



DCF Long Range Program Plan

**Florida Department of Children and Families
September 15, 2005**

Fiscal Years 2006-2007 through 2010-2011

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DCF's Mission:

- Protect the Vulnerable,
- Promote Strong and Economically Self-Sufficient Families, and
- Advance Personal and Family Recovery.

Our Vision:

We will be recognized as a world class social services system, delivering valued services to our customers. We are committed to providing a level and quality of service we would want for our own families.

The department will:

- Be driven by the needs and choices of our customers.
- Promote family and personal self-determination and choice.
- Be ethically, socially, and culturally responsible.
- Earn the trust and respect of our partners, customers, and the public by providing exceptional customer service while practicing sound fiscal stewardship.
- Partner with community and faith-based organizations to foster open and collaborative relationships.
- Be innovative and flexible.
- Be transparent and accessible.
- Be dedicated to excellence and quality results.
- Maintain an analytic and systematic approach to planning and performance management.
- Use resources wisely and make practical use of appropriate technology.

Goals, Objectives, and Outcomes

POPULATION SERVED: CHILDREN OR ADULTS WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

PROGRAM: FAMILY SAFETY

Agency Goal 1: Prevention and Early Intervention

Objective (Agency Success Indicator): Increased number of children or adults remaining safely in their home and are not subjected to abuse, neglect, or exploitation.

Outcome: Per capita child abuse rate per 1,000. [M0133]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
29.6	23.0	23.0	23.0	23.0	23.0

Outcome: Per capita abuse/neglect rate per 1,000 disabled adult and elderly. [M05166]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
0.37%	0.35%	0.35%	0.35%	0.35%	0.35%

Outcome: Child mortality rate for children age 0-5 per 1,000 children known to the department. [M05176]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	00%	00%	00%	00%	00%

Agency Goal 2: Safety

Objective (Agency Success Indicator): Improved child and adult safety by enhanced quality and timeliness of response to reports of abuse, neglect, or exploitation.

Outcome: Percent of child victims seen within the first 24 hours. [M04002]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
74.32%	75%	75%	75%	75%	75%

Outcome: Percent of adult victims seen within the first 24 hours. [M04017a]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
80%	85%	90%	90%	90%	90%

Outcome: Percent of children not abused or neglected during services. [M0077]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
93.49%	97%	97%	97%	97%	97%

Objective (Agency Success Indicator): Children or adults are not harmed while in out-of-home care.

Outcome: Percent of foster children who were subjects of reports of verified or indicated maltreatment. [M0385]

FY 2006 – 2010 Targets

Baseline FY: FY 2002-03	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
1%	1%	1%	1%	1%	1%

Outcome: Rate of children who are missing per 1,000 of children in home or out-of-home care. [M05145]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	00%	00%	00%	00%	00%

Agency Goal 3: Normalcy

Objective (Agency Success Indicator): Children or adults have an increased sense of well-being – meet personal goals, experience an appropriate degree of freedom and self-determination, and have stable living arrangements.

Outcome: Percent of adults in child welfare protective supervision who have case plans requiring substance abuse treatments who are receiving treatment. [M04026]

FY 2006 – 2010 Targets

Baseline FY: FY 2002-03	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
45%	55%	55%	55%	55%	55%

Agency Goal 4: Permanence

Objective (Agency Success Indicator): More children remain in, or return to their home.

Outcome: Percent of children reunified who were reunified within 12 months of the latest removal. [M0389]

FY 2006 – 2010 Targets

Baseline FY: FY 2002-03	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
71%	76%	76%	76%	76%	76%

Objective (Agency Success Indicator): More children who are unable to remain in, or return to their home, will achieve timely and lasting permanence.

Outcome: Percent of adoptions finalized within 24 months of the latest removal. [M0391]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
28.85%	32%	32%	32%	32%	32%

Outcome: Percent of adoption goal met. [M05084]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	00%	00%	00%	00%	00%

Agency Goal 5: Independence

Objective (Agency Success Indicator): All individuals will be adequately prepared to achieve and maintain independence.

Outcome: Percent of children who age out of foster care with high school diploma or G.E.D. [M05085]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	00%	00%	00%	00%	00%

Outcome: Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter. [M0126]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
97%	97%	97%	97%	97%	97%

POPULATION SERVED: FAMILIES AND INDIVIDUALS IN DISTRESSED / FRAGILE HEALTH OR CIRCUMSTANCES

PROGRAM: ESS, WELFARE AND REFUGEE ASSISTANCE

Agency Goal 1: Diversion and Prevention

Objective (Agency Success Indicator): Family or individual avoids or does not enroll in monthly assistance / benefit program.

Outcome: Percent receiving a diversion payment / service that remain off cash assistance for 12 months. [M05087]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	80%	80%	80%	80%	80%

Agency Goal 2: Transition

Objective (Agency Success Indicator): Increased participation rate of the individuals who are hardest to serve in workforce development systems.

Outcome: Percent of Temporary Assistance for Needy Families (TANF) customers participating in work or work-related activities. [M05088]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	50%	50%	50%	50%	50%

Agency Goal 3: Self-Sufficiency

Objective (Agency Success Indicator): Increased self-sufficiency for families and individuals in distressed / fragile health or circumstances.

Outcome: Percent of customers who have employment entry. [M05090]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	40%	40%	40%	40%	40%

Outcome: Percent of customers who have earnings gain. [M05140]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	40%	40%	40%	40%	40%

POPULATION SERVED: INDIVIDUALS AND FAMILIES AT RISK OF OR CHALLENGED BY SUBSTANCE ABUSE AND / OR MENTAL ILLNESS

PROGRAM: SUBSTANCE ABUSE AND MENTAL HEALTH

Agency Goal 1: Prevention and Early Intervention

Objective (Agency Success Indicator): Decreased prevalence of substance abuse / abuse as indicated by the Florida Youth Substance Abuse Survey.

Outcome: Substance usage rate per 1,000 in grades 6-12. [M05092]

FY 2006 – 2010 Targets

Baseline FY: FY 2002-03	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
348%	340%	340%	340%	340%	340%

Objective (Agency Success Indicator): Delayed onset of substance involvement.

Outcome: Average age of first substance abuse. [M05093]

FY 2006 – 2010 Targets

Baseline FY: FY 2002-03	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
14.1	14.5	14.5	14.5	14.5	14.5

Outcome: Percent of children at risk of substance abuse who receive targeted prevention services who are not admitted to substance abuse services during the 12 months after completion of prevention services. [M0051]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
97.6%	95%	95%	95%	95%	95%

Agency Goal 2: Recovery and Resiliency

Objective (Agency Success Indicator): Increased days functioning in the home and community.

Outcome: Average annual days spent in the community for adults with severe and persistent mental illnesses. [M0001]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
345	350	350	350	350	350

Outcome: Percent of adults with forensic involvement who violate their conditional release under Chapter 916, Florida Statutes, and are recommitted. [M0009]

FY 2006 – 2010 Targets

Baseline FY: FY 1998-99	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
< 4%	< 2%	< 2%	< 2%	< 2%	< 2%

Outcome: Percent of children with substance abuse who are drug free during the 12 months following completion of treatment. [M0046]

FY 2006 – 2010 Targets

Baseline FY: FY 1997-98	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
52%	52%	52%	52%	52%	52%

Outcome: Percent of adults who are drug free during the 12 months following completion of treatment. [M0057]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
68%	65%	65%	65%	65%	65%

Outcome: Percent of adults in civil commitment, per Ch. 394, Florida Statutes, who show improvement in functional level. [M05050]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	73%	73%	73%	73%	73%

Outcome: Percent of adults employed upon discharge from substance abuse treatment services. [M0058]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
78.3%	78%	78%	78%	78%	78%

Objective (Agency Success Indicator): Increased percent of individuals receiving services who are employed or are serving as volunteers.

Outcome: Average annual earnings. [M05095]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	\$1900	\$1900	\$1900	\$1900	\$1900

Outcome: Average annual days worked for pay for adults with Severe and Persistent Mental Illnesses. [M0003]

FY 2006 – 2010 Targets

Baseline FY: FY 1997-98	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
22	40	40	40	40	40

Objective (Agency Success Indicator): Increased days in school or training for children and adolescents with or at risk of Emotional Disturbance/Severe Emotional Disturbance (ED/SED) or at risk for substance abuse.

Outcome: Percent of school days seriously emotionally disturbed (SED) children attended. [M0012]

FY 2006 – 2010 Targets

Baseline FY: FY 1998-99	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
85%	86%	86%	86%	86%	86%

POPULATION SERVED: THE FLORIDA TAXPAYER AS A STAKEHOLDER THAT REQUIRES EVIDENCE OF EFFICIENCY AND EFFECTIVENESS

CROSS-PROGRAM FUNCTIONS

Agency Goal 1: Resource Stewardship and Integrity

Objective (Agency Success Indicator): Funds are expended as appropriated.

Outcome: Percent of suspected fraud cases referred that result in front-end fraud prevention savings. [M0110]

FY 2006 – 2010 Targets

Baseline FY: FY 2004-05	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
74.76%	76.5%	76.5%	76.5%	76.5%	76.5%

Outcome: Percent of annual Certified Minority Business Enterprise (CMBE) goal attained. [M05104]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
100%	100%	100%	100%	100%	100%

Outcome: Percent of compliance to standard for prompt payment of invoices on a statewide level. [M05106]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
98%	98%	98%	98%	98%	98%

Objective (Agency Success Indicator): All equipment on inventory is properly accounted for.

Outcome: Percent value of all property reported missing. [M05109]

FY 2006 – 2010 Targets

Baseline FY: FY 2003-04	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
.25%	.50%	.50%	.50%	.50%	.50%

Objective (Agency Success Indicator): Procurements achieve best value for the taxpayer.

Outcome: Percent of contract files reviewed are maintained in compliance with policies, rules, and statutes. [M05120]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2009-11
TBD	100%	100%	100%	100%	100%

Agency Goal 2: Continuous Performance Improvement

Objective (Agency Success Indicator): Increased percent of strategic performance measures achieved (includes contract measures).

Outcome: Percent of performance indicator targets achieved. [M05127]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	80%	84%	88%	92%	96%

Objective (Agency Success Indicator): Increased number of strategic performance measures that show improvement.

Outcome: Percent of performance indicators showing improved performance levels (of those not meeting targets). [M05128]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	80%	82%	84%	86%	88%

Objective (Agency Success Indicator): Increased percent of employees that understand how their work impacts department performance.

Outcome: Percent of employees responding positively that they understand how their job fits in with organizational goals and objectives. [M05130]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	75%	85%	95%	98%	98%

Agency Goal 3: Customer Satisfaction

Objective (Agency Success Indicator): Increased percent of customers satisfied with service provided by or funded by the department.

Outcome: Percent of customers who report being served with courtesy, dignity, and respect. [M05132]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	70%	75%	80%	85%	88%

Agency Goal 4: Efficiency and Productivity

Objective (Agency Success Indicator): Increased employee retention.

Outcome: Percent of critical class positions that are vacant over 60 days. [M05112]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	5%	5%	5%	5%	5%

Agency Goal 5: Disaster Preparedness, Response, and Recovery

Objective (Agency Success Indicator): Continuity of Operations Plans (COOP) are current and deployed.

Outcome: Percent of COOP plans approved by Division of Emergency Management (DEM). [M05146]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	100%	100%	100%	100%	100%

Objective (Agency Success Indicator): Normal business operations and services are restored timely after any disaster.

Outcome: Number of days where DCF services are not available to customers during and after a disaster. [M05171]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	2	2	2	2	2

Objective (Agency Success Indicator): Delivery of disaster response and recovery services is effective and efficient.

Outcome: Percent of affected counties approved by U.S. Department of Agriculture served with Disaster Food Stamps (DFS) within 7-10 days of a disaster. [M05174]

FY 2006 – 2010 Targets

Baseline FY: FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
TBD	100%	100%	100%	100%	100%

Goals Linked to the Governor’s Priorities

STRENGTHENING FAMILIES

Goal: Improved child and adult safety by enhanced quality and timeliness of response to reports of abuse, neglect, or exploitation (Section 39.001 (1) – (8), Florida Statutes) (Child Abuse Prevention and Intervention)

Goal: Increased number of children or adults remaining in their home and are not subjected to abuse, neglect, or exploitation (Section 39.001 (1) – (8), Florida Statutes) (Child Abuse Prevention and Intervention)

Goal: Children or adults are not harmed while in out-of-home care (Florida Statute 402.301) (Child Care Regulation and Information)

Goal: Increased self-sufficiency for families and individuals in distressed/fragile health or circumstances

Goal: Children or adults have an increased sense of well-being – meet personal goals, experience an appropriate degree of freedom and self-determination, and have stable living arrangements (FS 394.453) (Adult Community Mental Health Services, Children’s Mental Health, Mental Health Facilities, and Violent Sexual Predators)

REDUCE VIOLENT CRIME AND ILLEGAL DRUG USE

Goal: Decreased prevalence of substance use/abuse as indicated by the Florida Youth Substance Abuse Survey (FS 397.305 (2)) (Children and Adult Substance Abuse Prevention, Intervention, and Treatment Services)

Goal: Delayed onset of substance involvement (FS 397.305 (2)) (Children and Adult Substance Abuse Prevention, Intervention, and Treatment Services)

Goal: Increased days in school or training for children and adolescents with or at risk of Emotional Disturbance/Severe Emotional Disturbance (ED/SED) or at risk for substance abuse (FS 397.305 (2)) (Children and Adult Substance Abuse Prevention, Intervention, and Treatment Services)

CREATE A SMALLER, MORE EFFECTIVE, MORE EFFICIENT GOVERNMENT

Goal: Family or individual avoids or does not enroll in monthly assistance/ benefit program (Comprehensive Eligibility, Special Assistance Payments, Welfare Transition and Employment Supports, and Refugees)

Goal: Funds are expended as appropriated

Goal: Use of resources complies with federal and state requirements

Goal: Procurements achieve best value for the taxpayer

Goal: Increased number of strategic performance measures that show improvement

Goal: Percent of annual front-end fraud prevention savings goal met each month

Goal: Increased percent of customers satisfied with service provided by or funded by the department

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

POPULATION SERVED: CHILDREN OR ADULTS WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

A. Primary Responsibilities

The primary responsibility of the Family Safety 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

The Secretary has established the following priorities, consistent with the Governor'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 and Early Intervention.* Increase prevention and early intervention 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 Family Safety program has a unique set of goals and objectives defined in two major long-range plans. These are:

- *Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect: July 2005 through June 2010. [Section 39.001, Florida Statute]*
- *Strengthening Families and Communities: Florida's Child and Family Services Plan for FY 2005 – 2009*

The state Prevention Plan was developed by a state level Task Force with members from many different organizations and stakeholder groups. It sets detailed goals and priorities

in the area of prevention of child abuse, neglect, and abandonment. The state plan was based on local plans developed collaboratively by local task forces and Community Alliances.

The federal Child and Family Services (CFS) Five-Year Plan 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.

These two plans provide a much more detailed set of guiding principles, goals, and strategies guiding the child welfare system in Florida, including the efforts of many other groups in addition to the Department of Children and Families. The Long-Range Program Plan is consistent with these other planning approaches and provides a focused look at priorities specific to the department's child welfare program.

C. Addressing Our Priorities over the Next Five Years

The Family Safety 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.

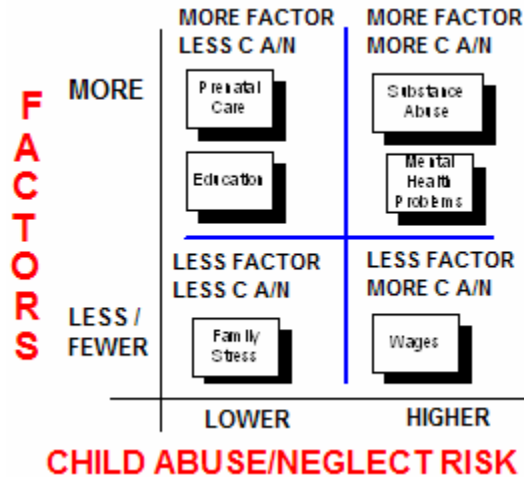
Agency Goal for Child Welfare: Prevention and Early Intervention

Strategy (S-1) Provide expanded and more appropriate alternatives to removing children or adults from their homes that focus on prevention and early intervention.

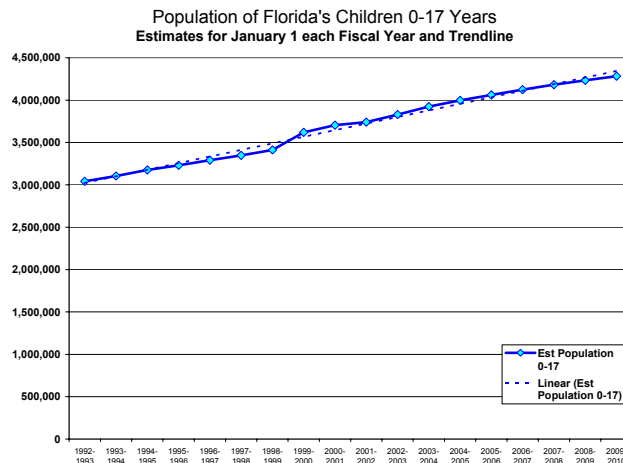
Strategy (S-02): Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of the child protective service systems

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. In order to prevent child abuse and neglect, adverse factors must be decreased and protective factors must be increased.



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.



Source: Florida Legislature, Office of Economic and Demographic Research, Demographic Estimating Conference Database, updated June 2000 and March 2005

Providing funding to encourage the development of creative and effective child abuse prevention services to address these factors, within the context of Florida's rapidly expanding population, 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 actions the department will take in a multi-faceted approach to this complex need are:

1. Building and implementing a statewide prevention implementation plan for primary prevention;
2. 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
3. Developing and implementing prevention activities that identify the challenges and strengths of each Florida community.

The overarching strategy that will most effectively achieve challenging goals for preventing child abuse, neglect, and abandonment is to follow through on the commitment demonstrated by the state and local Prevention Task Forces, and implement the state and local plans. No short list of strategies can be effective in this complex task. However, various proven approaches are available, such as:

4. Continuing the Healthy Families Florida program,
5. Participating in the TEAM Florida Partnership interagency child welfare efforts,
6. Continuing and expanding when possible Neighborhood Partnership sites and other uses of family team conferencing,
7. Supporting Child Abuse Prevention Month initiatives, and
8. Pursuing additional resources for community initiatives, such as expanding the appropriation by the 2003 Legislature that was funded at that same amount in 2004/05 and 2005/06.

Agency Goal for Child Welfare: Child Protection and Permanency

Strategy (S-4): Develop and maintain an adequate number of high quality placement settings with qualified personnel for out-of-home (OOH) care that are properly resourced and appropriately matched to client needs.

Strategy (S-5): Provide children or adults with opportunities to increase their ability to engage in desired, age-appropriate activities.

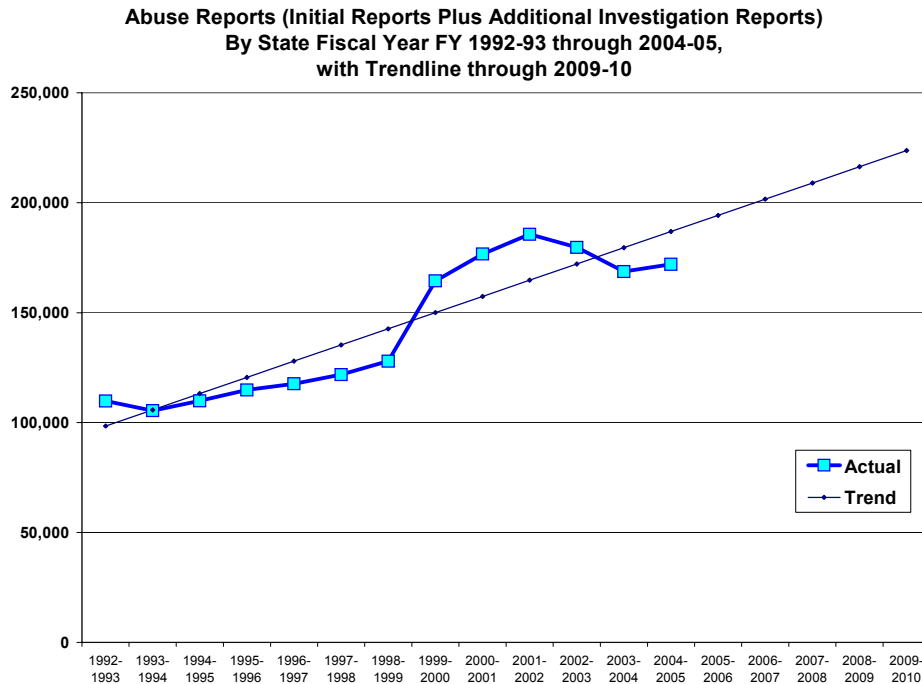
Strategy (S-6): Practice individualized planning with ongoing assessments using strength-based principles.

Strategy (S-7): Ensure timely, appropriate, and stable permanency options.

Strategy (S-8): Empower individuals to achieve and maintain independence.

Child Abuse and Neglect Investigation

The incidence of child abuse and neglect is related to many societal factors as discussed in the prevention section above. High-profile cases raise public awareness, and cause reporting rates to rapidly increase, with an associated increase in the number of actual victims. Natural disasters, such as the extreme hurricane event year of 2004, also increase family stressors and cause increases in both reporting and victims.



The department is required to investigate reports of child maltreatment¹ 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.

The primary task of child protective investigation is to identify child victims of abuse and neglect and protect their safety on a short term basis. In addition, protective investigators assess family needs and provide an initial means of meeting those needs to prevent family disruption by accessing short term services. Some of the specific actions the department is taking to ensure adequate, well-trained protective investigation staff, and a cohesive set of policies that address state and federal requirements, include:

Action Steps:

1. 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

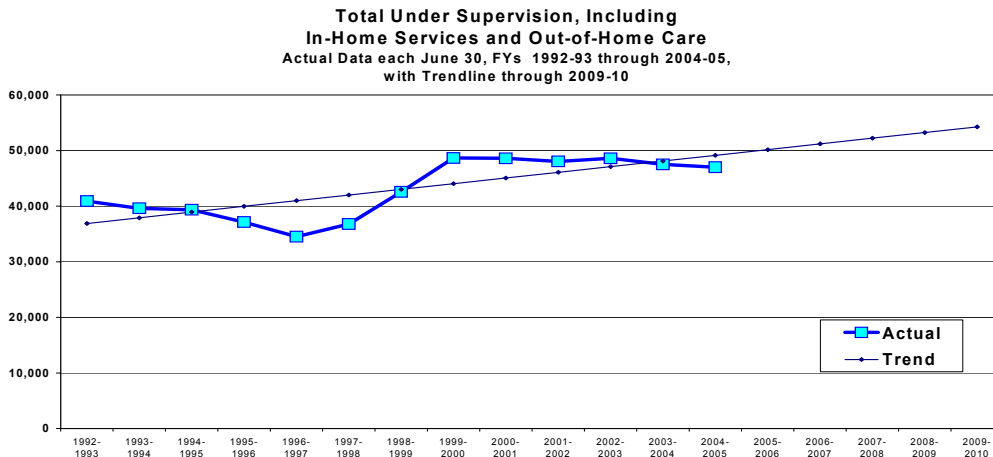
¹ Reports are received and initially assessed by counselors at the Florida Abuse Hotline; see also that section of the plan.

plans specific to each issue. Participation by 41 different professionals in the field of child protection, including national consultants was engaged. Various training and resource enhancement activities are being pursued.

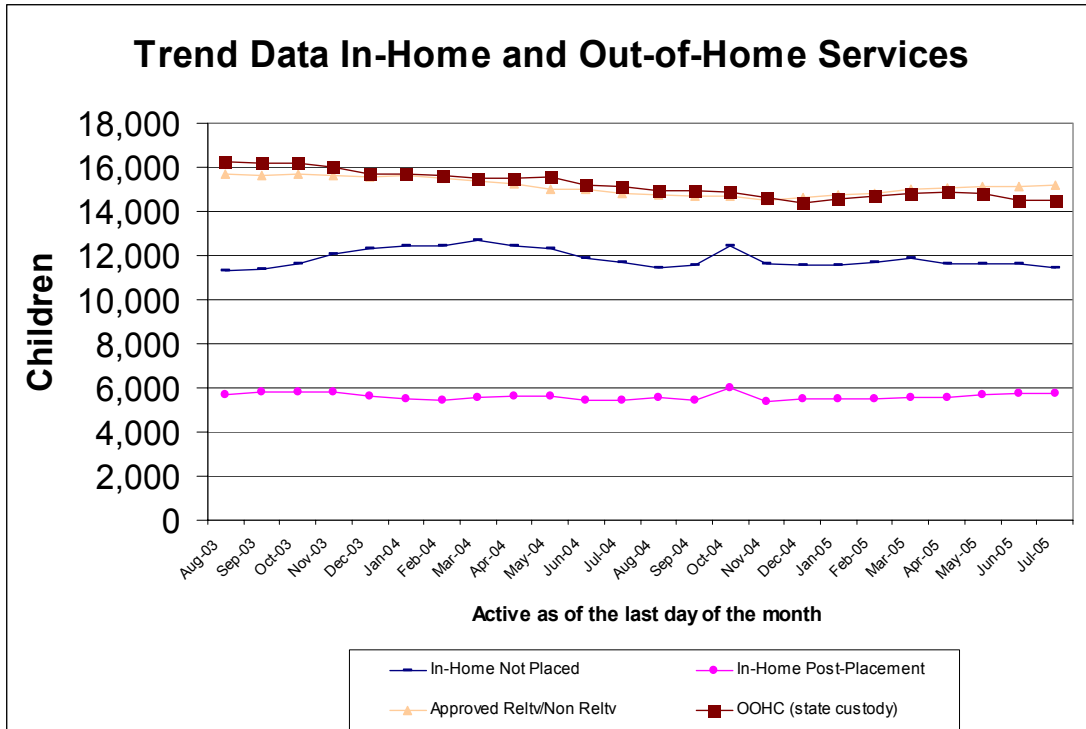
2. Developing an Alternative Response System (ARS) Model for the handling of child maltreatment reports.
3. Training of protective investigation staff, particularly in preparing quality family assessments and identification of service needs. This includes specialized assessment related to cases involving substance abuse and domestic violence, and matching of services for the child and family (including biological fathers, caregivers, and foster parents).
4. Established a plan of action, in collaboration with the Department of Juvenile Justice (DJJ), to address investigations of child maltreatment reports involving DJJ facilities.
5. 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.

Placement Settings and Services

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 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.



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 by reunification with their original family, adoption, or some other acceptable option such as legal guardianship.
- Well-being – the educational, emotional, physical and mental health needs of children are equally important and should receive equal focus.

Permanency and Placement

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), Florida Statutes, 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. Florida has made good progress on many facets of its child protection system, as evidenced by successful completion of its federal Program Improvement Plan in the spring of 2005. However, this was only one milestone in the continuing journey to achieve national and state expectations for child safety, permanency, and well-being.

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

Adoption Subsidy

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.

- 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 Family Safety, 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.

Future Direction

A few of the actions taken or planned to continue progress and successes include:

Action Steps:

1. 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. A complementary effort, the Senate Interim Project on Child Permanency, addressed alignment of several portions of Chapter 39, Florida Statutes with Federal Adoption and Safe Families Act provisions. Legislative changes to chapter 39 will be sought on the basis of these efforts.
2. 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.
3. 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 solving in complex situations.
4. 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.
5. Collaboration continues between the Family Safety and 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.
6. Incorporate into the core curriculum for training child protection workers some lessons learned and best practices, and address emergent training needs identified nationally. This includes: improving the case planning process to include documentation and input from the child's' parent(s) and age appropriate child, caregivers and other support individuals.

Support for 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 postsecondary school (for example, Chafee grants and Road to Independence financial support). 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. 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.

Many studies have shown that these children are at increased risk of child abuse, neglect, or abandonment because of parental suicide, alcoholism, spouse abuse, and homicide (for example, "Direct Social Work Practice", Hepworth, Rooney, and Larsen, 1997). Current

national trends 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 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, reunification, academics, and health.

Focus on Partnership and Collaboration: 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. Initiated by legislative action during FY 1996/97, Community-Based Care was in statewide effect in 2005, with service contracts under 22 lead agencies.

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:

- 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.

- Ongoing 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.

The program will seek sufficient resources to provide the services mandated by law and work toward methods to ensure that resources are allocated equitably, with ongoing oversight as described in the accountability section below.

Agency Goal: Improved Resource Stewardship

Strategy (S-25): Demonstrate ability to earn federal earnings at budgeted level.

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.

Strategy (S-35): Maintain a Stable Workforce.

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.

Agency Goal: Strengthened Accountability

Strategy (S-42): Monitor and report performance results for all contracts.

Strategy (S-47) Conduct routine statewide and district performance reviews to monitor progress.

There are many different ways through which the child welfare program achieves and demonstrates accountability – to its funding providers, 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 the past few years, 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 (CFSR)**, 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 outcomes and two systemic factors found to be out of conformance 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 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 funding providers 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 arising from the Adoption and Safe Families Act, and has also begun using the Child and Family Services Review, an innovative review process that is as qualitative as it is quantitative.

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 Office of Program Performance and Government Accountability (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.

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 the Governor’s priorities and support the Secretary's priorities, as described above.

E. Justification of Final Projection for each Outcome

Florida’s child welfare system has been undergoing radical and fundamental changes, as described above. The stage has been set for maintaining current successes and setting new, challenging goals. However, this must also be balanced against state and national conditions related to population increases, limited resource bases, and extraordinary events.

F. Potential Policy Changes Affecting the Budget Request

The Secretary's reform plan calls for accelerated efforts toward reducing the number of 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. Additional resources are likely to be necessary to sustain improvements in protective investigations, provide adoption subsidies, expand the child welfare legal services in alignment with intensive focus on timely permanency, and support an adequate supply of out of home situations that can be matched to child needs.

G. Changes Which Would Require Legislative Action

As mentioned previously, changes to Chapter 39, Florida Statutes to more closely align with federal requirements will be sought, particularly as a result of the Senate Interim Project.

H. Task Forces and Studies in Progress

Evaluation of Community-Based Care

Authority: Section 409.1671(4) (a), Florida Statutes

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

Evaluation of Comprehensive Residential Services

Authority: Section 409.1679(2), Florida Statutes

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.

PROGRAM: ADULT PROTECTIVE SERVICES

SUB-POPULATION SERVED: DISABLED ADULTS, AGE 18-59, AND THE FRAIL ELDERLY

A. Primary Responsibilities

The primary responsibility of Adult Protective Services is protecting adults with disabilities and the 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 20 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. 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.

C. Addressing Our Priorities over the Next Five Years

Agency Goal for Adult Protective Services: Safety

Strategy S-2: Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of child and adult protective services systems.

Action Steps:

1. During FY 2004-2005, the department received 41,028 reports for investigation through the Florida Abuse Hotline alleging abuse, neglect, and exploitation of elderly and disabled adults, and for vulnerable adults in need of services (compared to 36,808 in FY 2003-2004). A projected workload of 43,632 is estimated for FY 2005-2006. It is further anticipated that the number of reports will increase to 46,402 reports in FY 2006-2007, representing a 6.34% increase

in each of these two fiscal years. In investigating these reports, the department strives to complete an initial face-to-face visit with the vulnerable adults within 24 hours. This allows the protective investigator to evaluate the vulnerable adult's situation and safety, and begin the process of removing the individual from harm's way and/or providing needed services immediately and as needed. In addition, evidence is preserved and more meaningful when collected within the first 24 hours. This is especially important for a case that is referred to law enforcement for investigation and possible criminal proceedings.

2. Adult Services data for intake and protective investigations were moved into the HomeSafenet system in October 2004. The department's decision to incorporate these Adult Services components into HomeSafenet enables 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. Since that date, Adult Services statewide has continued to meet its target (80%) of seeing alleged victims and other vulnerable adults (commencing the case) within 24 hours. During the course of the nine-month period (from October 1, 2004 – June 30, 2004), the percentage of cases commenced within 24 hours has risen statewide from an average of 81% to an average of 86%.
3. The department also strives to appropriately close the investigative process of all abuse, neglect, and exploitation cases, and cases of vulnerable adults in need of services within 60 days. Not all cases require 60 days to complete the investigation, depending on the seriousness of the allegation, number of alleged victims and possible responsible perpetrators, the medical complexities, and law enforcement involvement. However, closing the investigation within 60 days is considered "best practice" and allows for a consistently applied statewide framework. Edits in the HomeSafenet system require unit supervisors to review and evaluate each protective investigation case and the casework after significant steps are completed by the protective investigators. This provides for quality investigations, effective intervention strategies which promote the safety of alleged victims of abuse, neglect, and exploitation, and the promptness of subsequent follow-up actions and services to alleged victims and vulnerable adults. During the nine-month period while utilizing the HomeSafenet system, Adult Services averaged closing the investigations within 60 days in 96% of the cases statewide. This exceeds the established statewide target of 95%.
4. There are instances, however, when keeping an investigation open past 60 days is appropriate; for example, when waiting for medical reports, scheduled court dates, etc. Adult Services supervisors and other staff continuously review the case information for all cases which are open past 60 days. Staff stays abreast of the conditions which cause a case to be open beyond 60 days. Again, this is in the best interest of the alleged victim and other vulnerable adults, ensuring safety and service provision in a timely manner.
5. Currently with 243 protective investigator positions statewide, caseload ratios are expected to rise from 13.8:1 in FY 2004 -2005 to 14.7:1 in FY 2005-2006, and 15.6:1 in FY 2006-2007. The department believes that the appropriate caseload size is 12:1, which is based on the Child Welfare League of America standards. Keeping caseload ratios under control ensures that the protective investigators continue to complete the face-to-face visits with alleged victims of abuse, neglect, and exploitation and other vulnerable adults within 24 hours and ensures

that investigations are appropriately closed within the statutory time frame. Funding is being requested for 74 protective investigation positions to investigate reports through the Florida Abuse Hotline of alleged abuse, neglect, and exploitation of elderly and disabled adults, and reports of vulnerable adults in need of services. Funding is being requested for 12 protective investigator supervisors to manage the projected workload increase and to ensure quality investigations. The increase in positions will allow the department to reduce the current workload of 13.8:1 to the acceptable departmental workload of 12:1, and will relieve the projected increased workload for years to come. Without the additional positions, the quality of the protective investigations and intervention will be jeopardized, leaving victims and vulnerable adults at risk to suffer further harm or injury.

6. Other quality assurance initiatives for protective investigations, protective intervention, and protective supervision have been implemented statewide and continue to be refined. Quality assurance reviews are handled in each zone/district/region, however the quality assurance program calls for additional guidance from a statewide perspective. Funding is being requested for one registered nurse consultant position to be located at headquarters to provide medical expertise, direction, consultation, and oversight to protective investigation staff, the district/regional registered nurse specialists, and adult protection team activities statewide.
7. In addition, funding is being requested to provide a cellular phone with camera and Global Positioning Satellite capability for all investigation staff. This equipment will assist protective investigators with securing needed services immediately for alleged victims and vulnerable adults in need of services and with documenting and preserving evidence.

ADULT SERVICES – IN-HOME SUPPORTS

Adults Services provides in-home supports and community-based services to disabled adults, ages 18 - 59, who have one or more permanent physical or mental limitations that restrict their ability to perform the normal activities of daily living and impede their capacity to live independently or with relatives or friends. (Chapter 410, Florida Statutes)

It is estimated that in 2002, there were over 68,000 disabled adults living in Florida with three or more permanent physical or mental limitations. Despite some progress in preventing disabilities, the number of people with disabilities is expected to continue to increase. Some of these individuals may be receiving services from other programs of the department, however in FY 2004-2005, there were over 2,800 nursing-home eligible disabled adults who received Adult Services program services through the **Home Care for Disabled Adults (HCDA)**, **Community Care for Disabled Adults (CCDA)**, Aged or Disabled Adult Home and Community-Based Services Medicaid Waiver (ADA Medicaid Waiver), and Consumer Directed Care+ Medicaid Waiver (CDC+ Medicaid Waiver) programs. The services provided the clients in these programs include, but are not limited to, a monthly subsidy to assist with the cost of room, clothing, and incidentals, homemaker services, meals, personal care, and nursing care. These services enable the client to live in his/her community and avoid nursing home placement or other institutional placement as long as possible. This is extremely beneficial to the well-being and self-sufficiency of the individual and allows the state to defer costly institutionalization services.

Agency Goal for In-home Supports: Self-Sufficiency

Strategy S-7: Empower individuals to achieve and maintain independence.

Action Steps:

1. Because of the nature of the types of disabilities from which the clients in the HCDA, CCDA, ADA Medicaid Waiver, and CDC+ Medicaid Waiver programs suffer and because of the rising costs of health care and other services, as clients age in these programs their health-related needs and costs of care increase. For FY 2004-2005, the average care plan cost of a client in the HCDA program was \$1,320/year and the average care plan cost for a client in the CCDA program was \$3,326/year. During the same fiscal year, the average care plan cost of a client in the ADA Medicaid Waiver (including CDC+ Medicaid Waiver) program was \$9,412/year (includes general revenue and the Federal match).
2. The appropriate utilization of dollars allocated to providing services to the clients in these programs is a priority of the Adult Services program. Appropriate utilization ensures that the dollars are used wisely in order to assist the clients to remain in their homes. During FY 2005-2006, Adult Services will implement a program of utilization control for the ADA Medicaid Waiver program to ensure that scarce resources are allocated appropriately and as needed by individual clients in the program. Central to this program will be the review of initial requests for services and requested increases in services for clients in the ADA Medicaid Waiver program. Adult Services is requesting funds through the FY 2005-2006 legislative budget cycle to contract on an as-needed basis for medical and therapeutic expertise to assist case managers and Adult Services staff with the reviews of requests for services. Adult Services meets its target of keeping 99% of the clients in the HCDA, CCDA, ADA Medicaid Waiver, and CDC+ Medicaid Waiver program in their homes and out of nursing home and other institutional settings. The utilization control program will ensure that this target continues to be met and that services are appropriately provided. With the ADA Medicaid Waiver clients alone, this translates to a savings of over 15 million in general revenue dollars to the state of Florida.
3. There is a growing need to provide services to the disabled adult population. However other budgetary priorities have made it especially hard to keep up with providing services to new individuals requesting services from these programs. The HCDA, CCDA, and ADA Medicaid Waiver (includes CDC+ Medicaid Waiver) programs have waiting lists of over 3,500 disabled adults who are seeking services, but are unable to receive them because of insufficient funding. On July 1, 2004, the statewide waiting list policy was implemented for the HCDA and ADA Medicaid Waiver programs, thus ensuring more equity of service provision to individuals requesting services and better fiscal management. On July 1, 2005, the new statewide CCDA waiting list policy was implemented.
4. Individuals in need of services are screened with a uniform instrument by Adult Services counselors and added to the statewide waiting list(s) based on their screening scores and the dates on which they request services. Once dollars are freed because of attrition of clients from the HCDA, CCDA, or ADA Medicaid Waiver programs, the highest-scoring individual is pulled from the statewide programmatic waiting list for a face-to-face assessment and, if programmatically eligible, is moved into the program. The attrition rates for these programs are not great, therefore adding new clients occurs minimally. During the FY 2005-

2006 legislative budget cycle, funds are being requested to reduce the Adult Services programmatic waiting lists. Once again, because the HCDA, CCDA, and ADA Medicaid Waiver- eligible client is nursing home eligible, the benefits to the individual of remaining in his/her home, promoting well-being and self-sufficiency, and the cost savings to the state are tremendous.

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

Not applicable

E. Justification of Final Projection for each Outcome

Outcome: Percent of adult victims seen within the first 24 hours. [M04017a]

Baseline data for this outcome measure were collected in FY 2004-2005 and the target was set at 80%. This outcome measure was new in FY 2004-2005 and the target was set lower because of the data transition from the previous used Florida Abuse Hotline Information System into the HomeSafenet system. Because the data has stabilized, the target is being increased to 90%.

Outcome: Percent of adult investigations from an entry cohort completed within 60 days. [M04016]

Baseline data for the outcome measure were collected in FY 2004 and the target was set at 95%. The target for this outcome measure continues at 95%.

Outcome: Percent of adults with disabilities receiving services who are not placed in a nursing home. [M0151]

Baseline data for the outcome were collected in FY 1998-1999 and the target was set at 99%. Because of the aging of the clients, increased medical problems, deteriorating conditions, and lack of increased funding for these programs, the target remains at 99%.

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

PROGRAM: DOMESTIC VIOLENCE

The mission of the Domestic Violence Program is to ensure the safety of victims of domestic violence by developing partnerships with community organizations to create a seamless system of services.

A. Primary Responsibilities

Florida Statutes requires that the state assist in the development of domestic violence centers for the victims of domestic violence and to provide a place where the parties involved may be separated until they can be properly assisted. (Chapter 39.901, Florida Statutes) The Domestic Violence Program Office 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)
- **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, which is administered by the Florida Coalition Against Domestic Violence through a contract with the department. (Section 39.903(1), 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 Program to qualify for state certification. (Chapter 741.32, Florida Statutes)
- **Domestic Violence Fatality Review Teams:** Provide information and technical assistance. (Section 741.316(7), Florida Statutes)

B. Selection of Priorities

To strengthen services for victims of domestic violence and improve quality assurance of domestic violence programs, the following high-level strategies have been developed:

- Enhance Services to Victims of Domestic Violence
- Ensure Effective Program Management
- Enhance Public Awareness

C. Addressing our Priorities over the Next Five Years

Agency Goal: Safety

Strategy (S-2): Increase use of techniques that improve the quality, consistency, efficiency, and effectiveness of child and adult protective service systems.

Action Steps:

1. Implement domestic violence needs assessment

The Domestic Violence Program Office will establish a workgroup with stakeholders to provide input into development of a Request for Proposal for implementation of a statewide needs assessment. The assessment shall include a review of existing domestic violence services by county or service area and the identification of unmet needs as determined by providers and customers. Information from the assessment will provide guidance for policy on funding domestic violence services.

2. Research Resources

In order to ensure the ongoing provision of services, the Domestic Violence Program Office will continue to secure federal grant funds through timely submission of applications and necessary implementation plans as required by the funding agency. In addition, routine review of competitive grant opportunities will be completed and applications for discretionary funding will be submitted whenever appropriate.

3. Collaborate with Child Welfare staff to develop best practices to assist victims in overlapping cases.

4. Research national best practices regarding perpetrator programs for women.

Agency Goal: Resource Stewardship and Integrity

Strategy (S-22): Perform quarterly or monthly, as appropriate, monitoring of expenditures through Program/Resource Management Team (PRMT) process.

Action Steps:

1. Program/Resource Management Team (PRMT)

Following departmental guidelines, the Domestic Violence Program Office shall implement a PRMT to provide review and approval for allocation methodologies that meet all state and federal requirements.

2. Collaborate with Provider Relations Office

Policy staff from the domestic violence program office shall meet as needed with contract management staff from the Provider Relations Office to ensure all procurement and contracting activities are implemented according to departmental procedures.

Agency Goal: Customer Satisfaction

Strategy (S-45): Design and implement customer satisfaction assessment and improvement processes.

Action Steps:

1. Develop and implement a stakeholder satisfaction survey.

The Domestic Violence Program Office will develop a stakeholder satisfaction survey and coordinate the distribution and collection of completed surveys. Areas to be measured include quality of technical assistance, timeliness of response, courtesy and related program office functions.

2. Implement the Governor's Violence Free Florida! Campaign.

3. Enhance Public Awareness by providing educational opportunities to the community and professional groups statewide.

The Domestic Violence Program Office shall plan and implement a training workshop during October's Domestic Violence Awareness Month on the overlap between child abuse and domestic violence. The Office will also secure opportunities to partner with the Florida Coalition Against Domestic Violence to provide training on domestic violence to varied community groups and projects whose activities might include domestic violence victims.

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% 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

PROGRAM: CHILD CARE REGULATION AND INFORMATION

A. Primary Responsibilities

- Child Care Licensure. Regulation of licensed facilities and family day care homes is managed through on-site inspections and registration activities pursuant to Chapter 402, Florida Statutes.
- Child Care Training. Statutorily required training for child care provider staff is administered through 15 Training Coordinating Agencies statewide. Online courses are also available to provider staff and are accessed through the training component of the Child Care Information System. Guidance, technical support and competency exam scheduling are centrally administered through the Child Care Information Centers.
- Quality Child Care and Professional Staff Development. The Gold Seal Quality Accreditation program, Child Development Associate Equivalency and Renewal programs and the Florida Director Credential each promote professionalism in the child care industry and are centrally managed through a Child Care Credential Unit.
- Quality Improvement/Quality Assurance. Provide ongoing unit monitoring, technical assistance support to licensing staff statewide and data purification activities to ensure data integrity. These activities promote the consistent application of licensing standards, while identifying program deficiencies and staff training needs statewide.

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:

- 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.
- 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.

C. Addressing our Priorities over the Next Five Years

Agency Goal: Children or adults are not harmed while in out-of-home care

Strategy S-3: Develop and maintain an adequate number of high quality placement settings with qualified personnel for out-of-home care that are properly resourced and appropriately matched to client needs.

Action Steps:

1. Ensure the health, safety, and well-being of children while in care through quality licensing and regulatory activities.
2. Promote staff efficiencies through technology and ongoing enhancements to the Child Care Information System.
3. Improve the quality of child care licensing and regulatory activities through the provision of training and technical assistance to district and regional licensing staff.
4. Ensure that on-site inspection requirements for licensed child care arrangements are being met statewide.

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

During FY 2005-06, there are no significant legislative directives or revisions for the Child Care programs and/or services.

E. Justification of the Final Projection for each Outcome

Objective: Children or adults are not harmed while in out-of-home care.

Outcome: Percent of licensed child care facilities inspected in accordance with program standards. [M04015]

Outcome: Percent of licensed child care homes inspected in accordance with program standards. [M05175]

Outcome Projection Justification and Impact: The objective was established to ensure the health and safety of children in care through on-site inspections. Inspections include verification of statutory mandates pursuant to Sections 402.301-402.319, Florida Statute and Administrative Codes Chapters 65C-20 and 65C-22. Child care facilities are inspected three times per year and family child care homes are inspected two times each year. Inspections are spaced appropriately throughout the year to ensure the highest level of protection.

F. Potential Policy Changes Affecting the Budget Request

The continued assumption of county licensing jurisdictions without additional staff resources and changes to local ordinances requiring licensure instead of registration for family day care homes would affect the department's ability to effectively manage the program. Polk and Leon Counties recently returned their licensing jurisdiction/workload to the department without additional staff resources. These actions, in conjunction with the enactment of county ordinances requiring family day care home licensure have substantially added to the workload. This recent trend may continue, as 3 of the remaining 7 local licensing agencies have discussed returning jurisdiction to the department in addition to other communities looking at enacting county ordinances requiring family day care home licensure.

G. Policy Changes Which Would Require Legislative Action

Not Applicable

H. Task Forces/Studies

House Select Committee on Voluntary Pre-Kindergarten (VPK) Implementation

The Committee is chaired by Representative Rafael Arza and requires a monthly status report on implementation activities by the Department of Children and Families, Department of Education and the Agency for Workforce Innovation.

PROGRAM: ECONOMIC SELF-SUFFICIENCY

POPULATION SERVED: FAMILIES AND INDIVIDUALS IN DISTRESSED / FRAGILE HEALTH OR CIRCUMSTANCES

A. Primary Responsibilities

Florida Statutes require that the state manage a system of federal entitlement programs per federal law. Section 414.025, Florida Statutes, 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), Florida Statutes, 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. These services are administered through ACCESS Florida, the department’s modernized eligibility service delivery system.

The mission of Economic Self-Sufficiency Services is to promote self-sufficiency by assisting eligible individuals, including the working poor and needy, transition into more stable and self-sufficient individuals and families. This assistance includes:

- Offering families appropriate diversionary opportunities so they may avoid receipt of public assistance
- Providing benefits to assist families and individuals transition into more stable and self-sufficient situations so they can end reliance on public assistance

The vision of the program is to strengthen families through private, community, and inter-agency partnerships that promote self-sufficiency.

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 together with job search skills from the Agency for Workforce Innovation, clients can achieve self-sufficiency and move into a more stable situation. These support services 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.

Among the vulnerable populations are newly-arrived refugee clients in need of immediate economic assistance. Some receive Temporary Assistance for Needy Families (TANF), Medicaid, and Food Stamps, but others are ineligible for TANF because they do not have minor children. These customers may be eligible for federally-funded Refugees Cash and Medical Assistance for the first eight months after their arrival in the United

States. Customer assistance is provided at the same level as the TANF and Medicaid programs and requires similar workforce participation.

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 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.

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 Program Integrity or 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 the use of special targeted case reviews and regional/statewide conferences seeking to address error-prone policies.

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 5.7% to 2,275,933 during the last fiscal year. From June 2004 to June 2005, the number of families receiving Food Stamps increased from 602,323 to 629,685 for an increase of 4.5%. During the same time period, the number of Medicaid clients increased from 1,739,995 to 1,839,864, an increase of 5.7%, while Cash Assistance households increased slightly from 57,020 to 59,157, a 3.7% increase over the fiscal year. The department is determined to focus efforts to ensure accuracy, accountability, and an optimal delivery of quality services.

The department's current priorities were identified through strategic planning sessions with key stakeholders that included agency and non-agency staff and internal and external customers groups. These priorities support the department's mission and are linked to a number of the Governor's priorities, including strengthening families, promoting economic diversity, and creating a smaller, more efficient and effective government.

C. Addressing Our Priorities over the Next Five Years

The following objectives reflect those priorities identified as yielding the greatest impact on all programs:

Agency Goal: Diversion and Prevention

Strategy S-8: Develop a web-based navigation system available at multiple locations within the community that assists families and individuals to access an entire array of social services.

For a number of families, it is an unexpected event or emergency situation that prompts an application for public benefits. Florida law provides for diversionary payments for otherwise eligible families who experience such unforeseen circumstances to assist them

in avoiding welfare dependency. The diversion programs offer an alternative to joining the welfare rolls and often the one-time service or cash payment are sufficient to stabilize the family and mitigate the need to apply for ongoing public assistance benefits.

Although the tangible and intangible benefits to both the family and the taxpayer are immense when a family is successfully diverted from assistance, utilization of this opportunity has not historically been overwhelming. Increased awareness of this opportunity combined with greater access to diversionary programs as well as other community access is anticipated to yield higher utilization. To that end, over the next five years the department plans to develop a web-based navigation system available at multiple locations within the community to assist families and individuals access an array of social services. This will offer individuals or families informed choices and viable alternatives to ongoing public benefits. To fully leverage a diversionary approach in lieu of ongoing benefits, we anticipate developing a self assessment tool based on a decision support system for intake and referral, with a mechanism for feedback from providers on the types of services a family or individual received.

Agency Goal: Transition

Strategy S-10: Jointly develop a policy with Work Force Florida with incentives for assisting individuals who are hardest to serve.

Economic stability and independence is a key driver in transitioning individuals and families from dependency on public benefits to economic self-sufficiency. To this end, increased participation in the workforce system optimizes an individual's opportunity to achieve such independence. As such, a critical program priority is to increase the percent of TANF and Food Stamp customers participating in a work or work-related activity. The Department intends to jointly develop a policy with the Work Force Florida with incentives for assisting individuals who are hardest to serve.

Strategy S-9: Develop a self-assessment tool based on a decision support system for intake and referral, with a mechanism for feedback from providers on the types of services a family or individual received (ACCESS Florida Implementation).

Since being directed by the Legislature in FY 2003 to achieve efficiencies in carrying out the eligibility determination activity, the Department has implemented ACCESS Florida. ACCESS Florida is the newly retooled and modernized public assistance service delivery system that is the **A**utomated **C**ommunity **C**onnection to **E**conomic **S**elf-**S**ufficiency. This model is based on streamlined workflows, policy simplification and technology innovations. ACCESS Florida provides enhanced access to services through a combination of state staff and a community partnership network as community providers agree to serve as additional portals to Economic Self-Sufficiency (ESS) services for clients mutually served by the partner agency and the Department of Children and Families.

This modernized system offers self-directed opportunities and 24/7 service through a web application and an integrated voice response system. This new model reduces the investment of time required by customers to apply for or continue receiving public assistance, many of whom are employed or under-employed and often cannot afford to take time off their job to participate in the eligibility process. By streamlining program efficiency and providing new levels of access and technological support, customers may achieve new levels of self-sufficiency. Although in its early stages, the new system has

already resulted in significant savings and garnered national interest in its potential as a national model.

Main components of the model include:

- A community partnership network comprised of public and private entities, including faith based organizations that offer customers an opportunity to access ESS services at the same time they are visiting the partner site for services traditionally offered by the partner.
- A simplified web application that allows customers to file for benefits on line on a 24/7 basis, wherever access to the internet exist.
- A streamlined process with policy that Is easy to understand and administer. Within the constraints of federal regulations and state law, the policy has changed to reduce verification requirements and streamline the processing of applications and re-determinations of eligibility.
- An automated voice response system and web site that allows customers to obtain general program information or specific case information through self-directed means on a 24/7 basis.
- Three statewide call centers to respond to general program questions not handled through the automated voice response unit and to process client reported changes.

Desired outcomes for the model:

- Increased access to services while reducing administrative costs.
- Optimized use of self-directed technology to provide customers the greatest flexibility in applying for and managing their public assistance benefits.
- Development and deployment of technology enhancements to increase the efficiency by which staff can process eligibility determinations.
- Increased customer satisfaction with the process.
- Reduction of the time customers must invest in the eligibility process and mitigation of lost time from employment for the purpose of applying for or receiving benefits.
- Maintenance of program integrity.
- Achieve over 96 million in savings and a reduction of 3,767.5 FTEs by June 2007.

Agency Goal: Resource stewardship and integrity

Strategy S-26: Meet federal standards for assistance payment accuracy and fraud recovery.

Accuracy in the authorization of food stamp and cash benefits is a critical priority of the department for fiscal year 2005-06. The Error Rate is reported 4 months behind due to the time necessary for Quality Control to perform the review of cases and determine errors.

Staff are working to maintain a low error rate while changing operations and systems and absorbing staff reductions. Quality control statistics for food stamp accuracy are valid at the district level on an annual measurement basis. Districts are accountable for benefit accuracy and timeliness of applications processed. The program has a quality management system to monitor performance and identify opportunities for improvement. However, as the Department moves forward in implementing Sterling for organizational performance excellence, more mature and robust processes will be applied to improve quality management. The intent is to achieve 94% accuracy for the federal fiscal year.

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

Implementing ACCESS Florida – At the direction of the Legislature the Economic Self-Sufficiency Program is modernizing its service delivery system and under the leadership of the Governor the program is on target to reduce the program Full Time Equivalents (FTEs) in the Comprehensive Eligibility Budget entity by over 3700 FTEs and save just over 96 million dollars. To accomplish this, the program is implementing a number of business model changes and introducing new technologies. 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

Agency Goal: Diversion and Prevention

Outcome: Percent of customers receiving a diversion payment/service that remain off assistance for 12 months. [M05087]

This is a new measure which we have not tracked in the past. It has been added since diversion and prevention are major components of the department's strategic plan. This measure provides a mechanism for us to monitor our success in assisting clients from receiving public assistance on a long term basis. Baseline data for this outcome measure were collected retrospectively for FY 2004-2005 and the target has been set at 80%. This represents the number of individuals who do not receive any TANF payment within 12 months of receiving a diversion payment, divided by the total number who received such diversion payments.

Agency Goal: Transition

Outcome: Percent of TANF customers participating in work or work-related activities. [M05088]

The Federal TANF legislation includes a major provision addressing work participation requirements for TANF adults. Participation in work or work-related activities supports the department's goal to assist clients in transitioning to self-sufficiency. The goal has been set at 50% based on the target mandated by Federal legislation. This target is subject to change based on the outcome of the TANF reauthorization legislation which is currently pending before Congress. This is essentially the measure of percent of TANF

adults who meet criteria for work related activities divided by the total number of adults required to participate in a work activity.

Agency Goal: Self-Sufficiency

Outcome: Percent of customers who have earnings gain. [M05140]

One of the primary measures driving our clients' ability to remain off public assistance is their success in improving their earning over time. This measure is included in the Federal High Performance Bonus competition. The 40% goal has been established based on the performance of all of the States last Federal fiscal year. Bonuses were awarded to states which achieved 40% or greater performance on this measure. If Florida meets the 40% target this coming year, it is likely Florida could receive an award. Calculations look at the aggregate earnings of adults, one quarter after leaving TANF and compare this to their earnings two quarters later.

Agency Initiative: ACCESS Florida Implementation

Outcome: Percent of applications completed by use of automation. [M05136]

In 2003 the Legislature included a provision in the appropriations act mandating the department to modernize the operations of the Economic Self-Sufficiency (ESS) Programs. Since that time the department has been working aggressively to reduce FTE and budget for ESS primarily through automation of its operations. A major component of the automation strategy is the development and implementation of a web based application for public assistance. A goal of 70% has been established so the department can take maximum advantage of the savings associated with this automation and to improve services to our customers. The calculation divides the number of total applications taken via the web application by the total number of applications submitted (paper and electronic applications)

Agency Goal: Resource and Stewardship

Outcome: Percent of Food Stamp benefits determined accurately. [M0107]

Accuracy in the determination of eligibility for Food Stamps has been a primary goal of the department for many years. The Federal Food Stamp regulations address this topic extensively and we have a very involved system for monitoring our accuracy in determining eligibility for Food Stamps and in taking corrective action when necessary. The goal of 94% has been established based on the national average and on the performance necessary to avoid potential fiscal sanctions from the Federal government. This measure examines the total dollar of food stamps authorized compared to the total amount accurately authorized as determined through an independent review.

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

PROGRAM: OFFICE ON HOMELESSNESS

A. Primary Responsibilities

Homeless assistance is made available through community partners as a safety net for individuals and families, who through economic downturns, personal or general housing crises, or other unforeseen disastrous occurrences in their lives, do not have the resources to meet their basic needs for shelter.

B. Selection of Priorities

Our primary strategy for meeting the basic needs for shelter of the homeless is to enter into partnership with state and local agencies to develop and implement a coordinated and comprehensive homeless assistance service plan.

C. Addressing Our Priorities for the Next Five Years

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 locally developed, setting forth the community vision of how the needs of homelessness will be addressed using 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 needed supportive services, emergency sheltering, and to housing.

The department, through the Office on Homelessness, is charged with promoting the development and implementation of the local continuum of care plans for the homeless. To date, the state has helped fund the 27 recognized continuums of care in Florida to directly serve the housing and service needs of the homeless. The goal is to promote homeless plans statewide. The existing continuums of care now cover 61 counties. The ultimate desired outcome of these planning efforts is to provide the services needed to bring an end to the individual's or family's episode of homelessness, and restore them to permanent housing.

D. Justification of Revised Programs or Services

None proposed

E. Justification of Final Projection for each outcome

None

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

PROGRAM: SUBSTANCE ABUSE

POPULATION SERVED: INDIVIDUALS AND FAMILIES AT RISK OF OR CHALLENGED BY SUBSTANCE ABUSE AND / OR MENTAL ILLNESS

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), Florida Statutes, 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), Florida Statutes, 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, Florida Statutes, 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, Florida Statutes, 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 two and three. The current required 3-year plan submitted in January 2004 covers Fiscal Year 2003-2004 through Fiscal Year 2005-2006. The next plan update is due in 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.

Priorities for services are also based on the following trends/conditions in the state:

In recent years, Florida has seen a marked upsurge in prescription drug misuse/abuse, particularly opiates and benzodiazepines. The state is now feeling the effects of sharp increases in methamphetamine use, being primarily trafficked into the state from Southern California and Mexico. Alcohol continues to be the most prevalent substance

found in drug-related deaths in Florida, followed by benzodiazepines, cocaine, and opiates (FDLE, 2005). Most drug-related deaths in Florida involved the use of two or more substances. Many of the acute effects of these issues are being felt by major metropolitan areas and the southeastern coast of Florida. The increase in prescription opiate and benzodiazepine abuse has created an added demand for medically-assisted detoxification programs and long-term treatment programs that specialize in the treatment of these addictions.

In response to the increases in opiate use and the need for safe treatment for opioid dependence, the National Institute on Drug Abuse developed a synthetic medication called buprenorphine, similar to methadone but with fewer side effects. Following passage of federal legislation in 2000, the **Substance Abuse and Mental Health Services Administration** (SAMHSA) now grants waivers for qualified physicians to dispense Schedule III, IV, and V opioid medications for the treatment of opioid addiction. Physicians must complete required training and receive approval from SAMHSA. They are limited to treating 30 patients at a time, unless they're affiliated with a licensed opioid treatment program. There are currently 47 physicians in Florida approved to treat opioid addiction with buprenorphine.

According to the **Florida Youth Substance Abuse Survey** (FYSAS) alcohol and other drug use among youth has continued to decline over the last five years. The trend, however, appears to reverse itself as these youth enter young adulthood where binge drinking and illicit and prescription drug abuse show marked increases. The Substance Abuse Program Office is working with the Governor's Office of Drug Control on a program called Changing Alcohol Norms to combat underage alcohol use, with emphasis on working with colleges and universities throughout the state.

Substance abuse admissions in Florida (through FY 04-05) continue to show similar prevalence rates in presenting drug problems, with some exceptions. Adults continue to present with primary drug problems of alcohol, cocaine and marijuana, followed by heroin, other opiates, methamphetamines and benzodiazepines. More than 75 percent of primary drug problems for youth at the time of admission involve marijuana, followed by alcohol and cocaine. The most notable increases in recent years for adults and youth are for secondary and tertiary drug use problems involving opiates, methamphetamine and benzodiazepines (specifically Xanax).

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.

Agency Goal: Prevention and Early Intervention

Strategy (S-12): Implement the Strategic Prevention Framework.

Project A: Service Integration with Child Welfare

Action Steps:

1. Florida has been moving toward a unified substance abuse prevention framework for five years. All developments or changes to the structure or processes of the state's prevention system are made with a clear eye upon the *Florida Drug Control Strategy's* goals for reducing alcohol, tobacco, and other drug use by 50% between 2000 and 2005. 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 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. In October 2004, PSDA received a Notice of Grant Award for a Strategic Prevention Framework State Incentive Grant in support of the Florida Strategic Prevention Alliance. The award is for \$11,750,000 over five years.
2. The results of the *Florida Youth Substance Abuse Survey* show that those communities with a persistent, broad-based, structured, and coordinated prevention effort have lower youth drug-use rates. Florida aims to establish substance abuse prevention partnerships and coalitions in all of its 67 counties. To date, 65 counties have coalitions. The *FL SPA* project is designed to reduce substance abuse among youth and, over time, among adults, by reducing the impact of community and individual factors increase the risk of substance abuse and strengthening factors that build resilience against substance abuse. Further development of aligned collaborative processes at the state and local levels will help achieve this goal. Prevention services funded through the Strategic Prevention Framework State Incentive Grant (SPF SIG) will support programs and practices that are based on prevention science.
3. The Substance Abuse Program Office, the University of Miami and Up Front Drug Information Center are establishing Community Drug Epidemiology Networks throughout Florida. The Substance Abuse Program has developed a statewide epidemiology work group to coordinate the findings of local work groups and to disseminate the findings of statewide surveys such as the Florida Youth Substance Abuse Survey. Using social indicator data at the local levels such as drug arrests, driving under the influence arrests, substance-involved crashes, alcohol/drug admissions to hospitals, and substance abuse mortality figures the epidemiology work groups will develop local profiles of need. The profiles will be used by the department to determine the need for prevention, detoxification, treatment and support services in each community, particularly in regard to resource allocation. The work groups will also help the department identify local drug trends such as through that have surfaced in recent years involving ecstasy, prescription drug misuse, heroin, methamphetamines, and youth binge drinking. The goal is to have epidemiology work groups in all 14 department districts by the end of the 2006-2007 fiscal year.

4. The FYSAS shows that since 2000, youth drug-use prevalence rates are down across the board. Florida is one of just a few states that can track youth drug-use trends annually. In a cooperative effort with the University of Miami, Department of Health, Department of Education, and the Governor's Office of Drug Control, the Substance Abuse Program coordinates the annual administration of the Florida Youth Substance Abuse Survey. Administrations in even years provide a county-by-county profile of prevalence rates for 21 drug categories, 5 related health-risk behaviors, and 30 risk and protective factors. This information is used by state and local agencies, organizations, and anti-drug coalitions to identify substance abuse prevention issues and appropriate responses for continuing the downward trend of drug-use prevalence. Results of the surveys can be found on the Internet at: www.dcf.state.fl.us/mentalhealth/publications/fysas/.

Strategy (S-19): Implement substance abuse and mental health prevention partnerships.

1. Fiscal Year 2004-2005 was the fourth year of the Coalition Mini-Grant Program that provides resources to local groups to organize, assess prevention data, create plans to reduce substance abuse, and conduct activities accordingly. Over the last three years, an average of 35 coalitions have received up to \$24,500 to keep their communities informed about substance abuse prevention issues, needs, resources, and services and to create prevention-friendly community environments through policy development or support for strong and consistent enforcement of existing policies.
2. During July 2004 the Substance Abuse Program initiated the second round of Prevention Partnership Grants (section 397.99, F.S.). Schools and licensed prevention organizations team up to address local priority prevention issues with evidence-based programs. Over 6,000 youth are served annually through these 39 three-year projects. At least one project is conducted in each DCF district.

Agency Goal: Recovery and Resiliency

Strategy (S-16): Collaborate with law enforcement agencies, criminal justice system, stakeholders, and service providers to identify safe, therapeutic alternatives to jail and thereby reduce public safety risks.

Action Steps:

1. Current research indicates that more than half of the families involved with the child welfare system have one or more adults with a substance abuse problem. In most cases substance abuse is a strong contributing factor to the maltreatment, abuse or neglect of children. To address this problem, with the ultimate goal of family stability and reunification, the department has taken several steps to improve the identification of adults in need of substance abuse treatment and linking them to needed care. Thirty-five new Family Intervention Specialist (FIS) positions were appropriated during the 2003 legislative session, bringing the statewide total to 70. These positions provide substance abuse screening and service linkage for approximately 4,500 persons involved with the child welfare system. The Substance Abuse Program is preparing a legislative budget request for the 2006 legislative session for an additional 70 Family Intervention Specialists. With more than 12,000 adults in the child welfare system in need of substance abuse services annually, the funding would go a long way in enhancing the identification of need and linkage to treatment.

2. The department initiated a contract with the Northeast Florida Addictions Network (NEFAN) to manage the functions of Family Intervention Specialists (FIS) in Districts 4 and 12. The purpose of the contract is to improve coordination between the FIS and community-based care entities for persons involved with child welfare who are in need of substance abuse services. The NEFAN contract is being expanded in FY 2005-2006 to include all block grant set-aside funding for pregnant women, women with dependent children, as well as substance abuse funding for Temporary Assistance to Needy Families (TANF) clientele. The NEFAN model will be evaluated by the University of South Florida, Florida Mental Health Institute to develop an interim report for the legislature by December 31, 2005.
3. There are an estimated 150,000 adults age 60 and older in Florida with substance abuse problems; historically the department has only been able to serve less than two percent of the need. The Florida Brief Intervention and Treatment for the Elderly program (BRITE) was developed in partnership with the University of South Florida, Florida Mental Health Institute, as an early intervention strategy to facilitate the identification of substance abuse, depression, and suicidal ideation in adults age 60 and older. The program focuses on providing brief intervention and brief treatment to older adults with substance abuse problems in their communities, to ultimately reduce the need for out-of-home treatment placements. In its first full year of implementation, the project enabled the department to serve an additional 1,000 older adults. The program has two participating providers in the Suncoast Region and one provider in District 10 (Broward County) and is being expanded to District 7 and District 9 in Fiscal Year 2005-2006.
4. The department received a \$20.4 million Access to Recovery (ATR) grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to provide enhanced client choice through the use of vouchers to purchase services and through the addition of faith-based and non-traditional providers to the system of care. The program is being implemented in Districts 8, 9, 13, 15 and the Suncoast Region and is targeted to serve an additional 8,002 adults over the 3-year term of the grant. Full implementation will be reached by October 1, 2005. The ATR program is targeting the enrollment of 100 faith-based and community-based providers in the identified communities. As part of a national shift to client choice models, the department is developing its ATR project model for the long-term, with increased emphasis on recovery support services to promote stability and self-sufficiency among persons affected by substance abuse.
5. As much as 40 percent of individuals with substance abuse problems have co-existing mental disorders, often presenting added challenges to traditional providers. To meet the unique treatment and support needs of this population the department is working closely with the Florida Alcohol and Drug Abuse Association and the University of South Florida, Florida Mental Health Institute, to develop integrated service and training models and guidelines. The department will actively seek funding for infrastructure development through the federal Co-Occurring Services Improvement Grant (COSIG) program. The Substance Abuse Program is also revising 65D-30, F.A.C., to include standards for programs serving persons with co-occurring disorders. The department will also be expanding its integrated Crisis Stabilization Unit and Addiction

- Receiving Facility program to include one additional site in the Suncoast Region, for a total of three hybrid programs serving juveniles with co-occurring disorders.
6. The State of Florida's Office of Drug Control in close partnership with Florida's Substance Abuse Program Office, the Florida Certification Board (FCB) and many statewide partners received \$1.2 million in grant funding to build enhanced capacity in Florida to provide effective, accessible, and affordable substance abuse treatment for adolescents and their families. While effective and strong in many ways, the adolescent services system can be improved through the: a) maximization of funding through leveraging opportunities, especially across systems and with Medicaid; b) provision of adolescent-specific training, certification, and licensing standards for professionals and facilities; c) reduction in the rate of adolescent readmission to treatment; and d) utilization of evidence-based treatment approaches. Through system improvements, the ultimate result will be an approximate net gain of 1,348 additional adolescents that will be served within existing resources. Progress will be tracked over the course of the 3-year grant.
 7. Pursuant to Substance Abuse Prevention and Treatment (SAPT) block grant requirements, the peer review project, known as the **Florida Clinical Consultation Treatment Improvement Project (FCCTIP)**, targets the completion of six clinical consultation reviews annually. The department contracted with the University of Miami to develop the clinical consultation process to facilitate examination of each provider's admission/intake, assessment, treatment planning, treatment service delivery, and discharge/continuing care practices and procedures. The findings from the reviews are then shared with the participating to help them improve services and the overall quality of care. Additionally, best practice findings are disseminated to providers throughout Florida. Each year the geographic locations of participating providers are rotated to ensure that each district receives a peer review at least once every three years.

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

In August 2004, the State of Florida received a 3-year, \$20.4 million grant to develop and implement a voucher system for treatment and recovery support services, emphasizing client choice. To implement the grant the Substance Abuse Program created thirteen new services to facilitate the inclusion of the faith-based community in the provision of recovery support to persons affected by substance abuse. The Access to Recovery Program, as mandated by the funding agency, the federal Substance Abuse and Mental Health Services Administration (SAMHSA), must include non-traditional providers such as faith-based entities or other entities that have not historically provided services funded by the department. SAMHSA has also begun to require states to implement charitable choice, i.e., the involvement of faith-based providers in provision of care, as part of each state's block grant funding. Florida will use the Access to Recovery grant program as a starting point for building charitable choice in Central and South Florida. The model will then be used to expand charitable choice to other parts of the state in the coming years.

Based on estimates of need using the National Household Survey on Drug Use and Health, there are 1,157,483 adults in need of substance abuse services in Florida. Of those in need, it is estimated that 33 percent or 381,969 adults would seek services if available. In recent years the department has provided services to an average of 112,000 adults, leaving a treatment gap of 269,969 adults. The department has averaged 1,000 adults per month on waiting lists for services.

The need for services for children is based on the Florida Youth Substance Abuse Survey, which shows that 343,727 children are in need of substance abuse services and 113,429 would seek services if available. The department currently serves an average of 67,000 children each year through individualized services, leaving a treatment gap of 46,430 children. The department has averaged more than 200 children per month on waiting lists for services.

To close the treatment gap, promote better access to services, and reduce wait times, the Substance Abuse Program Office is submitting three key Legislative Budget Requests for consideration in the 2006 Legislative Session:

- \$2.9 million for the addition of 25 Family Intervention Specialists to facilitate the identification of families involved with Family Safety in need of substance abuse services and to promote linkage with needed services. An additional 2,835 adults and children would be served by funding of this issue.
- \$4.19 million to expand community-based detoxification services to provide critical services to 3,664 additional adults. This request is in response to the marked increase in adults needing detoxification due to prescription drug misuse, abuse and dependence. The rise in prescription drug problems has placed a steadily increasing demand on the detoxification service structure.
- \$11.7 million to enhance critical community treatment capacity for adults and children. The state has a significant shortage of residential treatment beds, accounting for more than 2/3 of adults and children on waiting lists. The issue also seeks to restore \$4.7 million in the Children and Adolescent Substance Abuse Trust Fund that was lost in the 2005 Legislative Session and has resulted in lost capacity for services for adults. Funding of the issue would enable the department to serve an additional 4,027 adults and children each year.

E. Justification of Final Projection for each Outcome

Using measure review, analyses, and performance improvement plans, each program office will be responsible for addressing performance at the state, district/region, and provider levels. To ensure the attainment of **General Appropriations Act (GAA)** and other critical performance measures, the department has identified a series of “dashboard” items to be continuously reviewed from the state level down to the provider level. Workshops will be held on a quarterly basis to review critical performance issues with our stakeholders. These measures are consistent with those in the Agency Strategic Plan for FY 2005-08. The list below outlines the current Substance Abuse Program dashboard measures:

Adult Substance Abuse

- Percent of adults who complete treatment.
- Percent of adults employed upon discharge from treatment services.
- Percent of adults who are drug-free during the 12 months following completion of treatment.
- Percent of adults in child welfare protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.
- Number of adults served.

- Percent change in the number of clients with arrests within 6 months following discharge compared to the number with arrests within 6 months prior to admission.

Children's Substance Abuse

- Percent of children with substance abuse who complete treatment.
- Percent of children with substance abuse who are drug-free during the 12 months following completion of treatment.
- Percent of children with substance abuse under the supervision of the state receiving substance abuse treatment who are not committed to the Department of Juvenile Justice during the 12 months following treatment completion.
- Percent of children at-risk of substance abuse who receive targeted prevention services who are not admitted to substance abuse services during the 12 months after completion of prevention services.
- Number of children with substance abuse problems served.
- Number of at-risk children served in targeted prevention.
- Number of at-risk children served in prevention services.

F. Potential Policy Changes Affecting the Budget Request

There are currently no policy changes that affect the Substance Abuse Program's budget requests.

G. Policy Changes Which Would Require Legislative Action

Current legislative proposals to change Chapter 397, Florida Statutes focus on background screening requirements and do not have any specific impact on the department's substance abuse policies.

H. Task Forces/Studies

Florida Substance Abuse Prevention Advisory Council

Authority: Federal Agreement w/U.S. DHHS

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

Florida Strategic Framework Evaluation

Authority: Federal Agreement w/U.S. DHHS

Purpose: Institute a data-driven planning process that enhances the roll out of substance abuse prevention policies, practices and programs.

Florida Statewide Epidemiology Workgroup

Authority: Federal Agreement w/U.S. DHHS

Purpose: To establish state epidemiology groups in all 14 department sub-state areas that can be responsive to state and local substance abuse needs and support the National Outcome Measures (NOMS) initiative of SAMHSA.

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 Substance Abuse 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, Florida Statutes

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), Florida Statutes

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, Florida Statutes

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.

Status Report on Managing Entities in Districts 4 and 12

Authority: Chapter 394.9082, (8), Florida Statutes

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), Florida Statutes

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), Florida Statutes

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.

PROGRAM: MENTAL HEALTH

POPULATION SERVED: INDIVIDUALS AND FAMILIES AT RISK OF OR CHALLENGED BY SUBSTANCE ABUSE AND / OR MENTAL ILLNESS

A. Primary Responsibilities

Florida Statutes require that the state manage a system of care for persons with mental illnesses. Section 394.453, Florida Statutes, 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), Florida Statutes, 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.

Adult Community Mental Health Services are 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.

Children’s Mental Health Services are designed to assist 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, Florida Statutes. Children’s Mental Health services 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. A variety of traditional and non-traditional treatments and supports are available.

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 communities to enable individuals who are experiencing a severe and persistent mental illness 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.

The **Sexually Violent Predator Program (SVPP)** was established in 1999 to administer the provisions of Chapter 394, Part V, Florida Statutes, also known as the Jimmy Ryce Act. The program enhances the safety of Florida's communities by identifying and providing secure long-term care and treatment for sexually violent predators (SVP).

B. Selection of Priorities

The department is committed to transforming its mental health system of care from one of maintenance to one of recovery. Individuals, families, children, and the elderly will have a choice of services and the assurance that those services reflect the best practices.

Through various mental health forums and round table discussions the department has listened to consumers, family members, and other partners to determine priorities for system transformation. The importance of training personnel and enhancing the quality of mental health services led to the proposed development of a “Best Practices Institute.” The strong values of choice and personal responsibility led to the expansion of the Self-Determination Initiative supported by a proposed “Office of Consumer Affairs.” The need for a data-driven system resulted in the establishment of a priority for an integrated data system accessible to customers and their families, stakeholders, and state agencies. These priorities will be dynamic and be changed as the needs of our customers and their families, stakeholders, other state agencies, and legislative requirements change.

C. Addressing Our Priorities over the Next Five Years

The following priorities are consistent with the strategies set forth in the department’s *FY 2005-2008 Strategic Plan*. Action steps taken to successfully carry out strategies are aligned with actions presented in the Mental Health Program Office’s previous Long Range Program Plan. Whenever appropriate, the action steps include planned activities to further the identified strategy.

Agency Goal for Mental Health: Prevention and Early Intervention

Strategy (S-13): Target early intervention strategies to children and their families with a history of substance abuse and/or mental illness.

Action Steps:

1. The Infant Mental Health pilots showed that over 90 percent of the caretakers that participated were diagnosed with severe depression. Early intervention through the provision of screening, assessment, and treatment services to infants/toddlers and their caretakers increases resiliency in children and may reduce the impact of mental illnesses later in life. The department’s Children’s Mental Health unit will continue to expand Infant Mental Health services throughout Florida. To date, twelve districts and the Suncoast Region have at least one Infant Mental Health provider. During Fiscal Year (FY) 2005-06 District 13 will establish an Infant Mental Health program in conjunction with Head Start and Early Head Start. This work will be a pilot to support linkages between mental health services to high risk infants and toddlers through Head Start and Early Head Start across the state. While there is a Head Start Program in each of Florida’s 67 counties, many rural areas have no access to mental health consultation, one of Head Start’s quality assurance requirements. The Harris Institute at Florida State University has trained 93 licensed therapists in the specialty area of Infant Mental Health in nine areas in the state. As a result of this pilot Head Start, the Harris Institute, and the Children’s Mental Health unit hope to improve access to mental health services for children birth-to-five living in rural areas.
2. The Mental Health Program office developed an integrated computer database system for the Temporary Assistance for Needy Families (TANF) program, streamlining the eligibility determination process for the providers and districts/region and the Substance Abuse and Mental Health Program offices.

3. The TANF Program will pilot a Parenting Curriculum for parents receiving TANF and are recovering from substance abuse and mental illnesses as a component of the Strengthening Families Initiative

Strategy (S-14): Establish uniform reporting and analysis of significant events, including suicides.

Action Steps:

1. The Mental Health Program assisted an additional 6,302 individuals by providing access to diversion services/acute care beds. To protect the rights of persons served, over 875 participants were trained on the new Involuntary Outpatient rules. The program plans to expand access to diversionary crisis services with \$6.4 million FY 2005-06 crisis funds.
2. The department will reduce the use of seclusion and restraints in state mental health treatment facilities. Staff have been trained on the use of the Mandt techniques to manage and control residents' behavior in emergency situations.
3. The department implemented the Elimination of Barriers Initiative (EBI) designed to reduce stigma and discrimination.
4. The department assisted the Governor's Office of Drug Control and the Governor's Task Force on Suicide Prevention to publish the Florida Suicide Prevention document (<http://www.sprc.org/statepages/index.asp>), released in March 2005. The department will continue to work with the Task Force to create and implement an action plan based on this new Suicide Prevention document.

Agency Goal for Mental Health: Recovery and Resiliency

Strategy (S-15): Improve access to appropriate service supports, including child care, therapeutic and coaching services, wrap-around, supportive housing, respite, accessible crisis services, and crisis counseling.

Action Steps:

1. The department's Mental Health Program has supported training for its staff, providers, consumers, and families in several evidence-based and promising practices, including Assertive Community Treatment, supportive housing/living, supported employment, medication algorithms, therapeutic foster care and more. However, the infrastructure (funds for training materials, consultants, a training needs assessment and strategic plan) is insufficient to continuously train and provide ongoing, consistent consultation to provider staff at a level that increases the competency of the provider workforce. Resources must be realigned to more fully support evidence-based practices. During FY 2005-06, the department will support several forums to forward its goals including a forum for key stakeholders to come together to learn about evidence-based practices and develop plans to improve service integration. A second forum will be a summit to discuss transformation of the system of mental health care for children.
2. The promotion of evidence-based practice is a major focus for the transformation of the mental health system in Florida. As part of this effort, two **Assertive Community Treatment** teams (ACT) for children will be piloted in the Suncoast Region and District 8. The pilots will target children with serious emotional disturbances, who live at home and are at extreme risk of moving deeper in the mental health, juvenile justice, or child welfare systems. The

children's teams will be modeled on the adult ACT teams. The multidisciplinary teams will also include components of Family Directed Care to provide the child and his/her family with a leading voice in the services and supports that work best for the child.

3. Stakeholders, including the department, recognize that equitable funding is essential to assuring equal access to services. As of FY 2002, the National Association of Substance Abuse and Mental Health Program Directors identified Florida as ranking 45th in the nation in Substance Abuse and Mental Health controlled expenditures (excluding Medicaid). Additionally, mental health funding for adults is inequitable among the 14 service areas in Florida, with the gap varying in FY 2004-05 from a low of \$560 to a high of \$1,356 per person served. For children funding varies from a low of \$416 to a high of \$619 per capita. The department is requesting funding to improve equity and increase access to services.
4. The **Florida Mental Health Institute (FMHI)** completed a statewide review of the use of evidence-based practices in Florida for children. The study provides a baseline for targeting our efforts to promote the use of evidence-based and promising practices in Florida. During FY 2005-06 the department will continue to disseminate information of evidence-based and promising practices for children through the development of web-based resources.
5. The Children's Mental Health unit established a med-consult line with the University of Florida during FY 2004-05. During late 2005, the department expanded that resource to include a prior approval process for children under age six in foster care who have been prescribed psychotropic medications. The department's Children's Mental Health unit will continue to work with the Child Welfare office to monitor usage of psychotropic medications and other therapeutic services through Home Safenet and the Substance Abuse and Mental Health Data System.
6. Florida has created a comprehensive assessment for children entering the child welfare system. The assessment is a required element of the child's permanency plan. While 98 percent of children in shelter care receive the assessment, children in relative care placements are assessed at a much lower rate. During FY 2005-06 the Children's Mental Health unit will work with the Community-Based Care unit and local community mental health providers to ensure resources are available for this critical service.
7. The Substance Abuse and Mental Health Programs applied for a federal Substance Abuse and Mental Health Services Administration (SAMHSA) Transformation Grant of up to \$6 million for infrastructure. The grant application was developed with extensive input from individuals and their families and other stakeholders. If awarded this grant, the department will increase training through development of a "Best Practices Institute" and develop an integrated data system accessible to stakeholders, state agencies, customers, and their families. Better trained staff will result in an enhanced level of care for the people we serve. Immediate access to accurate data will drive system change. The department is requesting funds to implement a Recovery and Resiliency-Based system.

8. The Mental Health Program implemented three **Adult Disability Resource Centers** (ADRCs) in collaboration with the **Department of Elder Affairs** (DOEA). These sites provide a one stop center for adults needing long-term care, and serve as information and referral sites for adults with severe and persistent mental illnesses.
9. The Mental Health Program promoted **Evidence Based Practices** (EBPs) and best practices for adults with mental illnesses: family psychoeducation through NAMI, Florida; co-occurring initiatives; and Florida Assertive Community Treatment. The department will continue to promote EBPs and best practices, with emphasis on supportive housing and case management. The use of EBPs improves treatment outcomes for adults with serious mental illnesses. The implementation of the supportive housing strategic plan increased the availability of supportive housing services for adults with serious and persistent mental illnesses to approximately 2,500.
10. Florida's **Self-Directed Care** (SDC) service delivery paradigm is founded on the belief that individuals have the right and ability to act at the center of decision-making that affects them. The program's mission is to create and maintain an environment in which people make informed choices about the supports and services they need in order to get well and stay well. This is accomplished with the support of a trained life coach and through participant control over a flexible funding allotment. The program is currently operating in Districts 4 and 8, and is serving over 150 recipients.
11. The Mental Health Program increased consumer and family involvement and leadership through the State Mental Health Planning Council. The Mental Health Program has involved consumers and family members in the development, implementation and monitoring of the community mental health system. The Council provides a voice for consumers and family members across the state.
12. The Mental Health Program will establish an Office of Consumer Affairs. This office will increase communication, education between consumers and family members statewide and provide leadership and direction for recipients of services. Funding for this initiative is included in the department's Legislative Budget Request.
13. The Mental Health Program Office will enhance awareness of cultural competency. The Program will develop a cultural competency tool to access gaps within the community mental health system and develop a plan to address those gaps.
14. Over 5500 of the state's mental health consumers live in **Assisted Living Facilities** with a limited mental health license (ALF-LMHL). ALF-LMHLs provide adults with serious mental illnesses with a living option in the community. ALF-LMHLs provide room and board and personal care services for mental health residents as defined in Chapters 394 and 400, Florida Statutes. These statutes define procedures that help ensure coordination between the individual living in the facility, the ALF operator, and the mental health provider. These procedures require (1) training for ALF-LMHL staff, (2) cooperative agreements between the ALF- LMHL provider and the mental health provider, and (3) cooperative service plans that promote individual service coordination for ALF-LMHL mental health residents. Residents receive mental health services

and supports from their selected mental health provider to address their mental health needs.

15. The department collaborated with the **Agency for Health Care Administration (AHCA)** on transition to a managed care service delivery system. The department provided input to the agency for the development of a managed care waiver for behavioral health services to ensure individuals access to recovery and resiliency-based services. The department will continue to work in collaboration with the agency to implement managed care in accordance with statute. The department is working with AHCA to ensure that these vulnerable populations have access to recovery and resiliency based services during this transition.
16. The department has improved the collection, use, and analysis of data to transform the Substance Abuse and Mental Health data system to a decision-making model. The **Health Insurance Portability and Accountability Act (HIPAA)** training protects the confidentiality of the people we serve.
17. The department developed and implemented a **Community Needs Assessment (CNA)** tool which will allow for ongoing electronic communication between facilities and the community. This tool will provide constant communication between facilities, districts, and providers so that communities are informed of the services, supports, and treatment individuals will need in order to live successfully in their community upon discharge. The state mental health treatment facilities will take the lead to develop an electronic person-centered treatment plan to enhance continuity of care of individuals across settings.
18. The department improved the consistency of prescribing practices. The department, through Florida State Hospital and community mental health providers in District 1, successfully piloted a model algorithm (FALGO). The department will build on FALGO to implement a consistent and comprehensive Behavior Pharmacy Management Program throughout the state. The department provided educational information to major stakeholders about proposed changes to Medicare Part D and the modified drug formulary for Medicaid-eligible individuals taking psychiatric medications. The department will continue to work in collaboration with AHCA to promote safe implementation of these system changes.
19. The department will promulgate the **Indigent Drug Program (IDP)** rule to standardize procedures for use of these limited funds for non-Medicaid eligible persons needing psychiatric medications.
20. The **Functional Assessment Rating Scale (FARS)**, designed to document the levels of functioning of adults served in community mental health agencies and state mental health treatment facilities was implemented on July 1, 2005. Providers will be able to use FARS data in real time for quality assessment and quality improvement activities. Implementation of the measure in community and state mental health treatment settings will allow meaningful comparison of outcomes across treatment settings.
21. The department successfully negotiated and executed a contract with Atlantic Shores Healthcare, Inc., to provide a management team for **South Florida Evaluation and Treatment Center (SFETC)** from July 1-December 31, 2005. Negotiations are currently underway for an operations contract and a design/build contract, scheduled to be effective on January 1, 2006.

22. The **Sexually Violent Predator Program (SVPP)** will continue to work with its contracted providers to evaluate, confine, and treat potential and adjudicated violent predators as required by Chapter 394, Part V, Florida Statutes, subject to the availability of funding. The department currently contracts with Liberty Behavioral Healthcare to operate FCCC. On June 21, 2005, the department issued a Request for Proposal for the finance, design, construction, and operation of a new, modern 600 bed facility, and the operation of the current facility in the interim. The project was authorized by Chapter 05-222, Section 5, Laws of Florida. The department is requesting additional general revenue funding to ensure that FCCC is able to provide necessary therapeutic services to the facility's residents.
23. During the 2005 Legislative session \$2.8 million was appropriated to provide additional security staff for the FCCC. The department is finalizing the details of a contract with the Department of Corrections for an expanded security role within the facility for this fiscal year. This expanded role will be in place until the procurement process has been resolved and a contract for the entire operation is established via competitive procurement.
24. Over 100,000 Floridians affected by hurricanes were assisted through disaster programs in FY 2004-05. Through needs assessment, early intervention, ongoing counseling, and services, Floridians are rebuilding their lives. The department is seeking disaster response funds to enhance its capacity to respond to disaster events.

Strategy (S-16): Collaborate with law enforcement agencies, criminal justice system stakeholders, and service providers to identify safe, therapeutic alternatives to jail and thereby reduce public safety risks.

Action Steps:

1. The department has recently signed an agreement with the **Department of Juvenile Justice (DJJ)** to address the mental health needs of our joint customers. The agreement addresses the need for screening, identification, and referral for mental health treatment including crisis services for children involved with DJJ and provides guidance for referrals from one agency to the other.
2. During FY 2004-05 the Children's Mental Health Unit collaborated with DJJ to improve screening for suicide risk in detention facilities, decrease waiting time for children found incompetent to proceed to access services, and improve early identification and treatment of children in need of mental health treatment. The department will continue these efforts during FY 2005-06 through joint training for DJJ and Mental Health staff in Trauma Informed Care, review and identification of steps to improve transition from one program to another, and improved access for children involved with DJJ to crisis services.
3. DJJ has seen an increase in the number of pregnant young girls entering its system. During FY 2005-06 the Children's Mental Health unit, along with the Center for Intervention and Early Intervention and DJJ, will work to develop resources to provide prevention and early intervention services to these young girls and their infants.
4. Persons who are not eligible for Medicaid have less access to mental health and primary health care. One of Florida's challenges is to continue the collaboration between the department and Medicaid to address the gap for individuals and

families who are underserved and in poverty. The Children's Mental Health unit is a partner in the Florida Healthy Kids program. Children who are enrolled in Florida Kid Care, and who have serious emotional disturbances are referred to the **Behavioral Health Network (BNet)** for their behavioral health care services. BNet currently serves 416 children ages five-18. Due to limited open enrollment during FY 2004-05 the enrollment of all program partners is significantly low. The Children's Mental Health unit continues to provide information to DJJ and other community providers to ensure that children who are not Medicaid-eligible are referred to Florida Kid Care for coverage.

5. Districts have increased efforts to identify individuals eligible for diversion from the criminal justice system and have improved the rate of success for gaining court approval for community-based treatment alternatives. In FY 2004-2005 individuals committed to forensic state treatment facilities were held to an increase of only 2.6 percent as compared to a more typical 5 percent annual increase. In conjunction with the Department of Corrections, the department developed recommendations to address the needs of individuals with serious mental illnesses being discharged from state prisons and returning to their communities. Funds to enable the department to address the needs of persons at risk of entering the criminal justice system are being requested for FY 2006-07.
6. Floridians in 13 counties have access to the **Crisis Intervention Team (CIT)** Memphis model of services. The model helps divert people with mental illnesses from the criminal justice system, provides law enforcement with the tools needed to handle encounters with consumers, and helps ensure delivery of proper care for individuals in crisis. The department, as a partner in the Florida CIT Coalition, is working on strategies to help rural Floridians have access to CIT programs.

Strategy (S-17): Increase supports for employment and volunteer activities.

Action Steps:

1. The mental health program continues to support employment activities for persons with severe and persistent mental illnesses. The state currently has approximately 25 consumer-run Drop-In Centers which provide an opportunity to network with one another and to develop job readiness skills. Clubhouses provide members with opportunities to work, volunteer, or continue their education. Additionally, supported employment services offer adults with serious mental illnesses assistance in job placement, and retention by providing onsite supports and services designed to support competitive employment. As of October 1, 2004, both clubhouse and supported employment services became Medicaid covered services. This has expanded access to these non-traditional services that promote work. Over 400 consumers, family members and community stakeholders participated in three employment training events offered in districts 3, 4, and 13/14. These sessions provided information on social security and benefits, best practices, and offered practical informal, real life experience from consumers. The training sessions were complemented with employment guidelines. These efforts have led to an 18 percent increase in days worked for adults with serious and persistent mental illnesses since August 2004. Consumers and family members in the eight remaining areas will be offered this training by the end of FY 2005-06.

Strategy (S-18): Partner with Agency for Health Care Administration (AHCA), including pre-paid Medicaid plans, and schools to ensure continued access to substance abuse and mental health services.

Action Steps:

1. Both the Child Abuse Prevention and Treatment Act and **Individuals with Disabilities Education Act (IDEA)** Part C Program require “provision for referral of children under age three, in a substantiated case of abuse or neglect, to early intervention services funded under IDEA Part C”. There are on-going workgroups to develop a smooth referral system between agencies, but one barrier identified is that children involved with child protection have emotional and behavioral issues more frequently than other children served by Part C. Early Interventionists will need to enhance their ability to meet these children’s mental health needs, including training in trauma-informed services and parental issues affecting children’s mental health, such as parental substance abuse, domestic violence, and parental mental health problems, especially maternal depression.

Strategy (S-19): Implement substance abuse and mental health prevention partnerships.

Action Steps:

1. The Substance Abuse, Mental Health and Community-Based Care Roundtable was established in January 2005 to provide a forum for addressing behavioral health issues of children in the child welfare system and their families. The group’s agenda includes the promotion of evidence-based practices and moving forward on the department’s initiatives in the integration of substance abuse and mental health services for children in the child welfare program. During FY 2005-06 a forum will be held for community-based care, substance abuse and mental health chief executive officers, key district and community stakeholders, and central office staff to develop local implementation plans.

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

During FY 2005-06 the Program will establish an Office of Consumer Affairs to involve individuals with mental illnesses in the planning and provision of services that facilitates recovery-focused services supporting choice, self-determination, self-sufficiency, and responsibility.

The establishment of a full-time position within the Office of Substance Abuse and Mental Health is systemically the most effective way to ensure constant, reliable, and representative participation from those served by the public mental health system. The Mental Health Program Office will have lead responsibility to support expansion of self-help and consumer-operated programs and statewide networks for youth and adults, promote and develop peer specialist training programs, develop guidelines and training standards for Drop-in Centers and other consumer recovery-based initiatives, promote recovery-based behavioral health services, participate and secure appropriate consumer participation in policy development and decision-making forums, organize and conduct an annual statewide Consumer Conference, and serve as a liaison with the Florida Peer Network, Inc. and other advocacy organizations.

E. Justification of Final Projection for each Outcome

Under the Secretary's leadership, the department is in the process of significantly enhancing its performance management functions and capabilities. Building on the success of the budget entity teams used by program offices, performance management activities are being merged with budget activities. Using measure review, analyses, and performance improvement plans, each program office will be responsible for addressing performance at the state, district/region, and provider levels. To ensure the attainment of General Appropriations Act (GAA) and other critical performance measures, the department has identified a series of "dashboard" items to be continuously reviewed from the state level down to the provider level. Workshops will be held on a quarterly basis to review critical performance issues with our stakeholders. These measures are consistent with those in the Agency Strategic Plan for FY 2005-08. The list below outlines the current Mental Health Program dashboard measures:

Adult Community Mental Health

- Average annual days spent in the community for adults with severe and persistent mental illnesses.
- Average annual days worked for pay for adults with severe and persistent mental illnesses.
- Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted.
- Average annual days spent in the community (not in institutions or other facilities) for adults with forensic involvement.
- Number of adults with a serious and persistent mental illness in the community served.
- Number of adults in mental health crisis served.
- Number of adults with forensic involvement served.
- Median length of stay in CSU/inpatient services for adults in mental health crisis.

Children's Mental Health

- Annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community.
- Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing.
- Percent of children with mental retardation restored to competency and recommended to proceed with a judicial hearing.
- Projected annual days emotionally disturbed (ED) children (excluding those in juvenile justice facilities) spend in the community.
- Number of children who are incompetent to proceed.
- Number of SED children to be served.
- Number of ED children to be served.
- Number of at-risk children to be served.

- Percent of children with emotional disturbances who improve their level of functioning.
- Percent of children with serious emotional disturbances who improve their level of functioning.

Adult Mental Health Treatment Facilities

- Average number of days to restore competency for adults in forensic commitment.
- Percent of civil commitment patients, per Ch. 394, Florida Statutes, who experience improvement in functional level.
- Number of people in civil commitment per Ch. 394, Florida Statutes, served.
- Number of adults in forensic commitment per Ch. 916, Florida Statutes, served.
- Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty by Reason of Insanity, who show an improvement in functional level.
- Number of people on forensic waiting list over 15 days.

Sexually Violent Predator Program

- Number of sexual predators assessed.
- Number of sexual predators served (detention and treatment).
- Annual number of harmful events per 100 residents of the facility.

The Mental Health Program Office recognizes that several of the performance measures that are legislatively mandated through the General Appropriations Act (GAA) may not be appropriate for use at the individual contract level. In consultation with our major stakeholders, the department plans to explore drivers of service delivery that would more appropriately be applied at the individual contract level. Concurrently, the department will continue to review all performance measures in determining the best means to measure successful performance of a provider. All activities related to performance measures will adhere to legislatively mandated outcome measures.

F. Potential Policy Changes Affecting the Budget Request

The department's Mental Health Program has listened to consumers, family members, providers, and other stakeholders as they have voiced the importance of recovery and resiliency. The department's Mental Health Program has convened several forums to gain consumer and family participation in the development of a recovery and resiliency plan. The department is issuing an Implementation Strategy for a Recovery and Resiliency system. This strategy will require policy changes across all levels of the system to effect real change. This policy change requires additional funds for children and adults – the Recovery and Resiliency budget request.

The department has also worked collaboratively with the **Department of Corrections (DOC)** to identify barriers to aftercare for adults with serious mental health needs who are discharged from prison and return to their communities. As a result, both departments issued a joint report identifying recommendations for each of the identified barriers. A Memorandum of Agreement between the departments has been signed, reflecting a mutual commitment to improve aftercare services for these individuals. Both departments will conduct action steps consistent with these recommendations. This policy change requires additional funds to provide aftercare for inmates with serious mental illnesses discharged from prison to the community.

There are three additional legislative budget requests that do not represent policy changes. However, funds are necessary to achieve these outcomes:

- Florida Civil Commitment Center Clinical Program and Litigation Costs – SVPP
- Mental Health Disaster Recovery
- Price Level Increase – Atlantic Shores

G. Changes Which Would Require Legislative Action

The Mental Health Program Office has recommended the following modifications to existing law:

- Amending Chapter 394, Florida Statutes, to establish a statutory basis for a recovery and resiliency-based system and enhancing the emphasis on prevention and early intervention for substance abuse and mental health;
- Amending s. 394.655, Florida Statutes, relating to the Substance Abuse and Mental Health Corporation powers and duties, composition, evaluation, and reporting requirements;
- Modifying the Corporation's duties to include assessing the status of the comprehensive substance abuse and mental health recovery and resiliency-based system, and the Corporation's role in supporting transformation grant workgroup activities.

This will not result in the elimination of any programs, services, or activities.

H. Task Forces and Studies in Progress

Recovery and Resiliency Task Force

Authority: Recovery and Resiliency Plan

Purpose: To implement a recovery and resiliency based mental health service delivery system of care in Florida. This workgroup will be convened under the broader auspices of the Substance Abuse and Mental Health Corporation's Transformation Working Group.

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, to establish a state suicide prevention task force.

Purpose: To explore best practices in suicide prevention and reduce the suicide rate by one third 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 in the process of developing a state suicide prevention strategy.

Study – Florida Mental Health Institute (FMHI) – Evaluate the managing entities in Districts 1, 4, 8, and 12 to determine if the service delivery method is viable.

Study – FMHI – Perform ongoing studies of performance, cost of care, etc.

Study – MGT of America – Evaluate the efficacy of the Florida Project HOPE. This Program provides crisis counseling services in response to the hurricanes of 2004.

Study – Provider TBD – Evaluate the efficacy of the Florida Project Recovery. This Program provides an array of behavioral health services to survivors of the hurricanes of 2004.

APPENDIX: GLOSSARY OF TERMS AND ACRONYMS

ACCESS Florida: Automated Community Connection to Economic Self-Sufficiency.

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

ADRC: Adult Disability Resource Center

AHCA: Agency for Health Care Administration

ALF: Assisted Living Facility

ALF-LMHL: Assisted Living Facility with a limited mental health license.

APHSA: American Public Human Services Association

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

ATR: Access to Recovery

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

BRITE: Brief Intervention and Treatment for the Elderly

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

CFSR: Child and Family Services Review

CIO: Chief Information Officer

CIP: Capital Improvements Program Plan

CIT: Crisis Intervention Team

CNA: Community Needs Assessment

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.

DOE: Department of Elder Affairs

EBP: Evidence Based Practice

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.

EBP: Evidence Based Practice

FACT: Florida Assertive Community Treatment Team

FADAA: Florida Alcohol Drug Abuse Association

FARS: Functional Assessment Rating Scale

FCB: Florida Certification Board

FCCTIP: Florida Clinical Consultation Treatment Improvement Project

FCO: Fixed Capital Outlay

FFMIS: Florida Financial Management Information System

FIS: Family Intervention Specialist

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

FMHI: Florida Mental Health Institute

F.S.: Florida Statutes

FSAS: Florida School of Addiction Studies

FTE: Full time equivalent position

FSAPAC: Florida Substance Abuse Prevention Advisory Council

FYSAS: Florida Youth Substance Abuse Survey

GAA - General Appropriations Act

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

ICPC: Interstate Compact on the Placement of Children

ICAMA: Interstate Compact on Adoption and Medial Assistance

ICWA: Indian Child Welfare Act

IDP: Indigent Drug Program

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

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.

NEFAN: Northeast Florida Addictions Network

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 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.

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.

QMS: Quality Management System

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

SAMHSA: Substance Abuse and Mental Health Services Administration

SAPT: Substance Abuse Prevention Treatment Grant

SDC: Self-directed Care

Service: See Budget Entity.

SFETC: South Florida Evaluation and Treatment Center

SISAR: State Information Substance Abuse Report

SPAN-FL: Suicide Prevention Action Network -Florida

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

SVPP: Sexually Violent Predator Program

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.

WAN - Wide Area Network (Information Technology)

2005-2011 DCF Long Range Program Plan

Office of the Secretary
Florida Department of Children and Families
1317 Winewood Boulevard
Tallahassee, FL 32399

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