FLORIDA DEPARTMENT OF
CHILDREN & FAMILIES

FY 97/98
PERFORMANCE REPORT

September 1998
Edward A. Feaver
Secretary
TABLE OF CONTENTS

INTRODUCTION ................................................................. iii

PERFORMANCE SUMMARY ....................................................... v

Strategic Issue 1. PROTECT CHILDREN AND PRESERVE FAMILIES...... ............................... 1
  Children Who Have Been Abused or Neglected by Their Families ........................................ 2
  Adults With Substance Abuse problems............................................................. 5
  Children In Child Care ................................................................. 8

Strategic Issue 2. PERMANENCY AND STABILITY FOR CHILDREN .......... ............................... 9
  Child Victims of Abuse or Neglect Who Have Become Eligible For Adoption.......................... 10
  Children With Mental Health Problems (In State Custody).................................................. 13
  Children With or At Risk Of Substance Abuse problems..................................................... 16
  Children Incompetent To Proceed To Juvenile justice......................................................... 19

Strategic Issue 3. PEOPLE IN NEED OF LONG TERM SUPPORT IN COMMUNITIES OR
  INSTITUTIONS ................................................................. 21
  Adults With Disabilities Who Need Assistance To Remain In The Community.......................... 22
  Adults With Serious And Persistent Mental Illness............................................................ 24
  Adults With Mental Illness In Civil And Forensic Institutions............................................. 27
  Persons With Developmental Disabilities (In The Community And in State Facilities)............... 30

Strategic Issue 4. RESPONDING TO AND STABILIZING PEOPLE IN CRISIS .......... ............................... 35
  Adults With Mental Illness In Crisis ................................................................. 36
  Adults With Disabilities And Frail Elderly At Risk Of Or Victims Of Abuse, Neglect Or Exploitation..................................................................................... 38

Strategic Issue 5. SELF-SUFFICIENCY FOR FLORIDA’S FAMILIES AND INDIVIDUALS......... 41
  Adults And Their Families Who Need Assistance To Become Employed (WAGES Participants).... 42

Support Process...................................................................... 45
  Quality Improvement................................................................................. 47
  Strategic Support Objectives ............................................................. 49
  Improve Human Resources................................................................. 53
  Improving Administrative Support Processes.................................................. 54

APPENDIX. REVISIONS TO AGENCY STRATEGIC OBJECTIVES.............................................. 57
INTRODUCTION

The 1997-2003 Strategic Plan identified five strategic issues which reflected the department’s approach to strategic planning and performance measurement; that is, the focus on changes in outcomes for the department’s client target groups. The five strategic issues were:

- Protect Children and Preserve Families
- Permanency And Stability For Children
- People in Need of Long Term Support in Communities or Institutions
- Responding To and Stabilizing People in Crisis
- Self-Sufficiency For Florida’s Families and Individuals

Strategic objectives associated with these issues incorporated 20 indicators. These indicators are a subset of the department’s performance budgeting measures and indicate the areas on which the department has focused quality improvement efforts. Performance targets were established for each of the indicators.

This report provides information related to performance on the 20 strategic objectives during the 1997-98 fiscal year and progress on the improvement strategies that were outlined in the plan.

Performance Management

The plan also discussed the department’s restructured approach to performance management. This approach incorporates an alignment of state, district, and unit level objectives and routine reporting and review of these objectives by central office and district managers.

During the 1997-98 fiscal year, the Secretary held quarterly performance reviews with managers of each district and with central office managers. During the reviews, managers provided a report on the interim performance on each indicator and the status of progress on measurement of subordinate indicators (performance “drivers”) and quality improvement efforts.

Quarterly performance reports are prepared by the Office of Standards & Evaluation to summarize progress on the strategic objectives. The reports inform department managers and key stakeholders, including the Governor and Legislative committees, of performance trends and progress and serve as interim reports for the annual report provided in this document.

Performance Measurement

During the year, the department has continued to develop and refine the performance measurement system. Outcome and output measures for programs to initiate performance budgeting in FY 98-99 were submitted to the Governor’s office and Legislature and approved in the General Appropriations Act. In addition to these outcome and output measures, measurement activity has focused on developing subordinate measures for each strategic outcome objective, reflecting key processes that significantly influence or “drive” performance in the outcome objective. These measures, are referred to as “drivers.”

As data are available, drivers are monitored and reported in the quarterly performance reviews/reports. quarterly performance reviews/reports.
Quality Improvement and Benchmarking

The department is continuing implementation of a significant quality improvement initiative this year utilizing Sterling management concepts and established quality management 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 process improvement 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.

An 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. Benchmarks serve as the basis for analyzing the extent of performance gaps thereby focusing attention on solving the most important problems.

As a result of the Department’s quality improvement initiative, District 2 and Florida State Hospital were recipients of the Governor’s Sterling Quality Challenge Award. The award was presented at the 1998 Florida Sterling Quality Conference in Orlando. Based on the experience of District 2 and Florida State Hospital, the management council decided that each district and institution would pursue a Sterling Council assessment during the upcoming fiscal year.

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 references changes and modifications to indicators for FY 98-99.
PERFORMANCE SUMMARY

The FY 97-02 Strategic Plan outlined 20 outcome objectives to be measured and tracked throughout the year. Of the 20 strategic indicators, the department met or exceeded ten (50%) of the indicator performance targets and fell short on ten. Measurement strategies for the remaining strategic objective is still under development. For more information on the status of each of the 20 strategic objectives for the FY 98-03 plan, see Appendix A.

<table>
<thead>
<tr>
<th>Strategic Issue 1: Protect Children and Preserve Families</th>
</tr>
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<tbody>
<tr>
<td>Percent of children not re-abused or re-neglected</td>
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<tr>
<td>Percent of substance abusing parents who complete treatment drug free</td>
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<tr>
<td>Percent substance abusing adults in criminal justice system who complete treatment drug free</td>
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<tr>
<td>Percent of four year old children placed with contracted providers in care for nine months who enter kindergarten ready to learn</td>
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<table>
<thead>
<tr>
<th>Strategic Issue 2: Permanency and Stability For Children</th>
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</thead>
<tbody>
<tr>
<td>Percent of eligible children adopted</td>
</tr>
<tr>
<td>Average days in community for seriously emotionally disturbed children in state custody</td>
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<tr>
<td>Average days in community for emotionally disturbed children not in state custody</td>
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<tr>
<td>Percent of children under state supervision who complete treatment drug free</td>
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<tr>
<td>Percent of children not under state supervision who complete treatment drug free</td>
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<tr>
<td>Percent of children restored to competency as recognized by the court</td>
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<tr>
<th>Strategic Issue 3: People in Need Of Long Term Support In Communities or Institutions</th>
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<tr>
<td>Percent of disabled adults not going to nursing homes</td>
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<tr>
<td>Average annual days in community for seriously mentally ill adults</td>
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<tr>
<td>Percent civil residents improving functioning</td>
</tr>
<tr>
<td>Average numbers of days to restore competency of adults in forensic commitment</td>
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<tr>
<td>Percent of people living in homes of their own</td>
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<td>Percent of people employed in integrated settings</td>
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<tr>
<th>Strategic Issue 4: Responding To and Stabilizing People in Crisis</th>
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<tr>
<td>Average functional level change for adults in crisis</td>
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<tr>
<td>Percent of adults not re-abused or re-neglected</td>
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<tr>
<th>Strategic Issue 5: Self-Sufficiency For Florida’s Families and Individuals</th>
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<tr>
<td>Percent of WAGES participants placed in jobs within time limit of benefits</td>
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* Projected based on 3rd quarter data.
** Preliminary data to establish baseline.
Strategic Issue 1: Protect Children and Preserve Families

- Performance on the reabuse/reneglect indicator declined slightly to 88.5% statewide. Only four districts exceeded the statewide goal of 91.5% children not reabused or reneglected within one year of case closure.
- The percent of adults putting children at risk who completed treatment drug free remained constant with a year-end drug free rate of 51.6% - just under the 56% statewide target. This is down from the FY 96-97 rate of 53.8%.
- The percent of adults in the criminal justice system completing treatment drug free increased in FY 97-98 to 64.3%, ending the year above the statewide target of 58%.
- “Percent of four year old children placed with contracted providers in care for nine months who enter kindergarten ready to learn” are currently being collected and will be finalized in September 1998.

Strategic Issue 2: Permanency and Stability For Children

- The percent of children adopted has increased from 44% in FY 96-97 to 49% by the end of FY 97-98, still far below the 75% statewide target.
- The average number of community days has decreased for seriously emotionally disturbed children in state custody from 293 days in FY 96-97 to 264 days through 3rd quarter FY 97-98, far below the statewide target of 312 days.
- The average number of days for emotionally disturbed children has decreased over the year to 283 days in the community, falling short of the 330 day statewide target.
- As of 3rd quarter FY 97-98, the percent of children under state supervision who completed treatment drug free is 51% - down from 54% in FY 96-97 and falling short of the 57% statewide target. Similar performance was experienced for children not under state supervision which shows 40% of children completing treatment drug free.
- 90% of children and adolescents who have felony charges and ordered by the courts to the department as incompetent to proceed for competency restoration due to a mental illness were restored to competency and recommended to proceed with a judicial hearing.
- 53% of children and adolescents who have felony charges and ordered by the courts to the department as incompetent to proceed for competency restoration due to retardation were restored to competency and recommended to proceed with a judicial hearing.

Strategic Issue 3: People in Need of Long Term Support in Communities or Institutions

- 99% of persons with disabilities receiving services were not placed in a nursing home, exceeding the 95% statewide target.
- 21,994 (of the 34,142 adults provided services) were given a pre- and post-survey which indicated an average of 333 days in the community, achieving the statewide target.
- The average number of days to restore competency for adults in forensic commitment increased slightly to 162 days, but still exceeding the statewide target of 180 days.
- The target for FY 97-98 was to have 15% of the adult client population residing in homes of their own.
- The target was met with 15% or 2,509 individuals living in their own homes by June 30, 1998.
- The target for the number of individuals employed in integrated settings was to have 24% of the adult client population employed in typical community work settings. The target was met again this year, with 24% or 4,045 people employed by June, 1998.
• **Strategic Issue 4: Responding To and Stabilizing People in Crisis**

• The average functional change score for adults in mental health crisis, based on the Global Assessment of Functioning Scale, was 16.9 - exceeding the statewide target of 11. This is unchanged from the FY 96-97 score of 17.

• The percent of adults not reabused or reneglected within 6 months of close of investigation was 94.6%, remaining consistent with FY 96-97 performance of 95%.

**Strategic Issue 5: Self-Sufficiency For Florida’s Families and Individuals**

• The WAGES caseload has gone down substantially, from 200,292 cases in September 1996 to 96,501 in July 1998, a drop of 103,791 cases (52%) for that time period.

• The percent of sanctions referred by DLES executed within time standards has steadily increased from 79.9% in January to 84.3% in March.

• Food Stamp and WAGES accuracy rates have declined slightly during the first two quarters. The WAGES accuracy rate has decreased from the FFY 97 rate from 92.5% to 90.6% through the second quarter. The Food Stamp accuracy rate has also declined to 87.8% through the second quarter from 90.4% in FFY 97. Both measures are below the statewide target.
Strategic Issue 1.
Protect Children And Preserve Families

Children Who Have Been Abused or Neglected by Their Families

To increase the success rate in preventing reabuse and reneglect of children.

Adults With Substance Abuse Problems (Parents putting children at risk, or involved in the criminal justice system)

To increase the drug free completion rate of substance abusing parents putting children at risk as well as substance abusing adults involved in the criminal justice system

Children In Child Care

To ensure quality subsidized child care helps prepare abused/neglected children and all others in care to enter school ready to learn.
CHILDREN WHO HAVE BEEN ABUSED OR NEGLECTED BY THEIR FAMILIES

The number of children identified as abused or neglected increased significantly from 68,551 in FY 96-97 to 79,640 in FY 97-98. Reports of child abuse and neglect increased by 4,182 over the previous year, a significant increase but not enough to explain the increase in abused/neglected children.

Performance on the reabuse indicator declined slightly to 88.5% statewide. Only four districts exceeded the statewide goal of 91.5% children not reabused or reneglected within one year of case closure. Only two districts met or exceeded their district targets.

Factors which affect performance on this indicator include: decision making by line staff and supervisors, availability of services and resources to families with some or verified indicators of maltreatment, and adequate staff to respond and problem solve with families in a timely manner.

This indicator measures the effectiveness of services and decision making at least one year ago. Therefore, strategies and countermeasures taking place during the year will not show up as improved performance until next year.

It is thought that the department’s initiative to reduce the backlog of cases not closed within 30 days contributed significantly to the increase, at least statistically, in the number of children identified as abused or neglected.

Status of FY 97-98 Key Strategies

- Review all cases of reabuse/reneglect that occurred in the previous year.

Lists of children who have been reabused or reneglected during or after services are sent to districts along with the quarterly performance data for analysis.
• **Implement “early warning systems” to ensure every investigation is reviewed.**

An early warning system was implemented in December 1997 and later refined. The latest version provides a safety assessment instrument for use by the investigator upon initial contact with the child. A supervisory review occurs with every case within 72 hours. Cases which meet certain risk criteria are passed on for a second party review within 72 hours of the first review. During FY 98-99, this instrument will be available to workers and supervisors on-line.

• **Review staff supervision and caseload sizes and seek adequate funding to meet national standards.**

A legislative budget request was submitted and funded by the 1998 Legislature for 196 positions for protective investigations and protective supervision. Also requested and received was funding for districts to establish a pool of OPS workers who would be trained and available immediately as vacancies occur.

• **Institute mandatory supervisor training.**

Part I of the mandatory supervisory training began in January 1998 on how to implement field based assessments of staff. Part II is under development and will begin in January 1999.

• **Establish stronger legal safeguards in cases involving young children with serious abuse injuries.**

The department worked with the dependency judges and the Legislature to create the Dependency Court Improvement Bill which passed and will become effective October 1, 1998. The bill strengthens the dependency court system and reconstructs the child protection statutes to clarify the focus on the safety and protection of children and incorporates requirements of the federal Safe Families and Adoption Act.

• **Increase collaboration between child protection and domestic violence provider staff.**

During FY 97-98, the department and the Florida Coalition Against Domestic Violence Task Force developed a draft model inter-agency agreement. These agreements will be implemented across the state between district offices and domestic violence programs.

• **Enhance coordination efforts with the Department of Juvenile Justice.**

The Department of Children and Families and the Department of Juvenile Justice signed an interagency agreement on how to serve children whose families deny them shelter.

• **Collaborate with welfare reform entities.**

An interdisciplinary workgroup developed procedures to be used when there is no visible means of support for a family and no provisions for child only cash assistance.
• **Help communities to build a stronger community-based prevention and early intervention capacity.**

The department is participating in a number of interagency and interprogram efforts to address prevention issues. Notable among these is TEAM Florida, an ongoing workgroup comprised of participants from state and private organizations. Another initiative is Healthy Families Florida. The 1998 Florida legislature passed legislation requiring the department to contract with a private, non-profit corporation to develop, implement and administer the Healthy Families Florida Program. The department contracted with the Ounce of Prevention Fund of Florida effective July 1, 1998. The Legislature also appropriated $10 million in tobacco settlement funds to implement the first year of the program. This initiative will build on the collaborative efforts of the Family Preservation and Support Services program, Healthy Start and other home visiting and family support programs.

• **Continue development and implementation of an automated information system for child protection.**

Final development of the automated information system is underway. When complete, the system will replace existing, archaic paper files with electronic case files and tracking systems as well as integrated data bases.
ADULTS WITH SUBSTANCE ABUSE PROBLEMS
Parents putting children at risk
Adults Involved in the criminal justice system

In Florida, there are an estimated 446,000 adults in need of state funded substance abuse treatment services. In FY 1997-98, approximately 93,500 people received services. During this fiscal year, 87 million in state and federal dollars funded services at an average cost of $3,381 per client.

During FY 97-98, the percent of adults putting children at risk who completed treatment drug free remained constant with a year-end drug free rate of 51.6% - just under the 56% statewide target. This is down from the FY 96-97 rate of 53.8%. However, the percent of adults in the criminal justice system completing treatment drug free increased in FY 97-98 to 64.3%, ending the year above the statewide target of 58%.

During FY 97-98, several issues were identified which were common to both subpopulations. One such issue was the need to enhance consumer access to services. Many communities do not have a system of care that meets the need of adults within their geographical area. This has created waiting lists with consumers being placed in services that are available rather than the most appropriate. This can be traced to substance abuse funding which has historically been directed toward individual clinics or programs. Related to this is the need to increase the level of accountability of contract providers in response to the changing demand for and trends in services. This presents service delivery problems for consumers who frequently have difficulty accessing services based on actual need.

Another issue was the need to determine the most appropriate outcomes for measuring success, the most effective methods of evaluating outcomes, and the most reliable best practices which would contribute to achieving success. Policy decisions such as the implementation of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria in all state funded provider contracts has increased our ability to effectively measure the success of our treatment efforts through a formalized decision-making process regarding client placement. Districts are now able to determine, through validation instruments, just how successfully the placement process has been implemented by providers.

Generally, for both subpopulations, improvements in data collection and dissemination has resulted in considerable progress in improving the accuracy of data and ease of data analysis. More than ever
before, we are now able to isolate characteristics of subpopulations in an effort to identify ways to enhance effective outcomes relative to the objective. This has had a trickle-down effect with the districts in that they assumed a much more active role in working with providers to improve data integrity.

The ASAM placement criteria which operationalized the principle driver “clients placed in treatment according to appropriate level of care”, was implemented on July 1, 1997. Although the work plan implementing this driver was completed on schedule, results are not complete on the effect of this driver on the statewide target and actual performance. A “break-in” period by districts and providers was necessary to include training in the methodology, proper use of forms, and use of validation tools. Validation reviews for FY 97-98 regarding provider implementation are now complete; indicating a positive correlation between proper use of ASAM and appropriate placement. Complete results are expected during first quarter 1998.

For “adults involved in the criminal justice system”, as indicated, it is too soon to assess the affect of the ASAM implementation in influencing the strategic indicator. Aside from the driver, however, the linkages between the substance abuse service system, the courts, Treatment Alternatives to Safer Communities (TASC), and corrections had a positive influence on the development of this indicator. The linkages include formalized approaches regarding referral and follow-up of criminal justice clients which have enhanced positive treatment outcomes.

Aside from the issues related to the implementation of ASAM, difficulty in generating accurate and reliable data during the first two quarters of FY 97-98 was clearly a barrier. Data integrity became one of the principle objectives because of the obvious need to generate information which would allow us to get an accurate reading on the progress in meeting our objectives.

District 3 conducted a Quality Improvement and Control (QIC) Story on “parents putting children at risk for substance abuse.” Associated problems included low success rates and high client drop-out rates in three providers. The story focused on problems with provider data and client management from referral through assessment, ASAM, State Integrated Substance Abuse Report (SISAR), enrollment, treatment planning, discharge, and feedback loops. Countermeasures were applied including SISAR validation, retraining providers, identification of SISAR errors, and changing the treatment model. Using of these countermeasures, district performance improved from 37.5% in the first quarter to 64.1% in the second.

**Status of FY 97-98 Key Strategies**

- **Assure collection and dissemination of valid, reliable, and timely data.**

During FY 1997/98, progress centered around the development of procedures which improved the accuracy of data and ease of analysis. This included efforts by districts to work directly with providers to improve data integrity.

- **Ensure accountability for contract providers.**

Performance standards were written into the contracts of all service providers. Included in the contracts were evaluation strategies and sanctions for noncompliance. Also included in the contracts was the requirement that all contract providers implement the ASAM Patient Placement Criteria to improve client placement decisions. Although the overall affect of implementing ASAM has not yet been determined...
because results have not been finalized, preliminary results indicate that districts are beginning to identify problem areas regarding the client placement process which are affecting provider performance. Related to this was increased sharing of successful strategies among districts regarding the two strategic objectives.

- **Ensure admissions procedures facilitate provision of needed services to the highest risk groups.**

  Specific strategies regarding needed services to high-risk groups such as pregnant women, parents involved in the child protection system, and parents with dependent children included (1) a statewide conference which focused on women and parents offering best practices for improving outcomes, and (2) technical assistance events with two districts relative to the identification of countermeasures for improving services to women and children.

- **Target identification and prevention services to families with parents at risk of or with substance abuse problems.**

  Several focused work efforts were implemented or continued on an inter- and intra-agency basis regarding the “parents putting children at risk” subpopulation. The Substance Abuse Program Office worked with child protection, health, and welfare reform agencies. One of the most significant work efforts was the Healthy Start initiative. In the Criminal Justice area, the TASC program and established linkages among local criminal justice authorities, probation, and the substance abuse providers continues to contribute to positive outcomes for this latter subpopulation.
FAMILIES WITH CHILDREN IN CHILD CARE

Child care is subsidized by the state so that children are protected from harm and achieve appropriate levels of development, and low income parents are supported in their efforts to work. The strategic objective for this target group emphasizes the need for quality child care, providing developmentally appropriate activities which ensure a child to enter kindergarten ready to learn.

The table below shows the baseline data for the FY 97-98 strategic objective, “Percent of four year old children placed with contracted providers in care for nine months who enter kindergarten ready to learn” are currently being collected and will be finalized in September 1998. The results were to be reported by the individual school systems; however, not every school system reported. This will be corrected as we are working with the Department of Education to have the data captured centrally by DOE.

<table>
<thead>
<tr>
<th>FY 1997-98 Data</th>
<th>Number of Children Assessed</th>
<th>Number School Ready</th>
<th>Number School Not Ready</th>
<th>Percent School Ready</th>
</tr>
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<tbody>
<tr>
<td>Contracted Family Child Care</td>
<td>79</td>
<td>53</td>
<td>26</td>
<td>67.1%</td>
</tr>
<tr>
<td>Contracted Child Care Facility</td>
<td>5,514</td>
<td>4,473</td>
<td>1,041</td>
<td>81.1%</td>
</tr>
<tr>
<td>Total</td>
<td>5,593</td>
<td>4,526</td>
<td>1,067</td>
<td>80.9%</td>
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There are several issues that are critical to achieving the 80% school readiness objective.

- For FY 98-99 all three and four year old children in contracted and directly operated child care arrangements will be assessed for age appropriate development.
- In the FY 98-99 Appropriation's Act, Funds were provided to allow the Department to pay a rate differential to child care facilities and family child care homes that are awarded Florida’s Gold Seal through achieving accreditation. This will allow us to purchase child care from an increased number of quality providers.
- By capturing the data centrally through the Department of Education and then analyzing the information through our enhanced child care information system, accurate and complete data will give us a true baseline.
Strategic Issue 2.
Permanency And Stability For Children

**Child Victims of Abuse or Neglect Who Have Become Eligible For Adoption**
To increase the percent of eligible children who are adopted

**Children With Mental Health Problems In State Custody**
To increase the number of days children with emotional and serious emotional disturbance spent in the community

**Children With Substance Abuse Problems**
To increase the percent of drug free discharges for children with substance abuse problems under state supervision and those not under state supervision

**Children Incompetent To Proceed To Juvenile Justice**
Percent of children restored to competency as recognized by the court
During FY 97-98, the percent of children adopted has increased from 44% in FY 96-97 to 49% by the end of FY 97-98, still far below the 75% statewide target.

Adoption is a legal action that transfers all parental rights to adoptive parents, making the adopted child a legal member of the new family with all the rights and privileges of a biological child. Florida provides for both public and private agency/independent adoptions. Unlike most private agencies, the focus of department efforts is on children who are older, have siblings, and have child victims of abuse and neglect. Adoptive families of children with special needs (e.g., physical or medical problems) often need extra supports to deal with the child’s unique problems. The number of foster children adopted each year has more than doubled in the past several years, from 635 in FY 1989/90 to 1,290 in FY 1997/98.

Reunification is the goal for approximately 50 percent 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 most children, reasonable efforts are successful in reuniting them with their families. However, not all children will be reunited with their families. Many families, even after services and supports have been rendered, may not have the capacity or may not demonstrate a willingness to correct the safety issues that brought their children into care. For these children adoption becomes the goal.

Approximately 30 percent of the children in foster care have the goal of adoption. However, before a foster child can become adopted, the court must rule or the parents must voluntarily decide to terminate their parental rights. This is a serious and permanent step for any child and family. 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. Once it is achieved, however, the securing of a permanent, loving family for the child can become a reality.

Children whose maltreatment is classified “Physically Drug Dependent Newborn/Substance or Alcohol Exposed Child” were over eight times more likely to be placed in an adoptive home than children suffering any other maltreatment. The overall rate of children being placed in adoptive homes has
increased from 3.3 children per 1,000 abused and neglected children in 1990-91 to 11.1 in 1995-96. The table below shows the adoption trends for the past few years.

<table>
<thead>
<tr>
<th></th>
<th>FY 94-95</th>
<th>FY 95-96</th>
<th>FY 96-97</th>
<th>FY 97-98</th>
<th>% Change From FY 96-97</th>
</tr>
</thead>
<tbody>
<tr>
<td>Termination of Parental Rights</td>
<td>1,827</td>
<td>1,756</td>
<td>1,444</td>
<td>1,641</td>
<td>13.6%</td>
</tr>
<tr>
<td>Adoption Placements</td>
<td>1,623</td>
<td>1,558</td>
<td>1,477</td>
<td>1,545</td>
<td>4.6%</td>
</tr>
<tr>
<td>Adoption Finalizations</td>
<td>1,382</td>
<td>1,397</td>
<td>1,305</td>
<td>1,292</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Adoption Disruptions</td>
<td>65</td>
<td>105</td>
<td>80</td>
<td>78</td>
<td>-2.5%</td>
</tr>
</tbody>
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There are a number of factors which can affect how soon an adoption occurs and whether it is ultimately successful. This includes the department, court and judicial system processes; the types of children who are being placed; and the availability, aptitudes, and situations of families willing to adopt.

Foster care is and must remain a temporary circumstance for the majority of children who cannot be safely returned to their parents. Federal and state laws recognized the importance of a timely resolution of who will permanently care for foster children. Both Congress and the Florida Legislature have recently passed laws aimed at reducing the length of time children spend in temporary substitute care, by reducing from 18 months to 12 months the length of time a child may remain in substitute care without termination of parental rights and adoption placement, or some other permanent option.

There are children within the target group for whom the department has been less successful in finding families. Black children tend to stay in care longer while waiting for an adoptive family, and more than half of the children legally available for adoption are black (57%, or 917 children, in June of 1998). Sibling groups can also take longer to find appropriate placements in which the children can remain together.

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

The department focuses on staff development and quality assurance activities to ensure successful adoptive placements. Between 85%-90% of all adoptive placements are finalized, indicating a successful match.

At the end of June, 1998, 10,503 children were receiving a subsidy to help support their special needs. By statute, adoption subsidies are less than foster care payments. Federal funds provide a 55 percent match in about three-fourths of the cases. Still, Florida ranks in the bottom one-third among the 50 states in the average monthly subsidy payment (as of October 1997, at $265 per month per child). The department has rules and procedures to ensure subsidy amounts are closely tied to the specific special needs of the children and families adopting them.
Status of FY 97-98 Key Strategies

- **Implement concurrent case planning to shorten children’s stay in foster care.**

Concurrent case planning is being piloted in districts 1, 5, 8, 9, 12 and 13, and it is anticipated that this innovation to shorten children’s stay in foster care will be implemented state wide by the year 2000.

- **Implement recommendations of the Dependency Court Improvement project report.**

The recommendations, e.g., tighter timeframes, kinship care homestudies, etc. of the Dependency Court Improvement projects were incorporated where necessary and appropriate, into state statute in a major revision to state dependency laws.

- **Continue to support and develop a wide range of activities for prospective adoptive parents.**

The new statewide computerized Adoption Exchange System has been implemented in all except 3 districts. These districts expect to be on line by fall of 1998. Districts on-line report it is assisting them in a statewide search for families and will replace the face-to-face “matching” sessions.

- **Implement competency based pay plan and training for adoption services.**

The competency based pay plan and training has been implemented. It is anticipated that this will result in professionalizing the field of child welfare in this state, and assuring that the skill and competency level of staff is more than adequate to do their work. Ninety-seven percent of the workforce has passed the written test and many more staff are now participating in the field-based competency assessment.

### District Performance & Improvement Initiatives

- **Shaded** = Met FY 97-98 District Target  
  **Star** = Top Performing District For FY 97-98

- District 2 placing 81% of children within 4 months of final TPR order (Q1)
- District 3 drivers while still under target are showing steady improvement; TPR cases are being transferred to adoptions unit within 44 days (vs 37 target) of court order and adoption studies are being completed in 78 days (vs 60 target).
- District 4 driver showing 49% of cases being rejected at staffing causing numerous reworks; facsheet checklist implemented as countermeasure.
- District 5 refining permanency staffing procedures for particularly difficult cases, reviewing GIS coding plus training staff to ensure data accuracy and implementing strategies to expedite interstate cases. Trend line appears to be reversing for average length of stay in foster care for kids with adoption goal, having decreased to 37 months.
- District 6 recruitment efforts include a Waiting Child catalog, an adoptions picnic, resources room with Internet site and directory of children and, use of TV and radio to spotlight eligible children.
- District 7 QIC story team found process for filing TPR too cumbersome - taking 192 days vs target of 60. Countermeasures being implemented. Length of Stay in foster care for children with goal of adoptions reduced from 52 to 36 months.
- District 8 QIC story team developed indicator to increase number of new licensed homes for children in custody after finding that children coming into care were exceeding new licensed beds by six times. After mapping the processes, recruitment was streamlined and process indicators were identified.
- District 9 QIC story team found process for filing TPR too cumbersome - taking 192 days vs target of 60. Countermeasures being implemented. Length of Stay in foster care for children with goal of adoptions reduced from 52 to 36 months.
- District 10 QIC story team found process for filing TPR too cumbersome - taking 192 days vs target of 60. Countermeasures being implemented. Length of Stay in foster care for children with goal of adoptions reduced from 52 to 36 months.
- District 11’s main barrier is recruitment. An initial, general adoptions campaign countermeasure was not as successful as hoped. The QIC story team is refocusing efforts on child specific marketing strategies.
- District 11b QIC Story Team found process for filing TPR too cumbersome - taking 192 days vs target of 60. Countermeasures being implemented. Length of Stay in foster care for children with goal of adoptions reduced from 52 to 36 months.
- District 12 exceeding target to reduce the number of children in care over 18 months with a goal of reunification by intensive monitoring of progress on action plan and working with other districts to complete reports.
- District 13 QIC story team developed indicator to increase number of new licensed homes for children in custody after finding that children coming into care were exceeding new licensed beds by six times. After mapping the processes, recruitment was streamlined and process indicators were identified.
- District 14 QIC story team found process for filing TPR too cumbersome - taking 192 days vs target of 60. Countermeasures being implemented. Length of Stay in foster care for children with goal of adoptions reduced from 52 to 36 months.
- District 15 meeting 100% supervisory review of risk assessment within 5 days of commencing investigation.
- District 16 QIC story team found process for filing TPR too cumbersome - taking 192 days vs target of 60. Countermeasures being implemented. Length of Stay in foster care for children with goal of adoptions reduced from 52 to 36 months.
- District 17 QIC story team found process for filing TPR too cumbersome - taking 192 days vs target of 60. Countermeasures being implemented. Length of Stay in foster care for children with goal of adoptions reduced from 52 to 36 months.
CHILDREN WITH MENTAL HEALTH PROBLEMS
(IN STATE CUSTODY)

Children with a serious emotional disturbance include children under age eighteen who have a major mental health diagnosis as well as low functioning level in more than one of the following areas of their life: home, school, community or peer interaction. They may be enrolled in a class for children with serious emotional disturbances or qualify for federal assistance due to their mental health disability. This strategic issue specifically involves those children who meet this criteria in addition to being under the supervision of the state, either under the physical or legal custody of the Department of Children and Families or the Department of Juvenile Justice.

During FY 97-98, some 9,758 children in this target population were served. The children’s mental health program’s accomplishments in meeting the needs of these children have been considerable. Increasing proportions of children are served in the community based Specialized Therapeutic Foster Care program rather than in restrictive residential treatment centers and hospitals. As a result of this joint project (Children’s Mental Health, Agency for Health Care Administration, Family Safety and Preservation and Juvenile Justice), the number of children with serious emotional disturbance who must wait for residential treatment has decreased significantly to its lowest level in fifteen years. In addition, several districts are implementing improvements to their systems, including expansion of utilization management, increased home based services and careful analysis of individual provider performance.

The charts above reflect performance as of 3rd quarter FY 97-98. The average number of community days has decreased for seriously emotionally disturbed children in state custody from 293 days in FY 96-97 to 264 days through 3rd quarter FY 97-98, far below the statewide target of 312 days. Similarly, the average number of days for emotionally disturbed children has decreased over the year to 283 days in the community, falling short of the 330 day statewide target.

During FY 97-98, children in commitment facilities were part of the population of children included in this strategic indicator. Children are court ordered into commitment, which is considered to be an out of community placement, and providers have no control over a child’s length of stay. The providers’ and districts’ community days average was brought down significantly due to the inclusion of data on these children. It is critical that these children receive mental health services while in commitment facilities, and the department does not want to discourage providers from providing necessary mental health services.
for these children. As a result, during fiscal year 1998-99, children in commitment facilities will not be included in this strategic indicator.

**Status of FY 97-98 Key Strategies**

- **Develop community funding partnerships.**

  In accordance with Comprehensive Child and Adolescent Mental Health Services Act 394, part 3, several districts will implement pilot projects this fiscal year which will involve community funding partnerships.

- **Implement a utilization management system with providers.**

  The department now contracts with Florida Agency for Health Care Administration to assist with legislative mandated utilization management activities for Medicaid recipients accessing behavioral health services.

  The Agency funds 17 OPS positions in the ADM district offices. These positions ensure that aftercare services are rapidly implemented for recipients admitted to acute care hospitals with psychiatric illnesses and who are at high risk for readmission. Additionally, these staff supervise the development and ongoing implementation of individual service plans for outpatients who are high users of mental health services.

- **Establish measurable treatment and functional goals for each child at risk of residential placement.**

  Each child at risk of residential placement is evaluated by a multi-disciplinary team and is assigned a case manager. This case manager along with other service providers involved in a child’s care develop a treatment plan with measurable goals.

- **Enhance monitoring and performance improvement analysis.**

  The central office has provided direction to districts in improving monitoring of provider performance, including meeting with each provider to go over specific data submitted. In addition, district staff, with assistance from the central office and the Florida Mental Health Institute, provided comprehensive training to providers prior to the new fiscal year on performance measure collection and submission procedures. The Florida Mental Health Institute is currently analyzing data to determine “pockets of excellence” in regard to provider performance.

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

  This policy went into effect July 1, 1998, and will affect contracts implemented for fiscal year 1998-99.
Two Quality Improvement and Control (QIC) stories were identified for children’s mental health during FY 97-98 which resulted in countermeasures which improved efficiency of the department in providing accurate performance data.

1. District 7- Theme: “Evaluate the differences between days in the community for Seriously Emotionally Disturbed and Emotionally Disturbed children who are delinquent in physical custody (in commitment settings) in comparison with children who are under state supervision but not in commitment settings.” District 7’s analysis showed that by eliminating community days data for children in commitment programs, the district average for this measure increased from 253 to 299 days per year for children with Emotionally Disturbance under state supervision.

2. Central Office- Theme: “To reduce error rates pertaining to mental health outcome measure data.” Countermeasures implemented in this QIC story resulted in a reduction of errors submitted by providers from 41% to 8% for children’s mental health making data reporting more accurate.
CHILDREN WITH OR AT RISK OF SUBSTANCE ABUSE PROBLEMS

In Florida, there are an estimated 247,000 children in need of state funded substance abuse treatment services. In FY 1997-98, approximately 42,000 children received services with 4,433 in targeted prevention. During this fiscal year, 52 million in state and federal dollars funded services at an average cost of $3,000 per client.

As of 3rd quarter FY 97-98, the percent of children under state supervision who completed treatment drug free is 51% - down from 54% in FY 96-97 and falling short of the 57% statewide target. Similar performance was experienced for children not under state supervision which shows 40% of children completing treatment drug free.

During FY 1997-98, several issues were identified which were common to both subpopulations “children under the supervision of the state” and “children not under the supervision of the state.” One such issue was the need to enhance consumer access to services. In this regard, many communities do not have a system of care that meets the need of children within their geographical area. This has created waiting lists with consumers being placed in services that are available rather than the most appropriate. This can be traced to substance abuse funding which has historically been directed toward individual clinics or programs. Related to this is the need to increase the level of accountability of contract providers in response to the changing demand for and trends in services. This presents service delivery problems for consumers who frequently have difficulty accessing services based on actual need.

Another issue was the need to determine the most appropriate outcomes for measuring success, the most effective methods of evaluating outcomes, and the most reliable best practices which would contribute to achieving success. Policy decisions such as the implementation of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria in all state funded provider contracts has increased our ability to effectively measure the success of our treatment efforts.

Generally, for both subpopulations, improvements in data collection and dissemination has resulted in considerable progress in improving the accuracy of data and ease of data analysis. More than ever before, we are now able to isolate characteristics of subpopulations in an effort to identify ways to enhance effective outcomes relative to the objective.
The ASAM placement criteria which operationalized the driver “clients placed in treatment according to appropriate level of care”, was implemented on July 1, 1997. Although the work plan implementing this driver was completed on schedule, results are not complete on the effect of this driver on the statewide target and actual performance. This is because the use of ASAM to operationalize the driver required a “break-in” period by districts and providers. This included training in the methodology, proper use of forms, and use of validation tools. Validation reviews for FY 97-98 regarding provider implementation are now complete. For FY 98-99, the ASAM methodology has been updated and a number of “glitches” have been worked out. The process is expected to operate as intended from this point forward.

For “children under the supervision of the state”, as indicated, it is too soon to assess the affect of the ASAM implementation in influencing the strategic indicator. Aside from the driver, however, the linkages between the substance abuse service system, the courts (including juvenile drug courts), Treatment Alternatives to Safer Communities (TASC), juvenile addictions receiving facilities, and Juvenile Justice are beginning to have a positive influence. As an example, there is a more coordinated effort among the agencies and programs that work with children involved in delinquency and dependency to provide immediate access to appropriate services.

Aside from the issues related to the implementation of ASAM, difficulty in generating accurate and reliable data during the first two quarters of FY 97-98 was clearly a barrier. Data integrity became one of the principle objectives because of the need to generate information which would allow us to get an accurate reading on the progress in meeting our objectives.

**Status of FY 97-98 Key Strategies**

- **Assure collection and dissemination of valid, reliable, and timely data necessary to measure outcomes.**

During FY 1997/98, progress was made regarding the collection and dissemination of valid, reliable, and timely data. Much of the progress centered around the development of procedures which improved the accuracy of data and ease of analysis. This included efforts by districts to work directly with providers to improve data integrity.

- **Ensure accountability for contract providers.**

Performance standards were written into the contracts of all service providers. Included in the contracts were evaluation strategies and sanctions for noncompliance. Also included in the contracts was the requirement that all contract providers implement the ASAM Patient Placement Criteria to improve client placement decisions. Although the overall affect of implementing ASAM has not yet been determined because results have not been finalized, preliminary results indicate that districts are beginning to identify problem areas regarding the client placement process which are affecting provider performance. Related to this was increased sharing of successful strategies among districts regarding the two strategic objectives.
• **Promote linkages between child protection workers, juvenile justice staff, and substance abuse providers.**

Already established linkages among substance abuse providers, Family Safety and Preservation, and Juvenile Justice were strengthened through formal agreements and regular interaction through meetings and training. Included in these inter-and intra-agency collaborations were strategies to increase referrals of children to substance abuse programs by reducing procedural barriers and accuracy of placement.

District 6 conducted a QIC Story on data focusing on the “children under the supervision of the state” where data discrepancies were the greatest. During the first quarter, only 43% of the data was consistent with data generated by the Substance Abuse Program Office. Through regular meetings, sharing methodology, and a work group focusing on improving outcomes, the consistency of the data improved to 90% by the end of the second quarter.
CHILDREN INCOMPETENT TO PROCEED TO JUVENILE JUSTICE

Current funding of Juvenile Incompetent To Proceed program is sufficient to meet only 71% (160) of the 224 children ordered by the courts for restoration treatment and training. The most dangerous children in need of a secure setting currently have a three month waiting list. Current funding is not sufficient to provide courts, districts, provider and evaluators the training necessary to be in compliance with established laws which is essential to the outcome of increasing the competency level of children served in the juvenile incompetent to proceed program.

During FY 97-98, 90% of children and adolescents who have felony charges and ordered by the courts to the department as incompetent to proceed for competency restoration due to a mental illness were restored to competency and recommended to proceed with a judicial hearing.

During FY 97-98, 53% of children and adolescents who have felony charges and ordered by the courts to the department as incompetent to proceed for competency restoration due to retardation were restored to competency and recommended to proceed with a judicial hearing.

The success of meeting and exceeding these goals included meeting the targets of the following drivers:
- Developing individualized treatment plans for each child within a specified time frame (90%).
- Daily contact with the provider for monitoring of the provider performance and contract agreement including quarterly site monitoring to residential facilities (100%).
- Communicating with the district liaison, Department of Juvenile Justice and the circuit courts (90%).

All support measures except one has been achieved. The target for children diagnosed with mental illness was to restore 80% to competency or return to court as nonrestorable within 180 days. This support measure has not been achieved. 65% have been restored in the recommended time frame. In this subpopulation there was only one child returned to court as nonrestorable, although it took the provider 384 days to reach the conclusion of being nonrestorable. Due to the individual complexities of children diagnosed with mental illness a future goal may be to examine the data and possible adjust the time frame to a more reasonable goal.
The courts have been slow in setting hearing for juveniles whom have been recommended to return to court for a judicial hearing, and at the same time the courts throughout the state are frustrated about the waiting list for admission into secure facilities. This creates a backlog of juveniles that are forced to remain in the secure facilities waiting for a hearing. It is vital to provide training to the courts on how the system operates and the need for timely hearing. This training will educate the courts and inspire them to set hearing in a more timely manner in order to serve more children.

Most districts have few funds to provide the extensive services for children found by the court as nonrestorable and in need of a residential placement due to dangerous behaviors. This delays their discharge from this program, which then increases the waiting list for those children waiting to be placed into the program’s secure settings.

The juvenile incompetent to proceed program’s accomplishments in meeting the needs of these children served have been considerable. During FY 97-98, 53% of children with retardation ordered by the courts for competency training have successfully completed training and referred back to court. Ninety percent (90%) of children with mental illness ordered by the courts for competency treatment and training have been evaluated competent and referred back to court. The courts have concurred with 94% of the recommendation of the provider when children are returned to court for a competency hearing as either competent or nonrestorable. Ninety percent (90%) of community partners were satisfied based on a survey in regards to the provider being knowledgeable on the process of competency training and restoration of competence for children. Over 98% of children with retardation have been recommended as restored to competency or nonrestorable to the courts within 365 days.

**Status of FY 97-98 Key Strategies**

Quality evaluators familiar with the statute and knowledgeable about juveniles competence issues have been used by the provider enabling the courts to concur with the evaluations in a timely manner. The courts concurred with the provider’s evaluations 95% of the time. The need for available training on juvenile competence to proceed evaluations for professionals is vital in order to maintain these percentages. Maintaining continuous contact with the provider on each child and their progress as well as monitoring residential facilities has been beneficial in achieving the goals.
Strategic Issue 3.
People In Need Of Long Term Support In Communities Or Institutions

Adults With Disabilities Who Need Assistance To Remain In The Community
To increase the percent of persons not placed in a nursing home

Adults With Serious And Persistent Mental Illness
To increase the average number of days spent in the community for adults with serious and persistent mental illness

Adults With Mental Illness In Civil And Forensic Institutions
- To increase the percent of residents who improve mental health based on Positive and Negative Symptom Scale for adults in civil commitment
- To increase the average number of days to restore adults in forensic commitment

Persons With Developmental Disabilities (In The Community And In State Facilities)
- To increase the quality of life score of people in the community with developmental disabilities
- To increase the average on the Conroy Quality of Life Protocol for people with developmental disabilities in state facilities
ADULTS WITH DISABILITIES WHO NEED LONG TERM CARE TO REMAIN IN THE COMMUNITY

There are an estimated 60,000 Floridians with disabilities who cannot perform routine activities of daily living such as dressing, grooming, bathing, cleaning, cooking, and who have difficulty with mobility and ambulation. Ninety seven percent (97%) of these individuals live in the community and can remain in their own homes with assistance.

The Department of Children and Families administers three programs that provide in-home assistance: Home Care for the Disabled (HCDA) which serves 1,428 people, Community Care for the Disabled (CCDA) which serves 1,051 people, and a Home and Community Based Waiver program for disabled adults (HCBW) which serves 1,397 people. These programs provide in-home services such as personal care, home delivered meals, medical supplies, homemakers, and other services that compensate for the client’s inability to perform routine activities of daily living. These programs collectively meet only 6% of the need with over 1,000 persons on the waiting lists. Over the next 14 years, this population is expected to increase by 32%. In addition to large waiting lists, many individuals are receiving the minimal services necessary to keep them in the community. A more comprehensive package of services could be delivered for an average cost of $5,500 per year.

These programs have proven to be very cost effective. In order to qualify for the Home Care for Disabled Adults and Waiver programs, individuals must meet financial and level of care eligibility requirements for placement in a nursing home. The average cost of nursing home care is approximately $30,000 per year. The current cost per client for community based programs is $3,300, a cost savings of 89%. Even with an enhanced service package costing and average of $5,500 per person, the cost savings would be substantial at 82%.

The goal for these community based programs is to keep persons with disabilities out of nursing homes. One of the strategic plan objectives for FY 97-98 was that 95% of persons with disabilities receiving services would not be placed in a nursing home. Statewide, the department exceeded that goal by achieving 99%. Statewide achievement for FY 96-97 was also 99%. Baseline data for fiscal years prior to FY 96-97 is not available. The case file was reviewed for each of the 45 nursing home placements. In every case, physical or mental decline necessitated the placement. In all cases, nursing home placement was appropriate.

One of the main reasons for the high achievement and facilitating factors is that persons with disabilities want to remain in the community. Even if the services they receive do not fully meet their needs, they would rather live in the community with a diminished quality of life than live in an institution. Case management also plays an important role. Clients know that they can rely on their case managers to assist in difficult times and with emergencies, therefore their level of security and confidence is higher than those who receive no services.
Status of FY 97-98 Key Strategies

- **Target services to the most frail persons.**

  Services have been targeted to the most frail persons in greatest economic need in accordance with prioritization policy guidelines.

- **Expand Medicaid waiver services.**

  The Department will be able to increase the number of waiver persons served during FY 98-99 as a result of fund shifts within the Adult Services program budget.

- **Strengthen caregiving capacity of families.**

  The Department, in collaboration with the Department of Elder Affairs, is participating in a Robert J. Wood Foundation demonstration that will promote client directed care. Through this demonstration, participants will be able to hire their own caregivers and service providers projected to result in additional cost savings. High levels of client satisfaction are anticipated.


ADULTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS

Each year more than 600,000 adult Floridians suffer from serious mental illness. Of those, approximately 48% or 288,000 have a severe and persistent mental illness. During FY 97-98, approximately 155,000 people were served in the public funded community mental health system. Of this number, approximately 36,000 have been certified by the department as meeting the criteria for the target population of adults with a severe and persistent mental illness. These adults 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.

Most symptoms of severe mental illnesses can be managed successfully with treatment. During FY 97-98, 21,994 (of the 34,142 adults provided services) were given a pre- and post-survey which indicated an average of 333 days in the community. 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. Therefore, days in the community 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 jail, detention facilities, crisis stabilization units, short-term residential treatment facilities, inpatient medical units, inpatient substance abuse, inpatient mental health treatment programs, or homeless.

The Mental Health Program Office is working closely with the Agency for Health Care Administration in implementing managed care technologies. Medicaid established a utilization management contract with a commercial managed care organization which conducts 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.

The adult mental health program convened a work group of stakeholders during the summer of 1997 to improve the system of care for children and adults of all ages served by the state’s publicly funded mental health system. The result of that effort was the development of a mental health strategic plan based on a collaborative effort between the state’s institutions, community providers, district representatives, other state agencies as well as consumers, family members and advocates.
Districts report a number of facilitating factors that have helped to improve the strategic indicator. They are:

- Reducing length of inpatient stays using utilization management,
- Establishing district workgroups with providers to review performance outcomes,
- Requiring provider corrective action plans when outcomes are below target,
- Conducting CSU length of stay reviews and increasing supported living options.

Districts report three hindering factors that have been barriers to improving the strategic indicator. They are:

- Limited availability of needed community services including psychotropic medications, case management housing and employment services.
- Impediments in effectively implementing the utilization management process.
- Impediments in achieving continuity of care between hospital and community services.

One central office Quality Improvement and Control (QIC) story was completed during FY 97-98 for this strategic issue. Theme: “To reduce error rates pertaining to mental health outcome measure data.” Countermeasures implemented in this QIC story resulted in a reduction of errors submitted by providers from 41% to 8% for mental health which improved data reporting accuracy.
Status of FY 97-98 Key Strategies

• Implement a mental health service delivery model.

A mental health service delivery model has been developed and was further refined in July 1998.

The utilization plan for mental health providers is being implemented in Medicaid funded psychiatric and substance abuse inpatient settings. These reviews are being conducted at admission and periodically through out treatment and include monitoring of appropriateness of discharge plans. Districts are now beginning to use these same principles in other settings such as Crisis Stabilization Unit (CSU) and Short Term Residential Treatment (SRT).

• Enhance resource base.

The 1998 legislature has provided $2 million for psychotropic medications in state treatment facilities, $21 million to replace lost federal funds and $8 million to provide new services to persons who are eligible for Temporary Assistance to Needy Families (TANF).

The Mental Health Program Office has developed legislative budget requests (LBR) for FY 1999-00 that shifts reliance from state institutional services, as integrated community treatment becomes more effective and available. Emphasis is being placed on improving acute care discharge planning from hospitals with linkages for community psychiatric medications and services.

• Enhance interagency coordination.

The substance abuse and mental health programs share the same data warehouse as well as the same target population enrollment form. This makes it much easier to identify persons who are dually diagnosed with these problems and if they are receiving services for both problems. The program office has staffed a workgroup, which included the Economic Self-Sufficiency and Adult Services program offices, as well as the Agency for Health Care Administration, addressing the needs of mentally ill persons residing in assisted living facilities (ALF).

• Enhance management processes and infrastructure to improve results and effective use of resources.

The central office has provided direction to districts in improving monitoring of provider performance, including meeting with each provider to go over specific data submitted. In addition, district staff, with assistance from the central office and the Florida Mental Health Institute, provided comprehensive training to providers prior to the new fiscal year on performance measure collection and submission procedures. The Florida Mental Health Institute is currently analyzing data to determine “pockets of excellence” in regard to provider performance.
Adults with mental illness in civil and forensic commitment

Adults with mental illness in civil commitment include adults eighteen years of age or older who live in a civil facility. These persons suffer from a severe and persistent disability which prohibit them from functioning in the community. There is substantial likelihood of self harm or harm to another through neglect, or overt behavior. During FY 97-98 approximately 2,783 persons were served by the department.

The civil state treatment facilities have expended considerable staff time and resources in order to meet the needs of this population. This indicator is considered extremely important as it addresses the primary reason a person lives in a state facility (psychiatric level of functioning). Staff have received training and demonstrated competency at administering this assessment, which is highly correlated to successful medication interventions. After the first year of implementation, most persons residing in the civil facilities have been assessed repeatedly, with the results being used for clinical decision making related to the individual. Early analysis indicates this assessment to be a good indicator of improved mental health functioning.

A critical issue related to this indicator include the “phase in” period necessary to obtain at least two scores for each individual. This is necessary in order to determine individual improvement. While this method is most sensitive to noting improvement, it has taken nearly a year to obtain enough “matched scores” to make predictions about the target population. Implementation of this measure has also resulted in policy changes for facilities, and required the reallocation of resources to address resident needs in this manner. Analysis of supporting processes has indicated the need for programmatic changes, and of medication intervention needs. As this measure is highly correlated with medication effectiveness, the limited resources for the newer antipsychotic medications will highly impact the ability to meet designated targets.
Adults with mental health problems in forensic commitment include adults eighteen years of age or older who have been charged with a criminal offense, and meet certain other criteria; or have been adjudicated “incompetent to proceed” or “not guilty by reason of insanity.” Individuals admitted as Incompetent to Proceed are evaluated and treated until their competency to proceed through the criminal justice system is restored. They are then referred back into the committing court for disposition of their criminal charges. Primary treatment services for these individuals often consists of psychiatric treatment, individual therapy, enrichment services, competency classes, and competency evaluation. During FY 97-98, 1,742 persons were served in this target population.

During FY 97-98, the average number of days to restore competency for adults in forensic commitment increased slightly to 162 days, but still exceeding the statewide target of 180 days.

The forensic state treatment facilities success in meeting the needs of this population may be attributed to: increasing the focus of treatment staff on the primary purpose of treating this group (to restore competency); specific staff training relating competency determination and appropriate interventions for this group and attempts to standardize evaluation approaches.

A crucial issue related to this indicator is the limited resources available for the newer antipsychotic medications which have proven successful in the rapid stabilization of individuals, and contributing to faster restorations of competency. As progress is made in this area, persons who have remained incompetent for longer periods of time may regain their competency, therefore increasing the average number of days to regain competency. Also, the resources available to develop and submit reports indicating competency impact this measure.

Facilities report the following facilitating factors that have helped to improve the strategic indicator:
- Establishing the target helped to focus the facility staff on the primary purpose for serving the target population of incompetent to proceed.
- The use of the newer antipsychotic medications has assisted in rapid stabilization of psychiatric symptoms, thereby improving the ability to restore persons to competency.

Barriers which affect meeting the established 100 day target:
- Limited funds to purchase the newer more expensive antipsychotic medications as residents with longer lengths of stay are focused on restoration of competency may result in increasing the average number of days to restore competency.
- The ability to meet this target hinges on the process of report completion, which is impacted by facility resources in this area.
During FY 97-98, two facilities have completed Quality Improvement and Control (QIC) stories in this target group area.

- One facility focused on clinical staff training needs in this area, report format and the amount of time it takes to complete a report. Interventions in these areas have assisted in reducing the average number of days it takes to restore competency.

- Another facility has completed a comparative analysis of length of stay in conjunction with restoration of competency. This has resulted in identification of issues associated with this “sub-group” and increased efforts to restore competency.
PERSONS WITH DEVELOPMENTAL DISABILITIES
PEOPLE IN THE COMMUNITY

The strategic indicator for the subgroup is “Percent of persons with developmental disabilities living in the community who have a quality of life score of 19 out of 25 on the Outcome Based Performance Measures Assessment at annual reassessment.” During FY 97-98, development of the process for taking baseline for this measure occurred. Data collection for a valid sample of individuals receiving developmental services was completed in July 1998. Analysis of the data will be completed in September. In the interim, the measurement of the following two indicators has continued.

The target for FY 97-98 was to have 15% of the adult client population residing in homes of their own. The target was met with 15% or 2,509 individuals living in their own homes by June 30, 1998. Continued expansion of the Home and Community Based Services Waiver has made possible the realization of the goal of having more people in their own home.

The principle value of tracking this indicator is that living in a typical home or apartment in the community with only one or two other persons facilitates community integration and opportunities for a significantly improved quality of life, particularly increased control over one’s own life.

The target for the number of individuals employed in integrated settings was to have 24% of the adult client population employed in typical community work settings. The target was met again this year, with 24% or 4,045 people employed by June, 1998. During the year, a change in federal legislation allowed supported employment services to be funded through the Home and Community Based Services Waiver, enabling the department to continue to expand that service.

The principle value of this indicator is that employment of individuals with developmental disabilities allows them to contribute in a meaningful way to their own support and to the communities in which they live. Employment opens the doors to being included in those communities and to having the rewards of working--a home, discretionary income and expanded choices.
During the past year, two court rulings were made that will have significant impact on the future of individuals receiving developmental services. In the *Does 1-13 V. Chiles* case, a case concerning the entitlement to the Medicaid service, Intermediate Care Facilities for Developmentally Disabled, the appeals court upheld the prior ruling that individuals were entitled to receive that service with reasonable promptness. In the *Cramer, et al v. Chiles* case, the court permanently enjoined the state from implementing the law passed by the 1996 legislature that eliminated the private Intermediate Care Facilities. As a result, the 1998 Legislature required that a plan be developed that would address the service delivery system changes that are necessary to respond to the lawsuits, to maximize cost effectiveness and to respond to individuals waiting for services. The plan is to be completed by October, 1998.

In addition, three additional lawsuits were filed during 1997/98. Two of the class action suits challenge the adequacy of funding for Home and Community Based Services and one challenges the state’s continued use of large, public institutions.

**Status of FY 97-98 Key Strategies**

- *Increase supported living services through the Home and Community Based Services expansion.*

HCBS Waiver expansion has continued, as has the Supported Living Waiver. The combination of these two funding sources and the continuing training for individuals, families and service providers about supported living has resulted in a steady increase in the number of individuals expressing a preference for this residential option.

- *Convert sheltered workshops.*

The opportunity for federal funding for supported employment is expected to have a beneficial impact on the availability of supported employment services for individuals in the coming years. During the past year, one very large agency has begun the process of closing its sheltered workshop in order to expand its supported employment services. More agencies can be expected to follow with the improved funding stability afforded by the Waiver.

- *Increase employment opportunities for individuals with disabilities.*

Cooperative funding efforts with both the DLES and DOE continue to be important to the goal of employment for all persons with disabilities. Nearly one quarter of those individuals are now employed with an increase of an additional 2% or more expected during the coming year.
District 5 at 82% of clients having all their identified service needs met. Coding procedures to better track unmet need were revised and staff trained; unmet need data now used by support coordinators and supervisors to develop service plans.

District 6 tracking # of clients who transition from placement to follow-along services with objective to convert adult day training to to community based employment; Goodwill added as additional supported employment provider.

District 9 countermeasures include adding additional job coaches, screening for placement directly into community employment and assessing clients who may be ready to transition to community employment. The district is also attempting to develop additional independent providers of supported employment services.

District 10 is reviewing every support plan to ensure employment goal is identified for clients where appropriate.

District 11 meeting target by closely monitoring available work settings in the community and reviewing cases to maintain accurate classifications.

District 12 has improved performance through incentives for contractors, development of community inclusion programs, transitioning high school seniors to supported employment. This is first time in 2 years district is achieving employment goals.

District 13 meeting target by closely monitoring available work settings in the community and reviewing cases to maintain accurate classifications.

District 14 tracking # of clients who transition from placement to follow-along services with objective to convert adult day training to to community based employment.

District 15 has a single provider of supported employment services. The district scheduled a monitoring visit with the agency. They found that there were a number of new staff that had not been trained adequately and who were not aggressively developing jobs for clients. Although the agency is instituting corrective action, progress is not evident and the district has made additional visits. It is likely that the District will be required to recruit additional providers in order to improve their performance.
PERSONS IN INSTITUTIONS

The strategic indicator for the subgroup is “Average score on the quality of life assessment.” The objective for the fiscal year was to set the baseline and that has been accomplished. The target for 1998-99 has been set to increase the overall score by .5 points. Being the first year of tracking, it is as yet unclear if the .5 target is appropriate. The number was set based on a recommendation from Dr. James W. Conroy, at the Center for Outcome Analysis, the designer of this instrument. He has had experience with approximately 60,000 surveys across a variety of states and in a variety of settings, and believed the .5 setting was appropriate for individuals whose living situation remained constant. Actual 98-99 performance may certainly influence the future targets.

The principle value of tracking these quality of life factors remains that it will give each institution the capability of individually targeting activities of the institution and have the capability of measuring what effect those efforts have through measuring various scores of the various scales on the Quality of Life Instrument itself.

Other measurements have been monitored this year where the strategic indicator was under development. These include reducing significant reportable events and increasing client satisfaction. The developmental services institutions have reduced the number of significant reportable events per 100 population from an annualized baseline of 30.11 significant reportable events per 100 people to 29.93 significant reportable events per 100 people. This performance fails to meet the expectation that events per 100 people would not exceed 26. Analysis has been done at each institution to identify trends in injuries with corrective actions focused on changes necessary to achieve a reduction in the number of injuries.
The developmental services institutions have elected to use a client satisfaction survey that is specific to the needs of individuals residing in an institutional setting. A workgroup with representatives from the four institutions and the central developmental services program office have developed a 17 question, 5 item Likert scale that measures satisfaction. This performance measure reflects the department’s commitment to determine the extent to which the expectations of clients of developmental services institutions are met. The results of this survey will be used for improvement and refinement of services and supports to residents of institutions and will assist in building and maintaining positive client relationships. The survey is currently in draft form and will be shared with the developmental services management team for final approval by September, with plans to complete the survey by June 1999.

District Performance & Improvement Initiatives

District 2 - Sunland Marianna. Key indicators tracked and on target include:
1.) Average number of injuries per month requiring physician treatment (QIC stories on assessing resident risk and comprehensive safety planning);
2.) Number of habilitation plan goals completed (M4);
3.) # of AHCA life safety citations.

District 11 - Landmark. Key indicators tracking significant events shows 59 year to date vs almost 120 for same period last year. As well, year to date average of reported accidents/injuries of 65 per month is below target of 80.

QIC Story analysis pin-pointed peak hours of accidents/injuries as well as finding 50% of accidents involved behaviorally challenged individuals. Countermeasures included redirecting staff to cover crucial periods, and training on safety issues and physical management of clients. New QIC Story in process to further reduce accidents/injuries involving behaviorally challenged individuals.
Strategic Issue 4. Responding To And Stabilizing People In Crisis

Adults With Mental Illness In Crisis

To increase the average functional level change score based on the Global Assessment of Functioning scale for adults in mental health crisis

Adults With Disabilities And Frail Elderly At Risk Of Or Victims Of Abuse, Neglect Or Exploitation

To increase the percent of adults with no subsequent report of abuse, neglect or exploitation within six months after close of investigation
ADULTS IN MENTAL HEALTH CRISIS

Adults in mental health crisis are individuals who do not have a chronic condition such as severe and persistent illness, or forensic involvement, but meet the criteria for admission to a receiving facility or show evidence of recent severe stressful event and problems with coping. During FY 97-98, approximately 21,000 adults in this target population were served by the department.

During FY 97-98, the average functional change score for adults in mental health crisis, based on the Global Assessment of Functioning Scale, was 16.9 - exceeding the statewide target of 11. This is unchanged from the FY 96-97 score of 17. The change score shows the level of improvement of an individual in the capability of functioning in the community.

One of the major criteria used to identify adults with a mental disorder is that of presenting a danger to self or others. The risk that mental health crisis poses a threat of violence to others is of increasing concern. However, assessing such risk is very difficult, and research suggests that assessments are often no better than chance. Work is underway to identify more reliable predictors of violence, and better measures of what constitutes incidents of violence.

For those individuals that have received years of family support, entanglement with the criminal justice system as a result of violence or other crisis behaviors can be the basis for a withdrawal of such emotional (and financial) support. Often adults with mental illness turn to street drugs in an attempt to find relief from the symptoms of their mental illness. Such "self-medication" interferes with prescribed medications and sometimes leads to time in jail or prison. Treatment issues become very complicated for dually diagnosed individuals (that is, with both mental health and substance abuse problems).

There is an increasing tendency to ‘criminalize’ mentally disabled individuals; that is, initial involvement by law enforcement rather than health professionals. Frequently these are misdemeanor offenses. In many instances, this may also be an effect of perceptions that it is easier to obtain services if admission is via the courts. Once identified as being mentally disabled, these persons will be evaluated for competency to proceed to trial. This may result in extended jail time for the mentally disabled person at an increased expense. They generally go to forensic institutions and sometimes to civil institutions for the mentally ill when community supports are inadequate.

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

- Ensuring persons discharged from Crisis Support Units have outpatient appointment within 30 days of discharge to increase the likelihood of an individual avoiding a crisis.
- Establishing district workgroup with providers to standardize assessment process across providers so that individuals can receive quality and consistent follow up care.

One barrier to accurate performance measurement is brief lengths of stay (approximately 7-10 days for CSU) for some service recipients. This limits the opportunity for registering a significant change score.

During FY 97-98, two Quality Improvement and Control (QIC) stories were completed for this target group.

- District 5 – Theme: “To increase the reporting of GAF scores by providers.” District 5 had an average Global Assessment Functioning Scale (GAF) change score of 5.7 for FY 96-97 (state average was 9.0) based on 21% of the GAF scores that should have been submitted. As a result of this QIC story, the District 5 GAF change score has improved to 13.67 (4.67 above its target).

- During FY 97-98, the central office completed a QIC story with the theme: “To reduce error rates pertaining to mental health outcome measure data.” Countermeasures implemented in this QIC story resulted in a reduction of errors submitted by providers from 41% to 8% for mental health which improved data reporting efficiency and data accuracy.

## Status of FY 97-98 Key Strategies

Refer to the Strategic Issue 3, Adults With Serious and Persistent Mental Illness section of this report for the status of the key strategies. A mental health service delivery model has been developed and was further refined in July 1998.
ADULTS WITH DISABILITIES AND FRAIL ELDERLY AT RISK OR VICTIMS OF ABUSE, NEGLECT OR EXPLOITATION

During FY 97-98, the department received 28,873 reports for protective investigation which involved abuse, neglect or exploitation of disabled adults and elderly persons living in the community and facility settings. Approximately 12% of these individuals received services such as Protective Supervision, Placement, Community and In-Home Services and Temporary Emergency Services (protective placement, medical transportation, medical assessment, and other community and in-home services).

During FY 97-98, the percent of adults not reabused or reneglected within 6 months of close of investigation was 94.6%, remaining consistent with FY 96-97 performance of 95%.

Each month, districts completed an analysis of the causal factors which contributed to recidivism. There were 306 reports of recidivism out of a total of 5,523 reports which met the established recidivism criteria. The findings from this analysis showed that: victims in the initial reports had capacity to consent to services and refused all services; victims were selective as to services they accepted, usually not those designed to prevent the recurrence of abuse, neglect, or exploitation; victims in the initial report were placed under protective supervision until situation stabilized, while the second report indicated a deterioration in physical/mental condition of victim with family unable to provide the level of care required.

During FY 97-98 there has been a reduction in the number of protective investigation cases in backlog (cases open for more than 60 days) from 3,167 to 1,556, which represent a 51 percent reduction from last year.

**Status of FY 97-98 Key Strategies**

- Continue partnership with the Department of Elder Affairs.

The Department continues to work in partnership with the Department of Elder Affairs, local government, and other agencies to increase visibility of and advocacy for adult victims of abuse, neglect, or exploitation. Interim projects have included working with banking officials to educate them on mandatory reporting of exploitation cases.
• Pursue enhancements to management processes.

Adult Services received 30 Protective Investigator positions during 1998 Legislative Session. These additional positions will assist in alleviating high caseloads and reduction of district backlogs. The department is re-submitting a Legislative Budget Request for FY 99-00, requesting funding for design and development of a competency-based training program for Adult Services staff and the establishment of a Professional Development Center.

The Quality Improvement and Control (QIC) stories developed by Districts 2 and 4 on this indicator have both identified supervisory review as a critical issue in reducing recidivism. Both districts have, as a result of this finding, implemented enhanced supervisory monitoring to ensure a better oversight of the decision process.
Strategic Issue 5.
Self-Sufficiency For Florida’s Families And Individuals

Adults Work And Gain Economic Self-Sufficiency

To ensure WAGES participants are placed in jobs within time limit of benefits
SELF-SUFFICIENCY FOR FLORIDA’S FAMILIES AND INDIVIDUALS

WORK AND GAIN ECONOMIC SELF-SUFFICIENCY

In order to facilitate the transition from unemployment and dependency to full employment and self-sufficiency, the 1996 Legislature enacted PL 96-175, “Work and Gain Economic Self-Sufficiency” (WAGES). This act specifies Florida’s plan for providing temporary assistance to needy families while moving them toward economic independence. Benefits are no longer an entitlement, and are time limited. It requires those that are able to work to do so. The law provides transitional services such as temporary financial assistance, medical coverage, and child care to individuals while they progress through training, interview preparation, job search and the early stages of employment.

As a result of the 1998 Legislature, the full continuum of work activity related services from the point of application has been moved to the local WAGES coalitions. This should serve to accelerate the pace of development of the “One Stop” service centers, resulting in a more “seamless” system for the clients. Eligibility determination remains with the Department. A drug screening/testing demonstration project in two sites for cash assistance applicants was also provided in this year’s legislation.

This past year has also seen the implementation of a hardship policy for those clients meeting the end of their time limit of benefits. Benefits may be extended up to 12 months, provided certain requirements are met, however, the lifetime maximum of 48 months does not change. This will allow those who qualify to complete job related activities and meet their employability plan.

As the chart illustrates, the WAGES caseload has gone down substantially, from 200,292 cases in September 1996 to 96,501 in July 1998, a drop of 103,791 cases (52%) for that time period. The total number of two-parent families receiving assistance is up 1,177 cases from the baseline of September 1996, primarily due to a change in the law which now provides benefits to two parent families with mutual children.

Some of the WAGES caseload decline is due to the good state of the economy of Florida, while other factors, such as the composition of time limits (with some people “saving” their months of eligibility for more dire times) as well as the process of helping people get trained and obtain employment have helped to get many employed and off assistance. Of the eight major states in the US, Florida is leading in caseload decline. No one factor is the cause.

The Legislature also funded a study to determine what happens to the people who leave the assistance rolls after they become employed. The study will be conducted by the Florida Inter-University Reform Collaborative and will seek to actively examine the human impacts and coordinate research based information about the WAGES program in Florida.

Data for the FY 97-98 strategic objective “To ensure WAGES participants are placed in jobs within time limit of benefits” are not available at this time. The Department of Labor and Employment Security will
be collecting and maintaining the data and will report on this measure. In the interim, the following performance will be tracked.

Data for this driver became available in January 1998. From that baseline, the percent of sanctions referred by DLES executed within time standards has steadily increased from 79.9% in January to 84.3% in March.

**Driver: Percent of Sanctions Referred by DLES Executed Within Time Standards**

**Statewide - 1/98-3/98**

- Jan-98: 79.91%
- Feb-98: 82.47%
- Mar-98: 84.26%

**District Performance & Improvement Initiatives**

- **District 1**: Has individual performance standards for public assistance specialists, their supervisors and operations program administrators.
- **District 2**: Is coordinating with Labor counterparts to develop standard sanction request procedures across both agencies.
- **District 3**: Sanction’s compliance rate is over 90%, up from 28% when the fiscal year began.
- **District 5**: Plans to establish liaison contacts from Labor and WAGES board within their One Stop Centers.
- **District 14**: At 96% timely sanctions through improved communications with Labor and community providers as well as specialized staffing of sanction process.
- **District 1**: Has created service center teams to champion all TANF related goals at the local level; district at 88% timely sanctioning.
- **District 4**: Top performer for March with 96.7% sanctions timely processed.
- **District 13**: QIC story resulted in countermeasures to improve timeliness of sanctions -- achieved 96% in March.
During FY 97-98, Food Stamp and WAGES accuracy rates have declined slightly during the first two quarters. The WAGES accuracy rate has decreased from the FFY 97 rate from 92.5% to 90.6% through the second quarter. The Food Stamp accuracy rate has also declined to 87.8% through the second quarter from 90.4% in FFY 97. Both measures are below the statewide target.

One explanation for the decrease in rates is the vast number of policy changes which occurred during FY 97-98 increasing the likelihood of department and client error. Also, as caseloads have gone down, the remaining cases become more complex and harder for case workers to make decisions about what the appropriate benefits are.

**District Performance & Improvement Initiatives**

- **District 1** has specialized handling of food stamp and TANF cases, significantly increased the number of required second party reviews, allowing exemptions only on approval of the district program manager.
- **District 2** is conducting service center specific training based on analysis of error reports and case readings.
- **District 3** was top performer for FFY 97 with a Food Stamp Accuracy rate of 94.87%. Countermeasures to increase accuracy rates include analysis of errors by type and impact, revisions to case reading Guide to target identified errors, and publishing comparative results from case readings. An instrument is also being developed to assess policy knowledge of staff and provide targeted training based on findings.
- **District 4** is developing strategies to restructure the SPR process, utilize QC Doctor to identify error trends, implement training teams and technical assistance teams to target problem areas. At last review, the district was exceeding target on both food stamps and TANF accuracy rates.
- **District 5** is top performer in state with TANF accuracy rate of 100%. District 5 QIC stories on client error and front end fraud have had positive results. District tracking un-availability of public assistance specialists in effort to stabilize workforce: decreased from 65 not available due to vacancy, training, or probationary period in November 97 to 30 in March 98.
- **District 6** was top performer for FFY 98 with a Food Stamp Accuracy rate of 96.59%. Countermeasures include redirection of staff, QIC story, second party reviews and more intense in-service training.
- **District 10** was top performer in the state for FFY 97 with a TANF accuracy rate of 96.14%. The district identifies root causes of errors due to staff turnover and increased program complexity. Countermeasures include redirection of staff, QIC story, second party reviews and more intense in-service training.
- **District 11** countermeasures include case review training for second party review staff, convened quality control summit and targeted high error service sites for technical assistance, enhancing recognition program, intensified management training, implementing ACE program district-wide, out-stationing front end fraud staff and implementing a supervisory mentoring program.

For the 1st quarter of FFY 98, **District 7** staff completed policy assessment test with targeted inservice training based on results; average score of staff on post-test is 87%.

For the 1st quarter of FFY 98, **District 8** is top performer in state with TANF accuracy rate of 100%. District 8 QIC stories on client error and front end fraud have had positive results. District tracking un-availability of public assistance specialists in effort to stabilize workforce: decreased from 65 not available due to vacancy, training, or probationary period in November 97 to 30 in March 98.

For the 1st quarter of FFY 98, **District 9** is top performer in state with TANF accuracy rate of 100%. District 9 QIC stories on client error and front end fraud have had positive results. District tracking un-availability of public assistance specialists in effort to stabilize workforce: decreased from 65 not available due to vacancy, training, or probationary period in November 97 to 30 in March 98.
Management and Support Process Improvement

Quality Improvement
Client Satisfaction
Performance Improvement
Technology Enhancements
Human Resource Improvement
Administrative Support Process Improvement
QUALITY IMPROVEMENT

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

STERLING QUALITY CHALLENGE FEEDBACK ACTION STATUS
(PRIORITIZED KEY FINDINGS EXTRAPOLATED FROM DISTRICT 2 AND FLORIDA STATE HOSPITAL FEEDBACK REPORTS AS APPROPRIATE)

<table>
<thead>
<tr>
<th>Area for Improvement</th>
<th>Actions to Date</th>
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<tbody>
<tr>
<td>1.0 Leadership</td>
<td></td>
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</table>
| 1. Communicate with employees about the quality management system and how they may contribute to it. | • Department-wide training in quality management tools and techniques.  
• Deployment of department strategic objectives to the district and institutional level.  
• Key processes and subprocesses of the department mapped.  
• Quarterly performance reviews by the Secretary. |
| 2.0 Strategic Planning |                 |
| 1. Develop a systematic process to assess long range issues and priorities to plan for future customer needs and service delivery requirements. | • Five year projections and targets included in the FY 98-99 Strategic Plan.  
• Vision and design of ideal service system created by Secretary and Assistant Secretaries and presented to districts, their advisory boards, advocates, and providers. |
| 2. Strengthen the relationship and linkage between agency strategic objectives and core departmental processes. | • Seventy-one core process and subprocesses mapped.  
• Strategic objective champions reviewing flow charts and related process and quality indicators. |
| 3. Fully deploy strategic objectives throughout the lower levels of the organization. | • Strategic objectives developed at department and district levels. |
| 4. Identify specific measures and goals for the Human Resource element of the Strategic Plan. | • Preliminary work on human resource plan completed. |
| 3.0 Customer and Market Focus |                 |
| 1. Develop an ongoing, consistent approach to assess customer requirements, including collecting and analyzing customer input, determining service quality needs of clients, and establishing customer contact standards. | • Department’s client target groups identified.  
• Process improvement team on determining customer needs and satisfaction operating since 1997.  
• Statewide client satisfaction survey completed for FY 96-97 to establish statewide baseline data.  
• Second administration of the client satisfaction survey for FY 97-98 performance data expanded to district specific data.  
• Client satisfaction established as PB2 indicator for all target groups.  
• Community partners satisfaction survey completed for FY 97-98 to establish statewide baseline data.  
• Contract provider survey planned for FY 98-99. |
### Area for Improvement

<table>
<thead>
<tr>
<th>Actions to Date</th>
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<tbody>
<tr>
<td>Core process team on determining customer needs and satisfaction in place.</td>
</tr>
<tr>
<td>Team identified those customer relevant for the department.</td>
</tr>
<tr>
<td>Community partners survey tapped many of these customers.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Actions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core process team on determining customer needs and satisfaction in place.</td>
</tr>
<tr>
<td>Qualitative survey comments provided to districts for review and analysis.</td>
</tr>
<tr>
<td>Complaint data at the central office level analyzed.</td>
</tr>
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</table>

### 4.0 Information and Analysis

<table>
<thead>
<tr>
<th>1. Fully deploy the use of information and data throughout the organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary and district level performance reviews in place since January 1998.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Develop indicators to track and monitor financial performance and efficiency.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance data for administrative services includes several financial indicators.</td>
</tr>
</tbody>
</table>

### 5.0 Human Resources

<table>
<thead>
<tr>
<th>Actions to Date</th>
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</thead>
<tbody>
<tr>
<td>Process improvement team in place.</td>
</tr>
<tr>
<td>Child protection workers have competency based training, testing, and certification.</td>
</tr>
<tr>
<td>Performance standards in all individual job descriptions.</td>
</tr>
</tbody>
</table>

### 6.0 Process Management

<table>
<thead>
<tr>
<th>Actions to Date</th>
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<tbody>
<tr>
<td>Process improvement teams in place for all program areas.</td>
</tr>
<tr>
<td>Core and subprocesses mapped at department and district level.</td>
</tr>
<tr>
<td>In-process and end-process measures developed, as well as key drivers identified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions to Date</th>
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</thead>
<tbody>
<tr>
<td>Key support processes mapped and process indicators identified and measured at the department and district level.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions to Date</th>
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<tbody>
<tr>
<td>Statewide contract improvement team in place.</td>
</tr>
<tr>
<td>District level contract evaluation teams in operation for over 18 months.</td>
</tr>
<tr>
<td>Performance measures and standards in all client services contracts since FY 96-97.</td>
</tr>
<tr>
<td>Contract provider data integrity project underway.</td>
</tr>
<tr>
<td>HB 2019 sets additional contracting performance requirements.</td>
</tr>
</tbody>
</table>

### 7.0 Results

<table>
<thead>
<tr>
<th>Actions to Date</th>
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</thead>
<tbody>
<tr>
<td>Performance measures and indicators developed for target groups and key support areas.</td>
</tr>
<tr>
<td>Drivers for all PB2 target groups developed.</td>
</tr>
<tr>
<td>In-process and end-process measures identified for key processes and subprocesses.</td>
</tr>
<tr>
<td>Quarterly performance reports segment results by target groups.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly performance reports provided aggregated data.</td>
</tr>
<tr>
<td>The substance abuse program provides individual performance data to contract providers.</td>
</tr>
</tbody>
</table>
STRATEGIC SUPPORT OBJECTIVES

Improve Client Satisfaction

During FY 97-98, for the second year, a statewide client satisfaction survey was administered to clients in 13 of the Department of Children and Families’ 14 target groups as a measure of customer satisfaction. The survey was designed to assess clients’ perception of how well the agency is fulfilling its vision of being client centered, community based, and results oriented. The results of the survey will serve as the FY 97-98 baseline data for improvement efforts focused on service delivery to clients, and the 97-98 survey will be used for performance reporting and continued improvement activities.

More surveys were distributed this year so that the results could be generalizable at the district level. Two of the target groups included a second page on the survey to solicit specific feedback on program areas. Family members of adults with mental illness were administered a separate survey form to determine their degree of satisfaction with the agency serving their relatives. A total of 559 family members or relatives of adults with mental illness participated in the Family Satisfaction survey. The results indicate that the relatives/friends of the clients in this target group have an overall satisfaction rate of 93.3%.

In FY 97-98, a total of 79,833 surveys were distributed statewide between March 1, 1998 and June 12, 1998. The clients or their representatives returned 29,780 completed survey forms for an overall response rate of 37.3%. The survey results were generally positive. The respondents as a total group reported an 88.8% overall satisfaction rate. The highest percentages (over 90%) of satisfied clients were adults with disabilities who need assistance to remain in the community, families with children in child care, families known to the department with children at risk of abuse and neglect, victims of domestic violence, children with mental health problems, and indigent persons who are unable to work due to age, disability, or incapacity.
The table below reflects the FY 96-97 survey which was completed in December 1997. The FY 97-98 survey report is expected to be completed by October, 1998.

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Overall Community Satisfaction</th>
<th>Overall Client Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families known to the department with children at risk of abuse and neglect</td>
<td>70%</td>
<td>95%</td>
</tr>
<tr>
<td>Children who have been abused or neglected by their families</td>
<td>67%</td>
<td>86%</td>
</tr>
<tr>
<td>Adults with substance abuse problems</td>
<td>70%</td>
<td>93%</td>
</tr>
<tr>
<td>Families with children in child care</td>
<td>72%</td>
<td>93%</td>
</tr>
<tr>
<td>Child victims of abuse or neglect who have become eligible for adoption</td>
<td>64%</td>
<td>90%</td>
</tr>
<tr>
<td>Children with mental health problems in state custody</td>
<td>68%</td>
<td>95%</td>
</tr>
<tr>
<td>Children with substance abuse problems</td>
<td>69%</td>
<td>86%</td>
</tr>
<tr>
<td>Adults with disabilities who need assistance to remain in the community</td>
<td>69%</td>
<td>94%</td>
</tr>
<tr>
<td>Adults with serious and persistent mental illness</td>
<td>69%</td>
<td>90%</td>
</tr>
<tr>
<td>Adults with mental illness in civil and forensic institutions</td>
<td>69%</td>
<td>90%</td>
</tr>
<tr>
<td>Persons with developmental disabilities (in the community and in state facilities)</td>
<td>68%</td>
<td>95%</td>
</tr>
<tr>
<td>Adults with mental illness in crisis</td>
<td>69%</td>
<td>90%</td>
</tr>
<tr>
<td>Adults with disabilities and frail elderly at risk of or victims of abuse, neglect or exploitation</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Adults and their families who need assistance to become employed</td>
<td>69%</td>
<td>91%</td>
</tr>
</tbody>
</table>

**Improve Performance and Data**

During FY 97-98, the Department of Children and Families implemented a performance measurement system that includes strategic outcome and support objectives with performance targets for each. Performance agreements were developed with each district and the central office. The Secretary and Assistant Secretaries conducted on-site performance reviews each quarter.

In addition to implementing the performance measurement system, other significant activities have occurred that reflect the department’s efforts in quality improvement.

- Districts have worked to deploy the strategic objectives to all levels in the organization.
- Over 120 problem solving teams have initiated activities focused on improving performance on strategic objectives.
- An extensive effort to map all core and support functions has been initiated with 71 processes mapped to date.
- Nine department staff were trained as Sterling examiners and participated in this year’s judging of Governor’s Sterling Award and Challenge applicants.
• District 2 and Florida State Hospital were recipients of the Governor’s Sterling Quality Challenge Award which was presented at the annual Florida Sterling Quality Conference in Orlando.

The department continues to work with Competitive Technologies International, Inc. to fully embed quality improvement into all the department’s operations. The first steps build on process flowcharts (or ‘maps’) begun in FY 1996/97, further developed at the central and district levels during FY 1997/98. District special projects began and are continuing in many of the program areas (for example, District 2 is working on the Family Safety and Preservation child welfare system). Each flowchart is being analyzed to identify areas where the processes can be made better, faster/cheaper, or safer, and what measures should be in place to monitor these factors. By July of 1998, more than 70 process maps had been developed and numerous process improvement efforts (aka “QIC Stories”) were underway related to these processes.

Technology Enhancements

The agency is using cutting-edge technology to help the Department meet its strategic objective to improve availability, accessibility, and effective use of performance management data. These technologies include data warehousing, Intranet/Internet, and Geographic Information Systems technologies.

Data Warehouse

Data warehouse technology provides easy-to-use, quality data for non-technical staff. In the last year, significant progress has been made in enhancing current warehouses and planning new ones.

Current Warehouses. The ADM Warehouse is in production with 160+ users. It comprises modules for client demographics, service events, substance abuse admissions, substance abuse discharges, Medicaid claims, provider directory, client certification, and outcome measures for mental health. Future additions include client satisfaction, outcome measures for institutions, and contract data. ADM has been able to use their data warehouse to improve the quality of data submitted from the providers, as well as streamline some of their business processes.

The Financial Management Warehouse in production with 750+ users. This warehouse was designed for both technical accountants and non-technical staff, and contains financial information like expenditures and revenues, detailed historical transactions, grants, contracts, vendors, and titles.

Planned Warehouses. The Economic Self-Sufficiency Warehouse proof-of-concept is complete. The program office has purchased a Sun “Starfire” 10000 and is hiring contractor staff. The ESS warehouse will initially contain client eligibility history, family eligibility history, and client demographics. Family Safety and Preservation is completing their warehouse proof-of-concept. The Adoption Exchange is working to establish and test the views, build a data dictionary, model the data, and identify the security requirements. The Developmental Services Warehouse is in the planning phase.

Workgroup Activities. Productivity enhancement funds were received to buy disk space, software, training, and computers for data analysis units in Central Office. The equipment will ensure that there is enough space for the detailed data and that staff have PCs powerful enough to conduct data queries. The
training (in Excel, SQL, and SPSS) will help the end users access and analyze their data from the warehouse in order to make better business decisions.

Also, the workgroup is currently assessing which agency performance measures are available from a data warehouse (includes outcome, output, and driver measures). The agency has a strategic indicator to have “100% of performance indicators available through a data warehouse by FY 2003/04.” Currently only some of the ADM performance measures are available in a warehouse environment.

**Intranet/Internet**

Web technology is an efficient method of disseminating up-to-date information to staff. It can increase employee productivity and reduce the costs of paper, storage, mailing, and distribution costs.

**Intranet.** In the last year, a department Intranet page has been established. This website contains information about Districts, Program Offices, agency news, policies and procedures, statewide workgroups, and training available. Intranet sites are internal to the department.

**Internet.** The agency is currently re-designing the agency’s main Internet page to make it more user friendly. Some of the agency’s Internet sites include District pages, provider reports, target group information, and more. Internet sites may be accessed by anyone.

**Geographic Information System**

**Development of the Intranet Mapping Server.** On-line mapping applications for the Department’s Intranet permits department employees, clients, and Legislators the ability to identify nearby services and access maps on-line. The Intranet mapping server gives users the ability to type in a client’s address and locate the closest services such as day care, substance abuse or mental health providers.

**Creation of GIS Workgroup and GIS Intranet Web site.** The statewide Workgroup consists of district representatives who are either using, developing, or implementing Geographic Information Systems into their planning process or information systems. This group is responsible for setting informal policies in regards to GIS within the Department and provides a medium for sharing resources and ideas. Many of these resources have been placed on the Department’s GIS Intranet web site, which acts as a clearinghouse of GIS related information.

**Productivity enhancement.** The Central Office Geographic Information System received productivity enhancement funds to purchase workstations, hardware upgrades, software and basemaps to be used in developing the Intranet mapping Server and the GIS workgroup web site.
IMPROVE HUMAN RESOURCES

Upon completion of the Competitive Technologies Sterling Assessment of the Department of Children and Families Services, management staff selected a critical few areas as department strategic objectives. Among these critical few objectives was the selection of Staff Development and Training as a core support objective.

A statewide team of training professionals was selected to analyze the current status of staff development and training, make recommendations to the management council regarding necessary statewide strategic improvement actions and develop guidelines for the development of comprehensive district plans.

The training professionals researched and gathered data, analyzed the strengths and weaknesses of current training activities, developed a statewide strategic plan for improvement and process mapped the model for training management.

The strategic plan is used to set the statewide direction for staff development and training, outline the process improvement actions required to assure staff are provided with essential training and skills development necessary to provide quality services to our clients. The plan also includes professional and personal development necessary to improve employee satisfaction, development of data to successfully monitor training processes and evaluation levels needed to assure learning has transferred. Statewide infrastructure needs were also addressed.

The strategic plan included the following:
• Establish a District Training Manager Position
• Establish District & Central Office Training Teams
• Develop Model Plan/Management and Report Guidelines
• Mentoring and Career Pathing
• Track and Collect Training Data
• Establish Training Budget
• Evaluate Training (Mandatory Kirkpatrick Level I and II evaluation)
• Include training in employee performance standards
• Include support of training in Supervisory Performance Standards
• Establish Department Core Training
  • Department Orientation
  • Customer Service
  • Human Diversity
  • Sexual Harassment
  • Workplace/Domestic Violence Prevention
  • Introduction to Quality Management

Additionally several districts began piloting use of: Individual Development Plans, Accelerated Learning Techniques in training, Automated Assessment Program (Ingenium Software - assesses core competencies necessary for specific jobs) to establish core competencies and career paths, and Computer-based Supervisory Training.
IMPROVING ADMINISTRATIVE SUPPORT PROCESSES

Administrative Services provides support services to district and central office staff in the form of financial and budget management, human resources development, and general services. Performance is tracked through monthly distribution of the Administration Performance Report which are distributed to mid-level and senior management.

For FY 97-98, Administrative Services supplemented its Administration Performance Indicator monitoring and reporting process by implementing a quality improvement initiative. The purpose of the quality improvement initiative was to identify areas of needed improvement (based on selected measures from the API charts), and implement corrective actions that will lead to the administrative activity achieving its designated target. The department identified four indicators that cross all districts and measure performance in the areas of paying invoices, reconciling accounting records, monitoring programmatic contracts, and conducting employee performance reviews. By implementing this quality improvement initiative, the department’s ability to perform these functions greatly improved.

**Indicator 1: Percent of Prompt Payment of Invoices**

1997-98 Department Target -- 98%
1997-98 % Timely Invoices -- 99%
1996-97 % Timely Invoices -- 98%

Statewide Target Met

- The Administrative Support Center (ASC) in District 2 is responsible for processing invoices in Districts 2, 12, 13, 14, and 15. On November 30, 1997, 4 of the 5 districts were below 95% in processing invoices timely. A team was developed that analyzed the problem to identify and verify the primary root causes (e.g., the team found some district offices were not date stamping documentation, etc.). Once identified and verified, the districts were notified of the problem and corrective action steps were requested and received. This quality improvement initiative resulted in all five districts above 97.5% for the month of June.
- A QIC story was completed in District 13, and a QIC story is close to be completed.

**Indicator 2: Number of Outstanding Reconciliation Items Over 30 Days Between SAMAS and State Accounts**

Baseline -- 1,806 as of December 30, 1996
1997-98 Monthly Department Target -- 32 (no more than)

Statewide Target Expected to be Met.

- As of December 31, 1996, the department had 1,806 outstanding reconciliation items statewide. As of May 31, 1998, the number has been reduced to 66.
- The ASC in District 2 is responsible for reconciling items in Districts 2, 12, 13, 14, 15, and the ASC has been able to successfully reconcile receipts and disbursements for all five districts.
Indicator 3: Percent of Programmatic Contracts Monitored That Were Scheduled for Monitoring
Baseline -- 48% (as of May 31, 1997)
1997-98 Monthly Department Target -- 100%
Statewide Target Met? -- NO

- Based on November 30, 1997 data, only a handful of districts were above 60% in compliance. The districts were notified of the need for improvement and for those districts below 60%, a corrective action plan was requested and prepared by each district. Substantial improvement has occurred since the action steps have been put in place.
- Districts 1, 2, and 3 have completed a QIC story.

Indicator 4: Percent of Overdue Employee Performance Reviews
Baseline -- 20% (as of February 28, 1997)
1997-98 Monthly Department Target -- 2% (no more than)
Statewide Target Expected to be Met.

- As of February 28, 1997, data showed that 20% of the Employee Performance Reviews for the department were overdue. In fact, one district had 57% overdue. A review of the process resulted in significant changes to the collection and input of this data and it has become significantly more reliable and standard across districts.

For Fiscal Year 1998-99, the department re-examined its administrative measures and identified additional indicators to supplement the current indicators. These indicators were selected based on their significance/importance and impact to the organization, and the statewide nature of each indicator. These additional indicators are in keeping with Administrative Services’ efforts to provide reliable and valid fiscal and administrative data, effectively manage cash and budget, maximize federal reimbursement, and reduce employee accidents, injuries, and loss workdays. As an example, these additional indicators include:

- percent of selected data elements accurately reflected in the department’s accounting records (i.e., percent of contracts encumbered, percent of approved operating budget allotted, and # of unbudgeted other cost accumulator transactions);
- percent of salary costs properly charged to the budgeted cost pool; and
- number of workers’ compensation claims.

The quality improvement initiative for this year will begin with determining the baseline for these additional indicators and proceed to monitoring their progress on a monthly basis, identifying areas of needed improvement, and implementing corrective actions that will lead to the administrative activity achieving its designated target. An added emphasis will be also placed on managing and continuously improving the quality and performance of contract service providers. A contract workgroup has been formed to examine the entire contracting system. The results of this examination will be used for the formulation of future indicators to measure and improve the performance of the service delivery system.
APPENDIX

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

<table>
<thead>
<tr>
<th>Target Group/Subgroup</th>
<th>97/98 Key Outcome Indicator</th>
<th>Action</th>
<th>Target Group/Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Who Have Been Abused or Neglected by Their Families</td>
<td>1.1.1. Percent of children who have no findings of child maltreatment within one year of case closure from services.</td>
<td>Continue</td>
<td>Same</td>
</tr>
<tr>
<td>Adults With Substance Abuse Problems (Sub Group: Parents Putting Children at Risk)</td>
<td>1.1.11. Percent of discharges completing treatment with no alcohol or other drug use during the month prior to discharge.</td>
<td>Modify (measure target group, not subgroup)</td>
<td>Adults With Substance Abuse Problems</td>
</tr>
<tr>
<td>Adults With Substance Abuse Problems (Sub Group: Adults Involved in the Criminal Justice System)</td>
<td>1.1.12. Percent of discharges completing treatment with no alcohol or other drug use during the month prior to discharge.</td>
<td>Combine with 1.11 (target group, not subgroup)</td>
<td></td>
</tr>
<tr>
<td>Children in Child Care</td>
<td>1.1.8, 1.1.9. Percent of four year old children placed with contracted providers in care for nine months who enter Kindergarten ready to learn as determined by Department of Education or local school systems’ readiness assessment. [all children, abused/neglected children measured separately]</td>
<td>Drop (due to problems with primary measure, and the essentially centralized nature of the program)</td>
<td></td>
</tr>
<tr>
<td>Child Victims of Abuse or Neglect Who Become Eligible for Adoption</td>
<td>1.1.2. Percent of children who are adopted of the number of children legally available for adoption (Termination of Parental Rights final order entered).</td>
<td>Continue</td>
<td>same</td>
</tr>
<tr>
<td>Children with Mental Health Problems (Sub Group: Children with Serious Emotional Disturbance)</td>
<td>1.1.3. Average number of days spent in the community annually (not in detention, homeless, runaway or other facilities). [children with SED in state custody measured separately].</td>
<td>Modify (measure subgroup, not just in custody)</td>
<td>same</td>
</tr>
<tr>
<td>Children with Mental Health Problems (Sub Group: Children With Emotional Disturbances)</td>
<td>1.1.4. Average number of days spent in the community annually (not in detention, homeless, runaway or other facilities). [children with ED in state custody measured separately].</td>
<td>Modify (measure subgroup, not just in custody)</td>
<td>same</td>
</tr>
<tr>
<td>Target Group/Subgroup</td>
<td>97/98 Key Outcome Indicator</td>
<td>Action</td>
<td>Target Group/Subgroup</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td><strong>Children With or At-Risk of Substance Abuse Problems (Sub Group: Children Abusing Substances)</strong></td>
<td>1.1.6, 1.1.7. Percent of discharges completing treatment with no alcohol or drug use during the month prior to discharge. [children under and not under the supervision of the state measured separately]</td>
<td>Modify (target group name changed - at risk now separate; also, supervision status no longer reported separately)</td>
<td><strong>Children With Substance Abuse Problems</strong></td>
</tr>
<tr>
<td><strong>Children Incompetent To Proceed To Juvenile Justice</strong></td>
<td>1.1.5. Percent of children restored to competency as recognized by the court.</td>
<td>Drop (population numbers too small)</td>
<td></td>
</tr>
<tr>
<td><strong>Adults with Disabilities Who Need Assistance to Remain in the Community</strong></td>
<td>1.1.14. Percent of persons not placed in a nursing home.</td>
<td>Drop (performance at 99%; no longer strategic)</td>
<td></td>
</tr>
<tr>
<td><strong>Adults With Mental Health Problems</strong></td>
<td>1.1.15. Average annual number of days spent in the community (not in public hospital or other long term residential facilities).</td>
<td>Continue</td>
<td><strong>same</strong></td>
</tr>
<tr>
<td><strong>Sub Group: Adults With Serious and Persistent Mental Illness</strong></td>
<td>1.1.17. Percent of residents who improve mental health based on Positive and Negative Symptom Scale.</td>
<td>Continue</td>
<td><strong>same</strong></td>
</tr>
<tr>
<td><strong>Adults With Mental Health Problems</strong></td>
<td>1.1.18. Average number of days to restore competency.</td>
<td>Continue</td>
<td><strong>same</strong></td>
</tr>
<tr>
<td><strong>Sub Group: Adults in Civil Commitment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adults With Mental Health Problems</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sub Group: Adults in Forensic Commitment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>People with Developmental Disabilities</strong></td>
<td>1.1.19. Percent of persons with developmental disabilities living in the community who have a quality of life score of 19 out of 25 on the Outcome Based Performance Measures Assessment at annual reassessment.</td>
<td>Continue, Add (include 2 key drivers as proxy outcomes due to early stage of data for primary measure)</td>
<td><strong>same</strong></td>
</tr>
<tr>
<td><strong>Sub Group: People in the Community</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[1\] Measure statement format under discussion due to changes by the owners of instrument (Accreditation Council).
<table>
<thead>
<tr>
<th>Target Group/Subgroup</th>
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<th>Action</th>
<th>Target Group/Subgroup</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People with Developmental Disabilities</strong> <em>(Sub Group: People in Institutions)</em></td>
<td>1.1.20. The statewide average on the Conroy Quality of Life Protocol for residents in developmental services state facilities.</td>
<td>Continue</td>
<td>same</td>
</tr>
<tr>
<td><strong>Adults With Mental Health Problems</strong> <em>(Sub Group: Adults in Mental Health Crisis)</em></td>
<td>1.1.16. Average functional level change score based on Global Assessment of Functioning scale.</td>
<td>Drop (no appropriate measure yet defined for subgroup)</td>
<td></td>
</tr>
<tr>
<td><strong>Adults with Disabilities and Frail Elderly Who are Victims of Abuse, Neglect or Exploitation</strong></td>
<td>1.1.13. Percent of adults with no subsequent report of abuse, neglect or exploitation within six months after close of investigation.</td>
<td>Continue</td>
<td>same</td>
</tr>
<tr>
<td><strong>Adults and their families who need assistance to become economically self-sufficient</strong> <em>(WAGES participants)</em></td>
<td>1.1.10. Percent of WAGES participants placed in jobs within time limit of benefits.</td>
<td>Modify (Program beginning PBPB in 1998/99; measures still under approval)</td>
<td>WAGES: Adults and their families who need assistance to become employed</td>
</tr>
</tbody>
</table>
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