FLORIDA DEPARTMENT OF
CHILDREN
& FAMILIES

FY 96/97
PERFORMANCE REPORT

December 1997

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Secretary
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The 1996-2002 Strategic Plan identified 34 indicators related to desired outcomes for the department’s client target groups. This report outlines the department’s performance during the last fiscal year in achieving annual targets for the outcome indicators along with strategies designed to achieve longer term outcome goals.

Performance Measures and Reporting

For FY 96/97, quarterly performance reporting was initiated to track progress in meeting targets for the most crucial core outcomes identified by the department’s management council. These reports are prepared to inform department management and apprise key stakeholders, including the Governor and key Legislative committees, of on-going performance trends and progress. Also during the year, the department continued work to develop and refine measures for performance based budgeting. In June, recommended measures for programs scheduled to come on line in FY 98/99 were submitted to the Governor’s office for review and approval. The measures have been presented to legislative committees and are still being discussed and refined as of this writing. As a result of discussions with legislative committees and staff, additional work has been done to identify high level outputs, or “drivers”, in agency terms. Drivers are measures of key processes and activities that contribute to achieving the desired outcome. In addition, they are processes which the department can directly influence and which can be reported on a statewide basis. Status of performance on these drivers will be included in quarterly performance reports.

Quality Improvement and Benchmarking

The department began implementation of a significant quality improvement initiative during the year utilizing Sterling management concepts and techniques. This initiative is geared to develop an even stronger capability to measure, monitor and improve performance in critical areas. The structured approach being taken is designed to:

a) differentiate between critical and routine objectives in order to concentrate attention and resources on objectives needing dramatic improvement,
b) align statewide, district and unit level objectives to ensure consistency in improvement efforts,
c) utilize core process teams across the organization to determine improvement activities,
d) apply sound analytic tools and processes to determine countermeasures and improvement strategies to eliminate problems,
e) ensure accountability for results through performance agreements, analytic performance reviews, action plans and adherence to improvement timelines.

Another important element introduced with this effort was that of benchmarking. Benchmark performance levels, based upon best performers, have been set as a means to raise performance expectations for the department overall. As well, benchmarks serve as the basis for analyzing the extent of performance gaps thereby focusing attention on solving the most important problems. Appendix A of this report outlines the department’s strategic objectives, indicators and benchmarks which will be included in the next agency strategic plan. It also crosswalks changes and modifications to indicators for FY 97/98.
Performance Summary

Mental Health and Substance Abuse

Many of the department’s outcome indicators are new and were initially implemented during this report period. Being the first on line for performance budgeting, the Alcohol, Drug Abuse and Mental Health program has been confronted with a number of implementation issues, the most difficult of which concerns the availability and accuracy of client data as it is tracked and reported by contract providers.

Across the state, performance measures were included in all provider contracts at the beginning of the fiscal year. As would normally be expected for such a significant business change, difficulties with the implementation effort and provider reporting were encountered in all areas of the Alcohol, Drug Abuse and Mental Health program. These issues are discussed in the appropriate sections of the report. Priority attention is being given to improving data for these indicators. In the substance abuse program, this includes an in-depth process improvement initiative focusing on data collection procedures.

Based on the client data reported, performance in children’s mental health and substance abuse generally shows positive trends. Notably, 75% of targets were achieved for children with mental health problems including increases in days spent in the community, days attending school and client satisfaction with services.

Data reported for almost 30,000 mentally ill adults show these individuals are spending an average of 27 days per month in the community as opposed to more restrictive treatment or living settings. Based on smaller numbers of clients evaluated, performance on three other supporting indicators were below the sample baseline and target levels including days worked, average monthly income and increased functioning levels. Similarly, for the overall client satisfaction indicator for the target group, performance based on 9,000 responses is below the baseline sample and annual target.

Child Protection and Adoptions

In the child protection area, performance levels generally remained constant with respect to success in preventing child reabuse and reneglect, while adoptions related indicators showed slight declines. 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% success rates while six districts finished the year above the state target level. A significant factor impacting this indicator is staff turnover. Passage of a competency based pay plan by the legislature is expected to reduce turnover, increase retention of experienced staff and facilitate recruitment of qualified child welfare workers.

Approximately 50% (5,080) of the children in foster care who have been removed from their homes due to unsafe conditions, have a goal of being reunited with their family. For the year, the statewide average length of stay in foster care for this group showed a slight decline from 20.5 to 19.9 months compared to the statewide target of 18 months. The trend in this area appears positive with 10 of 15 districts having met or exceeded the 18 month goal and 11 showing reduced length of stay for this group over the last 12 months.
The indicator for children eligible for adoption was modified for FY 96/97 to measure the percentage of eligible children adopted. The number of adoptive placements had traditionally been the primary indicator. Over the last 12 months, the percentage of eligible children who were adopted declined from 47% to 45%. As well, there was a 5% decline in total number of adoptive placements and a 17% decline in the number of termination of parental rights which is the process whereby children in foster care become eligible for adoption. With fewer new children becoming eligible, this meant the historically harder to place children - sibling groups and older children - comprised a larger portion of the pool.

Approximately 30% (3,023) of the children in foster care have a goal of adoption. During the year, the average length of stay in foster care for these children remained fairly constant at 45 months, compared to the state target of 36 months. Only 3 districts met or exceeded the length of stay target during the year. A disturbing trend is that length of stay increased over the past 12 months in 9 of the 15 districts.

WAGES and Public Assistance

Nine months after WAGES legislation became effective, temporary cash assistance caseloads have decreased by 18% and Food Stamp caseloads by 16%. During this period the number of adults receiving cash assistance decreased by 24%. Upward trends continued in the accuracy of benefit payments for both food stamps and TANF recipients. Through two quarters of the federal fiscal year, TANF accuracy stood at 94.1%, above the state target of 93.9%, while food stamp accuracy was 91.4%, also above the state target of 90.28%. Collections of incorrectly issued benefits was almost $9.3 million for the year.

Developmentally Disabled Persons

Indicators for persons with developmental disabilities showed increases in the number of clients being employed and living in homes of their own.

Adults With Disabilities and Frail Elderly

There was a slight decline in the rate of success in preventing reabuse and reneglect of adults and frail elderly compared to the prior year, although performance in this area exceeded a 93% success rate for the year.
Children’s Target Groups

Children Who Have Been Abused or Neglected by Their Families

Child Victims of Abuse or Neglect Who Have Become Eligible for Adoption

Children With an Emotional Handicap, Serious Emotional Disturbance, or Mental Illness

Children with or at risk of Substance Abuse Problems
Children Who Have Been Abused or Neglected By Their Families

Outcome

Children are protected from further harm

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>FY 96/97 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the percentage of children who are not reabused or reneglected within one year after leaving selected family safety services to 91.5%</td>
<td>89% of children served were not reabused or reneglected following services which is below the statewide goal of 91.5%.</td>
</tr>
</tbody>
</table>

(See Appendix A for proposed changes to strategic objectives)

The Florida Abuse Hotline received just over 303,000 calls during the year. Approximately 96% of calls were answered in less than 3 minutes and the call abandonment rate of 5% was a significant improvement over the previous year’s rate of 10%. Approximately 60% of the calls or 182,500 concerned child abuse or neglect. Of this number, 117,633 met statutory criteria for abuse/neglect reports and were referred to districts for investigation. Over 95% of investigations were initiated within 24 hours of receipt of the report.

The 96/97 performance is based on cases closed during FY 95/96. Of 30,478 cases closed between July 1995 and June 1996, 27,143 were not reported as reabused or reneglected following services through June 30, 1997.

The department also tracks cases closed by protective investigators where no ongoing services are provided. Of 13,387 cases closed during the 4th quarter of FY 95/96, 86%, or 11,464, had no subsequent report of reabuse or reneglect during the following 12 months.
Children Who Have Been Abused or Neglected By Their Families

Outcome Indicator

By the year 2000, decrease the average length of stay in foster care for children with a goal of returning home from 20.4 months to 18 months.

(See Appendix A for proposed changes to strategic objectives)

Reunification is the goal for approximately 50% of the children in foster care. Supports and services are provided to assist families in re-establishing a safe and healthy home for the child. For the majority of these children, reasonable efforts are successful in reuniting them with their families.

Comparison of Average Length of Stay of Foster Children with Goal of Reunification - June 1996 and June 1997

The statewide average length of stay for these children decreased from 20.5 months to 19.9 as compared to the same time period in the prior year. Ten districts have now met or exceeded the 18 month target between 6/13/96 and 6/13/97 and 11 districts reduced the average length of stay over the 12 month period, while 4 increased.

Current Conditions in Child Protection

For the year, 4 districts outperformed the 91.5% state target; 2 others were above the 89% overall state performance while 10 fell below. In general, districts identify a number of barriers impacting 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 increased 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 departmental control over circumstances influencing abuse - and related,
- the difficulty in establishing effective community partnerships to leverage resources in meeting service needs.

Altogether, 62 children were known to have died from child abuse during FY 96/97. In 24 of those cases, a death occurred despite the fact the department had some prior contact with their families. 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. Critical improvements in the child protection system include:
Children Who Have Been Abused or Neglected By Their Families

- Spend more time thoroughly assessing a family for risk as a part of the initial investigation and case plan. This means a comprehensive review with mental health, medical, law enforcement and substance abuse professionals.

- Completing criminal background checks on boyfriends and other significant people in the household.

- Continually updating the family assessment as the people or circumstances in the family change.

- Regarding parents’ substance abuse as a serious threat to children and moving more aggressively to protect children where the adults continue to abuse substances.

- Assessing and evaluating all cases, both closed and currently open for services, where there has been reabuse or reneglect.

- Solving the turnover and vacancy problems that produce inadequate casework.

- Bringing protective investigations and protective supervision caseloads within the boundaries of established national standards.

- Completing the training improvements begun last session.

- Improving the dependency process through the Dependency Court Improvement Project to reconstruct the child protection statutes with emphasis on adjusting time frames for case processing, combining portions of chapters 39 and 415 to provide an orderly presentation of the dependency process, and modifying the judicial review process.

- Helping communities build a stronger community-based prevention and early intervention capacity by linking such programs as Healthy Start, the family services response system, 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.

- Assuring the continued support for the 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.

- Providing adequate room and board payments for foster parents as well as adequate supports for relatives who care for children.

- Developing alternative care for teenagers who are not suited to traditional foster care.

- Reducing the length of time it takes to enable a child to be adopted from the dependency system. This may include an expedited termination of parental rights provision in our child protection laws.
Status of FY 96/97 Strategies

The FY 96/97 strategic plan identified several strategies which supported the outcome of ensuring children are protected from further harm. The current status and/or progress on these interventions is outlined below.

• Improve Child Protection Workforce

The new competency-based pre-service training for new child protection staff began in January 1997. During FY 97-98, all child protection staff will be tested and those who pass will be eligible for a new position classification and a 5% pay raise. The vacancy rate for child protection workers averaged about 25.4% for the last seven years. For last year it was about 19.5%. It is assumed that the expected implementation of the competency based pay plan had a positive effect on the retention of workers during the year.

• Strengthen Family Services Response System and Expand Effective Programming

There have been community-based agreements implemented in District 4 (Duval County), District 15 (St. Lucie, Martin, Indian River, Okeechobee Counties) and District 5 (Pinellas County). The Florida Mental Health Institute at the University of South Florida completed an evaluation of the Family Services Response System. The evaluation revealed that a number of districts have successfully implemented the community based child protection reform efforts and have positive results to share with other areas of the state.

Families receiving Intensive Care Counseling or Family Builders services are the families in greatest danger of having a child removed from the home due to the severity of the abuse or neglect. The Family Builders program has grown dramatically since 1991 when it began with a dramatic 157% increase in children served between FY 95/96 (6,561 children served) and FY 96/97 when 16,894 children were served. It is estimated that 15,036 of these children were diverted from foster care because of the Family Builders program, based on a previously documented 89% success rate.

Family Builders funding increased between FY 91-92 through FY 95-96, however there were no new dollars in FY 96-97. Funding for the Intensive Crisis Counseling Program has essentially remained constant since FY 89-90. Current funding of both programs enables the department to serve about half of the families needing these services statewide.

• Enhance Service Integration

The department has contracted with community providers in four districts to privatize child welfare services in Escambia, Santa Rosa, Duval, Clay, Baker, Nassau, St. John, Sarasota, Lake and Sumter counties. During FY 96/97 a privatization project will start in Palm Beach county. As of Oct. 1, 1997, 48.5 department positions have been deleted and the resources transferred to local projects.

The department has established a multi-disciplinary task force to study and assess the Sexual Abuse Treatment and Child Protection Team programs of the child protection system. The availability of effective sexual abuse treatment and substance abuse programs has not increased over the past year. The task force applied for a federal grant from the Children’s Justice Act. If approved, it will provide over $300,00 each year for three years to enhance these programs.
TEAM Florida, a state level workgroup made up of child serving agencies and organizations, advocates, consumers, legislative and governor’s staff and community facilitators from each district provides technical assistance and support to districts. The Family Services Response System, the Edna McConnell Clark Initiative and the Family Preservation and Support Grant have focused on building community partnerships to help link child protection with other services. The following are examples where child protection has established relationships with Healthy Start and Children’s Mental Health.

- In District 10, cooperative agreements have been finalized allowing for a more efficient utilization of services between nurses, protective investigators and law enforcement in cases of substance-exposed newborn referrals.

- Okeechobee County in District 15 developed working agreements with county public health units to allow a public health nurse or a Healthy Start worker to respond to reports of alleged abuse or neglect involving substance-exposed infants.

- The Hillsborough Local Planning Team in District 6 developed a Children’s Mental Health Matrix of Services to be used throughout the county in an effort to improve the child and family service delivery system.

- **Enhance Interagency Coordination**

**Cooperation with Florida Law Enforcement Agencies**

During the 1997 Legislative Session, amendments to Chapter 415 of the Florida Statutes were passed which would allow local law enforcement and the department to better share criminal history information in child protective investigations. The Department of Children and Families and the Department of Law Enforcement worked with representatives of the Florida Sheriff’s Association, Florida Police Chief’s Association and the Florida Prosecuting Attorney’s Association to finalize a model Memorandum of Understanding governing the relationship between child protection and law enforcement. These working agreements were signed and put in place during 1997 with 67 sheriffs and more than 200 police departments. These agreements outline each agency’s responsibilities in responses to reports of child maltreatment and allow local law enforcement agencies to share Florida criminal history information with child protective investigators at the local level.

**Cooperation with Department of Health**

In September of 1996, the department partnered with the Department of Health to sponsor a one day workshop for families, front-line staff, supervisors and administrators on *Collaborating to Reduce the Effects of Prenatal Substance Abuse*. The workshops, held in six different locations around the state, focused on coordinated efforts to implement new statutes related to substance exposed children and their families. It also addressed ways of overcoming barriers identified by people in the field and women who abused drugs during pregnancy. Participants also were provided with tools to help them work with families as they cope with the damage of substance abuse.

An interagency agreement was signed between the Department of Children and Families and the Department of Health in January 1997. The intent of the agreement is to ensure that service delivery systems be maintained to the greatest extent possible to ensure a continuous, uninterrupted flow of services and that the transition to two different departments be “seamless” from the client’s perspective. The agreement will also service to promote integration of services at the local level.
Child Victims of Abuse or Neglect Who Have Become Eligible For Adoption

Outcome

Children eligible for adoption are placed in safe, permanent homes.

Outcome Indicator FY 96/97 Performance

<table>
<thead>
<tr>
<th>Increase the percentage of children legally available for adoption who are adopted from 47% in FY 95/96 to the statewide benchmark of 70%. (See Appendix A for proposed changes to strategic objectives)</th>
<th>The percentage of children who were legally available for adoption who were adopted declined to 45%, while the number of children placed for adoption also declined</th>
</tr>
</thead>
<tbody>
<tr>
<td>For the year, 1,474 children (84 fewer) were placed compared to 1,558 the prior year. The placement rate declined from 47% to 45%. The number of terminations of parental rights also declined by 17%, from 1,756 in FY 95/96 to 1,452. With fewer new children becoming eligible, this meant the historically harder to place children - sibling groups and older children - comprised a larger portion of the pool. As of June 1997, data reflect that almost 83% of foster children who have the goal of adoption have been in care for more than 18 months. The vast majority of these children enter foster care with the hope and goal of returning to their parents. It takes 12 to 18 months to file and implement the case plan and assess whether or not reunification is going to occur.</td>
<td></td>
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</tbody>
</table>

With 45% of the eligible foster children adopted last year, Florida ranks 12th nationally. The majority of other large states have not done as well: Texas - 29%, New York - 25%, California - 35%, Michigan - 36% and Illinois -46%.

Over the past three years there has been a slight, but steady decline in the number of new children admitted to foster care. Despite this trend, the average monthly foster care population is around 10,000 children. These children are not living in their own homes because it is unsafe for them to be there.
Outcome Indicator

By the year 2000, decrease the average length of stay in foster care for children with a goal of adoption from 44.6 months to 36 months

(See Appendix A for proposed changes to strategic objectives)

Approximately 30% of the children in foster care have the goal of adoption. Before a foster child can become adopted, the court must rule or the parents must voluntarily decide to terminate their parental rights. Currently, some of the children who have the goal of adoption are not legally available for adoption because termination of parental rights has not yet been achieved. The legal process itself (appeals), as well as the workload of the court, the department’s attorneys and other child welfare staff can delay the final order.

The statewide average has held fairly constant at around 45 months during the year. Only 3 districts were at or below the 36 month target for the period 6/13/96 to 6/13/97 while 6 districts lowered their average lengths of stay over the 12 month period. A disturbing trend is that length of stay increased over the past 12 months in 9 of the 15 districts. The total caseload decreased from 3,105 to 3,023 for the 12 month period.

Status of FY 96/97 Strategies

- **Improve Adoption Subsidy Payment**

  The consistent growth in Florida’s adoptions created a shortage in maintenance adoption subsidy funds. The Legislature fully funded the adoption subsidy category for 1997-98 which should stimulate more progress in adoptive placements. Also, effective January 1, 1998, the Legislature authorized college fee exemptions for foster children who are adopted.

- **Support Dependency Court Improvement Project**

  The Dependency Court Improvement project report completed in August 1997, identified several points in the dependency process where delays are contributing to the length of time children spend in foster care. Findings and recommendations in the report cover the areas of Judicial education, Judicial administration, program operations of the department, changes in statute and administrative rules, and implementation strategies. The department is working with the Office of the State Court Administrator and legislators to address these issues.
• **Improve Recruitment and Retention of Foster and Adoptive Parents**

Ongoing recruitment and retention efforts of foster parents are essential because foster parents provide homes for the vast majority (87%) of children in foster care and provide permanent adoptive homes for 60% of the foster children adopted each year. Last year there was a net loss of 121 foster homes statewide worsening the existing shortage. Despite the high percentage of foster children adopted by foster parents and relatives, there is still a need for additional adoptive homes. There is a critical need for families who wish to adopt older children, sibling groups and children of color.

In November 1997, the Governor's Partnership for Adoption and the Florida Advertising Federation Fourth District will officially kick-off a half-million dollar ad campaign to recruit adoptive families for foster children. The multi-media campaign will include billboards, television, newspaper and radio announcements. The campaign will target families who may have never thought about adopting a foster child, such as "empty-nesters." This campaign is expected to greatly increase the number of potential adoptive families and thus increase the number of adoptions.

Central Office staff are providing technical assistance, materials, and consultation to districts for recruiting and retaining foster parents. A legislative budget request has been developed to support the recruitment and retention of foster parents by (1) improving in-service training, (2) increasing the basic room and board payments, (3) providing incentives for foster parents to recruit other foster parents, (4) providing at least one designated position in each district who will serve as a foster parent liaison, (5) compensating selected experienced foster parents to mentor new foster parents during their first year and (6) providing child care while foster parents attend training.

The availability of an adoptive home at the time a child is ready for placement is crucial to success of the placement and thus reducing the length of time a child will stay in foster care. At present, there is an insufficient number of homes for children who are available for adoption. The recruitment and approval process takes 12 months and the department is trying to expedite this by establishing standards for how districts will respond to inquiries from prospective adoptive parents and within certain timeframes.

• **Examine Lengthy Process to Terminate Parental Rights and Finalize Adoptions**

Nine judicial circuits were studied in the Dependency Court Improvement Project. Based on this information, it took an average of 29 months from the date a child was removed from the home until termination of parental rights for those children not previously known to the department. The average was 21 months for children who received prior services from the department.

For 1,051 of the 1,308 children whose adoptions were finalized last year, the time from Termination of Parental Rights to finalization was an average of 15.4 months--with a minimum requirement of three months of this being for post placement supervision. For 50% (524) of these children, it took 13 months or more for the TPR; 31% (329) took 0-7 months; 12% (126) took 4-6 months and 7% (72) took 3 or fewer months.
Children With An Emotional Handicap, Serious Emotional Disturbance, or Mental Illness

Outcome
Children will live with their family, or in the least restrictive setting, and their school work will be consistent with their abilities

Outcome Indicator FY 96/97 Performance

<table>
<thead>
<tr>
<th>Emotionally disturbed children will live in the community an average of 24 days per month</th>
<th>Through FY 96/97, children with mental health problems lived in the community an average of 27 days monthly, exceeding the target of 24 days.</th>
</tr>
</thead>
</table>

(See Appendix A for proposed changes to strategic objectives)

Children with mental health problems include children under eighteen years of age who have an emotional handicap or mental health illness as indicated by a mental health diagnosis and inadequate behavior skills. These children may have difficulty behaving appropriately in school, home and/or the community, and may, without treatment, become involved in criminal behavior. Some children with serious mental health problems can become very aggressive, suicidal, or withdrawn.

It is estimated that 217,936 children in Florida are in need of some level of mental health services. Current funding of children’s mental health services is sufficient to meet only 23% of the estimated need, or 49,509 children.

Children with mental health problems frequently need intensive treatment services. Often, intensive community based services can eliminate the need for residential care so the child is able to stay at home with his or her family or in another community setting. The measure of days in community settings reflects Florida’s goal of serving children in a family setting or in the least restrictive setting that is clinically appropriate. These more natural settings are preferred over residential treatment, inpatient settings, and delinquency programs.

Fiscal year 1995/96 was the first year outcome data was collected for children with mental health problems. The baseline of 24 days in the community was established through a statewide client sample in March 1996, and an interim target of 24 days was established since the indicator and data collection process were new. Fiscal year 1996/97 year-end data indicates that the department surpassed this goal with a statewide average of 27 days. For measurement purposes, a child is considered to be in the community if he or she is not in any of the following:
Children With Mental Health Problems

settings: detention, inpatient hospitalization, residential treatment facility, homeless, wilderness camp, runaway or crisis stabilization unit. Year end data is based on a cumulative 48,959 children within the defined target population and who received services funded by the Alcohol, Drug Abuse and Mental Health program or Medicaid.

Each district maintains a priority service list to track the status of children awaiting residential mental health treatment. As of July 1, 1997, there were a total of 149 children on district waiting lists. The reduction of children waiting for residential services may be attributed in part to the Specialized Therapeutic Foster Care Program. This Medicaid funded program provides services for children who are currently in the custody of the state either due to abuse or neglect or who are involved in the delinquency system through the Department of Juvenile Justice. Mental health services are provided in a home-like setting with a family in the child’s community. The Specialized Therapeutic Foster Care program has reduced the length of stay for children in restrictive settings, as well as reduced the waiting list for children awaiting residential services. Children who would have otherwise been placed in a psychiatric hospital or residential treatment center can now be placed in a Specialized Therapeutic Foster Care home. This program has had a substantial impact on lengths of stay for: psychiatric hospitalization (38 day average decrease), as well as residential treatment center length of stay (30 day average decrease).

Outcome Indicator

Increase the average score on the Children’s Global Assessment Scale from 52.8 in FY 95/96 to 55.0 by FY 01/02.
(See Appendix A for proposed changes to strategic objectives)

The Children’s Global Assessment Scale measures functioning or behavioral levels of children served. This is a new measure implemented in fiscal year 1996/97. Year-end data reflects an average score of 52. The Children’s Global Assessment Scale ranges from 1-100, with 1 indicating a need for constant supervision due to severe aggressive or self-destructive behavior, and 100 indicating superior functioning in all areas. The average score of 52 represents a child who has substantial difficulty in one or more areas of his or her life such as school, home or interpersonal relationship. A score of 55 represents measureable improvement in the child’s level of functioning.

Outcome Indicator

Increase the percentage of families of children with mental health problems reporting satisfaction on the Family Centered Behavior Scale from 64% in FY 95/96 to 70% by FY 01/02.
(See Appendix A for proposed changes to strategic objectives)

The Family Centered Behavior Scale consists of 26 items describing family-centered care. The scale is a measure of the quality of the interaction between our contracted providers and family members. It is usually completed by the parent or guardian. Ratings are made on a scale of 1-5, with 5 being the most desirable score. Families are considered to be satisfied if the average score is a 4 or above. The Family Centered Behavior Scale indicates a satisfaction rate of 74% for fiscal year 1996/97, which is higher than our goal for fiscal year 2001/02, which is 70%. The baseline for this measure was 64%.

Outcome Indicator

Increase the percent of school days attended by children with mental health problems from 82% in FY 95/96 to 86% by FY 01/02.
(See Appendix A for proposed changes to strategic objectives)

The baseline data collected in 1996 indicated that children with mental health problems attended school 82% of all possible days. Based on year-end data for fiscal year 1996/97, children attended school 91% of available school days, which exceeds the fiscal year 2001/02 target of 86%.
**Status of FY 96/97 Strategies**

- **Continue to develop and implement managed care techniques for system improvement.**

  The mental health program office continues to work closely with the Agency for Health Care Administration to develop capacity to better manage the care of families being served. During this year, Medicaid in partnership with the state mental health program office, established a utilization management contract with First Mental Health, a private managed care organization. District based utilization management staff now prior authorize all inpatient admissions and review the intensity and scope of services for children identified as receiving the most expensive services. The mental health program office and Medicaid coordinate case reviews with service providers to develop and approve treatment plans. The case reviews result in an improved quality of care as the needs of the child are matched with specific treatment options. This clinical oversight also improves the aftercare planning for children who are hospitalized for mental health treatment.

- **Develop recommendations for patient placement criteria, continued stay and discharge criteria, and assessment.**

  The department continued coordination with the Agency for Health Care Administration to establish clinical protocols to guide service utilization, and work with that agency to establish behavioral health performance measures and contractual requirements for Health Maintenance organizations. The partnership with Medicaid also resulted in a clinical pathways document with recommendations for placing children in residential mental health facilities (if necessary), as well as recommendations for how long children should be expected to stay, according to their particular mental health problems. For example, if a child has been diagnosed with depression, the clinical protocol may indicate that the child should receive a certain number of counseling sessions and/or medication. These protocols have been distributed to mental health provider agencies and many providers have reported that they are very helpful in assisting them in carefully determining the appropriate course of treatment for children. This is expected to improve services for children by encouraging appropriate intervention and providing care in the least restrictive environment. By determining placement criteria and discharge criteria early in a child’s treatment, the program hopes to provide more appropriate treatment and continue to shorten lengths of stay which will be reflected in more community days for these children.

  In addition, the mental health program office assisted the Agency for Health Care Administration in a critical review of the agency’s proposal for new outcome measures for children receiving behavioral health services. The review involved a comparison of outcome measures currently being collected by the children’s mental health program office and proposed measures by the Medicaid office. By streamlining these measures, the program hopes to learn more about the children both departments serve in order to improve services for these children and their families in a consistent manner.

- **Refine performance contracting and outcome measures for quality management.**

  Ongoing training and technical assistance have been provided to district staff and providers in the area of performance contracting and outcome measure collection. In June of this year, children's mental health central office staff provided regional training for district staff in the areas of target populations, setting targets for provider contracts and data collection for the new fiscal year. In October 1997, six regional training sessions will be held to inform providers of updates in the outcome collection process. In addition, a revised children’s mental health outcome data collection manual, which was developed by the Florida Mental Health Institute, has been distributed to district and provider staff across the state. This manual provides information on the basics of data
Children With Mental Health Problems

collection, including background of the project, form completion and data submission, as well as changes for the new fiscal year. Ongoing feedback is provided to both district and provider staff in monthly error reports and quarterly outcome reports, however a major area of concern this past year has been the timeliness and quality of these reports. The Florida Mental Health Institute was late in submitting the reports for fiscal year 1996/97. This problem should be eliminated in fiscal year 1997/98 because districts will have the ability to access the data electronically throughout the year.

- **Work with districts to develop and implement improved quality management, monitoring and licensing.**

  The Florida Mental Health Institute has developed a monitoring tool for use by district children’s mental health staff to aid in monitoring provider compliance in the collection of data for outcome measures. This tool is used to validate data regarding the types of services children are receiving as well as children’s improvement in various outcome measures. These include school attendance, behavioral improvement, and days spent in the community. District staff will be trained in the use of this monitoring tool in December, and will begin using it to monitor contracts in early 1998.

- **Ensure children’s mental health activities are coordinated with substance abuse interventions and child protective services.**

  The mental health program office continues to work closely with both the substance abuse and child protection programs. During the 1997 legislative session, both substance abuse and children’s mental health staff collaborated to amend Chapter 39, which involves delinquency guidelines. In the area of outcome measurement, a new electronic target population certification process is being implemented to include both mental health and substance abuse target populations. The certification form determines which children meet the criteria for the mental health and substance abuse target populations. Combining the forms will enable the program and provider agencies to know which children have both mental health and substance abuse problems, which will facilitate treatment in both areas when needed.
Children With or At Risk of Substance Abuse Problems

Outcome

Children with or At Risk of Substance Abuse problems are drug free.

Status of Substance Abuse Performance Data

Much attention continues to be given to the collection and analysis of data on the State Integrated Substance Abuse Reporting data system. For many years, primary consideration in the design of substance abuse data collection and reporting focused on meeting federal requirements for information on client populations served. The type of data collected typically concerns admissions information, characteristics of people served, programs or services provided and completion of treatment.

The transition to collect and analyze information about client outcomes and treatment effectiveness is difficult. FY 1996-97 is the first year the department systematically measured outcomes. Feedback to providers and district offices was not previously reported. With the help of Competitive Technologies, Inc., the program has initiated a core process review of all aspects of data collection, reporting and analysis.

A substantive review of all measures and corresponding populations will be completed by December 1997 to ensure the most appropriate and effective tracking of performance.

Several barriers in reporting performance have been encountered during the year. One barrier is incomplete reporting of client and outcome information by providers. In response to this, the Florida Mental Health Institute has developed and is implementing a procedure for districts to use to validate the data reported by providers. Another response is implementation of a data warehouse beginning in January 1997. Each district has been outfitted with hardware and software that will permit them to query the data base for substance abuse and mental health. All districts are now on line with this information so the quality of the input and output from individual providers can be managed locally as well as by the central office.

Another barrier has been timeliness of information received from contract providers. Effective July 1, 1997, providers are required to submit data electronically to the substance abuse program office. All providers will be required to complete transition to this format by January.

Difficulty in determining which clients to report performance data on is another barrier. Effective July 1, 1997, providers will complete a certification form on agency admissions. Certification will serve to identify clients funded by the state as well as the target group to which they belong. Data for FY 1997-98 will be reported by sub-populations of the broader children and adult population categories. This information will facilitate analysis of performance for each sub population being served.
Children with or at risk of substance abuse problems

FY 96/97 Performance Measures

Five measures for this target group were included in the strategic plan. Performance data and related discussion on the measure is as follows.

Outcome Indicator

Increase the percentage of children with substance abuse problems who are drug free upon completion of treatment from 67% in FY 95/96 to 75% by 2001-02

(See Appendix A for proposed changes to strategic objectives)

Through the third quarter, 73% (585 of 799) of clients completing treatment were drug free upon completion. Fourth quarter data were not yet available at the time of this report. A preliminary target of achieving 67% drug free was established in the strategic plan, with a goal of 75% drug free by FY 2001-02. The data indicate improvement of performance in this area. While the department will strive to improve performance in this area to 75% in FY 98/99, it should be noted that over 60% of these youth are from the juvenile/criminal justice system who are in treatment with court sanctions, and approximately 88% of these youth were served in non-residential treatment programs where they had access to drugs in their communities.

This indicator addresses the population that completes treatment. Clients provided substance abuse services, such as assessment, intervention, and case management, who are not subsequently admitted to treatment services are not included in this measure. 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.

Outcome Indicator

Increase the percentage of children with substance abuse problems who are less frequently using substances from 70% in FY 95/96 to 85% by FY 01/02

(See Appendix A for proposed changes to strategic objectives)

This measure addresses reductions in substance use for children who are discharged from treatment, including those who did not complete treatment. Through the third quarter, 78.5% (1003 of 1659) of clients leaving treatment showed a reduction in the frequency of substance use, a preliminary target of 70% was established in the strategic plan, with a goal of 85% by FY 2001-02. At the time the plan was developed, targets were estimated on the latest information available for either FY 1995-96 or FY 1994-95 data because FY 1996-97 data were not yet available.

Outcome Indicators

A) Increase percentage of children who show expected level of improvement in reading scores from 64% in FY 95/96 to 80% in FY 01/02.

B) Increase percentage of children who show expected level of improvement in math scores from 68% in FY 95/96 to 80% in FY 01/02.

(See Appendix A for proposed changes to strategic objectives)

These outcome indicators address the services of the school-based Alpha and Beta targeted prevention programs contracted statewide serving approximately 3,000 children. Children in school-based targeted prevention programs are expected to show half a grade level improvement if in a semester program and one grade level of improvement if in a year long program. Though existing test information was utilized to establish an initial baseline (using students served during 1994-95), discrepancies existed in testing procedures among providers. Uniform procedures for testing were not in place statewide until FY 1996-97. A new achievement test was adopted and new reporting procedures were implemented at the beginning of the 1996-97 school year. No analysis of scores was completed due to planned implementation of new testing procedures. Outcome performance for FY 1996-97 is expected to be available by the second quarter of FY 97/98.
Outcome Indicator

Increase percentage with a favorable statewide satisfaction score on the Family Centered Behavior Scale from 79.0% in FY 96/97 to 87.0% by FY 01/02.

(See Appendix A for proposed changes to strategic objectives)

The Florida Mental Health Institute developed a standardized family satisfaction survey instrument, the Family Centered Behavior Scale which was adopted by the substance abuse program office, for implementation in FY 1996-97. Through the first three quarters of FY 1996-97, 79.0% of the parents report a favorable level of satisfaction (“most of the time” or “always”) on the instrument. This percentage is the baseline used to establish performance expectations for ensuing years.

Status of FY 96/97 Strategies

- **Enhance Interagency Coordination**

  **School Based Prevention Programs.** The department is coordinating with the Department of Education to develop at least one prevention/intervention program, targeting youth at risk, in every elementary and middle school. This effort has taken place at the district level, with department providers negotiating with individual school districts and schools to share resources for school-based targeted prevention programs. Currently there is a department funded targeted prevention program in every district, with a state total of 61 sites. Further expansion of this cooperative effort will be contingent on increased prevention funding and the utilization of targeted prevention models that are less cost intensive.

  In an effort to address teen pregnancy and substance abuse, the department’s school-based targeted prevention programs are coordinating with the Department of Education’s Safe and Drug-Free School district coordinators and Comprehensive School Health Program health educators. Substance abuse prevention/drug education curricula utilized by the prevention programs include pregnancy and sexually transmitted disease prevention material as a teaching point to explain the consequences of drug induced sexual promiscuity. It is anticipated that as department school-based targeted prevention programs expand and reach more children in areas not yet served, these school district level linkages will continue to develop.

  **Florida Substance Abuse Prevention Plan.** An interagency “Partners in Prevention Planning Meeting” was sponsored by the Substance Abuse Program Office with technical assistance provided through a contract with the federal Center for Substance Abuse Prevention. Stakeholders attending included: Department of Health, Department of Education, Department of Community Affairs, Department of Juvenile Justice, Housing and Urban Development, plus representatives from criminal justice and community programs.

  Florida is awaiting a response about an award of funding for a grant application submitted to the Center for Substance Abuse Prevention which will provide the means to facilitate a planning process and produce a statewide prevention plan. Potentially, $3 to $4 million annually would be available for a three year period. Strategies for continuing development of the prevention plan are contingent on the availability of this grant revenue. The main barrier to continuing this work effort is the limited staff resources available to support a plan development process.
• **Enhance Service Integration**

**Train Child Protection Workers to Identify and Intervene with Families with Substance Abuse/Addiction.** The Substance Abuse and Family Safety and Preservation Programs have jointly worked on training strategies for improving child protection workers’ understanding of substance abuse/addiction identification, linkages with treatment, and appropriate family interventions. Basic substance abuse training curricula have been updated to be used as a part of the routine training provided by the department for child protection workers. The Department of Health and the Substance Abuse Program Office coordinated with a federal Center for Substance abuse Prevention contractor, to implement a substance abuse prevention and treatment assessment software training program available on the Florida Alcohol and Drug Abuse Association’s world wide website. Barriers to maintaining the educational gains made include the number of child protection worker requiring training and the frequent turnover and inexperience of many workers. The Family Safety and Preservation Program Office has taken lead responsibility for addressing these barriers.

The Substance Abuse Program and Family Preservation staff sponsored three major Florida based conferences in 1996-97 focusing on substance abuse involvement in child protection, including identification, linkages and developing a collaborative program responses. These included the Women’s Substance Abuse Conference; Family Preservation and Safety Conference; and Healthy Start Sharing Solutions Conference. Additionally, A Guest in Our Home regional training focused on linkages among these two groups and Healthy Start. A number of workgoup efforts provide an ongoing forum for assuring these linkages and as problems are identified, they are studied and solutions recommended and implemented.

The Substance Abuse LBR for 1998-99 specifically requests both adult and children funds to support integrated programs for families having substance abusing/addicted parents putting children at risk for abuse and neglect.

**Enhance Community Coordination and Referral Network to Improve Access to Appropriate Services.** Each Alcohol, Drug Abuse and Mental Health District Office requires licensed substance abuse programs within their area of jurisdiction to maintain a resource directory of other community resources. These resources are used for those clients who are in need of services programs cannot or do not provide. The districts monitor this requirement as part of their regular, annual licensing reviews.
Self-Sufficiency
Target Groups

Persons Who Do Not Have Sufficient Income to Support Themselves and Their Children

Families with Children in Child Care
Persons Who Do Not Have Sufficient Income to Support Themselves or Their Children

Outcome
Adults Work and Gain Economic Self-Sufficiency

WAGES Implementation
The implementation of WAGES, with its work requirements and time limitations, is still in process. Measurement of success of this outcome will be tentative until the program has been in existence for at least two years, with all of the components implemented and the first timelimit met. However, since the implementation in October, 1996, over 40,000 cash assistance recipients have found employment or removed themselves from the welfare rolls.

Temporary Cash Assistance Caseload Trends
FY 95/96 and FY 96/97 Comparison

The implementation of the time limited welfare program, WAGES, which began in October, 1996, has resulted in a dramatic decrease in the cash assistance caseload. In October, 1996, there were 197,000 families receiving cash assistance. As of October 1, 1997, that number had been reduced to almost 135,000, a reduction of 31.5%. In that same time period, the number of adults receiving cash assistance reduced by 34% from almost 152,000 to 100,000. 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.

Public Assistance Food Stamp Caseloads
1995 and 1996 Comparison

The implementation of WAGES has also resulted in a dramatic decrease in Food Stamps caseload. In September, 1995/96, about 583,000 families were receiving Food Stamps. As of September, 1997, that number had been reduced to 450,000, a reduction of 23%.
While there is no one answer for why the caseload is dropping so significantly, 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.

The department, in partnership with the Florida Department of Labor and Employment Security, the State WAGES Board and 24 local WAGES coalitions, is working to provide incentives for businesses to employ welfare recipients, creating training programs for previous recipients, and providing transitional child care, transportation and training to help recipients stay employed and progress in their employment.

Requirements for successfully implementing welfare reform are bigger than any single agency or department. Through the implementation of the State WAGES Board, 24 Local WAGES Coalitions, and the government/business partnership of Enterprise Florida, the state has begun a coordinated effort with several private sector partners in the welfare reform effort. Through coordinated meetings, training sessions, public service announcements, informational brochures, governments’ partners are helping us get the word out about welfare reform and inform businesses of the benefits of hiring welfare recipients.

During the past legislative session, funding for child care for cash assistance clients was increased significantly. In addition, the support of the State WAGES Board and other private sector partners helped to create better understanding of the need for sufficient, quality, child care services to be available for cash assistance recipient’s children as we transition them from welfare to work.

Implementation of the WAGES program began during the reporting period and for that reason the outcome indicators included in the strategic plan were only preliminary. The strategic indicators for the department for FY 97/98 will be to ensure that WAGES participants are placed in jobs within the timelimit of benefits.
Benefit Payments

Outcome Indicator

Decrease federal sanctions imposed on Florida by improving the WAGES program accuracy rate to 93.92.
(See Appendix A for proposed changes to strategic objectives)

The state reported accuracy rate for FFY 1995-96 was 92.33%. This is an increase of 1.52% over the FFY 1994-95 rate but below the federal tolerance level of 93.92. This is an increase of .72% over FFY 1995-96. Quality Control findings show a continual improvement in the state’s accuracy rate over the past few years.

Outcome Indicator

Decrease federal sanctions imposed on Florida by improving the Food Stamp accuracy rate to 90.28%.
(See Appendix A for proposed changes to strategic objectives)

The state reported accuracy rate for FFY 1995-96 was 90.6%, which is just above the federal tolerance level of 90.1%. The state reported accuracy rate for the first half of FFY 1996-97 is 91.38%. Quality Control findings show a continual improvement in the state’s accuracy rate over the past few years.

Benefit Recovery and Fraud Prevention Activities

Florida has recently upgraded its computer programming to include the intercept of agency error claims. The federal government has indicated that, beginning with the tax year 1997 intercepts, those states who wish to participate may intercept agency error claims. Florida expects to recoup an additional $2 million by participating in this program. Florida now has legislation in place (Ch. 414.41, FS) that will allow for the tax intercept of Aid to Families with Dependent Children and WAGES assistance claims as soon as federal rules permit.
Persons Who Do Not Have Sufficient Income to Support Themselves or Their Children

Outcome Indicator

**Increase collection of incorrect public assistance benefits by 10% per year,**
from $8,160,963 in FY 94/95 to $15,903,407 in FY 01/02.

(See Appendix A for proposed changes to strategic objectives)

During the 96/97 year, the amount of money collected by Benefit Recovery was reduced. This occurred in both the amount of cash collected and the amount of allotment reductions. The cash reduction may be attributed to the implementation of a contract with GNP Joint Ventures, LLC to collect money from clients who are no longer receiving assistance. Many details of the start up process for the implementation and functioning of this contract have been ironed out over the course of the past year, and improvement in recoveries is emanating from this. Additionally, 68 Benefit Recovery positions were eliminated this past year and this has contributed to a reduction in the number of new claims established.

The collections figures are likely to improve in the coming year due to several factors. The number of claims to be established by each benefit recovery worker has been increased. The clients are becoming more familiar with the contractor and the contractor has increased the number of collections staff. There are programming changes to the Benefit Recovery System being completed that will provide the contractor with an improved method of identifying clients who have not made the required payments on their accounts. The Department will also participate in the Federal Income Tax Refund Offset Program for food stamp agency errors for the first time this coming year.

Numerous Benefit Recovery policy and procedure changes were implemented this past year. These range from procedures to streamline the process, such as increased use of the Information Eligibility and Verification System (IEVS), the production of a training package for benefit recovery units to use in the training of public assistance staff, electronic review of most referrals, and cancellation of referrals that have exceeded the statute of limitations or when the reviewer cannot substantiate the reason for the referral within 20-30 minutes of the review. There are many other items in the policy memo put out by the program office in January 1997, all of which add up to a more efficient process.

**Electronic Benefits Transfer**

Electronic Benefits Transfer (EBT) provides recipients of government benefits access to those benefits through the use of plastic, magnetic stripe debit cards at automated teller machines and point of sale terminals located in retail establishments. EBT will replace the current program specific, administratively burdensome, and fraud prone paper issuance processes. EBT systems automate and streamline benefit authorization, delivery, redemption, reconciliation, and settlement by “piggy backing” on the commercial debit card infrastructure. EBT systems offer greater security, deter fraud and abuse, and are more cost effective.

The 1992 Florida Legislature directed the Department of Health and Rehabilitative Services to research the feasibility of establishing an EBT system to improve the issuance of food stamp and other public assistance benefits (Ch. 92-125, F. S.). Supported by the Governor, Florida joined with seven other states in early 1994 to form the Southern Alliance of States (SAS), which voluntarily chose to partner with the Federal Government for benefit delivery services. As part of the partnership, SAS chose to use the U. S. Treasury’s Invitation for
Expressions of Interest (IEI) to acquire EBT services. In 1995, the Florida Legislature passed additional legislation directing the Department to procure EBT services and initiate a pilot project in Escambia County. (SB 188). In October 1995, Citibank F. S. B. of Miami was selected as the EBT financial agent for the SAS and Treasury. Florida executed its contract agreement on December 3, 1996 for an initial term of five years. Federal approval of the contract was obtained on February 25, 1997, with Implementation Advance Planning Document (IAPD) approval following on September 4, 1997. System design, development and testing occurred between December, 1996 and August, 1997. Federal acceptance testing was conducted in August, 1997 with receipt of approval for implementation.

Pilot operations began in Escambia County on October 1, 1997. A pilot evaluation will be performed in December, 1997 prior to initiation of two more pilot sites in Duval and a portion of Dade counties on February 1, 1998. Statewide rollout will follow successful completion of the pilot phase and is anticipated to be completed by October, 1998.
Families With Children In Child Care

Outcome

• Children are protected from harm.
• Children achieve appropriate levels of development.
• Low income parents are supported in their efforts to work.

Outcome Indicator

By the year 2000, increase the availability of quality child care for low income families and children at risk of abuse and neglect to 100% of need

(See Appendix A for proposed changes to strategic objectives)

As of June 30, 1997 there were 91,907 children enrolled in the subsidized child care program.

WAGES

Of this amount, 35,630 were children of WAGES participants or children whose parents were transitioning off of welfare. FY 96/97 we experienced a steady growth in WAGES / transitional child care enrollments from 24,592 in October 1996 to the June 1997 figure. Sufficient funding has been provided to serve the projected number of WAGES / transitional child care referrals for FY 97/98.

Working Poor

A critical barrier to serving low income working families is the two appropriation categories within the subsidized child care program (WAGES, At-risk, and Working Poor). Two categories limit flexibility in moving funds to where they are most needed. FY 97/98 is the first year the legislature split funding. As a result, the department is in a freeze posture with regards to serving low income working families.

The Child Care Executive Partnership through it’s child care purchasing pool will impact somewhat on available dollars for low income families. In a little over a year, the Partners have helped secure over $6 million in local cash match to expand services to this population. The additional funding and support by the legislature and the wages coalitions allowed the department to expand child care for the working poor and expand family child care home opportunities.
Children At Risk
Though sufficient dollars are available for WAGES child care, this is not the case with the at-risk/working poor category. On June 30, 1997, there were 56,277 at-risk children or children of low income working parents enrolled. There is sufficient budget to enable us to serve an average of 46,033 children in this category.

Child care availability and quality is another issue and one of our major goals is to impact both of these areas.

We know that many parents will be working nights and weekends where finding quality, stable child care arrangements is often difficult. The Department in concert with the Florida Children’s Forum has developed the "Florida Child Care Initiative". We are planning to increase the number of family child care providers by 1,000, each of the next four years.

A second part of the initiative relates to improving the quality of care children receive. We will be providing training and support to over 3,500 informal child care providers. In addition, we will increase the number of accredited child care facilities by 100 and the number of accredited family child care homes by 200. By 1999 we hope to have more than 1,000 accredited centers and homes, each being awarded Florida’s Gold Seal quality designation.
Adult Target Groups

Adults With Mental Illness

Adults with Substance Abuse Problems

Persons with Developmental Disabilities

Adults with Disabilities Who Need Long Term Care to Remain in the Community

Adults With Disabilities and Frail Elderly at Risk or Victims of Abuse, Neglect, or Exploitation
Adults With Mental Illness

Outcome Goal

Adults with mental illness live and participate in the community

Outcome Indicator FY 96/97 Performance

<table>
<thead>
<tr>
<th>Outcome Indicator</th>
<th>FY 96/97 Performance</th>
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<tbody>
<tr>
<td>Increase the average number of days clients with severe mental illness live in the community to 24 days per month.</td>
<td>Clients with severe mental illness lived an average of 27 days in the community.</td>
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(See Appendix A for proposed changes to strategic objectives)

Each year more than 600,000 adult Floridians suffer from serious mental illness. Of those, approximately 48 percent or 288,000 have a severe and persistent mental illness. During fiscal year 1996, the department served 157,218 individuals. Of this number, 29,802 have been certified by the department as meeting the criteria for this target population.

Adults in this target population experience chronic and disabling conditions that are characterized by symptoms such as delusions, hallucinations, disorganized thought and speech, flattened affect, and decreased initiation of goal-directed behavior. These symptoms may lead to such functional impairments as learning problems, self-care deficits, and impaired working and interpersonal relationships. The peak age for onset of severe mental illness in men is in the early 20s and in women in the late 20s to early 30s.

Most symptoms of severe mental illnesses can be managed successfully with treatment. Most people with severe mental illness can successfully function and become contributing members within their communities with appropriate supports such as housing, jobs, and education. This opportunity is substantially delayed if the focus of treatment is in an institutional setting rather than the community. Days in the community, therefore, becomes an important benchmark to determine the degree of success the system achieves in restoring functional capacities to adults with severe mental illness. Days in the community means those days an adult with severe mental illness resides in the community and is not in jails, detention facilities, crisis stabilization units, short-term residential treatment facilities, inpatient medical units, inpatient substance abuse, inpatient mental health treatment programs, or homeless.

During FY 96/97, the number of days clients with severe mental illness were maintained in the community exceeded the target by 8.3 percent. This means these individuals spent an average of two fewer days than projected in jails, detention facilities, crisis stabilization units, short-term residential treatment facilities, inpatient medical units, inpatient substance abuse, inpatient mental health treatment programs, or homeless. A baseline of 24 days was established through a statewide client sample taken in 1996.

The department is working to design a purchasing

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1 Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services. “Estimation Methodology for Adults with Serious Mental Illness.” Federal Register: March 28, 1997 (Volume 62, Number 60).
adults with mental illness

and delivery system which will maximize integration and coordination of the services purchased by Medicaid and the department as well as establish standard domains such as quality, access, outcome, and consumer protection. In addition, some districts are experimenting with managed care strategies or considering implementing such strategies. These range anywhere from independent case assessment and service planning for defined populations to the use of case rate funding methods for identified cases. The results of these activities will help influence future efforts.

A total of 29,802 persons were certified as clients with long term severe and persistent mental illness. This total is only a percentage of persons who are eligible and who will eventually be certified for this target group. Data collection has been dependent on establishing a manual data system with new provider reporting requirements. Early in the fiscal year, many providers were unsure of what to submit or how to submit it. There were delays in getting instructions to them and some procedural changes occurred after contracts were signed. To fill this informational gap, Florida Mental Health Institute conducted ten training sessions at various locations throughout the state from November 1996, through February 1997, with over 500 persons trained in these sessions.

Another limiting factor is that less than 50 percent of the certified clients were evaluated for any of the key indicators (ranging from 9,028 or 40% for Global Assessment of Functioning Scale to 4,366 or 19% for client satisfaction rating score). For many of these certified individuals, the required six months had not passed since they were first certified in order to have an evaluation performed.

To correct for the delay in collecting and reporting on key indicators, an electronic version of the client certification form is being developed. This electronic version will be made part of the integrated data system to simplify and minimize errors in reporting. Also an electronic version of the Functional Assessment Rating Scale (FARS) is being developed and is to be phased in by providers. In addition, the institute will be submitting the electronic data collected to the Mental Health Program Office at the close of each quarter. This will enable reports to be generated on a more timely basis.

Because of the low number of persons who have been certified and evaluated for the following measures, one should be cautious about interpreting this information. Three of the four measures were below the sample baseline that was established during the summer of 1996. Due to the recent implementation of these outcome indicators, as well as the time lag involved in establishing a new data system and collecting data on these indicators, the district staff has not had the information needed to modify their service system and array.

Potential barriers to accomplishing this outcome include the lack of availability of medication and other services in some districts, lack of community supports both formal and informal in some districts and the lack of a case management capacity to vigorously monitor progress toward achieve desired outcomes.

The district offices will have direct access to the data warehouse in order to monitor providers’ progress relating to outcomes. The central office will be analyzing each districts efforts and assisting in developing performance improvement plans when necessary.

Outcome Indicator

Increase the number of days worked per month by clients with severe mental illness from 1.4 days in FY 1995-96 to 5.0 by FY2001-02.

(See Appendix A for proposed changes to strategic objectives)

The statewide sample taken in 1996 has shown that the clients with severe mental illness worked an average of 1.4 days per month. Given the resources of the system, it was anticipated an increase in the number of days worked could occur over time. The benefit of this increase means the client becomes a contributing member of the community, self esteem and self worth is increased and there would be less demand for services. With 9,028 clients evaluated in FY 96/97, this outcome indicator increased from a baseline of 1.4 days worked per month to 2.4 days or an increase of 71 percent. This represents an achievement of 27.8 percent of the five year goal.
Outcome Indicator

**Increase the average monthly income for clients with severe mental illness**

*from $549 in FY95/96 to $575 by FY01/02.*

(See Appendix A for proposed changes to strategic objectives)

The $549 per month baseline was taken from a statewide sample in FY 95/96. The statewide sample was composed of less than 400 persons and may not be representative of the total target population. It was estimated $575 per month could be achieved based on an aggressive use of specific services such as supported employment and the timely obtainment of entitlements such as SSI. The benefit is that the individual would have an additional $26 per month or $312 per year to spend on daily essentials. With 8,630 clients evaluated during FY 96/97, an average income $519 was achieved.

Outcome Indicator

**Increase the average functional level score for clients with severe mental illness as measured on the Global Assessment of Functioning Scale from 52.9 in FY95/96 to 55.0 by FY01/02.**

(See Appendix A for proposed changes to strategic objectives)

The average Global Assessment of Functioning Scale score for adults in the 1996 sample was 52.9. This scale is a 100 point scale with each 10 points representing levels of severity with 100 points representing free of symptoms and 10 representing persistent danger to self or others. The baseline score of 52.9 is within the moderate symptom range that is only two levels above serious symptoms. It was believed movement could occur in the reduction of symptoms from 52.9 to 55.0 if specific services such as case management and medication management was available. A score of 55 represents the midpoint in moderate symptoms, only five points below mild symptoms. In comparison to the baseline collected during FY 96/97, an average score of 51.47 was achieved with 9,007 clients evaluated.

Outcome Indicator

**Increase the average client satisfaction rating score for clients with severe mental illness**

*from 139.7 in FY95/96 to 145.0 by FY01/02.*

(See Appendix A for proposed changes to strategic objectives)

The satisfaction baseline established in the 1996 sample was 139.7. The highest possible satisfaction score for the survey is 156. This score is like a response of “Strongly Agree” to the question “The program has helped me improve the way I deal with my problems”. The goal was to increase the level of satisfaction to 145.0 within five years. Client satisfaction is an important benchmark in determining the likelihood of clients continuing to receive needed services. Otherwise, the individual is likely to decompensate and require more intensive and costly services. An increase in client satisfaction is an indication the system is responding more effectively to client needs. In comparison to the baseline collected for this population, the average score represents a loss of 15 or 10% on the client satisfaction rating scale. During FY 96/97, with 9,007 individuals evaluated, the level of satisfaction was 129.5. A score of 129.5 is like a response “Agree” to the same question “The program has helped me improve the way I deal with my problems”.

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**Status of FY 96/97 Strategies**

- **Emphasize adult community-based services to prevent admissions or re-admission to expensive civil mental health facilities.**

The 1996-97 community mental health contracts include performance standards that are designed to maintain adults with mental illness in the community. The focus of treatment offered by service providers is to reduce the likelihood of inpatient admissions. In order to accomplish this, a mechanism must be in place to ensure service providers are addressing this strategy. Service providers are held accountable for failure to meet performance standards. Key elements of the mechanism that has been put in place include:

1. A statewide statistical sample established a baseline for negotiating district contracts;
2. A data base for each provider’s performance measure was established;
3. A procedure manual for determining compliance with performance standards was developed;
4. District and provider staff were trained in the procedures; and
5. A contract with Florida Mental Health Institute to collect and report the outcome of each provider’s performance standards was implemented.

- **Ensure adult mental health activities are coordinated with substance abuse interventions.**

Adult mental health and substance abuse coordinate the following activities:

- combining the automated mental health and substance abuse certification forms;
- **WAGES; and**
- rule development.

The electronic certification process will enable adult mental health to collect information on adults who have both mental health and substance problems, which will facilitate treatment in both areas when needed. A WAGES workgroup has been convened that involve representatives from both substance abuse and mental health. The workgroup has been developing a proposed screening protocol that will be used by the Department of Labor and Employment Security when screening AFDC applicants that may lose their eligibility because of welfare reform.

The mental health program office has also worked with substance abuse in the development of a proposed substance abuse administrative rule to ensure the needs of those with co-occurring disorders are considered.

- **Establish organizations within the department’s districts to implement and assume risk for managed care technology in the provision of public mental health services to adults.**

The Mental Health & Substance Abuse Program Offices are working closely with the Agency for Health Care Administration to develop managed care technologies. In January 1997, Medicaid established a utilization management contract with a commercial managed care organization. This organization will conduct prior approval of inpatient admissions and concurrent reviews of identified “high use” cases. This activity will have a positive impact on the core outcome for days in the community as only admissions meeting clinical protocols will occur. The agency has contracted with the department to coordinate case reviews, to work with Medicaid providers in following through on approved treatment plans and to conduct timely aftercare planning for persons who are hospitalized.
Adults With Substance Abuse Problems

Outcome

Adults with substance abuse problems are drug free and economically self-sufficient.

FY 96/97 Performance Measures

For a discussion on the status of substance abuse performance data, refer to the discussion in the children’s substance abuse section of this report. Five measures for this target group were included in the strategic plan. Performance data and related discussion on the measures is as follows.

Outcome Indicator

Increase the percentage of adults with substance abuse problems who are drug free upon completion of treatment from 60% in FY 95/96 to 75% by FY 01/02.

(See Appendix A for proposed changes to strategic objectives)

Through the 3rd quarter 81% (2,504 of 3,085 clients) completed treatment drug free.

This indicator addresses the population that completes treatment. Clients provided substance abuse services, such as assessment, intervention, and case management, who are not subsequently admitted to treatment services are not included in this measure. While the department will strive to improve performance in this area to 80% in FY 98/99, it should be noted that 84% are involved in the criminal justice system who are in treatment with court sanctions, and approximately 75% of adults are served in non-residential programs where they had access to drugs in their community.

Outcome Indicator

Increase the percentage of adults with substance abuse problems who reduce substance use from 77% in FY 95/96 to 85% in FY 01/02.

(See Appendix A for proposed changes to strategic objectives)

Of approximately 10,200 clients evaluated during FY 96/97, almost 81% indicate reduced substance use compared to 77% in FY 95/96. This measure has been revised for FY 97/98 to track the percent of clients who leave treatment as unsuccessful discharges, e.g., those who chose not to continue treatment, but still show a reduction in the frequency of alcohol and other drug use.
Adults with substance abuse problems

Outcome Indicator

**Increase the percentage of adults with substance abuse problems discharged from treatment who are employed at the time of discharge from 55% in FY 95/96 to 75% by FY 01/02.**

(See Appendix A for proposed changes to strategic objectives)

Employment is positively related to maintaining a drug-free lifestyle. Through the first three quarters of FY 1996-97, almost 56% (7,400 total clients) of clients leaving treatment were employed at the time of discharge. Data were not yet available for the fourth quarter when this report was completed. Data over a three year period show consistent improvement on this outcome; from 47% in FY 1994-95 and 55% in FY 1995-96 to 56% in FY 1996-97.

Outcome Indicator

**Increase the percentage of pregnant females with substance abuse problems who give birth to substance-free newborns from 72% in FY 95/96 to 85% in FY 01/02.**

(See Appendix A for proposed changes to strategic objectives)

Through the first three quarters of FY 1996-97, about 80% (43 clients) of pregnant women discharged from substance abuse treatment gave birth to substance free newborns. Data were not yet available for the fourth quarter when this report was completed. Data over a three year period show consistent improvement on this outcome; from 62% in FY 1994-95 and 72% in FY 1995-96 to 80% in FY 1996-97.

Outcome Indicator

**Reduce the proportion of clients with arrests from admission to discharge.**

(See Appendix A for proposed changes to strategic objectives)

There was a 51% reduction in the proportion of discharges during July 1, 1995 - December 31, 1995 that were arrested during the 90 days prior to their admission to treatment as compared to the proportion arrested during the 90 days following discharge from treatment. This is the finding of the initial analysis of data, based on arrest information made available by the Florida Department of Law Enforcement (FDLE), on substance abuse treatment discharges. This figure now serves as the baseline, not previously established, for this measure.

Added Outcome Indicator

**Increase the statewide client satisfaction score on the Behavior Healthcare Rating of Satisfaction.**

(See Appendix A for proposed changes to strategic objectives)

The Florida Mental Health Institute developed a standardized client satisfaction survey instrument, the Behavior Healthcare Rating of Satisfaction, for implementation in FY 1996-97. No previous baseline data existed. The statewide mean score for FY 1996-97 was 132. A minimum score of 130 is necessary to fall into the range for “agrees”. During FY 1996-97, 59% of clients reported a favorable rating (“agree” or “agree strongly”) on the Behavioral Healthcare Rating of Satisfaction. Increases in the percentage falling into the “agrees” or “agrees strongly” range, rather than the mean score, is a better indicator of performance on this outcome. The 59% figure will serve as the baseline on which to base future projections of performance.
Status of FY 96/97 Strategies

- **Implement Performance Based Contracts**

Performance Based Program Budgeting (PBPB) outcome measures were included in provider contracts for FY 1996-97. Procedures were established and implemented for the distribution of quarterly reports with provider level data on outcome performance. Statewide training sessions were provided by central office staff to assist district staff and providers in their responsibilities for proper implementation of Performance Based Program Budgeting procedures.

- **Implement Placement Criteria Based on National Standards for Patient Placement, Treatment and Discharge**

Beginning July 1, 1997, all substance abuse programs receiving funds from the department for substance abuse services must implement the American Society of Addiction Medicine’s (ASAM) Patient Placement Criteria for all clients admitted for treatment and intervention services. This includes criteria for determining placement, continued stay, and discharge. Assessment is considered to be a separate function and, as such, is a precursor to placement determination. All substance abuse programs must provide assessment services by statute, administrative rule, and contract.

- **Improve Interagency Coordination**

In 1996-97, the Department of Children and Families and the Department of Health entered into an agreement for the purpose of ensuring a cooperative and coordinated service delivery approach for mutual clients. This agreement operationally defined the two agencies’ intent that current service delivery systems be maintained to the greatest extent possible to ensure a continuous, uninterrupted flow of services, and that transition of both agencies from the Department of Health and Rehabilitative Services be “seamless” from the client perspective. Both departments agreed to work collaboratively in the best interests of mutual clients with respect to planning, development, and implementation of common issues. This agreement established a framework for improved service delivery and coordination which is implemented locally. Therein, the Department of Health established priority for services to certain substance abusing populations, including Healthy Start services for substance abusing pregnant women and Infectious Disease services for substance abusers referred for HIV/AIDS and tuberculosis services. The Department of Children and Families established treatment priority for substance abusing pregnant women and agreed to refer eligible substance abuser who are pregnant or who are at high risk for infectious disease to the Department of Health. Both agreed to maintain substance exposed, drug dependent newborn protocols or operating procedures currently in place and to modify them as needed.

All substance abuse treatment providers are further required contractually to comply with specific priorities and program models delineated in federal statute applicable to the federal Substance Abuse Prevention and Treatment Block Grant. Priority for services must be given to pregnant substance abusing women and injection drug abusers. Further, providers receiving block grant funds for special programs are contractually required to provide services consistent with prescribed program models for those populations. These include HIV Early Intervention Projects, HIV outreach services to substance abusers with emphasis on injection drug users, and programs for pregnant women and women with dependent children. State regulations further prescribe local coordination and integration. Contracts with substance abuse treatment providers require women’s treatment programs to comply with 10.D-115, Florida Administrative Code, an interprogram rule defining roles, relationship and care coordination among providers working with physically drug dependent newborns, substance exposed children, children adversely affected by alcohol, and the families of these children.
• **Increase Service Integration Through Training and Technical Assistance**

Staff from the central offices of Children and Families Substance Abuse Program Office and the Department of Health, Family Health Services provided training to 600 persons in six regional areas of the state. The training focused on statutes, rules and policies pertaining to substance abusing parents and children at risk of abuse and neglect and building network among workers to enable collaboration and provision of services.

The Substance Abuse Program Office is developing a quality improvement system with district provider operations. The Substance Abuse Program Office works with districts to develop improved monitoring and licensing procedures. This includes the development of instruments for monitoring compliance with the federal block grant requirements and performance outcomes at the time of regular licensing reviews.

Districts were given extensive information and training on this Substance Abuse Prevention and Treatment Block Grant requirement for providers to give priority to pregnant substance abusers, and if local placement is not possible within the federally set time limit, referrals are made to providers in other districts where there are open beds in an appropriate women’s program.

Contract requirement for special populations and services were addressed for pregnant women and women with dependent children, HIV outreach to injection drug users, HIV Early Intervention Projects, and provision of tuberculosis services.

A facilitated technical assistance event was conducted in Ft. Myers for the District 8 substance abuse, health and family safety and preservation staff to assess the coordination, linkages, service barriers, and strategy for improvement. This served as a pilot for future events.
Persons With Developmental Disabilities

Outcome

People with developmental disabilities participate in their communities

Outcome Indicator FY 96/97 Performance

<table>
<thead>
<tr>
<th>Increase the number of persons with developmental disabilities who live in homes of their own to 14%.</th>
<th>14% of the client are residing in homes of their own.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(See Appendix A for proposed changes to strategic objectives)</td>
<td></td>
</tr>
</tbody>
</table>

The target for the 1996/97 year was to have 14% of the adult population (2,155 individuals) residing in homes of their own. This indicator has been successfully met in part due to the increase in funding through the Home and Community Based Waiver which has allowed support coordinators to arrange supports for individuals in their own homes. Since 1994/95 the number of adults living in homes of their own has increased from 13% (1,931 individuals) to 14% (2,276) in 1996/97.

With the continued growth in the Home and Community Based Waiver, Developmental Services has been able to increase the number of individuals residing and participating in their home communities. Supported living and supported employment services continue to increase--services that directly impact an individual’s ability to secure and retain a job and a home of his own. Equally important is training for support coordinators in developing the natural supports for people with disabilities that allow them to fully participate in and take advantage of the activities of their communities.

The increase in the number of individuals with homes of their own would have been greater if not for an injunction imposed by a federal court in August, 1997 temporarily preventing the individuals in the Intermediate Care Facilities from being transitioned to the Home and Community Based Services Waiver and home of their own. When the lawsuit will be resolved and the injunction lifted is uncertain.
## Outcome Indicator

### Increase the number of people with developmental disabilities who are employed in integrated settings to 23%  
(See Appendix A for proposed changes to strategic objectives)

### FY 96/97 Performance

Over 22% of the adult were employed.

The number of individuals employed in integrated settings has risen from 20% of the adult population (3,183) to 22% (3,521) in 1996/97. Continued support from other agencies (Vocational Rehabilitation and Private Industry Councils) enables the department to increase individuals participation in employment in non segregated settings.

## Outcome Indicator

### Increase the number of children and adults who have all of their identified service needs met to 72% (15,681).  
(See Appendix A for proposed changes to strategic objectives)

### FY 96/97 Performance

The percentage of individuals with all their currently identified service needs being met increased to 64%.

This indicator has also been successful due to the increase in funding for services that are provided through the Home and Community Based Services Waiver. Individuals are participating more fully in the decision making process that drives service provision, and have more choices in what services they need and how those services are to be provided.
Status of FY 96/97 Strategies

With the exception of the key strategy related to the insuring the health and safety of individuals affected by the conversion, all the key strategies were successful in increasing the ability of individuals to live and participate in their home communities. All the key strategies focus on giving individuals options for choice and greater control over their lives. Developmental services will continue to increase person centered, community based options for individuals.

- **Increase supported living services through Home and Community Based Services expansion so that 100% of those served will be able to remain in their homes and communities.**

From the period June of 1996 to June of 1997, individuals residing in supported living situations has increase from 1,475 to 1,609. The majority of these individuals receive services funded through the Home and Community Based Waiver Program.

- **Convert sheltered workshops through a variety of incentives for providers and increased alternative options for consumers.**

The expansion of the Home and Community Based Waiver has allowed consumers to have more options to participate in integrated community settings. While there continues to be a significant investment in segregated programs, the amount of funding for supports and services encouraging opportunities for integration into the community has increased from $14,250,000 in 1995-96 to $15,015,955 in 1996-97. The trend continues to be a decrease in the numbers of individuals participating in segregated settings and an increase in the numbers and funding for integrated community opportunities.

- **Increase employment opportunities for individuals with disabilities through coordination of resources with the Department of Labor and Employment Security, Department of Education, and local employment programs and networks so that 100% of persons will be employed in integrated community settings.**

The number of individuals employed in integrated settings in the community has increased from 3,211 in 1995-96 to 3521 in 1996-97. Continued work with Vocational Rehabilitation and Private Industry Councils has resulted in the increase in persons employed in the community.

- **Ensure the health and safety of all individuals affected by the transition to community based services through careful assessment, planning, and service development by:**
  1. Establishing a Policy Advisory Team to provide direction and oversight of the transition.
  2. Developing detailed district plans for transition to community based services
  3. Conducting a comprehensive survey of status of individuals prior to, during and for a minimum of two years after the completion of the transition.

Although the plan to transition to community based services was delayed a full year due to the injunction against proceeding, the transition plans have continued to be revised and updated to insure that when the injunction is lifted, the transition will occur with minimal disruption to the lives of individuals affected by the change. During this past year, comprehensive surveys have been completed on each individual residing in the facilities affected by the transition to evaluate their health, behavior and living situation status and needs.
Adults With Disabilities Who Need Long Term Care To Remain In The Community

Outcome

Adults with disabilities live in the community in a healthy and safe environment.

During FY 96/97, the following performance budget outcome measures were developed for this client group:

- Percent of adults with disabilities who remain in the community in a healthy and safe environment
- Increased customer satisfaction

These are new indicators for this client group and current data systems do not capture this information. Baseline data will be established for FY 97/98 and the data collection system will be modified to collect this data.

During FY 96/97, a total of 3,700 clients were served by three long term care programs: Community Care for Disabled Adults (CCDA), Home Care for Disabled Adults (HCDA), and Medicaid Waiver (MW). Only 3% of the total number of clients in this population were institutionalized. Services provided under these programs included: Home Delivered Meals, Homemaker, Personal Care, Medical Transportation, Day Care, and a monthly subsidy for HCDA clients only.

Status of FY 96/97 Strategies

- **Implement Client Assessment**

The Adult Services Client Assessment Instrument has been developed and implemented. Data is being collected which assesses four (4) domains: Health, Functional Assessment, Client Support and Environment.

- **Improve Inter-Agency Coordination**

In most districts, interagency councils include adults with disabilities programs. At the state level, coordination occurs with the Brain and Spinal Cord program, Developmental Services Coordinating Council, Vocational Rehabilitation, Alliance for Assistive Technology and others. The primary problem is not the coordination of services, but the lack of funding resources.

- **Enhance Service Delivery**

In concert with the Department of Elder Affairs (DOEA) and Developmental Services (DS), Adult Services will be implementing an experimental client-directed care program which involves cash vouchers in April 1998 to allow for greater consumer choice in obtaining needed services. The Medicaid Waiver for disabled adults and elderly persons must be reauthorized in 1998, at which time there will be an opportunity to modify the Waiver to enable services to adults with disabilities to be managed consistently with services for other similar age groups.
Adults with disabilities and frail elderly are protected from harm.

Outcome Indicator FY 96/97 Performance

Increase the percentage of adults with disabilities and elderly Floridians over 60 who are not reabused and reneglected within one year of case closure to 95%

93% of adults served were not reabused or reneglected within one year following case closure.

(See Appendix A for proposed changes to strategic objectives)

Although the target performance was not reached, operational improvements were made to the consistency of protective intervention strategies, priority given to provision of services and overall coordination and case management provided to the victims involved.

This indicator was modified in the 1st quarter of FY 96/97 to be consistent with the children reabuse and neglect indicator which is stated in the positive. In addition, an interim goal for 95% was established as all districts had exceeded the original FY 01/02 target level. Adjustments were made both to the target group and methodology for capturing data to better reflect subsequent reports of abuse, neglect, or exploitation within 12 months of closure of a previous report.

In FY 95/96, the department received 24,998 reports for protective investigation which involved disabled adults and elderly persons living in community and facility settings. These reports were categorized as follows:

- Abuse - 23% (5,750)
- Neglect - 36% (8,999)
- Self-Neglect - 33% (8,249)
- Exploitation - 8% (2,000)
The services provided to these victims of abuse, neglect, or exploitation include Protective Supervision, Placement, Community and In-Home Services and Temporary Emergency Services (housing, medical transportation, emergency medical assessment, and other community and in-home services). Approximately 12% (3,000) of the reports investigated required temporary emergency services, either placement, community or in-home services. Of these reports, 30% (900) required placement services and 70% (2,100) required community or in-home services. Since 1991, the Department of Elder Affairs (DOEA) has given priority for services to elderly victims of abuse, neglect, or exploitation.

**Status of FY 96/97 Strategies**

Two intervention strategies were proposed in the 1996-2002 Strategic Plan. While neither of the strategies were fully implemented during this reporting period, the Adult Protective Services program has continuously provided quality assurance monitoring from the central office and at the district level. This oversight ensures the quality and consistency of decision making and compliance with statutes and policies and procedures governing this program.

- **Improve Interagency Coordination**

In conjunction with the Department of Elder Affairs, a Request for Proposal (RFP) has been developed to educate the citizens of Florida to learn the warning signs of elder mistreatment and when appropriate, become involved to help combat elder self-neglect. The objectives will be: (1) to develop a focused public awareness campaign; (2) to make the public aware of the existence of self neglect among the elderly population; (3) to help support “gatekeeper initiatives” by businesses, utilities, local governments, and private organizations to help detect cases of elder self-neglect and bring them to the attention of authorities; (4) to inform the public of warning signs of self-neglect; (5) to make the public aware that there are things they can do to help alleviate the problem and motivate them to help; (6) to provide local organizations with brochures and posters to help them raise awareness and initiate action to address the problem; and (7) to develop Public Service Announcements and print media materials which will support public awareness and education on the issue of self-neglect.
Performance Improvement Initiatives

Strategic Planning

During the 1996 legislative session, funding was appropriated to conduct a Florida Sterling Council quality management assessment of the agency. In the 1997 session, additional funding was appropriated to begin implementation of a statewide quality management initiative based on the findings of the Sterling Assessment. The department is being assisted in this effort by Competitive Technologies International, Inc.

Over the past year, primary emphasis in quality improvement has been directed toward the department’s strategic planning process, assessing statewide core processes, identification of strategic objectives and performance expectations at all organizational levels and training staff in the use of quality improvement tools and techniques.

The framework for the department’s FY 97/03 strategic plan consists of the client target groups and strategic outcome objectives resulting from the quality improvement initiative. The planning process has been redesigned to focus agency policy and resources toward solution of crucial performance problems.

Strategic Planning Framework

- Department Estimating Conference
- State Objectives Conference (Management Council)
- Agency Strategic Plan
- Strategic Plan/Performance Agreement (Districts)
- Performance Agreement (Central Offices)
- Department Performance Report
- Quarterly Performance Reviews

Rethinking Strategic Planning

To improve projections of the size of each client group and their needs, a departmental estimating conference process has been implemented. These estimates will help provide uniformity and consistency in district planning activities. An annual statewide objectives conference will be the forum for senior management to review current agency performance and emerging trends. This information will then be used to establish or redefine the department’s strategic objectives and direction for the short and longer term. Results of the strategic conference will be reflected in the strategic plan and legislative budget request. As well, it will form the basis for annual performance agreements with the districts and central offices and drive the work of process improvement teams throughout the year.

Approach to Improving Processes and Quality --- Closing the Critical Performance Gaps

The department’s strategic objectives are linked from the state level across a number of organizational levels in each district. The process has been implemented in the following manner. Districts compare their performance against the statewide objective, indicator, benchmark and annual target. Following this each district identifies where the most critical gaps in performance are located and establishes these areas for strategic emphasis. District performance improvement targets are established - and agreed to with the Secretary -- in relation to the longer term state benchmark and annual state target level. Strategies, actions and accountability are outlined by each district to close the performance gap.
Once this is done at the district level, the process is repeated at sub-organizational levels in the district such as division or program and then at life zone or service center. Each operational level develops indicators which are consistent with the statewide and district strategic indicators, establishes their portion of the improvement target, and sets out strategies and actions for which they have responsibility and can directly impact by virtue of their daily routines. In this manner, consistency is ensured with statewide objectives. As well, each operational level holds responsibility and accountability within that unit’s or individual employee’s frame of reference and scope of responsibility. A similar process occurred at the central office to establish support objectives for statewide programmatic and administrative functions.

**Benchmarking Performance**
Department managers as well as staff in all 15 districts and the central office received training and on-going technical assistance to help identify the most critical strategic outcome and support objectives for the state and each district. This effort included development of statewide benchmarks and interim annual targets plus outlining strategies to close existing performance gaps. Training included as part of the overall quality improvement initiative is focused on analysis of performance gaps and corrective actions for the specific strategic objectives which have been identified. Very promising and innovative improvement strategies and actions -- and which are primarily data driven -- are being identified across the agency. Statewide and district “champions” have also been identified to provide leadership in ensuring progress is made in each strategic area.

**Routine Performance Monitoring**
All of this work effort will result in formal performance agreements between the Secretary and each District Administrator and Assistant Secretary. Quarterly performance reporting on the agency’s strategic objectives will continue. Added will be quarterly on-site, district performance reviews by the Secretary which will ensure in-depth review and on-going monitoring of performance across the organization.

**Strategic Goals and Objectives Framework**
Strategic objectives are focused on the department’s mission which is “to work in partnership with local communities to help people be self-sufficient and live in stable families and communities.” Objectives relate to one of three vision areas within the overall mission - Results oriented, client centered and community based. Statewide strategic outcome and support objectives including indicators were developed within this framework and will be reported in the next strategic plan.
Customer Satisfaction Survey

A statewide client satisfaction survey was administered to clients in 14 target groups within the Department of Children and Families to validate the clients’ requirements and measure customer satisfaction. A total of 13,440 surveys were distributed throughout the state beginning May 27 through June 20, 1997. For each target group, a total of 960 surveys was distributed proportionally among all of the districts throughout the state and administered to randomly selected clients. The survey information was used to assess clients’ perception of how well the agency is fulfilling its vision of being client centered, community based, and results oriented. In each target group, the primary objective of the survey was to obtain useful information from clients on a regular basis to aid in performance management and improvement. The results of the survey will be used to improve the delivery of services and create baseline data at the state level for each of the 14 target groups.

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Response Rate</th>
<th>Number of Forms Returned</th>
<th>Percent of Clients Satisfied*</th>
<th>Mean Rating “Overall Satisfaction”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1—Families Known to the Department with Children at Risk of Abuse and Neglect</td>
<td>44%</td>
<td>421</td>
<td>95.1%</td>
<td>4.7</td>
</tr>
<tr>
<td>2—Children Who Have Been Abused or Neglected by Their Families</td>
<td>30%</td>
<td>284</td>
<td>86.1%</td>
<td>4.3</td>
</tr>
<tr>
<td>3—Child Victims of Abuse or Neglect Who Have Become Eligible for Adoption</td>
<td>32%</td>
<td>308</td>
<td>90.1%</td>
<td>4.4</td>
</tr>
<tr>
<td>4—Victims of Domestic Violence</td>
<td>51%</td>
<td>493</td>
<td>93.7%</td>
<td>4.7</td>
</tr>
<tr>
<td>5—Adults with Disabilities and Frail Elderly Who are Victims of Abuse, Neglect, or Exploitation</td>
<td>6%</td>
<td>61</td>
<td>70.2%</td>
<td>3.9</td>
</tr>
<tr>
<td>6—Adults with Disabilities Who Need Assistance to Remain in the Community</td>
<td>51%</td>
<td>485</td>
<td>93.9%</td>
<td>4.5</td>
</tr>
<tr>
<td>7—Families with Children in Child Care</td>
<td>72%</td>
<td>695</td>
<td>92.6%</td>
<td>4.6</td>
</tr>
<tr>
<td>8—Children with Mental Health Problems</td>
<td>61%</td>
<td>584</td>
<td>94.5%</td>
<td>4.6</td>
</tr>
<tr>
<td>9—Adults with Mental Illness</td>
<td>70%</td>
<td>676</td>
<td>89.9%</td>
<td>4.4</td>
</tr>
<tr>
<td>11—Children With or at Serious Risk of Substance Abuse Problems</td>
<td>52%</td>
<td>503</td>
<td>85.5%</td>
<td>4.4</td>
</tr>
<tr>
<td>12—Adults with Substance Abuse Problems</td>
<td>66%</td>
<td>630</td>
<td>93.1%</td>
<td>4.5</td>
</tr>
<tr>
<td>13—Persons With Developmental Disabilities</td>
<td>53%</td>
<td>511</td>
<td>95.0%</td>
<td>4.6</td>
</tr>
<tr>
<td>14—Indigent Persons Who are Unable to Work Due to Age, Disability, or Incapacity</td>
<td>78%</td>
<td>746</td>
<td>93.8%</td>
<td>4.6</td>
</tr>
<tr>
<td>15—Adults and Their Families Who Need Assistance to Become Employed (WAGES)</td>
<td>73%</td>
<td>697</td>
<td>90.8%</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53%</strong></td>
<td><strong>7,094</strong></td>
<td><strong>92.0%</strong></td>
<td><strong>4.5</strong></td>
</tr>
</tbody>
</table>

* % Agree or % Strongly Agree. Excludes cases when answer was missing or “N/A.”

Performance Based Budgeting

A modified performance budget was approved by the Legislature which specifies outcome and output measures and targets for FY 97/98 for the Mental Health and Substance Abuse program areas. The Legislature did not authorize budget category consolidations and transfer flexibilities for these programs as proposed by the department and recommended by the Governor.

Performance based program budget measures for other client groups and services were developed in a statewide workshop of over 130 central office and district program staff and others in November, 1996. Following approval by the management council and Secretary, the final proposed measures were submitted to the Governor’s Office in June, 1997 for approval.
Service Integration Partnerships

The development of community-based, integrated service systems continues to be a priority for the department. During the past year, a number of far-reaching integration efforts have made major strides. The following are examples of projects and activities which districts have successfully undertaken:

- District 5: Developmental Services and Vocational Rehabilitation (Department of Labor) have a cooperative agreement that supports more persons with developmental disabilities in community-based employment. Children's Mental Health and Substance Abuse has been folded into the Family Safety and Preservation program office, resulting in a very close integration of services between foster care and other residential services. The district "cost shares" the residential placements between the programs which permits more children to be placed. An ad-hoc committee comprised of Mental Health and Substance Abuse, Family Safety and Preservation, Developmental Services, and the Department of Juvenile Justice addresses the placement of children who are multi-program clients in need of residential placement. A co-funding decision is assigned during the meeting to determine payment of residential services. Three core One-Stop Centers were established in Pinellas County, and there are several "satellite" One-Stop centers that have multiple services co-located. These centers are all fully functional.

- District 6: The District ADM Office is serving as coordinator and umbrella organization for 11 community agencies to support a continuum of services for the homeless. Groundbreaking took place for a new "one-stop" WAGES service center. Located in a low income, inner-city area of Tampa, it is the first WAGES service center in the state to be designed and built as a "one-stop" center from the ground up, and will be staffed by the Department of Children and Families and the Department of Labor and Employment Security. A new "one-stop" WAGES service center is planned for Ruskin (located in southern Hillsborough County). It will replace the current community service center and will house staff from the Department of Children and Families, Department of Labor and Employment Security, Hillsborough County, the School Board, JTPA, and others.

- District 11 now has a full complement of 11 life zones established (10 in Dade and 1 in Monroe). We are now working on blending functions leading to the creation of multi-service children's teams and multi-service adult teams. Lack of an integrated data base is an obstacle. The district has organized a software development component to support data needs in terms of performance results as well as service integration. The further refinement of our GIS data base at the block group level will help us to customize services to the particular zone needs.

- District 12 and United Way have entered into an agreement which provides the Children and Families' client population with onsite access to referrals to community resources. This provides the community with one stop service and it has been highly successful in meeting the needs of our client population who frequently do not have ready access to transportation. Also, The Listening Project is being established as a resident guided mapping process. This is an integral part of establishing a neighborhood based service delivery system. Finally, under the Human Services Coordinating Council, the district is in partnership with Volusia County and the United Way to restructure the current human services system, review and share common functions to better meet community needs.

- District 13 children are already reaping the benefits of service integration. ADM, FSP and DS, along with providers and other community partners, have joined forces to meet the challenge of children with special placement needs. Through collaborative staffing, program planning and resource sharing we have exceeded the statewide outcome measure average of days in the community for children with mental health problems. In addition, our children wait significantly less time for mental health residential placement, i.e. an average of 39 days. We are so encouraged with the results that we've begun planning to replicate some of the same processes in our adult arena.

- District 14: To foster holistic services, a team approach has been implemented for the child welfare system. All Family and Preservation units now consist of investigations, protective services and foster care staff.

TEAM Florida has made significant progress in fostering interagency collaboration, community development and systemic integration both at the state and community level. TEAM’s efforts over the past year focused on helping communities learn how to map assets and work together to build common community agendas. In support of these efforts, a recent report, “Treasures From The Early Years of Florida’s Family Support and Family Preservation Efforts”, prepared by Florida State University’s Center for Educational Enhancement and Development, concluded that community facilitation has helped to personalize the Department of Children and Families and has brought community members to the forefront of designing and contributing to their own solutions.
TEAM Florida is engaged in mapping statewide children and family programs/initiatives as well as statewide councils, workgroups and coalitions established to address children and families in an effort to reduce duplication and enhance coordination and collaboration. The following are examples of activities that have taken place over the past year.

In District 6, a 21 member neighborhood group was organized to improve their Palm River Community. An asset inventory was completed that mapped churches, businesses, schools, civic associations, recreational facilities, fire and police services and child care locations. They also created an inventory listing space and land available for potential use and mapped the talents of residents willing to lend their support in developing and organizing the neighborhood to improve services and outcomes.

In District 10, the community facilitator provided technical assistance for 12 community organizations and mapping activities were completed by 9 organizations producing asset inventories and new resources pledged for investment within the communities. Educational opportunities, brochures, meetings, health fairs and other community projects and services are part of an education and awareness plan for these residents.

In District 4, neighborhood committees have been organized to assist in identifying neighborhood strengths and needs. A neighborhood talent inventory tool was developed to use in canvassing and mapping targeted neighborhoods. Funds from the Edna McConnell Clark Foundation grant were used to pay neighborhood residents in targeted neighborhoods to do door to door mapping of neighborhood assets.

In District 12, the assets mapping approach has contributed to, or spawned, a number of collaborative efforts in the district during the past year, particularly in the areas of advocacy and training. These include: collaborative advocacy efforts such as The Florida Children’s Campaign Town Meetings and the Stand For Children and involving grass roots representatives as planners and participants in these events. As a result of community assets mapping and linkage efforts regular “Immersion” training events will be held in the district for its residents.

The Office of Family Safety and Preservation, in conjunction with the Edna McConnell Clark Foundation and the Professional Development Centers sponsored six community forums around the state. These forums showcased examples of locally developed community partnership initiatives and provided opportunities for the developing new community partnerships.

**Application of Geographic Information Systems (GIS) Technology**

In the last year, the Central Office Geographic Information System has been developing the basemaps necessary for conducting Department-wide mapping. These include legislative, judicial, district, facilities and other department specific basemaps. GIS staff have also been developing maps identifying which counties have various services provided by Alcohol, Drug Abuse and Mental Health and the distribution of clients receiving these services. As services and clients for other programs are further defined, locational information will be developed. A Users Requirements Analysis of GIS was also conducted by Central Office staff to identify all GIS users and resources within the department. Based on the recommendations from the Users Requirements Analysis, a Statewide GIS Workgroup will be developed in an effort to set standards for GIS within the Department to maximize its usefulness.

In the next year the Central Office Geographic Information System will focus on three major areas. First, a continuation of identifying the locations of all the Departments services and clients and the mapping of both. This will help to identify any gaps in services in relation to client distribution throughout the state. Second, development of the Central office GIS Intranet site and the capability to perform on-line mapping queries. This will permit anyone with Internet access to perform on-line mapping queries accessing any of the maps developed by the Central Office Geographic Information System. Finally, the development of a state-wide GIS Workgroup which will develop and recommend GIS policy for the entire department to the Information Systems Management Team. This will improve coordination of GIS development between the districts as well as reducing the duplication of efforts.
Status of Information Resource Management Initiatives

The department’s Information Systems Management Team provides leadership for information systems planning and development activities. The statewide strategic initiatives for information resource management include:

**Year 2000.** The Department has conducted assessments of all major information systems, prepared cost estimates and project plans, and begun the work needed to achieve Year 2000 compliance for these systems. In addition, personal computers and software are being reviewed for Year 2000 compliance. Each district is completing its survey and assessment of district hardware and locally-developed/support applications. All financial systems using the Statewide Automated Management Accounting System (SAMAS) must be Year 2000 compliant by July 1998, and some benefits calculating systems (e.g., FLORIDA) must be compliant by November 1998 in order to assure that benefits are projected correctly. All other Year 2000 projects are to be completed by December 31, 1998. At this time, the overall Year 2000 project is on schedule, and it is anticipated that all deadlines will be met.

**FLORIDA.** This system has three major components: Client Registration, the Public Assistance module, and the Child Support Enforcement module. In the past year, FLORIDA has achieved federal certification of the Public Assistance portion of the system, and is working toward certification for the Child Support Enforcement module. The Department has completed service level agreements with the Department of Revenue, and is working on similar agreements for other FLORIDA partners.

**SACWIS.** The Statewide Automated Child Welfare Information System (SACWIS) is envisioned to enhance the collection and analysis of data for policymaking and to assist caseworkers in providing support to families in need. During the past year, SACWIS project staff have completed both high-level and detailed analyses of business area (child welfare) requirements. This process included defining and refining the process and data models, report contents, and interfaces with other systems. The contract for the planning and analysis phase of the project was completed in May 1997.

**A19 Capacity Upgrade.** This upgrade was not funded during the 1997 legislative session, although the preliminary hardware and software configuration of the new system has been defined. The computer system utilization remains high, with response time steadily increasing; this upgrade is badly needed.

**Communications Infrastructure.** Using Gartner Group criteria developed from industry practices, the department conducted an infrastructure study, and found that the department more than met the criteria of a highly complex technology environment, and it is understaffed by 92.14 FTEs at district levels alone to meet minimal support and needed hardware and communications upgrades and enhancements. A long-term infrastructure plan was developed, but this budget issue was not funded during the 1997 legislative session. It is still critically needed to maintain and improve service delivery and to make information available to those who need it. This issue has been minimally re-addressed in the FY 1998-1999 Legislative Budget Request as a long-term phased approach.

**Information Delivery Services (IDS).** IDS consists of three related “suites” of services that support IDS customers: the Administrative Services suite, the Support Services suite, and the Data Warehouse/Data Mart Suite. All of these suites of services are designed to eliminate the need to re-key information, avoid printing and mailing reams of paper, provide timely information in a consistent and manageable form, and enable department staff to use powerful analytical tools to conduct trend analyses and spot anomalies. Work on all three “suites” during the past year has been focused on honing these services so that information is available as needed. The Data Warehouse effort, with the addition of other client data, will help to support the current Geographic Information Systems and Performance-Based Budgeting initiatives of the Department by providing integrated view of information across programs.

**Electronic Benefits Transfer (EBT).** During October 1997, the Department is completing the process of “going live” with the pilot phase of the Electronic Benefits Transfer (EBT) rollout. Public assistance recipients are issued an EBT card to access their benefits through automated teller machines (ATMs) and point-of-sale terminals in retail locations, such as supermarkets. It is anticipated that statewide rollout will be completed by October 1998. EBT will provide enhanced service to clients and cost savings for the state by reducing the costs of food stamp coupon issuance, warrant production, and postage.
Appendix A

Revisions to Agency Strategic Objectives
## Revisions to Agency Strategic Objectives

<table>
<thead>
<tr>
<th>Client Group / Subgroup</th>
<th>96/97 Key Outcome Indicator</th>
<th>Action</th>
<th>97/98 Strategic Objective and Indicator</th>
<th>96/97 Actual</th>
<th>97/98 Target</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Who Have Been Abused or Neglected by Their Families</td>
<td>Increase the percentage of children who are not re-abused or re-neglected within one year after leaving selected Family Safety services</td>
<td>Modify</td>
<td>Reduce child abuse and neglect Percent of children who have no findings of child maltreatment within one year from case closure from services. Wording clarification.</td>
<td>89.06%</td>
<td>91.50%</td>
<td>95.00%</td>
</tr>
<tr>
<td></td>
<td>Decrease the average length of stay in foster care for children with a goal of returning home from 20.4 months to 18 months.</td>
<td>Drop</td>
<td>No longer strategic; will continue to be tracked.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child victims of abuse or neglect who have become eligible for adoption</td>
<td>Increase the percentage of children legally available for adoption who are adopted.</td>
<td>Continue</td>
<td>Increase adoption for eligible children Percent of children who are adopted of the number of children legally available for adoption.</td>
<td>45%</td>
<td>75%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Ensure that all districts achieve their foster care and adoption targets and maintain or improve targets as annually updated.</td>
<td>Drop</td>
<td>No longer strategic; may be tracked for district performance purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decrease the average length of stay in foster care with a goal of adoption from 44.6 months to 36 months.</td>
<td>Drop</td>
<td>No longer strategic; will continue to be tracked</td>
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</table>
| **Families with Children in Child Care** | Increase the availability of quality child care for low income families and children at risk of abuse and neglect | Drop   | *N/A*<br>
*Availability of child care will be tracked for performance based program budget purposes for low income families.* |              |              |           |
|                         |                                                                                             | Add    | *Provide child care all families in need of subsidized care*<br>Percent of four year old children placed with contracted providers in care for nine months who enter kindergarten ready to learn as determined by DOE or local school systems’ reading assessment.<br>*Indicator will be separately measured & reported for this subgroup* |              | 75%          | 80%       |
| **Children With Mental Health Problems** | Increase the average number of days emotionally disturbed children will be maintained in the community.<br>Increase the average functioning level score on the Children’s Global Assessment Scale of emotionally disturbed children | Modify | *See below - to be measured by subgroup*<br>See below - to be measured by subgroup |              |              |           |
|                         | Increase the percentage of families of emotionally disturbed children reporting good results on the Family Centered Behavior Scale | Drop   | *No longer strategic; to be tracked for performance based program budget purposes*<br>No longer strategic; to be tracked for performance based program budget purposes |              |              |           |
|                         | Increase the percent of school days attended by emotionally disturbed children | Drop   | *No longer strategic; to be tracked for performance based program budget purposes*<br>No longer strategic; to be tracked for performance based program budget purposes |              |              |           |
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<tr>
<td>Subgroup: Children and adolescents with serious emotional disturbances, In state custody</td>
<td>Increase performance levels of seriously emotionally disturbed children in state custody Average number of days spent in the community annually (not in detention, homeless, runaway, or other facilities). Revise from monthly to annual average; measure for subgroup of children in custody; set targets based on diagnosis.</td>
<td>Add</td>
<td>324</td>
<td>330</td>
<td>338 days</td>
<td></td>
</tr>
<tr>
<td>Subgroup: Children and adolescents with emotional disturbances, In state custody</td>
<td>Increase performance levels of emotionally disturbed children in state custody Average number of days spent in the community annually (not in detention, homeless, runaway, or other facilities). Revise from monthly to annual average; measure for subgroup of children in custody; set targets based on diagnosis.</td>
<td>Add</td>
<td>312</td>
<td>314</td>
<td>322 days</td>
<td></td>
</tr>
<tr>
<td><strong>Children With Or At Serious Risk Of Substance Abuse Problems</strong></td>
<td>Increase the percentage of children with substance abuse problems who are drug free upon completion of treatment</td>
<td>Modify</td>
<td>See below - to be measured by subgroup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase the percentage of children with substance abuse problems who reduce the frequency of substance use</td>
<td>Drop</td>
<td>No longer strategic; will be tracked for performance based program budget purposes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase percentage of children who show expected level of improvement in math scores</td>
<td>Drop</td>
<td>No longer strategic; will be tracked for performance based program budget purposes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Increase percentage of children who show expected level of improvement in reading scores</td>
<td>Drop</td>
<td>No longer strategic; will be tracked for performance based program budget purposes</td>
<td></td>
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</tr>
<tr>
<td>Increase statewide average satisfaction score on the Family Centered Behavior Scale</td>
<td>Drop</td>
<td>No longer strategic; will be tracked for performance based program budget purposes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgroup: Children under the supervision of the state (delinquent children and children who are victims of abuse or neglect), abusing substances</td>
<td>Reduce substance abuse by children under state supervision Percent of children discharged who successfully complete substance abuse treatment. Wording clarification; measure for subgroup of clients in custody and set separate targets.</td>
<td>Add</td>
<td>54.0%</td>
<td>57.0%</td>
<td>73.0%</td>
<td></td>
</tr>
</tbody>
</table>
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<tbody>
<tr>
<td>Subgroup: School aged children not under the supervision of the state, abusing substances</td>
<td>Reduce substance abuse by children not under state supervision</td>
<td></td>
<td><strong>Wording clarification; measure for subgroup of clients not in custody and set separate targets</strong></td>
<td>41.1%</td>
<td>44.0%</td>
<td>66.0%</td>
</tr>
<tr>
<td></td>
<td>Percent of children discharged who successfully complete substance abuse treatment.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><strong>Add</strong></td>
<td><strong>Restore competency for children and adolescents in juvenile justice commitment</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Percent of children restored to competency and recommended to proceed with a judicial hearing.</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>New target group outcome established.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Incompetent To Proceed To Juvenile Justice</td>
<td>Increase case closures or reductions of benefits in AFDC cases due to increase in client earnings</td>
<td><strong>Modify</strong></td>
<td><strong>Increase economic self sufficiency for public assistance clients</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase case closures or reductions of benefits in Food Stamp cases due to increase in client earnings</td>
<td></td>
<td><strong>Percent of WAGES participants placed in jobs within timelimit of benefits</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Revised to reflect new objectives of welfare reform legislation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults and their families who need assistance to become employed (WAGES participants)</td>
<td>Decrease federal sanctions imposed on Florida by improving the AFDC program accuracy rate</td>
<td><strong>Drop</strong></td>
<td><strong>No longer strategic; tracked as support objective</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decrease federal sanctions imposed on Florida by improving the Food Stamp program accuracy rate</td>
<td></td>
<td><strong>No longer strategic; tracked as support objective</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase collection of incorrect public assistance benefits over the previous year</td>
<td><strong>Drop</strong></td>
<td><strong>No longer strategic; tracked as support objective</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults with disabilities and frail elderly at risk or victims of abuse, neglect or exploitation</td>
<td>Reduce the recurrence of abuse, neglect and exploitation of adults with disabilities and elderly Floridians over 60</td>
<td><strong>Drop</strong></td>
<td><strong>Reduce abuse, neglect and exploitation of adults with disabilities and frail elderly who are victims or at risk</strong></td>
<td>93%</td>
<td>95%</td>
<td>97%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Percent of adults with no subsequent report of abuse, neglect, or exploitation within six months of close of investigation.</strong></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Wording clarification</strong></td>
<td></td>
<td></td>
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</table>
| **Adults with disabilities who need assistance to remain in the community** | Percentage of adults with disabilities who:  
• improve or maintain a living environment status in the community.  
• improve on health status in the community.  
• improve nutritional status in the community.  
• pursue or achieve activities of daily living  
• improve or maintain a satisfactory informal family support status. | **Modify** | Increase long term community supports for disabled adults.  
Percent of persons not placed in a nursing home.  
**Wording clarification** | | | 97%  
98%  
99% |

| **Persons with developmental disabilities** | Increase the number of adults who live in homes of their own.  
Increase the number of people who are employed in integrated settings.  
Increase the number of children and adults who have all of their identified service needs met. | **Drop** | No longer strategic; related measure may be tracked for performance based program budget purposes | | | |
| **Subgroup: Persons in the community** | | **Drop** | No longer strategic; related measure may be tracked for performance based program budget purposes | | | |
| | | **Drop** | No longer strategic; related measure may be tracked for performance based program budget purposes | | | |
| | | **Add** | Improve the quality of life for developmentally disabled clients residing in the community  
Percent of persons with developmental disabilities living in the community who have a quality of life score of ___ on the Outcome Based Performance Measures Assessment at annual re-assessment.  
**Outcome measure defined for performance based program budget purposes** | Avail.  
7/1/98 | 76% | |
| **Subgroup: Persons in institutions** | | **Add** | Improve the quality of life for developmentally disabled clients residing in institutions  
The statewide average on the Conroy Quality of Life Protocol for residents living in developmental services institutions.  
**Outcome measure defined for performance based program budget purposes** | Avail.  
1/98 | Avail.  
2/98 | |
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<tbody>
<tr>
<td>Adults with mental illness</td>
<td>Increase average number of days worked per month by disabled adult mental health clients.</td>
<td>Drop</td>
<td>No longer strategic; related measure to be tracked for performance based program budget purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase average monthly income for disabled adult mental health clients</td>
<td>Drop</td>
<td>No longer strategic; related measure to be tracked for performance based program budget purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase average functional level scores for disabled adult mental health clients</td>
<td>Modify</td>
<td>See below; related measure for specific subgroup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase average client satisfaction rating score for disabled adult mental health clients</td>
<td>Drop</td>
<td>No longer strategic; related measure will be tracked for performance based program budget purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgroup: Adults with serious and persistent mental illness</td>
<td>Add Increase functioning levels for adults with serious mental illness</td>
<td></td>
<td></td>
<td>324</td>
<td>333</td>
<td>345 days</td>
</tr>
<tr>
<td></td>
<td>Average annual number of days spent in the community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measure for subgroup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgroup: Adults in mental health crisis</td>
<td>Add Stabilize adults in mental health crisis</td>
<td></td>
<td></td>
<td>17</td>
<td>14.7</td>
<td>14.7 points</td>
</tr>
<tr>
<td></td>
<td>Average functional level change score based on Global Assessment of Functioning Scale.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Measure for subgroup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgroup: Adults in civil commitment</td>
<td>Add Improve or maintain functioning level for adults with mental illness in civil commitment</td>
<td></td>
<td></td>
<td>60%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent of residents who improve mental health based on Positive and Negative Symptom Scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measure for subgroup</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgroup: Adults in forensic commitment</td>
<td>Add Increase restoration of competency for adults in forensic commitment</td>
<td></td>
<td></td>
<td>Avail. 1/98</td>
<td>Avail. 1/98</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average number of days to restore competency</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Measure for subgroup</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### Revisions to Agency Strategic Objectives

<table>
<thead>
<tr>
<th>Client Group / Subgroup</th>
<th>96/97 Key Outcome Indicator</th>
<th>Action</th>
<th>97/98 Strategic Objective and Indicator</th>
<th>96/97 Actual</th>
<th>97/98 Target</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults with substance abuse problems</td>
<td>Increase the percentage of adults with substance abuse problems who are drug-free upon completion of treatment.</td>
<td>Modify</td>
<td>See below - to be measured for subgroups, with wording clarification</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Increase the percentage of adults with substance abuse problems who reduce substance use.</td>
<td>Drop</td>
<td>No longer strategic; related measure may be tracked for performance based program budget purposes</td>
<td></td>
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<tr>
<td></td>
<td>Increase average statewide client satisfaction score on the Behavioral Healthcare Rating of Satisfaction.</td>
<td>Drop</td>
<td>No longer strategic; related measure may be tracked for performance based program budget purposes</td>
<td></td>
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<tr>
<td></td>
<td>Reduce the percentage of adults leaving treatment who have new arrests.</td>
<td>Drop</td>
<td>No longer strategic; related measure may be tracked for performance based program budget purposes</td>
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<tr>
<td></td>
<td>Increase the percentage of adults with substance abuse problems discharged from treatment who are employed at the time of discharge</td>
<td>Drop</td>
<td>No longer strategic; related measure may be tracked for performance based program budget purposes</td>
<td></td>
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<tr>
<td></td>
<td>Increase the percentage of females with substance abuse problems pregnant during treatment who give birth to substance free newborns.</td>
<td>Drop</td>
<td>No longer strategic; related measure may be tracked for performance based program budget purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subgroup: Parents abusing substance putting children at risk (pregnant/post partum women, women with dependent children, and family safety and preservation referrals)</td>
<td></td>
<td>Add</td>
<td>Reduce substance abuse by parents putting children at risk</td>
<td>46.1%</td>
<td>51.0%</td>
<td>76.0%</td>
</tr>
<tr>
<td></td>
<td>Percent of adults discharged with no alcohol or other drug use during the month prior to successfully completing treatment</td>
<td></td>
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<tr>
<td></td>
<td>Wording clarification; measure for subgroup</td>
<td></td>
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</tr>
<tr>
<td>Subgroup: Adults Abusing Substances Involved in the Criminal Justice System</td>
<td></td>
<td>Add</td>
<td>Reduce substance abuse by adults involved in the criminal justice system</td>
<td>54.1%</td>
<td>58.0%</td>
<td>85.0%</td>
</tr>
<tr>
<td></td>
<td>Percent of adults discharged with no alcohol or other drug use during the month prior to successfully completing treatment</td>
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