



Florida Department of Children and Families

LONG RANGE PROGRAM PLAN



September 1, 2004

Fiscal Years 2005-06 through 2009-10

**Jerry Regier
Secretary**

**Jeb Bush
Governor**

**Department of Children and Families
Building 1, Room 410E
1317 Winewood Blvd.
Tallahassee, FL 323299-0700
(850) 487-1143**

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Department of Children and Families

Mission Statement

Protect Most Vulnerable

The Department of Children & Families is committed to working in partnership with local communities to ensure safety, well-being and self-sufficiency for the people we serve.

Secretary's Principles

In order to further set the direction of the Department the Secretary met with department leadership in June of 2003. Prior to this time the Secretary and department leadership had conducted listening tours and sought out community input. The principles listed below were established as a result of the June meeting. During the subsequent year these principles drove department planning and initiatives. In June of 2004 the Secretary and department leadership reaffirmed these principles and shared them at the stakeholder summit. These principles were used to analyze current programs, their budget, their budget requests and this plan. Throughout the plan these principles are referenced when applicable.

Improve shared stewardship

Provide effective and enhanced prevention services

Ensure safety, well-being and self-sufficiency for the people we serve

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Realign and focus the workforce

Strengthen Accountability

Goals, Objectives and Primary Outcomes

Program: Family Safety

Goal: Prevent the occurrence of child abuse, neglect or abandonment (Section 39.001(6) - (8), F.S.) (Child Abuse Prevention and Intervention).

Objective: Maintain the percent of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion at 97% or greater through June 30, 2009.

Outcome: Percent of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion.

Baseline FY FY 2002-03	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
97%	97%	97%	97%	97%	97%

Goal: Protect children from recurrence of abuse, neglect or abandonment and ensure that each child removed from home achieves timely permanency (Section 39.001 (1) - (3), F.S. (Child Protection and Permanency).

Objective: Reduce the percent of victims of verified or indicated maltreatment who have subsequent verified or indicated maltreatment within 6 months to 7%.

Outcome: Percent of victims verified or indicated maltreatment who have subsequent verified or indicated maltreatment within 6 months.

Baseline FY FY 2002-03	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
9%	7%	7%	7%	7%	7%

Goal: Ensure timely and appropriate response to all reports of known or suspected child abuse, abandonment, or neglect at any hour of the day or night, any day of the week (Section 39.201, F.S.) (Florida Abuse Hotline).

Objective: Ensure that no more than 3% percent of calls made to the Florida Abuse are abandoned.

Outcome: Percent of calls made to the Florida Abuse Hotline that were abandoned.

Baseline FY	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
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FY 2002-03					
3%	3%	3%	3%	3%	3%

Child Care

Goal: Protect the health, safety, and well-being of children in regulated child care arrangements (F.S. 402.301) (Child Care Regulation and Information).

Objective: Maintain the percent of licensed child care facilities and homes with no class 1 (serious) violations during their licensure year at 98% or greater.

Outcome: Percent of licensed childcare facilities and homes with no class 1 (serious) violations during their licensure year.

Baseline FY 1998-99	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
97%	98%	98%	98%	98%	98%

Adult Services

Goal: Prevent further abuse, neglect, and exploitation of disabled adults or elderly persons (FS 415.101(2)) (Adult Protection).

Objective: Maintain the percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open at 99% or greater.

Outcome: Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year).

Baseline FY 2002-03	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
95%	99%	99%	99%	99%	99%

Goal: Assist disabled adults to live dignified and reasonably independent lives in the least restrictive environment suitable to their needs (FS 410.602) (In-Home Services for Disabled Adults).

Objective: Maintain the percent of adults with disabilities receiving services that are not placed in a nursing home at 98% or greater.

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Outcome: Percent of adults with disabilities receiving services who are not placed in a nursing home.

Baseline FY 1998-99	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
99%	99%	99%	99%	99%	99%

Substance Abuse Program

Goal: Prevent and remediate the consequences of substance abuse to persons with substance abuse problems through the provision of a comprehensive continuum of accessible and quality substance abuse prevention, intervention, and treatment services in the least restrictive environment of optimum care (FS 397.305(2)) (Children and Adult Substance Abuse Prevention, Intervention, and Treatment Services).

Objective: Increase service provision to critical populations – child welfare, mothers with dependent children, pregnant women, older adults, TANF, and persons with co-occurring mental and substance abuse disorders.

Outcome: Percent of children with substance abuse who complete treatment.

Baseline FY 1997-98	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
53.6%	74%	74%	74%	74%	74%

Outcome: Percent of adults with substance abuse who complete treatment.

Baseline FY 1997-98	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
55.1%	69%	69%	69%	69%	69%

Outcome: Percent of adults who are drug free during the 12 months following completion of treatment.

Baseline FY 1999-00	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
54%	65%	65%	65%	65%	65%

Objective: Reduce the incidence of substance use and abuse among Florida's youth.

Outcome: Percent of children completing targeted prevention services who are not admitted to substance abuse services during the 12 months following completion of prevention services.

Baseline FY 1997-98	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
91%	95%	95%	95%	95%	95%

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Objective: Enhance system of care and performance management.

Outcome: Percent of contracted, community-based providers meeting federal and state requirements for performance.

Baseline FY 2001-02	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
95%	95%	95%	95%	95%	95%

Mental Health

Goal: Reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders (FS 394.453) (Violent Sexual Predators, Adult Community Mental Health Services, Children's Mental Health, Mental Health Facilities).

Objective: Support life in the community for persons with mental illness.

Outcome: Average annual number of days spent in the community (not in institutions or other facilities) for adults with a severe and persistent mental illness.

Baseline FY 1997-98	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
333	350	350	350	350	350

Outcome: Average annual number of days spent in the community (excluding those in juvenile justice facilities) for children with serious emotional disturbance (SED).

Baseline FY 1997-98	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
331	348	348	348	348	348

Objective: Prevent or reduce the disabling aspects of mental illness and reduce the occurrence and negative mental health outcomes of child abuse, domestic violence, and other traumatic events

Outcome: Average days worked for pay for adults with a severe and persistent mental illness.

Baseline FY 1997-98	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
30	40	40	40	40	40

Outcome: Average Global Assessment of Functioning (GAF) for adults with a severe and persistent mental illness.

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Baseline FY 1997-98	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
49	51	51	51	51	51

Outcome: Percent of school days attended for children with serious emotional disturbance (SED).

Baseline FY 1998-99	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
86%	90%	90%	90%	90%	90%

Outcome: Percent of children with serious emotional disturbances who improve their level of functioning

Baseline FY 2001-02	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
63%	65%	65%	65%	65%	65%

Objective: Increase quality of interventions and accountability.

Outcome: Percent of the community mental health clients served who have at least one performance measure evaluation submitted to the data warehouse.

Baseline FY 2000-01	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
74%	90%	95%	95%	95%	95%

Objective: Increase quality of service and supports.

Outcome: Percent of community mental health providers that are accredited.

Baseline FY 2001-02	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
27%	30%	30%	30%	30%	30%

Objective: Maximize revenues and create a network of community providers to render service.

Outcome: Percent of districts who are at the equity funding benchmark for adults with severe and persistent mental illness (SPMI).

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Baseline FY 2002-03	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
29%	35%	35%	43%	43%	43%

Outcome: Percent of districts who are at the equity funding benchmark for children with serious emotional disturbance (SED).

Baseline FY 2002-03	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
14%	21%	21%	29%	29%	29%

Goal: Provide accurate and timely self-sufficiency supports and eligibility services to people eligible for public assistance (Comprehensive Eligibility, Special Assistance Payments, Welfare Transition and Employment Supports, and Refugees).

Objective: Increase the percent of suspected fraud cases referred that result in front-end fraud prevention savings.

Outcome: Percent of suspected fraud cases referred that result in front-end fraud prevention savings.

Baseline FY 1998-99	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
66.68%	76.5%	76.5%	76.5%	76.5%	76.5%

Objective: Increase the percent of Optional State Supplementation (OSS) applications processed within time standards from 90% to 98%.

Outcome: Percent of Optional State Supplementation (OSS) applications processed within time standards.

Baseline FY 1998-99	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
96.01%	98%	98%	98%	98%	98%

Objective: Determine the percent of welfare transition sanctions referred by the regional work force boards executed within 10 days.

Outcome: Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days.

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Baseline FY 2003-04	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
TBD	98%	98%	98%	98%	98%

Objective: Maintain the percent of Refugee Assistance cases accurately closed at 8 months or less at 98% or greater.

Outcome: Percent of Refugee Assistance cases accurately closed at 8 months or less.

Baseline FY 1998-99	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
94.49%	99.2%	99.2%	99.2%	99.2%	99.2%

Goal: Recover overpayments by any person or provider that has received any public assistance under Chapter 414 Florida Statutes to which he or she is not entitled (FS 414.41) (Fraud Prevention and Benefit Recovery).

Objective: Determine Dollars collected through benefit recovery.

Outcome: Dollars collected through benefit recovery.

Baseline FY 2002-03	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
\$12,003,795	\$13,500,000	\$13,500,000	\$13,500,000	\$13,500,000	\$13,500,000

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Goals Linked to Governor's Priorities

Primary Priorities/Goals

2. Strengthening Families

Goal: Prevent the occurrence of child abuse, neglect or abandonment (Section 39.001(6) – (8), F.S.) (Child Abuse Prevention and Intervention).

Goal: Assist with the development of domestic violence centers where victims and their children may seek safety and be provided with assistance and resources (F.S. 39.901) (Domestic Violence).

Goal: Protect children from recurrence of abuse, neglect or abandonment and ensure that each child removed from home achieves timely permanency (Section 39.001 (1) – (3), F.S. (Child Protection and Permanency).

Goal: Ensure timely and appropriate response to all reports of known or suspected child abuse, abandonment, or neglect at any hour of the day or night, any day of the week (Section 39.201, F.S.) (Florida Abuse Hotline).

Goal: Protect the health, safety, and well-being of children in regulated child care arrangements (FS 402.301) (Child Care Regulation and Information).

Goal: Prevent further abuse, neglect, and exploitation of disabled adults or elderly persons (FS 415.101(2)) (Adult Protection).

Goal: Assist disabled adults to live dignified and reasonably independent lives in the least restrictive environment suitable to their needs (FS 410.602) (In-Home Services for Disabled Adults).

Goal: Reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders (FS 394.453) (Violent Sexual Predators, Adult Community Mental Health Services, Children's Mental Health, and Mental Health Facilities).

4. Reduce violent crime and illegal drug use

Goal: Prevent and remediate the consequences of substance abuse to persons with substance abuse problems through the provision of a comprehensive continuum of accessible and quality substance abuse prevention, intervention, and treatment services in the least restrictive environment of optimum care (FS 397.305(2)) (Children and Adult Substance Abuse Prevention, Intervention, and Treatment Services).

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5. Create a smaller, more effective, more efficient government.

Goal: Provide accurate and timely self-sufficiency supports and eligibility services to people eligible for public assistance (Comprehensive Eligibility, Special Assistance Payments, Welfare Transition and Employment Supports, and Refugees).

Goal: Recover overpayments by any person or provider that has received any public assistance under Chapter 414 Florida Statutes to which he or she is not entitled (FS 414.41) (Fraud Prevention and Benefit Recovery).

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Trends and Conditions

The Department of Children and Families has the responsibility of protecting Florida's most vulnerable citizens as outlined in Section 20.19, Florida Statutes. The Department is comprised of the following major programs, each with its own statutory authority, target populations, and trends and conditions impacting the program:

Program: Family Safety

The Family Safety Program includes four sub-programs: Child Welfare and Community-Based Care, Adult Services, Domestic Violence and Child Care.

Child Welfare and Community-Based Care

The Child Welfare and Community-Based Care sub-program includes three main areas:

Prevention and Intervention,

Child Protection and Permanency (including in-home care, out-of-home care, and adoption, among other services), and

Florida Abuse Hotline.

A. Primary Responsibilities

The primary responsibility of the Child Welfare and Community-Based Care sub-program is to work in partnership with local communities to ensure the safety, timely permanency and well-being of children (Chapters 39 and 409, Florida Statutes).

B. Selection of Priorities

Secretary Jerry Regier has established the following priorities, consistent with Governor Jeb Bush's priorities of strengthening families and helping the most vulnerable among us:

☞ *Ensuring safety, well-being, and self-sufficiency for the people we serve.* For child welfare, safety, permanency, and well-being are the three major federal goals and Florida's program should meet or exceed all expectations.

☞ *Implement Community-Based Care.* Achieve a fully implemented community-based care system that ensures safety, permanency, and well-being for children and their families.

☞ *Increase Prevention.* Increase prevention services resulting in fewer children needing to be removed from their homes, and promote family reunification.

Improved Stewardship. Ensure the Department's staff and resources support community-driven service delivery models in a timely, efficient and effective manner.

Strengthen Accountability. Implement an oversight and accountability system for cost-effective services which meets the needs of the people we serve.

In addition to the priorities above, The Child Welfare and Community-Based Care sub-program has a unique set of goals and objectives defined in its federal Child and Family Services Five-Year Plan (CFSP) for fiscal years 2005 through 2009. The new CFSP was developed based on the service principles at 45 CFR 1355.25, in order to address the various components that make up a coordinated, integrated, culturally relevant, family-focused system of child welfare services. The plan also articulates the direction of the Department as it moves to full implementation of Community-Based Care, and addresses issues from the Program Improvement Plan (PIP) based on the federal Child and Family Service Review (CFSR) conducted in 2001.

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C. Addressing Our Priorities over the Next Five Years

The Child Welfare/Community-Based Care program continues to focus on many critical activities that affect its ability to implement the long range goals of the Secretary, Governor, and Legislature. Some of these activities will have the greatest focus in the next one or two years, while others will be longer term efforts.

Ensuring safety, well-being, and permanency for children and families.

1. Prevention Initiatives

Child abuse prevention is a major initiative of the Department. We work in conjunction with families and build on inherent strengths, cultural values and resources, so that their children and youth will be healthy and safe, and will have the skills and resources to succeed.

Research on child abuse and neglect risk factors indicates a relationship between child maltreatment's long-term adverse effects and other social problems. Research has also shown family and community protective factors can prevent child maltreatment. Florida is engaged in collaborative, coordinated and holistic responses that incorporate best practices and the use of available local resources. Our public and private efforts are aimed at strengthening families and building capacities and resilience.

The State's population growth is rapid, and the most rapid growth is found among populations with diverse social, ethnic and cultural expectations. This drastically increases the complexity of social service delivery efforts, particularly in regard to parenting, child safety and well being. Providing funding to encourage the development of creative and effective child abuse prevention services is one of our priorities. Our prevention strategy includes primary, secondary and tertiary prevention services, designed to meet the needs of our multi-ethnic and multi-cultural state population.

- ?? Primary Prevention; educating the general public about recognizing, reporting and preventing the abuse or neglect of children, assisting new families in preparing and raising children in safe and nurturing homes.
- ?? Secondary Prevention; identifying families at risk for abuse or neglect and providing services to reduce the likelihood of abuse or neglect occurring, intervening with families reported to have abused or neglected children to protect the children and educate the family in a manner that eliminates the potential for abusive or neglectful home environments.
- ?? Tertiary Prevention; treat and serve abused or neglected children and their families in an effort to prevent recurrence of abuse or neglect in the family and to prevent the children developing into adults that abuse or neglect.

Some of the strategies the Department will use in a multi-faceted approach to this complex need are:

- ?? Building and implementing a statewide prevention implementation plan for primary prevention;

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- ?? Enhancing local communities' efforts to provide early detection and intervention services to children and families so as to avoid children requiring high-end and high cost treatment; and
- ?? Developing and implementing prevention activities that identify the challenges and strengths of each Florida community.

One proposed method to support all these strategies is to create Partnerships for Prevention to fully maximize the federal, state, and local resources available for Florida's communities. These partnerships would include Community-Based Care providers, county governments, charitable organizations, faith-based organizations, community action agencies, and professional organizations that impact the care and treatment of children.

Other methods include continuing the Healthy Families Florida program, participating in the TEAM Florida Partnership interagency child welfare efforts, continuing and expanding when possible Neighborhood Partnership sites and other uses of family team conferencing, supporting Child Abuse Prevention Month initiatives, and pursuing additional resources for community initiatives.

2. Protective Investigation

The Department is required to investigate reports of child maltreatment to assess the safety and well being of children who have been alleged to be abused, neglected or abandoned. Children are removed from their homes only when they cannot be protected in their own homes. Investigations are conducted in coordination with other agencies (for example, local law enforcement) and in accordance with Florida Statutes. The department performs this function in all but five counties statewide. In Pinellas, Seminole, Pasco, Broward and Manatee Counties, the function is performed by the Sheriff's Office.

Significant efforts are being made to continually improve the quality, timeliness, and coordination of protective investigation efforts. Some ongoing projects include:

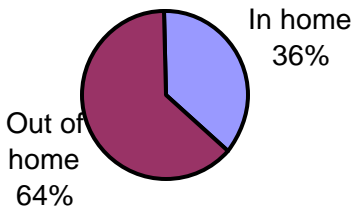
- ?? Leader board for Child Protective Investigations: In September 2003, the department implemented automated tracking of a few performance measures in child protective investigations critical to child safety. Senior Management is using this to identify targets for improved performance and measure the progress of each operation statewide.
- ?? On Site Training for Child Protective Investigations in the use of Leader boards and other decision support tools: Coordination and support between Central Office operations, and the Office of Child Welfare/CBC, has led to managers at all levels being trained as proactive managers of the child protective investigations process and child safety.
- ?? Recruitment and Retention: The need to identify, develop, and keep qualified, dedicated staff is a continual challenge. The program has established a Protective Investigator Retention Workgroup (PIRW) to address specific issues related to the retention of a stable child protective investigations workforce and develop plans specific to each issue. Participation by 41 different professionals in the field of child protection, including national consultants was engaged.
- ?? Developing an Alternative Response System (ARS) Model for the handling of child maltreatment reports.
- ?? Established a plan of action, in collaboration with the Department of Juvenile Justice, to address investigations of child maltreatment reports involving DJJ facilities.
- ?? Developed a process for identifying and tracking possible false reports; there will be ongoing effort related to this narrow but highly controversial aspect of investigation.

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3. Children Under Protective Supervision or In Department Custody

Protective investigators assess child safety and other factors and, in consultation with other experts, make recommendations relating to whether children can be maintained in their homes or must be removed and placed in some out of home care situation. In general, more than a third of the children are able to be maintained in their homes while services are provided to ensure the family environment is safe and increase the capacity of parents to care for their children. Services include intervention and case management services designed to alleviate crises that might otherwise lead to out of home placement; to maintain the safety of children in

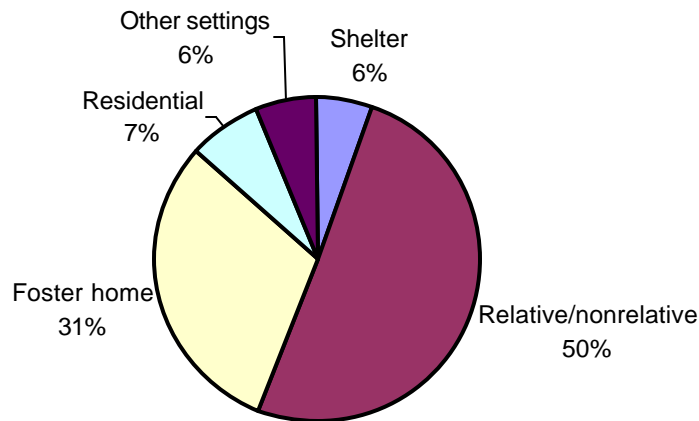
**Children in Care - Proportions
as of 6/30/04**



their own homes; to support families preparing to reunify or adopt; and to assist families in obtaining services and other supports necessary to address multiple needs.

When children cannot be maintained safely in their own homes, there are many types of placements and associated services. These include emergency shelter; placement with a relative or non-relative (such as family friend); licensed foster home or residential group care; and independent living. [See additional discussion of independent living in the next section.]

**Out Of Home Care By Type
as of 6/30/04**



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In all of these placements, the three primary areas of emphasis are the child's safety, permanency, and well-being.

- ?? Safety – children must be protected from injury and their basic needs for food and shelter must be met.
- ?? Permanency – every child should be in a permanent home as soon as possible, whether this is being reunified with their original family, adopted, or in some other acceptable situation.
- ?? Well-being – the educational, emotional, physical and mental health needs of children are equally important and should receive equal focus.

When a child must be removed from his or her home and no fit parent or legal custodian to whom the child may be released is available, in accordance with s. 39.401(2), F.S., the first option is to locate a responsible adult relative with whom the child may be placed. Failing this, the next option is to place the child with another responsible adult who is known to the family. There is also a permanency option of Long Term Relative Custody (LTRC), which preserves family connections by giving children an opportunity to be raised within the context of the family's culture, values and history, therefore enhancing children's sense of purpose and belonging. For a number of children, LTRC may be an appropriate permanency option in accordance with federal and state provisions. The LTRC provision in state law is consistent with the guardianship and placement with fit and willing relative provisions of the federal Adoptions and Safe Families Act (ASFA). An ongoing strategy to support this option for children is a collaboration of the Child Welfare program with Economic Self-Sufficiency and community-based care staff to clarify policy and program supports for children placed with relatives.

Licensed out of home placements (foster homes and residential group facilities) represent roughly half of the children in care. There are ongoing issues that continue to be challenges in Florida, as well as nationally. These include the recruitment and retention of foster homes; ensuring that the balance among safety, permanency, and well-being is maintained; providing placements that match children's characteristics; addressing complex and sometimes competing philosophies and requirements that seem to pit child welfare against due process and privacy, and scarce resources against ever-increasing needs.

To face these ongoing challenges, there is increased emphasis on collaboration across disciplines, addressing the fact that the child welfare program alone cannot alleviate the multiple issues that create family stressors.

- ?? Efforts are well underway to revise and update the Florida Administrative Code governing licensure of foster families, licensure of child placing agencies, and out-of-home care casework. This extensive project involves review of federal and state laws, 6 existing codes and collaboration with multiple stakeholders including community-based care lead agencies, sheriff's departments, foster parents and advocate attorneys.
- ?? Providing multiple opportunities for youth in foster care and young adults formerly in foster care to provide recommendations for improvement to the child welfare system in Florida. This included youth summits, advisory and advocacy board meetings.
- ?? Outreach to the State Foster Parent Association and the local county associations have resulted in strong relationships between caregivers and child welfare staff throughout the state. This collaboration provides multiple opportunities to improve services, improve outcomes, and problem solve complex situations.
- ?? DCF's collaboration with the Florida Dental Association and the Department of Health resulted in free dental services for children.

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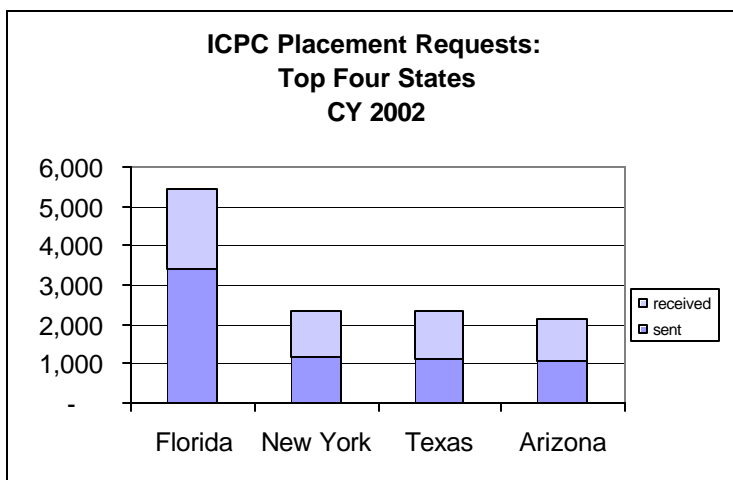
- ?? Recent legislation (House Bill 723) requires the department to enter into agreements with the Department of Education and, at the local level, with the district School Boards, to enhance the continuity of education and access to educational services for children served by the department. Collaborative initiatives will be under development during FY 2004/05.
- ?? Collaboration continues between the Child Welfare/CBC Substance Abuse programs to develop and implement a Child Welfare/Substance Abuse treatment model. The Department has worked with the National Substance Abuse Resource Center for Technical Assistance. The Department has applied for a IV-E Waiver to assist with the financial needs of this program.

4. Supporting Special Populations

There are a certain groups within the Child Welfare program's areas of responsibility that need special focus. These include children and young adults who are preparing to live independently; with chronic runaway behavior; whose cases involve activity between Florida and other states; and with Native American tribal connections.

The **Independent Living** program provides adult life skills enhancement through the use of education, training and mentoring of youth, ages 13-18 above who are in the custody of the State, as well as educational supports for young adults formerly in foster care attending post-secondary school. A significant amount of attention has been paid to this program in recent years; during the 2004 Legislative Session many substantive legislation changes were passed and significant effort will be expended during FY 2004/05 to implement the new requirements. Resources have been strained by the expanded eligibility and related publicity for some of these services, and the Department remains committed to working in partnership with communities, recipients, and concerned individuals to increase the level of support available.

The **Interstate Compact on the Placement of Children** (ICPC) is statutory law in all 52 member jurisdictions and operates on a binding contract between member jurisdictions. The ICPC establishes uniform legal and administrative procedures governing the interstate



placement of children. The **Interstate Compact on Adoption and Medical Assistance** (ICAMA) is a compact that has been adopted by the legislatures of compact member states, which governs the interstate delivery of and payment for medical services and adoption assistance payments and subsidies for adopted children with special needs. Reviews of national data by the Children's Bureau have shown that interstate placements take an entire year

longer to achieve permanency than intrastate cases.

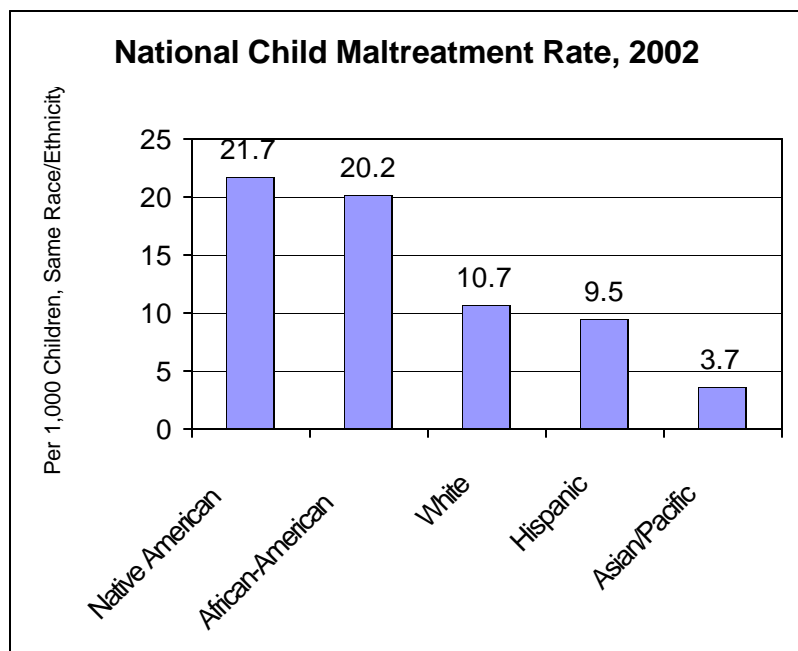
The American Public Human Services Association (APHSA) Interstate Data Report of March 2004 shows that Florida has the highest volume of ICPC cases and requests for services in the

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nation. Florida has joined a pilot project where ICAMA states, set up in varied models, will assist incoming states, acting as mentors for information and training regarding data collection, ICAMA rule and process, overcoming barriers, establishing contacts, participating in decision-making committees, etc. DCF needs additional resources to timely process requests, monitor compliance with regulations and ensure that there are dedicated ICPC staff and knowledgeable ICAMA staff in each district for appropriate communications and tracking.

The **Indian Child Welfare Act (ICWA)** was enacted in 1978. Despite an enrolled tribal membership of approximately 3500 Indians indigenous to Florida, Florida has not implemented the policies associated with this very powerful federal legislation. These figures do not reflect the numbers of Indians from the other 49 states entering Florida daily who are also subject to the protections of ICWA. Florida needs to establish ICWA in order to insure that enrolled members of tribes from across all 50 states, who are in Florida, who come to the attention of the Department, receive services in compliance with Federal law. Unlike other states, Florida has not enacted state legislation that implements the Federal requirements.

These children are at increased risk of child abuse, neglect, or abandonment because of parental suicide, alcoholism, spouse abuse, and homicide. ("Direct Social Work Practice", Hepworth, Rooney, and Larsen, 1997) Current trends nationally indicate that there is a great likelihood of increased monitoring and federal monetary sanctions associated with lack of compliance by the states. Also, children in tribes are denied eligibility for Title IV-E for foster care and adoption if there are no signed agreements between a state and the tribe (as a sovereign national government).



Florida does not currently have an accurate method for tracking families eligible for ICWA, nor for assuring compliance with ICWA. The program office has designated an Indian Child Welfare Act Specialist for the Child Welfare/Community-Based Care Program Office (CW/CBC). CW/CBC managers and staff have made a concerted effort to consult tribes and improve Florida's compliance with this key federal law. The Seminole Nation is working with CW/CBC management on early stages of a sovereign nation agreement. In addition, the program office will seek additional resources to provide technical assistance, oversight, and information gathering infrastructure for this important and overdue effort.

Particularly challenging members of the child welfare population is the chronic runaways and teens with behavior issues. **Behavior analysis** services have been initiated throughout most of Florida to address these challenges. Behavior analysts complete behavioral assessments that lead to measurable goals, objectives and positive interventions that are consistent with children's

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Case Plans. Interventions are designed to reduce children's challenging behaviors that may negatively impact permanency goals, and to increase positive, adaptive alternative behaviors that will facilitate placement stability. There is a strong focus on program results and evaluation of effectiveness, with data showing that in a six-month period of services, 66% of children had documented improvements in their lives, including:

- ?? Increased stability (52%)
- ?? Reunification (15%)
- ?? Behavior (10%)
- ?? Academics (10%)
- ?? Independent living (8%)
- ?? Health (5%)

5. Adoption

The Florida Legislature has clearly stated their intent that every child should have the stability and security of a permanent family. During FY 2003-04, unprecedented success in achieving the Secretary's goal of increasing adoptions has resulted in a greatly expanded need for adoption subsidies. The number of adoptions during that year was about 40% greater than during FY 2001-02. Many new and ongoing program enhancements have led to this success, and the program plans for these innovative approaches to become an integral part of the Department's mission to providing safety and permanence for the children in our care.

In November of 2003, in conjunction with National Adoption Month activities, Governor Bush and Secretary Regier announced the **'No Place Like Home'** initiative designed to raise awareness and increase the number of children adopted from state care. This initiative has focused on the recruitment of safe loving families for children in foster care who are unable to return to their birth families.

The Department has instituted planning which was designed to **streamline the adoption process** for children being adopted by their foster parent or current relative caregiver. These adoptions, previously handled individually, can now be handled more expeditiously in a group setting. In addition to increased efficiency, this method provides a peer support group for families long after adoption finalization. The goal is to shorten the adoption process for foster parents and relative caregivers from the statewide average of eight to five months.

Specialized **"Homefinder Teams"** have been identified in each area to focus on identifying families for children with serious emotional and medical disabilities, children over the age of 9, and children who are members of large sibling groups. Three regional training sessions were provided to the designated homefinders in each area. The specialized training focused on developing child-specific recruitment plans for each child identified as needing this service.

Florida's **adoption website**, www.fladopt.org, has been enhanced to provide new information and communications tools for prospective parents. The newly designed Florida Adoption Exchange has experienced a significant increase in the number of children registered and featured on the photo-listing. In September of 2003, 430 children were featured on the site. More recently, the website contains information and pictures of more than 1,000 children waiting for adoptive homes.

During 2003, Florida received \$3.5 million in **adoption incentive awards** from the federal government. This was the largest amount received by any state and was awarded to Florida for

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increasing the numbers of adoptions for children in state-funded foster care in federal fiscal year 2002. Award funds are being used for raising public awareness, recruiting new adoptive families, and sponsoring adoption activities in local communities.

6. Adoption Subsidies and Post Adoption Services

This major expansion of adoption is unquestionably beneficial for children and families, but it does have a cost. The Adoption Assistance and Child Welfare Act of 1980 required all states to establish an adoption subsidy program (in Florida, termed "maintenance adoption subsidies"). Subsidy programs nationwide have proven to be a very important tool in the placement of children with special needs. Subsidies enable a whole new population of families to consider special needs adoption. As a result, thousands of children have grown up in homes, not systems. In section 409.166, Florida Statutes, the legislature has recognized the need for financial assistance for families that are adopting children who, because of their special needs, have proven difficult to place in adoptive homes.

The level of funding available to support adoption subsidies has barely kept pace with the enhanced goals for number of adoptions. The program will continue to pursue funding that allows continued extraordinary performance in achieving adoptions, as well as providing the necessary and ongoing support for those families who care daily for these children with special needs.

A renewed focus on the permanency option of adoption for older children will result in adoptive families with significant challenges and needs for services well beyond finalization, and the resulting increased possibility of dissolution. The federal Child and Family Services Review, conducted in August 2001, identified through interviews with families that significant improvement was needed in the array of services available to adoptive families. Florida's Program Improvement Plan submitted and approved in April 2003 includes tasks to establish consistent post-legal adoption services statewide.

In comparison to other states, Florida is significantly lacking in the quantity and quality of services identified by adoptive parents and professionals in research studies as necessary to promote child safety and well being. Since July 1, 1998, 14,674 children from Florida's foster care system have been adopted with a steady increase in adoption of older children. Over 50% of the 14,674 children are now six years of age or older. National studies have shown that educational and adolescent development issues present some of the greater challenges for our adoptive families.

Post-legal adoption services are needed to improve the safety, permanency and well being of adoptive families. A statewide model program for providing post-legal adoption services has been developed with a plan for implementation during FY2004/05. Implementation of the model represents a commitment to Florida's adoptive families and an acknowledgement that these families often need services to successfully meet the life long challenges of adoption. The guiding principles of Florida's model program are:

- ?? Recognizing that the family unit is the most effective vehicle for healing the trauma experienced by children adopted from foster care.

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- ?? Understanding that provision of post-legal adoption services is a necessary component of the permanency planning process.

Implementation of the statewide model for post-legal adoption services will be a collaborative effort between Children's Mental Health, Department of Education, and Child Welfare and Community-Based Care, at the state and local levels. The program will seek funding to support increased focus on adopting older children, and provide services to support families over a long term in order to prevent dissolution. A federal grant to support the implementation of this model program is under development.

Implement Community-Based Care.

Community-Based Care is the Florida Department of Children & Families' overarching strategy to build partnerships in the community; and to significantly impact, in innovative positive ways, the outcomes, quality, effectiveness, and efficiency of services in the community.

Nationally, there is increased attention to the benefits of a seamless system of services that is community-based, outcome driven, and family focused providing individualized culturally competent service plans for the child and family. This global concern for improved access and enhanced quality through management of outcomes has produced stellar projects. These programs show that children and their families respond more positively with longer lasting outcomes when the services are provided in the community where they live and as close to home as possible.

Some recent accomplishments include:

- ?? Successfully negotiated the transition from start-up to service contracts with 10 Lead Agencies serving 37 counties with start-up activities continuing with four Lead Agencies serving 15 counties. As of 7/1/04 there are 18 CBC service contracts associated with 52 counties.
- ?? Implemented a Quality Assurance Peer Review team to assess and validate Lead Agency Readiness.
- ?? Development, implementation, and refinement of cost allocation formula for CBC lead agency contracts
- ?? Revision and update of CBC contract attachment to reflect changes and additions to state and federal law and rules
- ?? Provided technical assistance and training concerning CBC implementation and operational issues and status to community alliances, advocacy groups, state and local foster parent association groups, schools, law enforcement, judicial, faith-based organizations, family support, mental health and substance abuse providers, legislators, Governor Staff, Consultants, department and private direct service staff.

In FY 2005-06 community-based care will be fully implemented, with all foster care and related services delivered via contracts with community lead agencies. The program will seek sufficient resources to provide the services mandated by law and work toward methods to ensure that resources are allocated equitably.

Improve Stewardship.

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Federal funds are about 60% of the total resources available to the child welfare program. Among the major federal fund sources are Child Abuse Prevention and Treatment Act (CAPTA), Promoting Safe and Stable Families (PSSF), Temporary Assistance for Needy Families (TANF), Title IV-E, and Social Service Block Grant. Each of these fund sources has different requirements, and meeting these requirements is essential to maintaining this critical funding. In FY 2003/04, one major effort was to prepare the state system for passing a federal IV-E audit in February 2004, which was successful. The Department also developed and is implementing a non-required IV-E Audit Program Improvement Plan to improve performance prior to subsequent reviews.

The **employees** that are responsible for providing services, supervising, and managing the child welfare program are critical resources as well. Providing the tools they need for the job, including knowledge and skills, is another major focus of all child welfare programs. During FY 2003/04, the Department initiated a major redesign of pre-service training, in-service training, and certification for its employees and those of its service delivery partners. Implementation will continue to require major focus in the next few years in support of the program as it stabilizes under full community-based care.

Strengthen Accountability.

There are many different ways through which the child welfare program achieves and demonstrates accountability – to its funders, its partners, its clients, and its other stakeholders. Quality management, program improvement, information systems design and development, and performance measurement all provide accountability focus for the child welfare program.

The Child Welfare **Quality Management System** (QMS) is comprised of a multi-level statewide review and data analysis structure, using qualitative processes that are focused on improving practice. This overarching approach is designed to ensure quality management and improvement activities are defined, implemented and reviewed at all levels of the service delivery system. The design recognizes the key factors in the QMS process as stakeholder involvement, external review process, flexibility in design, internal review and self-assessments, standardized case review tools and stakeholder interview guides. It is focused on:

- ?? improving the quality of practice;
- ?? supporting and assisting direct service providers focus on continuous improvement;
- ?? gathering data and information necessary for planning, reporting and problem-solving;
and,
- ?? providing services through a responsive, supportive, efficient, evidence-based, and outcome-focused system.

During FY 2003/04, significant investments were made by the Department and the Legislature in resources to support quality management, particularly in relation to the transition to community-based care. These new resources are being deployed in order to address the enhanced oversight responsibilities and quality improvement opportunities of the program. These staff and other resources will be vital in Florida's successful response to the federal Child and Family Services Review, as described below, as well as for implementing a truly systematic and comprehensive quality management plan at the various levels of program action.

Federal oversight of the child welfare program also requires accountability focus. Florida is required to submit a **Program Improvement Plan** (PIP) to address the six Child and Family Services Review (CFSR) outcomes and two systemic factors found to be out of conformance

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as a result of the 2001 CFSR review. The intent of the PIP is to provide the Department of Health and Human Services/Administration for Children and Families (HHS/ACF) and Florida with a blueprint for how Florida's ongoing continuous quality improvement of the administration of child welfare services and practices will further the goals of the Child and Family Services Review (CFSR) related to child safety, child permanency and child and family well-being.

Florida designed its PIP development and implementation process as an opportunity to join with state and local partners providing Community-Based child welfare services, voluntary agencies, the federally recognized tribes and other child welfare stakeholders in order to:

- ?? assess the review findings;
- ?? identify factors contributing to performance or to the report findings;
- ?? identify current initiatives and best practices upon which to build;
- ?? identify strategies and action steps to address the factors contributing to performance;
- ?? to set goals for improved performance; and
- ?? to shape strategies to assess the effectiveness of the PIP.

The quality management efforts use CFSR and PIP factors as a foundation.

Information systems provide critical support for data-driven decisions, for assessing the results of quality improvements, and for demonstrating accountability by answering questions from funders and other stakeholders. Efforts are aimed at system improvements to ensure that timely, accurate and complete information is available to support improved accountability. The program is supporting ongoing statewide deployment of the nation's first browser-based statewide automated child welfare information system, HomeSafenet. Between October 2003 and August 2004, average concurrent usage has increased 11% (from 838 to 927), unique usage has increased 14% (from 3,506 to 3,991), and available usage has increased 7% (from 4,150 to 4,450). In the near future, financial and case management components of the system will be developed and/or expanded.

An important factor in accountability is the set of **performance measures** that a program uses to set standards, focus improvement efforts, and evaluate success. The child welfare program has many different sources of potential measures. For several years, the Florida performance-based program budgeting (aka "PB²") measures have been key to assessing program progress. In recent times, the federal government has begun measuring national child welfare programs on an extensive set of measures (aka "ASFA measures") and has also begun using an innovative review process that is as qualitative as it is quantitative ("CFSR" as described on page 11). Finally, during the process of transition to community-based care a set of measures that are relevant to accountability at a contracted provider level, rather than program-wide, are being developed and implemented. In order to be useful, any measures must be valid, reliable, understandable, appropriate, and have data that can be obtained without excessive cost. Though many of the above measures are similar, none of the sets can be said to fully describe important aspects of the program, some measures are either difficult to interpret or cannot be measured without expensive data system changes, and some are no longer relevant to the program as currently configured. The Child Welfare program will, in partnership with others such as OPPAGA, legislative staff, the Executive Office of the Governor, and measurement experts, review the program's performance measurement system for the purposes of Florida agency planning and budgeting in Chapter 216 and propose as necessary new or revised measures that more closely align with federal directions.

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D. Justification of Revised or New Programs and/or Services

New initiatives described above, as well as issues in the FY 2005-06 Legislative Budget Request are aligned with Governor Jeb Bush's priorities and support Secretary Jerry Regier's priorities, as described above.

E. Justification of Final Projection for each Outcome

Child Abuse Prevention and Intervention

Outcome: Percent of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion. We expect to continue to achieve this outcome.

Child Protection and Permanency

Outcome: Percent of victims verified or indicated maltreatment that have subsequent verified or indicated maltreatment within 6 months. Although our recurrence rate increased to 9% in FY 2002-03, we expect to achieve this outcome.

Florida Abuse Hotline

Outcome: Percent of calls made to the Florida Abuse Hotline that were abandoned. We expect to continue to achieve this outcome.

Impact Statement Relating to Demand and Fiscal Implications

The demand for child welfare and community-based care services is highly dependent on external circumstances. A single high-profile case can significantly increase calls to the hotline, thereby increasing the resources needed for investigations, in-home services, out-of-home care and adoption services. As the system transitions to a provider-delivered model, such fluctuations in demand present not only a resource issue, but also a fiscal risk to providers who are under contractual restrictions and requirements.

Policy Context and Guidelines Used to Develop 5-Year Workforce Plan

The transition of child protection services to local community agencies will be complete in FY 2004-05, showing the effects of prior year workforce reductions. As each community-based care lead agency or sheriff's office assumed responsibility for child protection in a given county or group of counties, the positions no longer required for child protection are first placed in reserve, then deleted. The need for additional casework staff each fiscal year has been met by additional contracted services budget rather than new state positions.

F. Potential Policy Changes Affecting the Budget Request

Secretary Jerry Regier's reform plan calls for accelerated efforts toward reducing children in out-of-home care and increasing adoptions. The continued fiscal impact of these goals, such as increasing demand on adoption and in-home services, will continue to be monitored.

G. Changes Which Would Require Legislative Action

None yet identified.

H. Task Forces and Studies in Progress

Evaluation of Community-Based Care

Authority: Section 409.1671(4)(a), F.S.

Purpose: Conduct annual evaluation of quality performance, outcome measure attainment and cost efficiency of each program operated under contract with a community-based agency.

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Evaluation of Comprehensive Residential Services

Authority: Section 409.1679(2), F.S.

Purpose: Conduct, as part of the annual evaluation of Community-Based Care, for each site, an assessment of cost-effectiveness, ability to successfully implement the assigned program elements, attainment of performance standards and attainment of the targeted outcomes prescribed in the statute cited.

Independent Living Services Integration Workgroup

Authority: "Road to Independence Act of 2002" (Chapter 2002-19, Laws of Florida)

Purpose: Help formulate policy that focuses on improving the educational quality of all publicly funded school readiness programs.

Task Force on Children's Justice

Authority: Federal Child Abuse Prevention and Treatment Act, Title I -- Children's Justice Act (42 U.S.C. 5106c).

Purpose: Review, evaluate and make policy recommendations on investigative, administrative, and civil and criminal judicial handling of child abuse and neglect cases.

Needs Assessment

Authority: Federal Child Abuse Prevention and Treatment Act, Title II -- Community-Based Family Resource and Support Grants (42 U.S.C. 5116 et seq).

Purpose: Assess community assets and needs through a planning process that involves parents and local public agencies, local nonprofit organizations, and private sector representatives.

HomeSafenet

Authority: General Appropriations Act (Chapter 2003 - 397, Laws of Florida).

Purpose: Develop a detailed operational work plan, describing the procurement strategy, business objectives, staffing plan, developing detailed requirements and getting federal approval.

Front Line Retention Strategies

Authority: General Appropriations Act (Chapter 2003 - 397, Laws of Florida).

Purpose: Develop strategy for distribution of funds, including base pay adjustments and bonuses, and develop a social worker loan forgiveness program.

Shared Risk Fund for CBC Providers

Authority: General Appropriations Act (Chapter 2003 - 397, Laws of Florida).

Purpose: Develop plan for distribution of resources in the shared risk fund.

Child Welfare Training

Authority: General Appropriations Act (Chapter 2003 - 397, Laws of Florida).

Purpose: Develop core competencies, recommend redesign, and develop procurement process.

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Adult Protective Services

A. Primary Responsibilities

Protecting adults with disabilities and frail elderly through protective investigation, protective supervision, placement, and in-home and community-based services (Chapter 415, Florida Statutes).

B. Selection of Priorities

Florida's elderly population is expected to grow dramatically over the next 12 years. By 2015, those 65 years and older will predictably reach just under 4 million. In 2025, another increase of over a million and a half is expected. By 2010, the percentage of individuals 80+ years of age is expected to increase by more than 54% in Florida. During FY 2003-2004, 40.49 % of the cases of abuse, neglect, and exploitation with verified findings were involving individuals 80 years of age and over. Florida has a demographic imperative to protect its elderly citizens.

Individuals with disabilities are also vulnerable to abuse, neglect, and exploitation. In Florida, approximately 58,000 individuals who live in their own homes have disabilities severe enough to have serious difficulties with accomplishing three or more activities of daily living. About 20% of these individuals live alone, which greatly increases their likelihood of self-neglect. Approximately 30% of all reported maltreatments to the Florida Abuse Hotline relate to self-neglect.

During FY 2003-2004, the department received 36,808 reports through the Florida Abuse Hotline for investigation that alleged maltreatment of elderly and disabled adults (compared to 39,876 in FY 2002-2003). As a result of improvements made to the Florida Abuse Hotline screening criteria, the number of reports received for investigation decreased almost 7.7% between these two fiscal years. Additionally, a 2003 revision to Chapter 415, Florida Statutes, further tightened the criteria for acceptance of adult abuse reports by the Florida Abuse Hotline staff. It is anticipated that this will result in a reduction of reports accepted which will offset, to a certain extent, the historical pattern of general growth. Consequently, a projected workload of 37,176 is estimated for FY 2004-2005. It is expected that the number of reports will increase to 37,547 in FY 2005-2006.

Of the projected 37,547 (for FY 2005-2006) reports to the Florida Abuse Hotline, approximately 12% of these (4,506) will require emergency services. Currently emergency services are limited because of insufficient funding. The contract providers who provide long-term case services to this population do not have the capacity (services are not available 24 hours a day, 7 days a week), or the funding to respond to these crisis situations. Also, the Department of Elder Affairs has up to 72 hours after receipt of a referral from adult protective services to assess and commence delivery of services to vulnerable adult victims of abuse, neglect, or exploitation. Adult Services is responsible for funding the necessary services until they are delivered through the Department of Elder Affairs, Area Agencies on Aging. Currently funding is not available to the Adult Services program to provide services during this 72-hour period.

The 2003 Legislature appropriated funding to the department to make salary adjustments to front line staff in the Child Welfare and Community Based Care program. Comparable positions and responsibilities exist within the Adult Services program, but these positions did

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not get the salary adjustment. This action has resulted in a high volume of voluntary turnover and reluctance on the part of many front line employees to accept supervisory positions since front line employees are eligible for overtime and on-call pay which can raise their salaries higher than that of those in supervisory positions. Raising the minimum qualifications of front line staff in Adult Services and pay of front line and supervisory staff are expected to attract a more diverse, experienced, professional workforce and reduce turnover.

The department's decision to incorporate the Adult Services intake and investigation components into HomeSafenet will enable management to have more accessible information for better decision-making and improve the programmatic reporting capability and accountability to clients, their families, and the general public. It was recognized that both the existing Florida Abuse Hotline Information System (FAHIS) and Client Information System (CIS) were rapidly becoming obsolete and other program users were leaving the systems, leaving Adult Services to bear the majority of costs associated with these systems and platforms. The costs associated for this inclusion and deployment of Adult Services into HomeSafenet will be achieved through leveraging existing child welfare resources and models and the cost savings associated with sun setting FAHIS.

Other quality assurance initiatives for the Protective Investigations, Protective Intervention, and Protective Supervision programs were implemented during FY 2003-2004. Quality assurance reviews are being handled in each district/region, however the quality assurance program calls for a second-tiered review of a percentage of cases by programmatic staff at headquarters. Streamlining of the process is necessary in order to implement fully the quality assurance program within existing resources.

C. Addressing Our Priorities over the Next Five Years

Ensure Safety, Well-Being and Self-Sufficiency for the People We Serve

Funding is being requested for emergency services to protect victims of abuse, neglect, and exploitation from future harm. The additional funding will allow the department to provide emergency services to the 4,506 victims in need to emergency services. These funds will be used to purchase placement for emergency removals, medical assessments, in-home services such as personal care, 24-hour nursing sitter services, meals, and other emergency services, thus protecting them from further harm and minimizing re-abuse, re-neglect, and re-exploitation.

In addition, incorporating the Adult Services intake and investigation components into HomeSafenet will enable management to have more accessible information for better decision-making and improve the programmatic reporting capability and accountability, thus ensuring the safety, well-being, and self-sufficiency of the people we serve. Statewide implementation of the Adult Services' HomeSafenet components is planned for September 2004.

Realign and Focus the Workforce

Salary adjustments are being requested for front line staff assigned to protective investigations, service provision, and supervisory positions to provide a more challenging and

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focused career path, address salary disparity, and prevent turnover. This will enhance the continuity of service and provide a more positive outcome for vulnerable adults served by the department.

Strengthen Accountability

A second-tiered quality assurance program for protective services (Protective Investigations, Protective Intervention, and Protective Supervision) was implemented, however streamlining this process is necessary. As part of the quality assurance program, operating procedures are continuously being developed and updated, and training materials are being developed, updated, and regularly provided to district/regional staff.

D. The Justification of Revised or New Programs and/or Services -

None proposed

E. Justification of Final Projection for each Outcome

Outcome: Percent of protective supervision cases in which no report alleging abuse, neglect or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year).

Baseline data for the outcome were collected in FY 1998-1999 and the target was set at 95%. Based on programmatic changes and dedicated staff, the outcome target has risen over the years to 97%.

F. Potential Policy Changes Affecting the Agency Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress –

None

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Domestic Violence

The mission of the Domestic Violence Program is to work towards ensuring the safety of victims of domestic violence by partnering with community-based organizations to create a seamless system that addresses the diverse needs of domestic violence victims and families in crisis.

A. Primary Responsibilities

The Domestic Violence Program serves as a clearinghouse for information relating to domestic violence and provides statewide leadership in domestic violence policy, program development and implementation, including:

- ?? Prevention, Education and Training: Provide supervision, direction, coordination, administration, and funding of statewide activities related to the prevention of domestic violence. (Chapter 39.901-908, Florida Statutes, and Federal Violence Against Women Act Grant)
- ?? Certification, Evaluation and Funding of Domestic Violence Centers: Receive and approve or reject applications for certification, and perform annual evaluations. Minimum standards and services are required of domestic violence centers to qualify for state certification. Certification is required in order for a center to receive funding and is administered by the Florida Coalition Against Domestic Violence through a contract with the Department. (Section 39.903, Florida Statutes)
- ?? Certification and Monitoring of Batterers Intervention Programs: Receive and approve or reject applications for certification, and perform annual monitoring. Minimum standards and services are required of Batterers Intervention Programs to qualify for state certification. (Chapter 741.32, Florida Statutes)
- ?? Domestic Violence Fatality Review Teams: Provide information and technical assistance. (Section 741.316, Florida Statutes)

B. Selection of Priorities

The Domestic Violence Office has an extensive history of collaboratively working with community-based programs to address the diverse needs of victims. From our partnerships with public and private stakeholders, analysis of domestic violence programs, and legislative mandates we have developed strategies to strengthen services for victims of domestic violence and improve quality assurance of domestic violence programs. From these strategies we have developed three priorities that are in alignment with Governor Bush's priorities and Secretary Regier's principles of 1) improve shared stewardship; 2) provide effective and enhanced prevention services; 3) ensure safety, well-being and self-sufficiency for the people we serve; 4) realign and focus the workforce; and 5) strengthen accountability. Our strategies include:

- ?? Enhance Services to Victims of Domestic Violence
- ?? Promote Efficiency and Accountability
- ?? Promote Public Awareness and Education

C. Addressing our Priorities over the Next Five Years

Enhance Services to Victims of Domestic Violence

- ?? Coordinate the evaluation of domestic violence centers' activities with the Florida Coalition Against Domestic Violence.

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- ?? Collaborate with the Florida Coalition Against Domestic Violence for the allocation of funding allotted by the Legislature for certified domestic violence centers.
- ?? Collaborate with state and local public and private organizations for development and implementation of prevention and intervention activities.

Promote Efficiency and Accountability

- ?? Develop web-based certification policies and procedures for new and emerging domestic violence centers.
- ?? Provide training activities for batterers intervention program staff and assessors, fatality review teams, and the public at-large.
- ?? Develop and implement web-based certification for assessors.
- ?? Develop and implement automation of monthly data collection.
- ?? Develop and provide model curriculum for batterers intervention programs.

Promote Public Awareness and Education

- o Design and implement the Governor's campaign for a Violence Free Florida!
- o Implement the Governor's Peace at Home Awards: Stopping Domestic Violence
- o Increase capacity of web-based information on domestic violence prevention and intervention strategies.

D. Justification of Revised or New Programs and/or Services.

None proposed.

E. Justification of Final Projection for each Outcome

Objective: Maintain the percent of adult and child victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter at 97 percent or greater.

Outcome: Percent of adult and child victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter.

Outcome Projection Justification and Impact: We expect to continue to achieve the outcome, assuming that appropriations continue to keep up with workload increases.

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

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Child Care Regulation and Information

A. Primary Responsibilities

Licensing and Training. Licensure, registration, training and on-site inspections are provided for child care facilities and family day care homes (Chapter 402, Florida Statutes).

Promote Quality Child Care and Professional Development. Administration of the Gold Seal Quality Accreditation program, statewide competency based training and the Florida Director Credential.

Quality Improvement/Quality Assurance Team. Provide monitoring and technical assistance support that promotes statewide consistency, program enhancements and data purification.

B. Selection of Priorities

Analysis of the current situation in family safety programs, including strengths, weaknesses, opportunities and threats led us to establish the following priorities.

- ?? The Child Care Regulation and Information Program works in partnership with public and private stakeholders establishing and updating Florida's vision of a comprehensive system for meeting the needs of the children and providers through mutual goals and initiatives. Guiding principles for initiatives are to protect the health and safety of children in licensed facilities and homes, provide child care training for providers to enhance the safety and quality of care and involve communities and organizations in the development of child care standards. Chapter 402, Florida Statutes, establishes a framework for Florida's mission and vision for quality child care services statewide.
- ?? Through our partnerships with public and private stakeholders, strategies have been developed to ensure a well-designed approach to improving efficiencies and the overall quality of Florida's licensing/training system, in an effort to better meet the critical needs of children in licensed/registered child care arrangements. These strategies include five priorities/initiatives and their corresponding short-term action plans over a five-year period as described in more detail in the following section.

C. Addressing the Priorities over the Next Five Years

Ensure the Safety, Well-being and Self-sufficiency for the People We Serve

Support Families Through Child Safety Activities

- ?? Secure Sufficient Staff for Increased Workload - LBR to request OPS staff conversion to FTE's to support assumption of local licensing responsibilities, industry growth, and county ordinances
- ?? Program Design and Development – develop and implement effective policies/rules
- ?? Training - develop/deliver training to child care industry that is competency based

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- ?? Continue development of the child care information system to ensure public access to quality child care

Realign and Focus the Workforce

Evaluate & Retool Organizational Structure

- ?? Quality Assurance Monitoring - annual monitoring of child care licensing units, monitoring reports/corrective actions, annual monitoring of TCA's, quarterly QA technical support, and central office annual district visits
- ?? Realign the child care organizational structure to work cohesively with the department's new zone configuration

Strengthen Accountability

Promote Efficiency and Accountability through Technology

- ?? Licensing Information System – design and implement Phase 4 enhancements, automate quarterly data reporting, SansWrite software upgrade, finalize system consolidation, and management reports
- ?? Training Information System – design and implement Phase 3, automate quarterly data reporting, finalize system consolidation, and public awareness campaign
- ?? Policy System – enhance system based on user feedback (Phase 2), communicate system benefits, replicate system in other programs as requested

Encourage Effective Communication (Internal/External)

- ?? Websites – integrate website locations, enhance public awareness information, add interactive features, monitor/track website activity
- ?? External Communications – annual report, fact sheets, brochures, Gold Seal packet, and TCA conference calls
- ?? Internal Communications – tri-annual Child Care Communiqué newsletter, annual report, legislative updates, School Readiness updates, QA weekly conference calls, and quarterly licensing and budget conference calls

Improve Shared Stewardship

Build Community Partnerships

- ?? Local Licensing Agencies – provide Sanswrite software upgrade, provide access to management reports, design and develop Phase 4 enhancements, and continue statewide system continuity
- ?? School Readiness – Statewide Board presentation, Finance subcommittee representation, Universal Pre-K participation, and enhance linkage between licensure and readiness

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- ?? Project Advisory Teams – engage community partners, coordinate industry legislative issues, and advisory input on training development
- ?? On-line Training Tools – Literacy in the Child Care Environment, Basic Guidance and Discipline, Computer Technology for the Child Care Profession, and Family Child Care Curriculum

D. Justification of Revised or New Programs and/or Services

Development and implementation of competency based child care training. Chapter 2002-300 Laws of Florida mandates development of testing relative to the statutorily required child care personnel training which supports and enhances quality child care.

E. Justification of the Final Projection for each Outcome

Objective: Maintain the percent of licensed child care facilities and homes with no Class 1 (serious) violations during their licensure year at 98% or greater.

Outcome: Percent of licensed child care facilities and homes with no Class 1 (serious) violations during their licensure year.

Outcome Projection Justification and Impact: The performance measures and standards approved by the Legislature for FY 2004-05 continued the child care objective at 98% from 2002-03. It is anticipated that the final projections for this objective will remain at 98% as an outcome of future legislative sessions. As the measure did not change for this fiscal year, there are no fiscal implications above and beyond previous years, however, the objective is in jeopardy as child care staff are performing the regulatory licensing function with 61.5% of the staff needed based on national workload standards. In the absence of any staff resource relief, it is anticipated that the child care program will not meet this objective.

This issue will continue to be identified through Legislative Budget Requests in an effort to reach 92% of the minimum staffing requirements. In addition, the primary focus of the 5-year plan is to continue to ensure the health, safety, and well-being of children in care through compliance with basic health and safety standards.

F. Potential Policy Changes Affecting the Budget Request

The continued assumption of county licensing jurisdictions without additional staff resources and county ordinance changes requiring family day care home operators to be licensed instead of registered may affect the agency budget request and Governor's recommended budget. In FY 02-03, the Polk County licensing authority (Polk County Public Health Unit) returned their licensing jurisdiction and workload to the Department without additional staff resources. On November 1, 2003, the Leon County licensing authority (Leon County Public Health Unit) relinquished their jurisdiction and returned their workload to the Department. These actions, in conjunction with an 11% industry growth and the enactment of county ordinances requiring family day care home licensure in Volusia, Clay, St. John's and Polk Counties, have created a substantial workload increase that is jeopardizing the Department's ability to effectively manage the program. This recent trend is anticipated to continue, with four (4) County Public Health licensing authorities remaining and other communities preparing to enact county ordinances requiring family day care home licensure. This need is being addressed in the Legislative Budget Request.

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G. Policy Changes Which Would Require Legislative Action

Not Applicable

H. Task Forces/Studies

Universal PreKindergarten (UPK) Advisory Council –

Governor appointed advisory council tasked with recommending implementation strategies and criteria for the UPK Constitution Amendment No. 8, which will include areas specific to licensure. These areas include staff-to-child ratios, teacher training or credentialing, accreditation, as well as license status.

Committee on Commerce, Economic Opportunities, and Consumer Services Interim Study

–

Study by Senate staff on the administration of the school readiness programs and the Florida Partnership for School Readiness to include a review of School Readiness legislation and related/associated child care provisions. The goal is to identify obsolete or erroneous provisions and other technical conforming changes needed to improve the organization and clarity of these statutes, which will include sections 402.26 - 402.319, Florida Statutes, governing child care regulation.

Senate Select Committee on Constitutional Amendment Implementation Study –

This is a joint study by the Auditor General and the Office of Program Policy Analysis and Government Accountability with regard to the existing school readiness administrative framework and delivery system and how it may be utilized to facilitate the implementation of universal prekindergarten. Study will include financial and programmatic aspects to include services of the Department of Children and Families at-risk population, child care licensing regulation and its role in the delivery structure, as well as actual placement of the program identified to administer the school readiness and universal prekindergarten initiatives.

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Substance Abuse Program

A. Primary Responsibilities

Florida Statutes require that the state manage a system of care for persons with or at-risk for developing substance abuse problems. Section 397.305(2), F. S., directs the development of a system of care to "prevent and remediate the consequences of substance abuse to persons with substance abuse problems through the provision of a comprehensive continuum of accessible and quality substance abuse prevention, intervention, and treatment services in the least restrictive environment of optimum care." Section 20.19(4), F. S., creates within the Department of Children and Family Services a "Substance Abuse Program Office." The responsibilities of this office encompass all substance abuse programs funded and/or regulated by the department.

The Substance Abuse Program Office, pursuant to mandates in Chapters 394 and 397, F.S., is appropriated funding by the Legislature in three (3) primary program areas: Children's Substance Abuse (CSA), Adult Substance Abuse (ASA) and Program Management/Compliance. The CSA and ASA funding is used primarily to contract with community-based providers for direct provision of prevention, detoxification, treatment, aftercare, and support services for children and adults. Program Management and Compliance funding supports state and district program office staff that is responsible for administrative, fiscal, and regulatory oversight of substance abuse services.

B. Selection of Priorities

Chapter 2000-349, Laws of Florida, comprehensively restructured the process by which planning and service delivery for the state's publicly funded mental health and substance abuse service systems are designed and implemented. The Department of Children and Families Mental Health and Substance Abuse Program Offices developed a formal planning process in June 2000, soliciting input from a range of internal and external stakeholders to facilitate the identification of service needs and priorities on statewide and local bases. Pursuant to section 394.75, F.S., the Florida Department of Children and Families (DCF) developed a 3-year state mental health and substance abuse services plan that covered Fiscal Year 2000-2001 through Fiscal Year 2002-2003. The Department must identify service needs and priorities through annual updates of the plan in years 2 and 3. The current required 3-year plan submitted in January 2004 covers Fiscal Year 2003-2004 through Fiscal Year 2005-2006. Plan updates are due in January 2005 and January 2006.

Priorities are also based on the Florida Drug Control Strategy, a 5-year strategic plan for reducing substance abuse and related societal problems through prevention, treatment, law enforcement, and judicial initiatives. The Substance Abuse Program Office works in collaboration with the Office of Drug Control to identify emerging issues and respond with strategies to address significant trends, e.g., the increase in the deaths related to prescription drug misuse and abuse in recent years.

The passage of Senate Bill 2404 in the 2003 session had a significant impact on how the Substance Abuse Program identifies priorities and plans for service delivery. The bill created a non-profit corporation that will play a major role in how the program assesses need for services, creates policy, allows for stakeholder input, and determines priorities for service delivery and expansion. The bill gives the Substance Abuse and Mental Health programs direct line authority over district/region alcohol, drug abuse, and mental health staff. This will facilitate improvements in budget allocation and management, and contract management.

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The statute promotes collaboration between the DCF Substance Abuse and Mental Health programs and the Agency for Health Care Administration to develop strategies for reducing service costs through the development of case rates, prepaid capitated rates, and Medicaid waivers. Under SB 2404 the department has established single managing entities in Districts 4 and 12 to enhance coordination of substance abuse services with community-based agencies serving individuals and families involved with the child welfare system.

C. Addressing Our Priorities over the Next Five Years

Through the annual planning process, the Substance Abuse Program Office identifies key trends and conditions involving substance abuse, service capacity, funding, and system management. Priorities for services and funding are then based on areas of greatest need, either due to a gap in services, a critical need to serve the most vulnerable clientele, or need to ensure effective/efficient service management. The statutorily mandated 3-year plan permits the program to identify priorities in 3-year increments.

Priorities for service and system development or enhancement are also based on the strategic goals outlined in the Florida Drug Control Strategy. Primarily, the Substance Abuse Program develops priorities that will promote 1) the protection of youth from substance abuse and 2) the reduction of the human suffering, moral degradation, and social, health, and economic costs of illegal drug use in Florida.

Substance Abuse Program Mission: Prevent and Remediate the Consequences of Substance Abuse

Department Goal # 1: Ensure the Safety, Well-Being, and Self-Sufficiency for the People We Serve

Strategy #1: Close the Treatment Gap

Project A: Service Integration with Child Welfare

Strategic Course(s) of Action:

1. Continue to Support the Implementation and Integration of Family Intervention Specialists.

Thirty-five new Family Intervention Specialists positions were appropriated during the 2003 legislative session, bringing the statewide total to 70. These positions provide substance abuse screening and service linkage for persons involved with the child protective services system. The Substance Abuse Program is preparing a legislative budget request to add 70 Family Intervention Specialists to enhance the identification of need and linkage to treatment.

2. Policy Paper Implementation.

In Summer 2003, the Senate conducted a senate interim project to evaluate coordination and integration of substance abuse services with child welfare and community-based care. The purpose of the project was to advise the department and Legislature about the current situation, and to identify opportunities for improvement in cases where parental substance abuse is a contributing factor to child abuse and neglect finding. The report was released in November 2003. The Substance Abuse Program Office will continue to work collaboratively with the child welfare program on the development and implementation of a policy framework

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for an integrated and coordinated response to address the problem of parental alcohol and drug abuse in child maltreatment and neglect cases.

3. Technical Assistance from the National Center on Substance Abuse and Child Welfare.

The Substance Abuse Program was one of four states to be awarded in-depth technical assistance from the National Center for Substance Abuse and Child Welfare (NCSACW) to improve outcomes for families and caregivers involved in the child welfare system that are in need of substance abuse services. The technical assistance will be made available through a statewide workgroup and local implementation sites in Volusia and Flagler counties. The technical assistance will offer a best practice model for collaborative casework. From this the statewide workgroup will develop a Florida-specific tool kit to provide structured guidelines for introducing new practice models and promoting collaboration among state and local entities.

4. Implement Provisions of SB 2404 in Districts 4 and 12.

SB 2404 directed the department to establish a single managing entity for Districts 4 and 12 “accountable for the delivery of substance abuse services to child protective services recipients in the two districts.” The intent of this legislation is to “enhance the coordination of substance abuse services with community-based care agencies and the department.” The department is working to establish a single managing entity for the seven county area. Staff has met with community stakeholders to obtain their feedback for the initial specifications for the system of care requirements to improve outcomes for families involved in the child welfare system who are affected by substance abuse. The department has also procured a national consultant on behavioral health services networks to assist with the design and implementation of the initiative. It is critical that the provider services network include the full array of substance abuse providers who are serving families in the child welfare system.

Project B: Legislative Budget Request-Critical Community Capacity

Strategic Course(s) of Action:

1. Enhance Critical Residential, Outpatient and Detoxification Services.

The Substance Abuse Program is seeking funding from the Legislature to expand existing residential, outpatient and detoxification services capacities in identified areas. The additional capacity would enhance access to care for vulnerable populations including pregnant women, women with dependent children, older adults and persons with co-occurring mental health and substance use needs.

Project C: Legislative Budget Request -Replacement of Substance Abuse Treatment funds for participants in Drug Courts.

Strategic Course(s) of Action:

1. Continue Service Provision to Persons Involved with the Criminal Justice System.

The Substance Abuse Program received funding from the Legislature to replace portions of the substance abuse treatment funding for community-based criminal justice participants in

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adult, juvenile and dependency drug courts and continue treatment services for an additional 8,602 adults and 2,172 children, reducing their need for incarceration.

Project D: Legislative Budget Request –Temporary Assistance to Needy Families (TANF) Continuation

Strategic Course(s) of Action:

1. Continue Treatment Services for TANF Participants.

The Substance Abuse Program has requested funding from the Legislature to replace current level Interventions of treatment funding for adults and children involved with the TANF Program. These funds currently serve 5,655 adults and 1,107 children annually.

Project E: Expand Federal Funding Opportunities

Strategic Course(s) of Action:

1. **Resources for Recovery.**

The Substance Abuse Program, in conjunction with AHCA and FADAA, applied to the Robert Wood Johnson Foundation for funding to analyze the substance abuse treatment system. Florida was one of five states to receive \$200,000 to improve revenue maximization strategies for Medicaid funding. The department's Substance Abuse Program, FADAA and AHCA are working to develop strategies for the expansion of service capacity and coverage groups through enhanced financing and management methods. Part of the strategy is to develop case rate formulas for low, moderate and high-need individuals, using the Suncoast Region as a model. Additionally, the certifying of state and local revenues to match federal participation in the Medicaid Program will facilitate the expansion of benefits to serve more individuals in the Medicaid program affected by substance abuse.

2. **Access to Recovery.**

The Substance Abuse Program, through the Executive Office of the Governor, submitted an application for the Access to Recovery grant program administered by the federal Substance Abuse and Mental Health Services Administration. If awarded, Florida would receive up to \$43.4 million over a 3-year funding period to serve more than 6,000 additional clients through a voucher system that promotes individual choice of where to receive treatment and recovery support services. The Substance Abuse Program will work with the Office of Drug Control, FADAA, the Florida Faith-Based Association, and community-based agencies to develop and implement the funding and service delivery mechanisms. The initial phase of development is projected to take approximately six months. Actual service provision is projected to begin in mid FY 2004-2005 and continue through FY 2006-2007, and would enhance service choice options for persons in need and their families.

3. **Florida Strategic Prevention Alliance (FL SPA)**

The Substance Abuse Program submitted an application in July 2004 to the Center for Substance Abuse Prevention to enhance the state's abilities to 1) establish state and

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community level epidemiology workgroups, 2) promote sustainability of community partnerships and coalitions, 3) assess the cultural appropriateness of prevention programs, and 4) create strategic prevention framework planning processes for use in targeted communities. If awarded, Florida would receive up to \$15 million over the 5-year funding cycle.

Goal 2: Provide Effective and Enhanced Prevention Services

Strategy #2: Prevent Substance Abuse

Project A: Continue Florida Youth Survey

Strategic Course(s) of Action:

1. Continue Survey in Spring 2004 to Measure Progress and Direct Future Strategy.

The 2004 administration of the Florida Youth Substance Abuse Survey targeted approximately 65,000 middle and high-school age youth and will generate a drug use prevalence and related risk and protective factor profile for each of Florida's counties, as well as a state profile. The logistics of co-administration of the survey with the Florida Youth Tobacco Survey are also being discussed with the Department of Health. In the spring of 2005, the state will administer survey on a sample basis in selected areas to approximately 8,000 children.

Project B: Implementation of Florida Prevention System Plan

Strategic Course(s) of Action:

1. Organize and Staff the Florida Substance Abuse Prevention Advisory Council (FSAPAC).

The State Incentive Grant (SIG) Advisory Council was transitioned to the FSAPAC and the scope of the Council was broadened from youth only to all age groups. This will begin to elevate departmental services for children and adults to the level now characterizing our services for youth.

2. Update Florida Prevention System Plan.

The update of the Florida Prevention System Plan was completed in June 2004. It reflects the newly broadened scope of the FSAPAC, making recommendations for strengthening substance abuse prevention services for children, youth and adults.

Project C: Expand Community Coalition Mini-Grants

Strategic Course(s) of Action:

1. Contract with Florida State University to Administer the Grant Program.

A contract to administer the grant program is being developed with Florida State University. Contract activities include training on proven environmental strategies to accomplish local substance abuse prevention objectives, as well as awarding and managing an estimated 25 mini-grants. The training on environmental strategies will give Florida's local community anti-

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drug coalitions new skills for recognizing and addressing environmental issues that slow progress toward the prevention goals of the Drug Control Strategy. The mini-grants will support coalition activities, with an emphasis on addressing environmental issues.

2. Implement Request for Proposal (RFP) Process.

The RFP to strengthen the organizational structure of local anti-drug coalitions and to purchase the implementation of proven environmental and community process strategies was released on August 20, 2003. As of November 30, 2003, 24 mini-grants serving 23 counties had been awarded, representing a total of \$394,250. Twelve of the awardees are established coalitions that are implementing environmental and community process prevention strategies. Twelve were awarded to either new or "growing" coalitions. A third phase of applications were due on December 19, 2003. The department expects to award eight to 12 additional grants (a coalition may only receive one grant per year).

Project D: Initiate the Performance-Based Prevention System

Strategic Course(s) of Action:

1. Contract with the University of Miami to Pilot the Performance-Based Prevention System.

A contract to pilot the performance-based prevention system has been executed with the University of Miami. The performance-based prevention system is a web-based data collection and reporting system that will track both process and outcome information. Activities related to the pilot have begun through a subcontract partnership with KIT Solutions, Inc. The purpose of the pilot is to test the system with up to 138 prevention service contractors. The system is designed to improve the timeliness and relevance of data reporting related to substance abuse prevention services.

2. Conduct Provider and District Staff Training.

This training for PBPS is ongoing. A total of 44 trainings will be completed by September 2004. Provider representatives and district staff were oriented to the system. They learned how to initiate a program file, track program participants, enter activity information and access related reports.

3. Conduct Performance-Based Prevention System (PBPS) Pilot.

The pilot project through the University of Miami and KIT Solutions began on September 2, 2003. Within two months, all participating service providers were entering substance abuse prevention program data into this system. During the pilot, the system will electronically extract information necessary for existing data systems (the ADM Data Warehouse and ONE Family).

Project E: Improve and Expand Prevention Partnership Grants

Strategic Course(s) of Action:

1. Provide Support and Assistance to District Staff on the Effective Implementation of s.397.99, F.S.

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This support is pending the approval of a purchase order for training and technical assistance services that will facilitate the upgrading of substance abuse prevention services by funding current proven prevention strategies. The RFP is expected to identify up to 39 prevention projects.

2. Coordinate a Statewide RFP Process for FY 2004-2005.

The RFP is currently under review for approval. The RFP accomplishes two goals: 1) ensures compliance with s.397.99, F.S., requiring that projects be periodically re-bid; and 2) achieves cost savings resulting from state level coordination of the RFP. This will allow districts to review proposals and select providers while the administration of the RFP will be handled by the central Substance Abuse Program Office.

Department Goal 3: Realign and Refocus the Workforce

Strategy #3: Strengthen Workforce Competency and Stability

Project A: Implementation of the Secretary's Reform Plan

Strategic Course(s) of Action:

1. Direct Line Authority

The Substance Abuse and Mental Health Program Offices have established direct line authority over district operations. Memoranda of Agreement have been signed with each district/region outlining the responsibilities of staff and the reporting structure between central office and the field.

2. Improve Oversight of District Operations.

The Substance Abuse and Mental Health Program Offices analyzed the alignment of staff to ensure coverage for critical tasks/responsibilities to correspond with the new operational and programmatic functions for each district/region. This alignment was established in December 2003.

3. Budget Functions.

The Substance Abuse and Mental Health Program Offices are developing procedures to ensure accurate, timely and appropriate expenditure of funds through the enhancement of spending plans. Each district/region will be expected to manage their budgets in accordance with the spending plans.

4. Contract Functions.

The Substance Abuse and Mental Health Program Offices are developing guidelines for district/region contract managers to ensure appropriate oversight of provider performance, improve contract manager competencies, and to ensure consistent application of contract policies and procedures.

Project B: Funding Recurring Salary Deficit (Legislative Budget Request)

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Strategic Course(s) of Action:

1. *Fund the Re-Occurring Salary Deficit by Redirecting General Revenue Funds That Will Allow Districts/Region to Maintain Full Staff at All Times, Currently 33 full-time employees (FTEs).*

A legislative budget request was developed in August 2003 to redirect general revenue and block grant funds to cover a recurring salary deficit.

Project C: Other Personal Services (OPS) Conversion of Licensing Workforce (Legislative Budget Request)

Strategic Course(s) of Action:

1. *Ensure Continuity and Stability of the Workforce Conducting Licensing inspections of Substance Abuse Providers.*

Legislative approval is needed to add 16 FTE positions to replace OPS positions in affected district/regional offices throughout the department that have historically relied on OPS to fill in the gaps in what should have been FTE positions to handle licensing functions.

As a result of this action, the department will be able to build and maintain a workforce of FTE positions dedicated to conducting licensing inspections of substance abuse service providers.

2. Increase and Improve Standards of Competency of the Workforce Conducting Licensing Inspections of Substance Abuse Providers.

As a result of this action, the department will be in a better position to evaluate the effectiveness of its workforce dedicated to licensing and find ways to improve on competency related to this activity.

Project D: Create Comprehensive Staff Development and Training Plan

Strategic Course(s) of Action:

1. Access District Staff Development Requirements.

The Substance Abuse Program Office and district/region staff are reviewing staff development needs and will identify the areas of greatest need to ensure staff attainment of necessary knowledge and skills. The needs assessment is targeted for completion during FY 2004-2005.

2. Define Core Competencies.

In consultation with district/region staff, the Substance Abuse Program Office will determine core competencies for field staff to successfully direct and manage substance abuse services. The core competencies will be identified in FY 2004-2005.

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3. Design a Training Plan to Address Core Competencies and Staff Development Needs.

A comprehensive training plan will be developed in FY 2004-2005 that outlines staff development expectations at the district/region level. The training plan will be developed around the core competencies identified in the needs assessment.

Department Goal 4: Strengthen Accountability

Strategy #4: Enhance System of Care and Performance Management

Project A: Implement Senate Bill 2404

Strategic Course(s) of Action:

1. Improve the Assessment of Individual Satisfaction.

The Substance Abuse Program Office is identifying methods for determining individuals' satisfaction with service delivery. This process was previously included in the agency-wide individual satisfaction reporting process. With the institution of direct line authority the Program Office will assume this responsibility for individuals with substance abuse needs. A new satisfaction survey will be administered in FY 2004-2005.

2. Interagency Agreement with AHCA.

Pursuant to SB 2404 requirements, the Substance Abuse and Mental Health Program Offices have developed an interagency agreement with AHCA to define mutual roles and responsibilities in meeting statutory requirements.

3. Expand Provider Networks.

The specifications for the expansion of provider networks are being developed with anticipated phase-in over the next several years.

4. Implement a Managing Entity for Substance Abuse/Family Safety Services in Districts 4 and 12.

Requirements for the managing entity are being developed for the coordinated administration of child welfare and substance abuse services in Districts 4 and 12.

Project B: Improve System of Fiscal Accountability

Strategic Course(s) of Action:

1. Accommodate Technical Changes and Clarifications.

Language in future amendments to the SAMH Financial Rule Chapter 65E-14, F.A.C., will be added to reflect enhancements in the data gathering capabilities of the department.

2. Update Budgeting, Accounting, Invoicing and Auditing Requirements.

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The Substance Abuse Program and Mental Health Program will continue to modernize budget, invoice and audit formats for ease of use, comprehension and data reporting capabilities.

3. Address Provider Issues.

The Program Offices will work with SAMH providers collaboratively to clarify requirements, amend rules and address rate issues. Training opportunities will be made available to district staff and providers on issues of common interest.

Project C: Performance Partnership Grant (SAPT Block Grant) Performance Measurement

Strategic Course(s) of Action:

1. Prepare for Implementation of the Federal Performance Measures.

The Substance Abuse Program, along with several other states, is working with the federal Center for Substance Abuse Treatment to develop appropriate performance measures for inclusion in the FFY 2005 federal block grant application. The department will continue to advocate for alignment of state and federal measures to reduce duplicative reporting on the part of community-based providers.

2. Revise Information System.

The integrated substance abuse and mental health data system is undergoing a continuous improvement process to accommodate changes in state and federal performance requirements. The department is working collaboratively across programs and with other state agencies on the development of integrated data systems to improve the efficiency and cost-effectiveness of publicly funded service provision.

3. Improve Performance Reviews at District and Provider Level.

The Substance Abuse and Mental Health Program Offices are enhancing methods for determining provider and district/region performance standards. Beginning in FY 2004-2005, performance targets will be set in relation to individual characteristics, service provision and funding. Reports and mechanisms for feedback to providers and districts/region are being enhanced to ensure attainment of contractual performance measures. District/region staff will receive monthly reports that identify whether a provider is on course to attain contracted performance standards.

Project D: Expansion of Evidence-Based Practices

Strategic Course(s) of Action:

1. Continue Best Practice Awards Program.

The Best Practice Awards Program, sponsored by the department and FADAA, will continue in 2004. The Best Practice Awards Program is a competitive application process open to all

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licensed substance abuse prevention and treatment providers in Florida. Applications are reviewed by a panel of experts in the field of research and in management and development of substance abuse programs.

2. Implement Clinical Consultation Project.

The peer review project, known as the Florida Clinical Consultation Treatment Improvement Project (FCCTIP) is in its third and final stage. The FCCTIP is in its implementation stage and will conduct clinical consultation with six non-accredited substance abuse treatment providers in the state of Florida. This independent organization will be responsible for providing training to prospective consultants, contacting and scheduling clinical consultations with the treatment provider community, conducting the clinical consultations, analyzing results of the consultations and providing the department with year end report summarizing the clinical consultations.

3. Support Clinical Trials Network.

The department supports the National Drug Abuse Treatment Clinical Trials Network (CTN). The department maintains relationships with the Florida CTN Node at the UM. Jose´ Szapocznik, Ph.D., is the principal investigator for the Florida CTN Node and administers the peer review project under contract with the department. The mission of the CTN is twofold; to conduct studies and research of various treatment interventions to determine clinical effectiveness in a broad range of settings, and to transfer the knowledge gained through these science based studies to physicians, providers and others to improve the quality of drug abuse treatment. The department is currently contracting with the Florida Clinical Trial Networks to create these protocols to establish new professional development cost centers for this fiscal year to include: Brief Strategic Family Therapy, Motivational Enhancement Therapy for Spanish Speaking Individuals, and Seeking Safety as a Treatment for Women with Trauma. A portion of the training will begin immediately with subsequent training afforded in succeeding second and third waves of studies.

4. Continue Support of Addictions Schools and Training Conferences.

The Florida School of Addiction Studies (FSAS), on the University of North Florida campus, is financially supported by the department. The FSAS will provide a weeklong intensive school experience for professionals to support and expand knowledge in the addiction field regarding drug abuse, substance abuse, alcohol use, accessing healthy alternatives and minimizing risk-taking behaviors. Scholarships and merit awards sponsored by the department provide access and recognition to front line workers in the field of addiction studies.

Continue collaboration with the Southeast Coast Addiction Technology Transfer Center (SCATTC). The department collaborates with the SCATTC on many training and coordination initiatives related to substance abuse treatment and prevention. The SCATTC is a co-sponsor, along with DCF and FADAA, of the Florida Research to Practice Consortium. The Consortium's goal is to enhance statewide coordination in the areas of substance abuse treatment and prevention research. The SCATTC partnered with the Florida Research to Practice Consortium in the administration of a survey designed to measure the extent and kinds of services that are being provided in the region to persons with co-occurring disorders. Additionally, the SCATTC will provide technical assistance to provider agencies that have undergone a peer review in assessing agency readiness for

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change at the organizational level. This will enhance the peer review initiative of the department. The SCATTC continues to play a vital role in Florida's substance abuse training and coordination initiatives.

Project E: Strengthening Licensure System

Strategic Course(s) of Action:

1. Implement Automated Reporting and Data System.

The Substance Abuse Program shall continue to seek funding for the development of an automated reporting system that will allow the department to have real-time data relative to licensure reviews, licensure status, and corrective actions needed to bring a provider into compliance with state administrative rules. This will enable the department to identify the volume and type of licenses provided and to determine necessary staffing level Interventions to license eligible programs/services on a statewide basis.

2. Implement Web-base Training Modules.

As a result of this action, the department will be able to evaluate the effectiveness of its workforce dedicated to licensing substance abuse service providers and ultimately the effectiveness of the training program as a medium for building competency.

Goal 5: Improve Shared Stewardship Strategy #5: Enhance Stakeholder Participation

Project A: SAMH Annual Master Plan

Strategic Course(s) of Action:

1. Plan Due January 2005.

The Substance Abuse and Mental Health Program Offices developed a three-year comprehensive plan for publicly funded behavioral health services. The programs will be consulting with AHCA and other stakeholders to identify service needs and priorities consistent with SB 2404 and other substantive legislation. In years two and three of the planning cycle, updates to the primary plan will be completed that detail the status of strategic issues.

2. Strengthen Community and Stakeholder Participation.

District/region offices will be focusing on increasing participation of community stakeholders in the planning process. Annual planning documents at the district/region level are presented to community alliances and other planning councils prior to finalization.

Project B: Collaboration with Drug Courts

Strategic Course(s) of Action:

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1. Continue to Participate on Supreme Court Treatment Based Drug Court Taskforce.

The Substance Abuse Program will continue to support drug courts by making community treatment resources available to the courts and will continue to seek budget increases to meet the demand of referrals from adult, juvenile and dependency courts for substance abuse treatment services (e.g., screening, assessment, counseling and residential treatment). The Program has developed fields in its data system to enhance the identification of individual involvement with drug courts.

2. Coordinate Budget Issues with Office of State Courts Administrator.

The Office of the State Courts Administrator (OSCA) is planning for the addition of three juvenile, four dependency and three adult courts. The Substance Abuse Program has submitted a legislative budget request to maintain the current level of services impacted by drug courts and will continue to coordinate with OSCA to seek funding commensurate with the demand for services.

F. Potential Policy Changes Affecting the Budget Request

?? SAMHSA Regulations - The federal Substance Abuse and Mental Health Services Administration (SAMHSA) is expected to release its new regulations for the SAPT Performance Partnership Block Grant. These regulations are expected to be effective for FFY 2005 with prospective agreements in place by the summer of 2004. The anticipated regulations may have significant impact on the performance measurement and data management infrastructure. Additionally, block grant funding will mandate the use of federal performance measures; to reduce duplication of effort the state needs to align required GAA measures with federal measures with respect to content, targets and methodologies. The Substance Abuse Program Office has included recommendations in the LRPP to promote some alignment beginning in FY 2005/2006.

We believe this amendment will negatively impact treatment completion rates and post-treatment outcomes.

G. Policy Changes Which Would Require Legislative Action

The Substance Abuse Program Office and the Mental Health Program Office will be proposing legislation to revise the methodology for the allocation of new substance abuse and mental health appropriations to correspond more directly to the Department's target populations and objective measures of prevalence and service need. The program offices will develop appropriate funding formulae and establish benchmarks to improve funding equity across the districts/region.

H. Task Forces/Studies

Florida Youth Initiative Advisory Council
Authority: Federal Agreement w/U.S. DHHS

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Purpose: Oversee the development and implementation of the Florida Prevention System, comprehensive state prevention plan, and provide recommendations for prevention policy.

Behavioral Health Services Integration Workgroup

Authority: Chapter 2001-191, L.O.F.

Purpose: Per Florida law, the workgroup was created to assess the barriers to effective and efficient integration of mental health and substance abuse treatment services across various service systems and to propose solutions to identified barriers.

Florida Youth Initiative Evaluation

Authority: Federal Agreement w/U.S. DHHS

Purpose: Determine the effectiveness of replicating science-based and locally developed substance abuse prevention strategies.

12-Month Follow Up Study

Authority: GAA Required Measures (2)

Purpose: Contracted through Florida State Univ. and Univ. of Florida to conduct post-treatment assessment of abstinence from alcohol/drug use.

Florida Youth Survey

Authority: Office of Drug Control/SAPT Block Grant

Purpose: State needs assessments are required under the Federal Substance Abuse Prevention and Treatment Block Grant. Results are also used to measure prevalence of youth substance abuse in Florida for the state's drug control strategy.

Contract Provider Report

Authority: Chapter. 394.745, F.S.

Purpose: Conveys status of provider compliance with legislative performance standards, identifying providers that meet/exceed standard and those who fail to meet standards and any subsequent corrective actions.

Methadone Assessment Report

Authority: Chapter 397.427 (2)(b), F.S.

Purpose: Evaluation identifies need for medication treatment service providers. These types of services may only be established upon the department's determination of need.

Peer Review

Authority: SAPT Block Grant

Purpose: Federal block grant stipulations require each state to have an independent peer review process in place to assess the quality, appropriateness, and efficiency of treatment services. At least 5 percent of the entities providing treatment services supported by the block grant must be reviewed annually.

State/District Mental Health and Substance Abuse Plans

Authority: Chapter 394.75, F.S.

Purpose: Provide 3-year plans (with annual updates) for publicly-funded mental health and substance abuse services that identify funding/service needs, strengths and weaknesses of programs/services, and strategic directions for future system development/modification.

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Status Report on Managing Entities in Districts 4 and 12

Authority: Chapter 394.9082, (8), F.S.

Purpose: Provide status reports on the implementation of managing entities in Districts 4 and 12 for the delivery of substance abuse services to child protective services recipients.

Plan for Capitated Prepaid Behavioral Health Care

Authority: Chapter 409.912, (4)(b)(4), F.S.

Purpose: The Agency for Health Care Administration and the Department must submit a plan to the Governor and Legislature for full implementation of capitated prepaid behavioral health care statewide. The plan must include provisions that ensure children and families receiving foster care and other related services are appropriately served.

Plan for Modification of Medicaid Procedure Codes

Authority: Chapter 409.912, (5), F.S.

Purpose: The Agency for Health Care Administration and the Department must submit a plan to the Legislative Budget Commission with provisions for ensuring that substance abuse and mental health services maximize the use of Medicaid funds for eligible recipients.

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Mental Health Program

A. Primary Responsibilities

Florida Statutes require that the state manage a system of care for persons with mental illnesses. Section 394.453, F. S., states: "It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders." Section 20.19(4), F. S., creates within the Department of Children and Family Services a "Mental Health Program Office". The responsibilities of this office encompass all mental health programs operated by the Department.

The **Children's Mental Health** program provides services to children and adolescents with mental health problems who are seriously emotionally disturbed, emotionally disturbed or at risk of becoming emotionally disturbed as defined in section 394.492, F.S. The mission of the Children's Mental Health program is to enable children to live with their families or in a least restrictive setting and to function in school and in the community at a level consistent with their abilities. In order to support this mission, a variety of traditional and non-traditional treatments and supports are available.

The **Adult Community Mental Health** program operates a system of care designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders. For adults with serious mental illnesses this mission encompasses the provision of services and supports to help individuals progress toward recovery. To this end, the Department provides a wide array of services to address both the treatment needs of the individual and the rehabilitative and support services necessary for safe and productive community living.

The **Sexually Violent Predator** Program (SVPP) within the Department of Children and Families was established in 1999 to administer the provisions of Chapter 394, part V, Florida Statutes, also known as the Jimmy Ryce Act. The mission of the program is to enhance the safety of Florida's communities by identifying and providing secure long-term care and treatment for sexually violent predators (SVP). Protection of the public through involuntary confinement of dangerous individuals is a traditional government function.

The **State Mental Health Treatment Facilities** (also known as mental health institutions/ state hospitals) provide services to individuals who meet the admission criteria set forth in either Chapter 394 (civil) or Chapter 916 (forensic) of the Florida Statutes. State mental health treatment facilities work in partnership with the community to enable individuals who are experiencing a severe and persistent to manage their symptoms and acquire and use the skills and supports necessary to return to the community and be successful and satisfied in the role and environment of their choice. For individuals who are incompetent to proceed, this includes achieving competency and returning to court in a timely manner.

B. Selection of Priorities

The Mental Health Program Office has worked with its many stakeholders to construct a vision of the system of care that is the product of an ongoing exchange of ideas, interests, and concerns about the current system. Community partners and local officials, individuals,

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family members and Department staff jointly crafted this vision to guide the design of a more efficient, responsive and effective system.

In order to manage serious chronic conditions of all types, the more advanced health care organizations are realizing the need for a systems-based design to address the interactions of cost and clinical quality drivers over the entire course of care and throughout all the components of care. It is within this interaction of costs and quality that efficiency and effectiveness can be achieved. Continuity of care is the central feature of this type of system. All the components are linked into an integrated whole, eliminating duplication of care, administrative costs and unnecessary practices and procedures. This continuity must exist at every stage in the array of services from diagnosis, acute care, psychiatric rehabilitation, counseling and family and individual supports.

Strategies to develop a well-designed system of care must align structure to support the system, skills to enable successful implementation, and a receptive culture to encourage (and not deter) the system's development and operation. The approach used to select priorities included the following: identifying the emerging research in the treatment of mental illnesses, analyzing national trends, convening of focus groups, consulting with national experts, benchmarking Florida's program performance with other states' programs, conducting data analyses of current programs and services, reviewing the operation of the current system of care through the development of situational reports, and meeting with local (district) and statewide stakeholders to gain their perspectives (such as the sheriff's association regarding acute care needs). The recommendations of the Substance Abuse and Mental Health Corporation established in 2003 will further provide the mental health program office with input as to how to further improve the system of care.

C. Addressing Our Priorities over the Next Five Years

The Mental Health Program Office has developed six objectives, which are linked to the Secretary's five goals for the Department, to guide the Mental Health Program Office in efforts to improve and impact the system of care.

Mental Health Program Goal:

Support life in the community for adults with mental illnesses and children with serious emotional disturbances.

Project A:

Complete integration of children's mental health services and child welfare system (Community-Based Care) to provide ready access and quality services (evidence-based practices).

Actions:

1. Single Point of Access:

The Mental Health Program Office will work with the Community-Based Care lead agencies to evaluate how the services currently provided through the district/region Single Point of Access (SPOA) for the children in the Department's care will continue following the transition period to community-based care. This will be accomplished by integrating the functions of the SPOA with the lead agency where that is possible and ensuring that active partnering is accomplished between the district SPOA and the lead agency in those functions that remain with the district mental health program.

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2. Implementation of mental health/ Community-Based Care Integration Guidelines:
To support the transition to Community-Based Care, guidelines have been developed to provide a blueprint for district Substance Abuse and Mental Health program staff that outlines how to work with CBC providers, as well as behavioral health service providers contracted to provide services for dependent children in their districts. These guidelines include a "Mental Health/ CBC Readiness Assessment". This readiness assessment identified the critical items that are critical for a successful transition to CBC to ensure the continued provision of behavioral health services for the children in the Departments custody. A self assessment tool has been developed for each district to complete an assessment of their "readiness". This information will be used to identify and provide ongoing technical assistance.
3. Expansion of Specialized Therapeutic Foster Care services for children:
The Mental Health Program Office will complete integration of care with the community-based care program to provide ready access and quality services by expanding Specialized Therapeutic Foster Care (STFC). The activities involved in ensuring the expansion of STFC include improved financial management of the current available line of credit allotted to the districts/regions and identification of other general revenue available for match.
4. Independent Living Program For Children With SED:
The Mental Health Program Office will work to complete integration of care with the Community-Based Care program by expanding Independent Living services to include youth with Serious Emotional Disturbance (SED). The activities involved in providing support for young adults transitioning out of the foster care system include: 1) continued efforts by the Children's Mental Health to obtain additional funding for the expansion of the Independent Living Program and 2) the development of innovative collaborative policy strategies among programs to enhance service integration. The Mental Health Program Office is working with agency partners, such as the Department of Education, Vocational Rehabilitation and Developmental Disabilities, to draft and implement a Memorandum of Agreement that formalizes policy and the coordination of transition services across agencies who serve youth with disabilities transitioning to adulthood.

Project B:

Streamline the children's mental health program to maximize revenues and coordinate care.

Actions:

1. Improve treatment outcomes and maximize revenues for Behavioral Health Overlay Services:
The Mental Health Program Office will streamline Behavioral Health Overlay Services (BHOS) to maximize revenues and improve coordination of care among child welfare and juvenile justice populations. A study currently being conducted by the University of South Florida Louis de Parte Florida Mental Health Institute will provide the BHOS Advisory Workgroup (consisting of representatives from the Agency for Health Care Administration, Department of Children and Families' Child Welfare and Community Based Care office and Substance Abuse and Mental Health Program Office and the Department of Juvenile Justice) with a descriptive analysis of the characteristics of and treatment obtained by children who receive Behavioral Health Overlay Services. This

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activity will provide an overview of BHOS services, which will be used to develop effective policy to ensure improved treatment outcomes and maximize the use of funds.

2. Seek Medicaid eligibility for non-Medicaid eligible children in residential treatment:
The Mental Health Program Office will work with Medicaid to develop policy that increases access to residential mental health treatment services for severely emotionally disturbed, non-Medicaid eligible children. The activities involved in ensuring revenue maximization and coordination of care among non-Medicaid eligible children include researching policy options and identifying other states that have implemented effective policy.
3. Partner with the Department of Health to increase access to Part C of IDEA for children with mental health needs age birth to 3 years:
A working alliance with the Department of Health will be established through the development of a Memorandum of Agreement to establish clear policy and practice linkages to enhance coordination and integration to increase access to Part C of IDEA for children with mental health needs age birth to 3 years.

Project C:

Reduce the days in institutions and shift to days in the community.

Actions:

1. Complete an analysis of persons with special needs:
The Mental Health Program Office is in the process of collecting data from a Community Needs Assessment process. This process requires early and ongoing identification of mental health treatment facility (MHTF) residents' discharge needs that will be accessible to both facility and district staff. This will promote collaborative discharge planning with the resident beginning at admission to the MHTF and throughout the hospital stay. The desired outcome is to assess and secure needed services to successfully re-integrate individuals with severe and persistent mental illnesses into their communities. Early identification of special discharge needs will help to ensure the services are available in the community, therefore reducing the length of stay in the MHTF.
2. Complete facility capacity and community resource analysis:
The Mental Health Program Office will continue to ensure the appropriate utilization of civil beds by monitoring monthly waiting list numbers for each civil facility, monitoring average days to admit monthly and average number of days to discharge. Catchment areas have been realigned in order to ensure maximum bed utilization in the civil facilities. Reviewing admission and discharge trends will enable the Mental Health Program Office to ensure proper utilization of hospital beds and identify districts that need additional resources.
3. Divert appropriate individuals away from state forensic mental health treatment facilities to appropriate community-based services:
The Mental Health Program Office has directed each district to closely monitor individuals committed to or at risk for commitment to a state forensic mental health treatment facility and when appropriate, arrange for and recommend to the court less restrictive community-based treatment alternatives. Community-based forensic service alternatives include competency restoration programs and targeted residential placements for individuals with a mental illness who become involved with the criminal

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justice system. The community forensic services provide the court with acceptable alternatives to the commitment of non-violent felony offenders while addressing the court's concern for the safety of the individual and the community. The Mental Health Program Office will continue efforts to expand funding for community forensic services.

4. Develop additional community placements for individuals with specialized behavioral needs and nursing service needs who are not appropriate for nursing home placement: The Mental Health Program Office is exploring the feasibility of establishing two transitional homes for individuals residing in state mental health treatment facilities who are discharge ready, but have inappropriate behaviors that have precluded them from community placement. These proposed homes will allow for discharge to a less restrictive, smaller, specialized community facility which will continue individuals' recovery programs, maintain or improve their abilities, their physical and mental health, and replace their maladaptive behaviors with adaptive behaviors through specially trained medical, nursing, and behavioral staff. This will improve the continuum of service provision in the mental health system, decrease length of stay in state mental health treatment facilities, and provide a more cost efficient method of providing service needs.

Project D:

Increase capacity for community-based short-term residential treatment and acute care.

Actions:

1. Increase the effectiveness and efficiency of statewide Baker Act training:
The Mental Health Program Office will provide statewide Baker Act training to over 3,000 participants by June 4, 2006. Every two years the Mental Health Program contracts for the provision of training in the administration and requirements of the Baker Act. This training is modified biennially based on any legislative changes that may affect the content or application of the Baker Act. A training event will be conducted in each district and two training events will be held in selected districts. In addition to the 20 district training events, three additional events will be held; one at each of the three major state civil mental institutions that is focused upon institutional staff and supervision needs and one central office departmental and AHCA session.
2. Increase Baker Act services for adults in crisis:

The Mental Health Program Office is exploring the feasibility of a budget issue proposal for additional adult crisis stabilization unit (CSU) beds for districts not included in the catchment area for G. Pierce Wood State Hospital. The adult CSU beds will meet an additional percent of the need, based on the formula of 10 beds per 100,000 adults.
3. The Mental Health Program Office will enhance quality improvement through improved services to adults in crisis stabilization units:
The Mental Health Program Office will explore the feasibility of developing and implementing alternative strategies to address short-term crisis through creative programs, such as crisis diversion and respite care programs that are less costly than crisis stabilization beds. These programs will result in increased capacity and

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improvement for: 24 hour emergency screening, examination and intake; daily treatment services including the cost of psychiatric medications, individual, group and family therapy; adequacy of discharge planning to reduce readmission including medication follow-up visits, housing assistance and employment exploration and placement; and quality assurance and oversight of services to help ensure effectiveness of care.

Project E:

Support evidence-based and psychosocial rehabilitation for adults and promising practices for children.

Actions:

1. Promote evidence-based practices and psychosocial rehabilitation for adults with mental illnesses:
 - a. The Mental Health Program Office will expand supported employment:
The Mental Health Program Office will promote the expansion of Supported Employment for individuals with serious mental illnesses during FY 2004-05. This will be accomplished through: implementation of the interagency agreement between the Mental Health Program Office and the Division of Vocational Rehabilitation (DVR); coordination with DVR to develop a pilot project in four FACT Teams statewide to place DVR staff into the FACT team; access additional federal funds for facilitating employment of FACT recipients; and expansion of the number of districts participating in supported employment services. The Mental Health Program Office will support the expansion of clubhouse development throughout the state by coordinating funding through Medicaid and providing technical assistance.
 - b. Family Psycho education:
Family psycho education programs include the provision of emotional support, education, resources during periods of crisis and problem-solving skills. In FY 2002-2003 the Mental Health Program Office contracted with the National Alliance for the Mentally Ill (NAMI), Florida, Inc., for various instructor training and community-based classes and groups. The Mental Health Program Office will continue its collaboration with NAMI, Florida, Inc., to make available to service recipients and families a series of resources and services that promote psycho educational programs.
 - c. Co-occurring Collaborative Initiatives:
Barriers to effective service delivery for individuals with co-occurring substance abuse and mental health disorders have been widely discussed in both national and state publications for a number of years. Separate funding streams, lack of cross training, and differing treatment philosophies are often cited as continuing barriers. In April 2003 the department issued the *Florida Department of Children & Families (DCF) Policy Paper on Co-occurring Mental Health and Substance Abuse Disorders*, in which goals for improving the system of care for people with co-occurring serious mental illnesses and substance abuse needs were outlined. The plan details joint issues, system goals and outcomes, and recommendations agreed upon by the Substance Abuse and Mental Health Program Offices. Specific strategies identified in the report include promotion of coordinated funding, increased access to appropriate medications and drug testing, cross- training for clinicians and support personnel aimed at creating a system of care in which there is "no wrong door" for children, adults or the elderly with co-occurring disorders.

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- d. The Mental Health Program Office will continue the implementation of Florida Assertive Community Treatment Teams:
The Mental Health Program Office will continue to oversee the successful implementation of the FACT initiative through training, technical assistance, consultation, monitoring, data analysis and evaluation during FY 2004-05. Of the 31 teams appropriated 29 are operational, with the remaining two in litigation. Funding for the 32nd team in Bay and Gulf counties was appropriated as a result of the 2004 session of the legislature. This team will be implemented during 2004-05 fiscal year.
 - e. Self-Directed Care (SDC):
Senate Bill 2894, now Chapter 2004-380, Laws of Florida, which passed during the 2004 Legislative session, provides for the continuation and expansion of the self-directed care project. The department, in cooperation with AHCA, may continue the pilot in District 4 and develop pilots in three other districts for adults with serious and persistent mental illnesses (SPMI). This legislation also provides that the department may develop a self-directed, choice-based pilot in one district for children with serious emotional disturbances (SED) who live at home.
 - f. The Mental Health Program Office will implement strength-based case management:
During FY 2004-05 the Mental Health Program Office will revise Chapter 65E-15, Florida Administrative Code, Continuity of Care – Case Management to incorporate a strength-based case management approach, work with the Agency for Health Care Administration (AHCA) on revisions to the Targeted Case Management (TCM) Handbook and implement revisions to the TCM curriculum.
 - g. The Mental Health Program Office will promote the supportive housing strategic plan and district implementation of that plan:
During FY 2004-05 the Department will offer regional training and technical assistance to district and provider staff to ensure the continued implementation of the supportive housing strategic plan. Each District will develop a local strategic plan for supportive housing.
2. Promote evidenced-based initiatives and promising practices for children and adults with emotional disturbances:

Evidenced-based initiatives and promising practices for children with emotional disturbances will be identified through consultation with the Florida Mental Health Institute and other state and national universities. The most effective therapies available for children and adolescents will be investigated ensuring that they are consistent with child mental health philosophy and goals and are applicable to the population we serve. Some of the potential promising practices include: Intensive Case Management, Treatment Foster Care, Parent Child Interaction Therapy, and Multi-Systemic Therapy. After the information / investigation step, there will be a plan developed for promotion and application of promising practices to the community for provision.

Project F:

Increase community capacity to safely work with the forensic population.

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Actions:

1. Direct districts to identify and examine recidivists in local criminal justice system:
The Mental Health Program Office has directed each district to examine individuals with a mental illness from their area that are repeatedly involved with the criminal justice system, to track how and why the individuals fail in the community and use the information to effect future programmatic/service changes to better meet the needs of these individuals and to prevent further recidivism.
2. Require district monitoring of forensic individuals to promote community placement and discharge planning:
The Mental Health Program Office has directed each district to closely monitor the progress of individuals in our state mental health treatment facilities, to work cooperatively with treatment facility staff and community mental health provider agency personnel to address barriers to discharge and to develop in a timely manner, appropriate re-integration plans that provide the necessary services and supports to allow each individual to live successfully in the community.
3. Continue to support implementation of the forensic reform initiative:
The Mental Health Program Office has implemented the forensic reform initiative which involves a coordinated effort to systematically improve the efficiency and effectiveness of the delivery of services to individuals with a mental illness and involvement in the criminal justice system. Efforts include maximizing utilization of our state mental health treatment facilities through improved efficiency and "best practice" approaches to treatment and service delivery; improved communication, cooperation and coordination of services among the treatment facility, community and judicial stakeholders; the establishment of forensic commitment targets for each district and regular monitoring and reporting of district performance; and general revenue funding to support diversion initiatives and provide the courts with alternatives to forensic commitment through services such as, competency restoration programs and appropriate residential placement alternatives in the community. This initiative supports treatment in the least restrictive setting and promotes life in the community for individuals with mental illnesses.

Project G:

Improve access to appropriate medications and promote best practice medication management.

Actions:

1. Safeguard psychotropic medication use with children:
The use of psychotropic medication is critical for some children. The Mental Health Program Office will work with the University of Florida to provide vital information and promote best practices on Psychotropic Medication Information for prescribing physicians, foster parents, child welfare and Community Based Care lead agency staff, guardians ad litem and judges who are working with children.
2. Monitor medication practices in state mental health treatment facilities:
The Mental Health Program Office is committed to providing evidence-based psychotropic medication therapy in our state mental health treatment facilities statewide and has contracted with the University of Florida to provide peer review of clinical practices and implementation of the department's operating procedure for use of

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psychotropic medications in state mental health treatment facilities. The University also provides clinical consultation as requested and constructive feedback for system and quality of service improvements. The Program Office and Clinical Advisory Committee will annually review and update the operating procedure, 95-6, to reflect the on-going progress in psychopharmacology practice.

3. Implement statewide community mental health clinical advisory committees:
The Mental Health Program Office will work with the Florida Council for Community Mental Health and community mental health service providers to develop regional Community Mental Health Clinical Advisory Committees to be implemented in FY2004-05. Representation on these Committees will include medical directors of the community mental health providers, psychiatrists from the FACT teams and the Chief of Psychiatry of the Mental Health Program Office. The committees will provide a forum for discussions regarding evidence-based best mental health treatment practices within the community. Ongoing educational programs focusing on best practice guidelines, treatment protocols, and medication information will be arranged for the committees. The committees will have representation on the statewide Clinical Advisory Committee to provide an avenue to improve communications and strengthen continuity of services provision between the state and private sector facilities.
4. Evaluate state mental health treatment facilities' medication utilization data:
The Department reactivated the statewide Pharmacy and Therapeutics Committee with a new focus on community and state facility psychotropic medication use relative to evidence-based treatment, utilization of medication use, achievement of desired outcomes, and on-going education of clinicians. The function of the committee will be to serve in an advisory capacity, to evaluate medication use based on standardized data collection, and constructive feedback and recommendations to state and community providers. Goals of this re-established committee will be to maintain a current formulary for the department, facilitate education of health care professionals relative to medication-related issues, assess patterns and trends of medication utilization, and make recommendations that will optimize medication efficacy and cost containment.
5. Phase-In Use of Florida Algorithm (FALGO):
The Florida Legislature, in its 2002-03 Appropriations Act, directed the Florida Department of Children and Family Services and the Florida Agency for Health Care Administration to adopt and systematically implement the use of an evidence-based medication algorithm for treatment of schizophrenia and related disorders. The Department, through Florida State Hospital and community mental health providers in the Department's District 1 (the Western Panhandle area of Florida), has successfully piloted an algorithm named FALGO, or Florida Algorithm, and now plans to expand this to fifteen (15) sites throughout the state.
6. Promulgate rules for the Indigent Drug Program:
The Department currently serves approximately 2,492 people through the IDP with the current allocation meeting only 9% of the need. Based on an average annual cost of \$2,300 for medications per person, serving the additional people in need would cost approximately \$59 million annually. However, it is estimated that the major pharmaceutical companies will contribute approximately \$12,000,000 through their Patient Assistance Programs, leaving a total balance of \$47 million of unmet need.

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Individuals with severe mental illnesses who participate in the program will receive critical psychiatric medications that promote recovery from major mental illnesses and assist them in securing or maintaining safety and well-being while residing in the community of their choice. The Indigent Drug Program provides critical psychotropic medications for individuals with mental illnesses who do not have insurance or other means to purchase medications. The Mental Health Program Office will promulgate rules and policy that establish the clinical and financial eligibility of people who may receive services under the Indigent Drug Program, the requirements that community-based mental health providers must meet to participate in the program, and the sanctions to be applied for failure to meet those requirements. The rule is currently in draft and is expected to be promulgated in late 2004.

7. Standardize functional assessment best practices statewide to promote psychiatric rehabilitation.

The Functional Assessment Rating Scale (FARS), an assessment tool that allows the documentation and standardization of impressions from clinical evaluations or mental status exams using cognitive, social and role functioning as its' focus, will be piloted in select community mental health centers and one state treatment facility in 2004. Full implementation will begin after the current data system is updated to fully support the measure. Providers will be able to use collected data in real time and will be able to track changes and use the measure for internal quality improvement projects. When the FARS is successfully implemented measures currently being used, such as the Global Assessment of Functioning (GAF), the Positive and Negative Syndrome Scale (PANSS) and the Multnomah Community Ability Scales (MCAS), will gradually be phased out. Completion of the implementation will allow a meaningful comparison of outcomes of individuals served across a variety of treatment settings.

Mental Health Program Goal:

Maximize revenues and create a network of community providers to render service.

Project A:

Maximize revenues and service provision through collaborative work with AHCA.

Actions:

1. The Mental Health Program Office and the Agency for Health Care Administration (AHCA) will jointly develop policy and administrative rule and incorporate changes by the beginning of FY 2004-05. The two agencies have jointly reviewed current departmental and agency policies and administrative rules affecting the operation of community mental health and targeted case management programs to identify policy modifications necessary for consistency in service definitions, standards, and accountability.
2. Develop coordinated budget annually:
To the extent possible, the department and AHCA will collaborate in the development of their respective annual legislative budget requests for community mental health, substance abuse and targeted case management programs. The department and AHCA will develop a plan to establish new procedure codes for emergency and residential services using certified local and state matching funds.
3. Collaborate in the development of procurement documents.

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The department and AHCA will incorporate requirements for the use of best practices, increase access and consumer choice, and support of community-based care requirements for children and families in the child protection system to be included in procurement documents.

4. Establish monitoring and quality assurance standards and protocols.

The department and AHCA's contracted provider developed a network of qualified evaluators (QEN) that provide suitability assessments to determine if a child in the care and custody of the department requires residential treatment to help resolve behavioral health issues and to determine if such treatment would benefit the child. Every 90 days, during a child or youth's treatment at a residential treatment facility, the contracted qualified evaluators conduct an on-site face-to-face independent review of the child or youth's continued need for this level of care. As required in Ch. 39.407, F.S., this initiative will continue and will be evaluated for effectiveness during the next three years.

Project B:
Expand Network Development.

Actions:

1. Continue development of District 1 network:
Pursuant to s.394.9082, F.S. , District 1 (Escambia, Santa Rosa, Okaloosa, and Walton Counties), has had capitated financing strategies for both DCF and Medicaid in place for two years and providers are increasingly able to utilize the new behavioral health data system. This data system will greatly improve accountability and efficiency for providers and practitioners. The most recent annual data indicates that providers met or exceeded the minimum number of clients to be served, with the exception of Children's Substance Abuse. The management component of the system is nearing completion and will provide the functionality needed to answer detailed queries regarding administrative, program and clinical issues.
As a part of implementation, District One contracted with local Mental Health Associations (MHA) in order to assist clients and their families in several critical areas, and several new initiatives (for example, the Medicaid Prepaid Mental Health Plan, the Child Welfare Community Based Care system, and the FALGO medication algorithm initiative) are being implemented simultaneously in District One under the leadership of a common Managing Entity. Indicators of success include equal access for Medicaid and SAMH clients, as well as a decrease in the number of client arrests. The recent analysis of system redesign strategies by the University of South Florida points out that despite problems with data system development, District 1 is moving in a positive direction in achieving the key goals mandated by the enabling legislation. Many initiatives are the result of collaborative efforts that leveraged other sources of community support and "sweat equity", initiatives that are not solely dependent on state funds for sustainability. The managing entity also holds the community-based care contract with child welfare. The District 1 SAMH managing entity will submit a plan specifying how the provider network will be expanded to provide for individual choice of providers within a single managed care plan. The managing entity will identify opportunities for maximizing Medicaid funding in providing mental health and substance abuse services (the district's managing entity is also the managing entity for the Medicaid Prepaid Behavioral Health Care Plan).

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2. Establish administrative service organization (ASO) in District 8:
The ASO was awarded through competitive procurement in December 2003 to Central Florida Behavioral Health Network and will implement a plan to be fully operational and incorporate the conditions of the contract with the district SAMH office by April 2004. Evaluations by FMHI will be conducted through 2006 annually to determine the level of progress being made toward creating a system of care that is integrated and seamless, accountable, and more person-centered. The Mental Health Program Office will support continued service development in the direction of person-centered services, service upgrades aided by clinical path technology, integrating care across service systems, and coordinating district-wide cross-provider planning.
3. Educate district offices and providers about the principles of network development:
Collaborate with consultants and the Florida Council for Community Mental Health to develop a plan to provide educational information to the districts about network development and share best practices in purchasing strategies, clinical pathways, network governance, and report streamlining.

Project C:

Fully implement self-directed care and work with multiple community organizations.

Actions:

1. Support and expand the principles of Self-Directed Care (FloridaSDC):
The FloridaSDC program is a self-directed care model for adults with serious mental illnesses that promotes recovery and self-determination of personal goals. Senate Bill 2894, now Chapter 2004-380, Laws of Florida, which passed during the 2004 Legislative session, provides for the continuation and expansion of the self-directed care project. The department, in cooperation with AHCA, may continue the pilot in District 4 and develop pilots in three other districts for adults with serious and persistent mental illnesses (SPMI). This legislation also provides that the department may develop a self-directed, choice-based pilot in one district for children with serious emotional disturbances (SED) who live at home.

Project D:

Community-based needs assessment and planning.

Actions:

1. The Mental Health Program Office will provide technical assistance to the state mental health planning council:
During FY 2004-05 both the Adult Community Mental Health and Children's Mental Health staff will provide technical assistance as needed to the State Mental Health Planning Council. The Staff Assistant for the Adult Community Mental Health Unit will provide support staff assistance to the Council, both at its quarterly meetings and throughout the year. The State Mental health Planning council is mandated under federal law to conduct three major functions. These include 1) monitoring the adequacy of the publicly funded mental health service system; 2) advocacy; 3) and the completing of the mental health block grant plan.
2. The Mental Health Program Office will increase oversight of services to persons residing in Limited Mental Health Assisted Living Facilities through district mental health plans:

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During FY 2004-05 the Mental Health Program Office will promote expanded stakeholder review in the development of the limited mental health assisted living facility (LMH/ALF) annual plans for each district by requiring district public hearings on ALF issues and conducting statewide plan reviews with all major ALF stakeholders. The Mental Health Program Office will provide enhanced oversight of the needs of mental health residents ALFs by on-site reviews.

4. Districts receiving Mental Health lump sum allocations for FY 2004-05 will be required to solicit input from local communities in planning for the expenditure of these funds.

Project E:

Be responsive to legal and contractual mandates.

Actions:

1. The Mental Health Program Office will monitor access and length of stays for Baker Act: The Mental Health Program Office will monitor access to Crisis Stabilization Units (CSUs) through the development and use of an online system which tracks clients who are waiting for services. The Mental Health Program Office will also monitor length of stay in CSUs using the data collected in the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW).
2. Increase capacity in the Juvenile Incompetent to Proceed Program: The Mental Health Program Office will work to provide additional legislatively required competency restoration services for juveniles found incompetent to proceed due to mental illnesses, mental retardation or a combination of both. These juveniles are ordered by the courts as incompetent to proceed on felony charges and in need of treatment and training consistent with public safety. The department will seek to add capacity to deliver competency restoration services to juveniles currently on the community waitlist.

The Mental Health Program Office will work to provide additional legislatively required competency restoration services for juveniles found incompetent to proceed due to mental illness, mental retardation or a combination of both. These juveniles are ordered by the courts as incompetent to proceed on felony charges and in need of treatment and training consistent with public safety. The department is seeking to add capacity to deliver competency restoration services to 60 juveniles currently on the community waitlist, and increases the per diem rate in the secure residential placement. The increase in the per diem rate will cover increased medical expenses not covered by Medicaid since Medicaid is suspended in state mental health treatment facilities over 16 beds. Costs of psychotropic medications and other medical needs of the population have exceeded projections.

3. Sexual Violent Predator Program: The Mental Health Program Office, Sexually Violent Predator Program, will continue to work with its contracted providers to evaluate, confine, and treat potential and adjudicated sexually violent predators as required by chapter 394, part V, Florida Statutes, subject to the availability of funding. Residents of the Florida Civil Commitment Center (FCCC) have filed Canupp et al. v. Regier, a federal class action lawsuit against the Department and FCCC, alleging that FCCC residents have not been provided adequate sexual offender treatment services, adequate general mental health services, or adequate developmental disability services. The Department, represented

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by the Office of the Attorney General, is preparing a vigorous defense of the litigation. The Department will explore the feasibility of developing funding to ensure that FCCC will be able to provide residents minimally adequate services such that the risk of an adverse decision in the Canupp litigation is minimized.

4. South Florida State Hospital:
Each fiscal year the department requests state funds to provide a price level increase of 3% to the contract value for the operation of South Florida State Hospital and to maintain quality of care for its residents with mental illnesses. The price level increases the bed day rate to the provider for care to residents but does not increase the number of available beds. The facility is contracted to operate 325 beds and serve a catchment area that includes Districts 8, 9, 10, 11, 14, 15, and the Suncoast Region.
5. Replace non-recurring General Revenue for disproportionate share:
The Department of Children and Families operates five adult state mental health treatment facilities (2,285 beds) with 4,334.50 employees' positions. \$29,464,335 in recurring General Revenue Funds is needed to restore the facilities' salary budget appropriated as non-recurring for Fiscal Year 2003-2004 due to the loss of federal Medicaid disproportionate share funding. With a reduction of \$29,464,335 in recurring salary budget, the department would not be able to continue to operate its current facilities.

Mental Health Program Goal:

Prevent or reduce disabling aspects of mental illnesses. Reduce the occurrence and negative mental health outcomes of child abuse, domestic violence, and other traumatic events.

Project A:

Focus services to provide quick and effective response to trauma and crisis.

Actions:

1. Improve Single Point of Access (SPOA):
The Mental Health Program Office in partnership with the family safety/ community-based care (CBC) staff in each district will ensure that all children placed into shelter care due to incidents of child abuse, domestic violence and other traumatic events are provided behavioral health assessments and services to assist them in reducing the negative mental health effects of these issues. Mental health consultation provided to family safety counselors at the family safety unit level will help ensure early identification of behavioral health needs of the child and his/her family and provision of the recommended services.
2. Improve crisis response system of the Behavioral Health Network (BNet):
The Mental Health Program Office will ensure effective responsiveness in its BNet program by such activities as reevaluating the requirements of its BNet model contract relative to trauma and crisis response resources and procedures; and working to identify and implement a methodology to evaluate contractor responsiveness, so that deficiencies can be measured and corrected.
3. Reduced need for state custody:

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The Mental Health Program Office will ensure that behavioral health services are provided to Florida children who are living at home and are diagnosed with the most severe emotional disturbances and not getting the mental health treatment they need to help them stay with their families. This will be done by providing community-based behavioral health services to the child and family at the intensity and duration needed to maintain the child in the home. These intense services will be provided through contracts with community-based Medicaid behavioral health service providers. The Mental Health Program Office is partnering with the Agency for Health Care Administration (AHCA) to research policy that would allow non-Medicaid eligible children to be considered a "family of one" for the purposes of accessing needed residential mental health treatment services. In addition, the mental health program office will continue to seek funding for community and residential mental health treatment services required to keep families intact and to eliminate the occurrence of families relinquishing custody to access mental health treatment services for their children that they cannot afford.

4. Change from ineffective treatment modalities to best practices:
The Mental Health Program Office will focus on the identification and promotion of services that provide quick and effective response to trauma and crisis. This will be accomplished through researching and dissemination of information of nationally recognized evidence based practices in the provision of children's mental health services, services in state mental health treatment facilities, and in forensic services.

Project B:

Improve access to behavioral health care services in primary health care.

Actions:

1. Work with the Agency for Healthcare Administration (AHCA) to review care in Medicaid funded health maintenance organizations (HMOs) and in Florida Healthy Kids:
The Mental Health Program Office will work with AHCA to contract with an external quality review organization, for continuity of data and process, to review both Medicaid HMO services and Florida Healthy Kids Program, and will recommend that a focused review of care related to behavioral health diagnoses be included. The Program Office will participate in developing the behavioral health review criteria and process for use by the review organization. The review will include elements such as prevalence of care (volume of care relative to volume of need), timeliness and appropriateness of care, medications, and appropriateness of referrals made to behavioral health professionals when indicated.
2. Develop interagency cooperative agreements with federally qualified health care centers and public health departments:
The Mental Health Program Office is working in cooperation with the Department of Health, Florida Council for Community Mental Health and Florida Association of Community Health to develop an interagency agreement template that could be used by the federally qualified health care centers and community mental health centers to develop cooperative arrangements to provide non-duplicative behavioral services. This is especially important in rural areas where behavioral services are not otherwise available. Telemedicine practice will be explored as a possible method to deliver psychiatric evaluation and consultation for individuals being served by primary care physicians.

Project C:

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Implement campaigns to reduce stigma associated with mental health treatment and suicide.

Actions:

1. Implement the federal grant to eliminate barriers to treatment:

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) developed the Elimination of Barriers Initiative to work with States and stakeholders to reduce the stigma and discrimination associated with mental illnesses. The EBI is a three year demonstration designed to test models and public education materials, including radio, television, and print public service announcements (PSAs), in eight pilot States, including Florida. The official launch of EBI occurred May 22, 2004 in Orlando and a public relations firm contracted by CMHS is currently in the process of distributing PSAs, as well as materials for business owners, managers, and human resource professionals, to the pilot states. DCF district staff and public information officers are assisting at the local level with distribution of these materials, and volunteers will be trained in outreach methods at three regional trainings currently scheduled in September 2004 in Tampa, Ft. Lauderdale, and Orlando. All activities and educational materials are being evaluated to determine their effectiveness, and at the end of EBI in 2005, findings will be compiled into an evaluation report used to guide future mental health education activities. The ultimate goal is the distribution of evidenced-based public education practices to States and communities across the country.

2. Work with the Governor's office to reduce the suicide rate:

The Mental Health Program Office has aligned its suicide prevention plan with the Governor's Task Force on Suicide Prevention to address the over-arching goal of reducing the suicide rate in Florida. The Program Office convened a department-wide suicide prevention workgroup that included staff from Adult Community Mental Health, Children's Mental Health, Family Safety, Education and Training, Substance Abuse and other departmental offices to develop a strategy to increase the awareness of suicide risk factors, protective factors, and appropriate interventions during crises. The Program Office contracted with the Beth Foundation for suicide prevention training using the Gatekeeper model. Three regional train-the-trainer sessions were conducted in June of 2004 and participants will be conducting trainings of their own, ultimately leading to education of the general public in how to assess for suicidal ideation and intent, and intervene when needed. Evaluation of the Gatekeeper training model is being provided by Florida State University's Institute for Health and Human Services Research. The Program Office has presented EBI materials to the public and mental health communities and the expectation is that through the reduction of stigma, more Floridians will seek treatment rather than take their own lives. The DCF Suicide Prevention Workgroup will continue to meet to delineate plans to support and improve the expertise of the department's district offices and stakeholders as they evaluate satisfaction outcomes locally, and to coordinate state-funded crisis services including adult and children's crisis stabilization units (CCSUs), FACT services and mobile crisis response services with existing community suicide prevention programs.

Project C: Collaborative Initiative: TANF:

Expand Mental Health Services for very young children and coordinate with Substance Abuse and Adult Mental Health.

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Actions:

1. Promote Early Intervention services for Temporary Assistance to Needy Families (TANF) clients:

The Mental Health Program Office will improve and expand Early Intervention Services to children presenting risk factors for out-of home placement, family safety involvement, and welfare dependency. The activities involved in promoting Early Intervention Services for TANF clients include: 1) Identification of the social, emotional and behavioral needs of children within Substance Abuse and Mental Health system of care; 2) Create a coordinated system for early identification of mental health needs for children birth to age five, through the process of screening, assessment and referral within the Districts/Region; 3) Build a training infrastructure for Infant Mental Health to include three levels: Level 1-Training for Frontline caregivers. Level 2 -Training for families and professionals caring for children in organizations and eventually to law enforcement and the judicial systems. Level 3 - Ongoing continuing education opportunities for specialized, advanced training for currently practicing mental health professionals.

2. The Mental Health Program Office will develop mechanisms to outreach to persons receiving substance abuse and mental health treatment regarding parenting services to Temporary Assistance to Needy Families (TANF) clients:

The Mental Health and Substance Abuse Program Office currently provides Outreach Services through a formal program to both individuals and the community. Outreach services for individuals are those of encouragement, education, and engagement for prospective clients who show an indication of substance abuse and/or mental health problems or needs. Therefore, Outreach will expand, to include identification of individuals presenting risk factors for parenting services.

3. Develop funding source for Infant Mental Health Prevention and Early Intervention services to Temporary Assistance to Needy Families (TANF) Clients:

The Adult Mental Health Program Office in conjunction with Children's Mental will seek funding for Infant Mental Health Prevention and Early Intervention services to enhance services to TANF clients. The Plan will focus significantly on providing early intervention services that prevent emotional and behavioral disorders in evidence-based practices, which support the development of nurturing relationships and parental stability that is critical to strengthening community capacity to serve the birth to age 5 client population.

4. Develop a funding source to obtain recurring Temporary Assistance to Needy Families (TANF) dollars and shift use of funds to prevention and early intervention:

The Mental Health Program Office will develop a budget request to continue to obtain recurring TANF dollars and coordinate training and implementation of Prevention and Early Intervention services to TANF client Districts/Region wide. The TANF staff will provide statewide support and technical assistance training for both coordination and implementation of Prevention and Early Intervention Infant Mental health services. The TANF staff will ensure continuity of care as well as implementation of mandated Federal TANF goals on the state level. Prevention and Early Intervention improves family stability and parent/child relationships, which ultimately increases economic self-sufficiency, so that children may be cared for in their own homes.

5. The Mental Health Program Office in conjunction with the Substance Abuse Office will request budget authority to streamline and automate the TANF SAMH client process:

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The TANF SAMH database computer program will be a secured program that will run behind the state's firewall and will also incorporate further security to control each user's access and type of user. The TANF SAMH database computer program will be used by, Districts/Regional staff, statewide service providers, data liaisons, and management staff.

Mental Health Program Goal:
Increase quality of service and supports.

Project A:
Refocus district/central functions to support system redesign.

Actions:

1. The Mental Health Program Office will work with the district offices on development of their respective zones, and appoint staff to lead each zone:
Area/ Zone leaders for Substance Abuse / Mental Health have been approved.
Memorandum of understanding by Area/ Zone will be approved by September 2004.
2. The Mental Health Program Office will support the districts in planning for local systems of care. Districts were provided training and guidance regarding development of provider networks during FY 2003-2004. Further development and implementation of SB 2404 is being planned.

Project B:
Other Personnel Service (OPS) Conversion.

Actions:

1. In FY 2004-2005 the Mental Health Program Office requested approval to convert OPS staff to career service in order to stabilize the workforce and provide staff resources to oversee local systems of care. Since this issue was not approved by the Legislature, the program office will readdress the feasibility of obtaining funding again in FY 2005-2006.

Project C:
Increase capacity of provider workforce.

Actions:

1. Continue FACT training:
As a critical step toward development of in-state training capacity, up to six FACT teams will be identified as potential training sites as part of a certification process. The certification process will identify FACT teams that can assist in training teams that are having difficulty replicating the PACT model. These teams will ensure that the FACT Teams are providing services and supports to increase FACT recipients' potential for independent community living, employment and a reduction in state hospitalization. FACT Teams will receive side-by-side training by out-of-state PACT and National Alliance for Mental Illness (NAMI)-certified expert trainers. Mental Health Program Office FACT staff and selected team leaders from teams identified as potential training sites will participate in this training. This will result in a reduced reliance on PACT expert trainers. In-state technical assistance can be provided using local resources, at a much lower cost.

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2. **Develop clinical training:**
The Mental Health Program Office will ensure that providers receive training in the most effective practices available. The Program Office, in partnership with universities, will provide training in evidence-based practices using the most economical venues possible. However, studies have shown that training alone is not sufficient to ensure change in practice. Because knowledge of the field of mental health treatment is evolutionary, providers also need to be engaged in the process of implementing and improving service delivery by engaging in both quality assurance (QA) and quality improvement (QI) activities, especially as best practices evolve. These processes will be included in the training materials developed by the Mental Health Program Office
3. **Revise case management training:**
The Mental Health Program Office is developing targeted case management training that is both strength-based and uses evidence-based approaches to promote recovery. Consideration will be given to instituting a certification process requiring continuing education to ensure that direct service and support providers remain current with promising practices and research-based strategies for promoting recovery for persons with serious mental illnesses.
4. **Evaluate and address turnover and staffing issue in both state mental health treatment facilities and community mental health centers:**
The state mental health treatment facilities and community mental health centers have targeted staff retention as a strategic objective. Approaches taken during the next three years will include: managing unscheduled leave and improving staff schedules; strengthening employee wellness programs; improving the use of reinforcement for positive behavior; providing educational leave; and improving the selection of staff by studying the characteristics of high performing staff.
3. **Set staff competency levels for community mental health centers:**
Section 394.478(2), F.S., provides the department with rulemaking authority to establish standards of education and experience for professional and technical personnel employed in substance abuse and mental health programs. Furthermore, ss.394.4572, 394.4781(4)(c) and 394.457(6)(a), F.S., require that the department establish standards for employment screening of substance abuse and mental health staff, personnel standards for children's residential programs, as well as education and experience standards related to the operation and administration of Florida's Baker Act. In addition to the statutory requirements, the Mental Health Program Office seeks to establish competency-based training for community mental health center employees that is evidence-based, recovery-oriented and culturally competent. The intent of increasing these staffing standards is to increase the quality of care provided for the individuals served by the department.
6. **Evaluate cultural competency at provider level and institute change:**
The Mental Health Program Office conducted a needs assessment that was intended to identify, in part, the extent, nature, and methods of cultural competency training currently being provided. The results of the needs assessment will be used to develop a training program. The Program Office will serve as an information clearinghouse for best practice information in order to improve the capacity of the providers to offer culturally competent care. Throughout 2004-2007 the Mental Health Program Office will work with the Child Welfare and CBC Program Offices to identify and promote culturally

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appropriate interventions for Native American populations, as well as Hispanic and Creole individuals and their families. This will ensure that “like services”, as required by Title IV, are provided. This will be done through development of strength-based competencies which recognize the importance of honoring the unique cultural understanding and sensitivity of the person receiving services and his/her family when developing and providing mental health services.

Mental Health Program Goal:

Increase Quality of Service Interventions and Improve System of Fiscal Accountability.

Project A:

Redesign and implement uniform monitoring tools and develop mechanism for monitoring quality.

Actions:

1. Revise Administrative Rules:

On July 1, 2003, the SAMH Program Offices promulgated a revised financial rule, 65E-14, F.A.C., to ensure greater accountability of SAMH providers, as well as to promote operational standardization in the areas of finance and administration among providers statewide. Several training sessions were provided in June 2003 to district staff, SAMH providers and other interested stakeholders, in an effort to promote the understanding and standardization of these rule provisions across the state. Subsequent to these training sessions, based on feedback and input from district staff and SAMH providers, the Program Office filed an additional rule amendment to clarify and streamline many operational aspects of the rule. These changes became effective in November 2003. District and provider compliance of the provisions placed in this rule will be closely monitored throughout the year. 394.741, F.S. requires the department and AHCA to promulgate administrative rules that outline monitoring and licensing processes for accredited providers and to monitor only those items that are formally adopted as state or federal law, statute or administrative rule. In February 2004, the Mental Health Program Office began the process of amending all current program rules, as well as promulgating new rules as legislatively mandated. As required by Chapter 394.741, F.S., these rules will include standards and processes for licensing and monitoring accredited providers. Updated programmatic standards will allow for a more comprehensive monitoring and licensing program for both accredited and unaccredited service providers.

2. Development and maintenance of monitoring tools:

In October 2003, the SAMH Program Offices released monitoring tools that assess contract compliance with current administrative program rules as well as general administrative and fiscal areas addressed in contractual agreements. In compliance with the provisions of Chapter 394.741, F.S., the monitoring tools and protocols address duplication with accrediting bodies. As state and federal laws and rules are amended or promulgated, the Mental Health Program Office will complete analyses of accreditation standards and amend monitoring tools and protocols as necessary.

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3. Provide training:
A statewide training was provided to district monitoring staff in October 2003 on the implementation of legislative initiatives relative to provider contract compliance monitoring. Additional training is planned for October 2004 regarding the provisions of the SAMH Financial Rule 65E-14. Additional trainings and technical assistance to district staff will be provided on an on-going basis throughout the year.
4. Track district monitoring and implement three tiered monitoring approach:
The central SAMH Program Office will provide training and technical assistance to district staff in the areas of monitoring methods, protocols, and evaluation. A three tiered approach to monitoring will be implemented to include contract compliance monitoring, monitoring of program specific administrative rules and statutes, and clinical monitoring. The central SAMH Program Office will carefully monitor district progress in the application of these tools and protocols through technical assistance, site visits, zone meetings, and conference calls. Beginning in October 2004, district contract managers will be responsible for submitting information relating to provider monitoring deficiencies to the statewide monitoring reporting system. This will enable Central Mental Health Program Office staff to more effectively track the development and resolution of corrective action plans.

Project B:

Comply with HIPAA standards.

Actions:

1. Develop statewide standards:
HIPAA requires the department to comply with: (a) privacy standards (45 CFR Parts 160 and 164) by April 14, 2003; (b) electronic transactions and code sets standards (45 CFR Parts 160 and 162) by October 16, 2003; and (c) security standards (45 CFR Part 142) by April 20, 2005. To meet these requirements, the department completed and implemented a HIPAA Project Plan in December 2001, which targets the following milestones: a.) Develop and implement HIPAA privacy standards, including identification of privacy officer and associated functions, development of HIPAA policies and procedures, and staff training and certification (completed April 2003); and b.) Complete the statewide implementation of HIPAA standards for code sets, including modification of existing data systems to that contain secure and controlled access to confidential information (completed July 2003).
2. Provide notice to affected persons:
The department is expected to obtain a legal opinion about whether or not contracted providers should comply with HIPAA electronic transaction standards if they submit service events that are used by the department as the basis for verification and payment of their invoices. A SAMH policy document based on this legal opinion is expected later in 2004. The department is also expected to complete the HIPAA privacy requirements for noticing individuals served in state mental health facilities about their rights and privileges to know how their protected health information may be used and disclosed.
3. Complete development and statewide implementation of HIPAA security standards:
The department is expected to complete the development and statewide implementation of the HIPAA security standards, including remediation and closing of the gaps related to record maintenance, use and re-use of computer equipment, data back-up and storage,

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integrity and audit controls, encryption and decryption of electronic data, and automatic logoff and authentication methods.

Project C:
Improve Performance Measurement System.

Actions:

1. Use data work group (DWG) to identify performance indicators:
The Mental Health Program Office will continue to use the Data Improvement Workgroup (DIWG) members as the main input vehicle for stakeholders' input to identify and use appropriate performance indicators and measures as accountability tools to drive system changes.
2. Use performance measurement to drive system change:
 - a. Accountability for best practices:
The Mental Health Program Office, in collaboration with the DIWG, will assess the degree to which the service delivery system follows evidence-based practices for delivering care at all levels. Various source documents, such as strategic plans, performance partnership grants, statutes, rules and regulations, accreditation standards, and publications and research studies sponsored by various national organizations (e.g., the National Association of State Mental Health Program Directors – NASMHPD and the National Association of State Alcohol and Drug Abuse Directors – NASADAD) will be used as the framework for identifying and defining key systemic performance indicators and measures associated with various evidence-based practices.
 - b. Accountability for individual outcomes:
The Mental Health Program Office, in collaboration with the DIWG, identify outcomes that can be used at the local level as part of the provider's quality assurance process to assess changes that occur for individual individuals as a result of delivering care. Key source documents, such as individual service plans and treatment plans, may be used as the framework for defining key performance indicators associated with individual's needs and how these needs are being met at the local level.
 - c. Accountability for system performance:
This will include key performance indicators and measures to assess the system of care compliance with strategic and organizational objectives at the state, district and local levels. Various source documents, such as contracts, statutes, rules and regulations, strategic plans, and other systemic policies and procedures, will be used as the framework for defining key performance indicators and measures associated with system performance. The General Appropriations Act (GAA) performance measures are examples of system performance indicators.
3. Stakeholder meetings:
The Mental Health Program Office has begun holding performance measurement stakeholder meetings to identify nationally recognized measures that may be adopted by Florida. This process includes initial meetings with various SAMH stakeholders, including districts, providers, advocacy groups, state institution representatives, and

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Legislative staff. Furthermore, an attempt is being made to integrate performance measures required by a variety of funding sources, accreditation bodies, and state and federal government entities.

4. Contract with the University of South Florida Louis de Parte Florida Mental Health Institute (FMHI):

Pending the development of these new performance measures, the department has a contract with FMHI to conduct an operations research study to analyze existing data pertaining to relationships between GAA performance outcomes, individual characteristics, and types of services provided. Data needed for this research are still being collected and analyzed for publication by July 2005. The understanding gained through these analyses will result in improved ways of contracting for services, developing performance standards, and setting more realistic performance targets. Over the long-term, an understanding of these relationships will allow risk-adjustment of outcomes or payments based on various risk factors involved.

Project D:

Transform the data system into a decision making model.

Actions:

1. COGNOS software:

During FY 2001-2002, SAMH Program Offices implemented web-based data analysis and reporting tools that use COGNOS software products. This software permits "data mining" that is capable of analyzing and reporting tabular and graphic data from multiple databases simultaneously via the Internet. This software, which has only been available to departmental staff, will be deployed statewide and will be directly accessible to staff in provider agencies. This will greatly improve the accessibility and dissemination of SAMH data for planning, monitoring, and other purposes as required by s.394.9082, F.S.

2. One Family SAMH system:

During FY 2002-2003, the department successfully developed and piloted web-enabled application software in District 1 contracted provider agencies to reflect HIPAA standards as well as the s.394.9082, F.S., and Chapter 2003-279, LOF, data requirements. This application software system, known as ONE Family SAMH, provides not only provider-level data, but also individual-level data related to socio-demographic and clinical characteristics of persons served, the types and amounts of services received, and the outcomes of these services. This system, which will be deployed statewide in FY 2004-05 will replace the existing SAMH systems (i.e., ADMDW and MHSA), is also designed to integrate data from other database systems including, but not limited to, the following:

- ?? Florida Accounting Information Resource (FLAIR), which provides data on approved operating budgets, as well as revenues and expenditures related to substance abuse and mental health services;
- ?? Florida Medicaid Management Information System (FMMIS), which provides data on Medicaid eligibility status and Medicaid paid claims;
- ?? Florida Online Recipient Integrated Data Access (FLORIDA), which provides information on TANF eligibility status for persons who need cash assistance;
- ?? Home SafeNet, which provides data on children and families served in the state welfare system; and

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- ?? ADM Contract Database, which provides data on provider capacity, contracted service units and unit costs (Exhibit A), and contracted performance measures and targets (Exhibit D)
3. Financial management database system:
In September 2003, in response to s.394.77, F.S., the SAMH Program Offices completed the development of a financial management database system. This automated system will allow staff in the central and district offices to use a uniform process to allocate the approved operating budgets by district and contract, track contract amendments and invoice payments, and monitor surpluses and deficits for contracted services. This system was tested and prototyped in October and November 2003 by contract managers and fiscal staff in Districts 4, 11 and 14, and was deployed statewide in December 2003. The long range plan is to redesign this system by integrating the ADM contract database using web-enabled application software.
 4. Waiting list:
The SAMH Program Offices, in collaboration with the Office of Adult Program services and the Office of Information Systems, are developing the requirement specifications to add a waiting list data module in ONE Family SAMH, which will be used statewide to monitor the status of persons on waiting lists for various services, including those waiting to be discharged from or admitted to state mental health facilities or to community provider agencies.
 5. Functional assessment instruments:
Currently, there is no uniform clinical instrument to assess the levels of functioning for adults served in the mental health program. The central Mental Health Program Office organized a task force, including clinical staff from various organizations, to conduct a nationwide survey of existing functional assessment instruments and to recommend those that are appropriate for persons served in the mental health program. In September 2003, this task force recommended the use of Functional Assessment Rating Scale (FARS) and Modified Global Assessment of Functioning Scale (GAF-M). The department expects to complete a detailed implementation plan in 2004, which will describe action steps and strategies to pilot these instruments in FY 2004-2005 moving into full implementation in FY 05-06. The instrument will be used as part of a GAA measure for the State Mental Health Treatment Facilities in FY 06-07.
 6. Prevention data:
The central Substance Abuse Program Office contracted with the University of Miami to develop a web-enabled Performance-Based Prevention System (PBPS). The department expects to implement the statewide system, including the development of its interface with ONE Family SAMH.
 7. TANF eligibility data:
Currently, only data pertaining to TANF eligibility for cash assistance, which are collected by the Economic Self-Sufficient (ESS) Program Office and maintained in the FLORIDA system, are accessible to SAMH Program Office staff via the ONE Family SAMH system. The SAMH Program Offices are developing a database system to collect data on persons who are eligible for TANF services other than cash assistance, e.g., family diversion. This database will be piloted in FY 2004-2005 for statewide

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implementation in FY 2005-2006, including the development of its interface with ONE Family SAMH System.

8. ASAM data:
The substance abuse service providers use the American Society of Addiction Medicine (ASAM) instrument to determine the individuals' levels of care at the time of an individual's admission, throughout his/her treatment and at his/her time of discharge. This process is currently done manually and data collected cannot be easily analyzed and reported. The central Program Office has already developed the requirement specifications to automate this process by adding the ASAM data module into ONE Family SAMH System.
9. Medicaid eligibility data:
The SAMH Program Offices have signed an agreement with AHCA to receive daily extract of data pertaining to SAMH individuals who are Medicaid eligible. As a result of this agreement, SAMH providers will have online capability to determine the Medicaid eligibility status of their individuals, and SAMH Program Offices will be able to match these data with corresponding records in ONE Family SAMH in order to identify SAMH service events that are Medicaid compensable, i.e., SAMH services that are Medicaid billable and are provided to Medicaid eligible individuals. The central SAMH Program Offices have already completed the requirement specifications to pilot this process.
10. Community needs assessment data:
A workgroup including staff in the districts, state mental health treatment facilities and central Program Office are developing the requirement specifications, which will be used to consolidate and automate information related to Form 7000 and Form 7001 admission and discharge forms. The plan is to complete the programming activities, including testing and prototyping. This data module will then be linked to the Waiting List data module, which will be piloted and implemented in ONE Family SAMH.

D. Justification of Revised or New Program and/ or Services

The Mental Health Program Office developed new goals for the mental health service delivery system with the passage of Senate Bill 2404, now Chapter 2003-279 Laws of Florida, and with the influence of Chapter 394, Florida Statutes. These goals, which began in fiscal year 2003-2004, are linked to various projects and actions, as were discussed in the trends and conditions section of this document, and their links to legislative mandates are described below.

1. Support life in the community for adults and children with mental illnesses. Per Chapter 394.66 (1), Florida Statutes, the Mental Health Program Office will "recognize that mental illness and substance abuse impairment are diseases that are responsive to medical and psychological interventions and management that integrate treatment, rehabilitative, and support services to achieve quality and cost efficient outcomes for clients and for community-based treatment systems."
2. Prevent or reduce disabling aspects of mental illnesses. Reduce the occurrence and negative mental health outcomes of child abuse, domestic violence, and other traumatic events.

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According to Chapter 394.66 (5), Florida Statutes, the Mental Health Program Office will “ensure that all activities of the Department of Children and Family Services and the Agency for Health Care Administration, and their respective contract providers, involved in the delivery of substance abuse and mental health treatment and prevention services are coordinated and integrated with other local systems and groups, public and private, such as juvenile justice, criminal justice, child protection, and public health organizations; school districts; and local groups or organizations that focus on services to older adults.”

3. Increase quality of interventions and accountability.
Chapter 2003-279 Laws of Florida requires that the Department “establish or develop data management and reporting systems that promote efficient use of data by the service delivery system. Data management and reporting systems must address the management and clinical care needs of the service providers and managing entities and provide information needed by the department for required state and federal reporting.”
4. Maximize revenues and create a network of community providers to render service.
In order to maximize revenues, Chapter 2003-279 Laws of Florida, authorizes the Department to “implement through administrative rule fee-for-service, prepaid case rate, and prepaid capitation contract methodologies to purchase mental health and substance abuse services.” In order to create a network of community providers to render services, Chapter 2003-279 Laws of Florida requires that “the agency and the Department of Children and Family Services shall contract with managed care entities in each AHCA area except area 6 or arrange to provide comprehensive inpatient and outpatient mental health and substance abuse services through capitated prepaid arrangements to all Medicaid recipients who are eligible to participate in such plans under federal law and regulation.” Additionally, “traditional community mental health providers under contract with the Department of Children and Family Services pursuant to part IV of chapter 394, child welfare providers under contract with the Department of Children and Families and inpatient mental health providers licensed pursuant to chapter 395 must be offered an opportunity to accept or decline a contract to participate in any provider network for prepaid behavioral health services.”
5. Increase quality of service and supports
The Mental Health Program Office will ensure an increase in the quality of services and supports through “an ongoing formative evaluation of each strategy to identify the most effective methods and techniques used to manage, integrate, and deliver behavioral health services. The entity conducting the evaluation shall report to the Department of Children and Family Services, the Agency for Health Care Administration, the Executive Office of the Governor, and the Legislature every 12 months regarding the status of the implementation of the service delivery strategies.”

E. Justification of Final Projection for each Outcome

1. The Department goal to support life in the community, has the outcomes of community days for seriously emotionally disturbed (SED) children and for severely and persistently mentally ill (SPMI) adults. The projected performance is 348 and 350 respectively. The direction of these measures is to stabilize or increase the number of days spent in the community. The performance projections are based on a history of actual performance over the past four years. The greater our ability to keep SED and

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SPMI adults in community placements, the more effectively and efficiently the Mental Health Program Office will be with the allocated dollars.

2. The Department goal to prevent or reduce the disabling aspects of mental illnesses and reduce the occurrence and negative mental health outcomes of child abuse, domestic violence, and other traumatic events, has the outcome measures of average days worked for pay and average functional levels for adults with SPMI, and the percent of school days attended and average functional levels for children with SED. The direction of these measures is to stabilize or increase performance. The projected performance is based on two years of actual performance data. As the performance on these types of measures improves, the fiscal impact on the mental health system should decrease. Client will remain in more stable environments and be less in need of more expensive and restrictive placements; and clients will have the opportunity to participate and contribute to their community.

3. The Department goal to increase quality of interventions and accountability. The measure associated with the goal is the percent of the community mental health clients served who have at least one performance measure record submitted to the data warehouse. The direction of this goal is to increase the number of clients served who have performance measure records submitted to the data warehouse. The projected performance is based on three years of actual performance data. This measure impacts the reliability and validity of the data we are using to evaluate the quality of the interventions we are providing, and hence the ability of the Mental Health Program Office to appropriately fund the most effective programs.

4. The Department goal to increase the quality of services and supports, with the measure of the percent of community mental health providers and state mental health treatment facilities which are accredited. The accreditation process lends credibility to the mental health system as a whole and can assist in the reduction of the cost of administrative oversight.

5. The Department goal to maximize revenues and create a network of community mental health providers. The outcome measure for this goal is the percent of districts which are at the equity funding benchmark for adults with SPMI and children with SED. The allocation of dollars to provide for equitable funding regardless of geographic area is imperative to the provision of quality services.

F. Potential Policy Changes Affecting the Budget Request

The Mental Health Program Office has no policy changes affecting the agency budget request or Governor's recommended budget.

G. Changes that Which Would Require Legislative Action

The Mental Health Program Office has recommended three modifications to existing law, including the applicability of the Jimmy Ryce Act, use of force in the Sexually Violent Predator Program, and placement of dependent children into residential mental health treatment. These will not result in the elimination of any programs, services, or activities.

H. Task Forces and Studies in Progress

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1. District 1 & 8 Mental Health Service Delivery System Redesign
Authority: SB 1258 (394.9082)
Purpose: To provide formative evaluation Delivery System Redesign of effectiveness of service delivery strategies that are developed and implemented to reach goals specified in s. 394.9082 (6), F.S.
2. Baker Act and Mental Health Counselors:
Authority: Chapter 2004-385, Laws of Florida.
Purpose: To create a Baker Act Workgroup for the purpose of determining the fiscal impact of including Licensed Mental Health Counselors in the designated professionals permitted by law to seek involuntary examination under the Baker Act. The Workgroup membership is designated in law. The Workgroup will present its findings in a report to the Speaker of the House of Representatives and to the President of the Senate by March 1, 2005.
3. Florida Self-Directed Care:
Authority: Chapter 2004-380, Laws of Florida.
Purpose: To implement an evaluation of the Florida Self-Directed Care (FloridaSDC) program during FY 2004-05. The evaluation will compare data from participants and non-participants and address service costs, satisfaction with services, service utilization, and levels of community integration and interaction. It will also address applicability to Medicaid funded programs for FloridaSDC.
4. Florida Task Force on Suicide Prevention:
Authority: In November of 2000, Governor Bush directed Jim McDonough, the Director of the Florida Office of Drug Control, establish a state suicide prevention task force.
Purpose: To explore best practices in suicide prevention and reduce the suicide rate by 1/3 by 2010 in each of the following populations: Youth, Adults, and Elders.
Representation includes members of the American Foundation for Suicide Prevention (ASFP), Florida Initiative for Suicide Prevention (FISP), Departments of Children and Families, Corrections, Juvenile Justice, Education, Health, as well as the University of South Florida, and the Suicide Prevention Action Network – Florida (SPAN-FL). The organization has collected information from various stakeholders and is the process of developing a state suicide prevention strategy.
5. Substance Abuse and Mental Health Corporation:
Authority: Section 21, Chapter 2004-269 Laws of Florida (394.655(10), Florida Statutes).
Purpose: To implement Specific Appropriation 372 of the 2004-2005 General Appropriations Act, the annual report required for 2004 shall include a specific analysis of managed care contracts and the impact of these contracts on the mental health service delivery system in Florida. Provider and client outcomes must be assessed from the perspectives of cost effectiveness, quality of care, and access to care. The Substance Abuse and Mental Health Corporation has appointed an Ad Hoc committee to review the issue and has hired a consultant to conduct a comparison of HMO and Prepaid Mental Health contract benefit packages. The Ad Hoc committee will be reporting on this status of this study at the next Corporation meeting in August, 2004.

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6. Behavioral Health Overlay Services Study:

The University of South Florida Louis de Parte Florida Mental Health Institute is under contract with the Agency for Health Care Administration to conduct a study on Behavioral Health Overlay Services. The study will determine whether services have been implemented as intended, (i.e., in a flexible and individualized manner), who is being served, at what cost and to what effect. The work for this study will be completed in two phases. The current phase includes the development of the evaluation plan and the results of an initial descriptive analysis of the characteristics of and treatment received by those who have received Behavioral Health Overlay Services in the Florida during FY 2001–2002. The second phase will include the file reviews of children and youth who have received Behavioral Health Overlay Services and review of documents and interviews with provider staff. The descriptive analysis of administrative data completed in the first phase will be expanded to include data from fiscal year 2002–2003 and will include an analysis of services before, during and after children and youth have been discharged from services. The costs and cross-system outcomes, e.g., child welfare, juvenile justice, and mental health, for these youth also will be examined.

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Economic Self-Sufficiency Program

A. Primary Responsibilities

Florida Statutes require that the state manage a system of federal entitlement programs per federal law. Section 414.025, F.S., states: "It is the intent of the Legislature that families in this state be strong and economically self-sufficient so as to require minimal involvement by an efficient government." Subsection 20.19(4), F.S., creates within the Department of Children and Families an "Economic Self-Sufficiency Services Program Office". The responsibilities of this office encompass all eligibility services operated by the Department.

The program mission of Economic Self-Sufficiency Services is commitment to promoting self-sufficiency by assisting eligible individuals, including the working poor and needy, transition into more stable and self-sufficient individuals and families. Comprehensive Eligibility Determination is the process of determining an assistance group's technical, asset and income eligibility and calculating benefits. These services include food stamp benefits that are used to purchase food, cash assistance to meet basic housing and other essential expenses, and eligibility for medical services supplied by providers certified eligible by the Agency for Health Care Administration. By receiving this assistance along with job search skills from Agency for Workforce Innovation, clients can achieve self-sufficiency and move into a more stable situation. Government provides this service to ensure that the most vulnerable citizens will be able to exist in a safe environment until they can become self-sufficient thereby breaking the cyclical existence of poverty and welfare.

In some instances, clients who are elderly or disabled may not obtain complete self-sufficiency, but through Special Assistance Payment services, they can achieve a more stable and safe environment. Optional State Supplementation is a general revenue public assistance program that provides payments to supplement the income of indigent elderly and disabled individuals who can no longer live by themselves and who live in non-institutional settings. The types of payments are Adult Congregate Living Facility Care Supplement, Foster Home Care Supplement and the Personal Care Allowance. These programs provide the necessary supportive services to encourage and assist the aged and/or disabled to remain in the least restrictive environment possible, and to postpone the need for nursing home placement. *Homeless Assistance* is also made available as a safety net for individuals and families who, through economic downturns, personal and environmental tragedies, or other unforeseen disaster, do not have the resources to meet their basic needs.

Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to client and agency error, including fraud. Additionally, the Department maintains a Front-end Fraud Prevention Program to prevent cash assistance and food stamp fraud. Error rate reduction consists of a number of activities designed to reduce the number and amount of errors in public assistance. These include Second Party Review of public assistance cases, the use of a data brokering system that provides an online applicant screening information tool, and regional/statewide conferences seeking to address error-prone policies.

The Refugee Assistance Program provides cash and medical assistance for eligible refugees. The cash assistance program is time-limited and carries with it conditions of

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working/seeking to work (limited exemptions are provided) and has sanctions for those who do not comply.

The Commission on Marriage and Family Support Initiatives was created during the 2003 Legislative session. The commission is tasked with providing comprehensive statewide strategies to promote safe, violence-free, substance-abuse-free, respectful, nurturing, and responsible parenting. Additionally, the commission is to recommend ways to increase the availability of and access to parenting and relationship skills education and training, and to encourage and support the formation and maintenance of two-parent families and family structures that are best for children. The commission is also responsible for developing a promising practices manual that highlights successful efforts at promoting marriage and family life.

B. Selection of Priorities

The inability to support oneself and one's family through stable employment is related to many of society's most severe problems such as substance abuse, delinquency, poor health, child abuse and neglect, and domestic violence. The unduplicated count of clients increased 8.7% to 2,152,453 during the last fiscal year. From June 2003 to June 2004, the number of families receiving Food Stamps increased from 505,452 to 602,323 for an increase of 19.2%. During the same time period, the number of Medicaid clients increased from 1,633,549 to 1,739,995, an increase of 6.5%. With a client population that is changing and adapting to the welfare reform regulations and requirements, the department saw a drop in the number of Cash Assistance households from 58,538 to 57,020, a 2.6% decrease over the fiscal year. The Department is determined to focus efforts to ensure accuracy, accountability and an optimal delivery of quality services.

Priorities were identified through analysis of short- and long-term activities having the greatest impact on all programs from the perspective of both the Department and its stakeholders.

C. Addressing Our Priorities over the Next Five Years

The following represent the identified priorities yielding the greatest impact on all programs:

1. Improving Efficiency in Economic Self-Sufficiency Program

Improve Shared Stewardship

During the FY 2003-04 Session, the Legislature again reduced the staffing in Economic Self-Sufficiency and reduced general revenue funding in response to the previous years' proviso language in the Appropriations Act directing the Department to develop a plan to achieve efficiencies in carrying out the eligibility determination activity. To address this mandate the department is exploring two alternatives.

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The first alternative is underway and in it the ESS program office has developed and implemented an aggressive modernization initiative to dramatically change the way public assistance is delivered in this state. The outcomes will be faster, more convenient services to our clients; a reduction in costs; and more accurate determination of eligibility.

Our new modernized system is based on the following:

- ?? Our policy will be easy to understand and administer. Within the constraints of federal regulations and state law, our policy has changed to reduce verification requirements and streamline the processing of applications and redeterminations of eligibility.
- ?? Our automated systems will remove as much of the work from our staff as possible. This will include telephone and web technologies. We will maximize the use of an integrated voice technology system to reduce staff costs associated with answering and routing routine calls. Web technology will allow us to achieve substantial savings and provide faster, more accurate services to our clients.
- ?? Our operations will be more efficient and highly automated. This will include statewide call center(s), a technology that allows data intake for applications, and one or more change centers for handling clients' reported changes. We will move from a highly manual, labor intensive operation at 155 locations to a few highly automated, efficient operations in centralized and specialized locations and community based access in local service centers or partner locations..
- ?? Our accessibility to clients will be increased. Clients will be able to apply for assistance via the Internet, intranet, or by mail. They will also be able to call a single 800 number to inquire about the status of their cases, get answers to their questions, report a change in their circumstances, and request that an information package be mailed to them. A computerized Integrated Voice Response System will allow clients to receive basic case and benefit information without waiting for staff to return calls or without having to go to a public assistance office.
- ?? Our client notices will be succinct and easy to understand. Today's notices are extremely hard to understand because of the way they are written. The new notices will be written simply and clearly and will convey the message in basic, understandable language.
- ?? Our fraud prevention, detection, and enforcement function will be enhanced and integration with other agencies will be increased. This is a key component, since minimal client contact may be construed to open the Department up to fraud. Online linkages with the new hires file, Social Security benefits, veterans' benefits, unemployment compensation, vital statistics, and vehicle and driver license records will be established.

Our goal is to achieve statewide implementation of the new model by July 2005. As a second alternative the Department is preparing a business case in conjunction with the Center for Efficiency in Government to explore the privatization of eligibility

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determination (food stamp, Medicaid and cash assistance). . Pending the approval of the business case an "Invitation To Negotiate" will be released by the end of FY 2004-05. If this alternative is chosen then implementation will begin FY 2005-06.

2. Food Stamp Benefit Accuracy and Error Rate Reduction

Strengthen Accountability

Accuracy in the authorization of food stamp benefits is a critical priority of the Department for fiscal year 2004-05. The Food Stamp Error Rate is reported 4 months behind due to the time necessary for Quality Control to perform the review of cases and determine errors. The federal standard for accuracy for the past fiscal year was 93% (GAA standard) and the state goal for that time period was 94%. For all dates between 10/01/03 and 2/29/04 (latest data available) the statewide error rate was 5.23%. The staff have been able to maintain a low error rate while changing operations and systems and with staff reductions imposed by state legislation. In addition, as of October 1, 2003, quality control statistics for food stamp accuracy are valid at the district level on an annual measurement basis. Districts are accountable for food stamp application accuracy and timeliness of applications processed.

3. Improve Partnership with State and Local Agencies

Realign and Refocus the Workforce

Improving the partnerships with AWI, other state agencies and private entities is essential in the modernization of ESS. In establishment of our "Circle of Services" we have created an atmosphere which ensures better communication and coordination. Direct service staff is working closely with community groups and partner agencies to inform them of our program revisions and assist them in providing information to their target populations that may also be our clients. Staff is also supplying information and packets to community groups explaining new streamlined processes and simplified policy while increasing community participation efforts creating support services to clients. The modernization initiative has an alternate goal of creating a more effective, energized workforce that works smarter and better, not just harder and faster.

Central to the state's partnership in serving the homeless and those at-risk of becoming homeless is the development and implementation of a coordinated and comprehensive homeless assistance service plan. This plan is a locally driven process, setting forth a vision of how the needs of homelessness will be addressed with a continuum of care model of service. This continuum starts with strategies to prevent homelessness, and includes outreach to the homeless to refer these persons to services, emergency sheltering, supportive human services and housing.

The department, through the Office on Homelessness, is charged with promoting the development and implementation of these local continuums of care plans. To date, the state has helped fund elements of 25 of the 26 recognized plans in place across Florida. Our goal is to promote planning for homelessness statewide in all counties. Currently, such local homeless planning has expanded to include 53 counties. The Office will support this goal to expand the planning to all 67 counties with the use of our state grants

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targeted to homelessness, as well as with technical assistance to help create or expand continuum of care plans.

4. Creating the “El Paso” Model in Florida

Provide Effective and Enhanced Prevention Services

This effort proposes a complete re-engineering of service provision for common clients in Child Welfare Services and Economic Self-Sufficiency Services. Using a concept developed in El Paso, Colorado, ESS staff in three areas of the state (Okeechobee County- District 15; Opa Locka-District 11; and Jacksonville- District 4) will participate in a pilot program designed to provide a holistic approach to working with clients that receive services from both ESS and Child Welfare. The pilot will be designed to provide a holistic approach to providing services to those families and children so that self-sufficiency can be achieved for families with children at risk of abuse or neglect in a coordinated fashion. Very often, counselors and case workers do not coordinate requirements for clients nor do they work with other programs to address the client needs from an overall perspective. These limitations can be due to distance between providers, client misunderstanding or miscommunication, or time limitations. Through the creation of this pilot, we hope to provide a more comprehensive approach to dealing with families and that will provide better services to clients and strengthen families in our target groups.

D. Justification of Revised or Programs and/or Services

Improving Efficiency in Economic Self-Sufficiency – The 2004 Legislature once more reduced the staffing in Economic Self-Sufficiency and mandated increased efficiencies carrying out the eligibility determination activity. The ESS program office has developed an aggressive four-phased program which will dramatically change the way public assistance is delivered in this state. The outcomes will be faster, more convenient services to our clients; a dramatic reduction in costs; and more accurate determination of eligibility.

E. Justification of Final Projection for each Outcome

Priority: Improve Efficiency in Eligibility Determination Processes

Legislative intent is very clear that the Department must streamline the eligibility determination process while reducing administrative costs. The directive mandates that the state re-engineer the ESS Programs and create efficiencies, solicit proposals for eligibility services from private vendors, or use a combined public-private partnership approach. The ESS employee re-engineering plan will greatly reduce the need for staffing and administrative overhead while improving services to clients and streamlining program operations.

?? Priority: Policy Simplification

Simplification of the numerous policies in the ESS program is important to improving the efficiency of the program and in refocusing operations to the work first philosophy.

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F. Potential Policy Changes Affecting the Budget Request

Modernization of the Economic Self Sufficiency Program
Implementing the “El Paso” model in Florida

G. Changes that Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

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Appendix – Glossary of Terms and Acronyms

Activity: A set of transactions within a budget entity that translates inputs into outputs using resources in response to a business requirement. Sequences of activities in logical combinations form services. Unit cost information is determined using the outputs of activities.

Actual Expenditures: Includes prior year actual disbursements, payables and encumbrances. The payables and encumbrances are certified forward at the end of the fiscal year. They may be disbursed between July 1 and December 31 of the subsequent fiscal year. Certified forward amounts are included in the year in which the funds are committed and not shown in the year the funds are disbursed.

ADA: Americans with Disabilities Act

AHCA: Agency for Health Care Administration

ALF: Assisted Living Facility

Appropriation Category: The lowest level line item of funding in the General Appropriations Act which represents a major expenditure classification of the budget entity. Within budget entities, these categories may include: salaries and benefits, other personal services (OPS), expenses, operating capital outlay, data processing services, fixed capital outlay, etc. These categories are defined within this glossary under individual listings. For a complete listing of all appropriation categories, please refer to the ACTR section in the LAS/PBS User's Manual for instructions on ordering a report.

ASA: Adult Substance Abuse

AWI: Agency for Workforce Innovation

Baseline Data: Indicators of a state agency's current performance level, pursuant to guidelines established by the Executive Office of the Governor in consultation with legislative appropriations and appropriate substantive committees.

BHOS: Behavioral Health Overlay Services

BNet: Behavioral Health Network

Budget Entity: A unit or function at the lowest level to which funds are specifically appropriated in the appropriations act. "Budget entity" and "service" have the same meaning.

CBC: Community-Based Care

CCDA: Community Care for Disabled Adults

CIO: Chief Information Officer

CIP: Capital Improvements Program Plan

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COSIG: Co-occurring System Improvement Grant

CMS: Children's Medical Services

CSA: Children's Substance Abuse

CSU: Crisis Stabilization Unit

D3-A: A legislative budget request (LBR) exhibit which presents a narrative explanation and justification for each issue for the requested years.

DCF: Department of Children and Families

Demand: The number of output units which are eligible to benefit from a service or activity.

EOG: Executive Office of the Governor

ESS: Economic Self-Sufficiency

Estimated Expenditures: Includes the amount estimated to be expended during the current fiscal year. These amounts will be computer generated based on the current year appropriations adjusted for vetoes and special appropriations bills.

FACT: Florida Assertive Community Treatment Team

FADAA: Florida Alcohol Drug Abuse Association

FCO: Fixed Capital Outlay

FFMIS: Florida Financial Management Information System

Fixed Capital Outlay: Real property (land, buildings including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs, and renovations to real property which materially extend its useful life or materially improve or change its functional use. Includes furniture and equipment necessary to furnish and operate a new or improved facility.

FLAIR: Florida Accounting Information Resource Subsystem

F.S.: Florida Statutes

FSAS: Florida School of Addiction Studies

FTE: Full time equivalent position

FSAPAC: Florida Substance Abuse Prevention Advisory Council

GAA - General Appropriations Act

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GR - General Revenue Fund

HCDA – Home Care for Disabled Adults (Adult Services program)

HCBS: Home and Community-Based Services

HIPAA: Health Insurance Portability and Accountability Act of 1996

HMO: Health Maintenance Organization

HSn – HomeSafenet. Child welfare data system for Family Safety program.

ICF/DD: Intermediate Care Facility/Developmental Disabilities

Indicator: A single quantitative or qualitative statement that reports information about the nature of a condition, entity or activity. This term is used commonly as a synonym for the word “measure.”

Information Technology Resources: Includes data processing-related hardware, software, services, telecommunications, supplies, personnel, facility resources, maintenance, and training.

Input: See Performance Measure.

IBRS: Integrated Benefit Recovery System

IOE: Itemization of Expenditure

IQC: Interagency Quality Council

IDS: Interim Data System (Mental Health/Substance Abuse)

IT: Information Technology

Judicial Branch: All officers, employees, and offices of the Supreme Court, district courts of appeal, circuit courts, county courts, and the Judicial Qualifications Commission.

LAN: Local Area Network

LAS/PBS - Legislative Appropriations System/Planning and Budgeting Subsystem. The statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

LBC - Legislative Budget Commission

LBR - Legislative Budget Request

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Legislative Budget Commission: A standing joint committee of the Legislature. The Commission was created to: review and approve/disapprove agency requests to amend original approved budgets; review agency spending plans; and take other actions related to the fiscal matters of the state, as authorized in statute. It is composed of 14 members appointed by the President of the Senate and by the Speaker of the House of Representatives to two-year terms, running from the organization of one Legislature to the organization of the next Legislature.

Legislative Budget Request: A request to the Legislature, filed pursuant to section 216.023, Florida Statutes, or supplemental detailed requests filed with the Legislature, for the amounts of money an agency or branch of government believes will be needed to perform the functions that it is authorized, or which it is requesting authorization by law, to perform.

L.O.F. - Laws of Florida

Long-Range Program Plan (LRPP): A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable, and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission, and legislative authorization. The plan provides the framework and context for preparing the legislative budget request and includes performance indicators for evaluating the impact of programs and agency performance.

MAN - Metropolitan Area Network (Information Technology)

MHI: Mental Health Institutions

NASBO: National Association of State Budget Officers

Narrative: Justification for each service and activity is required at the program component detail level. Explanation, in many instances, will be required to provide a full understanding of how the dollar requirements were computed.

Nonrecurring: Expenditure or revenue which is not expected to be needed or available after the current fiscal year.

OPB: Office of Policy and Budget, Executive Office of the Governor

OPS: Other Personal Services

OSS: Optional State Supplementation

Outcome: See Performance Measure.

Output: See Performance Measure.

Outsourcing: Describes situations where the state retains responsibility for the service, but contracts outside of state government for its delivery. Outsourcing includes everything from

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contracting for minor administration tasks to contracting for major portions of activities or services which support the agency mission.

PBPB/PB2 - Performance-Based Program Budgeting

Pass Through: Funds the state distributes directly to other entities, e.g., local governments, without being managed by the agency distributing the funds. These funds flow through the agency's budget; however, the agency has no discretion regarding how the funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level. **NOTE: This definition of "pass through" applies ONLY for the purposes of long-range program planning.**

Performance Ledger: The official compilation of information about state agency performance-based programs and measures, including approved programs, approved outputs and outcomes, baseline data, approved standards for each performance measure and any approved adjustments thereto, as well as actual agency performance for each measure.

Performance Measure: A quantitative or qualitative indicator used to assess state agency performance.

- ?? Input means the quantities of resources used to produce goods or services and the demand for those goods and services.
- ?? Outcome means an indicator of the actual impact or public benefit of a service.
- ?? Output means the actual service or product delivered by a state agency.

PIP: Performance Improvement Plan

PRTS: Purchase of Residential Treatment Services.

Policy Area: A grouping of related activities to meet the needs of customers or clients which reflects major statewide priorities. Policy areas summarize data at a statewide level by using the first two digits of the ten-digit LAS/PBS program component code. Data collection will sum across state agencies when using this statewide code.

Privatization: Occurs when the state relinquishes its responsibility or maintains some partnership type of role in the delivery of an activity or service.

Program: A set of activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act by a title that begins with the word "Program." In some instances a program consists of several services, and in other cases the program has no services delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. "Service" is a "budget entity" for purposes of the LRPP.

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Program Purpose Statement: A brief description of approved program responsibility and policy goals. The purpose statement relates directly to the agency mission and reflects essential services of the program needed to accomplish the agency's mission.

Program Component: An aggregation of generally related objectives which, because of their special character, related workload and interrelated output, can logically be considered an entity for purposes of organization, management, accounting, reporting, and budgeting.

Reliability: The extent to which the measuring procedure yields the same results on repeated trials and data are complete and sufficiently error free for the intended use.

RFP: Request for Proposal.

SAMH: Substance Abuse/Mental Health Block Grant

SAPT: Substance Abuse Prevention Treatment Grant

Service: See Budget Entity.

SISAR: State Information Substance Abuse Report

SRT: Short Term Residential Treatment

Standard: The level of performance of an outcome or output.

SIG: State Incentive Grant.

STO: State Technology Office

SVP: Sexually Violent Predator

SWOT: Strengths, Weaknesses, Opportunities and Threats

TANF: Temporary Assistance to Needy Families

TCS: Trends and Conditions Statement

TF: Trust Fund

TRW: Technology Review Workgroup

Unit Cost: The average total cost of producing a single unit of output – goods and services for a specific agency activity.

USDA: U.S. Department of Agriculture

Validity: The appropriateness of the measuring instrument in relation to the purpose for which it is being used.

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WAGES - Work and Gain Economic Stability (Agency for Workforce Innovation)

WAN - Wide Area Network (Information Technology)