



Long Range Program Plan

Fiscal Years 2009-2010 through 2013-2014

Florida Department of Children and Families
September 30, 2008

George H. Sheldon
Secretary



Charlie Crist
Governor

**Department of Children and Families
Office of Strategic Planning and Innovation
Contact: Ted Harrell
Building 1, Room 109b
1317 Winewood Blvd.
Tallahassee, FL 32329-0700
(850) 487-8932**

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Message from Secretary Sheldon

I am pleased to present the annual update of the Florida Department of Children and Families Long Range Program Plan. This plan provides the Department an opportunity to review where we are now and outline where we are headed.

Our goal, with our community partners, is to become the best social service system in America. We are committed to applying common sense and a sense of urgency to improve the lives of the children and adults we serve. We urge the Legislature to invest more in this goal, but we are determined to do a world-class job with whatever resources we have.

One of our boldest initiatives is the goal of reducing the number of children in out-of-home care by 50% by 2012. Why are we doing this? Because a growing body of research, as well as the overwhelming sentiment we hear from former foster children themselves, is that foster children feel a deep loss at the removal from even an unhealthy, dysfunctional biological family. Once removed, most of them spend their formative years moving from home to home, from school to school. They are deprived of the permanent, strong emotional attachments most of us enjoy. An unfortunate minority of them suffer abuse in foster care at least as harmful as the abuse or neglect they suffered from their natural parents. We must improve foster care, and are committed to doing so. But we are also committed to ensuring that far more children safely remain with, or are quickly returned to, their own families.

We are pursuing this goal in three ways. First, we are developing a system of diversion, meaning that we assess the opportunities to restore the family through a variety of social services. These include treatment of substance-abuse or mental illness, counseling and anger management, and temporary financial support. Second, we are working to accelerate the process of reunification of families after a child is removed, again with reliance on this same variety of social services. And third, we have undertaken a major campaign, under the leadership of the Governor's Office of Children's Advocate, to increase the number of public adoptions.

Another major initiative is our focus on diverting more people with mental illness from the criminal justice system. Less than two years ago, this Department was held in contempt of court for violating statutory standards on waiting time for jail inmates deemed incompetent to stand trial. With the substantial support of Governor Crist and legislative leadership, we attacked that waiting list and are now in full compliance with the law. But we cannot stop there. We are spending more than \$130,000 per year on each forensic bed for persons with mental illness. We need to keep people from entering this system unnecessarily. We can do that through earlier detection and treatment of mental illness, through better training of law-enforcement officers to keep routine encounters from escalating into felony offenses, and through diversion of those who are arrested into non-forensic treatment programs in the community.

We want to focus more attention on root causes of the problems we deal with every day in the protection of children and adults. So much abuse, for example, stems from substance abuse or mental illness. As with the forensic waiting list, we can provide better services and produce better results if we can focus on identification and treatment of substance-abuse and mental-health issues in families through better community services.

An important part of our work is reaching out to the people we serve and their advocacy organizations. Just as our initiative to reduce out-of-home care was driven by the personal stories and recommendations of former foster children, we will continue to seek out opportunities for consumer input in our circuits, regions, and program offices, and will continue to partner with existing advocacy groups.

Some examples of this commitment from the past year:

- **Young Adults Aging out of the Foster Care System:** When former foster children told us they needed jobs so they could live independently and build their adult lives, we created Operation Full Employment. Now we and our community partners have more than 150 young adults working in the system that raised them.
- **Emergency Food Stamps:** We have seven days under federal law to process emergency food stamps, but applicants rightly emphasized to us that this is too long when they need food. Now many people come in with an application and get electronic food stamps the same day.
- **Task Force on Child Protection:** The Task Force on Child Protection was formed to examine the gaps currently existing in Florida's child welfare system of care, including efforts at reunification, stabilization, permanency during foster care, and supervision.
- **Select Advisory Panel for Adult Protective Services:** The Select Advisory Panel for Adult Protective Services was formed to provide counsel and advice to the Department on the provision of services to Florida's adult and elder populations. The panel is focusing on bolstering inter-agency communication among state agencies serving elders and vulnerable adults and to identify potential statutory, policy or procedural barriers prohibiting effective services for our adult clients.

The projections covering the next five years in this plan are based on current economic and budgetary circumstances, including a likely decline in spending on social services.

It is important to note that different levels of investment in selected areas of our work can change the outcomes from those projected. We are devoted to the principle of managing our resources well, at whatever level. We are also committed to integrity and transparency. Right or wrong, we are accountable for the quality of our decisions and our work. We are transparent not because it makes us LOOK good but because it makes us BE good.

This agency has a strong leadership team and excellent relationships with our community partners all around the state. We are demonstrating national leadership in many areas of our work. We hope that more and more Floridians will recognize the accomplishments of this agency.

George H. Sheldon
Secretary

Department 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.

Initiatives for this goal can be found in the Trends and Conditions section of this plan.

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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
83%	85%	85%	85%	85%	85%

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

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
94.35%	97%	97%	97%	97%	97%

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

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
94%	95%	95%	95%	95%	95%

Outcome: Average daily rate of children who are missing per 1,000 children in home and out of home care.

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
12	11	11	10	10	9

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.

Initiatives for this goal can be found in the Trends and Conditions section of this plan.

Agency Goal 4: Permanence

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

Outcome: Number of children in out of home care

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2006-07	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
29,255	24,379	19,503	14,627	14,627	14,627

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

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
28.85%	35%	36%	37%	38%	39%

Agency Goal 5: Independence

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

Initiatives for this goal can be found in the Trends and Conditions section of this plan.

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.

DCF Long Range Program Plan

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
47.66%	50%	50%	50%	50%	50%

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

Outcome: Percent of 2-Parent Temporary Assistance for Needy Families (TANF) customers participating in work or work-related activities (2-Parent TANF Participation Rate).

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
New measure	90%	90%	90%	90%	90%

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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
140	140	140	140	140	140

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

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
52%	52%	52%	52%	52%	52%

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

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
68%	68%	68%	68%	68%	68%

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

DCF Long Range Program Plan

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

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
None	66.77%	66.77%	66.77%	66.77%	66.77%

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

Outcome: Average annual earnings.

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
None	\$1900	\$1900	\$1900	\$1900	\$1900

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

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
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.

DCF Long Range Program Plan

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

FY 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
98%	98%	98%	98%	98%	98%

Agency Goal 2: Customer Satisfaction

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

Agency Goal 3: Efficiency and Productivity

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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
TBD	100%	100%	100%	100%	100%

Agency Goal 4: Disaster Preparedness, Response, and Recovery

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 2009-10 – 2013-14 Targets

Baseline FY: FY 2005-06	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
100%	100%	100%	100%	100%	100%

Governor's Priorities

- 1. Protecting Our Communities**
- 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**

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.* Safety, permanency, and well-being are the three major goals for child welfare. 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 by 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 extensive goals and objectives defined in plans developed under requirements from the Administration for Children and Families, U.S. Department of Health and Human Services. The most important being the Child and Family Services Plan (aka the "Five Year Plan").

The Child and Family Services (CFS) Five Year Plan was developed based on the service principles in 45 CFR 1355.25, to address the various components that make up a coordinated, integrated, culturally relevant, family-focused system of

child welfare services. Annual updates to this plan make revisions as necessary to suit changing conditions and requirements.

During FY 2008/09, the federal Administration for Children and Families conducted its second Child and Family Services Review (CFSR) of Florida's child welfare system. The results of this national review will be a significant driver of priorities over the next two years. Florida will develop and implement a Quality Improvement Plan to address areas identified in the CFSR as needing improvement, as well as other areas of concern to Florida's child welfare stakeholders. Specific goals and objectives of this plan are under development and will be finalized when the federal report is received (tentatively, Fall 2008). Further discussion of this process is found in the Quality Management section below.

The plan mentioned above provided a much more detailed set of principles, goals, and strategies guiding the child welfare system in Florida. The Long Range Program Plan is consistent with these planning approaches and provides a focused look at priorities specific to the Department's child welfare program.

C. Priorities The Department has identified several key initiatives. The following provides more descriptive information about specific initiatives **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

Florida's highest priority is that children are raised in a 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, and 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, and 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: treating and serving 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 who abuse or neglect their children.

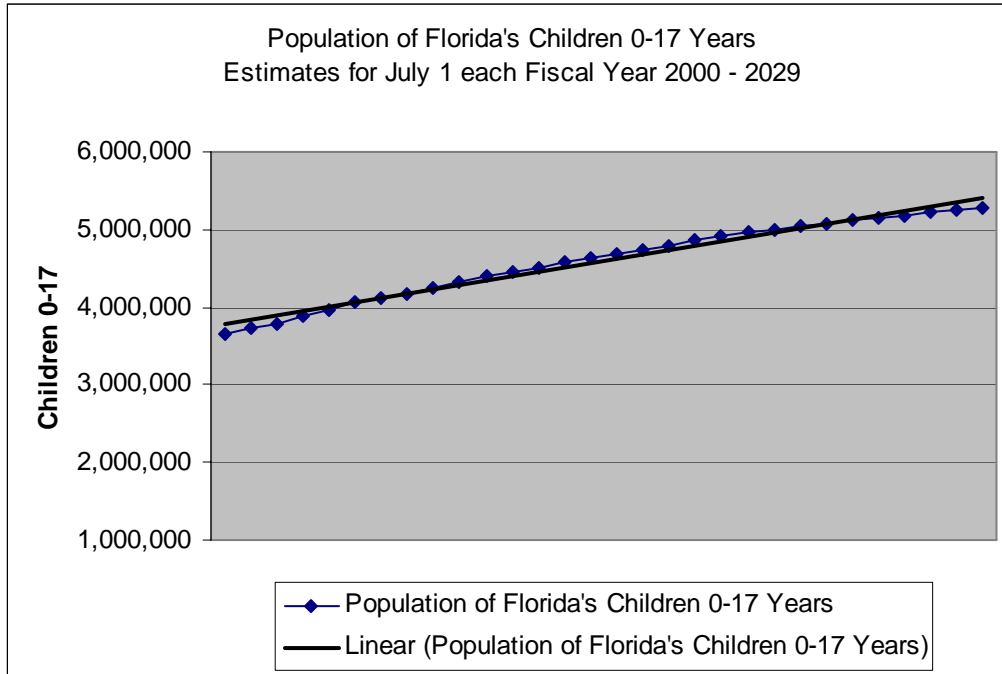
Strategy: Work collaboratively with the Governor’s Office of Adoption and Child Protection and the Child Abuse Prevention and Permanency Advisory Council with an orientation to action for the children of Florida and their families. A strong commitment and long-term investment in a prevention-based agenda 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 decline 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.

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:

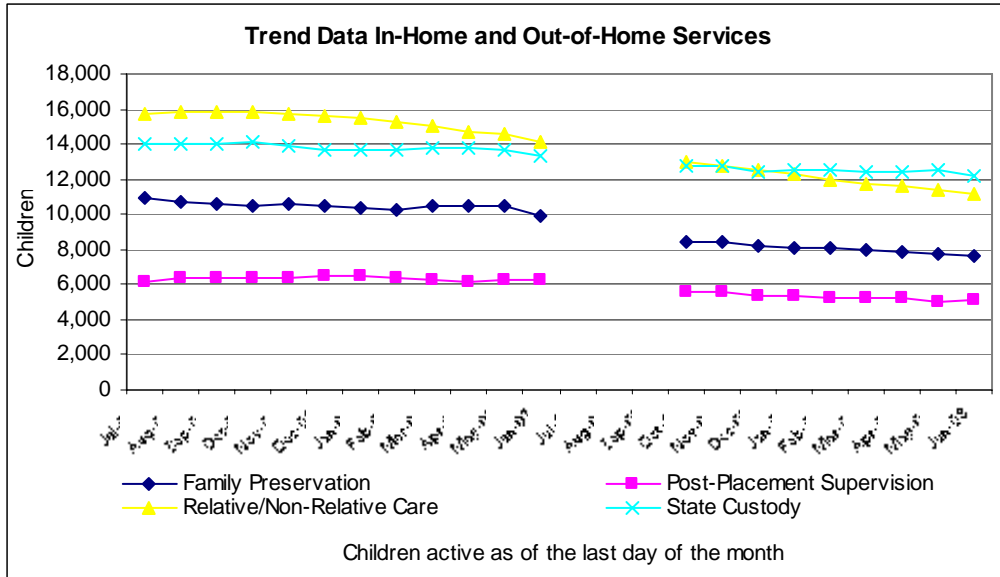
- Building and implementing a statewide prevention implementation plan for primary prevention;
- Enhancing local communities’ efforts to provide secondary and tertiary prevention to include early detection and intervention services to children and families so as to avoid children requiring high-end and high cost treatment;
- Developing and implementing prevention strategies that identify and address the challenges and strengths of each Florida community;
- Demonstrating program effectiveness through performance measurement and program evaluation; and
- Developing local prevention and permanency plans through the work of Local Planning Teams. These teams have submitted draft plans for review/approval by the Child Abuse Prevention and Permanency Advisory Council.



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

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 Planning Teams, and implement the state and local plans. The Department's efforts will be greatly enhanced by the Office of Adoption and Child Protection, which is working to develop a unified universal prevention strategy for the State of Florida. Various proven approaches are also available, such as:

- Continuing the Healthy Families Florida program.
- Encouraging broader application of family team conferencing.
- Supporting local child abuse prevention initiatives.

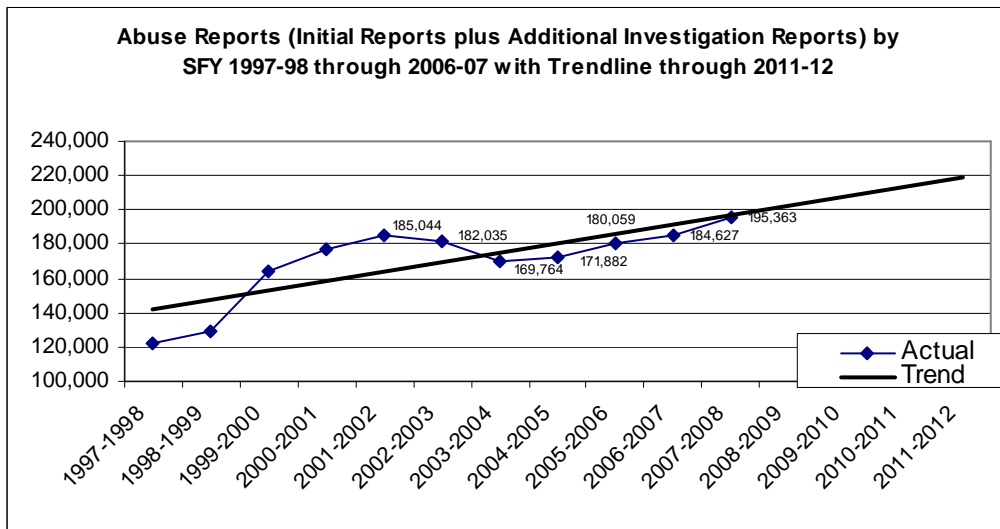


*Data not available July '07 – Sept '07 due to transition to new data system

Child Protection and Permanency:

Child Abuse and Neglect Investigation

The incidence of child abuse and neglect is related to many societal factors. For example, high-profile cases can raise public awareness and cause reporting rates to rapidly increase, with an associated increase in the number of investigations. Economic downturns and natural disasters, can also increase family stressors resulting in increases in reports and new victims.



The Department is required to investigate reports of child maltreatment to assess the safety and well-being of children who are alleged to have been abused, neglected or abandoned. Children are removed 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 investigations 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 referrals to prevent family disruption by accessing short term services. The Department is taking the following actions to implement this critical child safety program:

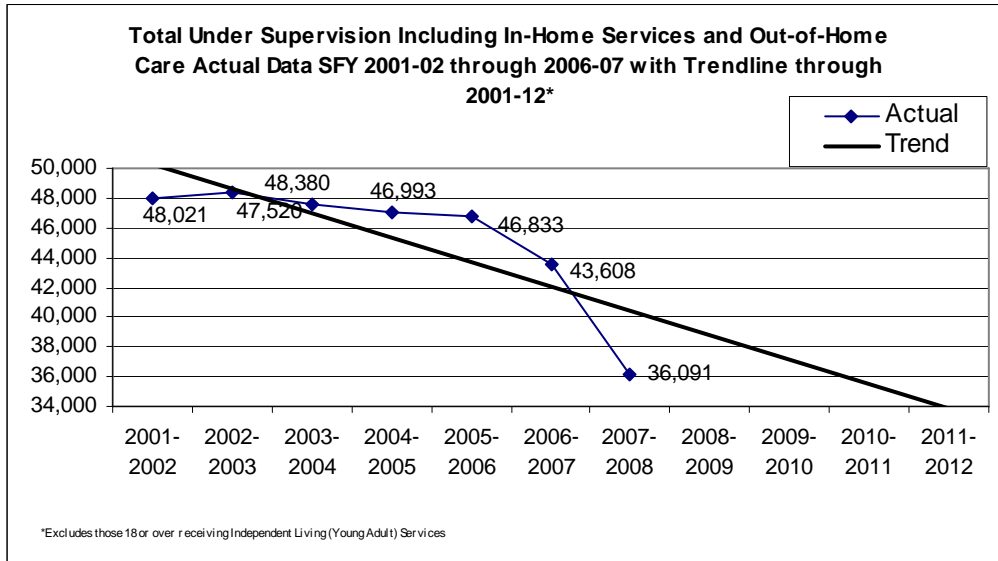
- Implementation of the Alternative Response System demonstration project to enable protective investigators to extend their support to families who have frequent need for services. This helps to identify families that have multiple service needs and no significant safety concerns and provide early engagement with community-based care providers.
- Development of regional training workshops on advanced interviewing and family-centered practice to improve decision-making for protective investigators.
- Sponsorship of the 2008 Dependency Summit, with support from the Office of the State Court Administrator. This three-day event 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 develops an action plan addressing critical child welfare issues within their circuit that will be implemented following the Summit.
- Implementation of the recommendations of the August 1, 2008, Hotline Workgroup Report as feasible. This workgroup was established to address increasing Hotline calls and to develop appropriate strategies for addressing this workload in a safe way.

Placement Settings and Services

Protective investigators assess child safety and other factors and, in consultation with other experts, make recommendations on whether children can be safely maintained in their homes or must be removed and placed in an out-of-home care setting. Services include intervention and case management designed to 1) alleviate crises that might otherwise lead to out of home placement, 2) maintain the safety of children in their own homes, 3) support families preparing to reunify or adopt; and 4) assist families in obtaining services and other supports necessary to address multiple needs.

The Department and our community-based care providers are re-focusing efforts on strengthening families and safely reducing the foster care population. The Secretary

has established a target of a 50% reduction in the number of children in foster care by the year 2012. The Department and a team of senior stakeholders are participating in a National Governors Association Policy Academy, “Safely Reducing the Foster Care Population.” These initiatives are consistent with the national child welfare program, Casey Foundation: 2020 Vision for Foster Care.



In all placements, the three primary goals 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 is 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 Subsection 39.401(2), Florida Statutes, the first option is to locate a responsible adult relative with whom the child may be safely placed.

There are also permanency options in Florida law to preserve family connections by giving children an opportunity to be raised within the context of the family’s culture, values and history, thereby enhancing children’s sense of purpose and

belonging. For a number of children, guardianship or placement with relatives may be an appropriate permanency option in accordance with federal and state provisions. 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) comprise less than half of the placement settings for children in out-of-home care. There are continuing 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; and declining resources.

To face these 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 progress on many facets of its child protection system, as evidenced by successful completion of all actions in Florida's federally approved 2003 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

In 2008, the Department collaborated extensively with the Chief Child Advocate, Office of Adoption and Child Protection within the Executive Office of the Governor. The Office aims to establish a comprehensive statewide approach to promoting adoption, supporting adoptive families and preventing child abuse, neglect and abandonment.

The "Explore Adoption" initiative was launched May 9, 2008. This program promotes the benefits of public adoption and urges families to consider creating or expanding their families by adopting a child who is older, disabled or part of a sibling group. The initiative will "put a new face on public adoption" by telling the stories of many families who have enriched their lives by adopting Florida's children.

Florida finalized an historic number of public adoptions this fiscal year, a trend state leaders hope to sustain with the media and grassroots campaign called "Explore Adoption." Florida set a new adoption record by finalizing 3,674 adoptions in fiscal year 2007-08. The previous state adoption record, 3,389, was set in fiscal year 2003-04.

Adoption Subsidy

The Adoption Assistance and Child Welfare Act of 1980 requires 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 permanent homes, not state systems. In subsection 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. Furthermore, the ability of the system to achieve federal standards with respect to documentation and verification of adoption subsidy eligibility is the subject of a major federal audit. The results of this audit (tentatively, Fall 2008) will drive programmatic priorities in the areas of federal funding eligibility for the near future.

Training

The Department continues to review and improve its child welfare training system. Recent improvements include the ongoing updating of 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. Likewise, with the Department’s implementation of the Florida Safe Families Network, training on the operation of the new computer system is being integrated into the Department’s standardized new-hire training curriculum to enable staff to have the working familiarity with the new computerized case management system. The training system’s 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 committed to its role 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 Statutes, subsection 402.40. It is expected the ongoing revisions and improvements 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;
- Promote and develop child protection staff competency in delivery of family centered services;
- Enhance 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 through appropriate design and delivery of services.

The key elements of Florida's training program 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.

Future Direction

Implementation of Recommendations Made by the Child Protection Task Force

The September 2008 report of the Child Protection Task Force will be utilized to:

- More fully develop the legislative agenda for Family Safety.
- Analyze ongoing capacity of our systems of care from the Department through law enforcement, lead agency and provider.
- Institutionalize improvements.
- Develop legislative issues related to child-on-child sexual abuse and parent education course certification.
- Analyze areas for improvement stemming from quality assurance reviews, investigations, legal services, lead agency and provider systems.
- Develop plans to improve end-to-end processes to reduce cost and improve quality.

Conduct Annual Dependency Summit- August 2008

- Develop economies in cross-training among child welfare professionals.
- Utilize the Summit work products to establish expectations for improved performance by circuit.
- Evaluate conference events conducted by stakeholders and partners for opportunities to integrate with child welfare initiatives. Benefits include cross-training, cost efficiencies (sharing and savings), and networking.

Independent Living

- Utilize the work of the National Governor's Association to develop solutions for populations of youth in care, and analyze the needs of teens whose goal is another planned permanent living arrangement (APPLA) in order to verify appropriate outcomes.
- Train Independent Living Coordinators and case management staff on transition needs of youth.
- Develop specific outreach goals with advocacy resources.

- Utilize expertise in the community in reaching out to housing and education resources.
- Partner with the Workforce on Strengthening Youth Initiative, Florida Housing Corporation, Independent Living Advisory Council, and Florida's Children First to clearly establish one or two specific tasks to accomplish by December 2008.

Operation "Do Drop In"

- Determine timeliness and effectiveness of services provided by residential group care and monitor program integrity.
- Engage local communities in the value of replicating this initiative as a means for local ownership of quality standards.

Safely Reduce the Number of Children in Out Of Home Care (Keeping Families Together)

- Redefine pre-service curriculum to focus on a family-centered and strengths based practice model.
- Use quality assurance to identify best practices and areas in need of improvement.
- Partner with Substance Abuse and Mental Health (SAMH) and the Agency for Persons with Disabilities (APD).
- Develop 2012 strategy to reduce the number of children in foster care by 50% through efforts such as:
 - Family Focus – require a renewed pre-service training focus on core family centered practice and implement through a train-the-trainer model for in-service and implementation of alternative response on statewide basis.
 - SAMH/APD – engage the Child Abuse Prevention and Permanency Council to assess in-home service capacity and identify further use of waiver.
 - 2012- Prepare guide for caseworker approach to re-invigorated family engagement practices.

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

- Outreach to the **State Foster Parent Association** and local county-level associations have resulted in stronger 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.
- 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.
- 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.

- Lessons learned and best practices have been incorporated into the core curriculum for **training** child protection workers, and addressing emergent training needs identified nationally. Best practices and technical assistance are offered to staff through the Family Safety Training Electronic Newsletter published monthly and on the Department's Internet website, at www.dcf.state.fl.us/publications. Section 402.40, F.S. requires the Department to 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 and community-based partners.

The Family Safety Program Office also directly provides support in training initiatives, such as the 2008 Regional Training (multiple locations, wide variety of topics), the Child Welfare Leadership Program and the annual Dependency Summit in Orlando. The Department also provides a variety of training workshops in response to emerging needs of the child protection workforce. These trainings topics include new administrative rules, specific skill development for the child protection, and trainings on agency-wide initiatives.

In addition, the Department has convened the Task Force on Child Protection, whose ongoing work will continue to 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.

- Florida received federal approval of the first statewide IV-E 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.

Under the waiver, the money follows the needs of the child and the family. It 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.

Preliminary results show the waiver is supporting the desirable trend of fewer children remaining in out-of-home care. Point-in-time populations of children in care have dropped from more than 32,000 children in 2003, to fewer than 25,000 in 2008. As of July, 2008, baseline outcome analyses show a trend toward improvement in many key indicators that measure factors related to reducing out of home care, such as proportion of children exiting to permanency and proportion of children remaining in care after 12 months. Implementation of the waiver will continue, with enhancements and modifications made to processes as deemed necessary according to evaluation results.

Support for Special Populations

There are certain groups within the child welfare program that need special focus. These include teens and young adults who are preparing to live independently; those with chronic runaway behavior; children whose cases involve activity between Florida and other states; and those 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). Significant attention has been paid to this program in recent years and the Department continues to collaborate with stakeholders to improve services and focus efforts on youth transitioning out of foster care. Relationships with Florida's Children First, Youth SHINE, and Connected by 25, as well as an active Independent Living Service Advisory Council provide the Department with expertise and advice for program improvement.

Resources have been strained by expanded eligibility, increases 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 the Florida Legislature, 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 in 2006 indicates that interstate placements comprise nearly 5.5 percent of all out-of-home residential arrangements, affecting about 43,000 children a year. Of these, about 61% of children placed in other states were

placed with families who became permanent. The Florida ICPC system is in the final stages of converting all in-state communication between the ICPC Central Office in Tallahassee and the community-based care provider lead agencies to an electronic transmission of document process, including maintenance and storage of files. The goal is to reduce the time needed to process interstate placement requests and to have a clear and easily accessible record of all actions taken.

To address the needs of mobile families in the internet age, a new ICPC is being proposed by the American Public Human Services Association. The most recent version is expected to be part of the Department's legislative package for the 2009 session.

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' determinations of adoption and medical assistance eligibility.

The Indian Child Welfare Act provides specific legal protections to American Indian or Alaskan Native children who are members, or who are eligible for membership, in a federally recognized tribe. Florida has two federally recognized tribes, the Seminole Tribe of Florida and the Miccosukee Tribe of Indians of Florida. The Poarch Band of Creek Indians, a third federally recognized tribe with a reservation located in Alabama close to the Florida-Alabama border, has a number of enrolled members residing in the Florida Panhandle. Florida has an enrolled membership of approximately 3,800 tribal members from the Seminole and Miccosukee tribes of Florida and has nine federal reservations. Florida ranks 11th nationally in American Indian and Alaskan Native population (2000 United States Census). Many child welfare related contacts with children in Florida under the protection of the Indian Child Welfare Act are associated with tribes located in the other 49 states.

Representatives of the Seminole Tribe, the Miccosukee Tribe and the Poarch Band of Creek participate in the Dependency Court Improvement Multidisciplinary Panel on matters related to the Indian Child Welfare Act and provide review and input for improving Indian Child Welfare Act compliance in Florida. Meetings and negotiations are progressing with the Seminole Tribe of Florida toward a state-to-nation agreement. The Department of Children and Families currently provides child protective investigations and case management services to all six of the Seminole reservations in Florida at the Tribe's request. The Miccosukee Tribe has established internal investigative and case management processes on their three reservations and maintain sovereign jurisdiction over those processes.

The Family Safety Program Office has a statewide Indian Child Welfare Act Specialist and Tribal Liaison to provide technical assistance in matters related to compliance with the Indian Child Welfare Act and in developing and supporting ongoing collaboration with Florida's tribes. Tribal members are encouraged to

participate in the annual Dependency Summit and other Department sponsored educational and training events. Tribal representatives and Department staff co-presented a workshop at the 2007 Dependency Summit.

Florida's new State Automated Child Welfare Information System (SACWIS) has increased the state's capacity to accurately identify and document services to children eligible for the protections of the Indian Child Welfare Act. The addition of new functions related specifically to the Indian Child Welfare Act should support and significantly improve Florida's compliance with the provisions of the Act.

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 20 lead agencies.

The community-based care approach is maturing, and ongoing processes and supports continue to be refined under the direction of the Office of Family Safety and other key stakeholders. CBC contract models and templates are updated annually or as conditions change. Communication will be enhanced through increased use of technology, such as the Center for the Advancement of Child Welfare Practice knowledge base and interactive Web-enabled workgroup/training functionality. Two important activities will affect the CBC environment in the near future, as described below.

CBC start up for Pasco and Pinellas Counties: Eckerd Youth Alternatives, Inc. became the lead agency for Pasco and Pinellas Counties effective July 1, 2008, replacing the Sarasota Family YMCA, Inc. Eckerd Youth Alternatives is now fully engaged in providing the child welfare functions in Pasco & Pinellas counties.

CBC Pilot: Chapter 2006-30, Laws of Florida, created a three-year pilot project for two community-based care lead agencies, ChildNet in Broward County and OurKids in Miami-Dade and Monroe counties. This project began on July 1, 2006, and will end on June 30, 2009. It included transferring fiscal, administrative, and program monitoring responsibilities to independent, nongovernmental third-party oversight entities, and provided for the third-party program monitor and lead agency pilot sites to develop new outcome measures to track lead agency performance.

The Department contracted with Chapin Hall in November 2006 to conduct program monitoring for the pilot areas, through quality assurance reviews and to develop new performance outcome measures. Chapin Hall has issued monitoring reports that are used to guide pilot site process changes. A report from the Office of Program Policy and Government Accountability (OPPAGA) assessed the

status of the pilot sites, with the final recommendation that they continue until the statutorily defined end date. Chapin Hall is also a key collaborator in the design and implementation of the Department's new Regional Quality Assurance Model, discussed under Quality Management.

Quality Management

On July 1, 2008, the Department implemented a new child welfare Regional Quality Assurance Model. The concept of the regional model began in July, 2007, when (then) Secretary Butterworth transferred Quality Assurance (QA) staff and resources from headquarters to regions to better address quality of practice issues at the local level. The intent was to eliminate the child maltreatment tragedies that continued to highlight performance gaps in Florida's child welfare program.

The regional QA model has a number of key characteristics that will drive accountability in a new direction for child welfare across Florida.

- A set of standards that focus on the quality of practice as well as critical areas of compliance. In particular, a national expert has provided ongoing leadership in building a core set of standards that directly affect safety, permanency, and well-being of children and families.
- Case reviews that include aspects of mentoring and shared knowledge development (such as, "side by side" techniques), local authority, and regional oversight.
- Integration of quality assurance reviews and other sources of performance information (such as child death reviews and performance measurement) into a basis for systematic quality improvement using a "plan-do-check-act" model.
- Collaboration with the Contract Oversight Unit, which is charged with monitoring the contractual compliance requirements for community-based care.
- Annual quality management plans for community-based care and child protective investigations, and annual performance reports to show progress toward state and national goals.
- Mentoring skills training for supervisors in support of the philosophy that "quality begins at the front line."

Federal oversight of the child welfare program also requires an accountability focus. Florida will be required to complete a **Quality Improvement Plan (QIP)** to address the Child and Family Services Review outcomes and systemic factors found to be out of conformance as a result of the 2008 CFSR review. Preliminary findings indicate that Florida will need to develop improvement strategies in several areas; the formal list of areas needing improvement will be contained in the final report, due sometime during the Fall of 2008.

The development and implementation of the Quality Improvement Plan will be an opportunity to join with state and local partners providing Community-Based child welfare services, voluntary agencies, 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;
- Set goals for improved performance; and
- Shape strategies to assess the effectiveness of the Quality Improvement Plan (QIP). The quality management efforts use CFSR and QIP factors as a foundation.

Florida's quality improvement development and implementation process will continue to be 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. However, the state's Quality Improvement Plan will focus on the state's abilities and strategies to achieve the most critical needs of children and families, which is broader than the limited set of expectations that will be included in the federal CFSR. The Quality Improvement Plan will be developed in collaboration with multiple groups of stakeholders, with the guidance of the Quality Assurance Implementation and Oversight Team.

Demonstrate the ability to earn federal earnings at budgeted level

Federal funds comprise about 50% of the total resources available to Florida's child welfare program. Among the federal fund sources are: the Child Abuse Prevention and Treatment Act (CAPTA); Promoting Safe and Stable Families Act grant funds (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.

Florida's current budget situation has brought additional challenges to earning federal funds. During the FY 2007-08, the Florida Legislative required budget reductions for state funds. The reduction of state funds negatively impacts the Department's ability to draw down matching federal fund in some cases. With the forecast of continuing declining state revenues, the ability to obtain federal funds may become more problematic over the next couple of years.

Fiscal monitoring

Fiscal monitoring is an essential oversight component of the Florida privatized child welfare system because it enables the Department to identify and address financial and administrative problems before they result in the loss of funds or a lead agency reaching a state of crisis. The Department previously outsourced fiscal monitoring, but has recently brought this function back in-house for all CBC lead agencies except those involved in the CBC pilot project referenced earlier (ChildNet and Our Kids). The Department made this decision because it recognized the need for flexibility in oversight tasks and the need for technical assistance.

The Department's Assistant Secretary for Administration has assumed responsibility for directing fiscal monitoring of the lead agencies. To carry out this function, the Department is updating its lead agency risk assessments, which will be used to determine the depth and frequency of monitoring, and developing a fiscal monitoring tool to examine whether lead agencies use the proper funding sources for various services.

The Department has developed a system for collecting information and reviewing lead agency fiscal and program performance indicators on a quarterly basis. The central office now sends quarterly fiscal indicator reports to the Circuit Administrators who review them with the lead agencies and report back on any problems that need to be addressed. The program indicators tracked in the reports are those that have been found to affect lead agency expenditures, including caseloads, the rate of children entering the community, rates of expenditure, etc.

Information systems

The Florida Safe Families Network (FSFN) is Florida's **Statewide Automated Child Welfare Information System (SACWIS)** and fully automates and supports Department, Community-Based Care and Sheriff's Offices child protection and child welfare related processes and practices and fully supports federal and statutory requirements for data and reporting. The Florida Safe Families Network also provides essential information to key stakeholders statewide, including the Judiciary and the Guardians ad Litem. FSFN is the Department's official system of record for documenting child protective investigation and child welfare casework statewide, from the initial reporting of abuse and neglect to foster care and adoptions case management and permanency planning.

Release 1 of the Florida Safe Families Network was piloted in July 2007. Release 1 replaced legacy child welfare systems functions supporting the capture and management of abuse calls received by the Florida Abuse Hotline, assignments and management of child and adult safety assessments and investigations, and the assignment and tracking of services. Release 2a of the Florida Safe Families Network was piloted in May 2008, with implementation and training occurring statewide from June through August 2008. This release provided additional functionality, including case planning, case file documentation and tracking, child welfare services, and provider management. Release 2b, which includes

financial, legal and licensing functionality, is scheduled for deployment in October 2008.

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 children's 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 (then) 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.

Using input from the Task Force on Child Protection, the Department is proposing a series of revisions to Chapter 39, Florida Statutes, governing Child Protection. These changes include:

- Creating an alternative response strategy to Hotline calls to provide for implementation of services rather than removal in appropriate, low risk cases.
- Clearly defining terms such as "risk," "safe," and "unsafe" to provide guidance to investigators in identifying cases where alternative response is appropriate.

- Requiring courts to consider ordering mediation to occur prior to arraignment to shorten time for parties to determine and agree upon services to facilitate a quicker, safe return of children to the home.
- Specifying the procedure for use of the new (2008) injunction statute, which provides an additional tool for child protection without the necessity of removal of children.
- Adoption of the new Interstate Compact on the Placement of Children.

H. Task Forces and Studies in Progress

Task Force on Child Protection and Task Force on Children's Justice

This Task Force was created by (then) 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. This task force is in its second year and is transitioning to become the primary advisory group to the Children's Justice Act Grant.

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.

Children's Legal Services (CLS).

In May of 2007, (then) Secretary Butterworth established the Department of Children and Families Legal Services Review Work Group to evaluate the Office of the General Counsel and child welfare legal services provided statewide. The primary recommendation that derived from this workgroup was the separation of Child Welfare Legal Services from the General Counsel's Office and the establishment of the Children's Legal Services (CLS). This separation allows CLS to concentrate exclusively on protecting children, leaving more administrative legal functions in the General Counsel's office.

Children's Legal Services represents the State of Florida, by and through the Department of Children and Families, to ensure the health and safety of children and the integrity of families. The State of Florida has the responsibility of protecting children who have been abused, abandoned and/or neglected by their parents. The CLS attorneys, together with the State's community-based care lead agencies, case management providers and protective investigators, are charged with carrying out that responsibility. Children's Legal Services (CLS) is the prosecution arm of the dependency system.

Florida Child Welfare Regional Quality Assurance Implementation and Oversight Team

As discussed under Quality Management, the Family Safety Program has implemented the new Regional Quality Assurance model beginning July 1, 2008. This effort is under the guidance of an Implementation and Oversight Team, with members from the Department (headquarters and region), Community-Based Care lead agencies, and CBC boards of directors. This team holds regular conference calls to discuss implementation and related topics such as performance measurement and quality improvement.

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.

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.

One Church One Child.

Per Subsection 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**.

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. This project began on July 1, 2006 and will end on June 30, 2009.

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: ELDERLY, AND DISABLED ADULTS WHO ARE AT RISK OR ARE VICTIMS OF ABUSE, NEGLECT, SELF-NEGLECT OR EXPLOITATION AND DISABLED ADULTS WHO NEED ASSISTANCE TO REMAIN IN THEIR OWN HOMES.

A. Primary Responsibilities

The Adult Protective Services Program serves two primary target groups, Chapter 415 F.S.:

- Vulnerable adults (elderly and disabled) who are victims of abuse, neglect, exploitation, or in need of service due to neglect by the vulnerable adult themselves.
- Permanently disabled adults who need assistance to remain in their homes in the community.

B. Selection of Priorities

Adult Protective Services is expecting an increase in the number of calls received by the Florida Abuse Hotline. During fiscal year 2007/08 the Adult Protective Services caseload increased by 13% over fiscal year 2006/07. This growth represents almost a 100% increase of the anticipated annual caseload when compared to previous growth trends.

Florida is predicted to undergo a population growth of 80% between the years 2000-2030. By 2030, the population of Floridians age 65 or older is expected to increase from its present level of 16.8% to 27.1% (an increase of over 61%). This increase will place an enormous workload on Adult Protective Investigations and subsequently Adult Services. Further, history has shown that rising unemployment and economic downturns increase the demand for social services and also contribute to an increase in reports of abuse.

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. The Department is taking proactive steps to prepare Adult Protective Investigators and other Adult Protective Service workers for the anticipated continued increase in caseloads. The Adult Protective Services Program received 51,539 reports of abuse, neglect, and/or exploitation of vulnerable adults during fiscal year 2007-08 (see charts 1 & 2). The United States Census Bureau estimates that Florida’s elderly population (aged 65 and older) will almost double by the year 2030, to 27% of the total population. This growth trend will continue to place strain on a program where investigators currently work with case loads averaging in excess of 15 per investigator.

Chart 1

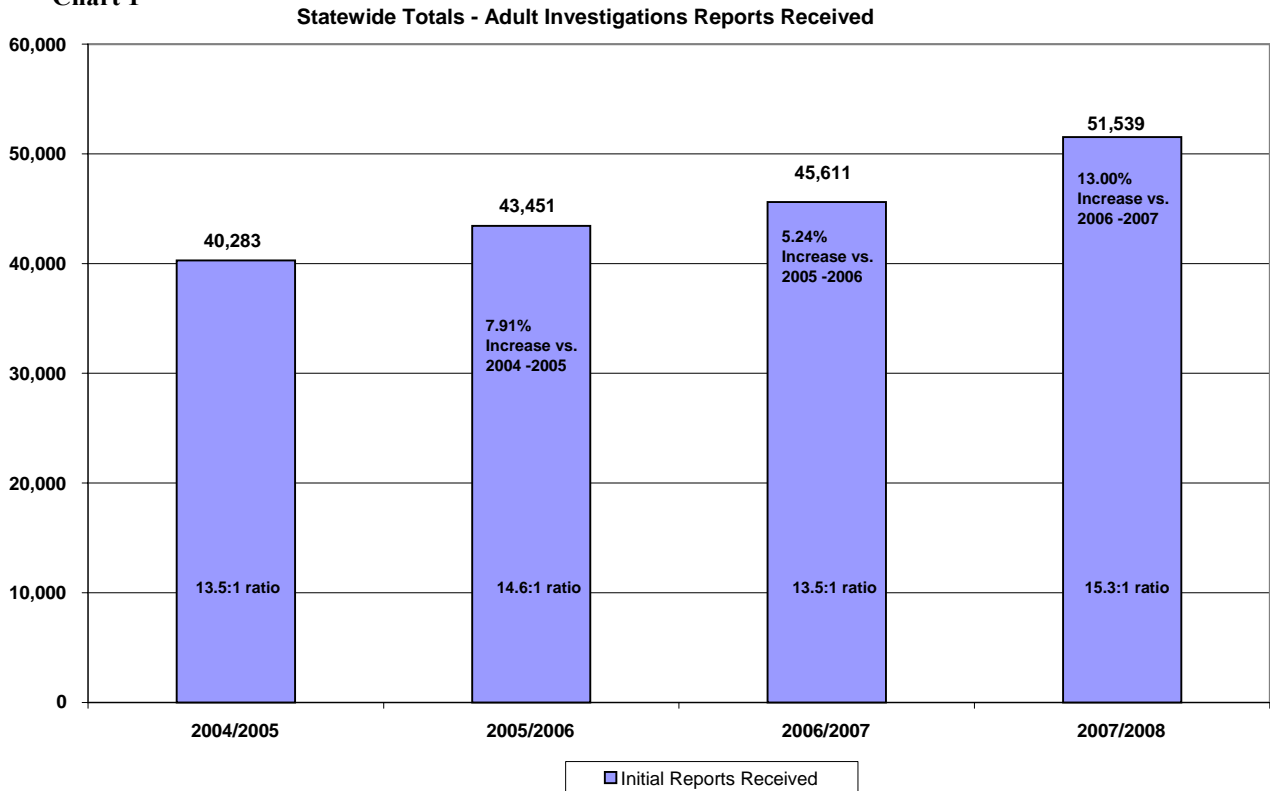
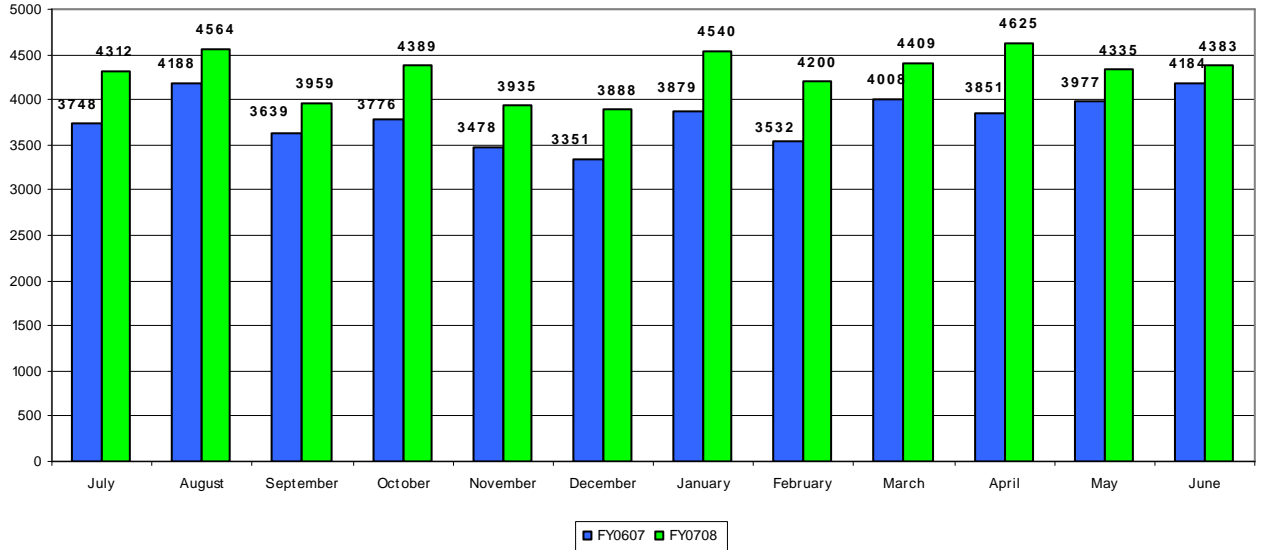


Chart 2

2007-2008 Fiscal Year Initial and Additional Reports Received vs. FY 2006-2007



In investigating these reports, the Department is mandated by policy to complete an initial face-to-face visit with the victim within 24 hours. This allows the protective investigator to evaluate the victim’s situation and safety, and begin the process of removing the individual from harm’s way and/or providing needed services immediately.

2. The Department’s statewide child and adult case management system enables Adult Protective 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. During FY 2007-08, the percentage of victims seen within the first 24 hours was 94.35%.
3. The Department, pursuant to statutory mandate, strives to close investigations within 60 days, though not all investigations can be closed within 60 days. Closure timeliness can depend on factors such as: seriousness of the allegation, number of alleged victims and possible responsible persons, medical complexity, medical examiners’ offices being involved, and law enforcement involvement. Edits in the statewide case management system require unit supervisors to review and evaluate each investigation after significant steps are completed by Protective Investigators. This provides for quality investigations, effective intervention strategies which promote the safety of victims of abuse, neglect, and exploitation, and the promptness of subsequent follow-up actions and services to victims. During FY 2007-08, Adult

Services averaged closing the investigations within 60 days in 98.91% of the cases statewide. The established statewide target is 99%. -

4. Keeping caseload ratios under control ensures that Adult Protective Investigators are able to meet statutory requirements and Department performance standards. The Department will continue to explore methods to reduce the projected FY 2008-09 workload of 17.5:1 to the national standard workload of 12:1. The continued focus will be on quality investigations and appropriate intervention in order to ensure that victims are not left at risk to suffer further harm or injury.
5. Department of Children and Families (then) Secretary Bob Butterworth formed the Select Advisory Panel on Adult Protective Services on August 30, 2007. The mission of the Select Advisory Panel on Adult Protective Services is to provide counsel and advice to the Department of Children and Families on issues relating to the abuse, neglect, and exploitation of elderly persons and persons with disabilities.

Secretary Butterworth's Charge to the Select Advisory Panel on Adult Protective Services:

- Provide advice and counsel to the Department's leadership on the provision of services, including guardianship, to Florida's adult population, especially our disabled and elderly;
- Provide advice and counsel to the Department's leadership on issues relating to the abuse, neglect, and exploitation of adults, particularly the disabled and elderly;
- Identify statutory, policy, or procedural barriers to effective response and service provision and provide recommendations for improvement;
- Facilitate communication between the Department and the populations it serves; and,
- Identify special needs and services which should be provided by the Department to better accomplish its mission of service to our vulnerable citizens.

Issues/areas worked by the Select Advisory Panel on Adult Protective Services to date:

- ✓ Guardianship
- ✓ Statutory definitions of vulnerable adult and elderly persons, and consistency in language across statutes
- ✓ Adult Protective Investigator turnover rates/staff retention
- ✓ Adult Protective Services Community Satisfaction Survey (in progress)

- ✓ Language modernization in Adult Protective Services forms (i.e. Capacity to Consent, Risk Assessment)
- ✓ Adult Services pres-service development team
- ✓ Interagency agreements
- ✓ Quality Assurance reviews
- ✓ Letters of support for guardianship, Governor's budget
- ✓ Recommendations based on case studies
- ✓ Public awareness campaigns/mandatory reporting
- ✓ Support for and participation in the Adult Services Training Event

1. The Adult Protective Services Program Office has proposed the following Legislative changes for 2009:

Petition for Guardianship

The proposal authorizes the Department of Children and Families to file a petition to determine capacity in Adult Protection proceedings (under Section 744.3201, F.S.) and prohibits the Department from serving as the guardian or providing legal counsel to the victim.

Department of Highway Safety and Motor Vehicles Records Access

The proposal provides the Department of Children and Families access to digital image and signature of licensees maintained in the Department of Highway Safety and Motor Vehicles Driver and Vehicle Information Database (DAVID) for purposes of conducting protective investigations. It would allow for the use of driver's license records as an investigative tool as well as to assist in positive identification of victims and possible responsible persons in investigations of abuse, neglect, or exploitation. (Note: Child Protection Investigators were granted access to Motor Vehicle records in 2008 in HB 7077.)

Transfer of Calls

Another legislative issue for 2009 clarifies that the Hotline is to transfer abuse reports involving possible responsible parties other than family members, household members, or caregivers to the appropriate County Sheriff's office.

Currently, the Hotline is required to forward reports alleging **child** abuse or neglect by persons who are not family members, household members, or caregivers to the appropriate County Sheriff's Office. No such mandate exists for adult reports. The bill would require that the Hotline notify the appropriate County Sheriff's office for adult reports, the same as currently mandated for child reports.

2. Re-design of Adult Protective Services Quality Assurance

During fiscal year 2007/08, the Adult Protective Services Program Office began to standardize its quality assurance process. Regions were conducting independent quality assurance reviews and not comparing or sharing best practices. The Department formed an internal Quality Assurance Workgroup to evaluate the monitoring activity. The committee developed a standardized statewide tool. The new design consisted of a three tiered process:

Tier I Review – 2 investigations per investigator, conducted at the Region level.

Tier II Review – 25% sample of the Tier I Reviews, peer review by another Region.

Tier III Review – 25% sample of Tier II Reviews, conducted at Headquarters.

The new monitoring tool was implemented in January 2008 and established the foundation for the quality assurance process that culminated in implementing a three-tiered review initiative.

3. Statewide Training Event – “Into The Future: From Protection to Advocacy”

Then Secretary Robert A. Butterworth opened the first annual statewide training event for Adult Protective Services in May 2008 by welcoming staff from around the state. The purpose of the training event was to share best practices and provide career development training for adult protective services professionals.

The three-day training event consisted of four tracks: Adult Protective Investigation, Human Services Counselor, Registered Nurse Specialists and Leadership. Attorneys from DCF and other agencies involved with Adult Protective Services were also in attendance.

Over 300 individuals participated in the event. Representatives from various agencies that provide services to persons with disabilities and the elderly population, including the Agency for Health Care Administration, the Agency for Persons with Disabilities, and the Department of Elder Affairs, presented training as part of the event. In addition, members from the Select Advisory Panel on Adult Protective Services led discussions.

4. Performance Measures

The Adult Protective Services Program Office is working to refine the program’s performance measures to determine appropriate targets and to advance adult investigations management reports produced by the Florida Safe Families Network system.

5. Adult Protective Services Operating Procedures

Adult Protective Services Program Office staff, in coordination with field staff, is engaged in a comprehensive rewrite and modernization of its operating procedures that deal with the work of Adult Protective Investigators, Human Services Counselors, and Registered Nurse Specialists. A statewide workgroup composed of Program and Operations staff has been rewriting each chapter. Additionally, a similarly constituted workgroup is currently undertaking the development of an operating procedure for Protective Supervision.

D. 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 was collected in FY 2004-05 and the target was set at 80%. This outcome measure was new in FY 2004-05 and the target was set lower because of the data transition from the previously used Florida Abuse Hotline Information System into HomeSafenet. The statewide target is currently 95%. Due in part to caseload increase and inherent limitations in the Florida Safe Families Network case management system, trend data indicate that performance holds at slightly below this target.

Outcome: Percent of cases closed within 60 days.

Baseline data for the outcome measure were collected in FY 2004-05 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 HomeSafenet. The statewide target is currently 99%. Due largely to reporting logic in the Florida Safe Families Network case management system, trend data indicate that performance holds at slightly below this target.

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

This measure applies to the state's entire disabled population 18-59 years old and frail adults age 60 and older. It is not currently possible to accurately measure the number of adults in Florida that are disabled or frail elderly.

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, F. S.

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 of the Department and agencies of the State of Florida. However in FY 2006-07, there were over 3,210 nursing-home eligible disabled adults who received services through the Home Care for Disabled Adults, Community Care for Disabled Adults, Aged or Disabled Adult (ADA) Home and Community-Based Services Medicaid Waiver, and Consumer Directed Care+ Medicaid Waiver programs. The services provided to individuals in these in-home 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 the community and avoid 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, their health-related needs and costs of care increase. For FY 2007-08, the average care plan cost of an individual in the Home Care for Disabled Adults program was \$1,440. In FY 2007-08, the average care plan cost for an individual in the Community Care for Disabled Adults program was approximately \$4,000.00. 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 \$25,000 (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 2008-09 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. During the FY 2008-09 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 was collected in FY 1998-99 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 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

- Evaluate domestic violence training needs and facilitate training to enhance a coordinated community response to domestic violence
- 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, homeless and others where there are shared clients

Ensure Effective Program Management

- Distribution and use of resources complies with Department, 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: FLORIDA ABUSE HOTLINE

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

A. Primary Responsibilities

The primary responsibility of the Florida Abuse Hotline is to work in collaboration with local partners and communities to ensure the safety, timely permanency and well-being of children and vulnerable adults (Chapters 39 and 415, 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 Florida Abuse Hotline has a unique set of goals and objectives defined in a long-range plan. These are:

- *Florida Abuse Hotline's Long Range Plan: July 2007 through June 2012.*

The Hotline's Long Range Program Plan was developed to set priorities for long term planning. The priorities are aligned with the Department's and Governor's goals. The plan focuses on improving efficiency, stakeholder satisfaction, and employee growth and satisfaction.

The plan provides a much more detailed set of guiding principles, goals, and strategies guiding the Florida Abuse Hotline, including the efforts of many other services provided by the Hotline other than the answering of abuse and neglect calls. It is consistent with these other planning approaches and provides a focused look at priorities specific to the Department's Abuse Hotline.

C. Priorities over the Next Five Years

The Florida Abuse Hotline continues to focus on protecting the most vulnerable citizens of Florida. Many of the efforts involve technological improvements that will take time to obtain and fully deploy to the entire Hotline. The Hotline also strives to be an action agent for the Department

Strategy: Increase efficiency, stakeholder satisfaction, and employee growth and retention.

Action Steps

Prevention:

1. The Hotline seeks to be more involved in the primary prevention efforts by the Department. Prevention is a frontline activity that reduces costs incurred once a family enters the Department's care. The Hotline is the gateway to services offered by the Department and primary prevention efforts should be increased at the Hotline to ensure all of Florida's vulnerable citizens receive the services they need, while reducing costs for investigations, foster care, and adoptions.
2. The Florida information 211 lines are currently county-based, and not every county has access to this much-needed hotline for informational purposes. The Hotline seeks to streamline the 211 information line to provide enhanced services to all of Florida. This enhancement will also help streamline the information referrals received by the Hotline, therefore, enabling the abuse registry counselors to help those victims of abuse or neglect.
3. In order to help increase the primary prevention efforts at the Hotline, resources, such as grants, will be sought to help with the prevention activities conducted by the Hotline.
4. Ongoing public education is vital to the efficiency in operations at the Hotline. The Hotline continuously seeks to increase community partnerships, such as, schools, hospitals, summer camps, etc. These networking activities will also be used to reach the general public to provide them with information for services offered.
5. The Hotline seeks to increase advertising, not only for reporting of abuse and neglect, but also for prevention and referral services. For example, making

the best use of the wait time for callers by listing services, referral numbers and other pertinent information while they wait to speak to a counselor.

Intake Reporting:

1. In 2006 the Hotline added the functionality of web reporting as a means for a reporter to submit abuse allegations. This is in addition to the several other methods; telephone, fax, TDD, written correspondence, and face to face. The Hotline is constantly seeking alternative modes of contact for the reporting of abuse to help increase efficiency, decrease wait times and costs.
2. Educational outreach for the general public as well as mandated reporters is important to the efficiency and productivity of the Hotline. The Hotline strives to let our customers know what is expected of them when they call to report abuse. Our mandated reporters play a key role by providing the Hotline counselor with pertinent information in a timely manner.
3. The Hotline constantly analyzes intake guidelines to ensure statutes are being followed. If needed, statute revisions are recommended or more accurate interpretations of intake guidelines are adjusted.
4. Ongoing inservice training for abuse registry counselors and supervisors occurs each fiscal year. The Hotline seeks to ensure counselors receive ongoing training as often as possible, through various modes of delivery.
5. Analysis of the Abuse Hotline call volume is studied to ensure resources are allocated appropriately. Ongoing analysis is pertinent to decreasing the number of calls that are lost due to increasing wait times.
6. The Hotline is constantly seeking alternative technology to enhance customer service and efficiency.
7. Staffing software is used to determine scheduling to maximize efficiency, along with professional development to reduce employee turnover, to increase retention, and satisfaction. The Hotline is currently utilizing alternative staffing schedules to increase productivity, employee retention, and increase the number of calls answered.
8. Ongoing quality assurance analysis of the calls and documents to ensure excellence in assessment, documentation and customer service.

Crime Intelligence Unit (CIU):

1. The Crime Intelligence Unit is working to enable the field to submit criminal history requests online. Currently, investigators and case workers call in subject information to submit for checks which is time consuming and can lead to inaccurate data entry. Submitting subject information online can increase timeliness, while decreasing data entry errors and rework.
2. The Hotline plans to provide more field investigators and community-based-care workers with training pertaining to the expectations of the Hotline. As a

customer to the Crime Intelligence Unit, the field can help reduce wait times and increase productivity and efficiency.

3. Further analysis of statutes as they pertain to social service agencies involved in criminal justice is to be conducted to streamline Crime Intelligence Unit operational guidelines.
4. Ongoing in-service training for crime intelligence technicians and analysts and supervisors occurs each fiscal year. The Hotline seeks to ensure CIU employees are receiving ongoing training as often as possible through various modes of delivery.
5. Analysis of the Abuse Hotline call volume is studied to ensure resources are allocated appropriately. All subjects of an abuse report who are 12 years age and above receive a criminal history background check. Ongoing analysis is pertinent to decreasing the number of calls that are lost due to increasing wait times. Also, included is an analysis of Helpline calls from investigators and case workers to determine workload issues.
6. The Hotline is constantly seeking alternative technology to enhance customer service and efficiency.
7. The Hotline performed an employee satisfaction survey that revealed opportunities for career advancement and the overall perception of the Crime Intelligence Unit as a career is low. The Hotline plans on focusing efforts to increase professional development opportunities to increase retention and decrease turnover.
8. Ongoing quality assurance analysis of the calls and criminal history checks to ensure excellence in performance, documentation and customer service.

Background Screening:

1. When programs add additional offenses to Florida Statute Chapter 435, an additional workload is created for the regional background screeners because of increased screenings, exemption reviews and 120 hearings.
2. Modifications to statutes and administrative rules create additional workload, resulting in the need for additional positions (full-time equivalents, or FTEs). Background Screening staff are already working at maximum capacity, additional FTEs are vital if services to Florida's vulnerable citizens are to be maintained in a timely manner.
3. Enhanced technology needs have been identified to maximize efficiency and timeliness for data reports and information retrieval. It is critical that funds be appropriated to complete the newly deployed Caretaker Screening Information System.
4. Clerical and administrative positions to assist regional background screening functions are needed, as clerical duties have increased over the past five years.
5. Ongoing and enhanced data analysis is needed for background screening functionality, critical for legislative requests.

6. Ongoing and enhanced data analysis is needed for background screening functionality. There has been a long standing need for data related to criminal history searches. These needs have not been met, resulting in a lack of consistency, accuracy and timeliness throughout the state.

Justification of revised or proposed new programs and/or services:

The Hotline taking a more active lead in primary prevention efforts as a frontline attack on reducing costs aligns with the Governor's and Department's goals of ensuring safety, well-being, and self-sufficiency for the people we serve.

Justification of the final projection for each outcome:

Outcome: The number of calls not answered by the Abuse Hotline because the call is abandoned before the caller speaks to a counselor.

The Hotline expects to continue to struggle to meet the legislatively mandated abandonment rate of 3%. The Hotline has submitted a request to change the measure to 5%. A 5% abandonment is an industry standard best practice. The Hotline does not have enough resources to meet the 3%, but continues to strive to obtain the target through maximizing staff through innovative scheduling practices.

Outcome: The number of abuse reports assigned to the appropriate county within an hour of the call end time.

In 2007, with the inception of the Florida Safe Families Network (FSFN), the system did not capture the assignment time as requested by the Department. The Hotline has a target of 85%, which was surpassed in 2006 with a measure of 89.3%. In 2008, FSFN returned the functionality and the Hotline expects to surpass this measure once again.

Potential policy changes affecting the agency budget request or Governor's Recommended Budget:

Future program policy changes can have an effect on the Hotline's budget requests for additional staff and resources. The Hotline's goal to enhance the 211 lines and to play a more active role in primary prevention efforts will create the need for additional resources.

Changes which would require legislative action, including the elimination of programs, services and/or activities:

None

List of all task forces, studies, etc., in progress:

- Hotline Protocol Workgroup
- Prevention referral analysis report
- Child Abuse prevention taskforce
- Adult service taskforce

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 (Section 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 Section 402.301-319, F.S., and rules adopted there under.
- *Child Care Training.* Statutorily required training for child care personnel is administered through fourteen 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, circuits have used quality initiative funding for projects such as the Comprehensive Child Care Injury Prevention Project in Circuit 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, which are the 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 circuit 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, Laws of Florida), 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

DCF Long Range Program Plan

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 Automated Community Connection to Economic Self-Sufficiency (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 to 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 interagency 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.

When a child is removed from a home and placed with a relative, that relative's household finances are affected immediately. It is important for the Relative Caregiver Program benefits to start immediately so that relatives – the best alternative to parents as caregivers in most cases, but not eligible for all the funds available to foster parents – are encouraged to take on this responsibility. The ESS program is also 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 circuit 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 On-Line Recipient Integrated Data Access (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 2007-08 there was an increase in the clients receiving Food Stamps, Medicaid benefits and Temporary Cash Assistance. These changes are reflected in the following data:

- Unduplicated count of clients increased 11% to 2,403,604;
- Number of families receiving Food Stamps increased over 20% from 650,277 to 783,282;
- Number of Medicaid clients increased 8% from 1,676,380 to 1,806,432; and
- Number of families receiving Temporary Cash Assistance increased 5% from 46,710 to 49,112.

To ensure public assistance programs 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 customer 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 to assist families and individuals 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: Provide financial assistance to relatives caring for children sooner and with retroactive benefits, thereby helping ensure the children get the help and family stability they need.

Children removed from their parental home by Family Safety are likely to be placed with a relative rather than in a group home or other non relative setting. Relatives caring for a child may receive Temporary Cash Assistance (TCA), but the TCA payment is lower than in the Relative Caregiver Program which requires an adjudication of dependency and a home study before the higher benefits can be provided.

Currently, Relative Caregiver payments begin the date the application is approved or 30 days from the date of application whichever is earlier. Present policy does not allow a relative caregiver to receive a TCA payment and a Relative Caregiver payment for the same month. In these cases, the begin date for the Relative Caregiver Program is the month following the termination of TCA payments.

A legislative proposal was made this year that would provide Relative Caregiver payments from the date of placement or adjudication whichever is earlier, as long as the relative applied within 60 days. It also provides for retroactive increases in the payment for time when the family receives a lower payment under the regular TCA cash assistance program.

Providing the family with the higher payment level, even retroactively, is an incentive to family members to care for displaced children during a difficult transition period and reduce the risk that supporting the related child will cause the caretaker an undue financial hardship.

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. Staff is continuing efforts to maintain 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 state level on an annual measurement basis and reported approximately four months following completion of the review by Quality Control. Circuits and Regions 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. In federal fiscal year 2006-07, Florida had the most improved Food Stamp error rate in the nation and was awarded a bonus credit of over 5 million dollars. While currently there are not 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. In response to the Improper Payment Information Act of 2002, the Centers for Medicaid and Medicare Services implemented the Payment Error Rate Measurement (PERM) program to measure improper payments in the Medicaid program and the State Children's Health Insurance Program (SCHIP). Each state participates in PERM every three years. Florida was selected to participate in federal fiscal year 2008.

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 ACCESS 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 to 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 state fiscal year 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 automated 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. The new system has resulted in significant savings and garnered national interest with over forty states making on site visits. In addition, the ACCESS Program was a winner of the 2007 Ash Institute Innovations in American Government Award from the Harvard University, John F. Kennedy School of Government.

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 state fiscal year 2007-08 indicates performance of 87% – nearly 9% above target. This measure provides a mechanism for the Department to monitor success in assisting clients with a one time payment rather than long term dependence on public assistance. The 80% target was set for FY 2005-06 following retroactive collection of baseline data from FY 2004-05. This measure represents the number of individuals who do not receive any Temporary Assistance to Needy Families (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 of assisting clients in transitioning to self-sufficiency. The goal was 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% was 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 is being prepared by the Department for consideration by the 2009 Legislative session. If approved, this approval will result in policy changes.

H. Task Forces and Studies in Progress

None

PROGRAM: REFUGEE SERVICES

POPULATION SERVED: ELIGIBLE CLIENTS ARE REFUGEES, ASYLEES, CUBAN AND HAITIAN ENTRANTS, AMERASIANS, VICTIMS OF HUMAN TRAFFICKING, SPECIAL IMMIGRANTS OF IRAQI OR AFGHAN NATIONALITY, AND OTHER ALIENS WHO HAVE THE APPROPRIATE DOCUMENTATION REQUIRED BY 45 CFR 400.43 AND WHO QUALIFY FOR PROGRAM SERVICES.

A. Primary Responsibilities

Our fundamental responsibility is to provide the services refugees need to obtain economic self-sufficiency and successfully adjust to American society, in the shortest time possible following their arrival to the United States.

B. Selection of Priorities

In order to meet the needs of our refugee clientele, the Department enters into contractual agreements with various organizations, typically voluntary agencies and local governments, across the state to provide the services necessary for employability and imperative assistance. Refugee Services organizes a Refugee Task Force, consisting of voluntary agencies, ethnic organizations, contracted providers, and federal, state and local government agencies, in each community with a significant refugee population. This Refugee Task Force is accessible to the public, and can meet monthly or bimonthly; the focus of such meetings include the assessment of refugee needs, distribution of state and federal policies, the creation of practical solutions to current problems, and instigating coordination amongst referrals and service providers.

C. Priorities over the Next Five Years

The Department's priorities continue to be securing economic self-sufficiency amongst Florida's refugee population in a timely fashion. Refugee services will continue to monitor and aptly assess the emerging needs of refugees within Florida, and, with the aid of the Refugee Task Force, we are confident that such needs will be addressed and unforeseen problems solved.

As the majority of our clientele reside in the southernmost regions of Florida the Department recently underwent a massive reorganization and relocation to modernize our efforts to aptly and efficiently serve our Refugee populous. With this modernization came the relocation of a large portion of our staff to Miami, with a number of other employees scattered throughout various regions in Florida. The Department felt it could better serve the needs of Florida's refugee population by relocating a large portion of our staff to the regions with the majority of our clientele. This reorganization will assist us in coordinating with community providers, assuring prompt reactions to urgent problems, and integrating Department services with community providers. This modernization effort is a prime example of our efforts to accurately assess the needs of refugees and introduce proper solutions to important problems.

The inevitable arrival of new refugee populations from under represented countries will bring new challenges, thus a charted course of action or plan for all refugee groups is neither possible nor desirable. However, our priority will always be to provide for the assistance necessary to create economically self-sufficient refugees.

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 begins with strategies to prevent homelessness, and includes outreach to the homeless to refer these persons to needed supportive services, emergency sheltering, and 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 28 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 63 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

The Department's FY 2009-10 legislative budget request will include an issue to change the Emergency Financial Assistance for Housing Program to a local grant. This change will require legislative change.

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 recovery 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 Programs, in consultation with the Agency for Healthcare Administration (AHCA), implements a formal planning process and solicits input from a range of internal and external stakeholders. This input is used to identify service needs and priorities on a statewide and local basis. 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 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 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, and the increasing use of detoxification treatment services.

Priorities for services have been identified 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, primarily trafficked into the state from Southern California and Mexico. The hardest hit areas of the state include Polk and Hillsborough counties, and the northwest sector of Florida.
- Alcohol continues to account for the highest percent of treatment admissions for adults (31.5%) followed by marijuana (25.9%) and crack/cocaine (25.5%).
- Marijuana accounts for the highest percent of adolescent admissions (74%) followed by alcohol (17%).
- In 2007, alcohol continued to be the most prevalent substance found in drug-related deaths in Florida (4,179), followed by benzodiazepines (2,627), and cocaine (2,179). The Florida Department of Law Enforcement noted a sharp increase in opiates with occurrences of oxycodone (1,253), methadone (1,095), hydrocodone (807), and morphine (630) being found in the body most frequently.
- 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 increase in 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 State Epidemiology Workgroup, working in conjunction with the Florida Substance Abuse Prevention Advisory Council, has identified underage alcohol use, adult binge drinking, and middle school inhalant use as priority areas of concern.

Due to increases in opiate use and the need for safe treatment for opioid dependence, the National Institute on Drug Abuse developed Buprenorphine. This medication is similar to methadone but has fewer side effects. In order to prescribe Buprenorphine, physicians must complete specific training and obtain approval from the federal Substance Abuse and Mental Health Service Administration (SAMHSA). These physicians are limited to a caseload of 30 individuals, at any given time, unless the physician is affiliated with a Department of Children and Families-licensed opioid treatment program.

Approximately 663 physicians in the state of Florida are approved to prescribe buprenorphine for opioid addiction. This medication is also used as part of Medication and Methadone Maintenance Treatment programs in accordance with Section 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 State Epidemiology Workgroup, alcohol and other drug use among youth has generally declined since 2000. However, binge drinking and illicit and prescription drug abuse show marked increases and underage drinking continues to be a problem. Staff of the Substance Abuse Program 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 continue to show similar prevalence rates in presenting drug problems, with some exceptions. Adults continue to present with primary drug problems of alcohol, marijuana, and cocaine, followed by opiates, methamphetamines and benzodiazepines. Nearly 74 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 its annual planning process, the Substance Abuse Program identifies key trends and conditions relating to substance abuse, service capacity, funding, and systems management. Priorities for services and funding are then identified 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 Substance Abuse and Mental Health 3-year plan directs 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 human suffering, moral degradation, 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: increasing the use of Evidence-Based Practices, adoption of the Comprehensive, Continuous Integrated System of Care for persons with co-occurring disorders; 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 to ensure alignment with federally-mandated National Outcome Measures (NOMs); 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, and improve client access to and retention in treatment.

Agency Goal: Prevention and Early Intervention

Strategy: Implement the Strategic Prevention Framework.

Action Steps:

1. The Substance Abuse Program Office (SAPO) led the development of a statewide interagency substance abuse prevention framework for Florida for more than 10 years. 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.

The SAPO 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 SAPO established the **State Epidemiology Workgroup (SEW)** in 2005 with technical support from the University of Miami. 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 and assess prevention data, create plans to reduce substance abuse, and conduct activities accordingly. During the fiscal year, 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 (PPG) was established by the 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. During 2006-07, the Substance Abuse Program PPG project funded 70 level 1 prevention programs and served more than 100,000 participants. The next competitive procurement process for these programs is scheduled for the spring of 2009. The application process is linked to state and local prevention priorities identified through the implementation of the Strategic Prevention Framework.

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. 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 achieving 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. Supporting this goal is the **Family Intervention Specialist (FIS)** position. There are currently 70 of these positions statewide. Annually, these positions provide substance abuse screening and service linkage for approximately 4,500 persons involved with the child welfare system. The Substance Abuse Program is preparing a legislative budget request for the

2009 legislative session for additional Family Intervention Specialists. With more than 23,000 adults in the child welfare system in need of substance abuse services annually, the funding would enhance 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 five-year, \$14 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to provide Screening, Brief Intervention, Referral and Treatment services (SBIRT) for older adults, bringing the total number of BRITE programs to 16 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 universal screening and intervention approaches in 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, 17, and 20. 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 services, the Department hopes 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. As many as 40 percent of individuals with substance abuse problems have coexisting mental disorders. The unique needs of these individuals present challenges to traditional providers. In order to meet the unique treatment and support needs of this population, the Department is working closely with

Zipartners, nationally renowned experts in co-occurring disorders, and a wide array of stakeholders to develop integrated service, training, contracting, and funding models and guidelines. Additionally, the Substance Abuse Program, in conjunction with the Mental Health Program, is developing co-occurring service and administrative capabilities throughout the state using the Comprehensive, Continuous, Integrated System of Care (CCISC) model developed by *Zipartners*. 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. Substance abuse and mental health providers throughout the state will have opportunities for input on the developmental processes through regional meetings. Providers will also receive training to facilitate development of internal business and clinical practices that support integrated care models. The two-year process is due to be completed by June 30, 2010.

4. The State of Florida's Office of Drug Control, in close partnership with Florida's Substance Abuse Program, the Florida Certification Board (FCB) and many statewide partners, received \$1.2 million in grant funding in 2004 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 is being 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 through its conclusion in March 2009.
5. 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), conducts eight clinical consultation reviews annually. This process includes the examination of a 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. Through this process, evidence-based practice findings are disseminated to providers throughout Florida. Additionally, the Florida Learning System has been established to support continuous quality improvement in the area of substance abuse treatment.
6. The Substance Abuse Program has entered into Memoranda of Agreement in the past several years with the Family Safety Program and 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

Based on estimates of need, using the National Household Survey on Drug Use and Health, there are 1,244,725 adults in need of substance abuse services in Florida. Of those in need, it is estimated that 33 percent, or 410,759 adults, would seek services if available. In recent years the Department has provided services to an average of 115,000 adults, leaving a treatment gap of 295,759 adults. There has been a waiting list of an average of 1,400 adults per month waiting for substance abuse services.

Based upon the results from the Florida Youth Substance Abuse Survey, which shows that 332,355 children are in need of substance abuse services and 109,677 of these persons would seek services if available. Currently, the Department serves an average of 53,000 children each year through individualized services, leaving a treatment gap of 56,677 children. Typically more than 200 children per month are on waiting lists for services.

New grant funded programs such as the Brief Intervention and Treatment for Elders (BRITE), the Strategic Prevention Framework (SPF), Adolescent Treatment grant (ATG), Strengthening Treatment Access and Retention grant (STAR), and Robert Wood Johnson grant (RWJ) are aimed at service improvement, quality management, and increased capacity for those populations most in need, including:

- **Older adults** with substance abuse issues are most frequently encountered in primary health care settings, as opposed to traditional substances abuse programs where the average age of clients is between 20 and 35. Engagement of older adults in health care settings helps to prevent the need for deep-end care for individuals that otherwise go “undiagnosed” until the need for intensive treatment arises due to chronic substance abuse and legal problems such as driving under the influence.
- **Strategic Prevention** initiatives enable the Substance Abuse Program to concentrate efforts on areas of greatest need while involving the community through coalitions. The community “buy in” of the need for prevention promotes collaboration across the school, legal, and criminal justice systems – children at highest risk for initiating substance use can be identified for individualized services and environments with high prevalence of substance abuse can be identified for broad-scale services (large group education).
- **Adolescent** substance abuse issues play a significant role in delinquency, school drop out, and family dysfunction. Given the recent losses in financial resources, it is extremely important for substance abuse services to be effective and efficient, to lower recidivism rates and allow for sufficient service capacity for those in need.

- **Programs such as STAR and RWJ** facilitates improvements in care and service outcomes through enhancements to practice and administrative functions. To be truly effective, systems of care must have safeguards built in to eliminate service fragmentation and reduce attrition from care. Better business and service practices encourage clients to follow through on care needs and achieve desired outcomes.

E. Justification of Final Projection for each Outcome

The Substance Abuse Program is responsible for managing key strategic performance measures at the state, region/judicial circuits, and provider levels. This responsibility is accomplished through the implementation of a performance management system that includes: 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, the Department's strategic planning process, and through the Substance Abuse and Mental Health statewide planning process. Data are collected on all critical measures and posted to the Department's internet "Dashboard," where performance data may be reviewed from the state level down to the provider level.

The list below reflects the 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, and will be adopted by states in the coming years. In 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, it also results in more meaningful benchmarking between states utilizing similar measures. The Substance Abuse Program Office anticipates requesting changes to the currently mandated measures in order to achieve alignment with the federal requirements. The Substance Abuse Program 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 Addictions Receiving Facilities may result in the need for revision to the accompanying statute.

- **Stakeholder Recommendations.** Amendments to Chapter 397, Florida Statutes, Substance Services. 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.

- **Part IV Chapter 394, F.S. Revision.** The proposal amends Part IV, Chapter 394, F.S., to authorize the Department to formally enroll persons who meet clinical and financial eligibility criteria that currently exists. The proposal strengthens the enrollment process which will result in better accountability, treatment placements, and determination of financial eligibility. Subsequently, the Department will have a defined treatment population to serve.
- **Part I Chapter 394, F.S. Revision.** The proposal amends Part I Chapter 394, F.S., to authorize the co-location of Baker Act public receiving facilities and addiction receiving facilities. Provides the Department and the Agency for Health Care Administration with the authority to write rules governing the operation of co-located receiving facilities.

H. Task Forces/Studies

Florida Substance Abuse Prevention Advisory Council

Authority: Federal Agreement with U.S. Department of Health and Human Services (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 with 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 with U.S. DHHS

Purpose: To establish state epidemiology groups in all 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: General Appropriations Act (GAA) Required Measures (2)

Purpose: Contracted through the University of Florida to conduct post treatment assessment of abstinence from alcohol/drug use.

Florida Youth Substance Abuse Survey

Authority: Office of Drug Control/Substance Abuse Prevention and Treatment (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/Circuit 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.

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.) requires that the state manage a system of care for persons with mental illnesses. Section 394.453, F.S., states: “It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders.” Section 20.19(4), 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.

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.

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 roundtable 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 at an average rate of 6.19 percent since FY 1999-2000. 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, and has continued to place individuals in state hospital beds within the statutorily required 15 days since that date. 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 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 is to protect the public by ensuring that all cases referred to the SVPP are adequately reviewed, screened, and/or evaluated 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 an exacting 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. This increase in workload is due to a significant increase in the number of referrals received by the SVPP. During FY 2007-08, the SVPP received 4,796 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.

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* and the 2007 annual update to that 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 Department’s Children’s Mental Health Program has been a leader in recognizing the needs of infants and young children and the need to intervene early to prevent or reduce the development of serious emotional disturbances. Special project funding has been provided to each circuit for the past four years to enhance community capacity to serve young children at risk due to family involvement in the child welfare system. A partnership with the Florida State University, Harris Institute of Infant Mental Health has increased the number of providers trained in this specialty area of community service capacity.

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. Work continues on identifying funding sources to implement a pre-kindergarten pilot program that builds the capacity of pre-kindergarten staff to enhance early emotional development and to identify treatment needs of young children.

To help promote community capacity, the Children's Mental Health Program Office supported the seventeen local chapter affiliates to the Florida Association of Infant Mental Health (FAIMH) throughout the state. The program office provided funds to FAIMH for local distribution to the chapters to help with outreach and training in the communities. These funds were provided on a matching basis with FAIMH approval and documentation of need. Some examples of what chapters invested in include the following:

- Brochures on infant mental health for pediatrician offices, families, and child care settings;
- Community training including: Understanding the Impact of Family Violence on Young Children; Understanding Infants and Toddlers in the Child Welfare System; and Working with Families Who Have Severe Mental Health Issues; and
- Promotional marketing items and display boards for conferences and presentations.

Additional funding will be identified in the coming year to continue providing support to the Association at the community level and through sponsorship of the association's statewide annual training conference.

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

Action Steps:

1. Since 2003, the Department has partnered with the children's Statewide Inpatient Psychiatric Program to develop training and strategies focused on eliminating the use of seclusion and restraint procedures. During 2008, plans are underway to expand the focus on creating trauma-informed systems for not only our residential providers, but all child serving systems in order to ensure that children receive appropriate care and are not further traumatized by the system meant to help them.

Circuit Children's Mental Health staff participate in monitoring seclusion and restraint use, policies, and procedures in contracted facilities. Technical assistance is provided by staff from the Department and Agency for Health Care Administration.

With the support of a technical assistance grant from the National Technical Assistance Center, developers of the "Roadmap to Seclusion- and Restraint-

Free Mental Health Services” presented a two day train-the-trainer program to a three-person training group from each of the Statewide Inpatient Psychiatric Programs in January 2007.

2. The National Association of State Mental Health Program Directors (NASMHPD) issued a position statement on seclusion and restraint which states, “...The use of seclusion and restraint creates significant risks for people with psychiatric disabilities. These risks include serious injury or death, re-traumatization of people who have a history of trauma, and loss of dignity and other psychological harm. In light of these potential serious consequences, seclusion and restraint should be used only when there exists an imminent risk of danger to the individual or others, and no other safe and effective intervention is possible. It is NASMHPD’s goal to prevent, reduce, and ultimately eliminate the use of seclusion and restraint, and to ensure that, when such interventions are necessary, they are administered in as safe and humane a manner as possible by appropriately trained personnel...”

The state mental health treatment facilities in Florida continue to decrease the use of seclusion and restraint events. The total number of seclusion or restraint events decreased by 51% between fiscal year 2003-04 and fiscal year 2006-07 for all of the state mental health treatment facilities. This data excludes the Florida Civil Commitment Center.

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 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 2008-09, 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.

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.

2. The Mental Health Program Office promoted **Evidence Based Practices (EBPs)** and best practices for adults with mental illnesses: family-to-family training through the National Alliance on Mental Illness (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.
3. 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 Circuits 4 and 20 (Jacksonville and surrounding counties, and Fort Myers area).
4. 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. 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.
5. 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.

6. 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.
7. 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 2005-06 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.
8. 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 the Florida Civil Commitment Center (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.

During FY 2007-08, the SVPP received 4,796 referrals, up from 4,026 in FY 2005/06 and 3,849 in FY 2006/07.

9. 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, 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.

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.

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 An Interagency Agreement was signed between the Department of Juvenile Justice and the Department of Children and Families on May 11, 2005. The agreement reestablished guidelines for the roles and responsibilities of each Department relative to children jointly served by both Departments. This agreement includes guidelines concerning access to mental health treatment and “Juvenile Incompetent to Proceed” services for children in the Juvenile Justice system. In August 2007 the Department of Children and Families (DCF), the Department of Juvenile Justice (DJJ) and the Agency for Persons with Disabilities (APD) entered into an interagency agreement to coordinate services and supports for children in the State of Florida who are incompetent to proceed or youth who are multiagency involved.

In an effort to develop a systems approach and promote the local coordination, the DCF regional directors, DJJ circuit coordinators, and APD area administrators created local interagency teams to meet in each circuit. The Circuit Teams will focus on resolving issues related to systems problems and case specific issues; and the agreement also requires that DCF, DJJ, and APD establish a Rapid Response Team to receive referrals from the Local Review Teams. The Rapid Response Team will be available to resolve placement issues as well as review and amend practices and policies that may impede the ability to meet the individual needs of the multi-agency children by the Local Review Teams.

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 age 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. Department Circuit/Regional staff members have increased efforts to identify individuals eligible for diversion from the criminal justice system and have improved the rate of success for gaining court approval for community-based treatment alternatives. In 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.
4. Floridians in thirteen 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.

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 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. 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 2007-08 and projected demand in subsequent years require additional resources. During FY 2007-08, the SVPP received 4,796 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, circuit/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 2006-09. During FY 2008-09, 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, Florida Statutes, 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. 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. Chapter 394 and 766 Revisions: Quality Review Committee

Based on Section 394.457, F.S., the Department of Children and Families is charged with the responsibilities of exercising executive and administrative supervision over all mental health facilities, programs, and services. This includes planning, evaluation, and implementation of a complete and comprehensive statewide program of mental health. Part of administrative and executive responsibilities for health service operations includes evaluation of service provision.

Section 766.101, F.S., entitled “Medical review committee, immunity from liability” provides authority for the Department of Health, the Department of Corrections, and other professional groups, organizations, and medical service providers, including mental health treatment facilities and community mental health centers as defined in Chapter 394, F.S., to convene a medical review committee for the purpose of continuous quality improvement. The reports of these committees are confidential and exempt from the provisions of Section 119.07 (1), F.S., and the committee members are immune from liability. The Department of Children and Families was not given this authority and is now seeking this authority to enhance its quality assurance and improvement process in the statewide Mental Health Program.

When this proposal is enacted, the Mental Health Program Office (PDMH) will be able to convene a peer/quality review committee to examine sentinel events that occur in mental health facilities for the purpose of conducting peer reviews, mortality reviews, and quality of care reviews pursuant to the confidentiality of reporting and immunity of committee members provided by Section 766.101, F.S. The committee will assess health care rendered by providers of mental health services as the services relate to prevailing professional standards of care when a sentinel event occurs. Prevailing professional standards are the level of care, skill, and treatment which are recognized as acceptable and appropriate by reasonably prudent similar health care providers considering relevant surrounding circumstances.

With the information obtained from the reviews, the Mental Health Program Office will be able to establish best practice guidelines, issue safety alerts, modify staff training requirements, and initiate other client risk prevention activities. The information will also be used in strategic planning to identify statewide improvement goals.

2. Chapter 394 Revisions: Licensing of Children’s Residential Treatment Centers, Eligibility Requirements for Services, and Contraband Control at the Florida Civil Commitment Center (FCCC)

This bill amends 394.67(21), F.S., and revises the definition of the term "residential treatment center for children and adolescents" to eliminate the

need for a contract with the Department and providing that licensing by the agency be sufficient for the designation. It also amends 394.674(1) and (4), F.S.; revising eligibility requirements for substance abuse and mental health services funded by the Department; providing rulemaking authority. Finally, it creates Section 394.9265, F.S., to prevent the introduction of unlawful property or contraband at the Florida Civil Commitment Center, a civil treatment facility for sexually violent predators.

3. Mental Health, Crime Reduction and Treatment Act (Leifman Proposal)

The Department's proposed Mental Health, Crime Reduction and Treatment Act is the most comprehensive change to statutes governing mental health treatment since the Baker Act of 1971. The legislation is based on recommendations in the Fall 2007 Florida Supreme Court Report, "Constructing a Comprehensive and Competent Criminal Justice/Mental Health/Substance Abuse Treatment System." Florida would invest in a redesigned system of care that:

- ensures adequate prevention and treatment services in the community;
- curtails unnecessary involvement of people with mental illnesses and/or substance use disorders in the criminal justice system; and
- develops strong collaborations among substance abuse, mental health and other provider agencies to provide integrated delivery of services.

Pilot projects relying on demonstrated best practices will target individuals with mental illnesses and/or substance use disorders involved in, or at risk of becoming involved in, the justice system. Financing will leverage federal resources and the incorporation of newly designed performance standards to ensure effective, high-quality services by qualified providers and communities. Communities will expand prevention and treatment capacity for juveniles and adults. Funding for mental health services will shift from expensive "deep end" treatment to early prevention, although substantial deep-end residential capability will have to be maintained.

The proposal includes statutory language changes to Chapter 916, Florida Statutes, to establish a time frame for a client to be returned to jail and to be seen in circuit court when the court receives a report from the mental health treatment facility indicating that competency has been restored or that a decision has been made indicating the individual no longer meets commitment criteria. The proposed language would require sheriff's departments to transport individuals back to jail within 15 days of receiving a report from the Department and require a hearing within 30 days of receiving a report. Proposed language changes would also establish a timeline for court appointed experts to take the forensic examiner training, in order to be placed on a registry of individuals who have had the training. It also establishes a five-year time period in which to retake the forensic examiner training, in order to remain on the registry.

Additional changes being proposed to improve Chapter 916, F.S., and the services provided to forensic-involved individuals, include clarifying that the Department of Corrections (DC) is responsible for providing treatment and/or training to: DC inmates who are determined Incompetent to Proceed (ITP) through the judicial system or Not Guilty by Reason of Insanity (NGI), pursuant to Chapter 916, F.S., 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). The proposed language will clarify that these inmates will remain in the custody of DC at a DC facility. It will also indicate that any necessary treatment to restore competency or for mental health services will be provided to these individuals by DC, either directly or via a contract. Further changes allow the continuation of prescribed psychotherapeutic medication upon admission to a forensic facility that is essential to the well being of the individual until the facility can expeditiously obtain a circuit court order for psychotherapeutic medication treatment.

Anticipated outcomes include lower demand for costly services in jails, detention centers, prisons, forensic facilities, emergency rooms, and other crisis settings; less crime; enhanced public safety; fewer injuries to law enforcement officers; decreased rates of chronic homelessness; more dignified and humane treatment; improved safety and treatment in the forensic facilities; and lower costs to the state. The legislation will prevent a repeat of the situation that occurred in 2006, when demand for forensic mental health services outpaced resources. The resulting backlog of defendants with mental illnesses remaining in county jails led to a situation which did not reflect favorably upon the Department. Inmates left untreated in jails often suffered delays in their cases, as well as extended time in county jails which were challenged to provide care for them.

The proposal will enhance personal recovery of individuals in mental health treatment facilities because it provides for the prompt return to jail and court of individuals who are competent or no longer meet commitment criteria, thereby ensuring individuals are processed through the court system in a timely fashion. It increases the number of people the Department can serve by ensuring that individuals are picked up within 15 days of receipt of a report allowing the Department to serve other individuals on the forensic waiting list. Additionally, the proposal will ensure that court appointed experts have received appropriate training to perform forensic evaluations and that retraining occurs every five years. The safety of the individuals and staff in the forensic facilities will be improved as well as the general public by requiring DC inmates to remain in the custody of DC while receiving mental health treatment and services. This new approach will protect rights and dignity, ensure appropriate treatment, and assist in maintaining a quality of life that supports resiliency and long-term recovery.

4. The Involuntary Civil Commitment of Sexually Violent Predators

The Department of Children and Families' Sexually Violent Predator Program is proposing revision to, and creation of, several sections of Chapter 394, part V, the Sexually Violent Predator Act. Proposed changes relate to: (a) the definition of terms; (b) statutory timeframes (including the 180 day mandate for processing Sexually Violent Predator referrals); and (c) community reintegration.

Technical Revisions

The intent of Chapter 394, part V, F.S., is to find the "small but extremely dangerous number of sexually violent predators," and place them in a secure facility for long-term care and treatment. The process is an intricate one, balancing the protection of the community and the rights of the individual. In January 2009 the original legislation will be 10 years old and there are some modifications and additions that are needed to clarify the process by which individuals are referred to and assessed by the Department. This proposal:

- Modifies Section 394.912(9) (h) to specify that the "catch-all" commitment eligibility factor of "any sexually-motivated criminal offense" be limited to felonies. This is consistent with the Act's intent to identify the most dangerous sexual predators;
- Creates Section 394.913(3) (f) to provide that, once a referred individual is within one year of release from incarceration, the Department prioritize assessments by release date rather than referral date. This will assist the Department to provide recommendations to the state attorneys as far as possible; and
- Modifies Section 394.9135(2) & (3) to clarify the time periods for processing "immediate release" referrals. This will address confusion concerning precisely when the Department must provide its recommendation and when the state attorney must file the petition under Section 394.9135, F.S.

Post-Release Supervision

The Department proposes establishing a conditional release program so that circuit courts reviewing commitments could impose conditions on the release of sexually violent predators from the treatment facility. The determination to conditionally release a committed individual would remain with the circuit court, as part of the annual commitment review. A conditional release component enables committed persons to be released from the facility and supervised in the community. There is a general consensus among clinicians who treat sex offenders that community supervision and treatment are essential components in successfully managing a sex offender after treatment in a confined setting. A conditional release program will improve the likelihood that individuals released from the facility will safely reintegrate into the community. The Department continues to be concerned that a significant percent of individuals released from the highly structured environment at the Florida Civil Commitment Center with no formal

supervision may ultimately lapse back into behavior that puts their community at risk.

If the Department's legislative budget request for contractual services dollars is granted, the Department and contracted conditional release supervisors would work to develop the conditional release plans upon receiving a court order to do so. Supervision would be by the same contracted conditional release supervision staff. As committed persons will already be receiving annual court hearings on the need for continued treatment, there will be no additional cost or burden on the court or the Department to address conditional release eligibility. Enforceability is also built into the proposal. The community treatment providers can report violations of release conditions, which, in the court's discretion, may result in revocation of conditional release. The goal of the program is to reduce the risk that persons released from a sexually violent predator treatment facility commit a new sexual crime, which would be a significant value to the State.

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. It authorized counties to apply for planning, implementation, or expansion grants, and provided funding for 23 counties. The \$10 million in state funds were awarded to counties over a three year period. With local matching funds from counties, the Reinvestment Grant has expanded community-based service funding by \$26.1 million for the three-year period. 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. Local Recovery and Resiliency groups have been created.

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 serves in an advisory capacity to the Statewide Office of Suicide Prevention. The Suicide Prevention Coordinating Council is 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 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 is able to increase existing suicide prevention capacity and promote collaborative action. The council is developing 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*.

PROGRAM: EXECUTIVE DIRECTION AND SUPPORT SERVICES

POPULATION SERVED: ALL PERSONS RECEIVING SERVICES FROM THE DEPARTMENT

A. Primary Responsibilities

Chapter 20, Section 20.19, F.S. states that the mission of the Department is to work in partnership with local communities to ensure the safety, well-being, and self-sufficiency of the people served. Executive Direction and support services provide the direction and support to all programs within the Department in order to accomplish this mission.

Executive Direction

Section 20.05 and 20.055, F.S., directs all state agency heads as follows:

- Plan, direct, coordinate, and execute the powers, duties, and functions vested in that Department or vested in a division, bureau, or section of that Department; powers and duties assigned or transferred to a division, bureau, or section of the Department must not be construed to limit this authority and this responsibility.
- Have authority, without being relieved of responsibility, to execute any of the powers, duties, and functions vested in the Department or in any administrative unit thereof through administrative units and through assistants and deputies designated by the head of the Department from time to time, unless the head of the Department is explicitly required by law to perform the same without delegation.
- Compile annually a comprehensive program budget reporting all program and fiscal matters related to the operation of his or her Department, including each program, subprogram, and activity, and other matters as required by law.
- Promote accountability, integrity, and efficiency in government

Support Services provide support to the Department in its mission as defined in Chapter 20.19, F.S. Generally these services can be described as developing and protecting the assets of the Department and the State of Florida. Services in the areas of:

- Safeguard and use efficiently the budgetary and financial resources.
- Recruit and maintain a professional and trained workforce.
- Provide information technology solutions and support.
- Procure goods and services.
- Protect and account for all state-owned tangible personal property, buildings and land.

These services are governed by Florida Statutes Chapters 110, 215, 216, 217, 253, 255, 273 and 287.

B. Selection of Priorities

- **Reorganization of the Department**

As directed in Senate Bill 1394 during the 2007 Session, the Department began the process of:

- Reorganizing service districts along judicial circuits,
- Integrating substance abuse and mental health programs into the structure and priorities, and
- Establishing community partnerships and advisory groups.

In early 2007, former Secretary Butterworth established an Organizational Review Work Group to examine the organizational structure of the Department. This group was composed of individuals from within and outside the Department.

- **Data Center Consolidation**

Senate Bill 1892 from the 2008 Session directed the Department to establish a workgroup for developing a plan for converting its data center located at Northwood Centre to a primary data center. The conversion plan will address organizational changes, personnel changes and cost allocation plan changes and any other changes necessary to effectively convert to a primary state data center capable of providing computer services as required by Florida Statute 282.201. Recommendations from the workgroup are due to the Governor and Cabinet, President of the Senate and Speaker of the House of Representatives by December 31, 2008.

Effective July 1, 2009, the Northwood Shared Resource Center is established within the Department for administrative purposes only. The center is designated as a primary data center and shall be a separate budget entity that is not subject to control, supervision, or direction of the Department in any manner, including, but not limited to, purchasing, transactions involving real or personal property, personnel, or budgetary matters.

- **Recruit and retain a professional workforce**

The Department is changing its approach to recruitment and retention to be more in-line with the demographics of today's and tomorrow's workforce. All employers will lose their baby-boom generation employees over the next several years and the younger workforce is more diverse in race, gender and culture than in the past.

Specific targeting of critical class positions such as medical professionals in the public mental health facilities, protective investigators for children and adults, and attorneys to represent children in state custody will be the primary focus of recruiting efforts.

Proactive recruiting strategies to keep a constant flow of new talent into the Department rather than waiting for vacancies to occur will help reduce fluctuations in total workforce available in critical positions.

In today's tight budget world, retention strategies will focus on non-monetary methods in rewarding and keeping talent. In addition to the historic practices of flexible work schedules and telecommuting opportunities, the Department is working to increase its training capacity through leveraging technology based learning and targeted learning practices.

- **Provide world class training opportunities for staff.**

In today's increasingly knowledge-based environment, ongoing learning and skill development are essential for optimum organizational performance.

The training and development function at the Department is decentralized according to program office. Job skill training is handled by the specific program office responsible for delivering specific services. The Professional Development unit (HQ Training) is responsible for developing compliance training applicable for the entire Department. The Leadership Institute oversees and develops the Department's Supervising for Excellence (SFE) Program and the Certified Public Manager curriculum.

Started three years ago, the Leadership Institute has been recognized for its effectiveness in training supervisors and managers of the Department. The Institute has been responsive to adjust its delivery mechanism for SFE by increasing the number of classes offered throughout the state. This allows the Department to touch a significantly larger number of supervisors and managers more quickly than in the past. Curriculum is adjusted to reflect changes in the organization. As an example, a component was recently added on managing virtual (telecommuting) and hoteling employees. The Department is moving the transactional aspects of the SFE curriculum to an online format aimed to increase access to this information to more supervisors and managers as they need it.

A Professional Development unit is expanding its offering to include consultative services. Given the decentralized nature of training at the Department, there is a need to provide guidance and consultation on developing curriculum that is focused and drives performance. Recognizing how humans process information and consequently should be trained is the core benefit this unit brings to the various program training functions. This unit is also developing intra-state agency collaborative projects in order to leverage state resources more efficiently for the greater good of the State of Florida. The Department will continue exploring ways

to leverage technology for training purposes. For example, we recently signed a contract with an eLearning firm to provide a library of approximately 150 online management courses to Department employees. This opens up an opportunity for managers to begin tying skill deficiencies and training together in ways not previously offered by the Department.

- **Reduction of Greenhouse Gas Emissions**

Governor's Executive Order #2007-126 was signed on July 13, 2007 to establish climate change leadership by example. All agencies are directed to reduce current emissions 10% by 2012. Specifically;

- This applies to private leases for state operations in buildings meeting the Energy Star building standards.
- No contracts for meeting and conference space with hotels or conference facilities that have not received the Department of Environmental Protection Green Lodging Certification except where no other viable alternative exists.
- Guaranteed Energy Performance Savings Contracts as allowed under Florida Statute Chapter 489, Section 489.145, identify and implement energy conservation measures in all agency owned facilities that can reduce the amount of energy consumed and produce immediate and long-term savings. In addition, identify and compile a list of projects determined suitable for an energy, water and wastewater performance savings contract in DMS owned or managed facilities by December 31, 2008 as required by Florida Statutes, Chapter 255, Section 255.252(5).
- Promote the use of and request purchase of alternative fuel powered automobiles for use of employees to reduce carbon emissions and reduce costs. Department procedures will be updated to require employees to request hybrid vehicles when renting subject to their availability. The Department will submit a legislative budget request to purchase hybrid vehicles for use by protective investigators across the state who travel a certain number of miles a year.
- Reduce leased office space 25% by 2011.

- **Efficient financial operations**

The Chief Financial Officer of the State of Florida requires a minimum 95% compliance with the state's prompt payment of invoices (F.S. 215.422) requirements. During the 2008 Session, the General Appropriations Act contained a 15% administrative cut in the Department's budget for fiscal year 2008/09. For the past several years, the Department's goal was to meet a 98% compliance with the prompt

payment of invoices. While the reductions in staff and budget will challenge the ability to achieve 98% compliance, the Department continues to strive toward this objective.

C. Addressing Our Priorities over the Next Five Years

Agency Goal: Complete Reorganization of Department

Strategy: Adopt new organizational structure within the Department and demonstrate effectiveness in order to seek legislative approval.

Action Steps:

1. Continue to establish positive local relationships with judiciary, law enforcement, community partners and media by circuit administrators.
2. Continue the work of the various task forces established during 2007-08 to address important issues impacting our clients.
3. Continue the work of integrating mental health and substance abuse program areas into the local circuit in order to provide a more comprehensive approach to service delivery.
4. Submit reorganization package and legislative bill to update statutes for legislative approval during the 2009 Session.

Agency Goal: Convert Department's Data Center into a Primary Data Center

Strategy: Engage cross agency resources to identify the optimum operational structure to create an effective primary data center.

Action Steps:

1. Identify and appoint workgroup members that represent various disciplines and customers to participate in plan development to address organizational, personnel and cost allocation plan changes.
2. Work with the federal agency responsible for cost allocation plan approval to provide maximum federal funding participation.
3. Submit data center conversion plan by December 31, 2008.
4. Complete conversion by July 1, 2009.

Agency Goal for: Recruit and maintain a professional workforce

Strategy: Expand traditional methods of recruitment and retention with more up to date techniques in order to staff critical class positions.

Action Steps:

1. Establish relationships with law enforcement agencies and training academies to offer students and retiring law enforcement officers an alternative career path.
2. Increase college recruiting efforts, implementing internships in program offices and increasing internal promotion opportunities and succession planning.
3. Establish a web link to a Careers page to drive more internet traffic to Department positions.
4. Direct regional and hospital management to be more proactive in recruiting efforts.

Agency Goal: Develop World Class Training opportunities for employees

Strategy: Leverage existing resources to target and deliver effective training resources.

Action Steps:

1. Develop e-learning solutions that provide maximum training opportunities to all employees and reduce cost to the Department.
2. Create recommended development paths for specialized groups within the Department.
3. Work with state agencies to identify common, cost effective ways to share training resources to maximize training opportunities and minimize cost.

Agency Goal for: Reduce Emissions 10% by 2012

Strategy: Identify and implement key methods for reaching goal.

Action Steps:

1. Reduce leased space by maximizing space utilization through “hoteling” or office sharing by Department staff such as Adult and Child Protective Investigators and child care licensing staff and expansion of telecommuting in ACCESS program.
2. Identify and initiate guaranteed energy savings contracts in Department owned facilities, such as mental health public facilities, where there is at least a cost neutral impact.
3. Request funding to purchase and use hybrid or alternative fueled vehicles.
4. Require employees to request hybrid fueled rental vehicles when traveling on state business.
5. Require all Department lead conferences, meetings and trainings conducted in hotels or conference centers to be in certified green lodgings unless it is more costly to do so.

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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

AFSP: American Foundation for Suicide Prevention

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

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

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 or DC: 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 and 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

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 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 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

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

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