



Long Range Program Plan

Fiscal Years 2008-2009 through 2012-2013

Florida Department of Children and Families
September 30, 2007

Robert A. Butterworth
Secretary



Charlie Crist
Governor

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Message from Secretary Butterworth

Thank you for taking the time to review the Department of Children and Families' Long Range Program Plan. This plan is an opportunity to review where we are now and address where we need to be headed. When I joined the Department, we identified six guiding principals: accountability, integrity, transparency, leadership, action-oriented and community partnerships. With these principals in mind, we will examine our course and make sure we are meeting the needs of our clients.

During the past year, we have committed to and taken steps towards becoming an “action agency” and a resource Florida’s families can rely on for swift solutions. As we conduct our work, Florida’s citizens must be assured that we follow the highest standards of personal and professional integrity. By doing so, we also commit to being accountable for the performance of this agency and our individual members. We want—and our citizens deserve—services that are provided in a creative, seamless, and transparent manner.

As we move forward, we will continue to raise the bar for the treatment of our children, vulnerable adults, the mentally ill, the homeless and those less fortunate. During the next five years, the Department will face many challenges and be provided with many opportunities. As we reorganize our Department, we will see a shift from fourteen districts to five regions and 20 circuits. Decision-making will occur at the lowest level within the department. We will become aligned with our state court system, allowing for partnerships and increased dialogue. There will be increased oversight of the community-based care agencies with streamlined policies and procedures, while at the same time recognizing the child protection is a partnership between the department and the community. While all of these efforts may be challenging to accomplish, ultimately, our programs and services will be improved.

The Department must continually enhance our services to care for the thousands of at-risk children and vulnerable adults statewide. The Department provides vital services to people with no where else to turn. As Secretary, I am committed to increasing accountability within our system and providing the resources needed to protect and provide for Florida's most vulnerable citizens. It is my hope that this Long-Range Program Plan will assure confidence in the Department and help our public hold us accountable for our actions.

DCF's Mission:

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

Department Priorities

- Transparency,
- Accountability,
- Orientation to Action,
- Focus on Building Community Partnerships,
- Leadership, and
- Integrity.

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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2006-07	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
11.5	12	12	12	12	12

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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
83%	85%	85%	85%	85%	85%

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

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
80%	97%	97%	97%	97%	97%

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

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
94%	95%	95%	95%	95%	95%

Objective (Agency Success Indicator): 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.

FY 2008-09 – 2012-13 Targets

Baseline FY: 2006-07	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
90%	95%	95%	95%	95%	95%

Outcome: Percent of licensed family day care homes inspected in accordance with program standards.

FY 2008-09 – 2012-13 Targets

Baseline FY: 2006-07	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
90%	90%	92%	92%	92%	92%

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

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
12	10	10	10	10	10

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.

FY 2008-09 – 2012-13 Targets

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Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
28.85%	32%	32%	32%	32%	32%

Agency Goal 5: Independence

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

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 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
97%	98%	98%	98%	98%	98%

POPULATION SERVED: FAMILIES 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.

FY 2008-09 – 2012-13 Targets

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Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
85.58%	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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
47.66%	50%	50%	50%	50%	50%

POPULATION SERVED: 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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
348	340	340	340	340	340

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

Outcome: Marijuana usage rate per 1,000 in grades 6-12.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
140	140	140	140	140	140

Outcome: Alcohol usage rate per 1,000 in grades 6-12.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
320	340	340	340	340	340

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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
345	350	350	350	350	350

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

FY 2008-09 – 2012-13 Targets

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Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
52%	52%	52%	52%	52%	52%

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

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
68%	68%	68%	68%	68%	68%

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

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
None	73%	73%	73%	73%	73%

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

Outcome: Average annual earnings.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
None	\$1900	\$1900	\$1900	\$1900	\$1900

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

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
82.36%	76.5%	76.5%	76.5%	76.5%	76.5%

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

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
100%	100%	100%	100%	100%	100%

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

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
98%	98%	98%	98%	98%	98%

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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
None	80%	84%	88%	92%	96%

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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
None	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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
None	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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
None	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).

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
None	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.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
None	2	2	2	2	2

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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 10 days of a disaster.

FY 2008-09 – 2012-13 Targets

Baseline FY: FY 2005-06	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
100%	100%	100%	100%	100%	100%

Governor's Priorities

- 1 SAFETY FIRST**
- 2. STRENGTHENING FLORIDA'S FAMILIES**
- 3. KEEPING FLORIDA'S ECONOMY VIBRANT**
- 4. SUCCESS FOR EVERY STUDENT**
- 5. KEEPING FLORIDIANS HEALTHY**
- 6. PROTECTING FLORIDA'S NATURAL RESOURCES**
- 7. BETTER GOVERNMENT THROUGH TECHNOLOGY**

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 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 collaboration with local partners and 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 goals. Florida's program should meet or exceed all expectations.
- *Community-Partnerships.* Work with community-partners to ensure safety, permanency, and well-being for children and their families.
- *Increase Orientation to Action* Increase prevention and early intervention services resulting in fewer children needing to be removed from their homes, and promote family reunification through working in concert with the Governor's Office of Adoption and Child Protection.
- *Strengthen Oversight and Accountability.* Implement an oversight and accountability system to ensure the safety of the children 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](June 2006 update)*
- *Strengthening Families and Communities: Florida's Child and Family Services Plan for FY 2005 – 2009 (June 2007 update)*

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 indicates the direction in which the Department is headed 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. Priorities over the Next Five Years

The Family Safety program continues to focus on many critical activities that affect its ability to implement long range goals. Some of these activities will have the greatest focus in the next one or two years, while others will be longer term efforts.

Prevention and Early Intervention

Strategy Work collaboratively with the Governor's Office of Adoption and Child Protection with an orientation to action for the children of Florida and their families. A strong commitment and long-term investment in a prevention-based agenda will empower communities and families; giving them the capacity to grow nurturing families and raise healthy families, thereby avoiding the more costly intervention-based services that are becoming increasingly difficult to fund as our revenues become flat relative to population growth.

Strategy: Provide expanded and more appropriate alternatives to removing children from their homes that focus on prevention and early intervention.

Strategy: Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of the child protective service systems.

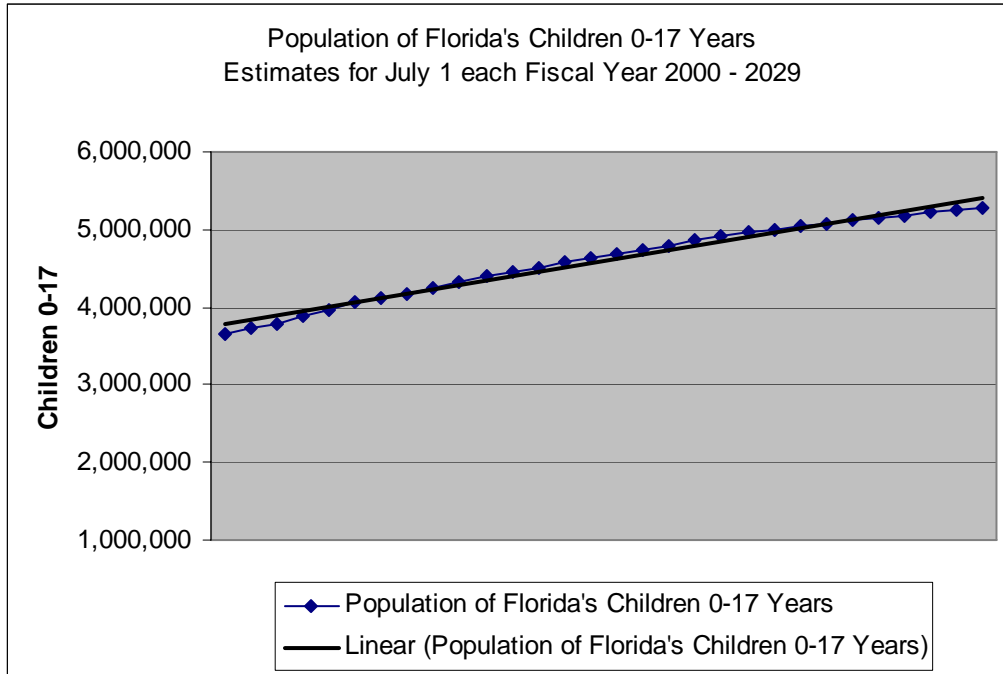
Florida's highest priority is that children are raised in healthy, safe, stable, and nurturing family environment. Child abuse prevention is a major initiative of the Department. Florida's prevention efforts will improve the health, education, and well-being of its children by fostering healthy social, emotional, intellectual, and physical development. The prevention continuum has the capacity to ensure the needs of children and families will be addressed competently, collaboratively, and effectively. 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.

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.

Working in close collaboration with the newly created Office of Adoption and Child Protection within the Executive Office of the Governor, some of the actions the Department will take in a multi-faceted approach to this complex need are:

- Building and implementing a statewide prevention implementation plan for primary prevention;
- Enhancing local communities' efforts to provide secondary and tertiary prevention to include early detection and intervention services to children and families so as to avoid children requiring high-end and high cost treatment;
- Developing and implementing prevention strategies that identify and address the challenges and strengths of each Florida community; and,
- Demonstrating program effectiveness through performance measurement and program evaluation

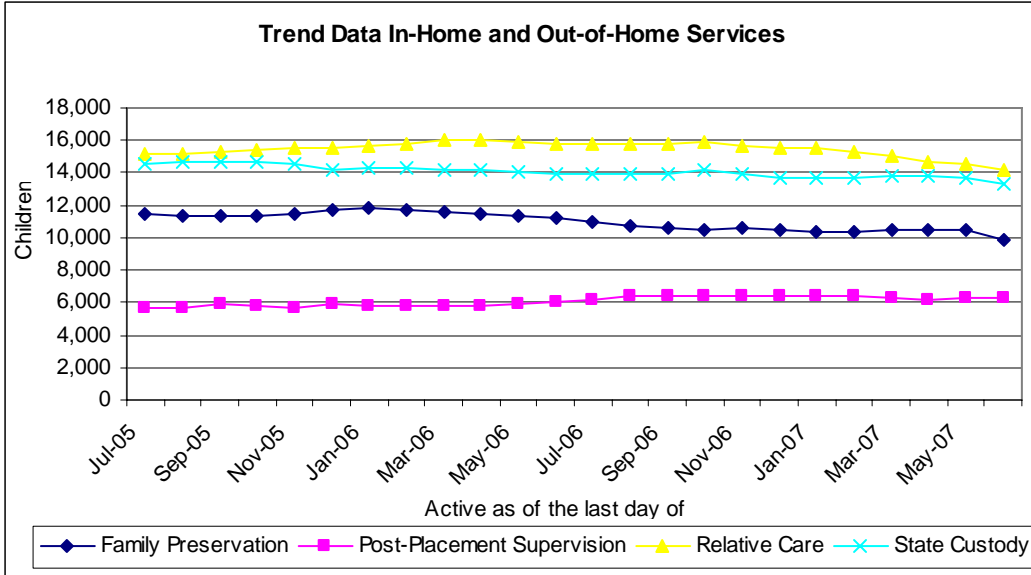


Source: Florida Legislature, Office of Economic and Demographic Research, Demographic Estimating Conference Database as of July 1, 2007

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.

The overarching strategy that will most effectively achieve the challenging goal of 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 but efforts will be greatly enhanced by the Office of Adoption and Child Protection. Various proven approaches are also available, such as:

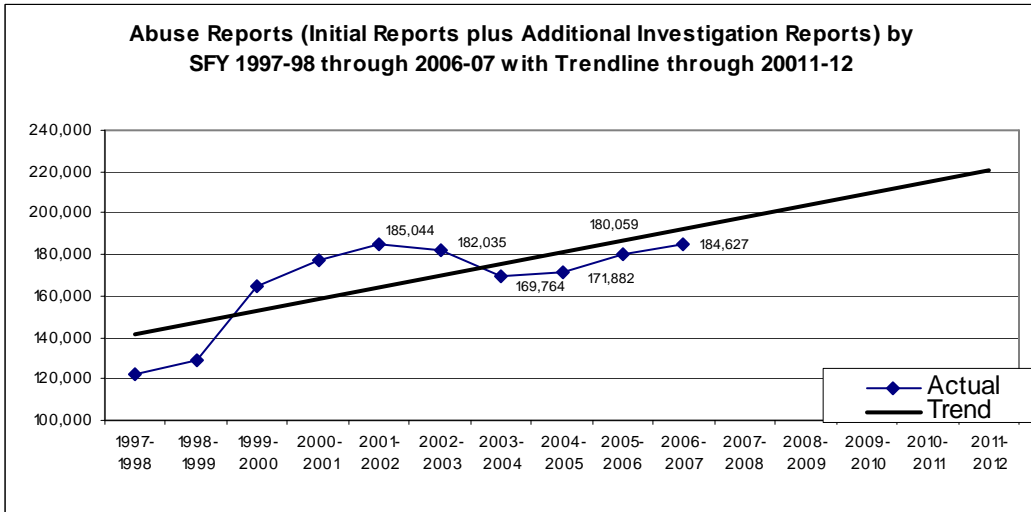
- Continuing the Healthy Families Florida program,
- Encouraging broader application of family team conferencing,
- Supporting Child Abuse Prevention Month initiatives.



Child Protection and Permanency

Child Abuse and Neglect Investigation

The incidence of child abuse and neglect is related to many societal factors. 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 hurricanes, tornadoes and wildfires also increase family stressors and cause increases in both reporting and victims.



The Department is required to investigate reports of child maltreatment to assess the safety and well-being of children who have been alleged to have been 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 seven counties statewide. In Pinellas, Seminole, Pasco, Broward, Citrus, Hillsborough and Manatee Counties, the function is performed by the Sheriffs' Offices.

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. The Department is taking the following actions to ensure adequate, well-trained protective investigation staff, and a cohesive set of policies that address state and federal requirements:

1. Establish mandatory qualifications for child protective investigative Second Party Reviewers. A process for qualifying and certifying child welfare professionals who will be eligible to serve as Second Party Reviewers is currently being developed.
2. Conduct a review of families who have experienced multiple referrals to the Abuse Hotline to determine whether the Department adequately addressed safety of the children and needs of the families.
3. Implement the Alternative Response System demonstration project to enable protective investigators to extend their support to families who have frequent need for services. This helps to support the identification of families who have multiple service needs without significant safety concerns in order to provide early engagement of families with our community based care providers.
4. Require cross-training of protective investigators and supervisors by developing a process for peer review of front-line operations.
5. Develop regional training workshops on advanced interviewing and family-centered practice to improve decision-making for protective investigators.
6. The 2007 Dependency Summit, presented by the Department of Children and Family Services with the involvement of the Office of the State Court Administrator, is being held September 5-7, 2007. It is the forum for bringing child protection professionals together to improve performance on outcomes for children and their families. The Summit provides the opportunity to improve interagency and intra-agency communication and identify cross jurisdictional child welfare issues by profession with attendance by several state agencies, members of the judiciary, attorneys and community providers. Additionally, each judicial circuit will develop an action plan addressing critical child welfare issues within their circuit and will require immediate implementation following the Summit.

Training

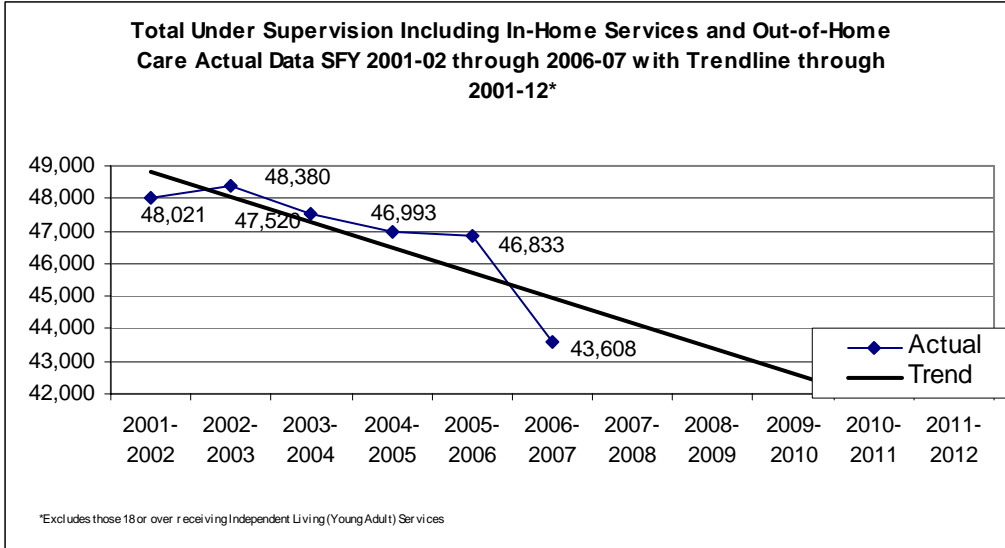
The Department recently redesigned its child welfare training system. That redesign includes core competencies reflecting the Adoptions and Safe Families Act (ASFA) requirements, Child and Family Services Review criteria, state law, needs identified in Florida's programs, and best practices across the country. The goal is to support Florida's child welfare system which includes responding to reports of child abuse, abandonment and neglect, and providing services through locally outsourced child welfare services systems. The Department is transitioning its role to one of providing technical assistance and quality assurance to enable all public child welfare services staff to meet child welfare education and training requirements per Florida Statute 402.40. It is expected the redesign will:

- Positively impact the quality of decisions made on behalf of children reported to have been abused, abandoned, or neglected;
- Improve assessment skills of professionals intervening on behalf of children and families;
- Positively impact the quality of care of children who require intervention through removal or in-home supervision due to abuse, abandonment, or neglect;
- Support the state's achievement of the goals of the Adoption and Safe Families Act, the Child and Family Services Review, and Florida's Performance Improvement Plan;
- Support the provision of child welfare services through the community based care providers; and
- Maximize federal financial participation funding through appropriate design and delivery.

The key elements include pre-service and certification programs, in-service and advanced training programs, clinical supervision training, professional development, technological enhancements to maximize performance, university and college partnerships, and recruitment and retention programs.

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.



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

Safety – children are first and foremost protected from abuse and neglect and needs for food and shelter are met.

Permanency – every child deserves a permanent and stable home or other planned permanent living arrangement 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 safely placed.

There is also a permanency option of Permanent Placement with a Fit and Willing Relative (PPFWR), 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, PPFWR may be an appropriate permanency option in accordance with federal and state provisions. The PPFWR 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 Family Safety program with the ACCESS program 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 appropriate foster homes; ensuring that the balance among safety, permanency, and well-being is maintained; providing placements that match children's characteristics and needs; 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 all actions in Florida's federal approved Program Improvement Plan. However, this was only one milestone in the continuing journey to achieve national and state expectations for child safety, permanency, and well-being.

Adoption

During the 2007 legislative session, the Office of Adoption and Child Protection was established within the Executive Office of the Governor. The Office will assist in establishing a comprehensive statewide approach to promoting adoption, supporting adoptive families and preventing child abuse, neglect and abandonment. The focus on children in the foster care system waiting for adoption, adoptive families who have adopted and are in need of services and child abuse prevention programs will create needed dialogue at the state and local levels. The Department and other community agencies will be required to collaborate and assess local services, including the integration of services, and develop a comprehensive local plan for needed services. The local plans will be the basis for the comprehensive statewide approach. Development of the statewide approach will include input from community representatives, including an adoptive parent who has adopted a child from the welfare system. The law recognizes Florida's commitment to support adoptive families who adopted children from the foster care system and the need for a continuum of post adoption services. Interagency agreements and the Department's other state plan requirements must be considered and incorporated, when necessary.

Adoption subsidies for children adopted from within the child welfare system were increased from an average of \$3,788 to a standard of \$5000 annually or up to that amount as determined by a written agreement between the adoptive parents and the Department. This increase is the first increase for the adoption subsidy program since July 2001. Changes were also made to Chapter 409.166, F.S., to update the Florida adoption law and bring it into alignment with the requirements of the federal law (Title IV-E of the Social Security Act).

The Legislature also transferred the administration of the state employee adoption benefit program from the Department of Management Services to the Department of Children and Family Services and added school district and Community

College personnel to the list of those who qualify to receive the benefit. This program provides \$10,000 to a qualified employee who adopts a special needs child or \$5,000 for a non-special needs child. The number of qualified employees who receive this benefit is based on the funding appropriated by the Legislature for this program.

Florida's adoption website, www.dcf.state.fl.us/adoption/, has been enhanced to provide more information and communication tools for prospective parents. The Florida Adoption Exchange has experienced a significant increase in the number of children registered and featured on the photo-listing. Currently, there are 556 boys, 315 girls and 64 sibling groups featured on the web site.

Adoption Subsidy

The added emphasis from the Executive Office of the Governor and any subsequent 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. More than 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 the Department's Children's Mental Health and Family Safety programs and the Department of Education 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 the 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:

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 is well underway and involves review of federal and state laws, 6 existing codes and collaboration with multiple stakeholders including community-based care lead agencies, sheriffs' Departments, foster parents and advocate attorneys. Substantial Legislative changes to Chapter 39, F.S., were also made during the 2006 Session.
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 includes **youth summits, advisory and advocacy board** meetings.
3. Outreach to the **State Foster Parent Association** and the local county associations has resulted in strong relationships between caregivers and child welfare staff throughout the state. The Program Office collaborates with the state association to plan activities and strategies in our ongoing effort to recruit and retain foster parents. This provides multiple opportunities to improve services and outcomes, and solve problems in complex situations.

4. Previous legislation 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 have completed this task.
5. Collaboration continues between the Department's Family Safety and Substance Abuse and Mental Health programs to develop and implement local Substance Abuse and Mental Health services integration plans with child welfare community based providers. This has included working with the National Substance Abuse Resource Center for Technical Assistance.
6. Incorporate into the core curriculum for **training** child protection workers some lessons learned and best practices, and address emergent training needs identified nationally. Best practices and technical assistance are offered to staff by way of the Family Safety Training Electronic Newsletter published monthly and available on the Department's Internet website, at www.dcf.state.fl.us/publications. Section 402.40, F.S. requires the Department establish, maintain, and oversee the operation of a systematic approach to staff development and training for persons providing child welfare services. Florida International University provides the design and development of a competency-based child welfare pre-service training curriculum that provides for a systematic approach to staff development and training for persons providing child welfare services. The University of South Florida implements and administers the Department's Child Protection Professional Certification Program for child welfare services staff and their supervisors. This University also administers Florida's Center for the Advancement of Child Welfare Practice. The Center functions as Florida's expert child welfare practice information and referral resource for child welfare community-based partners.

The Family Safety Program Office also directly provides support in training initiatives, such as the 2006 Regional Training (4 locations, wide variety of topics), the Child Welfare Leadership Program (3 classes) and the Dependency Court Improvement Summit in Orlando. In addition, the Department has convened the Task Force on Child Protection, which will identify concerns and make recommendations to improve coordination and communication, as well as policies, procedures and training efforts for all parties involved in protecting and locating children in Florida's dependency system.

7. Florida received federal approval of the first statewide waiver providing flexibility for foster care funds in March 2006. The U.S. Department of Health and Human Services' Administration for Children and Families (ACF) authorized the **five-year waiver under Title IV-E of the Social**

Security Act, allowing Florida to demonstrate that flexibility in funding will result in improved services for families.

The waiver allows federal foster care funds to be used for any child welfare purpose rather than being restricted to out-of-home care as generally required under federal law. It also enables funds to be used for a wide variety of child welfare services including prevention, intensive in-home services to prevent placement of children outside the home, reunification and foster care.

Florida will receive federal funding during the course of a five-year period based on what the state would have received under IV-E rules. This amount will increase by three percent per year over federal foster care funding in the federal fiscal year that ended September 30, 2005. The program puts funding incentives in line with the program goals of maintaining the safety and well-being of children and enhancing permanency by providing services that help families remain intact whenever possible.

The waiver proposal was developed as a joint effort by DCF and its CBC lead agencies. In keeping with the collaborative nature of this project, the steering group continues to oversee implementation and meet regularly. Beginning October 1, 2006 the waiver was implemented statewide. Many activities took place in order that implementation occurred on time.

Simplified Eligibility – As planned, this work group developed and implemented procedures to ensure that IV-E eligibility determinations can be made for all children who are involved in the demonstration project to ensure eligible children retain their eligibility after the demonstration ends and to ensure that IV-E eligibility can be properly determined for the purpose of Adoption Assistance Payments. Procedures insure that eligibility information is provided to support Medicaid eligibility for all children in licensed out of home care. The guide and the Frequently Asked Questions are posted on the IV-E Waiver intranet site. The Frequently Asked Questions is organized by topic with questions and answers added as they arise.

Fiscal Accounting and Reporting – This work group has addressed issues related to cost allocation, financial accountability and reporting related to the demonstration. The group has developed procedures to ensure that financial information related to the demonstration is reported on Form ACF-IV-E-1 with a supplement to the report to assure that information needed for effective management of the demonstration is provided as well as information needed by the ACF Regional office and headquarters. This work group has also provided information necessary for preparation of the fixed schedule of payments for the five-year demonstration period as required by section 4.2 of the Terms and Conditions. This work group

will also assure the cost neutrality provisions of section 4.0 of the Terms and Conditions are met.

Provider Relations/ Contract Provisions – This work group has developed necessary modifications or attachments to contracts between DCF and the CBC Lead Agencies in order to meet the requirements of section 2.1 of the Term and Conditions. All 22 Community Based Care Lead Agencies have executed contract amendments necessary to comply with the waiver terms and conditions.

Array of Service/ Practice Issues – This work group has developed a framework and will be further providing guidance and/or technical assistance on program practice in order to best use the flexibility of the demonstration to improve child welfare practice. This group has considered how the improved array of community-based services provisions of the demonstration in section 2.1 of the Terms and Conditions can be used to accomplish the permanency and safety outcomes for children and families contemplated in the demonstration and to improve the well-being of children and families. A draft Service Array/ Practice Guide has been posted on the IV-E Waiver intranet site and refinement of this document will be an ongoing process.

Communication and Training – This work group has developed effective mechanisms to share information about the demonstration with stakeholders and interested parties. This group is also developing and deploying training material related to demonstration implementation. Train-the-trainer conference calls have been held to review new procedures. Technical assistance and training is provided upon request.

In November 2006, a IV-E Waiver workshop was conducted at the annual Community-Based Care Conference sponsored by the Florida Coalition for Children. In December 2006, the Suncoast Region requested and received training on the IV-E waiver.

Evaluation – This work group is assuring that an independent evaluation is conducted that meets the requirements of the waiver terms and conditions. This includes procurement of the evaluator, assuring that an evaluation design document is submitted for review and approval by the Children's Bureau and ongoing coordination with the evaluator throughout the course of the demonstration. The evaluation plan and contract amendment necessary to accomplish evaluation tasks have been approved by ACF and the contract amendment has been executed.

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 who are in the custody of the state, as well as educational and employment training supports for young adults formerly in foster care attending postsecondary school (for example, Chafee grants, Education and Training Vouchers (ETV) and Road to Independence financial support, aftercare and transitional support services). A significant amount of attention has been paid to this program in recent years. During the 2007 Legislative Session many substantive changes were passed, which include expanding the eligible population to include youth adopted or placed in permanent guardianship at age 16 or 17 and significant effort is being expended during FY 2007/08 to implement the new requirements.

Resources have been strained by the expanded eligibility, increase in the federal minimum wage (which increased the maximum Road to Independence award) and related publicity for some of these services. 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 law in all 50 states, the District of Columbia and the U.S. Virgin Islands. The ICPC operates via a binding contract between 52 member jurisdictions and establishes uniform legal and administrative procedures governing the safe and timely interstate placement of children. National data reported by the American Public Human Services Association indicates that about 61% of children placed in another state were placed with families who became permanent.

The **Interstate Compact on Adoption and Medical Assistance (ICAMA)** is a compact that was established to coordinate the interstate delivery of services to adopted special needs children by preventing and overcoming barriers to such placements. ICAMA members agree to accept other member states' determination of adoption and medical assistance eligibility.

The **Indian Child Welfare Act (ICWA)** is federal legislation enacted in 1978. Florida has an enrolled tribal membership of approximately 3500 American Indians with reservations located in Florida and over 115,000 American Indians and Alaskan Natives from tribes located in the other 49 states currently living in Florida (2000 United States Census). The Indian Child Welfare Act provides special protections to American Indian and Alaskan Native children by creating minimum federal standards for their removal from their families. Florida has over the past four years taken steps to improve Indian Child Welfare Act compliance in child welfare practice.

Many studies have shown that this population of children is at elevated risk for child abuse, neglect, or abandonment because of suicide, substance abuse, domestic violence, and homicide (Hepworth, Rooney, and Larsen, 1997). The Administration for Children and Families monitors states' collaboration with

tribes and the efforts made to maintain important connections for children, including cultural connections.

Florida does not have an effective method for tracking families eligible for the Indian Child Welfare Act, nor for assuring compliance with the Act; however, a database and automated functionality is being developed through the design and implementation of Florida's new State Automated Child Welfare Information System (SACWIS), the *Florida Safe Families Network*. An Indian Child Welfare Act Program Manager for the Family Safety Program Office has been designated and training developed and technical assistance provided to staff statewide since 2004. Indian Child Welfare Act compliance has been added to Chapter 39, Florida Statutes, and to Florida Administrative Code effective in 2006. Florida is collaborating with the Seminole Tribe of Florida to establish a state-to-nation agreement that sets forth our interactions around issues involving child welfare services, and the state continues to work collaboratively with other tribes to assure compliance with the Act.

Behavior Analysis Services Program (BASP)

Behavior analysis services have been initiated throughout most of Florida to address particularly challenging members of the child welfare population, such as chronic runaways and teens with negative behavior issues. Analysts complete behavioral assessments that lead to measurable goals, objectives and positive interventions consistent with children's case plans. Training with in-home follow-up is offered to foster and adoptive caregivers, parents, children and employees of both the Department and the Community Based Care providers. This is designed to reduce children's challenging behaviors that may negatively impact their placement stability, improve the caregivers' competence and confidence in dealing with these behaviors, reduce the need for restrictive placements and increase foster parent retention. New and continuing projects include: Behavior Analytic Foster Homes; Foster Caregiver Mentorship; Foster Buddies Child Mentorship and Risk Assessments for running away.

The BASP contract has the following goals for 2006/07 (with the level of achievement shown afterward):

- 80% of children who receive an implemented Behavior Intervention Plan show documented improvement in the targeted behavior - 95% met this criterion.
- 90% of caregivers who complete the 30-hour Tools for Positive Behavior Change curriculum shall demonstrate an increase in their performance from pre-test to post-test. - 99% met this criterion.
- 90% of caregivers who complete the 15-hour Tools for Positive Behavior Change curriculum shall demonstrate an increase in their performance from pre-test to post-test - 97% met this criterion.
- 90% of caregivers who complete the 6-hour Tools for Positive Behavior Change curriculum shall demonstrate the accurate use of selected components of the "Stay Close Tool." - 96% met this criterion.

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.

Community-Based Care

Community-Based Care (CBC) 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 fully implemented statewide in April 2005, with 22 services contracts under 19 lead agencies.

Some recent accomplishments include:

- Ongoing development, implementation, and refinement of cost allocation methodologies for CBC lead agency contracts.
- Ongoing revision and updates of the 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 of 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's Staff, consultants, Department and private direct service staff.
- Implementation of three year Community-Based Care pilot sites per Chapter 2006-30 Laws of Florida for the CBC lead agencies serving Miami-Dade, Monroe, and Broward Counties.

The pilot program:

- Established a fixed-priced method of payment that enhances funding flexibility and allows state funds to be carried forward across fiscal years in a contract.
- Transferred oversight responsibilities to an independent nongovernmental third-party entity to conduct programmatic, fiscal, and administrative oversight.
- Created the authority to purchase items otherwise not allowable to implement their system of care and meet the unique needs of children and families they serve.

Quality Management

The Quality Management roles and relationships, including those with the Community Base Care lead agencies, have been reviewed. This has led to organizational realignment of Quality Management, with its focus on improved provision of services in the field and an opportunity for the Department to enhance its approach to quality management and improvement. There will be a comprehensive approach to assure the connection between quality issues, strategic planning and risk

analysis. The Department must assure that its quality approach comprehensively looks at all elements of our programmatic service delivery.

Secretary Butterworth has:

- Approved the organizational placement of Family Safety quality assurance personnel in the field within the regional reporting structure;
- Said the Department should adopt a regional model for Quality Assurance/Quality Improvement, which particularly focuses on service delivery; and
- Directed certain leadership personnel and appropriate field personnel to develop a comprehensive model no later than September 30, 2007.

The Department's working relationship with its child welfare service partners, the Community Based Care (CBC) agencies and the sheriffs that provide protective investigations, continues to evolve. DCF is committed to further improvement of the CBC concept in which the State supervises the delivery of core child welfare services while the CBC's operate those services (excluding the Protective Investigation function which is performed directly by the DCF or contracted to the Sheriff in several counties). The intent of the Department is to improve the quality of outcomes achieved and the services delivered through the CBC's by improving the overall Quality Management process.

The federally mandated role of the Department is to provide oversight, accountability, and leadership for child welfare services in achieving good outcomes and compliance with federal and state law. The law is clear that the following rest with the Department:

- The final authority and responsibility for the quality of child welfare services
- The safety and well being of children and families served by child welfare services
- The improvement of outcomes for those children and families
- The administration of federal child welfare funding, and
- The compliance with all child welfare laws and regulations rests solely with the State and is administered through DCF.

Demonstrate the ability to earn federal earnings at budgeted level

Federal funds are about 65% of the total resources available to the child welfare program. Among the federal fund sources are: the Child Abuse Prevention and Treatment Act (CAPTA); Promoting Safe and Stable Families (PSSF); Temporary Assistance for Needy Families (TANF); Title IV-E of the U.S. Social Security Act; and the Social Services Block Grant. Each of these fund sources has different requirements, and meeting these requirements is essential to maintaining this critical funding. In FY 2006 one major effort was to implement the Title IV-E federal waiver approved in October 2006.

Strengthened Accountability

The Department is charged with monitoring and reporting performance results for all contracts. This is done by the Contract Oversight Unit, which monitors all CBC contracts annually.

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 complete 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.

Release 1 of the Florida Safe Families Network (FSFN) was implemented on July 29, 2007 for the Abuse Hotline and statewide on July 30, 2007 (Release 1 replaced the HomeSafenet system). Four weeks of on site support was provided after the implementation dates and the Help Desk staffing level is at an increased level through September 7, 2007. Release 2 design sessions, including the involvement of all stakeholders, are in progress and will continue through December 2007.

Statewide there are approximately 8,000 users of the FSFN system and with 2,000 concurrent users the new system uses approximately one-half the capacity that the legacy system did.

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 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 2008-09 Legislative Budget Request are aligned with the Governor's priorities and support the Secretary's priorities as well.

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 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

Several initiatives have led to possible legislative changes. The First of these is the Task Force on Child Protection, discussed in item H., below. The Task Force was established by Secretary Butterworth in the wake of the Courtney Clark abduction, and her discovery in a Wisconsin home. The Task Force has been charged with making recommendations on improvements in the child welfare system, particularly as it relates to tracking of missing children, relative placements, cooperation among Sheriff's Offices, the Department, and community based care lead agencies, contractor accountability, quality of home studies, and staff training.

The Department is proposing a series of revisions to Chapter 39, governing Child Protection. These changes include:

- Language to expedite permanency for children in some cases, by clarifying that dependency is a condition related to the child's status and is not relative to a specific parent;
- Provisions to allow for the public release of verified child abuse/neglect reports, with provisions for continuing to protect the identity of child victims and other children named in the report, as well as the reporter.
- Controls placed on the length of time that non-relative placements can continue without guardianship being established or licensure as a foster home being completed.
- Eliminate duplicative reporting to the courts by case workers.
- Clarifying law enforcement's responsibility to take reports for missing children who are in the company of a biological parent.
- Ensuring that children receiving Medicaid or developmental disabilities services have an adult who can request Chapter 120 hearings in situations where their services have been reduced or terminated.

There may also be other legislation proposed to change to Chapter 39, Florida Statutes, as a result of both the Legal review Workgroup, described in item ____, below, as well as the Senate Interim Project on missing children.

H. Task Forces and Studies in Progress

Task Force on Child Protection

This Task Force was created by Secretary Butterworth to examine the gaps currently existing in the Child Welfare System including efforts at reunification, stabilization and permanency during foster care, and supervision and to identify administrative, policy, legislative, education, and training efforts which must be undertaken to ensure the safety of Florida's children.

Legal Services Review Workgroup

In January 2007, Secretary Butterworth established a Department Organization Review Work Group to examine the organizational structure of Children and Families. From that review Secretary Butterworth determined he wanted to evaluate more closely the Department's provision of legal services. In May of 2007 Secretary Butterworth established the Department of Children and Families Legal Services Review Work Group to evaluate the Office of the General Counsel and legal services provided statewide. The Work Group consists of Department stakeholders and current employees. The results of this Workgroup may lead to legislative proposals that will improve the functioning of the Department's legal services support.

Florida Child Welfare Quality Management Redesign, 2007

As part of the reorganization of the Department, Secretary Butterworth has approved the placement of Family Safety quality assurance personnel in the field within the regional reporting structure and concurred that the Department should adopt a regional model for Quality Assurance/Quality Improvement with particular focus on service delivery. A comprehensive model will be developed by executive leadership and field personnel no later than October 31, 2007.

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 Advisory Council

Authority: Section 409.1451(7), F.S.

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.

Prevention 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.

IV-E Waiver Evaluation

Authority: This evaluation was a condition of receiving Federal approval to conduct a Title IV-E Waiver Demonstration Project in Florida.

Purpose: A program evaluation is required to document the positive or negative impact of the waiver on services to children in Florida.

Evaluation of Comprehensive Residential Services

This is the last year for this report and it will use FY 06-07 information. It will be incorporated into the overall Evaluation of Community-Based Care in the future.

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.

One Church One Child.

Per ss. 409.17559(3)(b)5., F.S., Provide, in conjunction with the Department of Children and Family Services, a summary to the Legislature by September 1 of each year on the status of **One Church One Child**.

Placement of Children in Licensed Residential Group Care

An Evaluation of the **Placement of Children in Licensed Residential Group Care** to meet the requirements of ss. 39.523(5)(a) F.S.;

CBC Pilot Evaluation

A Three Year **Pilot** Evaluation Program in **Miami-Dade, Monroe, and Broward Counties** to meet the requirements of ss. 409.1671(4)(a), F.S.

Commission on Marriage and Family Support Initiatives

An Annual Report to the Governor and Legislature on progress the commission is making on its mandated responsibilities in accordance with 383.0115, F.S.

Uniform Standards for Supervised Visitation

Preliminary Report on **Recommendations for Uniform Standards for Supervised Visitation Programs** and Final Report of Recommendations for Uniform Standards and Certification and Monitoring for Supervised Visitation Programs in accordance with 753.03, F.S.

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, over 2.3 million individuals, 18 years of age and older, contend with disabilities severe enough to have difficulties with accomplishing two or more activities of daily living (ambulation, mobility, bathing, dressing, eating, grooming and other personal hygiene activities). It is estimated that approximately 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: Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of child and adult protective service systems.

Action Steps:

1. During FY 2006-2007, the Department received 45,611 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 43,450 in FY 2005-2006). A projected workload of 47,892 is estimated for FY 2007-2008. It is further anticipated that the number of reports will increase to 50,286 in FY 2008-2009, representing a 5% 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. The Department's statewide child and vulnerable adult abuse, neglect, and exploitation report/database system enables Adult Services management to have accessible information for better decision-making and improve the programmatic reporting capability and accountability to the victims, their families, and the general public.

DCF Long Range Program Plan

Through this system, Adult Services statewide confirms that we met our target of 97% by seeing alleged victims and other vulnerable adults within the first 24 hours. During FY 2006-2007, the percentage of victims seen within the first 24 hours rose to a statewide average of 97.27%.

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 statewide report/database 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 FY 2006-2007, Adult Services averaged closing the investigations within 60 days in 99.98% of the cases statewide. This exceeds the established statewide target of 98%.
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. During the FY 2008-2009 legislative budget cycle, funding is requested for additional protective investigator positions. Because of the projected 5% increase in reports received by the Florida Abuse Hotline, caseload ratios for the current protective investigators are expected to rise to 15:1 in FY 2008-2009. The Department believes that the appropriate caseload size is 12:1, which is based on the Child Welfare League of America standards.
6. 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 in need of services within the first 24 hours and ensures that investigations are appropriately closed within the statutory time frame. The Department will continue to explore innovative methods to reduce the projected FY 2008-2009 workload of 15:1 to the acceptable Departmental workload of 12:1, and relieve the projected increased workload for years to come. The continued focus will be on quality protective investigations and intervention in order to ensure that victims and vulnerable adults are not left at risk to suffer further harm or injury.
7. A select advisory panel on Adult Protective Services was appointed by the Department’s Secretary to review all aspects of the adult protective system and identify areas needing improvement. The panel will provide Departmental leadership with advice and counsel on services to vulnerable adults and make recommendations for improving statutory, policy, or procedural problems with state programs. The panel will also assist in enhancing communication between

the Department and vulnerable adults by identifying special needs and services which should be provided by the Department to better accomplish its mission.

8. Other quality assurance initiatives for protective investigations, protective intervention, and protective supervision have been implemented statewide and continue to be refined. A registered nurse position located at central office was established to provide additional guidance from a statewide perspective. The staff member in this position provides medical expertise, direction, consultation, and oversight to protective investigation staff, the district/regional registered nurse specialists, and adult protection team activities statewide.
9. Funding is requested during the FY 2008–2009 legislative budget cycle to contract with staff to provide additional quality assurance services and monitoring. The funding will enhance the current quality assurance capacity by providing statewide validation monitoring at a statewide level.

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

None proposed

E. Justification of Final Projection for each Outcome

Outcome: The percent of victims seen within the first 24 hours.

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 previously used Florida Abuse Hotline Information System into the current statewide reporting system. Because the data have stabilized, the target has been increased to 97%.

Outcome: Percent of cases closed within 60 days.

Baseline data for the outcome measure were collected in FY 2004-2005 and the target was set at 95%. This outcome measure target was set lower because of the data transition from the previously used Florida Abuse Hotline Information System into the current statewide reporting system. Because the data have stabilized, the target has been increased to 98%.

Outcome: Per capita abuse/neglect rate per 1,000 disabled adults and elderly.

Baseline data for the outcome measure were collected in FY 2005-2006 and the target was set at .35%. This outcome measure target was set lower because of the data transition from the previously used Florida Abuse Hotline Information System into the current statewide reporting system. Because the data have stabilized, the target has been set at 12.0.

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: ADULT SERVICES – IN-HOME SUPPORTS

SUB-POPULATION SERVED: DISABLED ADULTS, AGE 18-59

A. Primary Responsibilities

Provide 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).

B. Selection of Priorities

It is estimated that approximately 1,184,412 disabled adults (18 – 59 years of age) living in Florida have two 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. Many of these individuals may receive services from other programs and agencies of the Department and the state of Florida, however in FY 2006-2007, there were over 3,210 nursing-home eligible disabled adults who received Adult Services program services through the Home Care for Disabled Adults, Community Care for Disabled Adults, Aged or Disabled Adult Home and Community-Based Services Medicaid Waiver, and Consumer Directed Care+ Medicaid Waiver programs. The services provided to individuals in these in-home services 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 individual 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.

C. Addressing Our Priorities over the Next Five Years

Agency Goal for In-home Supports: Self-Sufficiency

Strategy: Support sustainable, strong families.

Action Steps:

1. Because of the nature of the types of disabilities from which individuals in the in-home services programs suffer and because of the rising costs of health care and other services, as these individuals age in these programs their health-related needs and costs of care increase. For FY 2006-2007, the average care plan cost of an individual in the Home Care for Disabled Adults program was \$1,440. In FY 2006-2007, the average care plan cost for an individual in the Community Care for Disabled Adults program was approximately \$4,208. During the same fiscal year, the average care plan cost of an individual in the ADA Medicaid Waiver (including the Consumer Directed Care+ Medicaid Waiver) program was \$17,098 (includes general revenue and the Federal match).
2. 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 in-service programs have statewide waiting lists of over 8,140 disabled adults who are seeking services, but are unable to receive them because of insufficient funding. The statewide waiting lists ensure more equity of service provision to individuals requesting services and better fiscal management.

3. 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 individuals from an in-home services program, 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 individuals for services occurs minimally.
4. During the FY 2008-2009 legislative budget cycle, funds are being requested to reduce the Adult Services programmatic waiting lists. The allocation of these funds will be based on a proposal to move a quarter of the total number of individuals off each of the in-home services statewide waiting list each year for four years.
5. Once again, because the Home Care for Disabled Adults, Community Care for Disabled Adults, and ADA Medicaid Waiver-eligible individual 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.
6. During the FY 2008-2009 legislative budget cycle, funds are also being requested to develop a utilization review program to help control unnecessary costs associated with ADA Medicaid Waiver consumers' care plans. The proposal is for the Department to contract with a utilization control provider to obtain medical and therapeutic reviews on an as-needed basis. The provider will review initial requests for particular services and requests for increases in services for consumers in the ADA Medicaid Waiver program to ensure that requested services are necessary and appropriate.

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

Not applicable

E. Justification of Final Projection for each Outcome

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

Baseline data for the outcome were collected in FY 1998-1999 and the target was set at 99%. Because of the aging of the individuals in these programs, 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

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

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 require 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, F.S.). 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, F.S.).
- Certification, Evaluation and Funding of Domestic Violence Centers: Receive and approve or reject applications for certification, and perform annual evaluations. Domestic violence centers are required to meet minimum standards and services in order to qualify for state certification. To receive funding, a center is required to be certified. The Florida Coalition Against Domestic Violence administers funding through a contract with the Department. (Section 39.903(1), F.S.).
- Certification and Monitoring of Batterers Intervention Programs: Receive and approve or reject applications for certification, and perform annual monitoring. Batterer Intervention Programs are required to meet minimum standards and services in order to qualify for state certification. (Chapter 741.32, F.S.)
- Domestic Violence Fatality Review Teams: Provide information and technical assistance (Section 741.316(7), F.S.).

B. Selection of Priorities

To strengthen services for victims of domestic violence and improve quality assurance of domestic violence programs, the following 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: Increase use of techniques that improve the quality, consistency, efficiency, and effectiveness of child and adult protective service systems.

Enhance Services to Victims of Domestic Violence

DCF Long Range Program Plan

- Develop an action plan based on the 2007 recommendations of the domestic violence needs assessment
- Routine review of competitive grant opportunities will be completed and applications for discretionary funding will be submitted whenever appropriate
- Monitor national practices regarding perpetrator programs
- Revise Domestic Violence rule to ensure centers meet or exceed all minimum standards for operation
- Coordinate policy directives and domestic violence service delivery with other public and private providers of service, such as child welfare, substance abuse and homeless and others where there are shared clients.

Ensure Effective Program Management

- Distribution and use of resources complies with departmental, state and federal requirements
- Enhance data collection activities

Enhance Public Awareness

- Implement public awareness activities about domestic violence services, prevention and intervention
- Provide educational opportunities to community and professional groups statewide

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 98 percent or greater.

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

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

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: CHILD CARE REGULATION AND INFORMATION

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

A. Primary Responsibilities

Pursuant to Florida law (s. 402.26(3), F.S.) it is the intent of the Legislature to “protect the health and welfare of children through the development of a regulatory framework that promotes the growth and stability of the child care industry and facilitates the safe physical, intellectual, motor, and social development of the child.” The mission of the Child Care Regulation and Information Program is “to ensure the health, safety, and well-being of children while in care through licensing and regulatory activities.”

B. Selection of Priorities

The Child Care Regulation and Information Program performs in partnership with public and private stakeholders to establish mutual goals and initiatives to achieve Florida’s vision of a comprehensive system for meeting the needs of the children and providers. Analyses of the current environment, including strengths, weaknesses, opportunities, and challenges led the Child Care Program to establish the following priorities:

- *Child Care Regulation.* The Child Care Program ensures the health and safety of children in out-of-home care through the regulation of child care providers (licensed facilities, licensed and registered family day care homes, licensed large family child care homes, and religious exempt child care providers). This is accomplished through the on-site inspection of licensed child care centers, licensed family day care homes, and large family child care homes to ensure compliance with the health and safety requirements of s. 402.301-319, F.S., and rules adopted thereunder.
- *Child Care Training.* Statutorily required training for child care personnel is administered through 14 Training Coordinating Agencies statewide. Online courses are also available to provider staff and are accessed through the training component of the Child Care Information Center. In order to successfully complete the required training, child care personnel must successfully pass competency exams developed for each course. Exam registration is completed online or through the centralized Exam Scheduling Center.
- *Child Care Professional Development.* Professional guidance and technical support are centrally administered through the statewide Child Care Training Information Center. Staff Credential, Florida Child Care Professional Credential (FCCPC) and renewal and the Florida Director Credential each promote professionalism in the child care industry and are centrally managed through a Child Care Credential Unit.
- *Child Care Quality Initiatives/Public Awareness.* The Child Care Program statewide develops and distributes brochures, pamphlets and public awareness materials to inform the public and to promote quality child care activities. The Central Office also collaborates with the Agency for Workforce Innovation, the Department of Health and the Department of Education on mass mailings to all child care providers on critical child care issues. In addition, districts have used quality initiative funding for projects such as the Comprehensive Child Care Injury Prevention Project in District 4.

- *Performance Improvement/Technical Assistance.* The Child Care Program's team of program analysts provides monitoring of child care licensing units, daily hands-on technical assistance support to licensing staff statewide, and conducts data purification activities to ensure data integrity. These activities promote the uniform application of licensing standards, while identifying program deficiencies and staff training needs statewide.

C. Addressing our Priorities over the Next Five Years

Agency Goal: Safety

Strategy: 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. Improve the quality of child care through the provision of mandatory child care training and professional development opportunities.
2. Secure sufficient staff to accommodate increased workload due to the assumption of local licensing responsibilities, industry growth, and county ordinances. This will stabilize the workforce/reduce turnover -- a result of high caseloads.
3. Promote staff efficiencies through technology and ongoing enhancements to the Child Care Information System.
4. Improve the quality of child care licensing and regulatory activities through the provision of training and technical assistance to district and regional licensing staff.
5. Ensure that performance requirements for on-site inspection of licensed child care arrangements are being met statewide.

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

During the 2006 Legislative Session, legislation was passed that will significantly impact the activities/programs of the Child Care Program Office. Senate Bill 1510 (Ch. 2006-91, L.O.F.), relating to child care quality and safety, impacts the services of the Child Care Program in the following ways:

- **Gold Seal.** Provides criteria that certain child care facilities must meet in order to obtain and maintain designation as Gold Seal Quality Care provider. Senate Bill 1510 requires the Department to adopt rules relating to the Gold Seal program.
- **Enforcement.** Revises provisions relating to enforcement to allow the Department to suspend or revoke a family day care registration or issue a provisional registration, consistent with the enforcement actions available regarding licensed family day care homes. Establishes a "probation-status" license. Revises provisions relating to family day care homes (licensed, registered, and large) to remove conflicting language regarding the maximum amount of an administrative fine. The proposed revision will provide for the imposition of a maximum of \$100 fine per violation, per day, consistent with fines imposed on child care facilities. Senate Bill 1510 requires the Department to adopt rules to establish a uniform set of procedures relating to enforcement and to provide criteria and procedures for the classification of violations.
- **Safety.** Provides authority for the Department to adopt rules relating to safety in licensed family day care homes.

In order to implement these legislative changes, once adopted, the Child Care Program will develop and issue policy guidance, conduct training, revise and distribute public awareness materials to child care providers and child care staff, and revise/enhance the Child Care Information System to conform to and accommodate the policy changes. These activities represent a substantial workload for Headquarters staff.

E. Justification of the Final Projection for each Outcome

Objective: Safety

Outcome Projection Justification and Impact: Successful achievement of this objective will be measured by the timely on-site inspection of licensed child care facilities and licensed family day care homes (including large family child care homes) to ensure the health and safety of children in care. Child care facilities are inspected three (3) times per year, and family child care homes are inspected two (2) times per year to verify compliance with the health and safety requirements of sections 402.301-402.319, Florida Statute, and Chapters 65C-20 and 65C-22, Florida Administrative Code. Inspections are required to be spaced evenly throughout the licensure year to ensure the highest level of protection.

F. Potential Policy Changes Affecting the Budget Request

Licensing Workload - The continued assumption of county licensing jurisdictions without additional staff resources and changes to local ordinances requiring licensure rather than registration for family day care homes would affect the Department's ability to effectively manage the program. In July 2002 Polk County, in November 2003 Leon County, and in October 2007 Alachua County returned 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 two (2) of the remaining six (6) 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.

Voluntary Pre-kindergarten Workload - The passage of the 2004 Special Session Voluntary Pre-Kindergarten (VPK) legislation resulted in unanticipated workload increases in the Child Care Program:

- **VPK Coordination** – Because the role of the Department in the implementation of the VPK Program is relatively small compared to that of the Agency for Workforce Innovation (AWI) and the Department of Education (DOE), at the time of passage the Department did not request a position to act as a VPK coordinator, as did the other agencies. However, there is a significant workload associated with responding to VPK information requests and coordinating the Department's activities relating to VPK (background screening, systems development, participation in meetings, collaborative public awareness, etc.).
- **Gold Seal Quality Care Program** – The accreditation requirements of the VPK law have both increased demand for Gold Seal Accreditation and created a need for additional coordination and more complex program management at the state level (new database, more frequent review/approval of applications, more complex review of accrediting agencies, expedited verifications for VPK, etc.). In the past, these activities were limited due to the voluntary nature of the program, however, the VPK Program requires extensive oversight and coordination.

- **Child Care Credential Unit** – The staff credential requirements of the VPK law have increased the demand on the verification and awarding of child care credentials (Florida Child Care Professional and Director Credentials), added a new VPK-Endorsed Director Credential and created the need to reduce the turnaround time for the verification and award of staff credentials. Implementation of VPK requires additional and expedited verifications as well as consultation with two additional agencies (AWI/DOE) that require additional staff time.

G. Policy Changes That Would Require Legislative Action

Not Applicable

H. Task Forces/Studies

Not Applicable

PROGRAM: ECONOMIC SELF-SUFFICIENCY

POPULATION SERVED: FAMILIES IN DISTRESSED/FRAGILE HEALTH OR CIRCUMSTANCES

A. Primary Responsibilities

Florida Statutes require that the state manage a system of federal and state funded benefit 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 (see Section D).

The mission of Economic Self-Sufficiency Services (ESS) 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 and
- Providing benefits to assist families and individuals to 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 by the Agency for Health Care Administration. By receiving these services together with the job search skills provided by the Agency for Workforce Innovation to cash recipients and certain populations of food stamp recipients, 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 vulnerable populations are newly-arrived refugee clients in need of immediate economic assistance. Some refugees 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. Assistance to these customers 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, however through Medicaid benefits and **Optional State Supplementation (OSS)** services, they can achieve a more stable and safe environment. Medicaid provides access to needed medical services. OSS is a general revenue public assistance program

that provides payments to supplement the income of indigent elderly and disabled individuals. Both programs provide the necessary supportive services to encourage and assist the aged and/or disabled to remain in the least restrictive environment possible, and when possible postpone the need for nursing home placement.

The ESS program is responsible for activities to prevent benefit errors, recover benefits issued in error and prevent fraudulent receipt of benefits.

Quality Assurance is an integral part of the program and error rate reduction initiatives consist of a number of activities designed to reduce the number and amount of public assistance benefit errors. These initiatives include but are not limited to second party review, special targeted case reviews, initiatives in each district and region to implement countermeasures for locally identified error causes and regional/statewide conferences seeking to address the factors causing both agency and client source errors.

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. Benefit Recovery staff receive referrals from a variety of sources including ESS eligibility staff, Public Assistance Fraud and the public. Benefit Recovery claims and recoupment are managed using the Integrated Benefit Recovery System. This system also interfaces with the FLORIDA system to implement recoupment of overpayments from active Food Stamp and Temporary Cash Assistance cases.

The ACCESS Integrity Program (Fraud Prevention Program) is another entity within ESS responsible for prevention of cash assistance and food stamp fraud. ACCESS Integrity staff receive referrals from various sources including eligibility staff and the public. Staff investigates cases prior to approval, and monitor active cases to ensure proper receipt of benefits. When appropriate, disqualification hearings are conducted by the Office of Appeal Hearings to impose penalty periods preventing receipt of benefits for cases of confirmed fraud that are not pursued criminally. ACCESS Integrity staff represent the department at these hearings and track completion of necessary case actions following the final ruling of the hearings officer.

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. During State Fiscal Year 2006-2007 there was a decrease in the clients receiving Medicaid benefits and Temporary Cash Assistance. There was an increase in the number of clients receiving Food Stamps. These changes are reflected in the following data:

- Unduplicated count of clients decreased 3.5% to 2,166,397;
- Number of families receiving Food Stamps increased over 4% from 623,270 to 650,277;
- Number of Medicaid clients decreased 7% from 1,806,904 to 1,676,380; and
- Number of families receiving Temporary Cash Assistance decreased 8% from 50,831 to 46,710.

To ensure public assistance benefits provide opportunity for self-sufficiency and appropriate transition services to Florida's citizens, 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: 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 long term reliance on public assistance, focuses on efforts 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 public 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.

Strategy: 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).

This strategy will fully leverage a diversionary approach in lieu of ongoing benefits.

Strategy: Develop a self-service or "My Account" system which allows customers to access and update their own information.

Customers must currently interact with Department staff, primarily by telephone, to obtain information and report changes in their circumstances. Similar contacts supplemented by electronic or paper applications and verification documents are used to apply and recertify for benefits. Customer authentication software and the associated system reprogramming of a My Account system will move much of the inquiry and reporting work to a customer self service system, supported by professional eligibility determination staff.

This will provide customers with a secure gateway to their My Account page where they can self-register and manage their own passwords and account. From there the customer can access and/or view their case information and interact with DCF systems through the web at their convenience twenty-four hours a day seven days a week. My Account will allow the customer to view their account status, report changes, complete a review, view

notices, access forms to provide needed verification, print a temporary Medicaid card, and apply for benefits other than those they are currently receiving.

Agency Goal: Transition

Strategy: Jointly develop a policy with Work Force Florida that includes 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.

Agency Goal: Resource stewardship and integrity

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

Accuracy in the authorization of Food Stamps, cash and Medicaid benefits is a critical priority of the department. Staffs are continuing their efforts to maintain a low error rates in each public assistance program while adapting to a new service delivery model (see Section D), new technology and reduced staffing levels.

Quality control statistics for food stamp accuracy are valid at the district level on an annual measurement basis and reported approximately four months following completion of the review by Quality Control. Districts and the region 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.

As the Department moves forward in implementing a Sterling approach to organizational performance excellence, more mature and robust processes will be applied to improve quality management. The intent is to achieve 94% accuracy for the October through September federal fiscal year. Achievement of this accuracy rate in the Food Stamp program precludes the potential for federal fiscal sanctions. While there are not currently federal sanctions for cash or Medicaid, achievement of accuracy in those programs ensures appropriate benefits and services for clients and good stewardship of public funds.

Strategy: Streamline core business functions to allow staff to manage and update case record information from a single viewing point.

The ACCESS Management System for Application Entry (AMS AE) will streamline all the core business functions related to case management: eligibility determinations for applications and reviews; benefit authorization; processing reported changes, tracking assignments and enhanced workload management by providing a single viewing point for staff. In one glance, staff will see their pending assignments; cases due for eligibility reviews; unprocessed applications and outstanding data exchange alerts. At the same time, information from Florida's Web Application, the FLORIDA System and the customer My Account will be fed to AMS AE and pre-loaded onto a single web page for processing applications, eligibility reviews and reported changes. Using single key stroke functionality, staff will be able validate data and update the case record with correct information.

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

Continue implementation of ACCESS Florida: Since being directed by the Legislature in SFY 2003 to achieve efficiencies in carrying out the eligibility determination activity, the department has implemented ACCESS Florida. ACCESS Florida is the retooled and modernized public assistance service delivery system that is the **Automated Community Connection to Economic Self-Sufficiency (ACCESS)**. Under the leadership of the Governor the program achieved a reduction of nearly 3,100 Full Time Equivalent (FTE) positions in the Comprehensive Eligibility Budget entity and reduced the annual budget by \$83 million dollars.

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, an integrated voice response system, a web based change report and a benefit information 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.
- Access on a 24/7 basis to web based services that includes a simplified application with e-signature, secure access to benefit information and the ability to report changes, wherever access to the internet exists.
- An automated voice response system that allows customers to obtain general program information or specific case information through self-directed means on a 24/7 basis.
- A streamlined process with policy that is easier to understand and administer.
- Three statewide call centers to respond to general program questions, case status questions not handled through the automated voice response unit and to process client reported changes.
- Additionally, within the constraints of federal regulations and state law, policies were changed to reduce verification requirements and streamline the processing of applications and re-determinations of eligibility. These changes focused on implementing policies that are easier to understand and administer.

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.
- Maintain annual budget savings of \$83 million.

To ensure continuation of the desired outcomes, the processes must be continually refined and adjusted in response to changes in client need and improved technology.

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.

This measure was added to support two of the major components of the department's strategic plan – diversion and prevention. The tracking of this measure for SFY 06-07 indicates performance of 86% – nearly 6% above target. This measure provides a mechanism for the department to monitor our success in assisting clients with a one time payment rather than long term dependence on public assistance. The 80% target was set for FY 2005-2006 following retroactive collection of baseline data from FY 2004-2005. This measure 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.

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. The federal TANF reauthorization (2005 Deficit Reduction Act) 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. A significant change included in the TANF reauthorization legislation is the inclusion of two-parent families served under separate state programs in the assessment of participation rate targets for adults receiving TANF. The target for single parent families is 50% while the target for two-parent families is 90%. This and other changes included in this legislation will provide increased opportunities for the department to partner with the Agency for Workforce Innovation and the Regional Workforce Boards in implementing the regulations and meeting the participation goals.

Agency Goal: Resource and Stewardship

Outcome: Percent of Food Stamp benefits determined accurately.

Accuracy in the determination of eligibility for Food Stamps has been a primary goal of the department for many years. The Food Stamp regulations address this topic extensively and require a fairly involved system for monitoring 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 benefit dollars 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

A Legislative Policy Proposal was submitted by the department for consideration by the 2008 legislative session. This proposal will, if approved, result in policy changes.

1. **Current Statutory Situation:** There is no language in Florida Statute to allow Department of Children and Families staff access to the signature and image data managed by the Department of Highway Safety and Motor Vehicles (DHSMV).

Summary of Proposed Changes: The Medicaid and Food Stamp Programs require proof of identity as a factor of eligibility. In addition, the Medicaid Program requires proof of citizenship. DMHSV requires applicants for a driver's license or a state identification card to verify citizenship status. Therefore, a driver's license or a state issued identification card can be used to meet these Medicaid and Food Stamp requirements. Access to the electronic driver's license image and signature will shorten the time to determine eligibility. The department proposes to amend the Florida Statute to allow Department of Children and Families staff access to the driver's image and signature data managed by DMHSV.

Florida Statutes Affected: 322.142(4)

H. Task Forces and Studies in Progress

None

PROGRAM: STRENGTHENING FAMILIES INITIATIVE

POPULATION SERVED: AT RISK FAMILIES IN DISTRESSED / FRAGILE HEALTH OR CIRCUMSTANCES ACROSS ALL PROGRAMS

A. Primary Responsibilities

Strengthening Families involves recruitment, training, technical assistance and capacity building within faith-based and community organizations to enhance traditional services by providing access to evidence-based relationship skills, healthy marriage and responsible fatherhood education to individuals and families to reduce abuse and neglect and, ultimately, the dependency of at-risk and fragile families on federal and state assistance.

B. Selection of Priorities

Strengthening Families addresses a gap in the service delivery system by focusing on the development of services that keep families healthy, functional and intact while they

recover from the circumstances that forced them to seek help. Families targeted for such services are determined at the federal level and typically include unwed and married couples, expectant couples, cohabiting couples and romantically-involved couples; married, divorced, and unwed parents, incarcerated parents and at-risk youth.

Priorities for the next five years will be guided by the Federal Deficit Reduction Act of 2005 which provides incentives for government, faith-based and community organizations to collaborate on providing access to relationship skills, healthy marriage and responsible fatherhood education to at-risk, fragile and distressed families. Competitive grants totaling \$150 million will be awarded nationwide to fund the following types of research and demonstration projects through year 2010:

- **Building Strong Families (BSF):** Evaluation of Strengthening Families education and services to romantically-involved, unwed parents around or at the time of birth to reduce the stress of becoming a new parent and help couples form and sustain healthy relationships;
- **Supporting Healthy Marriage (SHM):** Evaluation of Strengthening Families education and services to help low-income, married couples with children strengthen and maintain their families;
- **Community Healthy Marriage Initiative (CHMI):** Evaluation of community activities to raise public awareness on the benefits of strengthening families and development of services to promote healthy marriages, parental responsibility, financial responsibility and child well-being.

Strengthening Families also will continue to collaborate with Florida Association for Community Action, Inc., Florida Head Start Association, the Florida's Head Start State Collaboration Office and Florida Department of Community Affairs Community Services Block Grant Program to implement a memorandum of understanding to offer relationship skills, healthy marriage and responsible fatherhood education in Head Start Programs statewide.

C. Addressing our Priorities over the Next Five Years

Based on the high number of Healthy Marriage and Responsible Fatherhood federal grant applications submitted by Florida-based organizations, Strengthening Families activities will focus on: 1) providing technical assistance to grantees for the implementation of program services throughout the state; 2) training departmental staff and the network of community service providers on the benefits of Strengthening Families services and available resources; and 3) educating families on the benefits of Strengthening Families and how to access area services. To achieve this end, Strengthening Families priorities will be:

Agency Goal: Provide expanded and more appropriate alternatives to removing children or adults from their homes that focus on prevention/early intervention.

Outcome: More service providers and Strengthening Families services are available in the community as resources.

Our proposed measure is: Number of new Strengthening Families service providers or new services available to children and adults.

Action Step: Increase new faith-based and community-based service providers or new Strengthening Families services offered by existing providers.

Agency Goal: Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of child and adult protective services systems.

Outcome: Children and adults are referred to new service providers and Strengthening Families services in the community.

Our proposed measures are: (a) Percent of districts and CBCs that develop a referral process to new service providers or Strengthening Families services. [M0000] (b) Cumulative number of staff trained in Strengthening Families and resources available in their community.

Action Step: Develop referral processes to new service providers or Strengthening Families services in the community.

Action Step: Train front-line staff across programs and agencies on the benefits of Strengthening Families and resources available in the community.

Agency Goal: 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.

Outcome: Informed families that refer themselves to community-based Strengthening Families services.

Our proposed measure is: Number of visits to the consumer-oriented web-based self-assessment and referral tool for Strengthening Families Services.

Action Step: Develop consumer-oriented web-based self-assessment and referral tool for Strengthening Families services.

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

Outcome: Parents able to model healthy relationship behaviors for themselves and their children.

Our proposed measure is: Percent of sites identified by Florida Association for Community Action, Inc./Head Start offering Strengthening Families services.

Action Step: Begin implementation of Strengthening Families/Head Start Connection memorandum of understanding to build capacity for relationship skills and healthy marriage education.

Agency Goal: Provide family-friendly activities that promote strong families and child well-being.

Outcome: Increase opportunities for positive interactions between parents and children.

Our proposed measure is: Percent of districts that form Strengthening Families coalitions and host free or low-cost family-friendly events.

Action Step: Increase community activities for families with children.

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

Based on the large number of Healthy Marriage and Responsible Fatherhood federal grant applications submitted by Florida-based organizations, the number of multi-site grant proposals, and a direct grant funding process that did not require state review nor approval, Strengthening Families program services are anticipated be ready for delivery at an unprecedented rate. Each grant awarded has the potential to inject between

\$225,000 to \$1 million dollars annually into a local community, and another \$5 million annually if awarded a statewide initiative.

The Department of Children & Families is one of the few state agencies nationwide that has the experience and the expertise to provide the technical assistance to ensure projects funded are successfully launched, develop the referral mechanisms necessary to recruit and retain families, and sustain services. Additional staff will be needed for the department to meet the anticipated demand for technical assistance.

As many of the upcoming projects are anticipated to serve Florida's diverse populations, there will be a need for culturally competent relationship skills, healthy marriage, and fatherhood education specialists to assist African-American, Hispanic and Haitian communities.

E. Justification of the Final Projection for each Outcome

This new initiative currently does not have a performance baseline or projection for each outcome. The Strengthening Families initiative will focus on establishing indicators and baselines during the current fiscal year.

F. Potential Policy Changes Affecting the Budget Request

The U.S. Department of Health and Human services is considering directing programmatic dollars into these types of services.

G. Policy Changes Which Would Require Legislative Action

None

H. Task Forces/Studies

Florida Inter-Program Task force

The Florida Inter-Program Taskforce is working on a Child Abuse Prevention implementation plan that would require all 67 counties to provide access to Strengthening Families education.

U.S. Office of Child Support Enforcement

The U.S. Office of Child Support Enforcement is conducting a five-year Strengthening Families 1115 Waiver demonstration project in Duval County on innovative approaches to child support enforcement.

U.S. Administration for Children and Families, Children's Bureau

The U.S. Administration for Children and Families Children's Bureau is conducting a five-year evaluation of Healthy Families Plus, Building Strong Families Projects in Broward and Orange counties.

The U.S. Administration for Children and Families Children's Bureau is conducting a five-year Post-Adoption Services and Marriage Education research and demonstration project for families that have adopted special needs children through Children's Home Society of Florida in Leon County.

The Florida Department of Children & Families is preparing completion of three Healthy Marriage and Family Formation research demonstration grants targeting families that have been involved in the child welfare system. Final reports to the U.S.H.H.S. Administration of Children and Families Children's Bureau are expected at the end of the 2006 calendar year from the following:

- The Florida Marriage and Family Research Center Project provides individual and group counseling to couples and families, pre-marital counseling, couples workshops and training in PREPARE/ENRICH curriculum to community service providers (University of Central Florida - Orlando, FL).
- The Big Bend Strengthening Marriages & Relationships Project provides in-home Gottman-based healthy marriage/relationship skills education, counseling, support and referral services to participating families. (Big Bend Community-Based Care, Tallahassee, FL).
- The Building Local Capacity for Healthy Marriage and Family Formation Project provides couples classroom training in Practical Application of Intimate Relationship Skills (PAIRS), plus training in PAIRS curriculum to department and community-based care service providers. (National Partnership for Community Leadership (NCPL) in Washington, D.C. and Ft. Lauderdale & Jacksonville, FL).

Florida Commission on Marriage & Family Support Initiatives

The Florida Commission on Marriage & Family Support Initiatives was created in 2003 by statute to strengthen marriages, support parents and families, and promote child well-being by raising public awareness, developing sound public policy and advocating for promising practices throughout Florida. The 18 commissioners (appointed by the Governor, President of the Senate and Speaker of the House) are charged with producing an annual report and disseminating information related to research findings on poverty, violence, and other social forces, and their effects on families.

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 62 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: FAMILIES AT RISK OF OR CHALLENGED BY SUBSTANCE ABUSE AND / OR MENTAL ILLNESS

A. Primary Responsibilities

Florida Statutes, (F.S.), require that the state manage a system of care for persons with or at-risk for developing substance abuse problems. Section 20.19(4), F.S., creates within the Department of Children and Family Services a “Substance Abuse Program Office.” The responsibilities of this office encompass all substance abuse programs funded and/or regulated by the department. The Substance Abuse Program Office, pursuant to mandates in Chapters 394 and 397, F.S., is appropriated funding by the Legislature in three (3) primary program areas: **Children's Substance Abuse (CSA)**, **Adult Substance Abuse (ASA)** and **Program Management/Compliance**. The CSA and ASA funding is used primarily to contract with community-based providers for direct provision of prevention, detoxification, treatment, continuing care, and support services for children and adults. Program Management and Compliance funding supports state and circuit program office staff responsible for administrative, fiscal, and regulatory oversight of substance abuse services.

B. Selection of Priorities

Chapter 394.75, F.S., establishes the planning process for the State’s publicly-funded mental health and substance abuse service systems. Accordingly, the Department of Children and Families Mental Health and Substance Abuse Program Offices, in consultation with the Agency for Healthcare Administration (AHCA), began implementing a formal planning process in June 2000, to solicit input from a range of internal and external stakeholders in order to facilitate the identification of service needs and priorities on statewide and local basis. Henceforth, every three years, the Department in conjunction with AHCA, submits a master plan for the delivery and financing of the publicly-funded community based substance abuse and mental health services throughout Florida. Additionally, the Department of Children and Families is required to identify service needs and priorities in the annual updates of the plan. The current plan is in effect FY 2007 through FY 2010.

Program priorities are also selected based upon 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: deaths related to prescription drug misuse and abuse, methamphetamine use, as well as the increasing use of detoxification treatment services.

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, which has created an added demand for medically-assisted detoxification programs.
- The State is now feeling the effects of sharp increases in methamphetamine use among certain adult populations, being primarily trafficked into the state from Southern California and Mexico.

DCF Long Range Program Plan

- Alcohol continues to account for the highest percent of treatment admissions for adults (34%) followed by crack/cocaine (27%) and marijuana (21%).
- Marijuana accounts for the highest percent of adolescent admissions (76%) followed by alcohol (16%).
- Alcohol continues to be the most prevalent substance found in drug-related deaths in Florida, followed by benzodiazepines, cocaine, and opiates.
- 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. However, the increased use methamphetamine use appears to be more prevalent in the Judicial Circuits 1, 10, 13, and, 14.

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. The recently established State Epidemiology Workgroup, working with the Florida Substance Abuse Prevention Advisory Council identified underage alcohol use, adult binge drinking, and middle school inhalant use as priority areas of concern.

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 individuals with opioid addiction.

Physicians who prescribe buprenorphine must complete specific training and receive approval from SAMHSA. There is a caseload limit of 30 individuals at any given time unless the physician affiliated with a licensed opioid treatment program. It is estimated that there are 481 physicians in the state of Florida who are approved to prescribe buprenorphine for opioid addiction. Buprenorphine is also used as part of Medication and Methadone Maintenance Treatment programs in accordance with s. 65D-30.014, Florida Administrative Code (F.A.C.), which are licensed by the Department of Children and Families.

According to the **Florida Youth Substance Abuse Survey (FYSAS)** and the work of the State Epidemiology Workgroup, 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 actively participates on the Governor's Office of Drug Control's Underage Drinking Task Force. The Task Force works with colleges and universities throughout the state. The Florida Strategic Prevention Framework Project also supports community anti-drug coalitions in developing local strategic plans for reducing county-level underage alcohol use and service providers in implementing evidence-based programs.

Substance abuse admissions in Florida (through FY 05-06) 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, methamphetamines 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 a 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 selected 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.

The Substance Abuse Program has established a number of key priorities for future years. Some of the specific priorities include: initiating a managing entity structure in our circuits; expanding the scope of services for existing managing entities; developing alternative methods of payment for substance abuse services; revision of the current contracting system; the development and implementation of a statewide integrated performance management system; and the establishment of the Florida Learning System, a collaborative continuous quality improvement effort including the Substance Abuse Program and key stakeholders, to better track critical trends, as well as promote dissemination and adaptation of promising and/or best practices.

Agency Goal: Prevention and Early Intervention

Strategy: Implement the Strategic Prevention Framework.

Action Steps:

1. Since 1999, the Substance Abuse Program led the development of a state-wide interagency substance abuse prevention framework for Florida. The Florida Prevention System is structured around four systemic areas: adequate needs assessment and performance data, parallel planning processes at the state and local levels, implementation of evidence-based programs and practices, and development of the prevention workforce. The Substance Abuse Program continues to develop that structure, addressing internal structures within existing resources and building interagency and local structure through a 5-year Federal Strategic Prevention Framework Grant (2004 – 2009). All developments or changes to the structure or processes of the state's prevention system support the Governor's *Florida Drug Control Strategy's* goals for reducing alcohol, tobacco, and other drug use.
2. The results of the *Florida Youth Substance Abuse Survey* show that those communities with a persistent, broad-based, structured, and coordinated prevention effort, usually through a community anti-drug coalition, have lower youth drug-use rates. The Substance Abuse Program aims to establish substance abuse prevention partnerships and coalitions in all of its 67 counties through its partnerships with the Office of Drug Control and other state agencies.

Over the next two years, the Substance Abuse Program will leverage Strategic Prevention Framework Grant resources to improve the organizational sustainability

and effectiveness of county anti-drug coalitions in the areas of: 1) needs assessment; 2) capacity building; 3) strategic planning; 4) support of evidence-based programs and practices; and, 5) monitoring progress toward county-level prevention goals. This new capacity will be leveraged to improve the selection of prevention strategies, especially in the areas of underage alcohol use, prevention for adults, and the Prevention Partnership Grant Program.

3. The Substance Abuse Program established the **State Epidemiology Workgroup (SEW)** at the University of Miami in 2005. Up Front Drug Information Center, operating in Dade and Broward counties, was also engaged to lead the establishment of Community **Drug Epidemiology Networks (DENs)** in seven of Florida's major metropolitan areas by the end of the 2008-09 fiscal year: Miami/Dade, Broward, Palm Beach, Tampa Bay, Orange, Duval, and Escambia.

Strategy: Implement substance abuse and mental health prevention partnerships.

1. The Substance Abuse Program will continue to implement the Coalition Mini-Grant Program. This initiative supplements the work of the Federal Strategic Prevention Framework Grant. The Coalition Mini-Grants will target those community anti-drug coalitions that are just getting organized and those that represent a sub-county community (city, town, neighborhood, college or university). The Strategic Prevention Framework will target established county-level coalitions. The Coalition Mini-Grant Program was established in 2002 to provide resources to local groups to organize, assess prevention data, create plans to reduce substance abuse, and conduct activities accordingly. Each year this program supports projects for an average of 31 coalitions. During the 2005-06 FY, 31 coalitions were funded to assist in strengthening their organizational capacities. The funding was additionally used to conduct community awareness campaigns regarding substance abuse risk and protective factor profiles. These activities include town-hall meetings, media campaigns, and speaker bureaus. Additionally, a coalition component was established as a part of the Performance-Based Prevention System creating the capacity to generate reports on coalition activities and events.
2. The Prevention Partnership Grant Program was established by the 2001 Florida Legislature (Section 397.99, F.S.) to support cooperation between schools and licensed prevention providers in implementing evidence-based prevention programs for children and youth. The Substance Abuse Program will conduct the next competitive procurement process for these programs in the spring of 2008. The application process is linked to state and local prevention priorities identified through the implementation of the Strategic Prevention Framework. During 2005-2006, the Substance Abuse Program funded 65 level 1 prevention programs and served more than 400 participants.

Agency Goal: Recovery and Resiliency

Strategy: 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. Additionally, the Substance Abuse Program is preparing a legislative budget request for the 2008 legislative session for additional 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. 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 for 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, in order to ultimately reduce the need for out-of-home treatment placements. During its first year of implementation, the project enabled the department to serve an additional 1,000 older adults. In September 2006, the Department received a 5-year \$14 million grant and The Florida Brief Intervention and Treatment for Elders (BRITE) Program was expanded to include the Center for Drug-Free Living in Circuit 10 (Orlando). Through the program's four pilot sites, the Department was able to serve an additional 1,428 adults age 60 and older for substance abuse, depression, and suicide issues in FY 2005-2006, compared to 892 older adults served through the traditional substance abuse system of care. For FY 2006-2007, Circuit 13 added a BRITE program in Hillsborough County, bringing the statewide total to five. In September 2006, the Department received a five-year, \$14 million grant from SAMHSA to provide Screening, Brief Intervention, Referral and Treatment services (SBIRT) for older adults, bringing the total number of BRITE programs to 12 statewide. The federal grant will serve 17,440 older adults over the five-year period and will have a primary emphasis on engaging elders with substance abuse problems through primary health care settings such as emergency rooms, family/gerontology physicians, and public health clinics in Judicial Circuits 4, 5, 6, 9, 11, 12, 13, 15, and 17. The primary goals for the grant are to:
 - Enhance outreach services and improve access to care;
 - Identify and alleviate systemic barriers to intervention and treatment;
 - Improve linkages with primary care system;
 - Increase the level of cultural competence among professionals and providers; and
 - Enhance overall treatment capacity for older adults. Through the SBIRT we hope to identify older adults in need of intervention or treatment earlier in their substance abuse progression to reduce the need for detoxification services among this group.

3. 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 operational in Judicial Circuits 5, 6, 9, 13, 15, 18, 19, and 20 and is targeted to serve an additional 8,002 adults over the 3-year term of the grant. As of August 2007, there were more than 280 community-based and faith-based providers participating and more than 12,600 adult clients receiving services. In order to be consistent with the 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.

Currently, 60 percent of the ATR funds are being paid to faith-based organizations. The most frequently utilized service is transitional living which is akin to a halfway house. Clients can stay for 30-45 days with ATR paying the rent. This gives them time to work on their recovery, get a job, save money, and obtain basic life management skills to progress towards stability and self-sufficiency. Through ATR, the Substance Abuse Program has the ability to purchase short-term housing for clients. When combined with therapeutic overlay services (clinical or recovery support) the option provides a less costly alternative to residential treatment for clients meeting appropriate American Society of Addiction Medicine's criteria.

4. As much as 40 percent of individuals with substance abuse problems have coexisting 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 Substance Abuse Program Office, in conjunction with the Mental Health Program Office, has drafted an action plan outlining a series of initiatives designed to promote integrated services for people with co-occurring disorders. As part of the action plan, the Substance Abuse Program plans to revise chapter 65D-30, F.A.C., to include standards for programs serving persons with co-occurring disorders. The Department also has designated a formal liaison to the Florida Alcohol and Drug Abuse Association-Florida Council for Community Mental Health Co-Occurring Disorders Work Group and appointed staff in both program offices to take the lead on co-occurring issues.
5. 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.

6. 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 eight clinical consultation reviews annually. This process facilitates the examination of 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 agency staff and administrators in order to help the provider improve client services and the overall quality of care. Additionally, evidence-based practice findings are disseminated to providers throughout Florida. An analysis of peer review findings during FY 05-06 indicated that although agencies provided much needed services, there was a need to improve the documentation relating to writing treatment plans, maintaining progress notes, as well as documenting continuing care and discharge planning. As a result of these findings, training was provided in five areas of the state that targeted improved documentation. Additionally, the Florida Learning System is being established to support continuous quality improvement in the area of substance abuse treatment.
7. The Substance Abuse Programs has entered into Memorandums of Agreement in the past several years with the Family Safety Program, as well as the Department of Juvenile Justice. There are also data-sharing agreements in place with the Florida Department of Law Enforcement.

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. 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 1,153,325 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. There has been a waiting list of an average of 1,400 adults per month waiting for substance abuse services.

The need for services for children is based on the Florida Youth Substance Abuse Survey, which shows that 353,319 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.

E. Justification of Final Projection for each Outcome

The Substance Abuse Program Office will be responsible for managing key strategic performance measures at the state, region/judicial circuits, and provider levels. This

responsibility will be accomplished through the implementation of a performance management system that includes the ongoing: review of specified performance measures; analyses of the processes supporting the performance outcomes; and the development and implementation of performance improvement plans that are tracked and revised over time, in order to achieve desired outcomes.

Performance measures that are critical to the overall success of the substance abuse program have been specified by: the Legislature, in the **General Appropriations Act (GAA)**; the Department's strategic planning process, and through the Substance Abuse and Mental Health statewide planning process. Data is collected on all critical measures and posted to the Department's internet "Dashboard," where performance data may be reviewed from the state down to the provider level.

The list below outlines the current Substance Abuse Program measures that are posted to the "Dashboard":

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 treatments 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.
- Average age of first substance abuse.
- Substance usage rate per 1,000 in grades 6-12.

Florida is in the process of transitioning to the National Outcome Measures (NOMs) as a result of SAMHSA transforming its two Block Grants (Mental Health and Substance

Abuse) into performance based programs. The NOMs are centered on 10 domains that will be adopted by states in the coming years. In the future years, the receipt of federal funding will be contingent upon reporting NOMs.

Florida is working to develop state performance measures that mirror the NOMs. Adopting the NOMs not only meets a federal reporting requirement; however, it also results in more meaningful benchmarking between states utilizing similar measures. The Substance Abuse Program Office assigned the development of NOMs measures to its Performance Management Team (PMT).

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

The proposed revision to the rules governing Crisis Stabilization Units and Adult Receiving Facilities may result in the need for revision to the accompanying statute.

Substance Abuse Program	Stakeholder Recommendations. Amendments to Chapters 394 and 397, Florida Statutes, Substance Services. The proposal amends Chapter 394 to align language on provider accreditation in Chapter 397. Changes to Chapter 397 are recommendations from the Department and stakeholders to standardize definitions concerning substance abuse treatment using the Treatment Improvement Protocols published nationally; to define substance abuse medication treatments in addition to methadone detoxification and maintenance services; to revise licensing from locations to programs which will reduce overall licenses by 25%; and to identify ways to provide administrative relief to enhance the quantity and quality of treatment services.
Substance Abuse Program	Part IV Chapter 394, F.S. Revision. This proposal amends Part IV, Chapter 394, Florida Statutes to authorize the Department to formally enroll persons who meet clinical and financial eligibility criteria that currently exists. This change better aligns the population served by the Department with those served by the Agency for Health Care Administration through MEDICAID funding. Currently, there are significant overlaps which results in providers billing the Department for clients who are MEDICAID eligible. The proposal also strengthens the enrollment process which will result in better accountability, treatment placements, and determination of financial eligibility. The Department will have a defined treatment population to serve which will not lessen the current capability.

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 Prevention 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 University and University 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 Circuits 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.

PROGRAM: MENTAL HEALTH

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

A. Primary Responsibilities

Florida Statutes (F.S.) require that the state manage a system of care for persons with mental illnesses. Chapter 394, 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 or state hospitals) provide services to individuals who meet the admission criteria set forth in either Chapter 394 (civil commitment) or Chapter 916 (forensic commitment) 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 of the Self-Determination Initiative led to the creation of an Office of Consumer and Family 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.

An emergent priority domain for the Substance Abuse and Mental Health Program Office (SAMH) is the interface between mental illness and the forensic system. All individuals committed to the Department for involuntary treatment pursuant to Chapter 916, F.S., are charged with a felony offense. These forensic commitments have increased by 72 percent since FY 98-99 at an average rate of 7.13 percent since FY 99-00. Fifteen out of the twenty judicial circuits committed from two percent to 116 percent more individuals in FY 05-06, resulting in a 16 percent total increase in commitments for the year. This produced a forensic waiting list of more than 300 individuals awaiting placement in late 2006.

Because of the unprecedented increase, the Department requested and received additional funding to increase forensic residential capacity by 405 beds, eliminating the forensic waiting list in May 2007. The Department is closely monitoring referrals and bed productivity to avoid a return to a lengthy waiting list for forensic beds. The Department is also working closely with community partners and the courts to divert those individuals who may not need to receive services in a secure forensic facility. Where available, alternatives include in-jail competency restoration, training for pre-admission incompetent individuals, and maintaining competency for individuals returned to jail as competent pending their hearing. Other options include placing individuals on conditional release so that they may participate in community-based programs, including community-based competency restoration programs. The courts have been willing to divert forensic individuals to structured community placements and/or services, but such programs are not available in many jurisdictions or have waiting lists of their own.

The Sexually Violent Predator Program is also a Department priority. One critical mission of the Sexually Violent Predator Program (SVPP) is to protect the public by ensuring that all cases referred to the SVPP are adequately reviewed, screened, and/or evaluated in order to determine whether or not a recommendation to file a petition for civil commitment should be made. Each referral made to the SVPP must be independently screened (reviewed) by two state licensed psychologists or psychiatrists. Before screening of a referred case can be performed, a file of pertinent social, criminal, and mental health information is collected and organized from various sources within and outside of Florida. The workload function of information gathering/organizing, is a tedious and labor-intensive part of the process, but is critical for identifying sexually violent predators.

There has been an increase in workload demand as related to review, screening, and evaluation functions. The increase in workload is due to a significant increase in the number of referrals received by the SVPP. During FY 06-07, the SVPP received 3,855 referrals. This high workload, as related to review and screening functions, is expected to continue, particularly because future referrals to the SVPP will likely include higher

numbers of individuals with convictions for non-sexual crimes (e.g., burglary, murder, false imprisonment, kidnapping) that were nevertheless “sexually motivated”.

Another priority is maintaining the excellent work of the Children’s Mental Health Program. The Children’s Mental Health Program has been a leader in recognizing the needs of infants and young children and its opportunity to intervene early to prevent or reduce the development of serious emotional disturbance. The services have expanded statewide.

The length of stay in children’s residential treatment centers in Florida has gone from a high of 8.24 months in 2000 to a current average of 6 months. The Department strongly believes that children should not grow up in locked residential facilities and has created services and supports statewide to promote access to community care, along with intensive utilization management oversight of all placements.

Services must be community-based, culturally competent, strength-based, family-directed, and child-focused. Family forums are being held across the state to enhance involvement of parents and care-givers in all levels of treatment for their children.

C. Addressing Our Priorities over the Next Five Years

The following priorities are consistent with the strategies set forth in the Department’s *FY 2006-2009 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: 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 pilot projects showed that many of the caretakers who 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. Development of Infant Mental Health services have now been supported in every district throughout Florida. The Harris Institute at Florida State University has trained over 100 licensed therapists in the specialty area of Infant Mental Health in nine areas in the state. Based on a recent review of children aged zero to five who were expelled from child care centers, Children’s Mental Health has started pilot projects to provide mental health consultation to address this problem. A budget request for early childhood mental health consultation to connect service to support health and emotional development in young children in child care settings has been submitted.
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 piloted a Parenting Curriculum for parents who are receiving TANF and are recovering from substance abuse and mental illnesses as a component of the Strengthening Families Initiative. District 11 is using this curriculum with all

providers. Part of the Healthy Marriage Initiative is that the Program Office is piloting the “PAIRS for Peers” relationship enrichment program in District 13 in FY 07-08.

Strategy: Establish uniform reporting and analysis of significant events, including suicides.

Action Steps:

1. The Department has reduced the use of seclusion and restraints in state mental health treatment facilities. Staff has been trained on the use of techniques to manage and control residents’ behavior in emergency situations. New facility policy reflecting these techniques has been in place for approximately two years. The Legislature passed a requirement to adopt rules relative to restraint and seclusion. These rules were developed over FY 06-07, and are in the promulgation process.
2. The Department is currently in transition relative to the Significant Incident Reporting and Analysis system. This new system, which was originally projected to be piloted in March 2007, is in the final stages of development. The current plan is to have this system implemented statewide by December 31, 2007. This system will be used for reporting and follow-up of deaths and other significant events in the state mental health treatment facilities and community contract providers. Meanwhile, the state mental health treatment facilities are reporting events using the Significant Incident Tracking System, which was developed exclusively for Substance Abuse and Mental Health. The community providers are currently capable of reporting events via Lotus Notes through the Districts. Once the Significant Incident Reporting and Analysis System is fully implemented, these other reporting systems will become obsolete and will be discontinued.
3. 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 superseding Suicide Prevention Coordinating Council and the Statewide Office of Suicide Prevention to create and implement an action plan based on this new Suicide Prevention document. Suicide prevention training is now available and will be implemented in provider settings as appropriate.

Agency Goal for Mental Health: Recovery and Resiliency

Strategy: 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 Office 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. Resources must be realigned to more fully support evidence-based practices. During FY 07-08, the Department will continue to 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. The forum to discuss transformation of the system of mental health care for children is already in progress. A budget request has been submitted to create three additional ACT teams to assure an ACT team in each circuit. Capacity will be increased by approximately 300 consumers.

2. The promotion of evidence-based practices 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 have been piloted in the Suncoast Region and District 8. The pilot programs 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 are modeled on the adult ACT teams. The multidisciplinary teams 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. A budget request has been submitted to continue funds and for new funding to develop an additional five children's ACT teams to serve youth who are at high risk for placement in residential treatment.

The Mental Health program also developed a new cost center, **Comprehensive Community Service Teams**, to provide the contracting flexibility necessary to further the Role Recovery approach in the care of mental health clients. This new cost center bundles Aftercare, Assessment, Case Management, Information and Referral, In-Home and On-Site, Intensive Case Management, Intervention, Outpatient, Outreach, Supported Employment, Supported Housing, Prevention, Prevention/Intervention and other transition and non-traditional support services as negotiated by the Department and the Provider.

3. Stakeholders, including the Department, recognize that equitable funding is essential to assuring equal access to services. As of 2004, the National Association of Substance Abuse and Mental Health Program Directors identified Florida as ranking 48th in the nation in Substance Abuse and Mental Health controlled expenditures (excluding Medicaid). During FY 05-06, \$10 million was allocated to address inequitable mental health funding for adults among the 14 service areas in Florida, substantially reducing the per capita funding differences between districts. The Department will continue to monitor equity on a per capita basis and will identify future inequities as they occur.
4. The Department's Mental Health Program, in collaboration with the Office of the Secretary, is facilitating the transformation of Florida's public mental health system to an individual and family-driven system that embraces prevention, resiliency, and recovery.

The Department has achieved buy-in from the Transformation Working Group and the Department's leadership on state policy direction for transformation. The Mental Health Program has hired dedicated transformation staff, established an Office of Consumer and Family Affairs, and has formed a partnership with the University of South Florida and the Florida Mental Health Institute to expedite system improvements for mental health consumers.

The Mental Health Program developed and supports a Recovery and Resiliency Task Force, an operational group comprised of a majority of consumers and family members, to advise the Department on transformation. We have established a new service that increases opportunities for service flexibility, and provides individuals

with greater number of choices in achieving their recovery. We have provided education and training for key stakeholders to achieve buy-in necessary for system change. The Department has facilitated recovery kick-off sessions within many districts and local communities and has offered training and technical assistance to address identified barriers to transformation. A budget request has been submitted to compensate consumer participants for expenses related to their attendance at functions of this task force.

The Department's Mental Health Program listened to over 250 adult consumers around the state, and engaged in family forums in several locations to ensure changes are responsive to customer needs. District SAMH program supervisors were asked to target new equity funds for transformation activities, and to work in collaboration with community members to adopt purchased services, to promote recovery and resiliency.

Initially, the Department conducted biweekly video teleconferences to share best practices with staff and encourage program replication toward recovery-based services. In 2007, the Department was reorganized and the SAMH supervisors report to Regional Administrators, not the SAMH Headquarters Program Office. Currently, the Substance Abuse and Mental Health program offices conduct bi-weekly conference calls with the circuit program supervisors to discuss programmatic and administrative issues. We have completed a mental health transformation web site to showcase district SAMH and state mental health treatment facility transformation activities. The Department partners with the University of South Florida and the Florida Mental Health Institute to provide training and technical assistance to address barriers to transformation. Peer specialist positions have been defined and are in the process of implementation. Collectively, these action steps will improve access to services that advance individual and family recovery and resiliency.

Lastly, the Department will hire consumers to administer customer satisfaction surveys, and to administer the Recovery Oriented System Indicator (ROSI) system assessment. These tools will establish a baseline from which to measure the state's adherence to recovery and resiliency principles.

5. The Children's Mental Health unit has established a med-consult line with the University of Florida. 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 continues 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. The Mental Health Program Office promoted **Evidence Based Practices (EBPs)** and best practices for adults with mental illnesses: family-to-family training 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.
7. 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. SDC participants also choose the providers of those supports and services. This is accomplished with the support of a Recovery Coach and through participant control over a flexible funding allotment. The program is currently operating in Districts 4 and 8, and is serving 224 recipients as of September 2007. Existing SDC programs will accommodate additional participants during FY 07-08, and the SDC model will be added to the service array in all circuits. A legislative funding request for start-up funds sufficient to serve sixty participants per circuit statewide has been submitted. SAMH staff in the circuits are also working with a large managed care company to determine how Self-Directed Care can be incorporated into their business models.

8. The Mental Health Program Office created the Office of Consumer and Family Affairs, which includes the position of Chief of Consumer and Family Affairs. This office's purpose is to facilitate inclusion of mental health consumers and their families into mental health policymaking and into the structure of publicly funded delivery of mental health services. It will increase communication and education among consumers and family members statewide and provide leadership and direction for recipients of services. In addition, a Transformation Coordinator position has been established in the Community Mental Health Program Office. Both positions are currently filled, and initiatives are well underway. Future plans are to continue mental health transformation by empowering consumers through participation in ongoing Recovery and Resiliency Task Force meetings, consumer satisfaction data gathering and analysis, and other initiatives.
9. 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 providers and the mental health providers, 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.
10. The Department continues collaborating with the Agency for Health Care Administration (AHCA) on transition to a Medicaid managed care service delivery system. The Department meets routinely with the Agency to resolve issues and problems that arise with regard to delivery of mental health services provided by Prepaid Mental Health Plans and Health Maintenance Organizations. Departmental Circuit staff work with Area Staff of the Agency to monitor select Medicaid programs as well as pre-certification studies of prospective Medicaid mental health providers. At this time, the Agency and Department are especially focusing on coordinating services to persons with serious and persistent mental illness and severe emotional disturbances in Florida's criminal justice system.
11. 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 served by the Department.

12. The Department improved the consistency of prescribing practices for psychotherapeutic medications. The Department, through Florida State Hospital and community mental health providers in District 1, successfully implemented a model algorithm (**FALGO**). The Department has built on FALGO and has implemented **MDTMPBH (Medicaid Drug Therapy Management Program for Behavioral Health)**, which has projected cost avoidance of approximately \$10 million in Medicaid money per month over the projected cost of the previous system. This plan is fully implemented for adults and children. 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.
13. 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, with the baseline year completed during 2005-2006 and providers held accountable for performance beginning July 1, 2006. Providers are 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 is allowing meaningful comparison of outcomes across treatment settings.
14. GEO Care, Inc. has continued to provide operations at **South Florida Evaluation and Treatment Center (SFETC)** following negotiation of a contract. Progress on the design/construction of a new facility is also progressing, with design and permitting completed. This facility is scheduled for completion in 2008.
15. 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 successfully negotiated a provider change in 2006 and currently has a contract with GEO HealthCare to operate FCCC. As a component of this contract, the Department has negotiated the finance, design, construction, and operation of a new, modern 720-bed facility with GEO. Groundbreaking was held as scheduled on September 20, 2007. The Department has reviewed and revised its SVPP screening procedures in the Program Office, and has submitted a legislative budget request for the additional resources necessary to accomplish this process.

During FY 06-07, the SVPP received 3,855 referrals. This is slightly less than the previous fiscal year. However, there was a 61% increase in referrals between FY 04-05 and FY 05-06.
16. Over 100,000 Floridians affected by hurricanes were assisted through disaster programs in FY 04-05, and in 2007 individuals in Volusia and Lake Counties affected by the February 2007 tornado have received crisis counseling services. These services will be available through December 2007. Through needs assessment, early intervention, ongoing counseling, and services, Floridians are rebuilding their lives. A budget request has been submitted for spending authority for interim budget authority between immediate and regular services grants.
17. Access to housing is a key component of individual recovery from mental illnesses. Individuals with serious mental illnesses who are on disability receive a monthly benefit of \$603.00. From this amount, it is impossible to afford the costs of

required co-pays for medications, food, and rent and utilities. Recent losses due to hurricanes, along with increased taxes and insurance, and escalating housing costs make home ownership a non-option for individuals with mental illnesses. Without access to safe, stable housing, recovery is impossible and individuals find themselves repeating cycles of crisis or criminal justice involvement. Rent subsidies are a needed mechanism to assist individuals in securing and maintaining safe, stable housing that furthers their recovery and reduces the need for more costly placement in crisis stabilization units, or for placement in state treatment facilities. A budget request for supportive housing for consumers discharged from state residential facilities has been submitted.

The mental health program is also working with other agencies and resources to address many of the challenges customers of mental health service face in attempting to maintain successful and productive functioning in the community. Recent changes in the housing market, such as a general housing shortage leading to both less availability of units and increased housing cost, rapidly increasing property insurance rates, and other factors have made this a major area of concern. The Department is partnering with other state and community agencies to increase housing availability for consumers of mental health services and is exploring such options as eligibility for rent subsidies, access to subsidized housing, and a central referral system to ensure that consumers have access to information on the availability of affordable housing opportunities.

18. The Mental Health program developed a new cost center, **Comprehensive Community Service Teams** to provide the contracting flexibility necessary to further the Role Recovery approach in the care of mental health clients. This new cost center bundles Aftercare, Assessment, Case Management, Information and Referral, In-Home and On-Site, Intensive Case Management, Intervention, Outpatient, Outreach, Supported Employment, Supported Housing, Prevention, Prevention/Intervention and other transition and non-traditional support services as negotiated by the Department and the Provider. The method of payment for this cost center is less restrictive in documentation requirements, allowing additional resources to focus on client outcomes. Under the current system, delivery of specific units of service has become paramount in earning contract dollars. Due to the broad nature of services included in the possible range, this cost center will also further mental health system transformation efforts by promoting choices available to consumers.

The Mental Health programs continue to review strategies to further administrative efficiencies, including reviewing the viability of contracting for administrative and care coordination services with managing entities. This fiscal year, contracts were modified to contract on a service activity level basis, in lieu of specific cost centers. This modification allows providers to make service decisions based on consumer needs and choices, reducing the likelihood that service provision will be dictated or driven solely by service units remaining on a contract.

19. Preadmission Screening and Resident Review (PASRR) is a program to ensure that individuals with mental illnesses in nursing facilities are appropriately placed and will receive needed specialized mental health services. A budget request to fund compliance with Federal PASSR requirements using a 75-25 matching arrangement has been submitted.

DCF Long Range Program Plan

20. Short-term Residential Treatment facilities (SRTs) are short-term residential facilities to provide care for consumers who need residential support but not hospitalization. A budget request has been submitted to operate two 16-bed SRTs, one at Apalachee Center and one at Palm Beach County, for persons who continue to meet Chapter 394, F.S. (Baker Act) criteria and who may have been referred to a state hospital.
21. An Orange County central receiving center to coordinate involuntary Baker Act crisis stabilization services has been in operation for the last three years using non-recurring funds. A budget request to continue these services has been submitted.
22. A budget request to provide services for non-Medicaid eligible families involved in child welfare has been submitted.
23. A budget request to redirect funds in Purchase of Residential Treatment Services for Emotionally Disturbed Children (PRTS) set-aside as match for Statewide Inpatient Psychiatric Program (SIPP) to provide match for a center for Medicare and Medicaid services grant has been submitted.
24. A budget request has been submitted to develop a family-to-family support network statewide to assist children and youth with emotional disturbances to navigate the mental health system.
25. A budget request to convert other personnel services (OPS) positions to full time positions (FTEs) to bring the Department into compliance with intent of the statute regarding the assignment of contract management and other mental health responsibilities to the Department staff has been submitted.
26. A budget request has been submitted to provide cost of living adjustments for contracted mental health service agencies.
27. A budget request has been submitted to provide additional resources to improve the safety of staff and residents at Florida State Hospital and North Florida Evaluation and Treatment Center. Another budget request has been submitted to grant Special Risk status to certain employees of the Department who spend at least 75% of their time performing duties that involve contact with residents in a forensic mental health treatment facility.

Strategy: 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 continued to implement the cooperative 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. A workgroup is meeting to identify problem areas and discuss issues. The primary issues addressed by this ongoing workgroup are access to crisis stabilization unit services for DJJ youth in detention and residential settings, decreasing waiting time for children found incompetent to proceed to access services, improving early identification and treatment of children in need of mental health services, and

review and identification of steps to improve transition from one program to another.

2. 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 495 children aged five through 18. 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.
3. 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. This has been particularly important in light of the 16% increase in the number of individuals committed to forensic state treatment facilities during FY 05-06. 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 07-08.

Forensic commitments have increased by 72 percent since FY 98-99 at an average rate of 7.13 percent since FY 99-00. This produced a forensic waiting list of more than 300 individuals awaiting placement in late 2006. Because of the unprecedented increase, the Department requested and received additional funding to increase capacity by 405 beds beginning in October 2006. The Department is also working closely with community partners and the courts to divert those individuals who may not need to receive services in a secure forensic facility. Where available, alternatives include in-jail competency restoration training for pre-admission incompetent individuals and maintaining competency of individuals returned to jail as competent pending their hearing. Other options include placing individuals on conditional release so that they may participate in community-based programs, including community-based competency restoration programs. The courts have been willing to divert forensic individuals to structured community placement and/or services, but such programs are not available in many jurisdictions or have waiting lists of their own.

4. 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: 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. This has expanded access to these non-traditional services that promote work. The mental health program office is also initiating a Peer Support Specialist training and employment program to utilize customers in providing assistance in various tasks, such as collection of customer satisfaction information. A budget request to create 20 SAMH Peer Specialists FTEs, one in each circuit, has been submitted. Another budget request for the development and growth of mental health clubhouses in fourteen circuits for start-up funds, capacity expansion, and technical assistance has been submitted.

Strategy: 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.
2. The Department has worked with the Agency for Health Care Administration in establishing requirements for Prepaid Mental Health Plans and Health Maintenance Organizations (HMOs). The Agency requires ongoing service coordination between plans, HMOs and other entities that serve children such as schools and Department of Juvenile Justice, and Department of Children and Families.

Strategy: 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 05-06, a forum was 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. Current plans are to continue to meet regularly with stakeholders to further this initiative.

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

For the SVPP Program, an enhanced screening procedure for offenders referred to DCF will require additional staff and resources. A substantive increase in the number of referrals during FY 05-06 and projected demand in subsequent years require additional resources. During FY 06-07, the SVPP received 3,855 referrals. These enhancements are necessary to ensure that all individuals referred for screening receive an accurate and timely evaluation of their eligibility for referral to the State Attorney's office as a sexually violent predator.

E. Justification of Final Projection for each Outcome

Each program office will be responsible for reviewing and analyzing 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. These measures are consistent with those in the Agency Strategic Plan for FY 06-09. During FY 07-08, the program offices will be proposing modified performance measures that are more consistent with the national Outcome measures (NOMS). 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 Chapter 394, Florida Statutes, who experience improvement in functional level.
- Number of people in civil commitment per Chapter 394, Florida Statutes, served.
- Number of adults in forensic commitment per Chapter 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 the waiting list for forensic placement 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 is in the process of exploring 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 continued to convene forums to gain consumer and family participation in the development of a recovery and resiliency plan.

The Department has also worked collaboratively with the **Department of Corrections (DC)** 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. Software to facilitate the referral process goes

online on 10/22/07. A budget request to effectively manage end-of-sentence referrals and provide assessment, case management, and medical services to former inmates with mental illnesses has been submitted.

The Department of Corrections releases approximately 29,000 individuals each year. Of that number, 2,700 are individuals with mental disorders.

G. Changes Which Would Require Legislative Action

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

1 Medicaid Carve-Out/Infrastructure Investment and Realignment

This issue proposes legislation to enhance integration of Medicaid and DCF Substance Abuse and Mental Health programs for adults with severe and persistent mental illnesses and children with serious emotional disturbances involved with, or at-risk of involvement with the criminal justice system through a Medicaid Carve-out; proposes to include specifications for enhanced integration and responsiveness in contracts within the carve-out; and authorizes additional budget flexibility to reallocate savings in forensic expenditures to front-end services as well as recommends that the State explore options for establishing a dedicated funding source to invest in mental health services.

2 Building Bridges Legislation

This issue proposes legislation to enhance individuals' ability to access entitlements for which they may qualify as well as establishes the requirement for statewide standards for screening, evaluation, and discharge planning of individuals from jails, prisons, and state mental health treatment facilities.

3 Infants, Children and Adolescents

This issue proposes to enhance alignment between the mental health service delivery system with criminal justice initiatives including enhancing prevention, early intervention and treatment services for infants, children, and adolescents with serious emotional disturbances and their families.

4. Financing Strategies

This issue proposes several financing strategies designed to enhance individuals' access to community-based substance abuse and mental health services, to promote employment for individuals with serious mental illnesses, and to improve the Department's alignment with the Agency for Health Care Administration/Medicaid in the integration of public mental health services for adults with severe and persistent mental illnesses and children with serious emotional disturbances and their families.

5. Forensic Mental Health

This issue proposes legislation to develop standards and certification for forensic examiners to improve the quality of those evaluations and assist the Court in making informed decisions about the individual's treatment needs. The proposal is designed to expand alternatives for restoring individuals' competency to proceed in a manner that minimizes unnecessary admissions and administratively delaying individual's returns from state mental health forensic treatment facilities. The proposal requires continuing monitoring and tracking of

individuals on the waiting lists for state mental health treatment services to ensure that individuals are served as effectively and efficiently as possible.

6. Mental Health Infrastructure – Performance Outcomes, Information Systems, and Workforce Issues

This issue proposes development and expansion of the infrastructure for the public mental health system. These infrastructure improvements include improvements in the use of performance outcomes to assess access, appropriateness, effectiveness, efficiency and equity of the mental health system. This proposal also recommends development of local and statewide, cross-systems data collaborative and integrated data systems to facilitate individuals' continuity of services. This issue includes emphasis on promoting workforce training programs and core curricula standards in the State University System of Florida, promoting continuing education and providing fair living wage jobs for both consumers and providers. A budget request has been submitted to purchase an integrated behavioral health management information system that will allow increased access to the data by state, district, providers, consumers, and family members.

- 7. Juvenile Incompetent to Proceed:** This proposal modifies s. 985.19, F.S., to transfer the Juvenile Incompetent to Proceed Training for Juveniles with Mental Retardation or Autism to the Agency for Persons with Disabilities. In addition to this legislation, a budget request has been submitted to increase the daily rate for secure juvenile incompetent to proceed treatment to enable the provider to attract and retain qualified staff, expand beds from 48 to 72 for secure treatment, and to fund 20 additional community beds for JITP treatment.
- 8. Forensic Examiner Registry:** This proposal revises ss 916.111, F.S., which pertains to mental health experts who are employed to conduct evaluations of defendants for competency to proceed or for sanity at the time of the commission of an offense. The proposal further clarified the Department's role in the training of such experts and the recommended standardization of their evaluations.
- 9. Timely Transport and Hearings for Forensic Residents:** The proposed addition to Chapter 916, F.S., establishes the time frame for an individual to be returned to jail and have a hearing scheduled when restoration of competency is reported to the court, or the court is notified that an individual no longer meets commitment criteria.
- 10. Placement and Treatment of Department of Corrections Inmates:** This proposed change to Chapter 916, F.S., would clarify that the Department of Corrections (DC) is responsible for providing treatment and/or training to DC inmates who are determined incompetent to proceed or not guilty by reason of insanity on new charges applied since admission to the DC facility, and DC inmates who have been sentenced to death and are determined to be mentally incompetent pursuant to Florida Rules of Criminal Procedure 3.851(g).
- 11. Florida Retirement System--Special Risk Class:** This bill would expand the Special Risk Retirement Class identified in s. 121.0515, F.S., to include certain employees of the Department of Children and Families who spend at least 75

percent of their time performing duties that involve contact with residents in a forensic facility.

- 12. Customer Stipends:** This proposal adds to Chapter 394, F.S., a method of compensation for individuals with mental illness or family members who are invited to participate with the Department in planning services and formulating policies. To gain input from the people most affected by policy, there must be a means to compensate them for their time.

H. Task Forces and Studies in Progress

Criminal Justice, Mental Health, & Substance Abuse Reinvestment Grant Program

This legislation, effective July 1, 2007, created the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program in DCF; and authorized counties to apply for planning, implementation, or expansion grants. It required that all records and meetings be open to the public and prohibited counties from using grant funds to supplant existing funding. It expanded ex officio membership of Substance Abuse and Mental Health Corporation, created the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center, and redefined "qualified practitioner." The Department will continue to coordinate with other government entities to ensure effective service delivery within this framework.

Children's Transition Workgroup

Children's transition to the adult mental health care system has not historically been smooth. To improve outcomes, Children's Mental Health has developed a workgroup composed of youth, parents, and providers to identify transition issues. Once completed, a contract will be completed with the youth support group to develop a Transition Handbook for teens.

Florida Transformation Working Group

This work group consists of stakeholders and other state agencies to advance the mental health transformation efforts. The workgroup is facilitated by the Chair of the Substance Abuse and Mental Health Corporation.

Florida Recovery and Resiliency Task Force

This is the operational arm of the Transformation Working Group. It is comprised of at least 51 percent consumers and family representatives as well as other stakeholders to advise the Department on the progress being made toward transformation.

Suicide Prevention Coordinating Council and the Statewide Office of Suicide Prevention

Governor Crist signed House Bill 139 in 2007 establishing the Suicide Prevention Coordinating Council and the Statewide Office of Suicide Prevention within the Florida Office of Drug Control. The Suicide Prevention Coordinating Council will serve in an advisory capacity to the Statewide Office of Suicide Prevention. The Suicide Prevention Coordinating Council is now a permanent entity that is accountable to the Legislature. It consists of 28 statutorily designated voting members, including the Department, as well as other individuals who participate in a non-voting capacity.

A centralized structure is necessary to integrate the statewide effort and provide a unified direction, but success in suicide prevention depends on empowerment at the local level. An infrastructure built on cooperation between the federal, state, and community level is essential for comprehensively combating this problem. Through these partnerships, the council will be able to increase existing suicide prevention capacity and promote collaborative action. The council will develop an action plan consisting of a framework, menu of options and strategies for mobilizing state and local resources to implement the *Florida Suicide Prevention Strategy*.

Self-Directed Care Study

This is a legislatively mandated independent evaluation of the Self-Directed Care program. A Request for Proposals was released but no entities expressed an interest in completing the evaluation for the available funds. The Department completed this study in house utilizing existing staff in December 2006, and plans to continue this practice.

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APPENDIX: GLOSSARY OF TERMS AND ACRONYMS

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

ACF: Administration for Children and Families

ACT: Assertive Community Treatment (teams)

Activity: A unit of work which has identifiable starting and ending points, consumes resources, and produces outputs. 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.

ARS: Alternative Response System

ASA: Adult Substance Abuse

ASFA: Adoptions and Safe Families Act

ASFP: American Foundation for Suicide Prevention

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.

BASP: Behavior Analysis Services Program

BHOS: Behavioral Health Overlay Services

BNet: Behavioral Health Network

BRITE: Brief Intervention and Treatment for the Elderly

BSF: Building Strong Families

DCF Long Range Program Plan

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.

CAPTA: Child Abuse Prevention and Treatment Act

CBC: Community-Based Care

CCDA: Community Care for Disabled Adults

CDC+: Consumer Directed Care (Plus) Medicaid Waiver

CFS: Child and Family Services

CFSR: Child and Family Services Review

CHMI: Community Healthy Marriage Initiative

CIO: Chief Information Officer

CIP: Capital Improvements Program Plan

CIT: Crisis Intervention Team

CNA: Community Needs Assessment

COOP: Continuity of Operations Plans

COSIG: Co-occurring System Improvement Grant

CMS: Children’s Medical Services

CSA: Children’s Substance Abuse

CSE: Child Support Enforcement

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.

DENS: Drug Epidemiology Networks

DJJ: Department of Juvenile Justice

DOC: Department of Corrections

DOEA: 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

FAC: Florida Administrative Code

FACT: Florida Assertive Community Treatment Team

FADAA: Florida Alcohol Drug Abuse Association

FARS: Functional Assessment Rating Scale

FCB: Florida Certification Board

FCCC: Florida Civil Commitment Center

FCCTIP: Florida Clinical Consultation Treatment Improvement Project

FCO: Fixed Capital Outlay

FFMIS: Florida Financial Management Information System

FIS: Family Intervention Specialist

FISP: Florida Initiative for Suicide Prevention

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

FSFN: Florida Safe Families Network

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)

HSS/ACF: Health and Human Services/Administration for Children and Families

ICF/DD: Intermediate Care Facility/Developmental Disabilities

IDEA: Individuals with Disabilities Education Act

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 Medical Assistance

ICPC: Interstate Compact on the Placement of Children

ICWA: Indian Child Welfare Act

IDP: Indigent Drug Program

ILP: Independent Living 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)

MDTMPBH: Medicaid Drug Therapy Management Program for Behavioral Health

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.

OOH: Out-of-Home (Care).

Output: See Performance Measure.

Outsourcing: Means the process of contracting with a vendor(s) to provide a service or an activity and there is a transfer of management responsibility for the delivery of resources and the performance of those resources. Outsourcing includes everything from July 2007 2 7 LRPP Instructions 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

PASRR: Pre-Admission and Screening and Resident Review

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: Program Improvement Plan.

PIRW: Protective Investigator Retention Workgroup.

PPFWR: Permanent Placement with a Fit and Willing Relative

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.

Primary Service Outcome Measure: The service outcome measure which is approved as the performance measure which best reflects and measures the intended outcome of a service. Generally, there is only one primary service outcome measure for each agency service.

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.

PSSF: Promoting Safe and Stable Families

QMS: Quality Management System (Child Welfare)

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.

SEW: State Epidemiology Workgroup

SFETC: South Florida Evaluation and Treatment Center

SHM: Supporting Healthy Marriage

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.

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

WAN - Wide Area Network (Information Technology)

DCF Long Range Program Plan

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