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Mission

Working in partnership with local communities to help people be self-sufficient and live in stable families and communities.

Vision

♦ We’re Community-based. We operate as a local resource, a partner with local communities.

♦ We’re Client-centered. We believe in the people we serve. We aim to help our clients solve their problems, improve their circumstances and become self-sufficient.

♦ We’re Results-oriented. We measure our results and can show the people of Florida what they get in return for their investment in human services.

Values

As an organization, we believe in:

PEOPLE - We help the people we serve overcome problems by building hope, self-respect and self-sufficiency.

PARTNERSHIP - As partners in our communities we work to solve problems and create opportunities to deliver services more efficiently and effectively.

QUALITY - We are committed to delivering quality services, producing positive results and achieving client satisfaction.

ACCOUNTABILITY - We know the public has a right to be informed of our successes and failures and to examine our decisions and actions.

TEAMWORK - We believe our most valuable asset is a dedicated, well-trained staff, working together to coordinate and integrate services for our clients.

INTEGRITY - We are committed to being fair, open and honest in our daily work with our fellow employees, the people we serve and our community.

ADVOCACY - We advocate for the needs and rights of the people we serve.
Introduction

The Department of Children and Families is well along the way to reinventing itself as a truly quality-oriented organization focused on results for its customers. One indicator of this progress is the success of District 2 and the Florida State Hospital, who received 1998 Sterling Challenge awards. During the upcoming year, the department will submit five applications for Sterling Awards and 20 applications for the Sterling Challenge, representing every district and institution as well as the central office. This demonstrates our commitment to improve across all categories of the Sterling Criteria, and throughout the agency.

This Strategic Plan summarizes the strategic issues and lists the strategic outcome objectives that have been selected to drive the agency’s quality improvement efforts. It will provide the framework for all performance agreements, performance improvement, and act as a touchstone to assess and prioritize ongoing process reengineering. Analysis of issues and designation of strategic objectives was accomplished during Spring, 1998 by the department’s designated ‘champions’ and the management council. Several factors were considered, including...

1. Continuity: Designated strategic in prior year, OR approved for performance based budgeting.
2. Performance: Gap in performance between actual and target (do not expect to achieve target for 97/98)
3. Criticality: Necessity to agency mission of success on objective.
4. Impact of Failure: Effect of failing to achieve objective is severe (for client or mission).
5. Data: Information to measure objective is readily available.
6. Need: Size of population affected by objective, especially with large gap in numbers served vs. needing services.
7. Visibility: Significant interest or concern by external people or organizations relating to objective.

The criteria for each selected objective are summarized in Table 1.

[^] Under the oversight and according to criteria and processes established by the Florida Sterling Council.
### Table 1. Criteria for strategic objectives selection

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>1.1. Percent of children who have no findings of child maltreatment within one year of case closure</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>1.11. Percent of adults who complete treatment drug free [in the month prior to discharge]</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>1.2 Percent of children who are adopted of the number of children legally available for adoption.</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>1.3: [Children with serious emotional disturbance]: Average number of days spent in the community annually</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>1.4: [Children with emotional disturbance]: Average number of days spent in the community annually</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>1.6: Percent of children who complete treatment drug free</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>1.15 Average annual number of days spent in the community (adults with serious and persistent mental illness)</td>
<td>✔️</td>
<td>✔️</td>
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<td>✔️</td>
<td>✔️</td>
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<tr>
<td>1.17: [Adults in civil commitment] The percent of residents who improve mental health based on Positive and Negative Syndrome Scale</td>
<td>✔️</td>
<td>✔️</td>
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<td>1.18: [Adults in forensic commitment] The average number of days to restore competency</td>
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<td>✔️</td>
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<tr>
<td>[People with developmental disabilities in the community]</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>1.19.1: Percent of people who score at or above the Outcome Assessment threshold.</td>
<td>✔️</td>
<td>✔️</td>
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<td>✔️</td>
<td>✔️</td>
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<td>1.19.2: Percent of people employed in integrated settings.</td>
<td>✔️</td>
<td>✔️</td>
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<td>1.19.3: Percent of people living in homes of their own.</td>
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<td>✔️</td>
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<tr>
<td>[People with developmental disabilities in state facilities]</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<td>1.20: Statewide average on the Conroy Quality of Life Protocol for residents in developmental services state facilities.</td>
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<td>✔️</td>
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<td>1.10.1 Percent of WAGES sanctions referred by the local WAGES coalition that are executed within 10 days</td>
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<td>✔️</td>
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<td>1.10.2 Percent of work eligible WAGES participants accurately referred to the local WAGES coalitions within one work day</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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There are some topics which are considered significant and are included in this plan even though they have not been designated as strategic objectives under the above criteria. These include prevention activities for children who are at risk of being abused, implementation of legislation dealing with sexual predators, and various management, quality improvement, and information systems efforts. The analysis of strengths, weaknesses, opportunities and threats led the department to include for informational purposes these special focus and other topics that do not fit the strict strategic objective format. As the ability to define and measure these areas is developed, or other strategic criteria change, this designation will be reconsidered.
Structure of this Plan

This plan has been written in compliance with the guidelines of the Executive Office of the Governor, February 1998. There are five strategic issues, four dealing with topics related to major client groups and one related to management and information that supports all client service efforts. Each strategic issue also has a 'goal' which is the long term ends toward which the agency directs its efforts and policy intentions. Within the four client-related issues, one or more client target groups are discussed as relevant to the issue. Strategic outcomes and measurable objectives are identified for specific client target groups or subgroups.

The current plan reflects a tighter focus on what is considered strategic for the department’s clients, and additional focus on management support. There are currently 18 client outcome objectives and six management outcomes designated as strategic.

Client Target Groups

The department serves a number of client target groups not specifically addressed in this plan. For various reasons such as an existing high level of success in meeting their needs (Adults with disabilities who need assistance to remain in the community), the small number of individuals represented (Children incompetent to proceed to juvenile justice), or otherwise not meeting enough of the criteria listed above, these have not been designated as having strategic objectives for the current planning cycle. For these target groups, many issues and needs are similar to those discussed in this document. The department continues to fulfill statutory responsibilities and provide necessary services for all of the currently defined client target groups and subgroups listed in Table 2.

For performance based program budgeting purposes, some of the client groups are broken into subgroups which are measured separately. The groups or subgroups above which have outcome objectives designated as strategic are marked with an asterisk (*).
Table 2. Full list of department client target groups and subgroups.

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<td><strong>People in Need of Family Safety and Preservation (Child/Family)</strong></td>
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<td>Families known to the Department with children at risk of child abuse and neglect</td>
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<tr>
<td>Children who have been abused or neglected by their families *</td>
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<tr>
<td>Child victims of abuse or neglect who have become eligible for adoption*</td>
</tr>
<tr>
<td>Victims of domestic violence</td>
</tr>
<tr>
<td><strong>People in Need of Family Safety and Preservation (Adults)</strong></td>
</tr>
<tr>
<td>Adults with disabilities and frail elderly at risk or victims of abuse, neglect or exploitation*</td>
</tr>
<tr>
<td>Adults with disabilities who need assistance to remain in the community</td>
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<tr>
<td><strong>Families in Need of Child Care</strong></td>
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<td>Families with children in child care</td>
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<td><strong>People with Mental Health Problems (Children)</strong></td>
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<td>Children with mental illness: serious emotional disturbance*</td>
</tr>
<tr>
<td>Children with mental illness: emotional disturbance*</td>
</tr>
<tr>
<td>Children with mental illness: at risk of emotional disturbance</td>
</tr>
<tr>
<td>Children incompetent to proceed to juvenile justice: with mental illness</td>
</tr>
<tr>
<td>Children incompetent to proceed to juvenile justice: with mental retardation</td>
</tr>
<tr>
<td><strong>People with Mental Health Problems (Adults)</strong></td>
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<tr>
<td>Adults with mental illness: severe and persistent*</td>
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<td>Adults with mental illness: mental health crisis</td>
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<td>Adults with mental illness: forensic involvement</td>
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<td>Adults with mental illness: forensic commitment*</td>
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<td><strong>People with Substance Abuse Problems (Children)</strong></td>
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<tr>
<td>Children with substance abuse problems*</td>
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<tr>
<td>Children at risk of substance abuse problems</td>
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<tr>
<td><strong>People with Substance Abuse Problems (Adults)</strong></td>
</tr>
<tr>
<td>Adults with substance abuse problems*</td>
</tr>
<tr>
<td><strong>Persons with Disabilities</strong></td>
</tr>
<tr>
<td>Persons with developmental disabilities living in the community*</td>
</tr>
<tr>
<td>Persons with developmental disabilities living in institutions*</td>
</tr>
<tr>
<td><strong>Economic Self-Sufficiency</strong></td>
</tr>
<tr>
<td>Adults and their families who need assistance to become employed (WAGES participants)*</td>
</tr>
<tr>
<td>Persons who are indigent, and aged, disabled, refugees or eligible children.</td>
</tr>
</tbody>
</table>
Executive Summary

Strategic Issue 1. Protect children, elderly and disabled adults.
Research indicates that only about one in four cases of abuse/neglect are ever reported. During FY 97/98, there were 121,777 reports of child abuse or neglect and 79,641 children (approximately 2% of the total child population) were identified as abused or neglected in Florida. Poverty and economic stress, substance abuse, parenting skill deficiencies, and domestic violence are all factors that contribute to child abuse and neglect. Nationally, it appears that 40 to 80 percent of the families involved in a child protection system have alcohol and other drug problems. Substance abuse is also highly correlated with criminal activity or mental illness, other threats to family stability. Estimates of the prevalence of adult abuse/neglect vary widely, but some experts have estimated that only 1 in 14 domestic elder abuse incidents (excluding self neglect) are reported. During 1997/98, the department received 28,849 reports alleging maltreatment of elderly or disabled people.

The department’s goal by FY 03/04 is to achieve a 95% success rate in preventing reabuse and reneglect of children. Substance abusing adults completing treatment with no alcohol or other drug use should increase to 75% by FY 03/04. By FY 03/04, the percent of adult victims of abuse, neglect, or exploitation who are not victimized again should reach 97%. The Department is undertaking a joint initiative with the Department of Health, known as Healthy Families Florida, to address prevention of child abuse and other important state policy issues relating to the welfare of families (for example, unintended pregnancies, child development, school readiness, and parental substance abuse). New initiatives to protect children from sexual predators are also in progress.

Strategic Issue 2. Permanency and stability for children
Many child victims may remain with or be reunited with their original families once the conditions that led to intervention have been corrected. However, for some children permanent removal from their families is necessary to ensure their safety. In most cases, these children will either be cared for by relatives and/or adopted. The number of foster children adopted each year has more than doubled in the past several years, from 635 in FY 1989/90 to 1,290 in FY 1997/98. By the end of May 1998, the adoptive families of 10,400 children were receiving a subsidy to help support their special needs. The department intends to have 90% of the children who are available for adoption settled in their adoptive homes during FY 03/04.

Other children have serious problems such as emotional disturbance or substance abuse that threaten the stability of their families. Mental health problems in children can be caused by biology or environment, or a mix of both. Substance abuse by children and adolescents is highly related to other severe problems such as juvenile delinquency, teen pregnancy, AIDS, and school failure. During FY 97/98, the department served about 45,595 children with or at risk of mental health problems and around 46,000 children who were identified as substance abusers. The objectives for these children are to increase the number of days seriously emotionally disturbed and emotionally disturbed children spend in the community to 338 and 350, and increase the number of substance abusers who become drug free with treatment to 72%, by FY 03/04.

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D Preliminary 1997/98 data shows 121,815 reports; number of children identified as abused or neglected not yet determined.
Strategic Issue 3. Long term support for the mentally ill and developmentally disabled

For reasons including mental illness and developmental disability, there are many adults who need supports to remain in the community or require institutional placement at least temporarily to provide safety for themselves and others. In Florida, there are an estimated 340,000 adult Floridians suffering from severe and persistent mental illness, leading to such functional impairments as learning problems, self-care deficits, and impaired working and interpersonal relationships. About 35,900 of these adults with serious and persistent mental illnesses were provided community mental health services in FY 97/98. Approximately 4,500 individuals with mental illness reside in civil and forensic facilities. The department serves approximately 28,000 people with developmental disabilities who are either institutionalized or being supported in their communities. Progress toward community living for this group includes the provision of supported living, employment, transportation, training, or other services based on an individual client’s needs. For this issue, the department seeks by FY 03/04 to:

- Increase the average number of days spent in the community by adults with severe and persistent mental illness to 345.
- Improve or maintain functioning of 59% of adults in civil commitment, and restore competency to adults in forensic commitment in 160 days or less.
- Improve the quality of life of persons with developmental disabilities, in community and institutions, as measured on accepted instruments.

Strategic Issue 4. Self-sufficiency for Florida’s families and individuals

In order to facilitate the transition from unemployment and dependency to full employment and self-sufficiency, the 1996 Legislature enacted PL 96-175, “Work and Gain Economic Self-Sufficiency” (WAGES). This act specifies Florida’s plan for providing temporary assistance to needy families while moving them toward economic independence. The law provides transitional services such as temporary financial assistance, medical coverage, and child care to individuals while they progress through training, interview preparation, job search, and during the early stages of employment. The WAGES Program is under the governance of the WAGES State Board of Directors and 24 local WAGES coalitions, with the Department of Children and Family Services administering the eligibility and child care portions of the program. A strong downward trend in adults receiving cash assistance has been evident for some time and has exceeded past forecasts. As of November, 1998, the number of families receiving cash assistance had been reduced to about 95,816, a reduction of about 62% FY92/93 (and over 50% since the initiation of welfare reform in 1996/97). The department will measure success in relation to referrals to the local WAGES coalitions and sanctions for failure to comply with work activity, with the intent of achieving 100% on both these goals before 2003/04.

Strategic Issue 5. Enhance management and information supports

General management and information support issues or processes affect all of the department’s client group services. Information about client, partner, and provider satisfaction with services is being obtained via survey and will be used to measure performance and identify potential changes in the department’s client services. A systematic approach to all aspects of performance improvement is being developed, including integrating performance based program budgeting. Performance data is a critical part of quality improvement, and its availability, accessibility, and usefulness depends on information system infrastructure. Many of the client services funded through the department are delivered via contract with private providers. More than $900 million of the Department’s $3.36 billion budget are spent for contracted services. Additional efforts are being made to ensure the contracting system will
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

reliably deliver high quality services at reasonable prices. Fiscal and administrative data integrity is also a critical element in building a fiscally sound and strong administrative organization. Finally, the department’s human resources development efforts will focus around plans addressing staff performance and development, human resource management processes, and staff satisfaction. A special focus during the upcoming year is undergoing the Challenge of the Sterling Quality Council.
Strategic Issue 1
Protect Children, Elderly and Disabled Adults

Goal
Children and vulnerable adults should be free from abuse and neglect

Too many children are abused or neglected. Abuse (physical, emotional, or sexual) is a continuing grave concern, but placing children at risk through neglect has become an even greater problem. Economic stress, substance abuse, lack of parenting skills and domestic violence are factors that contribute to the chances that a child will be abused or neglected. Families with good supports such as available, affordable child care are less likely to abuse or neglect their children.

Some adults are also vulnerable to harm due to advanced age or certain disabilities. These vulnerable adults may experience abuse, neglect, or exploitation by third parties or may fail to take care of themselves adequately. People experiencing harm must be protected and stabilized while the situation is resolved and/or other supports become available.

Target Groups:
• Children who have been abused or neglected by their families
• Adults with disabilities and frail elderly at risk of or victims of abuse, neglect or exploitation
• Adults with substance abuse problems
• Special focus on families with children at risk of abuse and neglect
Over 3 million children were reported for child abuse and neglect to child protective service agencies throughout the United States in 1995, a 2% increase over the previous year. Experts attribute much of the recent increase in reporting to greater public awareness of and willingness to report child maltreatment, as well as changes in how states collected or defined a reportable act of maltreatment.\(^1\) Despite these increases, research indicates that only about one in four cases of abuse/neglect is ever reported. One reason for this low figure is that much abuse is of very young children, one year old or younger. Following an investigation, children 0 to 3 years of age were more likely to be placed under protective supervision, into foster care, or into adoptive homes than older children. This finding suggests that workers understand that very young children are more likely to be unobserved by others outside the home (e.g., school staff, community), and therefore, are at higher risk for reabuse/reneglect.\(^2\) The Florida child protection system strives to reduce risk to children by supporting family needs while assuring a consistent focus on child safety.

Based on the State’s total population of children under age 18, the rate of children alleged to be victims in reports of abuse or neglect declined from 55.7 per 1,000 in fiscal year 1992-93 to 51.5 per 1,000 in 1993-94. From 1993-94 to 1995-96, however, the rate of children alleged to be victims of abuse or neglect rose to 54.0 per 1,000. Similarly, the rate of protective investigations initiated for allegations of child abuse or neglect declined from 36.1 per 1,000 in fiscal year 1992-93 to 34.0 per 1,000 in 1993-94, and increased to 35.3 per 1,000 children in 1995-96 and 36.2 per 1,000 children in 1997-98. During this same time period, the number of children with indicated or verified abuse or neglect decreased slightly from 22.5 per 1,000 in 1992-93 to 20.6 per 1,000 in 1997-98.\(^3\)

The proportion of protective investigations that resulted in findings of maltreatment decreased slightly from 48.1 percent of all investigations in fiscal year 1992-93 to 43.6 percent in 1997-98. The proportion of children who were sexually abused decreased from 12.2 percent of all maltreated children in fiscal year 1992-93 to 9.8 percent of all maltreated children in 1995-96. The proportion of children who were physically injured remained relatively constant, ranging from 21.6 percent of all maltreated children in fiscal year 1992-93 to 23 percent in 1995-96.\(^4\)

During FY 97/98, there were 121,777 reports of child abuse or neglect investigated, and 79,641 children (approximately 2% of the total child population)\(^5\) were identified as victims of abuse or neglect in Florida. The leading causative factors identified as contributing to abuse and neglect, and some related effects, are discussed below.

**Poverty and Economic Stress.** National data indicate that abuse and neglect are 22 times as likely to occur in families earning less than $15,000 per year as they are in families earning more than $30,000 per year.\(^6\) Children in poor families are more likely to be abused and neglected, and accusations against their families are more likely to be pursued than is the case for children in wealthier families and neighborhoods.\(^7\) It appears that the combination of poverty with other problems, such as social isolation, stress, or lack of parenting skills, is predictive of maltreatment.\(^8\) Children from the lowest income families were 18 times more likely to be sexually abused, almost 56 times more likely to be educationally neglected, and over 22 times more likely to experience some form of maltreatment. Children in the
largest families were physically neglected at nearly three times to the rate of those who came from single-child families.9

Forty-six percent of the respondents to a national survey of child protective services agencies cited poverty and the accompanying problems of poor housing and limited community resources as common among families mistreating children.10 In 1996, 21.7% of Florida’s children were living in poverty, compared to 19.8% nationally.11 Children found to be deprived of basic necessities, for example, food, shelter, clothing, or an environment free of hazardous health conditions were over twice as likely to be referred to protective supervision or foster care. Another of the causative factors for child abuse and neglect is lack of affordable child care.12 If day care is unavailable, children may be left alone. The lack of such support can result in child abuse or neglect that does not actually reflect intentional maltreatment by a parent, but their inability to access needed services.13 The stress of getting and keeping a job may also affect parents’ attitudes and coping skills, and may cause an increase in domestic violence. However, the benefits of economic stability may outweigh the negatives; further research remains to be done. A discussion relating to subsidized child care in relation to economic self-sufficiency is included with the WAGES participant target group, page 60.

Substance Abuse and Parenting Skills. Alcohol and other drug abuse is a significant problem affecting many families in the child welfare system. It is estimated that 40-80 percent of children in the child welfare system come from families affected by alcohol or other drug abuse.14 In 1996, there were over 500,000 children in out-of-home care across the nation, representing a 92% increase in out-of-home care placements since 1982.15 Studies show that approximately 67-78 percent of the children in foster care are there, in part, because of an alcohol and other drug-abusing parent.16

The outcomes for children of alcohol and other drug-abusing parents who are in the child welfare system are disturbing. Research has shown that, in general, alcohol and other drug-abusing parents struggle to bond successfully with their children, fail to provide a stable home environment, and lack critical parenting abilities. Alcohol and other drug-abusing parents are more likely than non-alcohol and other drug-abusing parents to maltreat their children, be rated by a court as high risk to their children, reject court orders, and have their children removed.17 Parental alcohol and other drug abuse also increases a child’s length of time in out-of-home care and complicates efforts at family reunification. Children of alcohol and other drug-abusing parents are more likely to be re-reported for child maltreatment and are far more likely to experience numerous placements in foster care.18 Children placed due to their parents’ chemical dependence also have lower rates of adoption. Unfortunately, there are indications that the trend of substance abuse among child welfare cases will continue to rise. In a national survey of child protective services agencies, 76% of the respondents named substance abuse as one of the top two problems exhibited by families who were reported for child maltreatment.19 In the national survey of child protective services agencies, lack of parenting capacity and skills was second only to substance abuse as a contributing factor to child maltreatment.20 In Florida, children found to come from environments where substance or alcohol abuse was present or who were born physically drug dependent, were over 3 times more likely to be placed in foster care and 8 times more likely to be placed in an adoptive home, than other child victims. This findings emphasizes the current difficulty of preserving or reunifying families where chronic substance or alcohol abuse exists.21

Domestic Violence. The link between child abuse and domestic violence is clear. Studies show that between 11% and 45% of abused or neglected children have a mother who is being abused by a spouse or partner, and 37-63 percent of abused women have children who are also being abused or neglected.22 Children in families in which there is domestic violence may be abused or neglected by one or both parents although they are at far greater risk of maltreatment by the father or father surrogate. A study of
family violence in which women had been battered by a partner found that 63% of their battering partners had been abusive to their children and that men were almost six times more likely than women to be abusive to their children.\textsuperscript{23} Across the country, about half of the homes with adult violence also involve child abuse or neglect. Child abuse and neglect reports closed during FY 1995-96 in Florida included 18,481 allegations that a child was threatened by family violence, an increase of about 20% over the previous fiscal year.\textsuperscript{24} As violence against women escalates in the home, children experience a 300% increase in physical violence by the male batterer, and may also be at increased risk for abuse from their mother as a response to her attempts to cope.\textsuperscript{25} Only one specific type of maltreatment increased during fiscal years 1992-93 to 1995-96. An increasing proportion of maltreated children were identified as victims of family/domestic violence with children experiencing “threatened harm” increasing from 28.5 percent of all maltreated children in 1992-93 to 58.5 percent in 1997-98. This suggests that child protection workers, as well as the general public, are increasingly aware of the harmful impact that domestic violence has upon Florida’s children.\textsuperscript{26}

**Other Related Effects.** Another effect of the general child welfare trends and conditions described above is seen in the foster care program. Florida’s foster care population increased slightly between June 30, 1996 and June 30, 1997 (from 8,941 to 8,950). During FY 1997/98 there was a steady increase, up to 12,195 as of 6/30/98. Other large states are also continuing to experience substantial growth in their foster care populations.\textsuperscript{27} The increase may be attributable to growing rates of reports and investigations of child abuse. Further analysis is needed to determine the root causes of the current trend.

In comparing children who entered care in fiscal year 1990-91 with those who entered in 1995-96, a greater proportion of children were placed in foster care or an adoptive home directly after protective investigations. This finding may indicate an increase in the practice of temporary and permanent removal of children from high risk environments.

From examining the interventions just prior to a child entering foster care, fewer children were found to re-enter foster care following reunification with family or placement in an adoptive home. This may reflect better decision making by line staff in selecting appropriate permanency goals.

During fiscal years 1990-91 to 1994-95, a smaller proportion of children left foster care by turning 18 years of age (i.e., emancipated as adults) and an increasing proportion of children went to live with relatives. The amount of time children spent in foster care decreased over 20 percent.

Teenagers entering foster care between 13-15 years of age were more likely to spend longer length of stays in care than children in other age groups. Children who had been victims of sexual abuse also were more likely to have longer length of stays in foster care. This finding may represent the difficulty in reunifying this special population with their family of origin.

**Ongoing Effort: Building a Better Child Protection System**

The varied and complex factors and conditions involved in child welfare as described in this section are being addressed by the department in equally varied ways, many of which involve of necessity cooperation and coordination with other organizations and agencies.

The Dependency Court Improvement Bill: The department worked with the dependency judges and the Legislature to create The Dependency Court Improvement Bill which passed as a section of HB 1019 and will become effective on October 1, 1998. The bill strengthens the dependency court system and
reconstructs the child protection statutes to clarify the focus on the safety and protection of children and incorporates requirements of the federal Safe Families and Adoption Act. The bill improves the early assessment of a family’s appropriateness for reunification with the child. The resolution for child abuse and neglect cases will be expedited to ensure timely placement of children and prevent children from lingering in the foster care system. Parents will be provided legal representation, which will allow for a more balanced dependency court process. Placement of children with relatives will be made easier by the provision of caregiver subsidies to relatives willing but not financially able to provide for the abused or neglected child.

Concomitant with implementation of the new law, the department is continuing its work with dependency judges including organizing a summit and retraining for the courts and department on the new dependency law.

Privatization: The 1998 Legislature passed a bill which mandates the privatization of various sectors of the child protection system. By July 1, 1999, the Department of Children and Families must submit a plan to accomplish statewide privatization of foster care and related services. Related services include family preservation, independent living, emergency shelter, residential group care, foster care, therapeutic foster care, intensive residential treatment, foster care supervision, case management, post placement supervision, adoptions, permanent foster care and family reunification. Statewide privatization will be phased in over a three year period beginning January 1, 2000. Current pilots will continue and the Sarasota pilot will expand to Manatee County. In Pasco and Pinellas Counties, privatization of foster care and related services will begin January 1, 1999. In addition, beginning in fiscal year 1999-2000, the Sheriff’s Offices of Pinellas, Manatee and Pasco Counties will take over child protective investigations in their areas. The State Attorney or Office of the Attorney General may provide child welfare legal services in Pasco, Pinellas, Sarasota and Manatee Counties beginning FY 1999-2000.

The plan for privatization will be developed with widespread community input. The characteristics of a model child protection system include:
• Communities have adopted shared outcomes and strategies for promoting healthy children and safe and nurturing families;
• Community is partner in preventing the reabuse of child victims;
• System reflects cultural diversity and other unique community characteristics;
• Lead agency coordinates, integrates, manages child protection services and ensures continuity of relationships for the family;
• There is a flexible array of supports to meet unique needs of children and families.

Statewide Automated Child Welfare Information System: Final development of the automated information system for child protection is underway. Thousands of computers have already been distributed to field staff and training has begun to effect a transition to the information age. When complete, the system will replace existing, archaic paper files with electronic case files and tracking systems as well as integrated data bases.

Measuring Performance: Several initiatives are underway to support a shift to performance based budgeting and accountability:
• The program office has developed a quarterly reporting process which aligns routine data analysis with performance based budgeting measures.
The department will continue its partnership with the Florida Mental Health Institute to analyze child protection data to present a statewide view of the child protection system’s outcomes and practices and further analysis of each service district to show local differences in implementation and outcomes.

The family safety and preservation central office is being reorganized to better focus on district performance.

**Performance Status**

**Strategic Outcome:** Children are protected from further harm.
**Strategic Objective 1.1:** Percent of children who have no findings of child maltreatment within one year of case closure will increase from 89% in FY 96/97 to 95% by FY 2003/04.

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Objective</th>
<th>Statewide Baseline</th>
<th>1997-98 actual</th>
<th>Statewide Goals for Fiscal Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who have been abused or neglected by their families</td>
<td>1.1</td>
<td>89%</td>
<td>95%</td>
<td>95%</td>
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</tbody>
</table>

**Outcome Drivers:**
- Percent of alleged victims seen within 24 hours
- Percent of investigations completed within 30 days
- Percent of children in foster care or under protective supervision visited at least monthly
- Percent of children ages 5-18 receiving a foster care exit interview
- Percent of families receiving services in case plan
- Percent of cases rated good or excellent for case management
- Percent of abused or neglected children needing child care who are placed
- Protective investigator caseload ratio
- Percent of children who are abused or neglected under state supervision or custody
- Percent of substance abusing parents who are in substance abuse treatment

For the past four fiscal years, the department’s success in preventing reabuse and reneglect has remained steady at around 89%. During FY 96/97, performance was below the statewide target of 91.5%. Individual districts performance ranged from 96% to 85% of children not reabused or reneglected. Six districts finished FY 96/97 above the state target level. In general, districts identified a number of barriers affecting performance in child protection and family reunification including:

- high staff turnover and difficulty in recruiting to fill positions due to low wages,
- lack of adequate staff training which impacts casework quality, especially regarding complex cases involving extended as well as multi-cultural family situations,
• high caseloads of existing staff caused by workload volume as well as extended timeframes required to recruit and fill vacant positions,
• fragmented case planning / case management and coordination of services,
• lack of timely case closures which increases backlogs,
• lack of complete departmental control over circumstances influencing abuse, and
• the difficulty in establishing effective community partnerships to leverage resources in meeting service needs.
• shortage of quality foster care homes and other out of home care alternatives.

Findings from a child protection review disclosed critical weaknesses in the child protection system and that Florida’s child protection system needed fundamental improvements to ensure that children are safe and protected from further harm. Strategies to begin closing the performance gap have been identified. Some actions can be initiated by the department while others will require legislative action. For instance, if the number of reports investigated increases at the same 3.52% rate that occurred between 96/97 and 97/98, FY 99-00 would have about 130,500 reports. The Child Welfare League of America recommends a standard of no more than 12 reports per month per investigator. To achieve this standard would require a total of 906 investigators. Presently, the department has 880. Similar staffing shortages exist in other program areas such as protective supervision and foster care.

**Strategies for Improving Performance (Objective 1.1)**

**Management Processes**
1. Review all cases of reabuse/reneglect that occurred in the previous year to determine causes and ways of forestalling similar instances.
2. Implement “early warning systems” to ensure every investigation is reviewed.
3. Institute mandatory supervisor training.
4. Establish stronger legal safeguards in cases involving young children with serious abuse injuries.

**Enhance Interagency Coordination**
5. Increase collaboration between child protection staff and domestic violence provider staff with the goal of enhancing services for families.
6. Enhance coordination efforts with the Department of Juvenile Justice.
7. Collaborate with welfare reform entities (e.g., WAGES coalitions, Dept. of Labor and Employment Security) to train economic self-sufficiency and job placement workers in child abuse issues.
8. Help communities to build a stronger community-based prevention and early intervention capacity by linking such programs as Healthy Start, family preservation and support services, children’s mental health, substance abuse treatment, juvenile justice prevention, and other state and local resources to enable communities to intervene earlier with parents who are at risk of abusing their children.

**Continue Development of Information Technology**
9. Continue development and implementation of an automated information system for child protection that will enable staff to be much more efficient in doing their work and will prevent mistakes resulting from gaps in information or lack of knowledge of patterns of abuse over time. Foremost in this area is SACWIS (the Statewide Automated Child Welfare Information System); an ongoing initiative which will, when completed, produce and maintain electronic case files for clients and allow analysis of client outcome and service oriented data. This system is further described in Appendix D: Information Resource Issues, page 97
Achieve National Staffing Standards
10. The Child Welfare League of America recommends a standard of no more than 12 reports per month per investigator. To achieve this standard would require a total of 907 investigators in FY 99/00. Presently, the department has 880. Similar staffing shortages exist in other program areas such as protective supervision and foster care. The department will develop budget requests aimed at achieving national staffing standards in critical program areas.

Implement Comprehensive Privatization Projects:
11. Pursuant to legislative mandate, the department will be privatizing child protective services in select counties during FY 98-99 and will be developing a plan for statewide privatization to be phased in over a three year period beginning January 1, 2000.

Standardize Processes Across the State to Enhance Quality of Care
12. A district-led workgroup is mapping all of the core processes in family safety and preservation with a goal of identifying key indicators and measures, re-engineering the processes when necessary, and identifying performance data to be incorporated into the Statewide Automated Child Welfare Information System.
**Target Group: Adults with disabilities and frail elderly at risk of or victims of abuse, neglect or exploitation**

**Trends and Conditions**

Florida has an obligation to protect its most vulnerable citizens from abuse, neglect, and exploitation. For the most part, people tend to think of children in this context. However, adults with disabilities and frail elderly people are also victimized by physical and mental abuse, neglect by self or others, and financial exploitation. Florida’s population of the elderly is expected to show dramatic increases in the next decade (for example, up more than 54% for those over 80 by the year 2010). The need for functional assistance on the part of the disabled and many frail elderly can lead to frustration or burnout on the part of the caregiver, leading to abuse or neglect. Estimates of the prevalence of adult abuse/neglect vary widely, but some experts have estimated that only 1 in 14 domestic elder abuse incidents (excluding self neglect) are reported.  

During FY 1997/98, the department received 28,849 reports alleging maltreatment of elderly or disabled people. The department has experienced an increase every year since 1993/94 (see Figure 2). Allegations include physical abuse, inadequate food, mental injury, and lack of adequate health care or supervision. Most of the abuse and neglect of adults in Florida commonly occurs not in nursing homes or at the hands of professional service providers, but in the victim’s own home or at the hands of a family member. In fact, only five percent of the cases of abuse reported in nursing homes, assisted living facilities, and hospitals are finally confirmed. Abuse may stem from substance abuse, social and economic conditions, unemployment, history of dealing with issues violently, or other causes similar to child abuse. However, about half of the cases relate to self neglect, which requires supportive rather than protective intervention.

**Reports of Adult Abuse, Neglect, Exploitation**

![Graph showing 5-year reporting of adult abuse](source: Dept. of Children & Families' Adult Services program office; number of reports to FAHS)

**Ongoing Effort: The Department’s Services**

The department furnishes protective investigation, temporary emergency shelter, community and in-home supports, and other protective services for adult victims. The Department of Elder Affairs is responsible
for ongoing supports and services to elderly victims of abuse, neglect or exploitation. Local agencies are extremely active partners in the effort to prevent, identify, and intervene in cases of adult abuse. Florida has one of the most comprehensive and responsive investigation systems in the nation. Many states have used Florida’s legislation as a model for establishing their Adult Protective Services programs.31

Short term interventions are often all that is necessary for identifying the stressors that have led to reports of abuse or neglect and finding ways the victims or their caregivers can alleviate the situation with minimal help. In more extreme cases, or where such short term assistance is insufficient, protective investigators make appropriate community service referrals to ensure the safety and well-being of the client.

1998 Legislative Changes

Effective July 1, 1998, Chapter 415, Florida Statutes, changed the concept of self-neglect reports and the referral process for services. This legislation deleted the term self-neglect and inserted the terms “elderly person in need of services” and “disabled adult in need of services”. These revisions provide for an assessment of services by the protective investigator; deletion of the classification and notification process for these types of reports; and establishes a community care services referral system which requires that the department make referrals for services for elderly persons to the Department of Elderly Affairs (Community Care for the Elderly program) and for services for disabled adults to the Adult Services program (Community Care for Disabled Adults). As a result of these legislative changes, the majority of these cases are referred to an appropriate social service agency. The department arranges for emergency services if needed to protect the individual from immediate harm. It also pursues court action as necessary if the individual lacks the capacity to consent to services.

Budget Issues

During the 1998 Legislative Session, the department requested increased funding for three major budget issues:

- Thirty-nine new protective investigator positions and on-call pay for all protective investigators;
- The design and development of a competency-based training program;
- Expansion of the Temporary Emergency Services program.

The department received 30 new protective investigator positions and the on-call funding. For FY 1999-2000, the department is continuing to request funding for a competency-based training program for Adult Services staff as well as the expansion of the Temporary Emergency Services program to protect victims from further abuse, neglect, and exploitation.

Performance Status

Strategic Outcome: Adults with disabilities and frail elderly are protected from harm.
Strategic Objective 1.13: Percent of adults not reabused/reneglected within six months after close of investigation will increase from 93% in FY 1996/97 to 97% by FY 2003/04.
### Target Group

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<th>Objective</th>
<th>1996-97 Baseline</th>
<th>1997-98 Actual</th>
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<tr>
<td>Adults with disabilities and frail elderly who are victims of abuse, neglect, or exploitation</td>
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<td>93%</td>
<td>94.46%</td>
<td>97%</td>
<td>97%</td>
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### Outcome Drivers
- Percent of cases commenced within 24 hours
- Percent of cases closed within 60 days
- Percent of cases meeting critical quality assurance standards
- Percent of recidivism cases reviewed

Note: This indicator was modified for performance based program budgeting. In the prior year, it was measured “within one year following case closure.” The baseline given here reflects this earlier definition.

Critical quality assurance standards include:
1) overall level of risk was documented,
2) if emergency services were needed, they were provided,
3) the need for services to prevent further harm was identified, appropriate service referrals were made and services were arranged for or provided,
4) all allegations and maltreatments were investigated,
5) a supervisory review was completed to ensure compliance with program procedures and statutory requirements.

Figure 3. Adult victims of abuse, neglect, or exploitation

**Statewide Baseline for Fiscal Years**

1996-97: 1.13
1997-98: 93%
1998-99: 94.46%
1999-00: 97%
2000-01: 97%
2001-02: 97%
2002-03: 97%
2003-04: 97%
**Strategies for Improving Performance (Objective 1.13)**

1. Continue to work in partnership with the Department of Elder Affairs, local government, and other agencies to increase visibility of and advocacy for the adult victims of abuse, neglect, or exploitation.

2. Pursue enhancements to management processes, including competency based training for protective services and investigations staff; pay incentives for investigators who meet identified requirements; and information systems to support management decisions.

3. Obtain funding for adequate staffing to meet national standards.

4. Expand funding for persons with disabilities.
Target Group: Adults with substance abuse problems

Trends and Conditions

There are an estimated 446,000 adult Floridians with substance abuse problems. The devastation resulting from substance abuse is well known: physical, mental, and emotional trauma for individuals, their families, their neighbors, their friends. Indeed, everyone in our society pays either directly or indirectly for the destruction. The consensus of existing research and clinical experience is that alcohol and drug abuse and dependence are complex disorders involving biological, psychological and social factors. Substance abuse is generally a chronic, long term condition, not a brief episode. Abusers tend to relapse, especially during high risk events in their lives. Most individuals require more than one treatment episode to maintain long-term recovery, in much the same way that individuals addicted to cigarettes require more than one attempt to quit smoking.

The types of people who suffer from substance abuse are many. Substance abusing parents create particularly tragic results. These range from pregnant women who have cocaine addicted babies or children with fetal alcohol syndrome, to very young children killed while their parents were under the influence, to the many families who are torn apart because the parents cannot care for their children. Nationally, 50 to 80 percent of the families involved in a child protection system have alcohol and other drug problems. Research is beginning to suggest that, while severe, the prenatal effects of drugs are not as harmful in the long run as the problems substance abusing parents cause by the lack of proper caregiving for their children. A significant number of welfare recipients use alcohol and other drugs in ways that impair their ability to secure and keep jobs, as well as their ability to be effective parents. The estimates of this population range from almost 5% to 39% of welfare recipients. Many of these alcohol and other drug using clients are parents with children who experience the intergenerational effects of their parents’ substance abuse. See further discussion of this issue in the target group, children who have been abused or neglected by their families, p. 11.

Recent research indicates that approximately half of all persons with severe mental illness have a co-occurring substance use disorder. Substance abuse adversely affects these persons’ symptoms, psychosocial adjustment, relationships with families, treatment compliance, and outcomes.

Substance abuse is also highly correlated with criminal activity, either because of the behavioral/mental effects of the substances, the need for funds to obtain the substances, or the criminal nature of some substances. Substance abuse treatment programs are a vital link with law enforcement and highway safety activities in reducing crime and alcohol related traffic fatalities.

National studies demonstrate the cost benefit of treatment to society. Savings from every dollar invested in treatment range from $5 to $7. These savings are derived from reductions in criminal activity, reduced health care utilization, and increased employment and productivity.

Ongoing Effort: The Department’s Services

An estimated 118,700 adults received substance abuse services during FY 1997/98. All Floridians are eligible for publicly funded treatment, but a sliding fee may be charged, and waiting lists can be long. Approximately 1,200 adults are awaiting treatment every month. Based on a departmental study completed in March 1998, about half (47%) of all clients served received non-residential treatment and 29% received intervention services (i.e., Treatment Alternatives to Street Crime [TASC] for males and
community intervention for females). Almost three-fourths of admissions (72%) are male; and the three primary substances abused by clients receiving services are alcohol (38%), crack/cocaine (27%) and marijuana (14%). About 100 community based provider agencies under contract to the department furnish a mix of rehabilitative and supportive/social services, including information and referral, assessment, intervention, crisis care, detoxification, residential and non-residential treatment.

The department’s FY 1999-2000 legislative budget request seeks an additional $10 million to expand its services to adults with a substance abuse problem through the implementation of an organized system of care by blending new appropriations with existing community substance abuse resources in order to address gaps in the current continuum of services and improve the continuity of consumer care through the provision of a full range of substance abuse treatment services for adults. Additionally, an anticipated change in the formula for allocating federal substance abuse block grant dollars to the states should provide Florida with an additional $245 million to provide alcohol and drug related prevention and treatment services to pregnant women, women with dependent children families in the child protection system and other target populations.

The department’s efforts in the coming year will focus on several significant areas. Continued system improvements as a result of implementing Performance Based Program Budgeting is a priority. The focus will be on understanding what improves treatment outcomes. For example, based on a recent study conducted by the department, we know that children receiving family counseling have higher treatment completion rates than those who do not receive these services. Efforts are being pursued to increase family participation in treatment, especially for children under the supervision of the state who are in need of these services. A critical area of focus is the expansion of services to families in the child protection system. This includes expanding drug courts and dependency court involvement in working with families with substance problems. Linkages to Healthy Families Florida (see Special Focus section, page 25) is an important strategy in assisting families who are at risk. Enhanced case management for substance abusing families has been included in the Healthy Families Florida program.

The waiting list for treatment services results in lost opportunities for treatment and recovery. Treatment on demand should be a priority for this population. Increases in Temporary Assistance for Needy Families (TANF) funding, along with general revenue funding reductions, will require some redirection of the current system of care to assist persons participating in welfare reform who have substance abuse problems. The department’s legislative budget request will be used to assist local communities to organize a system of care, utilizing a provider network or lead agency strategies, to increase efficiencies in delivering services and increasing accountability for continuous client care and outcomes. Expanded treatment and case management capacities, targeting families at risk for abuse/neglect, is a critical component of this year’s budget request.

### Performance Status

| Strategic Outcome: Adults with substance abuse problems are drug free and economically self-sufficient |
| Strategic Objective 1.11: Percent of adults who complete treatment drug free will increase from 50.4% in FY 96/97 to 75% by FY 2003/04. |
### Projection Table

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Objective</th>
<th>Statewide Baseline</th>
<th>1997-98 Actual</th>
<th>Statewide Goals for Fiscal Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with substance abuse problems</td>
<td>1.11</td>
<td>50.4%</td>
<td>55.3%</td>
<td>68% 68% 69% 70% 72% 75%</td>
</tr>
</tbody>
</table>

#### Outcome Driver

- **Clients are placed in treatment according to appropriate level of care**

Florida’s baseline performance of 50.4% of adults completing substance abuse treatment is favorable compared to national data. An extensive search of the literature conducted by the University of Washington found completion rates ranging from 40% to 50% for residential treatment and 20% to 25% for adult outpatient treatment. The 50.4% completion rate achieved by adults in Florida during FY 1996-97 includes all treatment programs (residential and outpatient) in the calculation. The top 25% of providers averaged a treatment completion performance level of 70.8%. While it is vital that clients become drug free and complete treatment, a complementary outcome measure that has been added for FY 1998-99 is the percent drug free for six months following treatment. The two measures work together to ensure adequate measurement of programmatic success in helping clients be drug free.

The outcome driver (clients placed in treatment according to the appropriate level of care) is based on the American Society of Addiction Medicine (ASAM) patient placement criteria. These criteria are designed to match client severity of addiction with the most appropriate level of care. The criteria also operationalize objective clinical benchmarks that should be achieved in order for clients to be discharged from their respective levels of care. Efforts are continuing to ensure the identification of drivers that directly impact treatment performance. Initial efforts have identified potential drivers in the areas of case assessment, treatment plans, the provision of ancillary services and family involvement in treatment.

Measures of performance are dependent on reliable, accurate data in all areas. The department’s program staff continue to make information quality a primary focus. For example, to ensure that the Substance Abuse Data System database is reliable, the department has:
- required providers to submit accurate and complete information both contractually and as a condition of being licensed;
- developed a fully tested piece of software with built-in edit checks and mandated electronic submission of data;

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**Figure 4. Substance abusing adults**

1996-97 includes all treatment programs (residential and outpatient) in the calculation. The top 25% of providers averaged a treatment completion performance level of 70.8%. While it is vital that clients become drug free and complete treatment, a complementary outcome measure that has been added for FY 1998-99 is the percent drug free for six months following treatment. The two measures work together to ensure adequate measurement of programmatic success in helping clients be drug free.
- required that the provider place a hard copy of the client’s enrollment, as applicable, admission, discharge and placement data, dated and signed, in the client medical record;
- implemented an annual validation procedure to test the accuracy of the data, contracted providers submit to the department; and
- implemented a Total Quality Management work group whose primary goal is to continuously re-evaluate the process of collecting, editing, and analyzing substance abuse data.

**Strategies for Improving Performance (Objective 1.11)**

1. Design and implement an improved model substance abuse system of care, for both children and adults, through an organized network of services. This includes:
   - implement utilization management to reduce the waiting list for services
   - expand services to families in child protection system; strengthen linkages to dependency courts
   - expand capacity for continuing care and case management services
   - pilot community provider networks that will assume full responsibility for client care and outcome
   - develop a systematic treatment strategy for dually diagnosed clients
   - expand implementation of specialized program models that are culturally and gender specific for individuals that do not respond to more traditional programs
   - strengthen family focus in prevention and treatment activities assuring adequate resources for family participation
   - support the expansion of drug courts.

2. Utilize the anticipated increase in federal block grant funding to improve completion of treatment and post treatment follow-up outcomes by ensuring adequate assessment of clients, continued implementation of American Society of Addiction Medicine Patient Placement Criteria, family participation in treatment, and adequate continuing care and case management services.

3. Continue to improve prevention and treatment system performance and measurement, including data system performance, by:
   - Process mapping substance abuse treatment services for adults and children to identify “drivers” that will improve performance. Continue data improvement and validation activities.
   - Designing and implementing a six months client follow-up study, including methodology.
   - Continuing data improvement and validation activities.

4. Ensure accountability for contract providers through assuring performance standards are in all performance contracts, as applicable; conducting evaluation of contract performance; and systematic initiation and follow-up of corrective actions and/or sanctions, as necessary.

5. Identify opportunities for improving performance by disseminating strategies being used effectively in other parts of the state.

6. Work in conjunction with children’s substance abuse, child protection, health, Healthy Families Florida, and welfare reform agencies to target identification and prevention services to families with parents at risk of or with substance abuse problems.

7. Develop a system of care and services for the Temporary Assistance for Needy Families (TANF) population. Funds have been shifted to allow for $12 million in TANF money to be placed in the Substance Abuse budget to serve TANF clients.


Note: A number of these strategies are also relevant to the target group “Children with substance abuse problems.” See page 42.
Special Focus: Families known to the department with children at risk of abuse and neglect

[Note; for various reasons this target group was not designated as strategic for the current planning cycle, and thus does not have a strategic objective or specific strategies assigned. However, this special focus section is intended to provide additional information necessary to a full understanding of the child protection system in which the strategic objective for children who have been abused is embedded.]

Keeping Families Together: The Community-Based Approach

Identifying children who are at risk and expanding prevention efforts before abuse or neglect occurs is critical. The failure to prevent abuse has tragic consequences for children and leads to higher rates of death, disability, school failure, drug and alcohol abuse, domestic violence, crime and juvenile delinquency, teen pregnancy and mental health disorders. Prevention of child abuse cannot be the responsibility of any single group or agency. Through the federal Family Preservation and Support Services Program, the department is working in concert with local agencies throughout the state to provide a wider range of prevention and support services in neighborhoods. During FY 1996/97, more than 112,000 people were provided with prevention services by the department, and almost 48,000 received information and referrals. A multi-faceted approach emphasizes a community-owned, coordinated, collaborative, process that builds on past successes, existing strengths and resources, involves all of the existing councils and coalitions, and includes everyone with a stake in the well-being of children and their families.39

This asset-based approach is becoming more prevalent nationally as well. Community-based approaches, including asset mapping, insist on beginning with a clear commitment to discovering a community’s capacity and assets. Significant community development takes place only when local community people are committed to investing themselves and their resources in the effort.40

The department is participating in a number of interagency and interprogram efforts to address prevention issues, among others. Notable among these is TEAM Florida, an ongoing workgroup comprised of dozens of participants from state agencies and private organizations, advocacy groups, legislative entities, consumers, service providers and Community Facilitators from each service district.

Another promising new initiative is the Healthy Families Florida. The 1998 Florida legislature passed legislation requiring the department to contract with a private, non-profit corporation to develop, implement and administer the Healthy Families Florida Program. The department contracted with the Ounce of Prevention Fund of Florida effective July 1, 1998. The legislature also appropriated $10 million in tobacco settlement funds to implement the first year of the program. This initiative will build on the collaborative efforts of the Family Preservation and Support Services program, Healthy Start and other home visiting and family support programs.

Healthy Families Florida - Why is it Needed?

In 1994, there were more then 3.1 million cases of suspected child abuse reported by child protective service agencies nationally and more than three children a day died from child abuse and neglect. Yet, typically more than half of child abuse fatalities are unknown to child protective services.41

Alcohol and other drug use have become the dominant characteristic in child protective services. Overall, it is estimated that between 50 and 80 percent of all confirmed child abuse cases and three-quarters of the child fatalities at the hands of parents known to the child welfare system involve some
degree of alcohol or other drug use. Drug exposed infants, toddlers, and preschoolers endangered by chemically involved parents are the fastest growing foster care population.42

Research over the last two decades has consistently confirmed that providing education and support services to parents around the time of a baby’s birth, and continuing afterward as needed, significantly reduces the risk of child abuse and contributes to healthy child-rearing practices. A recent study documents success of programs that provide prenatal and early childhood home visitation by nurses. It indicated that these services can reduce the number of subsequent pregnancies, the use of welfare, child abuse and neglect, and criminal behavior on the part of low-income, unmarried mothers for up to 15 years after the birth of the first child.43

What is Healthy Families Florida?

Healthy Families Florida is a community-based, voluntary, prevention approach that uses intensive home visiting and linkages to other necessary supports as the vehicle for building an integrated, coordinated, comprehensive system of support for families of newborns living in geographically targeted areas who have experienced stressful life situations that can lead to poor outcomes for their children. It is designed after successful intensive home visiting and family support initiatives in Pinellas and Orange counties that target services to families of newborns who are voluntarily assessed to be at high risk for abuse and neglect. These local collaborative efforts are integrated with Florida’s Healthy Start Initiative and other community-based home visiting and family support programs. The experiences in Pinellas and Orange show promising results. In Pinellas, 98% of the families served were not involved in a report of abuse or neglect; 95% of the families served six months or longer showed appropriate or improved bonding with their babies; and 97% of families served did not have a subsequent pregnancy. Orange County shows similar results with 97% of the families having no report of abuse or neglect and 93% not having a subsequent pregnancy.

Healthy Families Florida is intended to provide the needed intensity and duration of services that extend beyond those available through Florida’s Healthy Start Initiative. Healthy Families Florida will add to the existing continuum of services a child abuse prevention strategy that targets families of newborns who are at highest risk for child abuse and neglect, and offers specialized home visiting services with the intensity and duration required to prevent child abuse and neglect. Healthy Families home visitors typically carry caseloads of 15-25 families and are therefore able to tailor intervention to each family’s need for assistance in parenting and life management skills development.

It is estimated that 3,027 families will be assessed at high risk and will volunteer to participate in the first year of implementation of Healthy Families Florida. The department is requesting $25.5 million in general revenue funds for the second year of implementation of the statewide program. These funds will support the provision of community-based family assessment, intensive home visitation and linkages to family support services to an additional 9,000 families for up to five years. The average annual cost for non-substance abusing families is $2,700 ($3,200 for substance abusing families).

**Expected Results and Other Indicators of Success**

- Reduced child abuse and neglect in targeted areas
- Reduced second pregnancies within two years of the infant’s birth
- Improved child development and readiness for school
- Improved immunization rates
• Reduced substance abuse among parents
• Improved family functioning
• Increased social support in families
• Family and community involvement in program development, implementation, and evaluation
• Reduced duplication in service delivery systems

**Critical Elements - Healthy Families Florida**

Certain critical elements will be embedded in this effort. They represent research-based, field-tested quality in home visitation and allow communities the flexibility to implement services based on the needs and existing resources of individual communities. Additionally, critical elements can be used as a way of measuring and improving quality of services.

• Initiate services prenatally or at birth.
• Use a standardized assessment tool to systematically identify families most in need of services.
• Offer services voluntarily and use positive, persistent, outreach efforts to build family trust.
• Work with family to identify strengths and resources that can help resolve identified family concerns.
• Offer services intensively (i.e. at least once a week) and over the long-term (i.e. three to five years) with well defined criteria for increasing or decreasing intensity of service.
• Provide services that are culturally competent; understand, acknowledge, and respect cultural differences among participants; reflect the diversity of the population served.
• At a minimum, all families are linked to medical providers to assure optimal health and development.
• Home visiting staff should have limited caseloads to assure they have an adequate amount of time to spend with each family to meet their varying needs and to plan for future activities.
• Providers should exhibit a high level of interpersonal skills, knowledge of community resources, and experience or willingness to work with culturally diverse communities and families.
• Providers should have basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug exposed infants, and other areas specific to their roles.
• Providers should receive ongoing weekly reviews and intensive and direct supervision.
Special Focus: Sexual Predators

[Note: This client group is related to a new mandate by the Legislature and has not yet been fully defined nor have objectives been developed. It is included here for informational purposes, but is not considered strategic in this planning cycle.]

Background

The 1998 Florida Legislature passed the "Jimmy Ryce Involuntary Civil Commitment for Sexually Violent Predators' Treatment and Care Act" (98-64, Laws of Florida; see also ch. 916, F.S.) which provides statutory authority for the state to detain, try and order persons found to be sexual predators to the care, custody and treatment of the department. This act defines a sexually violent predator to be any person who: a) has been convicted of a sexually violent offense; and b) suffers from a mental abnormality or personality disorder that makes the person likely to engage in acts of sexual violence if not confined in a secure facility for long-term control, care, and treatment. Up to the enactment of this law, the department has not specifically included clients under this definition in its target groups. This is a new program and its relationship to existing mental health target groups and services is still under consideration. Development of performance measures for this program, and its integration into the department’s performance based program budget structure, is ongoing.

At present, the number of persons who may be included in this target group will be at least 2,100 during the 24 months beginning 1/1/99, based on Department of Corrections data.  

Program design

A sequence of reviews involving a number of different agencies and disciplines is prescribed by statute. Prior to any judicial proceedings, each potential predator must be evaluated by a multi-disciplinary team. The multi-disciplinary teams will be established within the Department of Children & Families and will evaluate each person who meets the initial criteria to be a sexually violent predator. Every person who is scheduled to be released from custody from the departments of Corrections, Juvenile Justice and Children & Families will be examined. The multi-disciplinary team will begin evaluating alleged predators 180 days prior to their release from secure custody.

The teams engage in a two step process. An initial review of the alleged predator’s records will be conducted by several employees of the department. Departmental employees with experience working with persons with mental disabilities will retrieve the alleged predators’ records and histories. These documents will be reviewed and evaluated. This level of expertise, using highly validated sexual offender screening instruments, eliminates about 30% of the initial pool of potential predators.

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This figure represents two distinct sets of persons affected by the Jimmy Ryce Act:

- Approximately 1530 persons confined in the Department of Corrections with at least one sexual offense and with a release date within the time period July 1, 1999 to December 31, 2000. The Department of Corrections estimates that a minimum of 85 persons will be referred to the Department of Children and Families each month during this period.

- The total also includes 563 persons which represents the actual number of confined persons in the Department of Corrections with at least one sexual offense and with a release date within the time period January 1, 1999 to June 30, 1999. This later figure is derived as applicable due to the Florida Attorney General's opinion [AGO 98-64] which states the Jimmy Ryce Act also covers individuals released in the first six months.
Those considered likely candidates as predators will move after the records review to the second step. The remaining potential predators will receive face-to-face evaluations by qualified professionals, psychologists and psychiatrists, who will conduct the interviews with the alleged sexually violent predators. At the completion of the two steps the team will prepare a report to be send to the appropriate state attorney with recommendations concerning further action.

**Resources and Facilities**

The initial funding for this effort included $4.9 million in the department’s 98/99 budget. The department is currently analyzing the resources, including facilities, that will be necessary to support it on an ongoing basis. For FY 99/00, the department’s Legislative Budget Request includes a request for $22.8 million. Extensive travel funds will be necessary as each person will be located in a prison throughout in Florida during the review period. The statute also requires that the predator be held in an “appropriate secure facility” during the trial and appellate phase of the sexual predator litigation beginning after the probable cause hearing. Statute does not define an "appropriate secure facility" but the Florida Attorney General recently opined that the “appropriate secure facility” would be a departmental secure facility. If the individual is committed to the custody of the Department of Children and Families, then the person will stay in the department's control, care, and treatment until such time as the person's mental abnormality or personality disorder has so improved that the respondent is safe to be at large and has been ordered released under this act. Such control, care, and treatment must be provided at a facility operated by the department. The sexually violent predator must be kept in a secure facility segregated from patients or inmates who are not committed under this section. We estimate approximately 550 persons may require such custody during the first 18 months.\(^G\)

**Next Steps and Strategies**

The department has contended to the legislature that the sexual predator program is inappropriate for our staff and their mission. If the legislature is unwilling to move the program elsewhere, then the program needs to be placed in its own budget category so that it will not “bleed” resources from other mental health programs.

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\(^G\) This conservatively estimates a commitment rate of approximately 85% of those against whom petitions are filed. This is less than the 90% rate in California and the 93% rate in Wisconsin.
Goal:

Children will grow up in stable, loving, safe homes

Ideally, most people agree every child should grow up with a loving, supportive biological family. Some children, however, must be placed in the custody of others, such as with relatives, in state-supported emergency shelter, foster homes, residential group homes, or adoptive homes. Because a child’s sense of time is different than adults, it is important to place children into stable homes as soon as possible to avoid emotional and other adverse effects. Families are also torn apart by substance abuse and mental health issues. Many children are beginning drug use at an early age. Mental health problems cause many children to fail in school; be disruptive influences in the family; or become delinquent, necessitating removal from their homes. Children with mental health or substance abuse problems should have a normal, community-based environment, develop educational and life skills they may be lacking, and learn to become and remain drug-free. Especially in the current era of shrinking resources, it is imperative that these results are achieved through efficient, cost-effective service provision.

**Target Groups:**
- Child victims of abuse or neglect who have become eligible for adoption
- Children with mental health problems
- Children with substance abuse problems
Target Group: Child victims of abuse or neglect who have become eligible for adoption

Trends and Conditions. Many child victims of abuse or neglect may remain with or be reunited with their original families once the conditions that led to intervention have been corrected. However, for some children permanent removal from their families is necessary to ensure their safety. In most cases, these children will either be cared for by relatives or adopted. Adoption is a legal action that transfers all parental rights to adoptive parents, making the adopted child a legal member of the new family with all the rights and privileges of a biological child. Florida provides for both public and private agency/independent adoptions. The department was authorized in 1963 to provide public adoption services to children in the department’s custody (for example, foster children). Unlike most private agencies, the focus of department efforts is on children who are older, have siblings, and have been child victims. Adoptive families of children with special needs (e.g., physical or medical problems) often need extra supports to deal with the child’s unique problems. The number of foster children adopted each year has more than doubled in the past several years, from 635 in FY 1989/90 to 1,290 in FY 1997/98.

Factors in Adoption Success

There are a number of factors which can affect how soon an adoption occurs and whether it is ultimately successful. These include court and judicial system processes; the types of children who are being placed; and the availability, aptitudes, and situations of families willing to adopt.

The speed with which a child becomes available for adoption is dependent upon when a Termination of Parental Rights (TPR) order is granted by the court. This is a shared responsibility between the department and the courts, and often depends on how each judicial circuit operates.

There are children within the target group for whom the department has been less successful in finding families. Black children tend to stay in care longer while waiting for an adoptive family, and more than half of the children legally available for adoption are black (56%, or 932 children, in May of 1998). Sibling groups can also take longer to find appropriate placements in which the children can remain together. Finally, it is an ongoing challenge to find enough dedicated, nurturing families who believe they can provide the special attention and understanding required for children with special needs such as physical, emotional, or developmental problems.

Identifying and training prospective adoptive families, and matching available children to families, are critical to the success of adoption. In many cases (41%), foster parents adopt their foster children. There are also a significant number of placements with relatives of the children (23% in FY 96/97). Overall, during FY 96/97 recruitment of families unknown to the child accounted for 30% of adoptions. Prospective adoptive families are for the most part required to complete 30 hours of training; of those who enter training, only 50% complete it, and of those only about 60% are approved for adoption upon completion of the required final home study. Other families who enter adoption training may discover
their expectations relating to the availability of infants and toddlers were unrealistic. Or, the characteristics of the family and the child(ren) placed may not be a good fit.

**Ongoing Effort: The Department’s Services**

Family recruitment and training. The department oversees or participates in a wide range of activities meant to identify and inform prospective adopting families. Among these are the Model Approach to Partnership in Parenting training program (MAPP); the Florida Adoption Exchange for inter- as well as intra-state identification of families; One Church One Child which concentrates on finding homes for black children; the Adoption Information Center for phone information and an Internet home page also provide valuable resources. The Governor’s Partnership for Adoption has obtained a donation from American Advertising Foundation to help with a targeted recruitment campaign for adoptive parents.

Matching families to children. Adoptive families, once identified, trained, and approved, still must be carefully matched to children. The department focuses on staff development and quality assurance activities to ensure successful adoptive placements. Between 85%-90% of all adoptive placements are finalized, indicating a successful match.

Subsidized adoption. At the end of May, 1998, 10,400 children were receiving a subsidy to help support their special needs. By statute, adoption subsidies are less than foster care payments. Federal funds provide a 55 percent match in about three-fourths of the cases. Still, Florida ranks in the bottom one-third among the 50 states in the average monthly subsidy payment (as of October 1997, at $265 per month per child). The department has rules and procedures to ensure subsidy amounts are closely tied to the specific special needs of the children and families adopting them.

**Performance Status**

| Strategic Outcome: Children eligible for adoption are placed in safe, permanent homes. |
| Strategic Objective 1.2: Percent of children who are adopted of the number of children legally available for adoption will increase from 45% in FY 1996/97 to 90% by FY 2003/04. |

<table>
<thead>
<tr>
<th>Projection Table</th>
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<tbody>
<tr>
<td><strong>Target Group</strong></td>
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<td></td>
</tr>
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<td>Child victims of abuse or neglect who have become eligible for adoption</td>
</tr>
</tbody>
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H 1-800-96-ADOPT; http://sun6.dms.state.fl.us/cf_web/adopt/
Outcome Drivers:
- Percent of children placed in an adoptive home within 3 months of TPR
- Percent of placements finalized within 6 months

Strategies for Improving Performance (Objective 1.2)

1. Continue to work with Legislature to ensure availability and adequacy of funding for adoption subsidies, and continue to develop processes that assure appropriateness of subsidies granted.
2. Implement concurrent case planning to shorten children’s stays in foster care.
3. Implement recommendations of the Dependency Court Improvement project report (Aug. 1997) which identified several points in the dependency process where delays are contributing to the length of time children spend in foster care.
4. Implement the federal Adoption and Safe Families Act, and participate in the President’s “Adoption 2000” initiative.
5. Continue to support and develop a wide range of activities that identify, recruit, train, and match prospective adoptive parents; includes a new automated matching project for parent and child characteristics.
6. Continue to collaborate with the Governor’s Partnership for Adoption and the Florida Advertising Federation on a major ad campaign to recruit adoptive families.
7. Implement competency based pay plan and training for adoption services; professionalizing the field, assuring the skill and competency level of staff who do this work.
8. Cross-train foster care counselors to assist in adoptive placements where foster parents are adopting their foster children.

Figure 5. Children eligible for adoption
Target Group: Children with mental health problems

Trends and Conditions

Mental health problems affect the lives of one child in 20, many of whom are not being identified as needing services. It is estimated that more than 150,000 of Florida’s children with mental health problems are not receiving the help they need for a variety of reasons. Adults sometimes fail to recognize mental health problems in children. The stigma about mental health problems also keeps many people from asking for help, which often means continued isolation and discrimination for many children and their families. Punishment is often incorrectly used to try to solve these problems. Sometimes cultural barriers prevent children from getting help. Compounding the problem is a lack of training about mental health problems for many people who work with and care for children.

Mental health problems in children can be caused by biology or environment, or a combination of both. Biological causes include genetics and chemical imbalances in the body. Environmental factors that can put children at risk of developing mental health problems include exposure to stress from chronic poverty of discrimination, exposure to violence, or loss of important people (parents, caregivers, etc.) through death, divorce, or disruptions in foster care placements. Children with mental health problems are typically characterized as having serious emotional disturbance, or having emotional disturbance, based on specific diagnostic criteria.

When a serious emotional disturbance in a child goes untreated, it can have grave personal, social and economic effects on the child and family. The child may experience major problems interacting with others, fail in school, act out or show violent behavior, or have even more severe mental health problems as an adult. The family may incur high medical bills in seeking treatment for the child, and the community also pays if the child becomes involved in the juvenile justice system.

Ongoing Effort: The Department’s Services

The department’s Children’s Mental Health program, through a combination of federal, state, and local funds, served 45,595 children in FY 1997/98. The program’s accomplishments in delivering publicly funded children’s mental health services have been considerable:

- No children are placed in the state’s civil mental health hospitals and, by policy, no children are placed out-of-state through Children’s Mental Health funding.
- Increasing proportions of children are served in the community-based Specialized Therapeutic Foster Care program rather than restrictive residential treatment centers and hospitals. As a result of this joint project (Children’s Mental Health, Agency for Health Care Administration, Family Safety and Preservation, and Juvenile Justice), the number of children with serious emotional disturbance who must wait for residential treatment decreased significantly to its lowest level in 15 years.
- Multi-disciplinary planning teams are used throughout the state to provide child and family centered service planning, and interagency collaboration is extensive.
- Performance measures have been negotiated with the Florida Legislature, and data is collected and analyzed statewide. “Best practices” are being identified and disseminated, and when performance is below expectations, targeted analyses are conducted to help in developing corrective actions.

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1 This includes children with emotional disturbance or severe emotional disturbance, and children at risk of emotional disturbance.
Florida’s Children’s Mental Health Act: A progressive piece of legislation, the “Comprehensive Children’s Mental Health Services Act,” was passed unanimously by the Florida Legislature in its 1998 session. In addition to providing a statutory framework and guiding principles for Florida’s Children’s Mental Health program, the Act calls for creating Interagency System of Care Demonstration Models. The Act encourages the development of local consortia of child-serving agencies who will enter into partnership agreements to provide a locally organized system of care for children who have a serious emotional disturbance and for their families. A unique feature of the models is the authority for state agencies to pool their funds in an effort to test creative and flexible strategies for financing care of these children.

Title XXI: The Legislature approved an innovative behavioral health care proposal to implement the federal Title XXI Child Health Insurance Program to serve an additional 300,000 uninsured children. The program provides a behavioral health benefit package of up to 30 days of inpatient care and 40 outpatient interventions for all children enrolled in the Title XXI program. It also authorizes the Department to develop a Special Needs Network, a system of comprehensive care for several hundred children with complex needs requiring the most intensive levels of mental health services. The Special Needs Network would provide benefits similar to those available to Medicaid-eligible children, including individualized, home and school-based services.

Community-based services: The Agency for Health Care Administration has collaborated with the Children’s Mental Health program, Family Safety and Preservation, and Juvenile Justice in continuing the development of new Medicaid-funded home and community-based services, including home and community-based rehabilitative services, intensive therapeutic on-site services, behavioral overlay services for children in juvenile justice placements, and specialized therapeutic foster care.

Mental Health Strategic Plan: This program-specific plan is the Department’s blueprint for improving the publicly funded mental health services system. The intent of the plan is to:

- analyze the strengths and problems of the current service system,
- describe what the system of care should look like within the next four years, and
- specify changes that will be made to improve the mental health service system and support positive changes in the lives of the people we serve.

A broad-based workgroup of consumers, family members, and representatives of the Department’s programs and other agencies and organizations helped design the plan, which is consistent with recognized “best practices” in the field of mental health. Implementation is expected to result in a more effective and responsive system of care that is person-centered, community-based, and results-oriented.

**Performance Status**

<p>| Strategic Outcome: Children will live with their family, or in a least restrictive setting, and attend school. |
| Strategic Objective 1.3: [Children with serious emotional disturbance]: Average number of days spent in the community annually will increase from 312 in FY 1996/97 to 338 by FY 2003/04. |
| Strategic Objective 1.4: [Children with emotional disturbance]: Average number of days spent in the community annually will increase from 324 in FY 96/97 to 350 by FY 2003/04. |</p>
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*This target was set for performance based program budgeting and included in the General Appropriation Act before actual 97/98 level was known.

**Outcome Drivers**
- Percent of families reporting high levels of involvement in services.
- Percent of clients assessed prior to development of service plan.
- Percent of cases indicating link between assessment and service plan.
- Percent of case reviews complying with care standards and data validation
- Percent of enrolled clients who have outcome data reported

**Figure 6. Children with serious emotional disturbance**

![Graph showing days in the community for children with serious emotional disturbance](image-url)
Strategies for Improving

Performance (Objectives 1.3 and 1.4)

1. Develop community funding partnerships for increased service availability, and coordinate with other agencies related to this target group; for instance, local mental health organizations, school boards, juvenile justice councils, etc.

2. Implement a utilization management system with providers, to act as gatekeeper for children entering inpatient hospitalization and to reduce lengths of stay admitted children. Utilization management includes intensive case plan reviews ensuring children receive appropriate services.

3. Establish specific, measurable treatment and functional goals for each child at risk of residential placement.

4. Develop and implement enhanced monitoring and performance improvement analysis; provide performance intervention training programs for staff, including providers where appropriate; and disseminate best practices.

5. Competitively bid provider services if existing providers are not meeting 80% of their outcomes.

Figure 7. Children with emotional disturbance
Target Group: Children with substance abuse problems

Trends and Conditions

There are an estimated 247,000 children in Florida with substance abuse problems. Another 328,000 are estimated to be at risk of abusing illicit substances. Among youth, illicit drug use, notably marijuana, increased from 1992 to 1995. However, recent data indicate that illicit drug use may be leveling off among youth. From 1995 to 1996, the rate of use among youth age 12-17 decreased from 10.9% to 9.0%. Past year and past month rates for marijuana use remained unchanged for students in eighth, tenth, and twelfth grades. Daily marijuana use in the past month increased among seniors, but decreased among eighth graders. In 1996, 109 million Americans age 12 and older had used alcohol in the past month (51% of the population). Of the 9.5 million current drinkers 12 to 20 years old in 1996, 4.4 million were binge drinkers, including 1.9 million heavy drinkers. In Florida, according to the department’s 1995 Florida Needs Assessment Project Survey, 24% of middle and high school students think it is OK to use alcohol, while 17% were undecided. Regarding marijuana use, 16% think it is OK while 11% are undecided.

Prevention is a part of the interrelated continuum of substance abuse services that also includes treatment. Prevention can be viewed as the earliest intervention that protects children from the adverse consequences of alcohol, tobacco and other drug use. Tobacco is considered a gateway drug to the use and abuse of illicit substances. According to the prevention needs assessment study (1997) conducted by the Florida Department of Children and Families, of 6th through 12th graders that use tobacco monthly or more, 64% use alcohol monthly or more often, compared to only 15.5% of non-smokers.

The use and abuse of substances by children and adolescents is highly related to other severe problems such as juvenile delinquency, teen pregnancy, AIDS, and school failure. The personal and social costs of these problems are enormous. Children and adolescents in need of substance abuse services typically display behavioral difficulties, perform poorly in academic areas, experience difficulties at home or with peers. In addition, children and adolescents entering substance abuse prevention/intervention and treatment programs already display dysfunctional behavior patterns with substance abuse, delinquency and drop-out. Thus, many children wind up under the supervision of the state, either due to criminal behavior or lack of a safe home environment.

In addition to the children abusing substances who are under the supervision of the state, there are many other children whose involvement with substances warrants treatment. Typically, these children are referred by schools, family safety/child abuse prevention programs, or other sources who identify substance abuse (and associated) problems but not yet at a level that warrants placing a child in custody. Though such children may be in a relatively stable environment or have not demonstrated behaviors that make them unable to remain with their families (such as delinquency or mental health crisis), without treatment there is a strong likelihood they will eventually wind up in custody.

Substance abuse, although serious, may not be the most pressing problem for these children. Often it serves as a maladaptive coping mechanism to assist the child in dealing with other major problems in his/her life. As a result, substance abuse treatment and prevention programs must work closely with other agencies and service areas, such as the school system, juvenile justice, and Healthy Families Florida.
**Ongoing Effort: The Department’s Services**

In general, services for children with substance abuse problems seek to provide interventions aimed at reducing or eliminating the use of substances, thus, enabling children to succeed in school and where possible develop a stable home environment. The department provides, via private contractors, a continuum of prevention, assessment, intervention, case management, stabilization, and non-residential and residential treatment services to meet the needs of the child with an emphasis on family involvement. A primary focus of services is on those children who are under the supervision of the state (either Department of Juvenile Justice, due to delinquent behavior; or Department of Children and Families, due to abuse and/or neglect). During FY 97/98, the department served around 46,000 children identified as substance abusers.

The following categories of services are available:

- **Prevention services** involve strategies that preclude, forestall, or impede the use of substances by increasing awareness through information, education and alternative activities. (These services are primarily for children at risk of abusing substances, not those already abusing substances.)
- **Intervention services** involve early identification, short-term counseling and referral, and outreach.
- **Assessment services** involve the use of clinically accepted methods to diagnose, assess, evaluate, and provide assistance to individuals and families to determine the need for services and supports, motivation for services, and appropriate levels of care.
- **Crisis care services** are designed to provide emergency care to individuals experiencing a substance abuse crisis to prevent further deterioration or exacerbation of their conditions. Services provided include detoxification and stabilization through Addiction Receiving Facilities, and outpatient crisis counseling and support.
- **Treatment services** involve the provision of a range of assessment, counseling, and ancillary services in a structured, therapeutic environment. Included among these are residential, non-residential (outpatient and day/night), and continuing care services.

The department’s efforts in the coming year will focus on several significant areas. Continued system improvements as a result of implementing Performance Based Program Budgeting is a priority. The focus will be on understanding what enables children to avoid or control substance abuse. Linkages to Healthy Families Florida is an important strategy for assisting families at risk. Expanded case management services to children in the child protective system is also a priority.

The department’s legislative budget request will be used to assist local communities to organize a system of care, utilizing a provider network or lead agency strategy, to increase efficiencies in delivering services and increase accountability for continuous client care and outcomes. Expanded treatment and case management capacities, targeting families at risk for abuse/neglect, is a critical component of this year’s budget request. An expansion of prevention services is also being requested. One of the factors linked to increases in child substance use since 1992 is parents not talking to their children about the dangers of drugs. Prevention efforts targeting parents of high risk youth is needed to complement the prevention strategies being utilized in most schools.

The Title XXI federal block grant to states pays for health insurance to low income children. Florida’s plan, passed by the 1997-98 legislature, calls for substance abuse services of seven days detoxification, 30 days of inpatient services, and up to 40 outpatient visits per year. For a small number of children with very serious behavioral health problems, the benefit will equal or exceed Medicaid benefits.
While it is not the lead agency, the department has collaborated on several activities related to the tobacco initiative. Activities have included participation in a Youth Tobacco Roundtable with the Office of the Governor and the Department of Health, a review of a plan submitted by the Office of the Governor, and working to establish a collaborative effort with the Governor’s Office to ensure continuity of effort with regard to the department’s new federally funded State Incentive Grant for prevention. We recommend the use of tobacco dollars to fund the substance abuse legislative budget request and to mount a teen substance abuse prevention campaign with the focus on alcohol and marijuana.

**Performance Status**

**Strategic Outcome:** Children with substance abuse problems are drug free.

**Strategic Objective 1.6:** Percent of children who complete treatment drug free will increase from 54% in FY 1996/97 to 72% by FY 2003/04.

### Projection Table

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**Outcome Driver**

- Percent of clients placed in treatment according to appropriate level of care

Children in Florida’s substance abuse treatment programs are completing treatment at a rate much higher than the rate reported on a national level. A recently completed national study found that about 30% of adolescents completed treatment. Comparatively, baseline performance data show that 54% of the children leaving substance abuse treatment in Florida complete treatment. During FY 1997-98, the top 25% of providers averaged a treatment completion performance level of 65.5%. While it is vital that clients become drug free and complete treatment, a complementary outcome measure that has been added for FY 1998-99 is the percent drug free for six months following treatment. The two measures work together to ensure the adequate measurement of programmatic success in helping clients be drug free. Performance is related to the children who complete treatment. Clients provided substance abuse services (such as assessment, intervention, and case management) who are not

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1 According to American Society of Addiction Medicine Patient Placement Criteria.
subsequently admitted to treatment are not included. For example, assessments are provided to many youth in the juvenile justice system to determine if they have a substance abuse problem and are in need of additional services, but these youths are not counted when calculating the percent drug free upon completion.

The outcome driver (clients placed in treatment according to the appropriate level of care) is based on the American Society of Addiction Medicine (ASAM) patient placement criteria. These criteria are designed to match client severity of addiction with the most appropriate level of care. The criteria also operationalize objective clinical benchmarks that should be achieved in order for clients to be discharged from their respective levels of care.

Measures of performance are dependent on reliable, accurate data in all areas. The department’s program staff continue to make information quality a primary focus. For example, to ensure that the Substance Abuse Data System database is reliable, the department has:

- required providers to submit accurate and complete information both contractually and as a condition of being licensed;
- developed software with built-in edit checks and mandated electronic submission of data;
- required that the provider place a hard copy of the client’s enrollment, as applicable, admission, discharge and placement data, dated and signed, in the client medical record;
- implemented an annual validation procedure to test the accuracy of the data public, contracted providers submit to the department; and
- implemented a Total Quality Management work group whose primary goal is to continuously re-evaluate the process of collecting, editing, and analyzing substance abuse data.

**Strategies for Improving Performance (Objective 1.6)**

1. Promote coordination of multi-agency prevention strategies for youth using the Cooperative State Incentive Grant as a catalyst for state and community participation.
2. Strengthen family focus in prevention and treatment activities.
3. Utilize the anticipated increase in federal block grant funding to improve completion of treatment and post treatment follow-up outcomes by ensuring adequate resources for family participation in treatment, adequate intervention and continuing care services, e.g., school based intervention and support services.
4. Institute utilization management to determine how the system is allocating and using resources.
5. Continue collaborative effort with the Department of Education, the Department of Juvenile Justice, and the Department of Health to implement the “Communities that Care” survey to assess the extent to which children believe the use of substances is harmful and to determine the actual use of alcohol, tobacco and other drugs by children.
6. Promote linkages between child protection workers, juvenile justice staff, substance abuse providers.
7. Enhance training of child abuse caseworkers relating to the substance abuse aspects of abuse/neglect.
8. Continue collaboration with the Department of Juvenile Justice to support community based intervention and treatment services for youth involved in the juvenile justice system.

Note: Please refer also to systemic strategies that affect both children and adult services, identified under the adults with substance abuse problems target group on page 24.
Strategic Issue 3
Long Term Support for the Mentally Ill & Developmentally Disabled

Goal
Adults will live as independently as possible in their communities. Those who cannot live independently should be provided an appropriate setting where they are safe and are assisted to achieve independence as possible.

Despite conditions such as developmental disabilities or mental illness, with proper supports most people are able to live as functioning individuals who participate in their communities. A broad range of supports are necessary to keep some individuals integrated into their neighborhoods, enable them to live and work independently, and avoid costly residential placement in long term care. However, some people are unable to live independently or in community settings all of the time. These persons, due to various physical, cognitive, or developmental disabilities, or mental illnesses, need a more secure and intensive support environment to avoid harm to themselves or to others. While residing in hospitals or long term care facilities, people must be protected and in some cases secured; assisted to become capable of independence or of living in a less restrictive setting whenever possible; and provided a system of supports that enables them to live as functioning individuals to the fullest extent of which they are capable.

Target Groups:
- Adults with severe and persistent mental illness
- Adults with mental illness in civil and forensic institutions
- Persons with developmental disabilities (in the community and in state facilities)
Target Group: Adults with severe and persistent mental illness

Trends and Conditions

Adults with mental illness suffer a wide range of acute and chronic conditions. Severe and persistent mental illness is of the latter type, defined for this target subgroup as those who have been identified with a psychiatric disability sufficient to be eligible for some type of disability income or have documented evidence of psychiatric disability. Each year an estimated 340,000 adult Floridians suffer from severe and persistent mental illness, leading to such functional impairments as learning problems, self-care deficits, and impaired working and interpersonal relationships.

The focus in Florida is on the ability or potential of individuals with mental illness to live in the community and be self-sufficient to the extent possible. Most people with this illness can successfully function within their communities with sufficient support and services such as treatment, housing, and education. Living with support in the community is also less costly than long term hospital care. However, defining what is meant by successful functioning, and determining ways to evaluate such success, can be difficult.

Early identification and treatment is an important factor. Many of the initial episodes indicating mental illness happen in late adolescence or early adulthood. By emphasizing an organized system of care which can respond to these episodes via access to specialists, medications, family supports, and proper educational/vocational services, the future prevalence of adults who suffer long term disability and increasingly costly care can be avoided.

As Florida has reduced population in its public hospitals, the development of community-based residential programs and services has not kept pace with the demand. Some of the problems are related to capacity, particularly the lack of parity between mental health and other health status for insurance purposes. Other issues relate to the ability to translate scientific research into practice; training for providers of services; and lack of clearly developed clinical protocols suitable for individualized treatment. Nationally, the mental health treatment system is being radically restructured, shifting from traditional insurance to managed care. However, the effort to control costs brings increased risk that services will be inadequate or unavailable. According to Nelba Chavez of the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration, “We cannot tolerate service systems that push people out of successful health services and into the criminal justice system, hospital emergency rooms, the streets or the backs of overstretched family members.”

Mental illness is also related to various other societal problems. For instance, substance abuse, homelessness, poverty, and delinquency may contribute to or be effects of mental illness. Different subgroups within the target population also present special problems; for example, some evidence exists that women have a greater likelihood of suffering from severe and chronic depression and other effects of poverty or domestic violence. The complexity of such interrelating problems requires a close coordination among the various agencies and organizations concerned.
Adult Mental Health Planning

The adult mental health program convened a work group of interested stakeholders during the summer of 1997 for the purpose of improving the system of care for children and adults of all ages served by the state’s publicly funded mental health system. The result of that effort was the development of a mental health strategic plan based on a collaborative effort between the state’s institutions, community providers, district representatives, other state agencies as well as consumers, family members and advocates.

The Adult Mental Health program strategic plan contains three focus areas that will assure that Florida’s mental health system of care is person-centered, community-based, and results-oriented. These are:

STRATEGIC ADULT MENTAL HEALTH FOCUS #1: Provide age-appropriate services and supports within a person-centered system of care. Consistent with the guiding principles, individualized services and supports will be offered for each person served in the system of care.

STRATEGIC ADULT MENTAL HEALTH FOCUS #2: Promote effective community-based partnerships. Collaborative partnerships will be developed in the community that support improved integration of services and shared responsibility for providing services.

STRATEGIC ADULT MENTAL HEALTH FOCUS #3: Improve results through development of system management tools, ensuring resources are used effectively and efficiently to produce positive outcomes for the people we serve.

This plan was developed with major content and direction provided by the members of the Mental Health Strategic Plan Work Group, with the intent of serving as the foundation for work to be completed during the next five years.

Ongoing Effort: The Department’s Services

During FY 1997/98, 35,938 adults with serious and persistent mental illness were provided with community mental health services by the department. These services are typically provided by non-profit providers throughout the state, under contract to the various districts. Services available for purchase include assessment, case management, crisis stabilization, crisis support/emergency, day treatment, drop-in/self help centers, in-home and on-site services, inpatient, outpatient, residential services, respite services, sheltered employment, supported employment, and supported housing. Due to insufficient resources and lack of comprehensive provider networks in many locations, community mental health services are not equally available throughout Florida nor adequate in any district.

Performance Status

| Strategic Outcome: Adults with mental illness live and participate in the community. |
| Strategic Objective 1.15: [Serious and persistent mental illness] Average annual number of days spent in the community will increase from 324 in FY 1996/97 to 345 by FY 2003/04. |

K Third quarter 97/98 performance = 326 days.
Projection Table

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*This target was set for performance based program budgeting and included in the General Appropriation Act before actual 97/98 level was known. Furthermore, this target group experienced a reduction in resources due to transfer of funds to a new service population in the 98/99 budget after the target was set.

Outcome Drivers

- Percent of clients reporting that services are client centered
- Percent of clients having a face to face contact within seven days following a state hospital stay and at least monthly thereafter for one year
- Percent of enrolled clients who have outcome data reported

The number of days spent in the community (that is, not in public hospitals or other long term residential facilities) has exceeded early projections. However, problems in collecting and reporting data resulting in a smaller than expected coverage of the client populations mean caution should be exercised in interpreting this information.

Strategies for Improving Performance (Objective 1.15)

The following strategies are part of the Florida’s Mental Health Program: A Strategic Plan for 1998-2002. This plan is the result of the collaborative effort between the state’s institutions, community providers, district representatives, other state agencies as well as consumers, family members and advocates.

1. Implement a mental health service delivery model. While this strategy will be ongoing process over the life of the strategic plan, specific action steps will be initiated during the first two years. A major effort will be the development of a system of care that is integrated and seamless. A plan to develop program standards and clinical protocols will be a central element in this effort.

2. Define target populations. Although target populations have been established for whom we serve, the 1998 session of the legislature appropriated Temporary Assistance to Needy Families (TANF) funds to begin serving this new population. At the present time, the department is developing a plan of action that will address the mandates of the legislature as well as ensuring that services for the currently defined target populations are not jeopardized.

3. Pursue and obtain adequate resources. To achieve our strategic goals, it will be necessary to obtain adequate resources. We plan to submit legislative budget requests (LBRs) targeting specific areas that will contribute to an improved publicly funded system of care. For the 1999 legislative session, the program office will offer LBRs on assertive community treatment, indigent psychiatric medications,
community forensic programs and equity-based system of care. These issues are all the more important because of the landmark U.S. Court decision (Zimring v. Olmstead, 138, F. 3rd 893; 1998) on the implications of the Americans with Disability Act.

4. Enhance local planning. An effort is underway to renew a district planning process. This process will address local issues and actions to be taken so each local can meet its performance based budgeting and outcome measures. Local plans also are being developed that related specially to persons who reside in of assisted living facilities with a limited mental health license and require mental health services.

5. Facilitate community partnerships. This will include the privatization of South Florida State Hospital and initiatives relating to assisted living facilities.

6. Ensure statewide implementation of an integrated data system. During FY 1997-98, a data workgroup was established. This group was composed of key stakeholders responsible for generating, collecting and reporting on mental health data. The group had a series of meetings and implemented a plan that integrates the various data elements of the mental health system. The result of this effort produced a self-editing integrated data system that will greatly increase the accuracy of the data submitted. This workgroup will reconvene during 1998-99 to address mental health data issues.

7. Continue to refine performance-based budgeting, including the development of monitoring protocols for performance-based budgeting. As part of this refinement process, outcome measures are utilized that providers are accountable to achieve. Outcome measures undergo an ongoing tracking and analysis of the data submitted which serves as a vehicle for modifying the system of care.

8. Implement a utilization management system with providers, to act as gatekeeper for adults entering inpatient hospitalization and to reduce lengths of stay admitted persons. Utilization management includes intensive case plan reviews ensuring adults receive appropriate services.
Target Group: Adults with mental illness in civil and forensic institutions

Trends and Conditions

Persons with severe and persistent mental illness may, in some instances, need to be admitted to one of the six Florida state mental health hospitals because they present substantial risk to themselves or others. Admissions are considered either “civil” or “forensic”. Civil admissions may be voluntary, or involuntary; that is, a law enforcement officer, concerned family members, or designated mental health professional may initiate the Baker Act (Chapter 394, F.S.). Under a forensic admission, the individual has been charged with a criminal offense and meet certain other criteria; or, has been adjudicated “incompetent to proceed” or “not guilty by reason of insanity.”

The greatest proportion of persons in hospitals are there due to commitment by the courts; about 5% are admitted voluntarily. During FY 1997/98, a total of about 4,568 individuals were served in both civil and forensic hospitals. Due to the extensive shift of treatment toward community services, the population that is institutionalized has a much greater level of need than in the past. Many of the individuals have very persistent mental illnesses with histories of violence toward self, family, or others. About three-fourths of those served in state hospitals have primary diagnoses of psychotic disorders, chiefly schizophrenia.

Ongoing Effort: The Department’s Services

The state owns and operates six mental health hospitals. They have a combined capacity of 2,815 beds (1,955 civil and 860 forensic). One additional hospital provides civil treatment under contract to the state. An estimated 2,800 civil and 1,700 forensic clients will be provided hospital services during FY 97/98. A variety of services are offered, such as basic support, health care, psychiatric treatment, enrichment, continuity of care, psychiatric rehabilitation, and advocacy. Cooperative arrangements with other agencies, such as local school board adult education offices, also enhance available services.

The department’s focus is to ensure a continuum of care with appropriate transitions between community and hospital services. The state hospitals are in varying stages of developing a service/treatment planning process, using core guidelines. A pilot privatization initiative at one state hospital is also underway and will provide information on cost effectiveness and outcome performance of this approach.

After several years of deliberation regarding the future of South Florida State Hospital, the 1997-98 Legislature directed the department to fully privatize its operations, including the finance, design and construction of a new 350-bed facility.

Through privatization, the Department's overarching objective is to enhance the recovery of persons with mental illness by redesigning South Florida State Hospital and fully integrating hospital and community care in the southeast region of Florida. In the short-term, the privatization should provide more efficient service delivery and improve management effectiveness, including the provision of greater accountability for the achievement of articulated outcomes. As a unifying theme, the privatized South Florida State Hospital shall focus on enabling the persons served there to return to the community as quickly as possible. Emphasis is on active treatment utilizing recovery principles, transition services to prepare

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1 Located in Chattahoochee, Arcadia, Pembroke Pines, Macclenny, Gainesville, and Miami.
patients to live in the community, and close coordination with community health service providers to facilitate discharge and increase the potential of successful placement in the community. Rather than simply shifting the management of the existing structure, the Department is committed to a fundamental rethinking and redesign of its mental health service delivery process in order to achieve striking improvements in program performance. This commitment extends to:

- Greater focus on the achievement of patient outcomes related to independence, productivity and social integration.
- Provision of treatment space and environmental design that is consistent with best practices in psychiatric hospital architecture.
- More efficient delivery of services, including seamless integration with, and provision of, needed community care.
- More effective oversight, including greater accountability.

The Department began this privatization through an innovative process which combined a standard request for proposals with an extended negotiation phase. Once the competition was completed, Atlantic Shores Healthcare, Inc. was the sole responsive provider. Negotiations were then conducted successfully on over 300 issues, allowing Atlantic Shores to assume control of the existing facility on November 1, 1998. Among other things, the contract structures a complex series of performance standards coupled with strong financial sanctions should they not be met. The privatized hospital will report on the same measures as the five state-operated mental health institutions, as well as several new ones. Construction of the new facility is expected to be completed by September 1, 2000. Currently, there are no known plans to privatize the other state-operated mental health facilities.

### Performance Status

**Strategic Outcome:** Adults with mental illness live and participate in the community.

**Strategic Objective 1.17:** [Adults in civil commitment] The percent of residents who improve mental health based on Positive and Negative Syndrome Scale will increase from 55% in FY 1997/98 to 59% in FY 2003/04.

**Strategic Objective 1.18:** [Adults in forensic commitment] The average number of days to restore competency will decrease from 162 in FY 1997/98 to 160 in FY 2003/04.

### Projection Table

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<td>55%</td>
<td>56% 56% 57% 58% 59% 59%</td>
</tr>
<tr>
<td>Adults in forensic commitment</td>
<td>1.18</td>
<td>N/A</td>
<td>162</td>
<td>161 161 161 160 160 160</td>
</tr>
</tbody>
</table>

### Strategies for Improving Performance (Objectives 1.17 and 1.18)

1. Develop and implement a comprehensive strategic planning process, including performance indicators and satisfaction surveys, and the data systems to support accountability information.
3. Implement a Quality Review system to measure compliance with practice guidelines and other applicable standards of care.
Target Group: Persons with developmental disabilities (in the community and in state facilities)

Trends and Conditions

People with developmental disabilities include those with mental retardation, autism, cerebral palsy, spina bifida, and Prader-Willi syndrome. Most of these individuals reside in family homes, in community homes, or their own homes, while others live in state or privately run long term or intermediate care facilities.

Living and participating in communities has been Florida policy for persons with developmental disabilities since 1975. At that time the legislature committed to the philosophy that people with developmental disabilities should have “community residential opportunities” and “a family living environment comparable to other Floridians.” This philosophical commitment was not matched with adequate funding to ensure community supports. The legislature mandated that the design and delivery of treatment and services to people with developmental disabilities be directed by the principles of normalization and that, to effect this, community services are a viable and practical alternative to care in long term facilities at each stage of individual life development. Trends in the progress towards community living have included the development of community supports and services, such as support coordination, supported living, supported employment, community long term residential care, day training, transportation, vocational training, and adult education.59

The Home and Community Based Services Waiver is a Medicaid program which offers eligible disabled individuals the opportunity to live outside of state and private institutions. Participants may reside in their own homes, homes of relatives, family homes, or licensed group homes, all of which are in the community and are not particularly distinguishable from other neighborhood residences. Approximately 12,000 persons with developmental disabilities are presently being assisted by the waiver at an average expenditure of about $14,000 per year. This current average level of support does not adequately meet the needs of many clients. The national average expenditure for core services (place to live or in-home supports, day activity, transportation and case management) for people with developmental disabilities is estimated at about $30,000 per year.60 The estimated cost to provide full core services in the community compares very favorably with the cost of residence in private Intermediate Care Facilities for the Developmentally Disabled, known as ICFs/DD (about $70,000 per year), and the cost of state operated developmental services institutions, known as DSIs (about $85,000).61

Over the last three years the total developmental disabilities caseload has grown only 7% (from 26,411 on 7/94 to 28,386 on 7/97). Of these, more than 19,000 are considered to have all of their service needs met. During this same period the number of individuals living in their own homes or in supported living situations has grown 80%, and the Medicaid waiver enrollment has increased by 89%. The Medicaid waiver enrollment, almost 12,000, already exceeds the department’s prediction for FY 97-98, made three years ago.62 Likewise, the overall percent of individuals living in community settings has increased, from about 86% of the total caseload in 1994 to 87% in 1997. These examples illustrate the progress made toward the goal of community opportunities in spite of intervening legal impediments.

Beyond the question of costs, living in a community is conducive to exercising the rights of people with developmental disabilities as enumerated in statute (s. 393.13, F.S.), among which are the rights to social interaction, consent to or refusal of treatment, privacy, dignity, education, freedom of choice, and unrestricted communication. Service to these individuals in their communities has the added benefit of
drawing upon resources and infrastructure which are in place to serve all Floridians. When a person with a developmental disability enjoys the use of the community tennis courts and the public libraries, he or she not only gains from exposure to a community of like consumers, but benefits from services already paid for by the whole society.

The increased number of people being served by the Medicaid waiver is a positive and welcome step toward the goal of community residential opportunities; however, the need for staff to monitor these individuals and their supports has increased proportionally. The FY 97-98 General Appropriations Act authorized 48 fewer positions for Developmental Services than the Governor requested, making adequate monitoring of services and providers impossible.

In 1996, the legislature eliminated the funding for privately operated institutional programs, reduced the budget by approximately $34 million, and transferred the remaining budget to the Home and Community Based Services waiver. Subsequently, two class action lawsuits were filed to enjoin the legislation. A temporary injunction halted the conversion and subsequent court rulings have permanently enjoined the legislation. As a result of this ruling and rulings in another suit concerning the entitlement to institutional services, both public and private institutional programs continue to be a service option. Most recently, three additional class action suits have been filed. Two suits concern the adequacy of funding for Home and Community Based Services and one challenges the adequacy of care in public institutions. All of these lawsuits have the common theme of inadequate funding for services. Decisions in these cases have the potential to dramatically reshape the service delivery system.

During the 1998 legislative session, the development of a comprehensive plan for services for people with developmental disabilities was mandated. That plan must be completed by October, 1998 in order for more than $20 million in new funds to be released. The plan is to address, among other issues, the resolution of the lawsuits and elimination of the waiting list for services. The planning effort is headed by the Governor’s Office and includes representatives of all of the groups committed to services for these individuals.

**Ongoing Effort: The Department’s Services**

**Individual Support Plans:** All individuals living in the community participate in the preparation of their support plans with their support coordinator. Support plans identify the desired outcomes for the person and the supports needed to achieve them. Some of the supports planned include housing procurement, household maintenance, meal planning and preparation, shopping/consumer skills, clothing care, money management, and recreation. The plan also identifies how natural supports, community resources, and paid providers will work together to achieve the outcomes identified by the plan. The plan is reviewed by district staff who must approve the expenditures for the plan’s implementation. At times, not all of the service needs which have been identified can be funded, resulting in unmet needs. Currently 65% of clients living in the community have all of their identified service needs met.

“Supported living is a way of living, not a program, slot, or placement. It refers to flexible and customized supports provided only as individuals need and want them. Such supports make it possible for individuals to move out of supervised and structured programs...”

The majority of people in state and private care facilities are living in licensed ICFs/DD, a Medicaid funded program which requires active treatment for all residents. An inter-disciplinary team develops an individual habilitation plan for each resident, which specifies goals, objectives, desired outcomes, supports and services. The department also assesses the ability of facilities to provide care which meets
critical standards. Critical standards are those specified in 65B, Florida Administrative Code (Licensure of Residential Facilities). These standards are written to ensure the health and safety of individuals living in Long Term Residential Care. They specify physical plant and health and safety requirements.

Support Coordinators: Medicaid waiver support coordinators (formerly called case managers) are independent contractors who serve up to 40 individuals each (these contractors work under assurances, i.e. provider agreements). All waiver-enrolled individuals must use these support coordinators, but the individual may choose the coordinator who he or she feels can best meet his or her needs. Non-waiver individuals have district staff as support coordinators. The support coordinator spends time with the individual, the family, and other people important in the person’s life in order to become familiar with the person’s desires and interests, and the level of supports that may be needed. This background information is then used by the support coordinator, the individual and family to jointly develop the support plan. Districts monitor the support coordinators via a Process Monitoring Instrument and Protocol. Individuals residing in facilities have case managers or social workers employed by the facilities. These staff are responsible for coordination of supports and services, liaison with families, documentation and other activities. Caseloads range from 24 - 120.

Sheltered Work: These programs were serving 7,261 persons as of July 1997, through purchased job training services from private providers. These training programs, known as sheltered workshops, seek to prepare the individual for eventual employment in the community. However, research has questioned the effectiveness of these programs at preparing individuals for competitive employment. Many people with developmental disabilities are capable of moving to community employment much sooner than previously thought, with proper supports.

Supported Employment. In supported employment each individual, usually with the help of a job coach, is assisted in finding and keeping a “real job” in the community at a business. The job coach will schedule interviews, provide on-the-job training, and maintain close contact with the employer to insure success. As of July 1997, 3,521 individuals were active; this number represented a 32.7% increase in just two years. Supported employment often costs less than segregated work and offers the individual the full gratification and sense of achievement that come from a job in the community alongside non-disabled fellow workers.

Department policy will be directed at encouraging the migration away from segregated work and into supported employment. Strategies under consideration to effect this transition include financial incentives for providers to make changes and additional options and flexibility which can motivate individuals to choose employment in the community in preference to sheltered workshops.

Vouchers

Following direction by the legislature, an innovative approach is being developed that involves vouchers to individuals in supported living for the payment of selected services. Vouchers are a means for improving control of the choice of services and providers for the developmentally disabled. Families and individuals will need training in areas such as maintaining records and withholding taxes, but when payment is made by the people directly served there is a strong likelihood that consumer choice can add a measure of cost control to the delivery of the services. Developmental Services Program staff are also exploring options for allowing funding to follow individuals as they move from one residential setting to another.
De-institutionalization

The number of unlicensed beds at the four state facilities has declined slowly over the last few years. The unlicensed bed count was 129 as of 7/1/97, decreasing to 87 in July, 1998. The department is required to reach its goal of zero unlicensed beds by 12/1/99. During FY 1998/99, the department will pursue licensing all unlicensed beds. It is expected that the goal of “no unlicensed beds” will be met. With respect to intermediate care facilities, the present progress toward de-institutionalization is clouded by litigation; however, transition planning and oversight is well underway in each district.

Forensic commitments

The commitment of individuals charged with felony crimes into the Developmental Services forensic system is court driven, affording the department little discretion in placement options; particularly given the limited number of available forensic beds. There is a continual wait list of defendants temporarily housed in county jails waiting for a bed to become vacant. The department has only one facility in the state that is designed and staffed to provide a secure setting, while at the same time offering a teaching curriculum for competency restoration to adult defendants who have mental retardation. This 70 bed Mentally Retarded Defendant Program, located on the grounds of Florida State Hospital in Chattahoochee, has been at maximum capacity for a lengthy period of time. Therefore, new defendants charged with a felony crime and found to be incompetent to proceed due to retardation or autism must be placed on an admissions wait list until there has been a discharge from the program.

Coordination with other Agencies

Close cooperation with many other state agencies remains a high priority for the Developmental Services Program, including:

- Department of Juvenile Justice: Coordinating services to children who have a developmental disability and have been charged with a crime.
- Department of Education: Promoting inclusive education programs and services in the school districts.
- Department of Elder Affairs: Securing supports and services for the developmentally disabled elderly.
- Department of Health, Children’s Medical Services: Improving the protocols for the transition of children from Children’s Medical Services to Developmental Services.
- Department of Labor & Employment Security, Division of Vocational Rehabilitation: Assisting with the placement of individuals into supported employment.
**Performance Status**

<table>
<thead>
<tr>
<th>Strategic Outcomes:</th>
<th>People with developmental disabilities participate in their communities. Improve the quality of life for developmentally disabled individuals residing in state facilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Objective 1.19.1:</strong></td>
<td>[People in the community]: Percent of people who score at or above the Outcome Assessment threshold will reach 40% by FY 2003/04.</td>
</tr>
<tr>
<td><strong>Strategic Objective 1.19.2:</strong></td>
<td>[People in the community]: Percent of people employed in integrated settings will increase from 22% in FY 96/97 to 27.5% in FY 2003/04.</td>
</tr>
<tr>
<td><strong>Strategic Objective 1.19.3:</strong></td>
<td>[People in the community]: Percent of people living in homes of their own will increase from 14% in FY 96/97 to 18.5% in FY 2003/04.</td>
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<tr>
<td><strong>Strategic Objective 1.20:</strong></td>
<td>[People in state facilities] Statewide average on the Conroy Quality of Life Protocol for residents in developmental services state facilities increase from 58.3% in FY 1997/98 to 61% by FY 2003/04.</td>
</tr>
</tbody>
</table>

**Projection Table**

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Objective</th>
<th>Statewide Baseline 1996-97</th>
<th>1997-98 actual</th>
<th>98-99</th>
<th>99-00</th>
<th>00-01</th>
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<tr>
<td>People with developmental disabilities - community</td>
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<td>TBD</td>
<td>76%  *</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>1.19.2</td>
<td>22%</td>
<td>24%</td>
<td>25.5%</td>
<td>27.5%</td>
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<tr>
<td></td>
<td>1.19.3</td>
<td>14%</td>
<td>15%</td>
<td>16.25%</td>
<td>18.5%</td>
<td>18.5%</td>
<td>18.5%</td>
<td>18.5%</td>
<td>18.5%</td>
</tr>
<tr>
<td>People with developmental disabilities - institutions</td>
<td>1.20</td>
<td>N/A</td>
<td>58.3% **</td>
<td>58.5%</td>
<td>59%</td>
<td>59.5%</td>
<td>60%</td>
<td>60.5%</td>
<td>61%</td>
</tr>
</tbody>
</table>

*This target was set for performance based program budgeting and included in the General Appropriation Act with actual 97/98 level unknown. Out-year targets will be adjusted when actual is available.

**This actual included scoring on adaptive behaviors. Future scoring methodology is proposed to exclude this. Goals will be revisited after methodology is finalized.

The quality of life indicator for persons in the community reflects adoption of the Council on Quality and Leadership (formerly known as ACD, the Accreditation Council on Disabilities) outcome-based performance measures. Over the past five years the Council has changed focus away from process-oriented standards to a set of outcome-based performance measures. People with developmental disabilities living in the community will be assessed annually to determine which personal outcomes were present in their lives and whether the service system had an adequate process in place to assure their achievement. This assessment is conducted through interviews with individuals receiving services, their families, and others who know them best. Data from the surveys will allow developmental services to continuously evaluate the progress of outcomes and the supports that are needed to achieve them.

The Conroy Protocol is the quality of life assessment that will be used for persons living in state operated facilities. The Conroy Protocol is similar to the community assessment instrument. Individuals and their caregivers are interviewed annually to determine which valued outcomes are present in their lives and how much progress is being made in achieving their goals and objectives.
Outcome Drivers

- Percent of licensed facilities in compliance with critical standards
- Percent of people living in residential facilities of 6 or fewer people
- Percent of general revenue match with federal funds
- Percent of support coordinators monitored annually
- Percent of support coordinators with at least 10% of support plans monitored annually
- Percent of adults receiving all services necessary for employment.
- Percent of adults receiving all services necessary to support having a home of their own
- Annual number of significant reportable events per 100 persons with developmental disabilities living in developmental services institutions

Improvement continues to be shown in aspects of developmental services that have been measured in prior years, such as the percent of individuals living in homes of their own and employed in integrated settings. The overall quality of life of this target group, both in the community and state facilities, will be the focus of ongoing strategic measurement effort.

Strategies for Improving Performance (Objectives 1.19.1, 1.19.2, 1.19.3, 1.20)

1. Continue to emphasize consumer choice of services and providers, particularly via continued maximization of the Home and Community Based Services waiver.
2. Implement processes related to assessing quality of life in the institutions and community. For example, train support coordinators, case managers and other staff and providers in the application of the surveys; implement procedures to reinterview individuals scored on the surveys to assure the reliability of the scoring process; ensure review and revision of support plans and habilitation plans for individuals scoring below a certain level on the surveys.
3. Ensure the health and safety of all individuals, with particular attention focused on those individuals residing in Intermediate Care Facilities for the Developmentally Disabled, who are affected by the transition to home and community based services waiver funding pending resolution of current lawsuits. Careful assessment, planning, and service development has been and will continue to be done, including:
   - establishing a Policy Advisory Team to provide direction and oversight of the transition,
   - developing detailed district plans for transition to home and community based services funding, and
   - conducting a comprehensive survey of status of individuals prior to, during and for a minimum of two years after the completion of the transition.
4. Enhance system for support coordinator and client placement monitoring and training, to include: additional monitoring and technical assistance to the districts by central office, especially site visits to all districts; increased focus on waiver/community service provider monitoring and training; and inclusion of decertification/termination provisions in all contracts for FY 1998/99.
5. Develop an automated system for support coordination that will allow direct input of assessment data, automatic calculation of level of need, and will help coordinators identify services according to rate and service guidelines. This will aid in development of appropriate residential placements and ancillary services.
6. Develop additional “step-down” facilities, which allow for secure supervision when a client is discharged from the Mentally Retarded Defendants Program but not ready for community placement. Request additional funding in order to create 24 more MRDP beds, which will help alleviate current problems of inadequate space in forensic programs for people with mental retardation.
Strategic Issue 4
Self-Sufficiency for Florida’s Families and Individuals

Goal
Adults work and gain economic self-sufficiency

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 and sanitation, child abuse and neglect, and domestic violence. Getting and keeping a job that provides adequate income and other benefits is critical in order for people to become contributing members of society as well as to secure the wellbeing of thousands of children now threatened by poverty. Job success conveys many more benefits to the family and society than just reduction in welfare payments. To achieve self-sufficiency, unemployed people must be provided supports (such as temporary financial assistance, medical coverage and child care) while job training and employability skills development occur.
Target Group: Adults and their families who need assistance to become employed (WAGES participants)

Trends and Conditions

The Aid To Families with Dependent Children (AFDC) Program was created in 1935, to support children who only had the support of one parent. In the decades since then, the extent to which people are expected by society to support themselves has been an ongoing topic of debate. Caseload growth, shifts in the characteristics of AFDC recipients, and growing labor force participation by women, have been major trends affecting the debate. A great deal of public dissatisfaction has been expressed; concerns have been voiced that welfare is harmful to recipients; and in general a move toward smaller government and lower public costs has been manifest.66

To address these issues Florida experimented with two innovative “welfare-to-work” programs. Project Independence, begun in 1988, was the first such program. It provided employment orientation, job search for the “job-ready”, interview preparation, and referral to education or training activities. Project Independence also provided support services such as child care, tuition assistance, transportation, etc. Results of the project were found to be mixed, with net costs of the program being about equal to the savings.67 The state’s next experiment with welfare reform was the Family Transition Program in early 1994, in Escambia and Alachua counties (expanded to seven additional counties in 1995). Operating under Federal waiver, this was the first program to combine a wide array of job search and support services with time limits on the receipt of cash assistance. Most clients had a two year time limit on receipt of payments. Another aspect of the program meant clients were permitted higher earnings and larger savings balances without losing assistance money. Among the few clients who have reached their time limits, most have seen their benefits end.68 This program is continuing in Escambia County only and is undergoing additional evaluation.

Welfare Reform: Work and Gain Economic Self Sufficiency (WAGES)

To implement the federal welfare reform act (Temporary Assistance for Needy Families, or TANF), and to facilitate the transition from unemployment and dependency to full employment and self-sufficiency, the 1996 Florida Legislature enacted PL 96-175, “Work and Gain Economic Self-Sufficiency” (WAGES).69 The WAGES program is under the governance of the WAGES State Board of Directors and 24 local WAGES coalitions. The Board consists of 17 members, nine of whom are appointed by the Governor and eight who serve by virtue of their office. The Department of Children and Family Services administers the eligibility and child care portions of the program and the Department of Labor and Employment Security has administrative responsibility for work activities and support services. Effective October 1, 1998, operational responsibility for all work activities was placed with the 24 local coalitions who have responsibility for local program service delivery. The State Board has statutory authority over all WAGES policies and budget. The Department of Children and Families participates actively in supporting the Board in the implementation of Welfare Reform.

The WAGES Act specifies Florida’s plan for providing temporary assistance to needy families while moving them toward economic independence. The law provides transitional services such as temporary financial assistance, medical coverage, and child care to individuals while they progress through training, interview preparation, job search, and during the early stages of employment. Former AFDC clients compose the majority of the present WAGES participants. In contrast to AFDC, the WAGES program takes a much more comprehensive approach to solving problems. For the WAGES participant a
combination of incentives (diversion expenditures, transitional benefits, liberalized earnings disregards, training, subsidized employment, etc.) as well as penalties, such as sanctions, and time-limited benefits, seek to restore work as a goal. For the employer there is a performance-based payment structure which will provide bonus payments to providers who experience notable success in achieving long-term job retention with WAGES program participants.

Factors affecting the success of welfare reform are many and varied. They include the extent to which participants are prepared to enter the work force, management information availability, and the economy in the state and the nation.

Unprepared Participants: The lack of job skills on the part of WAGES participants is recognized as a major concern by the program. Subsidized training and education will seek to correct this deficiency and improve participants' employability. Because private sector employer cooperation is essential to success, another area of concern may be termed lifestyle problems. Examples include substance abuse, lack of time management skills, and personal grooming deficiencies, which are not conducive to job success. The WAGES Statewide Implementation Plan has identified funding to be used for substance abuse counseling and for teen pregnancy prevention and parenting.

Information Systems: The management information requirements for WAGES are substantial and will require new programming and carefully planned coordination between the Department of Children & Families’ FLORIDA System, the Labor and Employment Security information systems, and systems under development by local WAGES coalitions. Work histories, training, interviews, and other new information must be accumulated on eligible clients and shared between systems. This will put a workload on programming staff just at the time that “Year 2000” problems are being resolved.

Economic Projections: The economy of the state is the largest external factor in the potential success of the WAGES initiative. The Florida economy is driven to a large extent by national trends, but two factors can make the Florida experience different. (1) National trends are often amplified in Florida. For example, during recessions travel is a luxury which is easily deferred. Because many WAGES participants will be placed in jobs related to tourism, its decline would impact the success of the program. (2) Florida has some unique economic factors. Examples include higher than average dependence upon real estate activity, weather-related economic effects such as citrus freezes and hurricanes, low levels of organized labor, and an economy dominated by services industries. During recessions these factors tend to impact the lowest paid workers early and severely.

Currently the economic outlook for the state continues to be favorable. The average annual growth in employment was 3.5% for 1980-95; projected to drop to 2.2%, 1995-2010. Job growth will outstrip population growth, which is projected at 1.5% annually over the same period, and the unemployment rate is projected to be a healthy 5.4%, 1996-2000.70 As favorable as these trends seem, many of the projected jobs are not in the right places or of the right types for the people who will need them.

Historical data for cash benefits and food stamps is shown in Figure 10. In the past few years, the trend for both types of benefits has been strongly downward. As of November, 1998, the number of families receiving cash assistance had been reduced to about 95,816, a reduction of about 62% FY92/93 (and over 50% since the initiation of welfare reform in 1996/97 with caseload around 214,000). However, whether the future growth rate of the state’s economy will sustain past trends cannot be predicted and could severely affect this trend.
The Department of Children and Families has a number of responsibilities under the WAGES program. Primary among these are eligibility determination for Temporary Assistance to Needy Families grants and issuance of these benefit payments, referring clients who are required to engage in work activities to the Department of Labor and Employment Security and local WAGES coalitions, and assuring access to subsidized child care. WAGES participants will have access to subsidized child care. In addition, the working poor whose incomes are inadequate to afford quality, stable child care, but who need it in order to remain employed, will also have access to child care services. Without subsidized child care some of these families would be forced back into temporary assistance. All of the WAGES participants who need subsidized child care services will receive those services. In FY 1998/99 around 65,000 children of WAGES participants and children of clients transitioning off welfare will require access to care.

For fiscal year 1998/99 the Governor recommended and the legislature funded a significant increase in subsidized child care for low income working families. This increase of around $75 million will enable the Department to increase the number of low income working families receiving subsidized child care to approximately 53,700, and serve about 63,000 children of WAGES/Transitional Child Care participants. In addition, the Department will serve around 13,250 children at-risk of abuse and neglect and approximately 2,800-2,900 migrant children.

Close, effective coordination between the Department of Children & Families and other key players in WAGES, such as the WAGES Coalitions, Department of Revenue (for child support enforcement), and the Department of Labor & Employment Security, is crucial for the success of WAGES. The WAGES law envisioned that this coordination would be assisted by an implementation planning process under the guidance of the WAGES State Board of Directors. A key ingredient in coordination is co-locating

Figure 10. Historical Caseload - Cash and Food Stamps
department staffs in one-stop centers. This concept places state employees from different agencies at one physical location where screening, diversion, eligibility determination, assignment to work activities, and arrangement for support services are all done.

**Performance Status**

<table>
<thead>
<tr>
<th>Strategic Outcome:</th>
<th>Increase economic self sufficiency for public assistance clients.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> The Department’s responsibilities in this area are integral to the success of the Department of Labor and Employment Security’s strategic objective “By 2003/04, increase the rate of WAGES clients employed from 13 percent in Fiscal Year 1996-97 to 60 percent.” Conversely, the DLES objective measures the long-term outcome of our shared clients. This objective will be considered a Strategic Goal Indicator for the Department of Children and Families and will be reported in conjunction with our specific departmental objectives where relevant.</td>
<td></td>
</tr>
</tbody>
</table>

**Strategic Objectives:**

1. **1.10.1** Percent of work-eligible participants who are accurately referred to the local WAGES coalitions will increase from 95.06% in FY 97/98 to 100% in FY 2003/04.
2. **1.10.2** Percent of requested sanctions for failure to comply with work activity requirements which are completed within time limit will increase from 86.8% in FY 97/98 to 100% in FY 2003/04.

### Projection Table

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<tbody>
<tr>
<td>Adults and families who need assistance to become employed</td>
<td>1.10.1</td>
<td>N/A</td>
<td>95.06%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td></td>
<td>1.10.2</td>
<td>N/A</td>
<td>86.8%</td>
<td>100%</td>
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</table>

While child-only cases are remaining fairly stable, the number of adults receiving cash assistance is significantly lower than it was prior to implementation of welfare reform. No conclusion is yet possible as to why the caseload is dropping so significantly, though it is thought to be a combination of factors. Among them, employment of recipients, changes in eligibility requirements for teen parents, and some recipients voluntarily withdrawing from the program so they can save “that time in the bank” in case their situation get worse. Measurement of the department’s strategic objectives is under development in accordance with the implementation schedule for performance based program budgeting.

**Strategies for Improving Performance (Objectives 1.10.1 and 1.10.2)**

1. Ensure child care is available for all participants who need it in order to participate in the program, and seek adequate funding to support the working poor.
2. Pursue further expansion of co-location and other coordination efforts with the Department of Labor and Employment Security.
3. Support the WAGES State Board, the Department of Labor and local WAGES coalitions in implementation of welfare reform.
4. Continue supporting the Electronic Benefits Transfer system throughout the state. This is the issuance of state and federal benefits to eligible recipients through the use of plastic, magnetic stripe cards. This is a more cost efficient, streamlined method of benefit delivery which deters fraud and
abuse and supports improved financial management and self-sufficiency for recipients of public assistance.

5. Improve service delivery by integrating data systems in a manner that provides communities and agencies with easy access to outcome and other data related to economic self-sufficiency across programs and agencies. This includes coordinating the Department of Children & Families’ FLORIDA System, the Labor and Employment Security information systems, and systems under development by local WAGES coalitions; and pursuing data warehousing.

6. Continue to implement processes that assure timely and consistent imposition of sanctions for all participants who fail to comply with work activity requirements.
Strategic Issue 5
Enhance Management and Information Supports

Goal
Support the mission of the Department by continually improving management processes, systems, and information for making decisions.

The department faces many of the same issues as all service organizations, whether public or private. Changing attitudes toward the roles of government, society and individuals; increased expectations about results for investments of resources; increasing reliance on data but continuing problems with outdated infrastructure; growing realization that existing organizational structures create barriers to meeting all the needs of a client; and a work force that requires ongoing skill enhancement as situations change more and more rapidly; all of these imply a number of management and information support or infrastructure needs that cut across all of the department’s primary client group service arenas. One of the key ingredients in the department’s ongoing fulfillment of its mission is a strong commitment to quality, exemplified by undertaking the challenge and award processes of the Florida Sterling Council as an agency.

The present trend in the department’s approach to meeting client needs is away from direct service provision, toward policy oversight and managing others who provide the services. A reality check against the satisfaction of all the department’s clients and partners is being made regularly. Joint ventures with private and public partners are being more and more emphasized, within and across traditional program lines. A systematic approach to defining critical results and improving services in a performance-driven manner is largely implemented and undergoing continual refinement and deployment at all levels of the department. Human resource development is acknowledged as one of the keystones for quality. Though many of these initiatives are difficult to quantify, the department continues to work toward fully integrating management issues and client outcomes in its approach to strategic planning and performance improvement.
Special Focus: The Sterling Quality Challenge

The Department of Children and Families is well along the way to reinventing itself as a truly quality-oriented organization focused on results for its customers. One indicator of this progress is the success of two representative entities (District 2 and the Florida State Hospital) in taking the Sterling Challenge offered by the Florida Sterling Council. During the upcoming year, five locations are being encouraged to apply for the Sterling Award (parallel to the Baldrige Award in the private sector), and 20 other locations within the department will take the Challenge. This represents a serious commitment to improvement across all categories of the Sterling Criteria for Organizational Performance Excellence.

The Florida Sterling Council provided feedback on the two entities’ Challenge assessments that will prove invaluable across the department as all other districts and offices review and enhance their processes. In each of the seven categories listed above, a number of areas for improvement were identified and countermeasures are being developed. A number of these key areas and countermeasures are summarized below:

<table>
<thead>
<tr>
<th>Area for Improvement</th>
<th>Actions to Take</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.0 Leadership</strong></td>
<td></td>
</tr>
<tr>
<td>1. Communicate with employees about the quality management system and how they may contribute to it.</td>
<td>• Train cadre of internal consultants and trainers in quality management tools and techniques.</td>
</tr>
<tr>
<td></td>
<td>• Fully deploy strategic objectives to worker level.</td>
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<tr>
<td></td>
<td>• Integrate process improvement and management activities within the department.</td>
</tr>
<tr>
<td></td>
<td>• Deploy routine performance reviews to the unit level.</td>
</tr>
<tr>
<td></td>
<td>• Devote more of the department’s and districts’ newsletters and magazines to quality improvement and management.</td>
</tr>
<tr>
<td><strong>2.0 Strategic Planning</strong></td>
<td></td>
</tr>
<tr>
<td>1. Develop a systematic process to assess long range issues and priorities to plan for future customer needs and service delivery requirements.</td>
<td>• Develop a system to proactively assess future opportunities and threats seeking the input of all key stakeholders through strategic planning activities at the central office.</td>
</tr>
<tr>
<td></td>
<td>• Develop a long-term action plan to implement the components of the model system.</td>
</tr>
<tr>
<td>2. Strengthen the relationship and linkage between agency strategic objectives and core departmental processes.</td>
<td>• Evaluate and improve the alignment among core processes and strategic objectives.</td>
</tr>
<tr>
<td></td>
<td>• Critically evaluate process &amp; quality indicators at the district level for alignment with strategic objectives.</td>
</tr>
<tr>
<td></td>
<td>• Prioritize indicators for measurement and reporting purposes.</td>
</tr>
<tr>
<td></td>
<td>• Develop measurement and reporting systems for critical indicators.</td>
</tr>
</tbody>
</table>

Sterling Criteria Categories

1. Leadership
2. Strategic Planning
3. Customer and Market Focus
4. Information and Analysis
5. Human Resource Focus
6. Process Management
7. Business Results

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
<table>
<thead>
<tr>
<th><strong>Area for Improvement</strong></th>
<th><strong>Actions to Take</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Fully deploy strategic objectives throughout the lower levels of the organization.</td>
<td>• Fully deploy strategic objectives for FY 98-99 before 12/31.</td>
</tr>
</tbody>
</table>
| 4. Identify specific measures and goals for the Human Resource element of the Strategic Plan. | • Complete work on human resource plan.  
• Indicate how human resource planning supports the strategic plan and objectives through work force development  
• Develop specific measures and goals for implementation of Human Resource Plan. |

**3.0 Customer and Market Focus**

| 1. Develop an ongoing, consistent approach to assess customer requirements, including collecting and analyzing customer input, determining service quality needs of clients, and establishing customer contact standards. | • Develop a systematic method to consolidate information from key customers and stakeholders.  
• Conduct annual client satisfaction and community partner surveys.  
• Identify champions for implementation of countermeasures. |
| 2. Develop a process to systematically identify all the customers served by each program beyond the 15 target groups. | • Establish clear definitions of clients, customers and stakeholders which distinguishes among these groups.  
• Complete the plan developed by the core process team to fully determine customer needs and satisfaction.  
• Identify champions for countermeasures. |
| 3. Develop a systematic process to gather and share complaint data across the organization. | • Develop a systematic method for capturing complaints and feedback from customer contacts and disseminating the results throughout the organization |

**4.0 Information and Analysis**

| 1. Fully deploy the use of information and data throughout the organization. | • Develop written performance review procedures which cascades this activity throughout all supervisory levels in the department |
| 2. Develop indicators to track and monitor financial performance and efficiency. | • Develop financial and productivity indicators (e.g., operating costs, cost per employee) that can be integrated and analyzed with nonfinancial measures in key areas. |

**5.0 Human Resources**

<p>| 1. Develop a systematic process to assess current and future competency requirements and training needs of employees. | • Develop process to manage employee training and education. |</p>
<table>
<thead>
<tr>
<th>Area for Improvement</th>
<th>Actions to Take</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.0 Process Management</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Develop criteria to assess the relative impact of department services on the strategic outcome objectives to prioritize and focus attention on effective services. | • Assess the relative impact of each service on the strategic objectives and prioritize those that need to be mapped and improved to have the greatest impact on achieving the objectives.  
• Complete development and prioritization of measures. |
| 2. Develop and deploy strategic support objectives and process indicators to better serve internal and external customers. | • Improve support process measurement through a systematic methodology, e.g., process mapping, measures and indicators, data from internal and external customers, systematic reviews and improvements.  
• Designate as special project for department’s internal consultants. |
| 3. Develop a systematic process to consistently determine key supplier processes, set performance requirements, and evaluate and communicate performance back to suppliers to make improvements. | • Develop processes to involve suppliers in the department’s quality management system to improve supplier performance and the internal performance systems of suppliers.  
• Use department’s internal consultants and trainers to expand quality delivery system to providers. |
| **7.0 Results**                       |                                                                              |
| 1. Develop indicators that cover all the department’s core and support processes. | • Continue to present performance data using trends, comparative data, and segmentation by customer or service group.  
• Refine the compiling, analyzing, and reporting of performance data to ensure the following items exist.  
• All indicators show steady improvement.  
• No data are missing.  
• Multiyear data are available an reported.  
• Emphasize customer satisfaction data.  
• Data for key financial measures and indicators available and reported.  
• Human resource data, e.g., safety, absenteeism, turnover, satisfaction is available and reported.  
• Results reported for all key suppliers or supplier types. |
| 2. Develop a systematic method to collect and monitor results and level of performance for key suppliers. | • Same as above  
• Expand efforts to report individual provider performance to other program areas. |
**Improve client and partner satisfaction**

*Management Outcome 2.1 Use results of statewide surveys of clients, community partners, and service providers to improve satisfaction with services*

Objective 2.1.1: Overall client satisfaction will increase from 92% in FY 1996/97 to 95% by FY 2003/04.

Objective 2.1.2: Overall community partner satisfaction will increase from 74.1% in 1997/98 to 86% by FY 2003/04.

Objective 2.1.3: Overall provider satisfaction will increase to at least __% by FY 2003/04. [baseline to be established]

The purpose of the objective is to assess how well the agency is fulfilling its vision of being client centered, community based, and results oriented -- from the perspective of our clients and partners.

Annually, a statewide survey of a sample of each client target group is conducted. The survey is designed to provide satisfaction information generally and in response to specific elements of the vision as well as to provide specific information for instances of dissatisfaction. The initial collection of client satisfaction information in a consistent manner, across all of the department client groups statewide, was accomplished during 1997. The second survey was conducted between March and June, 1998. All 15 districts participated in the survey. A total of 79,531 surveys were distributed and 29,783 were returned. The 1998 survey was intended to be usable for interpreting information by target group and by district (the 1997 survey was sized only to be usable by target group.) The return rate did not support interpretation by all target groups in all districts, but the statewide results by target group is statistically valid as presented here.

**Figure 11. Client satisfaction by target group.**

<table>
<thead>
<tr>
<th>Group</th>
<th>% Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families known to the department with children at risk of abuse and neglect</td>
<td>93.7%</td>
</tr>
<tr>
<td>Children who have been abused or neglected by their families</td>
<td>81.9%</td>
</tr>
<tr>
<td>Child victims of abuse or neglect who have become eligible for adoption</td>
<td>83.2%</td>
</tr>
<tr>
<td>Victims of domestic violence</td>
<td>92.3%</td>
</tr>
<tr>
<td>Adults with disabilities who need assistance to remain in the community</td>
<td>94.5%</td>
</tr>
<tr>
<td>Families with children in child care</td>
<td>94.0%</td>
</tr>
<tr>
<td>Children with mental health problems</td>
<td>92.5%</td>
</tr>
<tr>
<td>Adults with mental illness</td>
<td>89.9%</td>
</tr>
<tr>
<td>Children with or at risk of substance abuse problems</td>
<td>80.0%</td>
</tr>
<tr>
<td>Adults with substance abuse problems</td>
<td>88.4%</td>
</tr>
<tr>
<td>Persons with developmental disabilities</td>
<td>83.9%</td>
</tr>
<tr>
<td>Persons who are indigent and aged, disabled, refugees or eligible children</td>
<td>94.0%</td>
</tr>
<tr>
<td>Adults and their families who need assistance to become employed (WAGES)</td>
<td>89.7%</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td><strong>89.5%</strong></td>
</tr>
</tbody>
</table>
Analysis of results from these surveys provides direction for improvement activities related to client satisfaction with services. The survey is used to provide general information at the state and district levels for performance management and performance budgeting.

The secondary purpose of the objective is to determine the satisfaction of our community partners and contracted service providers in relation to the agency vision. Community partners include law enforcement, judges, local government, state agencies, advocates, and others. The community partner survey is designed to assess the quality of the department’s working relationship and identify good practices and problems. The satisfaction of the community partners is important to the department’s continuous quality improvement efforts because it can give an early warning of developing problems. The survey of community partners identifies the client groups with which each partner works, thus allowing the department to direct corrective action at those programs most in need of improvement. The first community partner survey\(^\text{73}\) was conducted in early 1998, with a 46% response rate (N=728). Across all target groups, about 74.1\% of the respondents agreed or strongly agreed that the department is an effective partner (see Figure 12).

**Figure 12. Community partner satisfaction by target group.**

<table>
<thead>
<tr>
<th>Group</th>
<th>% Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families known to the department with children at risk of abuse and neglect</td>
<td>74.5%</td>
</tr>
<tr>
<td>Children who have been abused or neglected by their families</td>
<td>74.0%</td>
</tr>
<tr>
<td>Child victims of abuse or neglect who have become eligible for adoption</td>
<td>70.5%</td>
</tr>
<tr>
<td>Victims of domestic violence</td>
<td>75.6%</td>
</tr>
<tr>
<td>Adults with disabilities and frail elderly who are victims of abuse, neglect, or exploitation</td>
<td>78.2%</td>
</tr>
<tr>
<td>Adults with disabilities who need assistance to remain in the community</td>
<td>76.9%</td>
</tr>
<tr>
<td>Families with children in child care</td>
<td>79.6%</td>
</tr>
<tr>
<td>Children with mental health problems</td>
<td>75.5%</td>
</tr>
<tr>
<td>Adults with mental illness</td>
<td>77.0%</td>
</tr>
<tr>
<td>Children with or at risk of substance abuse problems</td>
<td>77.1%</td>
</tr>
<tr>
<td>Adults with substance abuse problems</td>
<td>77.8%</td>
</tr>
<tr>
<td>Persons with developmental disabilities</td>
<td>74.7%</td>
</tr>
<tr>
<td>Indigent persons who are unable to work due to age, disability, or incapacity</td>
<td>75.6%</td>
</tr>
<tr>
<td>Adults and their families who need assistance to become employed (WAGES)</td>
<td>76.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>74.1%</strong></td>
</tr>
</tbody>
</table>

A separate survey is under development and will be directed at contracted service providers. Analysis of results from community partner and provider surveys will provide direction for improvement activities related to responsiveness, cooperation, and collaboration at the community level.

Client and partner satisfaction are performance measures for the department’s Performance Based Program Budgeting, unlike the other objectives in the management and information areas of this section.
Improve the department’s capacity for managing performance

Management Outcome 2.2: Implement a performance management and improvement system, based on reliable, valid data and including incentives and sanctions related to performance levels

Objective 2.2.1: 100% of outcomes, outputs, and drivers will have readily available, reliable, valid data for quarterly or annual reports by FY 2003/04. [baseline under development]
Objective 2.2.2: 100% of provider contracts will include performance measures linked to statewide outcome measures by FY 2003/04. [baseline under development]
Objective 2.2.3: Data validation plans will be implemented for all sources of performance measures information by 2003/04.

This purpose of this objective is to establish a performance measurement system that will support performance management and performance budgeting. The system should include outcome measures for all client target groups and related programs, critical process indicators (“drivers”) and other measures of key processes, output measures for services (productivity indicators), and measures of quality service delivery. Measures for administrative processes are also included in the performance measurement system.

Contracts for client services with provider agencies should include delineation of and regular reporting on performance targets on client outcomes related to statewide target group outcomes. District service units should also set performance targets and assess performance. Direct service employees of the department should have measurable performance standards associated with quality service delivery.

Reporting and utilization of data produced by the performance measurement system should occur at the statewide level for selected measures, and at the district level and below for additional measures. Measures related to employee performance will be appropriate also for employee performance appraisal. The human resource plan for the department should address analytical skills needed by staff for performance management functions.

Data for performance measures should come from a combination of sources, including statewide databases compiling information from district staff and providers; monitoring and quality assurance activities; surveys; assessments of contract evaluation teams; and external entities, such as other state agencies with shared performance responsibilities. Timely and accurate reporting is critical for an effective performance measurement system to operate. Validation of data, automated and manual, should occur at all levels according to established plans.

A system of incentives and sanctions should motivate high performance. At the agency level, this occurs through the performance budgeting actions of the legislature. For service providers, this occurs through performance contracting (for contracted providers as well as department staff).

Strategic objectives developed as part of the agency strategic plan should reflect those areas of performance where data reflects a need for improvement. Performance management focuses on these strategic objectives but includes monitoring of all agency performance measures. Performance management is accomplished through the development of performance agreements and regular performance reviews at the district level and the central office.
The strategic objectives provide a framework for quality improvement activities. While quality improvement efforts are expected to occur throughout the department, quality improvement activities requiring significant expenditure of resources should be focused on strategic objectives.

**Management Outcome 2.3: Improve availability, accessibility, and effective use of performance management data.**

Objective 2.3.1: 100% of performance indicators will be aligned with management reports by FY 2003/04. [baseline under development]

Objective 2.3.2: 100% of performance indicators available through a data warehouse by FY 2003/04. [baseline under development]

Objective 2.3.3: 97% of customers satisfied with availability and accessibility of information by FY 2003/04. [baseline under development]

Objective 2.3.4: 100% of critical management reports available on the Intranet by FY 2003/04.

“Having well-designed measures that are timely, relevant, and accurate is important, but it is also important that the measures be used by decision makers...The use of performance measurement is more likely in cases where top management supports performance measurement and links the resulting measures to goals and objectives in strategic plans.”

“Organizations that measure the results of their work -- even if they do not link funding or rewards to those results -- find that the information transforms them...what gets measured, gets done.”

In any organization dedicated to improving performance, information is critical. It must be relevant and appropriate, easily available when needed, and dependable. Most of all, it must be used. This management outcome provides a complement to the overall systematic approach to planning and evaluation information (see management outcome 2.2).

**Information Resource Management and Statewide Systems Initiatives**

Usefulness of data, and the transformation of data into information that can be used to measure performance or support decision-making, depend on availability and accessibility of that data to the user. Availability and accessibility in turn depend on the systems themselves, the hardware and software that the users have, the technical quality of network communications, and the availability of technical support for these services. The department considers these issues, and many others, when setting priorities for statewide systems initiatives to support mission critical activities. This effort is the responsibility of the enterprise-wide Information Systems Management Team (ISMT), which is comprised of executive managers from the districts and central office. Together, they review requests for statewide initiatives and prioritize recommendations to the Secretary and Management Council for the agency legislative budget request. The Information Systems Management Team met in May, 1998 and established priorities among several statewide systems initiatives. (see Appendix D, p. 97.) Further details about the strategic systems initiatives are included in the department’s Information Resource Management Plan, available from the Chief Information Officer and on the Information System Intranet page. M

The department currently supports over 60 applications and provides information systems services to several customer agencies, including the Department of Health, Agency for Health Care Administration, and the Department of Revenue. As the department and its mission have changed over the years, the

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M for department employees only; http:\www\~isas\cmio\cmistrat.htm
variety of data collected and used has also changed. Today, the strategic focus is on information that is relevant to standards for service delivery, accountability, and performance management.

The department produces an Information Resource Management Plan under the direction of the Information Systems Management Team (ISMT). This plan addresses strategic information for the various programmatic areas of the department, and incorporates information from the District Information Resource Plans and the institutions. This plan supports the needs identified in the Agency Strategic Plan and is therefore incorporated into it by reference. Some of the issues discussed in the Information Resource Management Plan include: (1) Year 2000 impact and remediation activities; (2) stakeholder impact; (3) systems relating to residential institutions; (4) enterprise-wide policies approved by the ISMT (such as the use of the Information Systems Development Methodology, data administration, security, telecommuting, and intranet/internet access); (5) partnership with other agencies in areas where resources are shared (the FLORIDA System, Florida Health Information Systems Council, service level agreements); and (6) statewide systems initiatives. The latter includes Year 2000; information access, communications needs, and networking strategies; the Florida On-line Recipient Integrated Data Access [FLORIDA]; the Statewide Automated Child Welfare Information System [SACWIS], data warehousing; the Customer Assistance Center, and intranet/internet efforts.

The systems initiatives recommended by the Information Systems Management Team for the next fiscal year address strategic needs and support mission critical activities (for example, resources for the FLORIDA System help the department manage public assistance for clients and provide controls to reduce fraud, waste, and abuse). The initiatives are prioritized because they will provide resources for presently unmet needs for existing or new systems that support work for target groups identified in the Agency Strategic Plan. For example, the department has a great amount of data, but it is often inaccessible to staff because of a lack of computers, network connections, software, and/or training. As a result, it frequently takes more time than it should to access data and present it in a timely and informative fashion for staff and/or external stakeholders (legislators, providers, advocacy groups, human services boards). Staff who have dumb terminals, older workstations, no network connections, no programming skills, or inadequate software do not have the ability to access the information they need. They must request hard copy reports which may be weeks or months old before reaching their final destination and are often re-keyed in order to do additional analysis. It is often difficult to share information between programs, and management may not be able to extract data to analyze how one program affects another.

To address these issues, the department has made access to information one of the top ten information resource management priorities. Replacement of dumb terminals with up-to-date intelligent workstations, software, and network connections, along with improvements to the network and network support, is a necessity. Once such logistical access issues are resolved, the data warehousing and intranet initiatives show great promise for making performance data accessible in a timely and useful fashion. The warehouse: (1) contains historical, read-only data (usually “scrubbed”) from multiple operating systems); and (2) provides an easy-to-use-view of data elements across the entire department, even if original data is formatted differently across various programs. The intranet makes commonly needed information available immediately to all staff who have the ability to access it, so procedures, manuals, updates, and other information are accessible immediately.

Management Outcome 2.4: Manage and continuously improve the quality and performance of contract service providers.

Objective 2.4.1: Percent of contracts scheduled for monitoring for which monitoring is timely completed will increase from 49% in FY 1996/97 to 100% by FY 2003/04.
In an effort to build a sound and strong service delivery system, the department must ensure that its contracting system will reliably deliver high quality services at reasonable prices. Increasingly, contracted services are the foundation of the department’s service delivery infrastructure, and in selected programs all direct client services are delivered through contracted providers. The department had 2,140 contracts in Fiscal Year 1996-97 and had 2,272 active contracts as of April 30, 1998. The annual value of services delivered through contracted providers exceeds $900 million (of the Department’s total annual budget of around $3.36 billion). Most of the contracts\(^N\) are for direct delivery of services, ranging from such large efforts as a $14.9 million contract for child day care in district 13 to a $25,000 contract with Community Environments Inc., for long term residential care for developmentally disabled persons. Without a contracting system which is effective at all stages of the contracting process, the department will be unable to fulfill its assigned missions and will not be able to deliver effective client services.

In general, the contracting process has six stages:
- **Procurement** - selecting a service provider.
- **Negotiation** - reaching agreement on services, costs, and conditions.
- **Document Processing, & Execution** - binding the parties to the agreed upon terms in a manner that complies with Florida law.
- **Management** - daily oversight, administration, and bill payment.
- **Monitoring** - gathering data about service delivery and administration.
- **Evaluation** - making judgments about efficacy, efficiency, and cost.

For FY 1997-98, the department identified two statewide indicators measuring the effectiveness of its contracting system. These indicators were directed at measuring the department’s scheduling and performance of contract monitoring across all districts. The monitoring of programmatic contracts has seen across-the-board improvement as a result of implementing these indicators. Although the department has not met its established target in this area, districts have dedicated resources to reviewing the programmatic contract monitoring process and the results are evident. In the first part of FY 1997/98, only 58% of contracts scheduled for monitoring actually had completed monitoring. During the third quarter of 1997/98, the department saw this level reach a high of 87%.

**What About Next Year?**

For FY 98/99, the department is working on improving its contracting system in a number of ways. The department is considering organizational changes to complement the addition of new resources into the system, and will be further refining its efforts at measuring the performance of the contracting system.

At least two new indicators that measure performance in the contracting system will be added to the existing measure relating to performance of programmatic monitoring. These new indicators will measure the quality of the contract documents executed by the department’s district and central offices, and the quality of the data which is present in the SAMAS contract information file (the chief source for contract system data). As far as is known, the department is the first agency in the state to attempt to develop objective quantitative indicators for these areas so the evaluation methodology (with associated note)
indicators) has not been completed. Still, these proposed indicators were selected based on their significance/importance and impact on the organization, and the statewide nature of each indicator.

These indicators will not only be monitored and reported quarterly in the quality improvement performance updates, but will be also added to the Administration Performance Indicator (API) charts which are provided monthly to senior management. The department is also considering the use of other indicators such as the competency of staff who perform contract related duties, percentage of providers achieving 100% of their performance standards, the quality of sampled district monitoring reports, and a satisfaction survey of support for various contracting activities. Contracting is also a significant element in the department’s overall performance measurement system; see objective 2.2.

In 1998, via House Bill 2019, the department received additional directions from the Legislature regarding its contracting system; in the Appropriations Act, resources were authorized to help strengthen the system. This provides an important opportunity to increase the resources available to contract managers and administrators on the form of additional access to legal, financial, auditing, and contract negotiation expertise.

The department is also evaluating its current use of staff to perform contracting duties. Some districts have already created full time positions to manage contracts rather than making contract management an “add on” duty. Some districts have also created consolidated contracting units which perform most of the contracting duties in a single organizational unit. One district has disbanded its consolidated contracting unit. The department will conduct a series of meetings to evaluate existing organizational and management structures devoted to contracting and will develop solutions to overcome any existing weaknesses. In conducting this process, the department expects to build upon the performance improvement foundation it has established during the past two years and to capitalize on the investment it has made in training staff in performance improvement techniques and methods.

The additional positions, contract system improvements, and additional expertise will all be instrumental in helping the department achieve the objective, as measured on the existing and new indicators.
Improve the integrity of available fiscal and administrative data to support better decision making

Management Outcome 2.5: Assess and improve financial and administrative management processes to support district and central office staff, and improve the reliability of available data to support sound financial and administrative decision making at all levels of the organization.

Objective 2.5.1: 100% of selected data elements will be accurately reflected in the department’s accounting records by district per month, by FY 03/04; i.e., % of contracts encumbered, % of Agency Operating Budget allotted, and % of budgeted OCA transactions by FY 03/04. [baseline under development]
Objective 2.5.2: 100% of salary costs will be properly charged to the budgeted cost pool by district by quarter by FY 03/04. [baseline under development]
Objective 2.5.3: # of workers compensation claims by district per month for fiscal year 1998-99 will be reduced by 10% below FY 1997-98 total claims. [baseline under development]

In an effort to build a fiscally sound and strong administrative organization, the department must first ensure that existing fiscal and administrative data is reliable. Reliable data is the foundation of the department’s fiscal and administrative infrastructure, and without it, decision making is hampered at all levels of the organization. It can lead to a decrease in client services and weaken the department’s credibility with outside agencies. Once data can be relied upon to support financial and administrative decision making, the next step is to assess and improve financial and administrative processes to support district and central office staff. This two-pronged approach is the basis of this objective:

“The to have sound and accurate financial and administrative data that can be relied upon for decision making. Improving data integrity to the point that management can make sound decisions without having to second-guess the data will ultimately lead to improved service delivery to our clients, and improved credibility with external agencies (i.e., federal agencies, Office of the Auditor General, OPPAGA, and State Comptroller) and our stakeholders (clients, taxpayers, and the Legislature).”

For 1997-98, the department identified four statewide indicators that cross all districts and best measure the department’s administrative performance. The indicators measure performance in the areas of paying invoices, reconciling accounting records, conducting employee performance reviews, and monitoring programmatic contracts. By focusing on these strategic indicators, the department’s ability to perform these functions has greatly improved.

As an example, the department continues to meet its prompt payment of invoices target and has drastically reduced the number of outstanding reconciliation items between SAMAS and state accounts. In the area of employee performance reviews, a review of this process resulted in significant changes to the collection and input of this data, and the data has become significantly more reliable and standard across districts. During the third quarter, the department met its percent of overdue employee performance reviews target.
What About Next Year?

For next fiscal year, the department has identified three new indicators that measure the department’s administrative performance. These include: percent of selected data elements accurately reflected in the department’s accounting records (i.e., percent of contracts encumbered, percent of approved operating budget allotted, and percent of budgeted other cost accumulators transactions), percent of salary costs properly charge to the budgeted cost pool, and number of workers compensation claims. These indicators were selected based on their significance/importance and impact to the organization, and the statewide nature of each indicator.

These indicators will be not only be monitored and reported quarterly in the quality improvement performance updates, but will be also added to the Administration Performance Indicator charts. [Note: The current four indicators will no longer be reported during the quality improvement performance updates; but will continue to be monitored and reported in the Administration Performance Indicator charts]. The Assistant Secretary for Administration distributes a monthly report to management and every district that shows a district’s (including Central Office) performance in relation to various indicators. The Administration Performance Indicator charts successfully heighten the awareness and importance of the indicators included in the monthly report, and is a positive way to obtain district improvement in these critical administrative areas.
Improve human resource development

**Management Outcome 2.6: Develop and Implement Comprehensive Human Resource Plan**

Objective 2.6.1: 100% of districts will have Staff Performance & Development Plans in place by FY 2003/04.

Objective 2.6.2: 100% of districts will achieve 60%+ of Model Guidelines for Staff Performance & Development Plans by FY 2003/04.

Objective 2.6.3: 100% of districts will have Human Resource Management Plans in place by FY 2003/04.

Objective 2.6.4: 100% of performance reviews will be completed timely.

Objective 2.6.5: 100% of districts will have employee satisfaction improvement plans by FY 2003/04.

Objective 2.6.6: 100% of districts will show improvement in employee satisfaction relative to baseline by FY 2003/04.

This department objective is to develop a foundation or macro system for all human resource activities. The macro plan will address core human resource processes:

*staff performance and development (staff personal and professional development, establishment of CORE performance measures, department orientation, department established CORE training courses, educational leave, evaluation of training events to measure learning transfer)*

*human resource management processes (recruitment of staff, leave and attendance, performance reviews, job descriptions, administration of human and labor relations programs.)*

*staff satisfaction (survey of staff satisfaction, special leave, environmental and safety conditions, pay issues, etc.)*

The first two of these areas will have individual plans developed by each district as well as the overall department plan.

Each area will have a separate plan that evaluates current activities, provides for a gap analysis and plans for future improvements. A statewide team has been designated to review current best practices and establish current and needed data sets for planning and decision making.

This department strategic objective was selected based on information from the 1996 Sterling Assessment and the decision of the department’s management council to provide improved satisfaction and outcomes for employees of the Department of Children and Families by developing a model Human Resource Plan.
Appendix A: State Comprehensive Plan
References

Chapter 187, Florida Statutes

(1) EDUCATION
GOAL: The creation of an educational environment which is intended to provide adequate skills and
knowledge for students to develop their full potential, embrace the highest ideas and accomplishments,
make a positive contribution to society, and promote the advancement of knowledge and human
dignity.

Policies:
1. Provide for systematic evaluation of programs and systems which will identify successful programs and programs
   requiring enhancement.
6. Provide alternatives to traditional teaching methods so that low achievers may experience educational success and
   create a work environment conducive to imaginative, creative teaching.
8. Promote educational and cultural enrichment and recreational activities outside traditional systems through
   increased use of community and educational facilities and develop creative alternatives to educational
   programs in order to serve a larger segment of the population.
11. Continue to support the development of research based programs for identifying and preventing dropouts in
    public school and in higher education institutions.
16c. Provide appropriate education programs and pathways for handicapped students, exceptional students, and
    students having learning disabilities and other special learning needs.
16e. Develop appropriate counseling for students at all educational levels.
16k. Provide adequate instructional materials, equipment and facilities to meet the needs of all students.

(2) CHILDREN
GOAL: Florida shall provide programs sufficient to protect the health, safety, and welfare of all of its children.

Policies:
1. Decrease the number of children at risk of becoming delinquent, abused, or otherwise dependent on society
   through preventive counseling services and day treatment programs.
2. Treat no children or adolescents in state mental health institutions, and provide that the primary emphasis on
   mental health treatment of children shall be community-based services.
4. Sponsor seminars and clinics for parents on positive ways to handle stress related to childrearing.
5. Encourage prevention programs in schools and community centers to decrease the incidence of teenage pregnancy
   and provide programs to reduce the detrimental effects of teenage pregnancy.
6. Develop and participate in alcohol and drug prevention programs in the school system and in the community.
7. Encourage the development and public awareness of community support networks for parents and children at risk
   of abuse or drug or alcohol dependency.
8. Target funds for intensive prevention programs to families at risk of child abuse or substance abuse problems.
9. Develop and expand prevention, identification and treatment programs for substance abusers who are children or
   adolescents.
10. Encourage private sector involvement in prevention programs through employee assistance programs.
11. Promote the preservation and strengthening of families by providing programs designed to reduce the
    occurrence of abuse and neglect.
12. Promote educational programs to increase awareness in children of the damage to their minds and bodies caused
    from the use of alcohol, drugs, and tobacco.
13. Provide timely intervention and treatment services in the appropriate setting when incidents of abuse or neglect
    do occur.
14. Provide a comprehensive range of children’s mental health services, from prevention programs to the less-
    intensive residential programs, with minimal use of institutional settings.
16. Emphasize prevention and nonresidential services directed toward keeping children in their homes and
    communities, with each child’s protection and well-being as the first priority.

* Items marked with an asterisk* are designated the responsibility of all state agencies.
17. Provide a strong, interagency case management system, including appropriate state agencies, law enforcement, school districts, and CMHCs, to ensure the proper placement of children in need of services.

19. Develop a child abuse service system that will detect abuse and neglect in the early stages, intervene promptly and effectively in both family and nonfamily settings, and apply a multidisciplinary child abuse prevention/treatment team approach.

21. Increase the state's capacity to provide training and support services to developmentally disabled children and adolescents in the community.

22. Ensure that all current and new programs for children and adolescents are as family-focused and supportive of the family unit as feasible without exposing the child to unacceptable physical and emotional risks.

24. Ensure the safety of children and the quality services they receive in residential, day care, and treatment programs through necessary and appropriate regulations.

25. Establish a system to determine and evaluate client outcomes and program effectiveness for all programs serving children, youth, and families.

26. Provide for a systematic outcome evaluation of programs and services to children.

(3) FAMILIES
GOAL: Florida shall strengthen the family and promote its economic independence.

Policies:
1. Eliminate state policies which cause voluntary family separations.
2. Promote concepts to stabilize the family unit to strengthen bonds between parents and children.
3. Promote home care services for the sick and disabled.
4. Provide financial support for alternative child care services.
11. Provide financial, mental health, and other support for victims of family violence.

(4) THE ELDERLY
GOAL: Florida shall improve the quality of life for its elderly citizens by promoting improved provision of services, with an emphasis on independence and self-sufficiency.

Policies:
2. Develop and implement preventive services and strategies to maximize individual independence and to delay or to avoid institutionalization.
3. Strengthen the caregiving capacity of family members and other informal support providers in order to prevent neglect, exploitation, and abuse of elderly persons.
4. Support cost-effective community alternatives to long-term institutional care.
5. Integrate health care and social service delivery systems to provide comprehensive coordinated cost-effective care that is responsive to individual needs.
6. Implement a case management system which will assure delivery of appropriate services, with an emphasis on individual needs; control access to long-term care services; and monitor expenditures.

(5) HOUSING
Goal: The public and private sectors shall increase the affordability and availability of housing for low-income and moderate-income persons, including citizens in rural areas, while at the same time encouraging self-sufficiency of the individual and assuring environmental and structural quality and cost-effective operations.

Policies:
1. Eliminate public policies which result in housing discrimination, and develop policies which encourage housing opportunities for all Florida's citizens.
2. Diminish the use of institutions to house persons by promoting deinstitutionalization to the maximum extent possible.

(6) HEALTH
GOAL: Healthy residents who protect their own health and the health of others and who actively participate in recovering their own health when they become ill.

Policies:
(a)a. Individuals are fundamentally responsible for their own health, but they need encouragement and may need financial support from government.
(a)c. All Florida residents should be supported through education and other means to develop and maintain healthy lifestyles.
*(b)d. Every employer shall provide a safe and healthful workplace.
(c)a. Where feasible, resources will be redirected to programs and services that prevent illness and intervene in the early stages of disease.

(d)a. The primary long-range strategy for containing health care costs shall be prevention of avoidable illness and disability.

(d)c. The state shall encourage the delivery of health care services in a manner that enables patients to establish reasonable expectations of outcome and enables health care providers to focus on the health of their patients.

(7) PUBLIC SAFETY

GOAL: Florida shall protect the public by preventing, discouraging, and punishing criminal behavior, lowering the highway death rate, and protecting lives and property from natural and manmade disasters.

Policies:
7. Emphasize the reduction of serious crime, particularly violent, organized economic, and drug-related crimes.
18. Expand public awareness campaigns that will emphasize the dangers of driving while under the influence of alcohol or drugs.
22. Require local governments, in cooperation with regional and state agencies, to prepare advance plans for the safe evacuation of coastal residents.
23. Require local governments, in cooperation with regional and state agencies, to adopt plans and policies to protect public and private property and human lives from the effects of natural disasters.

(12) ENERGY

GOAL: Florida shall reduce its energy requirements through enhanced conservation and efficiency measures in all end-use sectors, while at the same time promoting an increased use of renewable energy resources.

Policies:
*1. Continue to reduce per capita energy consumption.
*6. Increase the efficient use of energy in design and operation of buildings, public utility systems, and other infrastructure and related equipment.

(13) HAZARDOUS AND NONHAZARDOUS MATERIALS AND WASTE

GOAL: All solid waste, including hazardous waste, wastewater, and all hazardous materials, shall be properly managed, and the use of landfills shall be eliminated.

Policies:
*1. By 1994, reduce all volume of solid waste requiring disposal by 30%.
3. Initiate programs to develop or expand recyclable material markets especially those involving plastics, metals, paper, and glass.

(18) PUBLIC FACILITIES

GOAL: Florida shall protect the substantial investments in public facilities that already exist and shall plan for and finance new facilities to serve residents in a timely, orderly, and efficient manner.

Policies:
*2. Promote rehabilitation and reuse of existing facilities, structures, and buildings as an alternative to new construction.
*7. Encourage the development, use, and coordination of capital improvement plans by all levels of government.

(20) TRANSPORTATION

GOAL: Florida shall direct future transportation improvements to aid in the management of growth and shall have a state transportation system that integrates highway, air, mass transit, and other transportation modes.

Policies:
9. Ensure that the transportation system provides Florida’s citizens and visitors with timely and efficient access to services, jobs, markets, and attractions.
*10. Promote ride sharing by public and private sector employees.

(21) GOVERNMENTAL EFFICIENCY

GOAL: Florida governments shall economically and efficiently provide the amount and quality of services required by the public.

Policies:

P Section amended 1996; Ch. 96-388, LOF.
1. Encourage greater cooperation between, among, and within all levels of Florida government through the use of appropriate interlocal agreements and mutual participation for mutual benefit.

4. Eliminate regulatory activities that are not tied to specific public and natural resource protection needs.

5. Eliminate needless duplication of, and promote cooperation in, governmental activities between, among, and within state, regional, county, city, and other governmental units.

8. Replace multiple, small scale, economically inefficient local public facilities with regional facilities where they are proven to be more economical, particularly in terms of energy efficiency, and yet can retain the quality of service expected by the public.

9. Encourage greater efficiency and economy at all levels of government through adoption and implementation of effective records management, information management, and evaluation procedures.

10. Throughout government, establish citizen management efficiency groups and internal management groups to make recommendations for greater operating efficiencies and improved management practices.

11. Encourage governments to seek outside contracting on a competitive-bid basis when cost-effective and appropriate.

12. Discourage undue expansion of state government and make every effort to streamline state government in a cost-effective manner.

13. Encourage joint venture solutions to mutual problems between levels of government and private enterprise.

(22) THE ECONOMY
GOAL: Florida shall promote an economic climate which provides economic stability, maximizes job opportunities, and increases per capita income for its residents.

Policies:

2. Promote entrepreneurship and small and minority-owned business startup by providing technical and information resources facilitating capital formation, and removing regulatory restraints which are unnecessary for the protection of consumers and society.

8. Promote economic self-sufficiency through training and educational programs which result in productive employment.

9. Promote cooperative employment arrangements between private employers and public sector employment efforts to provide productive, permanent employment opportunities for public assistance recipients through provisions of education opportunities, tax incentives, and employment training.

10. Provide for nondiscriminatory employment opportunities.

11. Provide quality child care for public assistance families and others who need it in order to work.

(25) EMPLOYMENT
GOAL: Florida shall promote economic opportunities for its unemployed and economically disadvantaged residents.

Policies:

*8. Encourage innovative arrangements such as on-site day care facilities and flexible hours of employment to increase the access of working parents to the job market.

(26) PLAN IMPLEMENTATION
GOAL: Systematic planning capabilities shall be integrated into all levels of government in Florida with particular emphasis on improving intergovernmental coordination and maximizing citizen involvement.

Policies:

*1. Establish strong and flexible agency and regional planning functions at all levels of government capable of responding to changing state policies and goals.

2. Ensure that every level of government has the appropriate operational authority to implement the policy directives established in the plan.

3. Establish effective monitoring, incentive, and enforcement capabilities to see that the requirements established by regulatory programs are met.

*5. Ensure that each agency's functional plan and management process is designed to achieve the policies and goals of the state plan consistent with state law.

*6. Encourage citizen participation at all levels of policy development, planning, and operations.

7. Ensure the development of comprehensive regional policy plans and local plans that implement and accurately reflect state goals and policies and that address problems, issues, and conditions that are of particular concern in a region.
Appendix B: Statutory and Regulatory Authority

The Department of Children and Families is established under the provisions of s. 20.19, F.S. Additional statutes and federal regulations provide authority for specific programs administered by the department.

<table>
<thead>
<tr>
<th>CHILDREN AND FAMILIES PROGRAM/ FUNCTION</th>
<th>AUTHORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Related Medicaid</td>
<td>s. 409.903, F.S.; Title XIX, Social Security Act</td>
</tr>
<tr>
<td>Developmental Evaluation and Intervention</td>
<td>ss. 391.301-391.307, F.S.</td>
</tr>
<tr>
<td>Forensic Mental Health</td>
<td>Chapter 916, F.S.</td>
</tr>
<tr>
<td>Mental Health Services for Children and Adults</td>
<td>Chapter 394, F.S.</td>
</tr>
<tr>
<td>Mental Health Treatment Facilities/Residential Programs</td>
<td>Ch. 394, F.S.</td>
</tr>
<tr>
<td>Prevention, Early Assistance, and Child Development</td>
<td>ss. 411.221(4), F.S. and s. 393.064, F.S.</td>
</tr>
<tr>
<td>Substance Abuse Programs</td>
<td>Chapters 397, 394, and s. 20.19, F.S.</td>
</tr>
<tr>
<td>Adoption and Related Services</td>
<td>Chapters 63 and 409, F.S.</td>
</tr>
<tr>
<td>Adult Congregate Living Facilities</td>
<td>Chapter 400, Part II, F.S.</td>
</tr>
<tr>
<td>Adult Day Care</td>
<td>Chapter 400, Part IV, F.S.</td>
</tr>
<tr>
<td>Adult Family Care Homes</td>
<td>Chapter 400, Part VI, F.S.</td>
</tr>
<tr>
<td>Adult Placement and Supportive Services</td>
<td>Chapter 410, F.S.</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>ss. 415.101-415.113, F.S.</td>
</tr>
<tr>
<td>Temporary Assistance to Needy Families (WAGES)</td>
<td>Chapter 414, F.S.; Title IVA, Social Security Act</td>
</tr>
<tr>
<td>Child Abuse and Neglect Investigations</td>
<td>Chapter 39 and ss. 415.501-415.5015, F.S.</td>
</tr>
<tr>
<td>Child Abuse and Neglect Prevention</td>
<td>s. 415.501, F.S.</td>
</tr>
<tr>
<td>Child Protection Teams for Abused/Neglected Children; and Sexual Abuse Treatment</td>
<td>ss. 415.5055 and 415.5095, F.S.</td>
</tr>
<tr>
<td>Child Welfare Standards and Training Act</td>
<td>s. 402.40, F.S.</td>
</tr>
<tr>
<td>Community Care for the Disabled Adult</td>
<td>ss. 410.602-410.606, F.S.</td>
</tr>
<tr>
<td>Cluster Facilities and ICF/DD Facilities</td>
<td>Chapters 393 and 400, F.S.</td>
</tr>
<tr>
<td>Day Care</td>
<td>ss. 402.301-402.319, F.S.</td>
</tr>
<tr>
<td>Developmental Disabilities Planning Council</td>
<td>s. 393.002, F.S.; P.L. 100-143</td>
</tr>
<tr>
<td>Developmental Services</td>
<td>Chapter 393, F.S.</td>
</tr>
<tr>
<td>Developmental Services Institutions/Residential Services</td>
<td>Chapters 393, 400 and 916, F.S.</td>
</tr>
<tr>
<td>Displaced Homemaker Program</td>
<td>ss. 28.101, 446.50-446.52, F.S.</td>
</tr>
<tr>
<td>Domestic Violence Programs</td>
<td>ss. 415.601-415.606 and 415.608, F.S.</td>
</tr>
<tr>
<td>Emergency Financial Assistance for Housing</td>
<td>ss. 414.16, 414.35, and 420.625,F.S.; Title IV-A, Social Security Act; 45 CFR 233.120</td>
</tr>
<tr>
<td>Emergency Shelter Care</td>
<td>ss. 409.145, 409.165 and 409.175, F.S.</td>
</tr>
<tr>
<td>Families in Need of Services/Children in Need of Services</td>
<td>Chapter 39, F.S.</td>
</tr>
<tr>
<td>CHILDREN AND FAMILIES PROGRAM/ FUNCTION</td>
<td>AUTHORITY</td>
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<td>----------------------------------------</td>
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</tr>
<tr>
<td>Family Transition Program</td>
<td>Federal waiver authority pursuant to s. 1115 of the Social Security Act, as amended and s. 17(b) of the Food Stamp Act of 1977, as amended</td>
</tr>
<tr>
<td>Florida Protective Services</td>
<td>Chapter 415, F.S.</td>
</tr>
<tr>
<td>Foster Care</td>
<td>ss. 409.145, 409.165, and 409.175, F.S.</td>
</tr>
<tr>
<td>Hospice</td>
<td>Chapter 400, Part VI, F.S.</td>
</tr>
<tr>
<td>Housing</td>
<td>ss. 410.502-410.504, F.S.</td>
</tr>
<tr>
<td>Incompetency in Juvenile Delinquency Cases</td>
<td>s. 985.223, F.S.</td>
</tr>
<tr>
<td>Individual and Family Grant</td>
<td>s. 414.35, F.S.; Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, P.L. 100-707</td>
</tr>
<tr>
<td>Intensive Crisis Counseling, Housekeeper/Homemaker, Local Services</td>
<td>Chapter 415, F.S.</td>
</tr>
<tr>
<td>Interstate Compact for the Placement of Children (ICPC)</td>
<td>s. 409.401, F.S.</td>
</tr>
<tr>
<td>Project Independence</td>
<td>Titles IV-A and IV-F, Social Security Act: 7 CFR, Part 273 (Food Stamps)</td>
</tr>
<tr>
<td>Protective Services Supervision</td>
<td>Chapters 39, 409, 415 and 933, F.S.</td>
</tr>
<tr>
<td>Refugee Assistance</td>
<td>Refugee Act of 1980; Refugee Education Act of 1980; Title XIX, Social Security Act; 42 CFR; 45 CFR 400 and 401</td>
</tr>
<tr>
<td>Refugee Programs Administration</td>
<td>Executive Order 81-9</td>
</tr>
<tr>
<td>Repatriated Americans</td>
<td>s. 414.35, F.S.; Section 1113, Title XI, Social Security Act; P.L. 87-64; 45 CFR 212</td>
</tr>
<tr>
<td>Statewide Human Rights Advocacy Committee</td>
<td>ss. 402.165, 402.166, 402.167 F.S.</td>
</tr>
<tr>
<td>Volunteer Services</td>
<td>ss. 110.501 - 110.504, F.S.</td>
</tr>
</tbody>
</table>
## Administrative and Management Services

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>AUTHORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Control</td>
<td>Social Security Act; Food Stamp Act of 1977</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Ch. 20.19, F.S.</td>
</tr>
<tr>
<td>Budget Services</td>
<td>Chapter 216, F.S. and s. 20.19(3)(c), F.S&gt;</td>
</tr>
<tr>
<td>General Services</td>
<td>Chapter 20.19, F.S.</td>
</tr>
<tr>
<td>General Services, Design and Construction</td>
<td>(includes safety &amp; risk management, ADA, recycling, air quality, Right to Know, storage tanks, environmental restrictions, contract administration, surplus, PRIDE, Blind Services, etc.)</td>
</tr>
<tr>
<td></td>
<td>Ch. 177, 186, 187, 252, 255, 273, 283, 284, 287, 288, 298, 373, 376, 380, 386, 395, 403, 440, 442, 482, 553, 627, 626, 768, F.S.; 17-761, 762, 769, 770, 775, FAC; 60-4, 60A-1, 60A-7, 60E-1, 60I, FAC [also numerous federal regulations regarding safety, the environment, etc.; and numerous rules in Florida Administrative Code regarding energy conservation, facility standards, list available on request]</td>
</tr>
<tr>
<td>Information Resource Management</td>
<td>s. 282.306, F.S.</td>
</tr>
<tr>
<td>Outcome Evaluation</td>
<td>ss. 20.19(11) and 381.0615, F.S.</td>
</tr>
<tr>
<td>Personnel Management</td>
<td>Chapters 110, 119, 121, 122, 216, 295 and 447, F.S.</td>
</tr>
<tr>
<td>Service Integration</td>
<td>s. 20.19(1)(a)1., (4)(a)7.; s. 394.75(2) s. 402.3026(1); s. 409.029(1)(d); s. 409.926(2); s. 411.231, F.S. [also numerous federal regulations regarding safety, the environment, etc.; and numerous rules in Florida Administrative Code regarding energy conservation, facility standards, list available on request]</td>
</tr>
<tr>
<td>Strategic Planning</td>
<td>Chapters 186 and 187, F.S.</td>
</tr>
<tr>
<td>Unit Cost Budgeting</td>
<td>s. 20.19(12), F.S.</td>
</tr>
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</table>
Appendix C: Agency Strategic Plan/ Performance Based Program Budgeting Cross-Reference Matrix

<table>
<thead>
<tr>
<th>Strategic Issue #1: Protect children and preserve families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Goal #1: Children and vulnerable adults should be free from abuse and neglect</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective</th>
<th>Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. Percent of children who have no findings of child maltreatment within one year of case closure</td>
<td>Target Group or Subgroup People in Need of Family Safety and Preservation Services Program: Children Who Have Been Abused or Neglected by Their Families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td>Percent of children who have no findings of child maltreatment within one year of case closure from services</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy(ies) for objective 1.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review all cases of reabuse/reneglect that occurred in the previous year to determine causes and ways of forestalling similar instances.</td>
</tr>
<tr>
<td>2. Implement “early warning systems” to ensure every investigation is reviewed.</td>
</tr>
<tr>
<td>3. Institute mandatory supervisor training.</td>
</tr>
<tr>
<td>4. Establish stronger legal safeguards in cases involving young children with serious abuse injuries.</td>
</tr>
<tr>
<td>5. Increase collaboration between child protection staff and domestic violence provider staff with the goal of enhancing services for families.</td>
</tr>
<tr>
<td>6. Enhance coordination efforts with the Department of Juvenile Justice.</td>
</tr>
<tr>
<td>7. Collaborate with welfare reform entities (e.g., WAGES coalitions, Dept. of Labor and Employment Security) to train economic self-sufficiency and job placement workers in child abuse issues.</td>
</tr>
<tr>
<td>8. Help communities to build a stronger community-based prevention and early intervention capacity by linking such programs as Healthy Start, family preservation and support services, children’s mental health, substance abuse treatment...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children identified as abused/neglected during year</td>
</tr>
<tr>
<td>Number (and percent) of cases reviewed by supervisors in accordance with department timeframes for early warning system.</td>
</tr>
<tr>
<td>Percent of investigations completed within 30 days.</td>
</tr>
<tr>
<td>Percent of alleged victims seen within 24 hours.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Number of families served by ICCP, Family Builders.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (and percent) of individuals under the department's protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.</td>
<td></td>
</tr>
</tbody>
</table>
Strategic Issue #1: Protect children and preserve families

9. Continue development and implementation of an automated information system for child protection that will enable staff to be much more efficient in doing their work and will prevent mistakes resulting from gaps in information or lack of knowledge of patterns of abuse over time. Foremost in this area is SACWIS...

Strategies for objective 1.1 (continued)

<table>
<thead>
<tr>
<th>Output(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports of child abuse/neglect.</td>
</tr>
<tr>
<td>Ratio of certified workers to children.</td>
</tr>
<tr>
<td>Number of children served in relative care.</td>
</tr>
<tr>
<td>Number of children served in foster care.</td>
</tr>
<tr>
<td>Number of families served by Protective Supervision.</td>
</tr>
<tr>
<td>Percent of children who exited out-of-home care by the 15th month.</td>
</tr>
</tbody>
</table>

10. The Child Welfare League of America recommends a standard of no more than 12 reports per month per investigator. To achieve this standard would require a total of 907 investigators in FY 99/00. Presently, the department has 880. Similar staffing shortages exist in other program areas such as protective supervision and foster care. The department will develop budget requests aimed at achieving national staffing standards in critical program areas.

11. Pursuant to legislative mandate, the department will be privatizing child protective services in select counties during FY 98-99 and will be developing a plan for statewide privatization to be phased in over a three year period beginning January 1, 2000.

12. A district-led workgroup is mapping all of the core processes in family safety and preservation with a goal of identifying key indicators and measures, re-engineering the processes when necessary, and identifying performance data to be incorporated into the Statewide Automated Child Welfare Information System.

Note: A number of related strategies are also found in objective 1.2, adoption for eligible children.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Program</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.13. Percent of adults not reabused/reneglected within six months after close of investigation</td>
<td>Adult Services Program: Adults with Disabilities and Frail Elderly Who are Victims of Abuse, Neglect or Exploitation</td>
<td>Percent of protective supervision cases in which no report alleging abuse, neglect or exploitation is received while the case is open (from beginning of protective supervision for a maximum of one year)</td>
</tr>
</tbody>
</table>

### Strategy(ies) for objective 1.13

<table>
<thead>
<tr>
<th>Strategy(ies) for objective 1.13</th>
<th>Output(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Continue to work in partnership with the Department of Elder Affairs, local government, and other agencies to increase visibility of and advocacy for the adult victims of abuse, neglect, or exploitation.</td>
<td>Number of people referred to other agencies.</td>
</tr>
<tr>
<td>2. Pursue enhancements to management processes, including competency based training for protective services and investigations staff; pay incentives for investigators who meet identified requirements; and information systems to support management decisions.</td>
<td>Number of cases not unfounded in which another report alleging abuse, neglect, or exploitation occur while the case is open (from start of investigation to close of case - maximum of one year if in protective supervision).</td>
</tr>
<tr>
<td>3. Obtain funding for adequate staffing to meet national standards.</td>
<td>Number of investigations.</td>
</tr>
<tr>
<td>4. Expand funding for persons with disabilities.</td>
<td>Number of people receiving protective supervision services.</td>
</tr>
<tr>
<td></td>
<td>Number of people receiving placement and community support services.</td>
</tr>
</tbody>
</table>
**Strategic Issue #1: Protect children and preserve families (continued)**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Program: Related Group or Subgroup</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.11. Percent of adults who complete treatment drug free [in the month prior to discharge]</td>
<td>People with Mental Health and Substance Abuse Problems</td>
<td>RELATED TO: Percentage drug free at 6 months following completion of treatment [“month prior” outcome not included in PBPB]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy(ies) for objective 1.13</th>
<th>Output(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Design and implement an improved model substance abuse system of care, for both children and adults, through an organized network of services.</td>
<td>Number served.</td>
</tr>
<tr>
<td>2. Utilize the anticipated increase in federal block grant funding to improve completion of treatment and post treatment follow-up outcomes by ensuring adequate assessment of clients, continued implementation of American Society of Addiction Medicine Patient Placement Criteria, family participation in treatment, and adequate continuing care and case management services.</td>
<td></td>
</tr>
<tr>
<td>3. Continue to improve prevention and treatment system performance and measurement, including data system performance.</td>
<td></td>
</tr>
<tr>
<td>4. Ensure accountability for contract providers through assuring performance standards are in all performance contracts, as applicable; conducting evaluation of contract performance; and systematic initiation and follow-up of corrective actions and/or sanctions, as necessary.</td>
<td></td>
</tr>
<tr>
<td>5. Identify opportunities for improving performance by disseminating strategies being used effectively in other parts of the state.</td>
<td></td>
</tr>
<tr>
<td>6. Work in conjunction with children’s substance abuse, child protection, health, Healthy Families Florida, and welfare reform agencies to target identification and prevention services to families with parents at risk of or with substance abuse problems.</td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Issue #1: Protect children and preserve families (continued)

<table>
<thead>
<tr>
<th>Strategy(ies) for objective 1.13 (continued)</th>
<th>Output(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Develop a system of care and services for the Temporary Assistance for Needy Families (TANF) population. Funds have been shifted to allow for $12 million in TANF money to be placed in the Substance Abuse budget to serve TANF clients.</td>
<td>Number of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.</td>
</tr>
<tr>
<td>8. Increase the number of Family Safety and Preservation Program referrals to substance abuse treatment.</td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Issue #2: Permanency and stability for children

#### Program:

**Target Group or Subgroup**

**People in Need of Family Safety and Preservation Services Program:**

Child victims of abuse or neglect who have become eligible for adoption

#### Objective

1.2 Percent of children who are adopted of the number of children legally available for adoption.

#### Outcome

Percent of children who are adopted of the number of children legally available for adoption.

#### Strategies for objective 1.2

1. Continue to work with Legislature to ensure availability and adequacy of funding for adoption subsidies, and continue to develop processes that ensure appropriateness of subsidies granted.

2. Implement concurrent case planning to shorten stays in foster care.

3. Implement recommendations of the Dependency Court Improvement project report which identified points in the dependency process where delays are contributing to the length of time children spend in foster care.

4. Implement the federal Adoption and Safe Families Act, and participate in the President’s “Adoption 2000” initiative.

5. Continue to support and develop a wide range of activities that identify, recruit, train, and match prospective adoptive parents; includes a new automated matching project for parent and child characteristics.

6. Continue to collaborate with the Governor’s Partnership for Adoption and FL Advertising Federation on a campaign to recruit adoptive families.

7. Implement competency based pay plan and training for adoption services...assuring skill and competency level of staff who do this work.

8. Cross-train foster care counselors to assist in adoptive placements where foster parents are adopting their foster children.
### Strategic Issue #2: Permanency and stability for children (continued)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Program: Target Group or Subgroup People with Mental Health and Substance Abuse Problems Program: Children with mental health problems</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3: [Children with serious emotional disturbance]: Average number of days spent in the community annually</td>
<td></td>
<td>Average number of days per year SED children (excluding those in JJ facilities) spent in the community.</td>
</tr>
<tr>
<td>1.4: [Children with emotional disturbance]: Average number of days spent in the community annually</td>
<td></td>
<td>Average number of days per year ED children (excluding those in JJ facilities) spent in the community.</td>
</tr>
</tbody>
</table>

#### Strategies for objectives 1.3 and 1.4

1. Develop community funding partnerships for increased service availability, and coordinate with other agencies related to this target group; for instance, local mental health organizations, school boards, juvenile justice councils, etc.

2. Implement a utilization management system with providers, to act as gatekeeper for children entering inpatient hospitalization and to reduce lengths of stay admitted children. Utilization management includes intensive case plan reviews ensuring children receive appropriate services.

3. Establish specific, measurable treatment and functional goals for each child at risk of residential placement.

4. Develop and implement enhanced monitoring and performance improvement analysis; provide performance intervention training programs for staff, including providers where appropriate; and disseminate best practices.

5. Competitively bid provider services if existing providers are not meeting 80% of their outcomes.

<table>
<thead>
<tr>
<th>Output(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SED children to be served in 1998-99.</td>
<td></td>
</tr>
<tr>
<td>ED children to be served in 1998-99.</td>
<td></td>
</tr>
</tbody>
</table>
Strategic Issue #2: Permanency and stability for children (continued)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Program:</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.6: Percent of children who complete treatment drug free</td>
<td>\textit{Target Group or Subgroup} People with Mental Health and Substance Abuse Problems Program: \textit{Children with substance abuse problems}</td>
<td>Percent of children discharged for completing treatment having no alcohol or other drug use during the month prior to discharge.</td>
</tr>
</tbody>
</table>

Strategies for objective 1.6

1. Promote coordination of multi-agency prevention strategies for youth using the Cooperative State Incentive Grant as a catalyst for state and community participation.
2. Strengthen family focus in prevention and treatment activities.
3. Utilize the anticipated increase in federal block grant funding to improve completion of treatment and post treatment follow-up outcomes by ensuring adequate resources for family participation in treatment, adequate intervention and continuing care services, e.g., school based intervention and support services.
4. Institute utilization management to determine how the system is allocating and using resources.
5. Continue collaborative effort with the Department of Education, the Department of Juvenile Justice, and the Department of Health to implement the “Communities that Care” survey to assess the extent to which children believe the use of substances is harmful and to determine the actual use of alcohol, tobacco and other drugs by children.
6. Promote linkages between child protection workers, juvenile justice staff, substance abuse providers.
7. Enhance training of child abuse caseworkers relating to the substance abuse aspects of abuse/neglect.
8. Continue collaboration with the Department of Juvenile Justice to support community based intervention and treatment services for youth involved in the juvenile justice system.

\textit{Note: refer also to systemic strategies that affect both children and adult services, identified under the adults with substance abuse problems target group}
### Strategic Issue #3: Long Term Support for the Mentally Ill & Developmentally Disabled

#### Strategic Goal #3: Adults will live as independently as possible in their communities.
Those who cannot live independently should be provided an appropriate setting where they are safe and are assisted to achieve independence as possible.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Program: Target Group or Subgroup</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.15 Average annual number of days spent in the community</td>
<td>People with Mental Health and Substance Abuse Problems (Adults with serious and persistent mental illness)</td>
<td>Average annual number of days spent in the community (not in institutions or other facilities).</td>
</tr>
</tbody>
</table>

#### Strategies for objectives 1.15

1. Implement a mental health service delivery model.
2. Define target populations.
3. Pursue and obtain adequate resources.
4. Enhance local planning.
5. Facilitate community partnerships.
6. Ensure statewide implementation of an integrated data system.
7. Continue to refine performance-based budgeting
8. Implement a utilization management system with providers

#### Output(s)

- Number of adults with severe and persistent mental illness in the community served.
### Strategic Issue #3: Long Term Support for the Mentally Ill & Developmentally Disabled

(continued)

| Objective | Program: 
*Target Group or Subgroup*  
*People with Mental Health and Substance Abuse Problems*  
*Program:*  
- Adults [with mental illness] in civil commitment  
- Adults [with mental illness] in forensic commitment | Outcome |
| --- | --- |
| 1.17: [Adults in civil commitment] The percent of residents who improve mental health based on Positive and Negative Syndrome Scale  
1.18: [Adults in forensic commitment] The average number of days to restore competency | Percent of patients who improve mental health based on Positive and Negative Syndrome Scale.  
Average number of days to restore competency. |

<table>
<thead>
<tr>
<th>Strategies for objectives 1.17 and 1.18</th>
<th>Output(s)</th>
</tr>
</thead>
</table>
| 1. Develop and implement a comprehensive strategic planning process, including performance indicators and satisfaction surveys and the data systems to support accountability information.  
3. Implement a Quality Review system to measure compliance with practice guidelines and other applicable standards of care. | Number served (civil and forensic).  
Number of people served who are discharged to the community. (Adults in civil commitment institutions).  
Number of adult abuse or neglect reports from mental health hospitals. (civil & forensic commitment)  
Number of adult abuse reports confirmed or proposed confirmed (civil & forensic commitment) |
### Strategic Issue #3: Long Term Support for the Mentally Ill & Developmentally Disabled
(continued)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Program:</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.19.1: [People in the community]: Percent of people who score at or above the Outcome Assessment threshold.</td>
<td><strong>Target Group or Subgroup</strong></td>
<td>Percent of people who are employed in integrated settings.</td>
</tr>
<tr>
<td>1.19.2: [People in the community]: Percent of people employed in integrated settings.</td>
<td><strong>People with Developmental Disabilities Program and Developmental Services Institutions [Program]:</strong></td>
<td>Percent of people who have a quality of life score of 19 out of 25 or greater on the Outcome Based Performance Measures Assessment at annual reassessment.</td>
</tr>
<tr>
<td>1.19.3: [People in the community]: Percent of people living in homes of their own.</td>
<td><strong>People with Developmental Disabilities in the Community, [People with Developmental Disabilities in] Institutional Services</strong></td>
<td>Percent of adults living in homes of their own.</td>
</tr>
<tr>
<td>1.20: [People in state facilities] Statewide average on the Conroy Quality of Life Protocol for residents in developmental services state facilities.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Strategies for objectives 1.

1. Continue to emphasize consumer choice of services and providers, particularly via continued maximization of the Home and Community Based Services waiver.  
2. Implement processes related to assessing quality of life in the institutions and community.  
3. Ensure the health and safety of all individuals, with particular attention focused on those individuals residing in Intermediate Care Facilities for the Developmentally Disabled, who are affected by the transition to home and community based services waiver funding pending resolution of current lawsuits.  
4. Enhance system for support coordinator and client placement monitoring and training...  
5. Develop an automated system for support coordination that will allow direct input of assessment data, automatic calculation of level of need, and will help coordinators identify services according to rate and service guidelines.  
6. Develop additional “step-down” facilities, which allow for secure supervision when a client is discharged from the Mentally Retarded Defendants Program but not ready for community placement. Request additional funding in order to create 24 more MRDP beds, which will help alleviate current problems of inadequate space in forensic programs for people with mental retardation.

#### Output(s)

- Children & adults provided residential care (in the community).  
- Children & adults provided individualized supports & services (in the community).  
- Children & adults provided case management (in the community).  
- Adults receiving services in developmental services institutions.  
- Adults incompetent to proceed provided competency training & custodial care in the Mentally Retarded Defendants Program (in institutions).
### Strategic Issue #4: Self-Sufficiency for Florida’s Families and Individuals

**Strategic Goal #4: Adults work and gain economic self-sufficiency**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Program: Target Group or Subgroup</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.10.1 Percent of WAGES sanctions referred by the local WAGES coalition that are executed within 10 days.</td>
<td>Economic Self-Sufficiency Program: WAGES/Adults and Families Who Need Assistance to Become Employed</td>
<td>Percent of WAGES sanctions referred by the local WAGES coalition that are executed within 10 days.</td>
</tr>
<tr>
<td>1.10.2 Percent of work eligible WAGES participants accurately referred to the local WAGES coalitions within one work day.</td>
<td></td>
<td>Percent of work eligible WAGES participants accurately referred to the local WAGES coalitions within one work day.</td>
</tr>
</tbody>
</table>

#### Strategies for objectives 1.10.1 and 1.10.2

1. Ensure child care is available for all participants who need it in order to participate in the program, and seek adequate funding to support the working poor.
2. Pursue further expansion of co-location and other coordination efforts with the Department of Labor and Employment Security.
3. Support the WAGES State Board, the Department of Labor and local WAGES coalitions in implementation of welfare reform.
4. Implement Electronic Benefits Transfer system...
5. Improve service delivery by integrating data systems in a manner that provides communities and agencies with easy access to outcome and other data related to economic self-sufficiency across programs and agencies...

#### Output(s)

- Total number of applications.
- Dollars collected through Benefit Recovery.
- Number of Front-end Fraud Prevention investigations completed.
- Dollars saved through Front-end Fraud Prevention.
- Number of WAGES participants referred to the local WAGES coalitions.
Note: Strategic issue #5, Enhance management and information supports, is related to all PBPB programs and is therefore not separately included here.

Other agency programs approved for performance based program budgeting:
Families in Need of Child Care Program
Florida Abuse Hotline Program

Agency target groups or subgroups in performance based program budgeting programs with no objectives designated as strategic:
Families known to the department with children at risk of abuse (People in Need of Family Safety and Preservation Services Program)
Victims of Domestic Violence (People in Need of Family Safety and Preservation Services Program)
Families with children in child care (People in Need of Family Safety and Preservation Services Program)
Adults with disabilities who need assistance to remain in the community (Adult Services Program)
Children at risk of emotional disturbance (People with Mental Health and Substance Abuse Problems Program)
Children at risk of substance abuse problems (People with Mental Health and Substance Abuse Problems Program)
Children Incompetent to Proceed to Juvenile Justice (People with Mental Health and Substance Abuse Problems Program)
Adults in mental health crisis (People with Mental Health and Substance Abuse Problems Program)
Adults with forensic involvement (People with Mental Health and Substance Abuse Problems Program)
Persons who are indigent and aged, disabled, refugees or eligible children (Economic Self-Sufficiency Program)

Target Groups/Subgroups with No Objective Designated as Strategic:
- Families known to the Department with children at risk of child abuse and neglect
- Victims of domestic violence
- Families with children in child care
- Adults with disabilities who need assistance to remain in the community
- Children with mental health problems: Children at risk of developing an emotional disturbance
- Children incompetent to proceed to juvenile justice
- Adults with mental illness: Adults in mental health crisis, Adults with forensic involvement
- Children at risk of substance abuse problems [new target group - was subgroup - approved by Dept. management. to be proposed for performance based budgeting purposes]
- Persons who are indigent and aged, disabled, or eligible children.
Appendix D: Information Resource Issues

The systems initiatives recommended by the Information Systems Management Team for the next fiscal year are in most cases fairly new systems, which have been prioritized because they need resources to meet critical department needs. Many other older, or “legacy” systems also provide information that supports mission critical efforts and the priorities outlined in this plan. Additional details about the systems and other areas relating to management information are included in the department’s separate Plan for Information Resources Management, incorporated by reference as noted on page 70.

Year 2000
January 1, 2000 represents a hard and fast deadline for large scale rewrite of millions of lines of code and modification of date related data they process. This issue impacts every issue in the Agency Strategic Plan, to the extent that automated systems and facilities support departmental efforts in those areas. The department will soon complete its systems workplan and begin testing to ensure that no further changes are needed. The state is now addressing other related issues such as “embedded chips” (electronics in timeclocks, elevators, air conditioning, electronic locks, etc.). Obviously, all aspects of the Year 2000 issue are critical for department systems and facilities as they support service delivery. The Information Systems Management Team has recommended that the department prioritize this issue to seek funds for embedded chip issues, for districts, and for any modifications necessary after testing of Year 2000 fixes that are now being implemented.

Statewide Automated Child Welfare Information System (SACWIS)
This system is key to the department’s efforts to protect children, and ensure permanency and stability for them. It will be in the implementation phase in FY 1999-2000. Because SACWIS will be a client/server system, many daily system support activities must be performed at the district level. It is essential to have qualified staff available in each district to ensure proper operation of the system, timely response to system and staff needs, and efficient and effective service delivery for families and children. See also the strategy discussed on page 15.

FLORIDA System
The FLORIDA System is key to the department’s strategic priority of promoting self-sufficiency for Florida’s families and individuals. As discussed in that section of the Agency Strategic Plan (page , it provides support for eligibility determination, benefits calculation, and efforts to move clients from welfare to work. This year, the department is focusing on implementing strategies that continue to support and improve the performance, functionality and future utilization of the FLORIDA system, as well as the productivity of public assistance staff who use the FLORIDA system. See also the strategy discussed on page 62.

Information Access
For some years, the department has had a published strategy for long-term and short-term improvements in the area of information access and availability. If funds are appropriated for information access this year, the department will be able to improve access to information statewide by implementing the next phases in the statewide network strategy, providing funds to the districts and central office for network support and for software maintenance for cc:Mail, Jetforms, and COPESView. The network is the information highway that links departmental computer platforms, and allows information to be shared timely. A means of transporting information efficiently and quickly is clearly important to almost all department activities. For example, see the strategy on page 62 and discussion on page 71.
Statewide Access to Information Via the Data Warehouse and the Economic Self-Sufficiency/WAGES Data Warehousing Efforts
These warehousing initiatives are also accessibility and availability issues that support efforts in all target groups and are key to improving the department’s capacity for managing performance. The department is planning to move forward with data warehousing initiatives, including “data scrubbing.” If appropriated, funds for data warehousing will provides for equipment, software, and training; they will also support the department strategy of making information more available to staff for analyses, decision-making, service delivery, and accountability.

Local Support
The local support issue incorporates a request for 2.0 FTEs per district for District Management Systems to support enterprise initiatives. Although this issue is not a “system,” it is critical for the support of systems, networks, and software that support service delivery for all of the strategic issues in this plan.

Information Availability and Accessibility: Internet/Intranet and Geographic Information Systems (GIS)
The department has already begun to build its internet/intranet and geographic information systems initiatives. This year, if funds are appropriated for these efforts, the department will be able to continue initiatives that make service-related information more available to the public (adoption exchange), provide information on services (department internet pages), allow staff easy access to updated policies, procedures, and job-related information (intranet pages), and provide information and analyses that can be used to improve service delivery and accountability (geographic information systems). Because internet/intranet and GIS make information available to many users for many purposes, they can—and do—support all of the departmental strategic issues.

Workload: Customer Assistance Center
This initiative would provide additional staff for the agency Customer Assistance Center to enable the Center to meet service levels at 95% (answer 95% of incoming calls). These staff would be able to reduce customer waiting time and unanswered questions that delay direct service to clients.

Note: All of these initiatives meet one or more of the criteria for required reporting in the Agency Strategic Plan [over $500,000, impact multiple agencies, or have outcomes that affect multiple agencies]. Other initiatives are covered in the agency’s separate plan for Information Resources Management as noted above.
End Notes

2 Services Data Analysis Project, “A Profile of Florida’s Child Protection System Data”, FMHI, University of South Florida 1997 and 1998
3 Services Data Analysis Project, “A Profile of Florida’s Child Protection System Data”, FMHI, University of South Florida 1997 and 1998
4 Services Data Analysis Project, “A Profile of Florida’s Child Protection System Data”, FMHI, University of South Florida 1997 and 1998
5 Department of Children and Families, Office of Family Safety and Preservation program data.
8 Pelton (1994), op.cit.
9 Sedlak and Broadhurst (1996), op.cit.
13 Florida Department of Health and Rehabilitative Services (December 1992) Florida’s child protection system strategic plan. Tallahassee, FL: Department of HRS.
21 Services Data Analysis Project, “A Profile of Florida’s Child Protection System Data”, FMHI, University of South Florida 1997 and 1998
23 Aron, L. & Olson. ibid.
24 Florida Department of Children & Families (September 1996) Strengthening Families and Communities:
Florida’s Annual Progress and Services Report on the Family Preservation and Support Services Program.
Tallahassee, FL: Florida Department of Children & Families.


24 Services Data Analysis Project, op. cit.


27 Florida Department of Children and Families. Adult Services program office analysis, data from Florida Abuse Hotline Information System.


31 Related information is found in:


42 Department of Children and Families. Family Safety and Prevention program office analysis of data from the Client Information System.
47 Department of Children and Families. Family Safety and Prevention program office analysis of SAMAS data.
48 Department of Children and Families. Mental Health program office estimate.
49 US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration.
Children’s and Adolescent’s Mental Health Fact Sheet. Downloaded from http://www.mentalhealth.org/child/c&amh.htm as of 9/97.
50 Florida Department of Children and Families. Substance Abuse Program data analysis.
58 Alcohol, Drug Abuse and Mental Health program office data.
60 University of Minnesota, Research and Training Institute (May 1998). Annual summary of state developmental programs and practices.
61 Based on data from the Department of Children and Families Developmental Services program office and the Agency for Health Care Administration, estimated for 1997/98.
67 Bloom, Dan. ibid.