response: The Department has developed and implemented a standardized Quality Assurance monitoring process and tools. Districts are required to utilize this process and the Readiness Assessment instrument includes specific criteria and evidentiary requirements for quality assurance activities for both the Department and the Lead Agencies.

Monitoring and assessing lead agencies' compliance with contract and law requirements have been the responsibility of the District's Contract Performance Units who typically work cooperatively with the Districts' Quality Assurance Units. The Department anticipates completing the process of standardizing CBC contract monitoring tools and procedures by July 1, 2004 to include identification of benchmarks for early warning indicators and trends as recommended.

In the interim, the Readiness Assessment instrument has been modified to include preliminary guidance and standards based on the SunCoast Region's contract performance monitoring model. The SunCoast model includes formalized planning, review, and reporting protocols and an array of tools developed specifically for reviewing CBC Lead Agencies. It is anticipated that this model will be the basis for statewide standardization, strengthened by the inclusion of early warning indicators and reporting/tracking protocols to ensure timely identification of trends and early corrective action.

Early warning indicators to include financial ratios, caseload ratios, caseload changes, and supervisor to case manager ratios will be among the performance indicators reviewed. The Department will conduct statewide and national research in order to validate initial benchmarks for early warning indicators, and best practices for review and reporting processes.

Recommendation: The department should enhance its contingency planning efforts.

Department Response: The Department has had discussions with the Florida Coalition for Children, and both parties agree that the concept of a "swat team" of Department and Lead Agency staff would be deployed to support the day to day operations of a lead agency whose ability to provide services is deteriorating. This group would be responsible for providing hands on management oversight and direction, as well as any level of direct service support necessary to ensure the safety of the children and families being served. In addition, the Department has Receivership authority in statute (409.1671, F.S.), which would secure and stabilize financial assets.