FLORIDA DEPARTMENT OF
CHILDREN
& FAMILIES

FY 2000-2001
AGENCY STRATEGIC PLAN
(Program Focus)

February, 2000

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Secretary

Jeb Bush
Governor
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Trends and Conditions

Mission
The Department of Children and Families is committed to working in partnership with local communities to ensure safety, well-being and self-sufficiency for the people we serve.

Introduction
The Department of Children and Families has statutory responsibilities in a number of areas of critical interest to the citizens and policymakers of Florida. These include protection of children and adults from abuse and neglect; addressing the needs of the developmentally disabled; administering public benefits programs and issuing benefits according to Federal mandates; working to overcome the effects of substance abuse; and providing treatment for mentally ill children and adults. In many cases specific services and service delivery requirements are also mandated by Florida statute; for example, adoption, foster care, and domestic violence shelter. This Strategic Plan provides an overview of critical elements relating to all the Department’s statutory responsibilities.

Policy Guidance and Intent
This year has been one of significant change for the Department. Since the last Agency Strategic Plan was issued, major policy revisions have occurred. During the 1999 session, the Legislature suspended many of the sections of the Department’s governing chapter, 20.19, F.S. (in CS/SB 1902); required the Department to develop a reorganization plan; and instituted several substantive actions regarding social service programs. These include:

- in Family Safety, the Kayla McKean Child Protection Act (CS/CS/SB 338) and Privatization of Foster Care Services (CS/CS/SB 660);
- in Mental Health and Substance Abuse, creating the Commission on Mental Health and Substance Abuse and making several modifications to children’s substance abuse including setting up demonstration models (HB2003); and
- in Child Care, the School Readiness Act (CS/CS/SB366, 382, & 708).

The Governor’s Office has also implemented sweeping revisions to the planning process for all state agencies:

Goal based plans will be developed based on the agency mission and focused on agency priorities within the next five years within a constrained fiscal environment [emphasis in original]. The plans, when completed, will better link the agency’s
mission and priorities with performance-based budgeting programs and measures and resource requirements.\textsuperscript{1}

The Secretary of the Department also provided top-down guidance for the Department’s approaches and priorities in implementing the Governor’s and Legislature’s intent. With the assistance of the leadership team at the central office and district levels, the Department’s core mission has clearly and consistently been defined as:

\begin{center}
\textbf{Protect the Most Vulnerable}
\end{center}

Additional direction relating to policy is found in the Policy Priorities and Strategic Direction section, page 13.

\textbf{Situation Analysis}

Many complex factors and critical social issues affect the Department’s ability to accomplish its mission. The situation in Florida is in some instances unique, and in others it mirrors sweeping national trends. To guide situational analysis (i.e., considering strengths, weaknesses, opportunities, and threats), several strategic issue areas were defined as discussed below. For each area, this section covers the primary trends and significant conditions that will affect the Department’s planning and operations for the near future. The tables in the section “Programs, Services, and Major Activities” provide more detail on how these conditions will be reflected in services and resources for the fiscal years 1999-2000 and 2000-2001.

\begin{itemize}
\item \textbf{Safety and stability for vulnerable children}
\item Keeping children safe is the focus of the Department’s highest priority efforts. Abuse (physical, emotional, or sexual) is a continuing grave concern, but placing children at risk through neglect is also a significant issue. A critical factor affecting the ability of the Department to keep children safe is identifying families who need help. In FY 1994-95 there were 109,869 investigations of child abuse/neglect. During FY 1998-99, there were 127,859 investigations, a 16\% increase. Based on the State’s general population of children under age 18, rates of protective investigations initiated for alleged child abuse or neglect increased during this same time period from 32.3 per 1,000 children in FY 1994-95 to 37.2 per 1,000 children in FY 1997-98, a 15\% increase. Clearly the increase in reports of child abuse is not due wholly to population increases.
\end{itemize}

\textsuperscript{1} Executive Office of the Governor. Cover memo dated 6/8/1999, from Donna Arduin, Director, Office of Planning and Budgeting, transmitting the “Substitute FY 2000-2001 through 2004-2005 Agency Strategic Planning Instructions.”
There is also a growing recognition of the complexity of the problems involved in abusive or neglectful families. In a national survey of child protective services, 76% of the respondents named substance abuse as one of the top two problems exhibited by families who were reported for child maltreatment. The Department recently began to track the number and percent of individuals in protective supervision who have case plans requiring substance abuse treatment, who are receiving such treatment. In February 1999, of 2,969 protective supervision cases that were randomly sampled, 52% had substance abuse treatment as a requirement of their case plan. Of the 1,955 individuals/caretakers identified as needing treatment, 47.6% were admitted and received substance abuse treatment.

Another of the causative factors for child abuse and neglect is lack of affordable child care. If care is unavailable, children may be left alone. The lack of such support can result in child abuse or neglect that does not actually reflect intentional maltreatment by a parent, but their inability to access needed services.

Ensuring the health and safety of children in child care is the primary focus of the child care licensure program. This is accomplished through ongoing inspections and technical assistance provided by child care licensing counselors. Training is also provided to child care personnel to ensure they are capable of meeting the needs of the children in a safe nurturing environment.

Across the country, about half of the homes with adult violence also involve child abuse or neglect. The proportion of maltreated children who were victims of threatened harm in Florida increased from 33.5% in FY 1993-94 to 58.5% in FY 1997-98, according to a study of the Department’s data by the Florida Mental Health Institute. Violence against women in the home typically means a corresponding increase in physical violence against children by the male batterer, and in such homes children may also be at increased risk for abuse from their mother as she fails in her attempts to cope. In a national survey of child protective services agencies, lack of parenting capacity and skills was second only to substance abuse as a contributing factor to child maltreatment.

The apparent rise in substance abuse and family violence has presented the child protection system with families caught up in increasingly complex problems that cannot be easily or quickly resolved. Beginning in 1995, Florida’s Dependency Court Improvement Project, led by a core planning group of the state’s dependency judges, Department staff, guardians ad litem, and parents’ attorneys, undertook a major data collection effort. This effort has been the basis of a comprehensive action plan to effect systemwide change; in legislation, in policy, and in judicial oversight, representation, and practice.

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3 Florida Department of Health and Rehabilitative Services (December 1992) *Florida’s child protection system strategic plan.* Tallahassee, FL: Department of HRS.
In response to escalating numbers of children in foster care for increasing lengths of stay, Congress passed the federal Adoption and Safe Families Act (ASFA - Chapter 39, Oct. 1998). Subsequently, the 1999 Florida Legislature passed the Kayla McKean act, which made sweeping changes to the child protection system and requirements and incorporated all required elements from ASFA. Florida became the first state in the nation to comply with the new federal legislation, emphasizing the need to focus on child safety.

Since the implementation of changes in law and practice, reports of child abuse/neglect have escalated. Among other things, these changes impose new requirements on professionals such as doctors, teachers, and law enforcement agencies. Calls to the Florida Abuse Hotline in August of 1999 were 53% higher than the previous August. In the first three months of the state FY 1999-2000 (July-September, 1999) there were 27% more child abuse and neglect investigations than in the first quarter of last fiscal year. As the reporting rate continues to increase, the necessity of making sure the children involved remain safe has a tremendous impact on the entire child protection system. Corresponding increases are being felt in all services, especially emergency shelter and foster care.

The demands on the system are outstripping the resources available. In the short term, additional resources are needed. In the longer term, alternative approaches will be used to counter the current trends. This includes an emphasis on prevention on two fronts – Healthy Families Florida and phased replication of the Jacksonville Community Partnership for the Protection of Children, a collaborative initiative funded by the Edna McConnell Clark Foundation.

Healthy Families Florida is a voluntary prevention program designed to promote positive parenting and child health and development, thereby reducing child abuse and neglect and other poor outcomes. The program is designed for families living in targeted geographic areas who are experiencing stressful life situations. It provides intensive home visiting services and linkages to family support services. Services are initiated during pregnancy or at the birth of a baby and are provided for three to five years depending on the family’s needs.

The Community Partnership for the Protection of Children is an opportunity for neighborhoods to build on their strengths and assets as they develop new ways to keep children and families safe. Outcomes for children in the zip codes with partnership projects indicate that the incidence of child abuse and neglect is decreasing.

The child protection system is also undergoing a revolution in philosophy and approach. Instituting a community-based care model, and redesigning the delivery system to include quality improvement/assurance tools and techniques, demonstrates the Department’s commitment to local problem solving within the context of statewide accountability for achieving specified results. The Department’s changing role as senior partner will bring new challenges to staff as they develop or revise skills, especially in contract negotiation and management, and monitoring.
Safety and stability for vulnerable adults

Protecting vulnerable adults (the frail elderly and the disabled) from abuse, neglect, or exploitation is another of the Department’s responsibilities. Some adults are also vulnerable to harm due to advanced age or certain disabilities. These vulnerable adults may experience abuse, neglect, or exploitation by third parties or may fail to take care of themselves adequately. Abuse reports have increased from almost 21,500 during FY 1993-94 to more than 31,700 in FY 1998-99. Abuse may stem from substance abuse, social and economic conditions, unemployment, a history of dealing with issues violently, or other causes similar to child abuse. However, about half of the cases relate to self neglect, which requires supportive rather than protective intervention.4

As shown in Figure 1, the very elderly (age 80+) are 8 times more likely to be the subjects of abuse/neglect allegations than are people age 60-69, and 18 times more likely than adults under age 60. As Florida's population continues to age, it is projected that the number of adult reports will increase.

Figure 1. Adult Abuse Report Rates

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Support for people with developmental disabilities

Florida’s system of care for the developmentally disabled has been the focus of a great deal of attention in the past few years. An unprecedented increase in funding by the Legislature, and a strong commitment from the Governor, have accompanied the Department’s efforts to ensure people with developmental disabilities and their families have their needs met with greater choice and a significant role in decisions about the supports and services they receive. During the past year, 26,566 individuals receiving developmental services lived in community settings while 3,391 people lived in public or private institutional care facilities. Of the individuals living in the community, 16% lived in homes of their own with supports and 17% lived in group homes, foster homes or residential habilitation centers. The rest lived in family homes. In addition, 24% of the people employed were working in integrated (non-sheltered workshop) settings.

Governor Bush held his first town meeting in Orlando during May 1999 with over one thousand people with disabilities and their families. The 1999 Florida Legislature supported his reform effort by allotting $200 million dollars in new funds for developmental services. The Governor’s Executive Budget for FY 2000-01 includes funding to complete the spending plan begun in 1999, which if appropriated will provide service to the complete 1999 waiting list of people with developmental disabilities.

Greater flexibility and choice in a broad range of supports and services are necessary for individuals to live more independently, become contributors in their communities, and avoid more costly institutional placement. Many individuals and their families want to have the opportunity to be self-directed and to receive those individualized supports that are needed to increase self-sufficiency and community involvement. The Department has several groundbreaking efforts underway to support this philosophy. The move toward a consumer directed system of care made significant strides in FY 1998-99 through the Robert Wood Johnson sponsored Consumer Directed Medicaid Waiver Research project. This project will be offered in most counties of the state and will test the principles of consumers’ control over the funds and decisions regarding services through a strict research design. In addition, the 1999 Legislature authorized up to three new pilot project to demonstrate this consumer control design. A choice counseling program for people in the community and institutions is also in the planning phase. This program will use a multi-media approach to educate consumers and give them the information needed to make choices to best fit their service needs. During this report period, a comprehensive revision to the assessment and support planning process called the Personal Planning Guide was begun. This process will blend the use of personal outcomes and automation to improve responsiveness to individual needs and preferences.

A limited number of individuals need a secure and intensive support environment in order to remain safe and to avoid harm to themselves or others. To meet the growing demand of providing supports and services to people with developmental disabilities who have been charged with committing serious crimes, the program has expanded its Forensic Services System. The Developmental Services Forensic Services System has expanded its capacity from serving 24 persons in 1977 to a present operating capacity of 157 beds.
Support for adults with other disabilities
There are an estimated 60,000 Floridians age 18-59 with disabilities who have at least three severe deficiencies in activities of daily living and need assistance to remain in their homes. The Department provides services to approximately 3,700 of these disabled persons, which meets only about 6% of the state’s need. Approximately 3,600 potential clients are currently on waiting lists and the number of disabled adults is expected to increase by 32% in the next ten years.

In-home services such as adult day care, home delivered meals, homemaker services, nursing services, and personal care are provided to assist functionally impaired adults to live reasonably independent lives in their own home. The goal is to enable adults with disabilities to remain in the community and avoid being placed in nursing homes. Once disabled adults reach the age of 60, they are referred to the Department of Elder Affairs for services.

Care for children and adults with mental illness.
Persons having mental illness, with proper support and services, are able to live as functioning individuals who participate in their communities. For both children and adults, a broad range of supports and services are necessary to enable these individuals to live with their families or in their communities. However, some individuals are unable to live independently all of the time. These persons, due to the severity of their mental illness, need a more intensive level of services such as crisis stabilization units or state treatment facilities for limited periods of time.

During the last fiscal year, the state of Florida served 32,817 children with Serious Emotional Disturbance (SED), 18,272 children with Emotional Disturbance (ED) and 1,931 children at risk of emotional disturbance in their community setting. There were no children institutionalized in state mental health facilities in the state of Florida. The state also served 53,736 adults with severe and persistent mental illness, 34,382 adults in mental health crisis, 896 adults with forensic involvement. The state mental health institutions served 2,700 adults in civil commitment and 1,605 adults in forensic commitment. These figures demonstrate Florida’s continuing commitment to serving adults in their community settings rather than in more restrictive institutional settings.

Early identification and treatment of mental illness is an important factor. Many of the initial episodes indicating mental illness happen in late adolescence or early adulthood. By emphasizing an organized system of care which can respond to these episodes via access to specialists, medications, family supports, and proper educational/vocational services, Florida can have fewer people who suffer long term disability and reduce the need for other, increasingly costly forms of service.
As Florida has reduced the population in its public mental health hospitals, the development of community-based residential programs and services has not kept pace with the demand.\(^5\) Some of the problems are related to capacity, particularly the lack of parity between mental health and other health status for insurance purposes. Other issues relate to the ability to translate scientific research into practice, training for providers of services, and lack of clearly developed clinical protocols suitable for individualized treatment. Nationally, the mental health treatment system is being radically restructured, shifting from traditional insurance to managed care. However, the effort to control costs brings increased risk that services will be inadequate or unavailable. There currently are several lawsuits that are challenging the department on the grounds that individuals have a right to receive treatment in the least restrictive setting possible.

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

Mental illness is also related to various other societal problems. For instance, substance abuse, homelessness, poverty, and delinquency may contribute to or be effects of mental illness. Different subgroups within the target population also present special problems; for example, some evidence exists that women have a greater likelihood of suffering from severe and chronic depression and other effects of poverty or domestic violence.\(^6\) One such subgroup, combining issues of mental health and sexual violence, has been a growing focus of public concern; these are known as “sexually violent predators.”

The 1998 Florida Legislature passed the "Jimmy Ryce Involuntary Civil Commitment for Sexually Violent Predators' Treatment and Care Act" (98-64, Laws of Florida; see also ch. 916, F.S.). This act provided statutory authority for the state to detain, try and order persons found to be sexual predators to the care, custody and treatment of the department. This act defines a sexually violent predator to be any person who: a) has been convicted of a sexually violent offense; and b) suffers from a mental abnormality or personality disorder that makes the person likely to engage in acts of sexual violence if not confined in a secure facility for long-term control, care, and treatment. Since the inception of this program, 148 individuals have been ordered into the Department’s custody under this Act. Current activities of the Department with respect to this group include the assessment of individuals being released from prison that may

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meet this Act's criteria, detention of those found to qualify under the guidelines of the Act, and the subsequent treatment of those individuals for their psychiatric disorders.

Consequences of substance abuse
The devastation resulting from substance abuse is well known: physical, mental and emotional trauma for individuals, their families, neighbors, and friends; and enormous preventable fiscal costs to society. Illicit drug use among American youths decreased in 1998, although marijuana use remained high. The National Household survey on Drug Use for 1998 found that 9.9% of youths age 12 - 17 reported using illicit drugs in the past month, down from 11.4% in 1997, and 56% of youths reported that marijuana was easy to obtain. The Department of Children and Families found that 15.7% of Florida’s teens use illicit substances at least monthly. Drug related deaths in Florida have increased substantially over recent years. In 1998, 206 Floridians died from heroin overdoses. The Orlando area ranked 3rd in the nation for teenage heroin-related deaths. That same year, 1158 persons died while cocaine positive. Florida’s drug control strategy is directed toward the reduction of the demand for drugs and the supply of drugs.

Substance abuse is highly related to other serious issues, such as child abuse, mental illness and poverty. Substance abusing parents create particularly tragic results. It is estimated that parental substance abuse costs the nation $20 billion annually. Substance abuse is also highly correlated with criminal activity, either because of the behavioral/mental effects of the substances, the need for funds to obtain the substances, or the fact that possessing some substances (even without using them) is a crime. Studies have shown that every dollar invested in alcohol or drug treatment saves taxpayers more than $7 in future costs.

- A 1998 national survey by the Department of Health and Human Services found that addicts who undergo treatment are much less likely to consume drugs or commit crimes to support their use, even after five years.
- According to a 1999 study by the Center on Addiction and Substance Abuse, Columbia University, children whose parents abuse drugs and alcohol are almost 3 times more likely to be abused and more than 4 times more likely to be neglected than children of parents who are not substance abusers.
- Birth defects, spontaneous abortion, preterm labor, intrauterine fetal death, Fetal Alcohol Syndrome, and low birth weight are among the consequences directly related to the use of alcohol, tobacco and other drugs during pregnancy.
- A large number of HIV infections are attributed to high risk behaviors of persons abusing substances. The majority of pediatric AIDS cases are believed to be due to injection drug use (IDU) or intimacy with an injection drug user by the mothers.

In the area of substance abuse prevention and treatment, the most significant results of implementation of performance-based program budgeting have been better data and better performance. Performance-based program budgeting has meant greatly increased accountability for contracted providers of substance abuse services, and meaningful improvements in data collection and performance measurement efforts. Completion of treatment has increased from
49% for adults in FY 1995-96 to 64% in FY 1998-99, and from 50% to 66% for children. The Department will assess the sustained benefits of treatment through follow-up studies.

In an effort to better focus substance abuse services, the Legislature passed House Bill 2003, revising Ch. 397, FS, during the 1999 session. The intent of the bill is to strengthen the state’s efforts to provide accessible, high quality prevention, early intervention and treatment services to children and the families of children through an integrated system of care. Provisions of the bill include:

- model demonstration networks of services,
- a system of accountability that will ensure the provision of services to children at risk for substance abuse, children with substance abuse problems, and their families, and
- assistance to community coalitions in their efforts to secure federal funds to strengthen youth substance abuse reduction efforts at the local level.

The system of care concept also envisions cooperative linkages with federal and other state substance abuse agencies, as well as linkages with other departments and other programs within the Department of Children and Families.

Senate Bill 2388/House Bill 2003 created the Commission on Mental Health and Substance Abuse within the department. The commission is chartered to review the overall quality and effectiveness of the mental health and substance abuse service delivery systems. Reports are due to the Governor and the Legislature in March and December 2000.

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, which accounts for about 52% percent of Florida’s total substance abuse funding and 76% of the central office’s funding, was increased from $56 million in FFY 1998 to $80 million in FFY 1999. This increase in funding will serve an additional 4,877 adults and 4,592 children this year by expanding assessment, case management, treatment, and aftercare services.

The Governor’s Office of Drug Control Policy has adopted a comprehensive, energetic plan to control the entrance and use of drugs in Florida. The Governor has announced the goal of reducing drug use in Florida by 50 percent in the next five years. The Director of the drug control office is seeking substantial additional funding for the program in the next several years, aimed primarily toward increasing the number of substance abuse treatment beds offered by contracted providers in Florida.

Florida recently received a three-year, $9 million grant from the Center for Substance Abuse Prevention to develop a coordinated drug prevention effort among the department, the Governor’s Office, other state agencies, statewide organizations and community-based organizations. The effort has been titled the Florida Youth Initiative for Substance Abuse Prevention. Eighty-five percent of the funds, or approximately 25 grants, will be awarded to community-based prevention providers.
Economic self-sufficiency for Florida’s families & individuals

The inability to support oneself and one’s family through stable employment is related to many of society’s most severe problems such as substance abuse, delinquency, poor health, child abuse and neglect, and domestic violence. Getting and keeping a job that provides adequate income and other benefits is critical in order for people to become contributing members of society as well as to secure the well-being of thousands of children now threatened by poverty. Job success conveys many more benefits to the family and society than just reduction in welfare payments. To achieve and sustain self-sufficiency, unemployed people must be provided supports (such as temporary financial assistance, medical coverage and child care) while job training and employability skills develop as well as for some time thereafter. The Department has a number of partners in this area (e.g., WAGES State Board, Florida Healthy Kids, Department of Revenue, and Title XXI agencies) with whom it will work to assess and streamline processes to improve efficiency in budgeting, rule promulgation, control of federal funds, training, technology, and policy development. Some persons may never be able to be self-sufficient due to conditions such as age or disability, and should be supported appropriately to maintain their health and safety and enable them to live. These persons are not WAGES participants but receive various benefits.

The cash assistance caseload for Work and Gain Economic Self-Sufficiency (WAGES) has decreased dramatically from 200,292 in September 1996 (just prior to the advent of welfare reform taking effect) to 76,642 in October 1999 [see Figure 2].

**Figure 2. Cash Assistance Caseloads.**

![Cash Assistance Caseloads](image-url)
The decreasing caseload trend now seems to have leveled off to a great extent. No one can predict what will happen in the future, especially in a state with an economy highly sensitive to national changes. Unless the current strong economic picture with low unemployment changes drastically, the leveling-off trend is expected to continue. The food stamp caseload has also declined, but not as dramatically as for cash assistance. At 582,734 in September 1996, it dropped to 412,503 by September 1999. This too appears to have largely leveled off and is projected to decrease only slightly through FFY 1999-2000.

Federal regulations for Temporary Assistance to Needy Families (TANF) were issued in April 1999 (with State legislation following). These now define what is and is not “assistance.” It is defined as payments directed at ongoing basic needs with nonrecurring, short term benefits being excluded. This will allow for the broadening of programs to serve needy, at risk populations. Most of these monies are just now finding their way into the programs and thus not enough time has elapsed for any marked results to be felt. The federal program allows for non-WAGES diversion funds via TANF to provide substance abuse and mental health services to the population of people who have a family income that is 200% below poverty level and are at risk of becoming welfare dependent. Before receiving the diversion money TANF could only serve clients who were already WAGES recipients. Because this opened up a whole new population of clients, the Department has recently noted an increase in clients being referred for TANF substance abuse/mental health services. The diversion funds are helping to keep families not yet receiving cash assistance in the workforce and off WAGES rolls. The program also helps pregnant women at risk of becoming welfare dependent and non-custodial parents whose children will become welfare dependent without child support.

For many families, child care is a critical element to economic self-sufficiency. In addition, quality child care in a safe environment provides peace of mind for parents as they pursue employment while providing the child with the opportunity to develop physically, emotionally and intellectually. The net result is more stable employment for the parent and a child who has the skills to perform effectively when he or she begins school. As of September 30 1999, 122,346 children were enrolled in subsidized child care in the following categories:
- At Risk of Abuse or Neglect: 16,810
- Working Poor: 58,961
- Migrants: 1,935
- WAGES/Transitional Child Care: 44,640

Public trust and confidence in the Department
One area which the Secretary and her leadership team considers crucial to achieving the Department’s mission is to improve the perception of the public and key stakeholders about the Department’s capabilities. Activities to increase trust and confidence include:
- Improving public knowledge about ‘success stories’ that often occur but are not widely known;
Achieving national recognition in ways generally acknowledged to demonstrate credibility, especially via accreditation of the Department’s programs and requiring contracted providers to achieve accreditation by relevant external organizations, and

Enhancing accountability by applying a multifaceted definition of success in all quality improvement and quality assurance efforts. This includes ensuring contracted providers have viable Quality Improvement systems in place, and carrying out the Department’s fiduciary responsibilities to the public through Quality Assurance reviews of contracted providers and Department-provided services.

The different facets of success are:

- Right client
- Right time
- Right community involvement
- Right combination of services
- Right place
- Right results
- Right price

The public information offices of the Department, both at the state and district levels, have a number of major initiatives designed to make the public and key stakeholders more aware of the Department’s numerous successes, with a commitment to open, honest, and effective communication. The Department’s Inspector General plays a key role in assuring accountability, with a focus on investigations, audits of various types, and general management reviews. Finally, the Mission Support and Planning Team are also involved in accountability, with responsibilities for overseeing efforts in accreditation, performance reporting, planning, quality improvement/quality assurance, and program evaluation.

Policy Priorities and Strategic Direction

During the mission analysis phase of the Governor’s state agency planning process this year, the Department’s leadership team committed an intensive amount of time to reviewing currently mandated and implied tasks in all program areas. A full list of tasks and subtasks was considered; those mandated by statute, those necessary to achieve mandated tasks, those expected by major stakeholder groups, and those implied by policy direction from the Governor. In order to guide development of resource requests and to refocus strategic efforts on the most critical tasks, the Secretary approved the following list of priority criteria within which all tasks were categorized [numbered in order of highest to lowest]:

I. Emergency intervention for life-threatening or crisis situations
II. Full time care requirements
III. Access and non-emergency service delivery
IV. Licensure and regulation
V. Prevention
VI. Community-based care (Family Safety)
VII. Information and referral for department services or other resources
For operational planning purposes and ongoing performance focus, these priority criteria will continue to inform choices relating to tasks included in program design, resource allocation for particular services, and emphasis of accountability measures applied to particular task areas.

In addition to the priority criteria discussed above for mission-specific tasks, the Department has identified eleven primary goals to guide planning and operations, and to serve as the basis for defining success with respect to its mission.

**Safety and Well-Being**
1. Children live in safe, caring, permanent homes.
2. Elderly and disabled adults are safe from harm and live in the least restrictive setting.
3. Persons with developmental disabilities and their families have increased control to achieve reasonable quality of life.
4. Children and adults with mental health problems live, work and go to school safely in their community.
5. Prevent and remediate the consequences of substance abuse.
6. Families receive child care services while becoming economically self-sufficient, and children are safe in programs that prepare them to enter school ready to learn.

**Self-sufficiency**
7. Provide assistance and planning so that clients receive basic life supports as well as transitional services to achieve self-sufficiency and increased personal responsibility.

**Work in partnership with local communities**
8. Reorganize the Department so that it is stable and able to develop as a senior partner with families and communities.

**Public Trust and Confidence/Accountability/Sound Management Practice**
9. Strengthen the service delivery system and enhance public trust and confidence through accreditation, monitoring, quality improvement and quality assurance.
10. Support service delivery and management decision making through provision of automated management information systems.
11. Prepare and develop the Department’s workforce to achieve optimum performance.

**Mission and Resource Analysis by Program Area**
The final phase of the Governor’s Office new agency planning process culminated in a comprehensive set of tables reflecting a close linkage among programs, performance measures, and resources. The underlying structure is as follows:
Figure 3. Executive Office of the Governor Planning Structure Elements

<table>
<thead>
<tr>
<th>Organizational Structure</th>
<th>Budgeting Structure</th>
<th>Accountability Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Program [budget entity]</td>
<td>Program Objective(s)</td>
</tr>
<tr>
<td>Service/Service Initiative</td>
<td>Service Category</td>
<td>Service Outcome</td>
</tr>
<tr>
<td>Major Activity</td>
<td>Major Activity</td>
<td>Output, Cost (expenditures, totals, ‘unit’), FTE</td>
</tr>
</tbody>
</table>

Of particular note, in this structure Program Component is a concept that cuts across agencies where relevant; different agencies may have different services in the same component.

Figure 4. Example of Program/Activity Table Elements

<table>
<thead>
<tr>
<th>Program: Family Safety</th>
<th>Objective: Victims of child abuse/neglect have safe and stable care when they can’t remain with their families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Component: Services to Most Vulnerable</td>
<td>Outcome: Percent of children who have no findings of maltreatment within one year following services</td>
</tr>
<tr>
<td>Service Category: Child Protection and Permanency</td>
<td>Output: Number of children in out-of-home care</td>
</tr>
<tr>
<td>Major Activity: Provide out-of-home care to child victims</td>
<td>Total Cost 2000-01: $332.67 million [per Governor’s Recommended Budget]</td>
</tr>
<tr>
<td></td>
<td>Activity Cost FY 2000-01: $9,981.66 [per Governor’s Recommended Budget and proposed target]</td>
</tr>
<tr>
<td></td>
<td>FTE: 1,693</td>
</tr>
</tbody>
</table>
The tables in this section provide details on the Department’s performance measurement and resources as proposed per the Executive Office of the Governor’s instructions, outlined in the section on page 14.

**Executive Leadership Program**
- Office of the Secretary and Executive Staff
- Communications Office
- Inspector General
- Internal Audit
- Legal Services
- Legislative Affairs
- Mission Support and Planning Team

**Support Services Program**
- Assistant Secretary for Administration
- Budget Services
- Contracted Client Services
- Financial Management
- General Services
- Information Systems
- Office of Human Resources
- District Administration

**Family Safety Program**
- Children who have been abused or neglected by their families
- Child victims of abuse or neglect who become eligible for adoption
- Adults with disabilities and frail elderly who are victims of abuse, neglect or exploitation
- Families known to the Department with children at risk of child abuse and neglect
- Victims of domestic violence
- Families with children in child care [Licensed child care arrangements]

**Persons with Disabilities Program**
- People with developmental disabilities who live in the community
- People with developmental disabilities who live in state owned or private institutions [ICF/DDs]
Adults with disabilities [age 18-59] who need assistance to remain in the community

**Mental Health Program**
- Children with mental health problems:
  - children with serious emotional disturbance
  - children with emotional disturbances
  - children incompetent to proceed to juvenile justice [due to mental retardation or mental illness]
- Adults with mental health problems:
  - adults with serious and persistent mental illness
  - adults in mental health crisis
  - adults with forensic involvement
  - adults in civil commitment
  - adults in forensic commitment
  - sexually violent predators

**Substance Abuse Program**
- Children with or at risk of substance abuse problems
- Adults with or at risk of substance abuse problems

**Economic Self Sufficiency Program**
- Adults and their families who need assistance to become economically self-sufficient (WAGES participants)
- Persons who are indigent, and aged, disabled, or eligible children
- Refugees
- Families or individuals eligible for federal disaster relief

**Notes on reading the tables:**
Gov. Rec. Total $ = amount included in the Executive Budget (FY 2000-2001 Budget Recommendations)
FTE = full time equivalent (Department staff).
Revenue source: abbreviations are included in Figure 5, page 18.
Activity cost = total cost divided by output standard.
**Figure 5: Revenue Source Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GR</td>
<td>General Revenue</td>
</tr>
<tr>
<td>ATF</td>
<td>Administrative Trust Fund</td>
</tr>
<tr>
<td>TSTF</td>
<td>Tobacco Settlement Trust Fund</td>
</tr>
<tr>
<td>FGTF</td>
<td>Federal Grants Trust Fund</td>
</tr>
<tr>
<td>OMFT</td>
<td>Operations and Maintenance Trust Fund</td>
</tr>
<tr>
<td>WCTF</td>
<td>Working Capital Trust Fund</td>
</tr>
<tr>
<td>SSBG</td>
<td>Social Services Block Grant Trust Fund</td>
</tr>
<tr>
<td>G&amp;DTF</td>
<td>Grants and Donations Trust Fund</td>
</tr>
<tr>
<td>DVTF</td>
<td>Domestic Violence Trust Fund</td>
</tr>
<tr>
<td>CC&amp;DB</td>
<td>Child Care and Development Block Grant Trust Fund</td>
</tr>
<tr>
<td>CWTTF</td>
<td>Child Welfare Training Trust Fund</td>
</tr>
<tr>
<td>DATF</td>
<td>Direct Assistance Trust Fund</td>
</tr>
<tr>
<td>RATF</td>
<td>Refugee Assistance Trust Fund</td>
</tr>
<tr>
<td>ADAMHTF</td>
<td>Alcohol, Drug Abuse, and Mental Health Trust Fund</td>
</tr>
<tr>
<td>CRDTF</td>
<td>Community Resources Development Trust Fund</td>
</tr>
<tr>
<td>CASATF</td>
<td>Child and Adolescent Substance Abuse Trust Fund</td>
</tr>
</tbody>
</table>
Program: Executive Leadership
Program Component: Executive Leadership and Support Services
Program Objective: Oversee the implementation of all activities to support fulfilling the Department's mission.
Service Category: Executive Direction and Support Services

Service Outcome Table:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of administrative costs to total agency costs</td>
<td>0.33% (99/00)</td>
<td>0.30%</td>
<td></td>
</tr>
</tbody>
</table>

Service Initiative Narrative: Provide departmental policy leadership, planning guidance, performance assessment, evaluation, quality assurance/quality improvement oversight, service delivery oversight, and other supports to ensure good management practice and quality service delivery. NOTE: The reduction issue is net of a number of issues, the largest is the issue transferring 15 financial compliance positions and related funding to the old human services program development entity (additional details available). The entity is now composed of the offices in the original office of the secretary entity minus 21.0 refugee positions and 1.0 disaster position transferred to the recast ESS entity (60900700). This includes functions such as Inspector General, Mission Support and Planning, Legal Services, and Legislative Affairs.

Major Activity Table:

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Policy direction and oversight</td>
<td>None</td>
<td>$12,344,375</td>
<td>$12,431,039</td>
<td>$12,431,039</td>
<td>GR, ATF, TSTF FGTF</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Totals: $12,344,375.0 189.0 $86,664.0 -2.0 $12,431,039.0 187.0
Program: Support Services  
Program Component: Executive Leadership and Support Services  
Program Objective: Strengthen service delivery through provision of quality management practices and efficient administrative support services  
Service Category: Executive Direction and Support Services

### Service Outcome Table

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Percent of administrative costs to total agency costs</td>
<td>2.78% (99/00)</td>
<td>2.60%</td>
<td></td>
</tr>
</tbody>
</table>

### Service Initiative Narrative

To provide administrative guidance and support to district and central office staff in the areas of fiscal and budget management, general services, human resource development, contract and community based care monitoring, and ensure statewide compliance and adherence to state and federal regulations.  

(Note: Information systems administration is included in a separate service category)  

For districts, to provide executive leadership at the district level and ongoing assessment of administrative, management and operational policies, information systems reports, and communications. NOTE: The entity is now composed of the offices in the old assistant secretary for administration entity and the offices in the old district administration entity, minus program supervisors who devoted eighty percent or more of their time to a specific program area. Program supervisors spending eighty percent or more of their time in a specific program area were transferred to the executive leadership and support services program component of respective recast entity.

### Major Activity Table

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Administrative Support for Program Operations</td>
<td>None</td>
<td>$103,182,378</td>
<td>1,476.75</td>
<td>$4,475,930</td>
</tr>
</tbody>
</table>

DCF/Support Services - 1
Program: Support Services
Program Component: Information Technology
Program Objective: Support service delivery and management decision making through provision of automated management information systems.
Service Category: Information Resource Management

Service Outcome Table:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Percent of information technology costs to total agency costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Service Initiative Narrative: To involve customers in needs assessment that identify and capture data to measure progress and increase productivity; to work as a team in designing and developing systems customers need, set realistic expectations, achieve outcomes identified in the agency strategic plan, provide benchmarks and report on accomplishments; to meet customer needs and statutory requirements for confidentiality and security of information; to establish an enterprise model, adopt appropriate systems development methodology, provide seamless interfaces between applications and platforms, and provide horizontal and reliable enterprise office automation services.

Major Activity Table:

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Support Systems Operations</td>
<td>Computer programs supported</td>
<td>21,723</td>
<td>22,465</td>
<td>$69,194,460</td>
<td>$89,464,859</td>
<td>GR, ATF, TSIF, FGTF, WCTF</td>
<td>$2,909.10</td>
</tr>
<tr>
<td>Design and Develop Systems</td>
<td>Computer programs supported</td>
<td>21,723</td>
<td>22,465</td>
<td>$257,385,570</td>
<td>$52,199,518</td>
<td>GR, FGTF</td>
<td>$1,368.99</td>
</tr>
<tr>
<td>Data Processing mirror budget in DCF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GR, ATF, TSIF, SSBG</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Totals: $92,933,032 $422.0 $42,731,337 -8.0 $135,664,369 414.0

Information Technology Portfolio and/or Capital Improvement Projects Table:

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Year 2000</td>
<td>$397,649</td>
<td>$91,309,813</td>
<td>$49,498</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Florida On-line Recipient Integrated Data Access</td>
<td>$80,312,023</td>
<td>$39,165,398</td>
<td>$20,295,219</td>
<td>$1,792,858</td>
<td>$2,315,826</td>
<td>$5,819,301</td>
<td>$5,067,790</td>
</tr>
<tr>
<td>Statewide Automated Child Welfare Information System</td>
<td>$188,202,000</td>
<td>$553,173,023</td>
<td>$286,360,918</td>
<td>$50,255,280</td>
<td>$51,762,938</td>
<td>$53,315,826</td>
<td>$54,915,301</td>
</tr>
<tr>
<td>Economic Self-Sufficiency/WAGES Data Warehouse</td>
<td>$23,161,383</td>
<td>$3,116,220</td>
<td>$2,775,598</td>
<td>$3,868,468</td>
<td>$4,055,532</td>
<td>$4,125,898</td>
<td>$4,189,469</td>
</tr>
</tbody>
</table>
Program: Support Services (60500000)
Program Component: Executive Leadership and Support Services (1602000000)
Program Objective: Responsible for providing guidance and direction relating to financial management and administrative support for all department activities.
Service Category: Department of Children and Families Services Fixed Capital Outlay Needs for Centrally Managed Facilities (080751)

### Service Outcome Table:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DCF Services FCO Needs for Centrally Managed Facilities</td>
<td>none</td>
<td>$5,500,000</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Service Initiative Narrative:

Provides support services, direction and oversight for centrally managed fixed capital outlay projects.

### Major Activity Table:

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>DCF Services FCO needs for Centrally Managed Facilities</td>
<td>none</td>
<td>$5,500,000</td>
<td>0.00</td>
<td>-$5,359,000</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Information Technology Portfolio and/or Capital Improvement Projects Table:

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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CM - Safety</td>
<td>$23,700</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CM - Site Utilities</td>
<td>$0,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CM - Code Requirements</td>
<td>$402,799</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CM - Roofing</td>
<td>$202,790</td>
<td>$0</td>
<td>$0</td>
<td>$3,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CM - HVAC</td>
<td>$1,688,016</td>
<td>$0</td>
<td>$0</td>
<td>$100,000</td>
<td>$1,578,016</td>
<td>$10,000</td>
<td>$0</td>
</tr>
<tr>
<td>CM - Plumbing</td>
<td>$770,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$770,000</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CM - DEP Projects</td>
<td>$72,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$72,000</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CM - Asbestos</td>
<td>$0,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CM - Building Renovation</td>
<td>$1,320,867</td>
<td>$0</td>
<td>$0</td>
<td>$36,000</td>
<td>$1,314,867</td>
<td>$324,594</td>
<td>$128,800</td>
</tr>
<tr>
<td>CM - Post, Parking, Walks</td>
<td>$1,336,800</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$1,336,800</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CM - Energy Conservation</td>
<td>$14,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$14,000</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CM - Equipment</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$6,130,168</strong></td>
<td><strong>$0</strong></td>
<td><strong>$141,000</strong></td>
<td><strong>$4,322,374</strong></td>
<td><strong>$1,512,094</strong></td>
<td><strong>$154,700</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>
Program: Support Services [60900200]
Program Component: Executive Leadership and Support Services [1602000000]
Program Objective: Provide support for program service delivery through Fixed Capital Outlay projects.
Service Category: Department of Children and Families Services Fixed Capital Outlay Space Needs - Statewide [080753]

Service Outcome Table:

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>DCF Services FCO Space Needs - Statewide</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Service Initiative Narrative: Provides fixed capital outlay to address the needs for additional space for administrative and support services functions and responsibilities.

Major Activity Table:

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>DCF Services FCO Space Needs - Statewide [080753]</td>
<td>none</td>
<td></td>
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</tbody>
</table>

Information Technology Portfolio and/or Capital Improvement Projects Table:

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</tr>
</thead>
<tbody>
<tr>
<td>SS - D3 - Alachua Service Center</td>
<td>$391,700</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>SS - D3 - Property Storage Building</td>
<td>$176,500</td>
<td>$0</td>
<td>$0</td>
<td>$176,500</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>$467,700</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$467,700</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
</tbody>
</table>
Program: Family Safety Program
Program Component: Services to Most Vulnerable
Program Objective: Frail elderly or disabled adults reported as being abused, neglected or exploited are protected from further harm.

Service Category: Adult Protection

Service Outcome Table:

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Percent of protective supervision cases in which no report alleging abuse, neglect or exploitation is received while the case is open</td>
<td>92% (FY 98/99)</td>
<td>96% (GAA)</td>
<td>97%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative:

Adult protective investigations include the investigation of alleged abuse, neglect, or exploitation of frail elderly and disabled adults. Historically, there has been an average of 4.73% increase in reports received per year. All reports received are investigated; however, additional funding for more positions is requested due to the expectation that Protective Investigation staff will fail to meet statutory timeframes for face-to-face interviews, collateral contacts, or completion of investigative process without the requested additional staff. These additional positions will ensure quality investigations are completed within statutory time-frames. Funding for nurses and adult protective teams will enable investigators to have the necessary medical support needed to complete a thorough quality investigation. This information is also essential to making decisions about the appropriate referrals and emergency action needed to protect the victim. Protective Services includes protective supervision to protect vulnerable victims from further harm as well as arrangements for and placements in Assisted Living Facilities, Family-Care Homes, and Nursing Homes. Protective services also includes on-going case management to ensure the stability of these residents as well as relocation if an assisted living facility, or nursing home closes.

Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Conduct protective investigations</td>
<td>Number of protective investigations</td>
<td>29,993</td>
<td>32,281</td>
<td>$15,812,233</td>
</tr>
<tr>
<td>Provide protective services to victims</td>
<td>Number of people served</td>
<td>8,597</td>
<td>8,597</td>
<td>$8,192,616</td>
</tr>
</tbody>
</table>

Total: $23,773,850

DCF/Family Safety - 1
Program: Family Safety Program
Program Component: Services to Most Vulnerable
Program Objective: Communities and families have the knowledge and strength to avoid child abuse/neglect.
Service Category: Child Abuse Prevention and Intervention

Service Outcome Table:

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<tr>
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</thead>
<tbody>
<tr>
<td>Per capita child abuse rate</td>
<td>24 per 1,000 (FY 98/99)</td>
<td>Not GAA</td>
<td>23 per 1,000</td>
</tr>
</tbody>
</table>

Service Initiative Narrative:
There are two main initiatives designed to prevent child abuse and neglect: federal grants passed through to local communities and Healthy Families Florida. Several federal grants provide monies that are distributed to local communities for providing an array of services to high risk families that are aimed at preventing child abuse and neglect. The services are designed to increase strength and stability of families including voluntary parenting skills, counseling and home visiting activities to prevent child abuse and neglect, and to enhance child development. Some services are low cost by reaching many families at once such as public education and awareness.

Other services are more costly and more intensive such as parent education and home visiting. Because the services tend to be varied and scattered, outcomes are hard to measure. Conversely, the Healthy Families program is targeted to high risk neighborhoods and follow the same families over an extended period. Healthy Families Florida is a voluntary prevention program designed to promote positive parenting and child health and development, thereby reducing child abuse and neglect and other poor outcomes for families who are at risk of poor outcomes.

The program is designed for families living in targeted geographic areas who are experiencing stressful life situations and provides intensive home visiting services and linkages to family support services. Services are initiated during pregnancy or at the birth of a baby and provided for three to five years depending on the family's needs. Healthy Families projects depend on the availability of support services such as those funded by the aforementioned federal grants.

There are currently 37 projects in targeted neighborhoods in 43 counties. There are 24 counties with no Healthy Families projects and expansion is needed in six or seven of the counties which have partial coverage. Several prevention programs which were not originally part of the department's legislative budget requests are targeted for reduction. While these projects provide good services and meet specific needs for individual districts, they were not funded using well defined, quantifiable information.

Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Provide prevention grants to local communities</td>
<td>Number of families served</td>
<td>61,287</td>
<td>53,500</td>
<td>$2,286,358</td>
<td>0.0</td>
<td>$0</td>
</tr>
<tr>
<td>Provide Healthy Families home visiting services and supports</td>
<td>Number of families served</td>
<td>6,962</td>
<td>6,962</td>
<td>$22,927,467</td>
<td>3.0</td>
<td>$667</td>
</tr>
</tbody>
</table>

Totals: $24,553,825 | 3.0 | $667 | $24,554,492 | 3.0 |
Program: Family Safety Program
Program Component: Services to Most Vulnerable
Program Objective: Families and children in crisis are appropriately supported if they may remain together safely.
Program Objective: Victims of child abuse/neglect have safe and stable care when they can't remain with their families.

Service Category: Child Protection and Permanency

Service Outcome Table:

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</tr>
</thead>
<tbody>
<tr>
<td>Percent of children who have no findings of maltreatment within one year of follow-up services</td>
<td>90% FY 98.99</td>
<td>95% (GAA)</td>
<td>95%</td>
<td>5.1%</td>
<td>90% FY 98.99</td>
<td>95% (GAA)</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

Service Initiative Narrative:

Upon receipt of a report from the hotline, a counselor responds immediately or within 24 hours to make an assessment focusing on the immediate and long term safety of the child. If it appears that a child is or may be in danger, an emergency shelter placement is made with a relative or to an emergency shelter facility or home. In many less serious cases the investigator resolves the family's problems (e.g., family assisted in avoiding eviction, arranging for appropriate child care) or refers the family to community agencies and closes the report. An estimated 49% of investigations result in findings of maltreatment. When children are identified as victims of abuse or neglect, referrals are sometimes made intensive, in-home services to improve family functioning. In many cases, the department has ongoing oversight responsibility, often court ordered, of the children while they remain at home with their families or extended families. Where the child cannot safely remain at home under protective supervision, they are placed into foster care with relatives who are caring full-time for a child.

Reports of child abuse and neglect have risen sharply during 1999 due to changes in Chapter 39 and publicity related to the Kayla McKean Act. More children will be identified as abused/neglected, increasing demand throughout the child protection system in FY 99-00 and beyond. The department is moving toward community-based care for child protection. As it proceeds with the transition to community responsibility, state positions (FTEs) will be reduced and resources transferred through contracts or grants to community based agencies.

Major Activity Table:

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</tr>
</thead>
<tbody>
<tr>
<td>Conduct protective investigations of alleged abuse/neglect</td>
<td>Number of investigations</td>
<td>126,735</td>
<td>117,196</td>
<td>$75,922,333</td>
<td>1084.5</td>
<td>$21,473,685</td>
<td>169.0</td>
<td>$90,866,198</td>
</tr>
<tr>
<td>Provide in-home support to child victims and families</td>
<td>Number of children under protective supervision (pt. in time)</td>
<td>15,295</td>
<td>16,240</td>
<td>$92,610,492</td>
<td>1060.5</td>
<td>$8,010,246</td>
<td>(24.0)</td>
<td>$101,629,742</td>
</tr>
<tr>
<td>Provide out-of-home care to child victims</td>
<td>Number of children in out-of-home care</td>
<td>24,439</td>
<td>26,703</td>
<td>$27,342,666</td>
<td>1975.5</td>
<td>$8,444,126</td>
<td>(283.0)</td>
<td>$352,666,748</td>
</tr>
<tr>
<td>Provide child welfare legal services</td>
<td>Number of termination of parental rights, petitions filed</td>
<td>2,225</td>
<td>2,731</td>
<td>$12,124,991</td>
<td>274.0</td>
<td>$1,371,581</td>
<td>10.0</td>
<td>$25,463,572</td>
</tr>
<tr>
<td>Recruit adoptive homes and place children</td>
<td>Number of adoptive placements</td>
<td>1,900</td>
<td>2,911</td>
<td>$18,620,996</td>
<td>371.5</td>
<td>$11,424,751</td>
<td>7.0</td>
<td>$31,055,707</td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td>$476,190,390</td>
<td>5096.0</td>
<td>$112,724,505</td>
<td>132.0</td>
<td>$98,974,825</td>
<td>506.5</td>
<td></td>
</tr>
</tbody>
</table>
Program: Family Safety Program
Program Component: Services to Most Vulnerable
Program Objective: Abuse or neglect of children is identified and investigated appropriately and quickly.

Service Category: Florida Abuse Hotline

Service Outcome Table:

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Percent of calls made to the Florida Abuse Hotline which are abandoned</td>
<td>12% FY 99-99</td>
<td>2% (GAA)</td>
<td>7%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative: The Florida Abuse Hotline is the receiving point for all reported cases of suspected abuse, neglect or exploitation of children, disabled adults and the elderly. The hotline is open 24 hours a day, 7 days a week. Trained Hotline counselors screen calls to determine if there is reasonable cause to suspect harm or threatened harm to a child (as defined by Chapter 39, F.S.) as a result of abuse or neglect by a caretaker or to an adult as defined in Chapter 415, F.S. Calls which meet the statutory criteria are accepted as reports and are referred to districts for investigation. Changes in 1999 to Chapter 39 and publicity surrounding the Kayla McKean Act have resulted in increased calls to the hotline and increased numbers of calls being accepted as reports and referred for investigation. Although counselor productivity has increased – more calls are being answered in a day by each counselor – an increasing number of calls are being abandoned because of the growing number of calls.

Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Assess calls; accept and refer reports</td>
<td>Number of calls</td>
<td>398,743</td>
<td>474,204</td>
<td>$6,666,094</td>
<td>118.0</td>
<td>$6,697,722</td>
<td>62.0</td>
<td>$9,363,816</td>
<td>180.0</td>
<td>GR, ATF, TSPF, SSBG</td>
<td>398,743</td>
<td>474,204</td>
</tr>
</tbody>
</table>

| Totals:                                        | $6,666,094       | 118.0                 | $6,697,722         | 62.0                  | $9,363,816 | 180.0 |

DCF/Family Safety - 4
Program: Family Safety Program
Program Component: Services to Most Vulnerable
Program Objective: Victims of child abuse/neglect find permanent, caring homes.

Service Category: Post-Adoption Services

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Percentage of successful adoptions</td>
<td>97%</td>
<td>97.0%</td>
<td></td>
</tr>
</tbody>
</table>

Service Initiative Narrative:
To encourage the adoption of special needs children, the state provides financial assistance to adopting parents who will need to purchase ongoing medical or other special services for these children. This year, the state received a $1.5 million federal award given to 35 states as an award for exemplary adoption efforts. Much of these funds will be used for post adoption services such as support to establish adoptive parent support groups(s) for adoptive families and post adoption training for adopted children and their families. Workshops/sessions on topics relevant to on-going issues facing adoptive parents.

Pursuant to s. 63.162, the department must provide other adoption support services, including non-identifying birth parent information to Florida adoptees, and adoptive parents of children adopted in Florida, and must maintain closed adoption records and files in order to access non-identifying information and identifying information when so ordered by a court. This is a labor intensive effort as closed adoption records, usually many years old, must be located from throughout the state and researched when a request is made for information. An initiative is underway to determine the cost of locating and microfilming all closed adoption records in Florida to make this information more available to those in need of information. Pursuant to s. 63.162, the department must also operate a Florida Adoption Reunion Registry for those who were involved in a Florida adoption, as verified by the Vital Statistics Office, to voluntarily register their names in the hopes that someone else who was involved in that same adoption will register their names thus signifying that they want to be contacted and/or reunited.

Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Provide adoption subsidies to adoptive parents</td>
<td>Number receiving subsidies</td>
<td>12,454</td>
<td>13,209</td>
<td>$42,312,980</td>
</tr>
<tr>
<td>Provide post adoption support services</td>
<td>Number of Requests for non-identifying birth parent information from Florida adoptees</td>
<td>1,726</td>
<td>1,800</td>
<td>$2,363,404</td>
</tr>
<tr>
<td>Administer the adoption reunion registry</td>
<td>Total applicant activity</td>
<td>1,277</td>
<td>1,400</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

Totals: $44,715,984 | 0.0 | $3,819,979 | 0.0 | $46,535,963 | 0.0 |
Program: Family Safety Program
Program Component: Services to Most Vulnerable
Program Objective: Victims of domestic violence have safe emergency shelter.
Service Category: Domestic Violence

Service Outcome Table:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Percent of adult and child victims in shelter more than 72 hours having a family safety security plan when they leave shelter</td>
<td>90.8%, FY99-99</td>
<td>100% [GAA]</td>
<td>95%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative:
The Department of Children and Families is the state agency responsible for certifying domestic violence centers, the primary providers of service to domestic violence victims in Florida. There are currently 38 certified centers in the state. The department is also designated by statute as administrator of state and federal funding allocated to the centers by the legislature. The program area serves victims of domestic violence as defined in s. 741.28 and includes certification and funding of Florida’s certified domestic violence centers. The Domestic Violence Task Force and the Violence Against Women Act Grants are due to be transferred from the Department of Community Affairs to the Department of Children and Families. The Department of Children and Families is a more appropriate placement since the department is responsible for the evaluation, assessment and development of services for domestic violence victims.

The federal Violence Against Women Act provides grant monies to states to be passed on to the criminal justice system and domestic violence victim services providers. A federal grant funds supervised visitation centers which provide safe visitation for families through court orders. The primary focus of certified domestic violence centers is the provision of immediate safety and safety planning in order to prevent serious injury and death. The outcome measure on family safety security plans captures the most essential element to domestic violence services.

Major Activity Table:

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</thead>
<tbody>
<tr>
<td>certify and fund domestic violence shelters and supports</td>
<td>Number counseled</td>
<td>92,708</td>
<td>97,343</td>
<td>$10,375,357</td>
<td>$7,115,646</td>
<td>$17,491,003</td>
</tr>
<tr>
<td>administer violence against women grants</td>
<td>Number of grants</td>
<td>56</td>
<td>56</td>
<td>$6,000,000</td>
<td>$9,318,051</td>
<td>$15,318,051</td>
</tr>
<tr>
<td>fund and monitor supervised visitation centers</td>
<td>Number of families served</td>
<td>1,108</td>
<td>1,108</td>
<td>$472,780</td>
<td>$0</td>
<td>$472,780</td>
</tr>
<tr>
<td>function to be transferred from the Dept. of Community Affairs in FY99-01</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$16,848,137</td>
<td>$0</td>
</tr>
</tbody>
</table>

DCF/Family Safety - 6
Program: Family Safety Program
Program Component: Regulation and Licensing
Program Objective: Children in regulated child care arrangements will be assured of health, safety, and wellbeing.

Service Category: Child Care Regulation and Information

Program:

Service Outcome Table:

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Percent of licensed child care facilities and homes with no class 1 (serious) violations during their licensure year.</td>
<td>95% FY 97-98</td>
<td>97% (GAA)</td>
<td>97%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative:

Regulatory functions carried out by the department in 57 of the state’s 67 counties include licensing facilities and homes to ensure the health and safety of all children in care. Ten counties have passed ordinances, per s. 402.306, F.S., to establish county jurisdiction for child care licensing and are responsible for the licensure of 2557 facilities and 2936 family day care homes across the state. Training is provided through DCF to all child care facility staff as well as family day care home providers in state-administered as well as county-administered licensing agencies. Resource and referral information is provided to all parents seeking quality child care regardless of economic status. The demand reflected in child care licensing, resource/referral, and provider training represents full need which the department addresses with current funding. The reduction in funds to train child care providers is due to $200,000 non-recurring funds appropriated in 1999-2000 from the Tobacco Settlement Trust Fund for the child readiness support program, Equal Exposure Network – Duval (Issue 210312).

Major Activity Table:

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</tr>
</thead>
<tbody>
<tr>
<td>License child care arrangements</td>
<td>Number of facilities and homes licensed</td>
<td>5,692</td>
<td>5,862</td>
<td>$4,737,903</td>
<td>99</td>
<td>$23,397</td>
<td>0.0</td>
<td>$4,761,300</td>
<td>99</td>
<td>GR, CC&amp;DBG, O&amp;MFT, SSBG</td>
<td>$832.38</td>
<td>$812.23</td>
</tr>
<tr>
<td>Train child care providers staff</td>
<td>Number of staff trained</td>
<td>32,000</td>
<td>34,000</td>
<td>$2,352,493</td>
<td>7.0</td>
<td>$(197,696)</td>
<td>0.0</td>
<td>$2,154,797</td>
<td>7.0</td>
<td>GR, CC&amp;DBG, TSTF, SSBG</td>
<td>$73.52</td>
<td>$63.38</td>
</tr>
<tr>
<td>Provide resource and referral</td>
<td>Number of information requests</td>
<td>241,303</td>
<td>248,542</td>
<td>$6,311,123</td>
<td>0.0</td>
<td>$0</td>
<td>0.0</td>
<td>$6,311,123</td>
<td>0.0</td>
<td>GR, CC&amp;DBG</td>
<td>$26.15</td>
<td>$25.39</td>
</tr>
<tr>
<td>Manage information system</td>
<td>Average number of cases/clients per month</td>
<td>134,009</td>
<td>147,085</td>
<td>$14,996,988</td>
<td>0.0</td>
<td>$0</td>
<td>0.0</td>
<td>$14,996,988</td>
<td>0.0</td>
<td>OCA &amp; DKB</td>
<td>$11.17</td>
<td>$10.18</td>
</tr>
</tbody>
</table>

Totals: $14,596,820 | 106.0 | $(181,202) | 0.0 | $14,415,618 | 106.0

DCF/Family Safety - 7
**Program:** Family Safety Program  
**Program Component:** Executive Leadership and Support Services  
**Program Objective:** Provide policy leadership and program design and development support to ensure good management practice and quality service delivery.  
**Service Category:** Program Management and Compliance  

### Service Outcome Table:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Percentage of administrative costs to total program costs</td>
<td>6.63% (98/00)</td>
<td>6.40%</td>
</tr>
</tbody>
</table>

### Service Initiative Narrative:
Program management and compliance includes setting policy direction; providing quality assurance and quality improvement; developing and implementing program design such as service methodologies; and assessing performance of the program across the state.

### Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Provide program management and compliance</td>
<td>None</td>
<td>$43,146,729</td>
<td>378.5</td>
<td>$3,856,350</td>
<td>80.0</td>
<td>$47,003,079</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>$3,856,350</td>
<td>80.0</td>
<td>$47,003,079</td>
<td>458.0</td>
<td></td>
</tr>
</tbody>
</table>

**Total Program Costs**  
$650,793,517 | $141,765,696 | $792,559,213
Program: Family Safety
Program Component: Services to Most Vulnerable
Program Objective: Families and children in crisis are appropriately supported if they may remain together safely.
Service Category: Department of Children and Families Services Fixed Capital Outlay Space Needs - Statewide

Service Initiative Narrative: Provides fixed capital outlay to address the needs for additional space for participants and clients of the family safety program.

Major Activity Table:

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<tbody>
<tr>
<td>DCF Services FCO Space Needs - Statewide</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Totals: $0 $0 $0 $0 $0

Information Technology Portfolio and/or Capital Improvement Projects Table:

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</thead>
<tbody>
<tr>
<td>FS - Child Enrichment Center</td>
<td>$4,141,100</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>FS - D10 - Acts/Lippman II Emergency Shelter</td>
<td>$467,100</td>
<td>$0</td>
<td>$0</td>
<td>$467,100</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Totals: $4,141,100 $0 $0 $467,100 $3,674,000 $0
Program: Persons with Disabilities
Program Component: Long Term Care
Program Objective: People with developmental disabilities who live in the community or in institutions (state owned or private) are supported in their individual needs and choices.

Service Category: Home and Community Services

Service Outcome Table:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Percent of people with improved quality of life</td>
<td>44.47% (FY 97/98, revised measure)</td>
<td>76% (GAA measure)</td>
<td>53%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative:

The Developmental Services Home and Community based service program provides client supports and services and support coordination services. Through assessment and evaluation of client needs and choices, community based supports and services are identified in the individual's support plan. These supports and services may include residential services, day activities, supported employment, personal care, medical and dental services, respite care, therapeutic equipment, transportation, behavior management services and other needs as specified in the support plans. Support coordinators are responsible for working with the family and client to develop the support plan and cost plan, arrange for services, bill for services, and oversee the implementation and adequacy of services.

The baseline and requested standard reflect a revised measure based on national accreditation standards. This standard represents the average number of outcomes obtained for a statistically valid statewide sample of individuals receiving services from developmental services. This figure compares favorably with an average of 52% outcomes obtained for a national accreditation standard. 76% is related to the old GAA standard.

The demand represents the total number of individuals who are known to be in need of and are seeking services from Developmental Services. Growth is projected at 5% for FY 2000-2001 based on current to date growth of 553 people through October 1999. Many of the persons who demand services are not fully served and have unmet service needs. The department is engaged in several lawsuits that address the adequacy of services to these individuals. The FY 2000-2001 request for new funding continues the current spending plan to fully serve 23,000 persons by the end of FY 2000-2001.

Information Technology Portfolio and/or Capital Improvement Projects Table:

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</tr>
</thead>
<tbody>
<tr>
<td>ABC System Enhancements</td>
<td>$500,000</td>
<td>$250,000</td>
<td>$250,000</td>
<td>$250,000</td>
<td>$250,000</td>
<td>$250,000</td>
<td>$250,000</td>
</tr>
</tbody>
</table>
The ICF/DD program is a Medicaid Optional State Plan service that offers 24 hour residential treatment to eligible individuals in privately or state operated facilities. The ICF/DD program is regulated and licensed by the Agency for Health Care Administration. Services provided must meet the needs of each client as identified in the individual active treatment plans. Services include, residential treatment, medical, nursing, transportation, day activities, adaptive equipment, physical and nutritional management, physical, occupation and speech therapy and other services which may be identified in the treatment plans. There are presently 2,084 privately operated ICF/DD beds in Florida. Developmental Services uses this number to represent the demand for the service. Persons eligible for the ICF/DD program are also eligible for the Home and Community-Based waiver and therefore it is not possible to accurately determine the demand of one program over the other.

The department plans to collect baseline data on this outcome measure during FY 2000-01. The baseline, GAA and requested standards provided are estimates only. This is a new standard and is based on the average outcomes obtained from a sample of individuals served in the Private ICF/DDs. No GAA standard for this outcome exists in FY 1999-2000. An average of 52% of outcomes obtained is considered a national accreditation standard. The baseline standard of 20% was chosen as a realistic estimate. No previous baseline for Private ICF/DDs exists.

D3a issue amount reflects dollars required to cover prior year unfunded costs to maintain clients in private ICF/DDs at acceptable level of service (i.e. Cramer vs. Bush). It does not provide funding for additional clients.

Service Outcome Table:

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<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Percent of people with improved quality of life</td>
<td>20% [est]</td>
<td>40%</td>
<td></td>
</tr>
</tbody>
</table>

Service Initiative Narrative:

The ICF/DD program is a Medicaid Optional State Plan service that offers 24 hour residential treatment to eligible individuals in privately or state operated facilities. The ICF/DD program is regulated and licensed by the Agency for Health Care Administration. Services provided must meet the needs of each client as identified in the individual active treatment plans. Services include, residential treatment, medical, nursing, transportation, day activities, adaptive equipment, physical and nutritional management, physical, occupation and speech therapy and other services which may be identified in the treatment plans. There are presently 2,084 privately operated ICF/DD beds in Florida. Developmental Services uses this number to represent the demand for the service. Persons eligible for the ICF/DD program are also eligible for the Home and Community-Based waiver and therefore it is not possible to accurately determine the demand of one program over the other.

The department plans to collect baseline data on this outcome measure during FY 2000-01. The baseline, GAA and requested standards provided are estimates only. This is a new standard and is based on the average outcomes obtained from a sample of individuals served in the Private ICF/DDs. No GAA standard for this outcome exists in FY 1999-2000. An average of 52% of outcomes obtained is considered a national accreditation standard. The baseline standard of 20% was chosen as a realistic estimate. No previous baseline for Private ICF/DDs exists.

D3a issue amount reflects dollars required to cover prior year unfunded costs to maintain clients in private ICF/DDs at acceptable level of service (i.e. Cramer vs. Bush). It does not provide funding for additional clients.

Major Activity Table:

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</tr>
</thead>
<tbody>
<tr>
<td>Provide ICF/DD Care in private facilities</td>
<td>Number of persons receiving ICF/DD services</td>
<td>2,084</td>
<td>2,084</td>
<td>$123,410,941</td>
<td>0.0</td>
<td>$821,792.09</td>
<td>0.0</td>
<td>DCF, TSTF, O&amp;MTR</td>
<td>$59,227.90</td>
<td>2,084</td>
</tr>
</tbody>
</table>

Totals: $123,410,941 0.0 $821,792.09 0.0 2,084 2,084
Program: Persons with Disabilities
Program Component: Long Term Care
Program Objective: People with developmental disabilities who live in the community or in institutions (state owned or private) are supported in their individual needs and choices.
Service Category: Developmental Services Public Facilities

Service Outcome Table:

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Percent of people with improved quality of life</td>
<td>30% (est.1999/00)</td>
<td>20% [est.]</td>
<td>40%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative:

The Developmental Services Institutions serve 1,536 individuals on five campuses across the state. 1,419 of these persons reside in ICF/DD licensed beds and 117 are in the Mentally Retarded Defendant Program. Services provided in the ICF/DD must fulfill all the needs identified in each person’s individual active treatment plan. These services include behavior management, nursing, medical, dental, work activities, personal care, transportation, recreation, adaptive equipment and other needs which are identified in the treatment plans. Forensic beds are provided for adults who are charged with a crime and who are determined by the court to be incompetent to proceed. The MRDP program is a secure residential program that offers and competency based training to defendants.

There are presently 1,419 state operated ICF/DD beds in Florida. Developmental Services uses this number to represent the demand for the service. Persons eligible for the ICF/DD program are also eligible for the Home and Community-Based waiver and therefore, it is not possible to accurately determine the demand of one program over the other. The demand for forensic beds is estimated as being 141 which is 24 over the current capacity of the program. This is based on historical waiting lists and incidents of court orders for the MRDP program.

The department plans to collect baseline data on this outcome measure during FY 2000-01. The baseline, GAA and requested standards provided are estimates only. This is a new standard and is based on the average outcomes obtained from a sample of individuals served in the DSIs. No GAA standard for this outcome exists in FY 1999-2000. An average of 52% of outcomes obtained is considered a national accreditation standard. The baseline standard of 20% was chosen as a realistic estimate. No previous baseline for DSIs exists.

The reduction in budget for FY 2000-2001 is a result of the calculation to determine the cost to continue salaries and benefits. The increase in the number of beds for FY 2000-2001 reflects a 24 bed increase that is being addressed by a FCO issue. Operating expenses for these new beds will be requested in the FY 2001-2002 request. The reduction of 58 FTEs was made to transfer 24 FTE to Landmark for the 8 bed MRDP expansion in FY 1999-2000 and the remaining FTEs were deleted and salary budget retained for use to continue the contracted medical and nursing services contract at Landmark. Requested funds cover cost increases and other technical adjustments needed to fully serve the bed capacity.

Activity costs between public and private ICF/DD facilities are not comparable for many reasons especially qualitatively different nature of clients.
Program: Persons with Disabilities Program
Program Component: Long Term Care
Program Objective: Totally and permanently disabled adults have in-home supports to prevent institutionalization.
Service Category: In-Home Services for Disabled Adults

Service Outcome Table:

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<tr>
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</thead>
<tbody>
<tr>
<td>Percent of adults with disabilities receiving services who are not placed in a nursing home</td>
<td>97% (FY 97/98)</td>
<td>99% (GAA)</td>
<td>99%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative:
In-home services are provided via three programs: Community Care for Disabled Adults (CCDA), Home Care for Disabled Adults (HCDA) and Home and Community Based Medicaid Waiver. The services provided assist functionally impaired adults ages 18-59 to live reasonably independent lives in their own homes. These services include adult day care, chore service, home delivered meals, homemaker services, home nursing services, personal care, transportation, and medical equipment/supplies. A 1995 study by the Commission on Long Term Care in Florida identified 60,000 Floridians with severe disabilities that could potentially benefit from these services. In the next 10 years, that number is expected to increase by 32%. Since unmet need comparing actual served to those potentially able to benefit is so great (94%), the demand columns reflect only the current clients being served plus eligible individuals currently on waiting lists. In keeping with the Administration’s desire to privatize programs, a reduction LBR issue has been submitted that would eliminate 44 department staff positions currently associated with the provision of case management for disabled persons. While the positions were eliminated, the funding was retained and will be allocated to community providers who provide case management services effective 7/1/00.

Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Provide in home supports to disabled adults</td>
<td>Number of adults with disabilities served</td>
<td>3,746</td>
<td>4,302</td>
<td>$15,709,632</td>
<td>52.0</td>
<td>$2,412,598</td>
</tr>
</tbody>
</table>

Totals:
$15,709,632 | 52.0 | $2,412,598 | 99% | 99% | $8,173,230 | 6.0 | $18,173,230 | 8.0 |
Program: Persons with Disabilities Program
Program Component: Executive Leadership and Support Services
Program Objective: Provide policy leadership and program design and development support to ensure good management practice and quality service delivery.
Service Category: Program Management and Compliance

Service Outcome Table:

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<tr>
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</thead>
<tbody>
<tr>
<td>Percent administrative costs to total program costs</td>
<td>-</td>
<td>0.14% (99/00)</td>
<td>0.12%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative:
Program management and compliance includes setting policy direction; providing quality assurance and quality improvement; developing and implementing program design such as service methodologies; and assessing performance of the program across the state. FY 2000-2001 reduction is the result of a diminished cost in retirement.

Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Provide program management and compliance</td>
<td>None</td>
<td>$980,713</td>
<td>9.0</td>
<td>$436,444</td>
<td>0.0</td>
<td>$1,417,157</td>
<td>9.0</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$980,713</td>
<td>9.0</td>
<td>$436,444</td>
<td>0.0</td>
<td>$1,417,157</td>
<td>9.0</td>
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Program Totals |

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Demand, Request or Requirement for Activity</td>
<td></td>
<td>$710,949,730</td>
<td>$115,071,219</td>
</tr>
</tbody>
</table>

DCF: Persons with Disabilities - 5
Program: Persons With Disabilities
Program Component: Long Term Care
Program Objective: People with developmental disabilities who live in the community or in institutions (state owned or private) are supported in their individual needs and choices.
Service Category: Department of Children and Families Services Fixed Capital Outlay Space Needs - Statewide

Service Initiative Narrative: Provides fixed capital outlay to address the need for additional space at public facilities for persons with developmental disabilities.

Service Outcome Table:

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>DCF Services FCO Space Needs - Statewide</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
<td>0.00</td>
<td>$1,341,277</td>
<td>GR, TSTF</td>
</tr>
</tbody>
</table>

Totals: $0 0.00 $1,341,277 0.00 0.00 0.00

Major Activity Table:

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<thead>
<tr>
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<tbody>
<tr>
<td>DCF Services FCO Space Needs - Statewide</td>
<td></td>
<td>$0</td>
<td>0.00</td>
<td>$1,341,277</td>
<td>0.00</td>
<td>0.00</td>
<td>$1,341,277</td>
<td>GR, TSTF</td>
</tr>
</tbody>
</table>

Totals: $0 0.00 $1,341,277 0.00 0.00 0.00

Information Technology Portfolio and/or Capital Improvement Projects Table:

Code 40000

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<tbody>
<tr>
<td>DS - Seguin Unit 24 bed MRDP Addition</td>
<td>$1,541,277</td>
<td>$0</td>
<td>$1,341,277</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>DS - Sunland - Tallahassee - Demolition</td>
<td>$2,992,000</td>
<td>$0</td>
<td>$2,992,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>DS - Tacachale - Health Care Facility</td>
<td>$1,524,000</td>
<td>$0</td>
<td>$1,524,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>DS - Tacachale - Security Welcome Center</td>
<td>$148,810</td>
<td>$0</td>
<td>$148,810</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>DS - Tacachale - Property Storage Building</td>
<td>$76,500</td>
<td>$0</td>
<td>$76,500</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>DS - Landmark - Gazebo</td>
<td>$31,000</td>
<td>$0</td>
<td>$31,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</table>

TOTALS: $5,214,957 $0 $1,341,277 $3,873,680 $0 $0

DCF/Persons with Disabilities
## Program:
**Persons With Disabilities**

## Program Component:
**Long Term Care**

## Program Objective:
People with developmental disabilities who live in the community or in institutions (state owned or private) are supported in their individual needs and choices.

## Service Category:
Department of Children and Families Services Fixed Capital Outlay Needs for Institutions

### Service Outcome Table:

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<tbody>
<tr>
<td>GAA Standard</td>
<td>Requested Standard</td>
<td></td>
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**Service Initiative Narrative:** Provides fixed capital outlay to address maintenance, repair and upkeep of the state owned facilities for persons with developmental disabilities.

### Major Activity Table:

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<tbody>
<tr>
<td>DCF Services FCO needs for Institutions</td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td>$0</td>
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**Totals:**

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<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>Total $0</td>
<td>Total $0</td>
<td>Total $0</td>
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### Information Technology Portfolio and/or Capital Improvement Projects Table:

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</thead>
<tbody>
<tr>
<td>DS - Gulf Coast Center</td>
<td>$4,972,899</td>
<td>$0</td>
<td>$7,742,918</td>
<td>$0</td>
<td>$6,372,646</td>
<td>$3,542,302</td>
<td>$469,000</td>
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<tr>
<td>DS - Community of Landmark</td>
<td>$3,465,700</td>
<td>$0</td>
<td>$494,000</td>
<td>$2,567,100</td>
<td>$424,600</td>
<td>$0</td>
<td>$4,608,500</td>
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<tr>
<td>DS - Sunland Center of Marianna</td>
<td>$2,416,524</td>
<td>$0</td>
<td>$573,769</td>
<td>$448,600</td>
<td>$523,180</td>
<td>$810,375</td>
<td>$36,734,802</td>
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<tr>
<td>DS - Tauchale</td>
<td>$23,074,879</td>
<td>$0</td>
<td>$897,024</td>
<td>$71,370,548</td>
<td>$3,202,248</td>
<td>$4,718,733</td>
<td>$5,595,700</td>
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**Totals:** $35,734,802

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<tbody>
<tr>
<td>$0</td>
<td></td>
<td>$0</td>
<td>$3,468,827</td>
<td>$20,499,015</td>
<td>$6,755,252</td>
<td>$5,995,700</td>
</tr>
</tbody>
</table>

DCF/Persons with Disabilities - 7
Program: Mental Health
Program Component: Adult Offender Supervision, Custody & Rehab
Program Objective: Adults with mental health problems will live as independently as possible in their communities.
Service Category: Sexually Violent Predator Facilities

Service Initiative Narrative:
This program provides assessment/evaluation and treatment of sexually violent predators. Cases referred from DOC, DJJ, or DCF mental health facilities as potential SVP clients are assessed/evaluated by department staff specialists and multidisciplinary teams, including contracted psychologists and psychiatrists. Cases meeting statutory criteria are noticed to the appropriate State Attorney’s office for petition filing and subsequent court disposition. After trial or hearing, individuals will be released by the court or committed to a state operated facility/treatment center specifically for these individuals. Treatment is administered and annual mental status examinations are given.
The treatment and rehabilitation of these individuals labeled as sexual predators is a long process. There is currently no definitive research on this topic, however it is expected by experts in the field that treatment will be a very long term process for the average committed individual. The ultimate goal of this program is to treat the individuals to be functioning and productive members of the community who will not harm the citizens.
There is currently a task force (convened by the Governor) with all stakeholder groups represented studying the program structure, facility needs, resource requirements, and other factors in implementation of the Jimmy Ryce Act. Recommendations from this task force which may have extensive implications for this program component are due 2/2000.

major Activity Table:

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</thead>
<tbody>
<tr>
<td></td>
<td>Number of persons served</td>
<td>4,750</td>
<td>4,750</td>
<td>$18,518,040</td>
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<table>
<thead>
<tr>
<th></th>
<th>Exp</th>
<th>FTE</th>
<th>Difference</th>
<th>FTE</th>
<th>Diff. Rev. Total</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide assessment, evaluation &amp; treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of persons served</td>
<td>4,750</td>
<td>58.0</td>
<td>$4,203,095 (45.0)</td>
<td>13.0</td>
<td>$22,721,135</td>
<td>13.0</td>
</tr>
<tr>
<td></td>
<td>GR</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>$3,898.53</td>
<td>$4,783.40</td>
<td>4,750</td>
<td>4,750</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: $18,518,040 58.0 $4,203,095 (45.0) $22,721,135 13.0
Program: Mental Health
Program Component: Health Services to Individuals
Program Objective: Adults with mental health problems will live as independently as possible in their communities.
Service Category: Adult Community Mental Health Services
Service Initiative Narrative: This program provides case management, outpatient, residential, crisis stabilization & support services to adults with forensic conditional release orders, severe & persistent mental illness & in short term crisis. These services focus on helping individuals live independently in their community, not in jail, homeless or hospitals. Calculation methodology changed in FY 98-99 the new baseline reflects this change. Funding the treatment request will provide more services for the same individuals, over time increasing outcome performance. Reduction is related to changes of funds from special categories to expenses, and system generated deletions of nonrecurring $ that does not affect outputs or service quality. The state is meeting only 14% of need for these individuals, considering national prevalence estimates of the Center for Mental Health Services. Many people may be getting needs through other sources. Some services may have waiting lists, however the program does not have a waiting list to get in. Demand reflects all currently served.

Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Provide emergency stabilization</td>
<td>Number of adults served</td>
<td>15,808</td>
<td>15,808</td>
<td>$90,495,345</td>
<td>GR, ADAMHTF, TSTF, G&amp;DTF</td>
<td>FY 1998-2000 $1,453.23 FY 2000-2001 $1,516.15</td>
</tr>
<tr>
<td>for adults</td>
<td></td>
<td></td>
<td></td>
<td>-$688,080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide treatment and support</td>
<td>Number of adults served</td>
<td>89,365</td>
<td>89,365</td>
<td>$129,668,000</td>
<td>GR, ADAMHTF, TSTF, FGTF</td>
<td>FY 1998-2000 $1,453.23 FY 2000-2001 $1,516.15</td>
</tr>
<tr>
<td>to adults</td>
<td></td>
<td></td>
<td></td>
<td>-$5,801,833</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td>-$195,944,120</td>
<td></td>
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</tr>
</tbody>
</table>
Program: Mental Health
Program Component: Health Services to Individuals
Program Objective: Children with mental health problems will live as independently as possible in their communities.
Service Category: Children’s Mental Health Services

Service Outcome Table:

<table>
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</thead>
<tbody>
<tr>
<td>Annualized number of days spent in the community and not in an institutional setting (e.g., corrections facility, etc.) for children with a serious emotional disturbance</td>
<td>333 days in FY 98-99</td>
<td>338 (GAA)</td>
</tr>
</tbody>
</table>

Service Initiative Narrative: This program provides case management, outpatient, residential, crisis stabilization, and support services to children with a serious emotional disturbance, children with an emotional disturbance, children at risk, and children incompetent to proceed to juvenile justice. These services focus on helping children live independently in their community, not in jail, homeless, or hospitals.

Calculation methodology changed in FY 98-99; the new baseline reflects this change. Funding the treatment request will provide more services for the same individuals, over time increasing outcome performance.

Reduction is technical adjustments to budget not affecting service delivery.

The state is meeting only 21% of need for these individuals, considering national prevalence estimates of the Center for Mental Health Services.

Many people may be getting needs through other sources. Some services may have waiting lists, however the program does not have a waiting list to get in. Demand reflects all currently served.

Major Activity Table:

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Provide emergency stabilization supports [50001]</td>
<td>Number of children served</td>
<td>3,691</td>
<td>3,691</td>
<td>$23,007,191</td>
</tr>
<tr>
<td>Provide treatment and supports</td>
<td>Number of children served</td>
<td>56,182</td>
<td>56,182</td>
<td>$55,392,81</td>
</tr>
<tr>
<td>Provide restoration services</td>
<td>Number of children served</td>
<td>960</td>
<td>960</td>
<td>$4,182,078</td>
</tr>
</tbody>
</table>

Totals: $85,313,799 | 2.0 | $10,269,284 | 0.0 | $85,313,799 | 2.0 | $10,269,284 | 0.0 | $85,313,799 | 2.0 | $10,269,284 | 0.0
Program: Mental Health  
Program Component: Health Services to Individuals  
Program Objective: Adults in mental health commitment will stabilize and return as soon as possible to their communities.  
Service Category: Adult Mental Health Treatment Facilities  

Service Outcome Table:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Percent of people in civil commitment who are discharged to the community</td>
<td>38% in FY 98-99</td>
<td>50% [GAA] 50%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative: This program provides treatment to individuals committed to both civil & forensic treatment facilities. Those in forensic facilities are restored to either return to court or be released on conditional release. Those in civil facilities receive a broad range of treatment with the aim of returning the individual to their community. This request is required to insure the facilities perform at their current levels.

Major Activity Table:

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</tr>
</thead>
<tbody>
<tr>
<td>Provide forensic treatment</td>
<td>Number of adults served</td>
<td>1,405</td>
<td>1,805</td>
<td>$68,574,600</td>
<td>$1,446,761</td>
<td>-11.0</td>
</tr>
<tr>
<td>Provide civil treatment</td>
<td>Number of adults served</td>
<td>2,700</td>
<td>2,700</td>
<td>$210,856,522</td>
<td>$210,086,409</td>
<td>1557.0</td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
<td>$210,856,522</td>
<td>$210,086,409</td>
<td>1557.0</td>
</tr>
</tbody>
</table>

DCF/Mental Health - 4
**Program:** Mental Health Program  
**Program Component:** Executive Leadership and Support Services  
**Program Objective:** Provide policy leadership and program design and development support to ensure good management practice and quality service delivery.

**Service Category:** Program Management and Compliance

### Service Outcome Table:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Percentage of administrative costs to total program costs</td>
<td>1.7% (99/00)</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

**Service Initiative Narrative:** Program management and compliance includes setting policy direction; providing quality assurance and quality improvement; developing and implementing program design such as service methodologies; and assessing performance of the program across the state.

### Major Activity Table:

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</tr>
</thead>
<tbody>
<tr>
<td>Provide program management and compliance</td>
<td>None</td>
<td>$8,898,352.0</td>
<td>141.5</td>
<td>$1,446,194.0</td>
<td>-2.0</td>
<td>$10,144,746.0</td>
<td>139.5</td>
<td>OR, ATF, ADAMHTF, TSF, FGTF, G&amp;DTF</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$8,898,352.0</td>
<td>141.5</td>
<td>$1,446,194.0</td>
<td>-2.0</td>
<td>$10,144,746.0</td>
<td>139.5</td>
<td></td>
</tr>
</tbody>
</table>

Program Totals: $13,750,313.0 | $30,395,300.0 | $618,701,413.0
**Program:** Mental Health  
**Program Component:** Health Services to Individuals  
**Program Objective:** Adults in mental health commitment will stabilize and return as soon as possible to their communities.  
**Service Category:** Department of Children and Families Services Fixed Capital Outlay Needs for Institutions

### Service Outcome Table:

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</tbody>
</table>

**Service Initiative Narrative:** Provides fixed capital outlay to address maintenance, repair and upkeep of the mental health civil and forensic treatment facilities.

### Major Activity Table:

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</tr>
</thead>
<tbody>
<tr>
<td>DCF Services FCO Needs for Institutions</td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td>0.00</td>
<td>$3,731,192</td>
<td>0.00</td>
<td>$3,731,192</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Totals:** $0 | 0.00 | $3,731,192 | 0.00 | $3,731,192 | 0.00

### Information Technology Portfolio and/or Capital Improvement Projects Table:

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</tr>
</thead>
<tbody>
<tr>
<td>MH - Florida State Hospital</td>
<td>$12,443,263</td>
<td>$1,104,400</td>
<td>$2,306,183</td>
<td>$3,318,340</td>
<td>$3,919,200</td>
<td>$3,492,320</td>
</tr>
<tr>
<td>MH - G. Pierce Wood Memorial Hospital</td>
<td>$20,079,116</td>
<td>$10,083,616</td>
<td>$4,940,730</td>
<td>$4,806,646</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MH - North Florida Evaluation &amp; Treatment Ctr</td>
<td>$2,565,131</td>
<td>$244,000</td>
<td>$903,631</td>
<td>$265,830</td>
<td>$1,151,670</td>
<td></td>
</tr>
<tr>
<td>MH - Northeast Florida State Hospital</td>
<td>$12,961,409</td>
<td>$1,035,720</td>
<td>$5,850,511</td>
<td>$3,204,438</td>
<td>$1,690,600</td>
<td></td>
</tr>
<tr>
<td>MH - South Florida Evaluation &amp; Treatment Ctr</td>
<td>$2,223,480</td>
<td>$94,440</td>
<td>$1,140,520</td>
<td>$683,500</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>MH - South Florida State Hospital</td>
<td>$1,632,500</td>
<td>$195,000</td>
<td>$776,800</td>
<td>$453,700</td>
<td>$297,000</td>
<td></td>
</tr>
<tr>
<td>MH - West Florida Community Care Center</td>
<td>$924,490</td>
<td>$0</td>
<td>$473,990</td>
<td>$226,350</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals:** $53,455,919 | $0 | $3,731,192 | $25,839,333 | $12,273,576 | $11,611,816

DCF/Mental Health - 6
Program: Mental Health  
Program Component: Health Services to Individuals  
Program Objective: Adults in mental health commitment will stabilize and return as soon as possible to their communities.  
Service Category: Department of Children and Families Services Fixed Capital Outlay Space Needs - Statewide

**Service Outcome Table:**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>DCF Services FCO Space Needs - Statewide</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Service Initiative Narrative:** Provides fixed capital outlay to address the needs for additional space at the mental health institutions.

**Major Activity Table:**

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</thead>
<tbody>
<tr>
<td>DCF Services FCO Space Needs - Statewide</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</table>

**Information Technology Portfolio and/or Capital Improvement Projects Table:**

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</thead>
<tbody>
<tr>
<td>MH - WNFCCC - Ancillary Services Building</td>
<td>$379,506</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>MH - NFETC - Client Multi-Purpose Building</td>
<td>$1,152,700</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>MH - NEFSH - Vehicle Storage/Maintenance Bldg.</td>
<td>$109,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>MH - SPTC - Warehouse</td>
<td>$417,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>MH - D6 - Addictions Acute Care Complex</td>
<td>$1,811,900</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Totals:** $3,370,106 | $0 | $0 | $3,370,106 | $0 | $0 |
Program: Mental Health
Program Component: Adult Offender Supervision, Custody and Rehabilitation
Program Objective: Adults with mental health problems will live as independently as possible in their communities.
Service Category: Department of Children and Families Services Fixed Capital Outlay Space Needs - Statewide

Service Outcome Table:

<table>
<thead>
<tr>
<th>Service Outcome Measure</th>
<th>Baseline Measurement and FY 1999-2000</th>
<th>GAA Standard</th>
<th>Requested Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCF Services FCO Space Needs - Statewide</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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</tbody>
</table>

Service Initiative Narrative: Provides fixed capital outlay to address the needs for additional space at facilities for sexually violent predators.

Major Activity Table:

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<tbody>
<tr>
<td>DCF Services FCO Space Needs - Statewide</td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
<td>0.00</td>
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<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td>0.00</td>
<td>$0</td>
<td>0.00</td>
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</tbody>
</table>

Information Technology Portfolio and/or Capital Improvement Projects Table:

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</tr>
</thead>
<tbody>
<tr>
<td>MH - Sexually Violent Predator Facility</td>
<td>$96,256,942</td>
<td>$53,885,907</td>
<td>$2,296,446</td>
<td>$40,074,569</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>$96,256,942</td>
<td>$53,885,907</td>
<td>$2,296,446</td>
<td>$40,074,569</td>
<td></td>
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</tr>
</tbody>
</table>
Program: Substance Abuse Program
Program Component: Drug Control and Substance Abuse
Program Objective: #5.1 Children with substance abuse problems receive appropriate intervention and treatment
Service Category: Child substance abuse prevention and treatment services

Service Outcome Table:

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Percent of children who are drug free during the twelve months following completion of treatment</td>
<td>50% (99/00)</td>
<td>52%</td>
<td>52%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative: Services are designed to: (1) identify children at risk of substance abuse problems and provide services that reduce substance abuse risk factors, (2) intervene into children's substance abuse problems through early identification, short term counseling and referral and outreach, (3) assess, evaluate and provide assistance to individuals and families to determine the need for services and supports, motivation for services and appropriate levels of care, (4) provide emergency care to individuals experiencing a substance abuse crisis to prevent further deterioration or exacerbation of their conditions, and (5) provide substance abuse treatment through provision of a range of assessment, counseling, and ancillary services in a structured, therapeutic environment, including residential, non-residential (outpatient and day/night) and aftercare services.

The estimated numbers of detoxification, prevention, treatment and aftercare client demand for services are based on the National Household Survey on Drug Abuse and/or the levels of service provided in FY 1998-99. The $2.8 million reduction shown in the FY 2000-01, D-3A$ column in the below activity table represents non-recurring Tobacco Settlement Trust Fund Appropriations.

Major Activity Table: Child substance abuse prevention and treatment services

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Provide detoxification and crisis supports to children</td>
<td>Number of children served</td>
<td>3,750</td>
<td>4,000</td>
<td>$10,078,588</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>$10,078,588</td>
<td>0.0</td>
</tr>
<tr>
<td>Provide prevention services to children at risk</td>
<td>Number of children served</td>
<td>7,483</td>
<td>7,483</td>
<td>$12,192,896</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>$12,192,896</td>
<td>0.0</td>
</tr>
<tr>
<td>Provide treatment for children</td>
<td>Number of children completing treatment</td>
<td>4,500</td>
<td>5,429</td>
<td>$32,870,784</td>
<td>0.0</td>
<td>$4,625,262</td>
<td>0.0</td>
<td>$37,496,046</td>
<td>0.0</td>
</tr>
<tr>
<td>Perform aftercare/follow-up for children in need</td>
<td>Number of children served</td>
<td>350</td>
<td>2,004</td>
<td>$240,000</td>
<td>0.0</td>
<td>$1,134,356</td>
<td>0.0</td>
<td>$1,374,356</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Totals: $55,382,209 | 0.0 | $5,759,618 | 0.0 | $61,141,886 | 0.0 |
### Program:
Substance Abuse Program

### Program Component:
Drug Control and Substance Abuse

### Program Objective: #5.2
Adults with substance abuse problems receive appropriate intervention and treatment

### Service Category:
Adult substance abuse prevention and treatment services

### Service Initiative Narrative:
Services are designed to: (1) identify adults at risk of substance abuse problems and provide services that reduce substance abuse risk factors; (2) intervene into adult's substance abuse problems through early identification, short term counseling and referral and outreach; (3) assess, evaluate and provide assistance to individuals and families to determine the need for services and supports, motivation for services and appropriate levels of care; (4) provide emergency care to individuals experiencing a substance abuse crisis to prevent further deterioration or exacerbation of their conditions; and (5) provide substance abuse treatment through provision of a range of assessment, counseling, and ancillary services in a structured, therapeutic environment, including residential, non-residential (outpatient and day/night) and aftercare services.

The estimated numbers of detoxification, prevention, treatment and aftercare clients served are based on the National Household Survey on Drug Abuse and the levels of service provided in FY 1998-99. The $4.9 million deduction in the FY 2000-01 D-3A Column of the below activity table represents non-recurring Tobacco Settlement Trust Fund Appropriations.

### Major Activity Table: Adult substance abuse prevention and treatment services

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Provide detoxification and crisis supports to adults</td>
<td>Number of adults served</td>
<td>22,000</td>
<td>23,000</td>
<td>$15,717,624</td>
<td>0.0</td>
<td>0.0</td>
<td>$15,717,624</td>
</tr>
<tr>
<td>Provide prevention services to adults at risk</td>
<td>Number of adults served</td>
<td>51,293</td>
<td>53,000</td>
<td>$5,077,392</td>
<td>0.0</td>
<td>0.0</td>
<td>$5,077,392</td>
</tr>
<tr>
<td>Provide treatment to adults</td>
<td>Number of adults completing treatment</td>
<td>15,259</td>
<td>20,213</td>
<td>$76,813,792</td>
<td>0.0</td>
<td>$6,201,635</td>
<td>$83,015,430</td>
</tr>
<tr>
<td>Perform aftercare/follow-up to adults in need</td>
<td>Number of adults served</td>
<td>7,000</td>
<td>14,826</td>
<td>$2,250,000</td>
<td>0.0</td>
<td>$2,515,537</td>
<td>$4,765,537</td>
</tr>
<tr>
<td>Totals:</td>
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### Service Outcome Measure Baseline Measurement and Baseline FY

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</thead>
<tbody>
<tr>
<td>Percent of adults who are drug free during the twelve months following completion of treatment</td>
<td></td>
<td>52% (99/00)</td>
<td>52% (99/00)</td>
<td>52%</td>
<td>54%</td>
</tr>
</tbody>
</table>
**Program:** Substance Abuse Programs  
**Program Component:** Executive Leadership and Support Services  
**Program Objective:** Provide policy leadership and program design and development support to ensure good management practice and quality service delivery.  
**Service Category:** Program Management and Compliance

### Service Outcome Table:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Percentage of administrative costs to total program costs.</td>
<td>3.0%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

### Service Initiative Narrative:
Program management and compliance includes setting policy direction; providing quality assurance and quality improvement; developing and implementing program design, such as service methodologies; and assessing performance of the program across the state.

### Major Activity Table:

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</tr>
</thead>
<tbody>
<tr>
<td>Provide program management and compliance</td>
<td>none</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Totals:**  
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<tbody>
<tr>
<td>$4,085,226</td>
<td>$4,085,226</td>
<td>58.0</td>
<td>3.0</td>
<td>61</td>
<td>$6,719,870</td>
<td>61.0</td>
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**Program Totals:**  
<table>
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<tbody>
<tr>
<td>$159,326,305</td>
<td>$17,111,434</td>
<td>-</td>
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</tbody>
</table>

**DCF/Substance Abuse - 3**
### Program:
Economic Self-Sufficiency Program

### Program Component:
Services to Most Vulnerable

### Program Objective:
People eligible for public assistance programs will receive accurate and timely self-sufficiency supports and eligibility services

### Service Category:
Fraud Prevention and Benefit Recovery

### Service Initiative Narrative:
This initiative operates a claims establishment and recoupment program to calculate and recover public assistance dollars lost to agency and client error, including fraud. Additionally, the department maintains a front-end fraud prevention program in targeted areas of the state to prevent cash assistance and food stamp fraud. Two measures are included as each one reflects the two program requirements as related to food stamps and WAGES accuracy. The decrease in 1999 activity was due to the correction of the 99/00 standard which was significantly higher than the annual 10% increase over the previous year’s collections expected. The fraud prevention and benefit recovery service category impacts the reduction of error rates through its deterrent value, collects dollars through special initiatives on overpayment claims, reduces fraud through the investigation and conviction of welfare fraud and allows for reinvestment of sanctions and client error, including fraud.

### Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Reduce Error Rate</td>
<td>No. of active food stamp cases reviewed</td>
<td>1,200</td>
<td>1,200</td>
<td>$4,299</td>
<td>0.0</td>
<td>95</td>
<td>$4,194,482</td>
<td>0.0</td>
<td>ATF</td>
<td>$70.25</td>
<td>$70.25</td>
<td>1,200</td>
</tr>
<tr>
<td>Assure Benefit Recovery</td>
<td>Dollars collected through benefit recovery</td>
<td>$21,000,000</td>
<td>$14,725,000</td>
<td>$7,290,439</td>
<td>171.5</td>
<td>$4,104,047</td>
<td>171.5</td>
<td>GR, ATF</td>
<td>$0.37</td>
<td>$0.81</td>
<td>14,725,000</td>
<td>14,725,000</td>
</tr>
<tr>
<td>Prevent Fraud</td>
<td>Dollars saved through front-end fraud prevention</td>
<td>$17,900.00</td>
<td>$18,929,800</td>
<td>$1,232,629</td>
<td>28.0</td>
<td>-5,909</td>
<td>28.0</td>
<td>GR, ATF</td>
<td>$18,929,800</td>
<td>$18,929,800</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigate Fraud</td>
<td>Number of front-end fraud prevention investigations completed</td>
<td>25,200</td>
<td>25,230</td>
<td>$4,447,752</td>
<td>0.0</td>
<td>0.0</td>
<td>$4,447,752</td>
<td>0.0</td>
<td>ATR</td>
<td>$176.50</td>
<td>$176.29</td>
<td>25,230</td>
</tr>
<tr>
<td>Reinvest Food Stamp Federal Sanction Returns</td>
<td>Dollars reinvested</td>
<td>$3,000,000</td>
<td>$3,000,000</td>
<td>$3,047,572</td>
<td>0.0</td>
<td>0.0</td>
<td>$3,047,572</td>
<td>0.0</td>
<td>GR, G&amp;DTF</td>
<td>$1,02</td>
<td>$1,02</td>
<td>$3,000,000</td>
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<tr>
<td>Totals</td>
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<td></td>
<td>$16,602,267</td>
<td>199.5</td>
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</tr>
</tbody>
</table>
**Program:**
Economic Self-Sufficiency Program

**Program Component:**
Services to Most Vulnerable

**Program Objective:**
People eligible for public assistance programs will receive accurate and timely self-sufficiency supports and eligibility services.

**Service Category:**
Comprehensive Eligibility

### Service Outcome Table:

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<tr>
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<tbody>
<tr>
<td>Percent of applications processed within time standards</td>
<td>98.46% (FY 96/97)</td>
<td>100% (GAA)</td>
<td>99%</td>
</tr>
</tbody>
</table>

### Service Initiative Narrative:
Economic Self-Sufficiency Services provides eligibility determination services for WAGES, food stamps and Medicaid to those in poverty. The goal is to determine this eligibility on a timely and accurate basis so that the truly needy are best served and benefits are paid properly. Eligibility is reassessed as appropriate. Percent of applications processed timely is the initial action related to cases and therefore is extremely important as a measure of accountability. Due to the decreasing number of clients in the WAGES caseload, the requested standard includes a decrease of 305 FTE.

### Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Determine eligibility</td>
<td>Total number of applications processed</td>
<td>2,575,690</td>
<td>2,890,790</td>
<td>$289,963,893</td>
<td>769.5</td>
<td>-$946,352</td>
<td>-305.0</td>
<td>$289,037,541</td>
<td>7386.5</td>
<td>2,890,790</td>
<td>2,890,790</td>
</tr>
</tbody>
</table>

**Totals:**
- $289,963,893
- 769.5
- -$946,352
- -305.0
- $289,037,541
- 7386.5

DCF/Economic Self-Sufficiency - 2
**Program:** Economic Self-Sufficiency Program

**Program Component:** Services to Most Vulnerable

**Program Objective:** People eligible for public assistance programs will receive accurate and timely self-sufficiency supports and eligibility services.

**Service Category:** Special Assistance Payments

**Service Outcome Table:**

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</thead>
<tbody>
<tr>
<td>Percentage of OSS applications processed within time standards</td>
<td>97.5% (96.99 est; new measure)</td>
<td>100% (GAA)</td>
<td>98%</td>
<td></td>
</tr>
</tbody>
</table>

**Service Initiative Narrative:**

Optional State Supplementation provides monthly payments to eligible aged, blind and disabled individuals living in assisted living facilities and under adult family care. Under adult family care, 2 or 3 individuals are provided room, board and personal care services in licensed private homes. The adult congregate living supplement provides money for assisted living facilities for those who can no longer live on their own. Homeless assistance provides money to individual providers in communities for services and beds for homeless persons. Cost for FY 2000-2001 comprises a recommendation to reduce the DCF state share of the homeless grants and place the budget directly in the communities and includes an increase in the federal homeless grant. Demand included here is all OSS clients that can be served at the current payment standard.

**Major Activity Table:**

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</thead>
<tbody>
<tr>
<td>Issue Optional State Supplementation Payments</td>
<td>OSS applications processed</td>
<td>5,640</td>
<td>5,640</td>
<td>$27,077,283</td>
<td>0.0</td>
<td>-$229,807</td>
<td>$26,847,476</td>
<td>0.0</td>
<td>GR, ATF</td>
</tr>
<tr>
<td>Assist the Homeless</td>
<td>Number of beds per day available for homeless clients</td>
<td>417</td>
<td>500</td>
<td>$5,086,824</td>
<td>0.0</td>
<td>-$252,350</td>
<td>$4,834,474</td>
<td>0.0</td>
<td>GR, ATF, FGTF</td>
</tr>
</tbody>
</table>

**Totals:**

| | | | | | | | | | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | $32,164,107 | 0.0 | -$482,157 | 0.0 | $31,681,950 | 0.0 | | | | |

1 Total cost for FY 1999/2000 is inflated because of a technical adjustment to est. expenditures. Actual figure is $26,847,476.
Program: Economic Self-Sufficiency Program  
Program Component: Services to Most Vulnerable  
Program Objective: People eligible for public assistance programs will receive accurate and timely self-sufficiency supports and eligibility services  

Service Category: Refugees  

Service Outcome Table:

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<tr>
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<tbody>
<tr>
<td>Percentage of refugee assistance cases accurately closed at 8 months or less</td>
<td>91.4% (96/97)</td>
<td>100% [GAA]</td>
<td>98%</td>
</tr>
</tbody>
</table>

Service Initiative Narrative: This program provides cash and medical assistance for 8 months after the date of entry into the United States for refugees, with the goal of their achievement of self-sufficiency as quickly as possible. Recent audits and sanctions have required emphasis on the proper closure of cases after 8 months of assistance and therefore this measure has been implemented. The increase in cost for FY 2000-2001 includes an increase in the grant award for refugees and the movement of budget from FSP (Childcare Services) and OS (Administrative Staffing) into ESS in order to combine all refugee-related activity in this category.

Major Activity Table:

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<tbody>
<tr>
<td>Provide Refugee Supports</td>
<td>Number of refugee cases closed**</td>
<td>5,600</td>
<td>5,600</td>
<td>$52,575,925</td>
<td>$8,279,611</td>
<td>0.0</td>
<td>$60,855,536</td>
</tr>
</tbody>
</table>

Totals: $52,575,925 | 21.0 | $8,279,611 | 0.0 | $60,855,536 | 21.0 |

**This output is closely related to the service category outcome, which reflects results primarily for cash assistance clients. However, it does not include all types of clients for which refugee supports are provided. Total unduplicated count of all refugee clients for FY 1999-2000 is est. at 43,550 (includes employment, adult education and training, and child care).
Program: Economic Self-Sufficiency Program
Program Component: Workforce Support Services
Program Objective: People eligible for public assistance programs will receive accurate and timely self-sufficiency supports and eligibility services.
Service Category: WAGES and Employment Supports

Service Initiative Narrative:
WAGES payments provide temporary cash assistance to needy families authorized under the Work and Gain Economic Self-Sufficiency Act. Spending relates to the monthly eligible caseload, as estimated by the Social Services Estimating Conference. Employment supports are provided to non-exempt WAGES participants in the form of referral to WAGES coalitions (which coalitions are not under DCF authority).
Prepaid tuition takes the form of prepaid college scholarships for children of WAGES participants and is to reward and motivate them.
Cost for FY 2000-2001 includes the reduction of the WAGES Reserve ($100,000,000) and $1,000,000 related to reduction in project independence expenditures, welfare reform study and Goodwill Industry’s grant.

Service Outcome Table:

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<tr>
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<tbody>
<tr>
<td>Percentage of WAGES clients who successfully leave the program</td>
<td>41%</td>
<td>44%</td>
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Major Activity Table:

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<tbody>
<tr>
<td>Provide client employment supports</td>
<td>Number of non-exempt WAGES participants</td>
<td>125,000</td>
<td>121,000</td>
<td>$12,028,155</td>
<td>0.0</td>
<td>-$1,000,000</td>
<td>0.0</td>
<td>$11,028,155</td>
<td>0.0</td>
<td>GR, ATF, FGTF</td>
<td>$96.23</td>
<td>$91.14</td>
</tr>
<tr>
<td>Issue WAGES payments</td>
<td>Total number of cash assistance applications</td>
<td>478,660</td>
<td>478,660</td>
<td>$405,657,288</td>
<td>0.0</td>
<td>-$141,546,517</td>
<td>0.0</td>
<td>$264,110,771</td>
<td>0.0</td>
<td>GR, ATF, FGTF</td>
<td>$84.30</td>
<td>$634.17</td>
</tr>
<tr>
<td>Provide Prepaid tuition</td>
<td>Number of scholarships allocated to WAGES coalitions</td>
<td>714</td>
<td>714</td>
<td>$2,500,000</td>
<td>0.0</td>
<td>$2,500,000</td>
<td>0.0</td>
<td>$2,500,000</td>
<td>0.0</td>
<td>ATF</td>
<td>$3,501.40</td>
<td>$3,501.40</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$420,185,443</td>
<td>0.0</td>
<td>$142,546,517</td>
<td>0.0</td>
<td>$277,638,926</td>
<td>0.0</td>
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DCF/Economic Self-Sufficiency - 5
### Program:
**Economic Self-Sufficiency Program**

### Program Component:
**School Readiness**

### Program Objective:
Children who have been abused or neglected and families who are achieving independence from public assistance will have quality child care available as appropriate

### Service Category:
**School Readiness**

### Service Outcome Table:

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<tbody>
<tr>
<td>Percentage of kindergarten students meeting state expectations for readiness</td>
<td>81%</td>
<td>80%</td>
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</table>

### Service Initiative Narrative:
Subsidized child care is one support for needy families authorized under the Work and Gain Economic Self-Sufficiency Act. Additional budget for childcare slots is included into the ESS budget and will allow clients to be provided childcare as they transition to self-sufficiency; child care also helps working poor families avoid need for benefits.

### Major Activity Table:

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</thead>
<tbody>
<tr>
<td>Provide Subsidized Child Care (slots for WAGES, Working Poor and At Risk)</td>
<td>Number of children served 134,009</td>
<td>147,085</td>
<td>$459,995,299</td>
<td>GR, CC,DBG, FGTF, G&amp;DTF, SSBG</td>
<td>$3,432.57</td>
<td>$3,416.34</td>
<td>134,009</td>
</tr>
</tbody>
</table>

**Costs:**
- $459,995,299
- $42,496,951
- $502,492,250

**Revenue:**
- $3,432.57
- $3,416.34
- $134,009
- $141,864
Program: Economic Self-Sufficiency Program
Program Component: Emergency prevention, Preparedness and Response
Program Objective: People eligible for public assistance programs will receive accurate and timely self-sufficiency supports and eligibility services

Service Category: Disaster Relief

Service Outcome Table:

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<tbody>
<tr>
<td>In time of disaster, daily average number of applications processed per worker</td>
<td>20</td>
<td>20 [est.]</td>
<td>20</td>
</tr>
</tbody>
</table>

Service Initiative Narrative: This is a federal program of emergency grants issued to people with limited resources in cases of presidentially declared disasters. Need for the service is dependent upon the occurrence of natural disasters, which have occurred in Florida at least once per year for the past 7 years. The service delivery and eligibility are under Federal management.

Due to Federal and state law, there are never any funds appropriated until a presidential disaster is declared; therefore these funds do not show in the DCF operating budget.

The state receives 75% of the funding from FEMA and the state provides the other 25%. The program is requested by the Governor when Federal assistance is requested.

Major Activity Table:

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</tr>
</thead>
<tbody>
<tr>
<td>Issue Individual and family grants</td>
<td>Number of applications processed</td>
<td>25,000</td>
<td>Unable to estimate</td>
<td>Disaster dependent</td>
<td>0.0</td>
<td>disaster dependent</td>
<td>25,000</td>
<td>N A</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate disasters</td>
<td>Number of counties with disaster plans</td>
<td>67</td>
<td>67</td>
<td>$76,548</td>
<td>1.0</td>
<td>0.0</td>
<td>$76,548</td>
<td>1.0</td>
<td>GR</td>
<td>$1,143</td>
<td>$1,143</td>
<td>67</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td>$76,548</td>
<td>1.0</td>
<td>0.0</td>
<td>$76,548</td>
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</table>
Program: Economic Self-Sufficiency Program
Program Component: Executive Leadership and Support Services
Program Objective: Provide policy leadership and program design and development support to ensure good management practice and quality service delivery.

Service Category: Program Management and Compliance

Service Initiative Narrative: Program management and compliance includes setting policy direction; providing quality assurance and quality improvement; developing and implementing program design; and assessing performance of the program across the state.

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<tbody>
<tr>
<td>Percentage of administrative costs to total program costs</td>
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Major Activity Table:

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</tr>
</thead>
<tbody>
<tr>
<td>Provide program management and compliance</td>
<td>None</td>
<td></td>
<td></td>
<td>$28,429,557</td>
<td>287.5</td>
<td>0.0</td>
<td>$31,826,475</td>
<td>287.5</td>
<td>GR, ATF, DATF, FGTF, RATF</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Totals: $28,429,557 287.5 0.0 $31,826,475 287.5
Appendix A: Exhibit D-2Bs
FAMILY SAFETY

Child Abuse Prevention and Intervention

Target Group: Families Known to the Department with Children at Risk of Abuse

Outcome Measure: Per capita child abuse rate [per 1000]

Data Sources and Methodology: The data sources for this measure are the Florida Abuse Hotline Information System (FAHIS) and the official state population estimates by age group, supplied by the Office of Economic and Demographic Research at the Legislature.

This measure is a percent. The numerator is the unduplicated number of children under the age of 18 who have one or more findings of verified, or some indication of, abuse, neglect, or threatened harm. The denominator is the estimated number of children under the age of 18 in the state at the mid-point of the period under review.

Validity: This measure is a direct indicator of the desired outcome to reduce abuse, neglect, and exploitation. However, the validity of the measure may be adversely impacted by numerous exogenous variables which have been demonstrated to affect abuse and neglect rates. Social research has shown that poverty, unemployment, ethnicity, and other socio-economic variables affect abuse/neglect reporting rates. Time series trends in these rates vary to some extent in concert with economic conditions. Finally, the reporting by the public can be increased by the prominence given to the issue by the news media. This has been found to be the case in the year following passage of the “Kayla McKean” legislation.

Reliability: The reliability of this measure should be high. The numerator data are completely automated and are subject to careful quality control by the department. Closure of suspect cases of abuse and neglect are given a high priority by district staff. The denominator data have been previously shown to be accurate within about 3 percent by comparisons with decennial census results.
**Target Group:** Families Known to the Department with Children at Risk of Abuse

**Output Measure:**
Number of families served. [Prevention grants to local communities]

The program suggests rewording this measure to “Number of children served” to clarify what is reported.

**Data Sources and Methodology:** The data source for this measure is the quarterly Family Preservation and Support Reporting Tool.

This measure is a number. It is a count of the number of children under 21 years old in families receiving family preservation or support services (directly or indirectly). It includes both children in families receiving direct services (including parent education, counseling, support groups, and home visiting) and the number receiving non-direct services (such as information and referral). Provider agencies submit both the number of families served and the number of children in these families quarterly to district offices.

**Validity:** This is a direct count of client contacts to prevent abuse, neglect and exploitation. It is the count of children served submitted by providers of services. This is a duplicated count.

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including clients served. The department will monitor the extent to which providers comply with these contractual requirements.
**Target Group:** Families known to the department with children at risk of abuse.

**Output Measure:**
Number of families served. [Healthy Families home visiting services and supports]

**Data Sources and Methodology:** Each Healthy Families site collects data on an Access database. An Excel spreadsheet is used to transmit monthly data by the tenth of the following month to the Healthy Families state office at The Ounce of Prevention. The spreadsheet includes the names of the target children, parents, non-targeted children, services, assessments and medical and demographic information.

**Validity:** This is a primary output measure for tracking performance. A rigorous evaluation of this program is ongoing. Evaluators have reviewed all measures and determined that this measure is important for tracking sites to see if they are on target with performance expectations.

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Each family is given a unique identifier which is also used by each member of the family to avoid duplicate counts of families. The Ounce of Prevention has a Director of Research and Systems who trains every provider as they come on and periodically as necessary. Data editing is done routinely by the evaluation and systems staff as well as program staff.
**Florida Abuse Hotline**

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Outcome Measure:**
Percentage of calls made to the Florida Abuse Hotline which were abandoned.

**Data Sources and Methodology:** This is a measure of calls made to the Florida Abuse Hotline that were abandoned by the caller before they could be answered. The source of data is the ROLM Automated Call Distribution System Telephone System, that records information about every call made to the Hotline. The telephone system installed by the ROLM Company collects and provides routine reports of the number of telephone calls received, answered, abandoned, length of call, response time, etc. Annual performance is reported for budget purposes.

The measure is a percent. The numerator is the number of calls abandoned by the caller before they could be answered. The denominator is all calls made to the Hotline.

**Validity:** This is a valid measure of the Hotline’s effectiveness at receiving and processing all reports of abuse and neglect. It is assumed that when callers hang up before reporting to counselors, they may not call back, and some reports of child or adult abuse and neglect may be missed. Before the ROLM system was updated and the number of counselor positions increased, abandoned calls were a major problem at the Hotline. Since the improvements, abandoned calls have been reduced.

**Reliability:** The ROLM Automated Call Distribution System is a sophisticated telephone system that handles and monitors processing of all calls. It is an established and tested system whose reliability has proven to be high.
**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:**
Number of calls. [Florida Abuse Hotline]

**Data Sources and Methodology:** This is the number of calls made to the Florida Abuse Hotline (includes abandoned and completed calls). The source of data is the ROLM Automated Call Distribution System Telephone System that records information about every call made to the Hotline. The telephone system installed by the ROLM Company collects and provides routine reports of the number of telephone calls received, answered, abandoned, length of call, response time, etc. Annual performance is reported for budget purposes.

**Validity:** N/A

**Reliability:** The ROLM Automated Call Distribution System is a sophisticated telephone system that handles and monitors processing of all calls. It is an established and tested system whose reliability has proven to be high.
Child Protection and Permanency

Target Group: Children Who Have Been Abused or Neglected by Their Families

Outcome Measure:
Percent of children who have no findings of maltreatment within one year following services.

Data Sources and Methodology: The data sources for this measure are the Florida Abuse Hotline Information System (FAHIS) and the Client Information System (CIS).

This measure is a percent. The numerator is the number of children with no finding of maltreatment within twelve months of closure from services that include Child Protective Investigations, Family Builders, Intensive Crisis Counseling Program (ICCP), Homemaker-Housekeeper, voluntary family services, protective supervision and foster care. The denominator is the total number of children closed from service in the listed programs.

Child maltreatment means a child was a victim with a finding of some indication, or verified, abuse, neglect, or threatened harm. Child victims of maltreatment counted in this measure are from closed investigation reports found in FAHIS that have a subsequent report within one year of closure from services.

Validity: This measure is a direct indicator of the desired outcome to reduce subsequent abuse and neglect. A variety of evaluation reports provide evidence of the efficacy this measure of abuse/neglect services:

- An independent evaluation of the Family Builder program found that 88% of the families who received services did not have an additional abuse or neglect report against them in the six months following closure of the case. In March of 1996, a follow-up study of 860 of these children revealed that 85% of these children had no subsequent report of abuse or neglect since exiting the program as long as four years ago. Families appear to have used what they learned through this program to keep their children and family safe. (Department of Children & Families, Strategic Plan 1996-2002, page 14.)

- The 1992 Outcome Evaluation Report prepared by Children and Family Services reported that 91.7% of cases closed as reunifications were not abused or neglected during the year following their discharge from foster care placement.

- Other national research suggests rates of 89 to 92% were not re-abused or re-neglected within 18 months of returning home (Overby and Awuellar, 1981, as cited in Carter, “Success Measures for Public Administrators,” New England Journal of Human Services, volume VIII, issue #1, 1988).

The department has found differences in the reported reabuse/reneglect rates among districts. These may be related to demographics, differences in reporting rates, and investigation’s backlog rather than quality of services. Low rates of abuse/neglect reporting reduce the chance that
reabuse case is actually identified. Lower reporting may also mean that only more serious cases are reported and these may be less likely to recur because of department intervention. It appears that urban areas have lower population reporting rates than rural areas. This may be due to greater anonymity of urban areas and immigrant communities. It may also be due to differences in the relative mix of abuse and neglect cases handled in urban and rural areas. Other factors such as backlog and verification rates may also have some relation to district differences in reabuse rates. These factors are under examination by the department. The measure is a valid statewide indicator of reabuse, but comparisons among districts require additional explanatory information.

**Reliability:** Case closure and data entry in the Florida Abuse Hotline Information System and the Client Information System are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.

Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into the Client Information System for the Intensive Crisis Counseling Program (ICCP), Family Builders, and other privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
Target Group: Children Who Have Been Abused or Neglected by Their Families

Output Measure: Number of Child Abuse/Neglect Investigations.

Data Sources and Methodology: The data source for this measure is the Florida Abuse Hotline Information System (FAHIS).

This is the total number of calls which counselors at the Hotline referred to district staff for investigation. The Hotline receives over 300,000 calls annually, and counselors have been trained extensively on how to determine which of these should be referred for investigation. Investigations are conducted pursuant to F.S. 415.505.

Validity: N/A

Reliability: Case referral from Hotline staff to district staff are automated in the Florida Abuse Hotline Information System, and staff receive on-going systems training and monitoring to assure reliability of data entered into the system. Periodic reviews by program supervisory staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of the data.
**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:**
Number of children under Protective Supervision.

**Data Sources and Methodology:** The data source for this measure is the Client Information System (CIS).

This measure is a number. It counts the number of children under protective supervision in their own homes. It does not include children living with relatives other than their parents. Those children are counted under out-of-home care.

The number *under* protective supervision counts children at a point in time. For a cumulative number served, it counts children with a Client Information System (CIS) record active in Protective Supervision for one or more days during the reporting period.

**Validity:** This is a process measure which tracks the number of children served.

**Reliability:** This measure used to include children under protective supervision living with relatives. The number of relative care cases in Protective Supervision is based on the historic proportion of such cases and is subtracted from the total children in protective supervision. The reliability of this measure is limited by the need to estimate the Protective Supervision portion. Additional CIS codes are needed. Data entry in the Client Information System is the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.

Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into the Client Information System for privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
Target Group: Children Who Have Been Abused or Neglected by Their Families

Output Measure:
Number of children in out-of-home care.

Data Sources and Methodology: This measures the number of children in foster care, residential group care and relative care (including certain non-relatives). The data source for the number in foster care and residential group care is the Substitute Care Report (previously included in the Management Plan Summary for Child Welfare Services). Data are submitted by districts on the Excel input format titled “Management Plan Worksheet For Foster Care/Residential Group Care/Subsidized Independent Living/Emergency Shelter.” Some districts produce this data automatically from their local Interim Child Welfare Services Information System (ICWSIS). The data sources for relative care is the Client Information System.

This measure is a number. It counts the number of children who are in foster care placement status or under protective supervision living with a relative (or certain non-relatives) other than a parent at a point in time.

Validity: This is a process measure which tracks the number of children served.

Reliability: Accurate and timely submission of data reports is the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.

Providers are required by contract to report performance data including client outcomes. They are also required to provide appropriate input for statewide data reports for privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
**Target Group:** Child Victims of Abuse or Neglect Who Become Eligible for Adoption

**Output Measure:**
Number of termination of parental rights petitions filed.

**Data sources and methodology:** This measure is a number. The source is the Adoption and Related Services Monthly Statistical Report.

**Validity:** This measure is a good indicator of progress toward finding safe and permanent homes for children.

**Reliability:** The data collection form, Adoption and Related Services Monthly Statistical Report, has been in use statewide for approximately 10 years. The monthly report entries are simple and straightforward and come from one service delivery point in each district. Threats to reliability include data entry errors. However, district staff are periodically trained in the use of the data entry form, and the forms are checked for accuracy by the Family Safety central office data unit. These data are calculated using custom-designed software spreadsheets that have built-in controls. The system will not allow the user to proceed until any discrepancies are corrected (negative end counts, for example).
**Target Group:** Child Victims of Abuse or Neglect Who Become Eligible for Adoption

**Output Measure:**
Number of adoptive placements.

**Data Sources and Methodology:** The data source for this measure is the Adoption and Related Services Monthly Statistical Report. This report submitted monthly by all districts, provides the actual number of children placed for adoption during the reporting month.

**Validity:** This is a major component to the adoption program. Adoption placements are the essential step towards adoption finalizations. Data for this measure reflect the actual number of children placed.

**Reliability:** Training on the use of the Adoption and Related Services Monthly Statistical Report (ARS) report is provided statewide from time to time, and to specific districts upon request. The ARS data collection form has been in use statewide for approximately 10 years. The monthly report entries are simple and straightforward and come from one service delivery point in each district. Threats to reliability include data entry errors. However, district staff are periodically trained in the use of the data entry form, and the forms are checked for accuracy by the Family Safety and Preservation central office data unit. These data are calculated using custom-designed software spreadsheets that have built-in controls. The system will not allow the user to proceed until any discrepancies are corrected (negative end counts, for example).

In addition, the districts send in actual paper placement agreement forms that adoptive parents sign for subsidy and are cross checked against those numbers for placements reported on the Adoption and Related Statistics Report. This is done at the end of each fiscal year. There is also a Form 5039 that districts turn in each time there is a disruption of an adoptive placement or a final order for adoption is granted by the court. These are also crossed referenced.
Post-Adoption Services

Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption

Outcome Measure:
Percent of successful adoptions.

Data Source and Methodology: The data source for this measure is the Monthly Adoption and Related Services Statistical Report (ARS).

This measure is a percent. The numerator is the number of children on state adoption subsidy minus adoption dissolutions (reported on the Adoption and Related Services Statistical Report, Sec. IV, C. 3). The denominator is the number of children on state adoption subsidy.

Each year a small fraction of finalized adoptions dissolve. Among these, some children return to the custody of the department. Post finalization services are in place to assist families in managing difficult children, such as those with mental, emotional, and physical handicaps. Also financial support in terms monthly subsidy payments are made to the parents. Regardless of these efforts, a few parents find it impossible to continue to cope with their adopted child, and in many of these cases the department regains custody.

Validity: For the purposes of this measure dissolutions are limited to those reported on the ARS report. Some of these children may come into the custody of the department without a legal dissolution, others will reach the age of majority before this can legally occur and will thus be beyond the custody of the department. The denominator may not represent all potential dissolutions which might return to department custody because all children at risk of dissolution may not be currently in receipt of subsidy.

Reliability: The Adoption and Related Services report has been in use for some years, and staff are reasonably well-trained in recording the data accurately.
Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption

Output Measure:
Number [of children] receiving subsidies. [Adoption subsidies]

Data Sources and Methodology: The data source for this measure is the Adoption and Related Services Monthly Report (ARS). This report is submitted monthly by all districts, and provides the actual number of children receiving adoption subsidy at the end of each reporting month.

Validity: This is a major component to the adoption program. Subsidies serve to encourage and support families who adopt children with special needs. Data for this measure reflect the actual number of children receiving financial support.

Reliability: Training on the use of the Adoption and Related Services Monthly Statistical Report (ARS) report is provided statewide from time to time, and to specific districts upon request. The ARS data collection form has been in use statewide for approximately 10 years. The monthly report entries are simple and straightforward and come from one service delivery point in each district. Threats to reliability include data entry errors. However, district staff are periodically trained in the use of the data entry form, and the forms are checked for accuracy by the Family Safety and Preservation central office data unit. These data are calculated using custom-designed software spreadsheets that have built-in controls. The system will not allow the user to proceed until any discrepancies are corrected (negative end counts, for example).

The data reported on the Adoption and Related Services Monthly Statistical Report will be cross checked for consistency with the adoption subsidy approval forms submitted monthly to the Federal Maximization Unit, in the Office of Family Safety and Preservation, and the monthly SAMAS Report. SAMAS is a payment system that routinely audited by the Comptroller. In addition, the districts send in actual paper placement agreement forms that adoptive parents sign for subsidy. They are cross checked against placements reported on the Adoption and Related Statistics Report. This is done at the end of each fiscal year. There is also a Form 5039 that districts turn in each time there is a disruption of an adoptive placement or a final order for adoption is granted by the court. These are also crossed referenced.
Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption
[Note: Not all Florida Adoptees accessing this service have been abused/neglected.]

Output Measure:
Number of requests for non-identifying information from Florida adoptees.

Data source and methodology: Correspondence from or to Florida adoptees, or in the case of minor children, from or to the adoptive parents. Court orders and related correspondence requiring non-identifying or identifying information. Number of closed adoption records or files accessed. Documents filed.

Validity: In order to accurately reflect the workload related to this activity, each step in the process is counted.

Reliability: Incoming and outgoing correspondence and court orders are date stamped and counted individually. Each record, document or file handled or filed is counted.
Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption
[Note: Not all Florida Adoptees accessing this service have been abused/neglected.]

Output Measure:
Total applicant activity. [Florida Adoption Reunion Registry]

Data sources and methodology: Includes number of 'first time' applications and fees received; number of applicant information change requests and fees received; number of applicant verifications processed to the office of vital statistics; number of blank applications and/or blank information change requests mailed; and related correspondence applications and information updates, and related fees, are processed. Applications are sent to the office of vital statistics for verification. Court orders are processed. Requests for applications are processed. Related correspondence is answered.

Validity: All this activity is counted to accurately reflect the workload needed to support this program.

Reliability: Incoming and outgoing correspondence, applications and documents are date stamped and counted individually. Fees are recorded and processed for deposit.
Domestic Violence

Target Group: Victims of Domestic Violence

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

Data Sources and Methodology: The data source for this measure is the monthly statistical report of services by providers.

This measure is a percent. The numerator is the total of victims leaving shelter after a minimum of 72 hours in residence with a safety plan. The denominator is the total number of victims who left shelter after 72 hours.

Each month providers are required to submit to their contract managers a statistical report on all services as delineated in their contract objectives. The report includes the number of victims leaving shelter after a minimum of 72 hours and the number completing a safety plan. The safety plan comprises a set of activities whose purpose is to enhance the safety of the victim and her/his dependents. A state summary of these data is kept in the central office.

Validity: This measure is a direct indicator of the program goal, to be safe from harm. The provision of a safety plan before the family leaves shelter will directly affect the family’s ability to avoid domestic violence in the future and remain safe from harm. Safety plans include preventative strategies that equip clients with survival skills when in danger of future violence.

Reliability: Providers are required by contract to report performance data including client outputs. The Department monitors the extent to which providers comply with these contractual requirements. Training, as well as written instructions, on collecting the information is given to all contract providers. During yearly on site monitoring visits, contract managers review a predetermined number of client case files to ensure that safety plans are being developed as required.
Target Group: Victims of Domestic Violence

Output Measure:
Number counseled. [Domestic violence shelters and supports]

Data Sources and Methodology: The data source for this measure is the monthly statistical report compiled by the domestic violence providers and submitted by the contract managers to the department’s data processing unit.

The output is the number of adults and children receiving counseling during the fiscal year. Each month providers are required according to the terms of their contract to submit a data report that includes the number of unduplicated adults and children counseled for the month. The report is submitted to the department’s data support unit which then compiles the data into a year-end report of total services provided. Counseling is the provision of crisis counseling to individuals in individual and/or group processes. Each individual counseled is counted once during the fiscal year.

Counseling is a crucial element of safety planning. The method used by most centers is a peer counseling model that seeks to provide information on the dynamics of domestic violence, and to provide the victim with a range of options that will help to ensure her or his safety.

Validity: N/A

Reliability: Providers are required by contract to report performance data, including outputs. Training, as well as written instructions, on collecting the information is given to all contract providers. During the yearly monitoring visit, the contract performance unit reviews a predetermined number of client files to ensure accuracy of data reporting.
Target Group: Victims of Domestic Violence

Output Measure: Number of grants awarded. [Violence Against Women Act]

Data Sources and Methodology: The data source for this measure is a simple count of the number of grants awarded to programs that have demonstrated their ability to improve the criminal justice system’s response to violence against women. A state contract formalizes the details of each grant awarded, along with the outcomes and deliverables required.

Validity: Grants are awarded to programs that emphasize enhanced delivery of services to women victimized by violence. The number of grants awarded directly reflects the number of programs with a coordinated community response by law enforcement, prosecutors, victim services and other agencies assisting women victimized by violence. A statewide implementation plan ensures a coordinated response at the state level.

Reliability: This is a new activity, in process of transfer from another Department. Operational definitions of what constitutes a grant should not be an issue, and counting the occurrences of this output will not pose reliability problems.
**Target Group:** Victims of Domestic Violence

**Output Measure:**
Number of families served. [Supervised visitation shelters]

**Data Sources and Methodology:** The data source for this measure is the monthly statistical report compiled by the domestic violence providers and provided directly to the central program office.

The output is the number of families served in supervised visitation shelters. These visitations may be done under court order relating to domestic violence perpetration, or in situations where the court deems the case contentious and requiring supervised exchanges; may also be for visitation by biologic parents while dependency issues are resolved for children in custody. [Data is available by number of individuals and number of children as well as number of families.]

**Validity:** This output supports achieving the outcome of safety for children in several ways by protecting them from potentially violent situations.

**Reliability:** Providers are required by contract to report performance data, including outputs. Training, as well as written instructions, on collecting the information is given to all contract providers. During the yearly monitoring visit, the contract performance unit reviews a predetermined number of client files to ensure accuracy of data reporting.
Child Care Regulation and Information

Target Group: Families in Need of Child Care

Outcome Measure:
Percent of licensed child care facilities and homes with no class 1 (serious) violations during their licensure year.

Data Sources and Methodology: The data sources for this measure are Quarterly Child Care Licensure Reports.

This measure is a percent. The numerator is the number of licensed child care facilities and homes with no class 1 violations during the year. The denominator is the largest number of licensed child care facilities and homes reported in a quarter for a year.

Validity: Class 1 violations are the more serious violations of licensing regulations. This measure indicates the extent the program is meeting its goal to protect children from harm.

Reliability: District licensure staff are trained in recognizing and citing all class 1 violations. Licensed child care facilities are monitored between three and four times per year, while licensed family child care homes are monitored twice per year. District child care licensing specialists who are independent from the licensing counselors submit the required quarterly information.
Target Group: Families with Children in Child Care

Output Measure:
Number of facilities and homes licensed.

Data Sources and Methodology: The data source for this measure is the Correspondence and Project Tracking System (CAPTS). This report is a compilation of all child care facilities and family day care homes licensed each month. The licensure and registration of child care programs favorably affect the outcome, “children are protected from harm and achieve appropriate levels of development, and low income families are supported in their efforts to work,” by assuring a safer environment and one which allows parents to feel confident about their child’s wellbeing while at work.

Validity: N/A

Reliability: District child care licensing staff are trained to compile and enter data into the Correspondence and Project Tracking System (CAPTS).
Target Group: Families with Children in Child Care

Output Measure: Number of staff trained. [Child care providers]

Data Sources and Methodology: The data source for this measure is the Child Care Training Report. This report is a compilation of all child care facility personnel and family day care home operators trained each quarter, as well as registered family day care home operators.

Training child care facility personnel and family day home operators favorably impacts the outcome, “children are protected from harm and achieve appropriate levels of development, and low income families are supported in their efforts to work,” by assuring a safer environment and better learning opportunities.

Validity: N/A

Reliability: District training coordinators are trained to track and compile all statutorily mandated child care training activities. These are reported quarterly to the district child care training contract manager and compiled by the central office.
Target Group: Families with Children in Child Care

Output Measure:
Number of information requests.

Data Sources and Methodology: The data source for this measure is the Florida Child Care Resource and Referral Network Monthly Summary Report. This report is a monthly compilation of all resource and referral information requests received by the Child Care Resource and Referral Agencies.

Florida Child Care Resource and Referral Network Monthly Summary Report favorably impacts the outcome, “children are protected from harm and achieve appropriate levels of development, and low income families are supported in their efforts to work” by providing appropriate information to parents so they can make educated placement decisions.

Validity: N/A

Reliability: Child Care Resource and Referral personnel are trained to track, compile and report this date in the Florida Child Care Resource and Referral Network Monthly Summary Report.
Target Group: Families in Need of Child Care

Output Measure: Average number of cases/clients per month.

Data Sources and Methodology: The data source for this measure is the Monthly Child Care Enrollment Report. This report is a compilation of all children enrolled in the subsidized child care program on the last day of each month. It is reported by eligibility category (i.e., children at Risk of Abuse, WAGES, children of working poor families, etc.) and by age group.

The number of children enrolled in the subsidized child care program directly impacts the program goals to protect children from harm and help them achieve appropriate levels of development, and to support low income families in their efforts to work.

Validity: N/A

Reliability: Staff within the community coordinated child care agencies are trained in entering data on the Monthly Child Care Enrollment Report, an input document to the Child Care Management Information System.
Adult Protection

Target Group: Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect, or Exploitation.

Outcome Measure:
Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open.

Data Source and Methodology: The measure identifies the rate of re-abuse, re-neglect, and re-exploitation among cases that are still open and being provided services from a prior abuse/neglect/exploitation report. Cases open for protective supervision in the Client Information System (CIS) will be matched to the Florida Abuse Hotline Information System (FAHIS) database each month to determine any cases that have subsequent reports of abuse, neglect, or exploitation.

Validity: This measure is a direct indicator of the program goal to protect adults with disabilities and frail elderly from further harm during services.

Reliability: The measure uses data from the Florida Abuse Hotline Information System (FAHIS) and the Client Information System (CIS). The Florida Abuse Hotline Information System (FAHIS) has high standards of data integrity, accuracy, and completeness. Data entry in both systems is the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues.
Target Group: Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation

Output Measure:
Number of protective investigations.

Data Sources and Methodology: The data source for this measure is the Florida Abuse Hotline Information System.

This measure is a number. It is the number of cases opened for investigation based on hotline calls received for investigation which met the statutory criteria for acceptance as an abuse, neglect or exploitation report. Each month, the Florida Abuse Hotline Information System Data Support Unit provides a report, by district and county, of all reports received for protective investigation.

Validity: This is a direct count on reports received for investigation.

Reliability: The Florida Abuse Hotline and Information System (FAHIS) has high standards of data integrity, accuracy and completeness. Case closure and data entry in the Florida Abuse Hotline Information System and the Client Information System are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
**Target Group:** Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation

**Output Measure:**
Number of people served. [Adult protective services]

**Data Sources and Methodology:** The data sources for this measure is the Client Information System (CIS).

This measure is a number. It is the number of cases reported annually as a Protective Supervision case. The Client Information System (CIS) will allow the identification of all clients receiving both court ordered and voluntary protective supervision services.

Prior to closure of each protective investigation, the protective investigator is required to enter specific disposition codes which identify how a case is being closed. For those cases requiring either court ordered or voluntary protective supervision, the appropriate disposition codes will be entered into Florida Abuse Hotline Information System (FAHIS). The protective supervision counselor is required to open a new provider record in the Client Information System (CIS) for each protective supervision referral. The code structures of these two systems allow us to determine the number of clients receiving protective supervision.

**Validity:** This is a direct count of clients served.

**Reliability:** The Client Information System is a primary data system for this department. It registers each applicant for services and records each program that serves the client. Monitoring of the Client Information System has shown duplicate client counts and, in some districts, delays in updating information.

Case managers are responsible for the non-duplicative input of Client Information System data by department policy and contract standards. Districts work to ensure that the Client Information System is updated and accurate. It is the only data source from which the Adult Services office can gather reliable statistics their clients in a timely fashion.
MENTAL HEALTH

Sexually Violent Predator Facilities

Target Group: Adults with Mental Health Problems

Sub-group: Sexually violent predators

Outcome Measure:
Number of people treated and released.

Data Sources and Methodology: Persons referred to the Sexually Violent Predator (SVP) program are entered into an ACCESS database at the department’s Mental Health Program Office. Referral sources include the Departments of Corrections and Juvenile Justice, and the department itself. A subset of referrals become program detainees by virtue of the state’s attorney filing a petition. A portion of the detainees become committed patients of the SVP program following a court order. Patients receive cognitive-behavioral relapse prevention treatment in order to prepare them for eventual return to society. Annually, patients are evaluated for release and may be released back to their community by a circuit judge at that time. Currently there are fewer than 10 patients and none has reached the one year review term.

Validity: N/A

Reliability: A sample of the records in the database each fiscal year is evaluated, as part of the Quality Review process. Also, during the Quality Review, other source documents will be reviewed to ascertain the reliability of reporting. The number of these clients is so small that reliability of the data should not become a problem.
Target Group: Adults with Mental Health Problems

Sub-group: Sexually violent predators

Output Measure: Number of persons served.

Data Sources and Methodology: The data source for this measure is the sexually violent predator data base maintained by the program office.

This measure is calculated by adding the census at the beginning of the fiscal year of all individual either committed or detained and all new screened, evaluated, committed or detained during the fiscal year.

Validity: This number reflects the actual number of persons receiving services from violent sexual predator program.

Reliability: The reliability of this number will be affected by the accuracy of data entered into the system.
Adult Community Mental Health Services

Target Group: Adults with Mental Health Problems

Sub-groups: Adults with serious and persistent mental illness

Outcome Measure:
Annualized number of days spent in the community (not in an institution, corrections facility, etc) for adults with a serious and persistent mental illness.

Data Sources and Methodology: The data source for this measure is the Substance Abuse and Mental Health Data Warehouse (ADMDW).

The measure is an average. The numerator is the total number of days spent in the community by the clients in the 30 days prior to the latest post-admission assessment. The denominator is the number of clients for whom the days spent in the community has been recorded. This is converted to an annual average by multiplying by 12.1667.

The case manager or therapist enters the information onto a Mental Health Outcome Measures Input Form, and the provider electronically sends the completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

Validity: This measure is an objective count of the number of days spent in the community (not in crisis stabilization unit, short term residential treatment unit, state treatment facility, inpatient unit, jail or homeless). This measure was tested for validity as a source of clinical change outcome information by the Florida Mental Health Institute when the information was collected on the Functional assessment Rating Scale.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during the summer of 1999. These sessions included information on procedures for collecting and recording outcome data, and the sessions were followed up with written instructions and question and answer sheets. Department staff have developed a “checker program” and has included edits in its software to ensure the data quality.
**Target Group:** Adult Community Mental Health

**Output Measure:**
Number of adults served. [Emergency stabilization supports]

**Data Sources and Methodology:**
The Alcohol, Drug Abuse, and Mental Health Data Warehouse. This measure is calculated as sum of the distinct count of clients in cost centers 03 (Crisis Stabilization) and 04 (Crisis Support), as reported by each provider.

**Validity:** This is a direct measure of the number of adults served in crisis stabilization or support services, indicating an effort to stabilize an acute episode of mental illness in the least restrictive residential-type setting within the client’s community.

**Reliability:** The reliability of this measure is dependent on the provider’s accuracy and compliance in regard to the information they submit. Providers are required by contract to report this data, and the Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff in June 1998. These sessions trained providers on procedures for collecting and reporting target population information, and the sessions were followed up with written instructions and question and answer sheets.
Target Group: Adult Community Mental Health

Measure:
Number of adults served. [Treatment and supports]

Data Sources and Methodology:
The data source for this measure is the Alcohol, Drug Abuse, and Mental Health Data Warehouse. It is calculated as the sum of the distinct count of clients in all cost centers (excluding 03 Crisis Stabilization and 04 Crisis Support), as reported by the provider.

Validity: This is a direct measure of the number of adults served in treatment and support services, in an effort to maintain clients in the community, not in jail, CSU, residential, homeless or in State Mental Health institutions

Reliability: The reliability of this measure is dependent on the provider’s accuracy and compliance in regard to the information they submit. Providers are required by contract to report this data, and the Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff in June 1998. These sessions trained providers on procedures for collecting and reporting target population information, and the sessions were followed up with written instructions and question and answer sheets.
**Children's Mental Health Services**

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with serious emotional disturbances

**Outcome Measure:**
Annualized number of days spent in the community (not in an institution, corrections facility, etc.) for children with a serious emotional disturbance.

**Data Sources and Methodology:** The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse.

The measure is an average. The numerator is the sum of average number of days out of thirty each client spends in the community determined at the time of post-admission assessments during the fiscal year. The denominator is an unduplicated count of the total number of clients for whom the average has been recorded. This is converted to an annual average by multiplying by 12.1667. A child is considered to be living in the community if not in a wilderness camp, residential treatment center, inpatient hospital, crisis stabilization unit, detention, homeless or runaway. This measure does not include children committed to the Department of Juvenile Justice. Commitment and placement in a juvenile justice facility are affected by legal issues, not mental health treatment.

The provider agency enters the information onto the Mental Health Outcome Measures Input Form or directly into the Substance Abuse and Mental Health Software SA-MH that is used to electronically submit data.

**Validity:** This is an indicator of the child’s ability to function and live with their family, or in a least restrictive setting in the community. Current literature on the issue of children’s mental health indicates that the restrictiveness of a child’s environment is an important factor in his or her overall functioning. (Duchnowski, A.J. et al, 1993. *The alternatives to residential treatment study: initial findings*. *Journal of Emotional and Behavioral Disorders*, 1, 17-26).

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements. Training sessions were provided to district and provider staff across the state in June 1999. These sessions trained providers on procedures for collecting and recording outcome data, and the sessions were followed up with written instructions and question and answer sheets. District staff periodically monitor the quality and accuracy of information submitted by their contracted providers.
Target Group: Children’s Mental Health

Measure:
Number of children served. [Emergency stabilization supports]

Data Sources and Methodology:
The data source for this measure is the Alcohol, Drug Abuse, and Mental Health Data Warehouse. It is calculated as the sum of the distinct count of clients in cost centers 03 (Crisis Stabilization) and 04 (Crisis Support), as reported by each provider.

Validity: This is a direct measure of the number of children served in crisis stabilization or support services, indicating an effort to stabilize an acute episode of mental illness in the least restrictive residential-type setting within the client’s community.

Reliability: The reliability of this measure is dependent on the provider’s accuracy and compliance in regard to the information they submit. Providers are required by contract to report this data, and the Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff in June 1998. These sessions trained providers on procedures for collecting and reporting target population information, and the sessions were followed up with written instructions and question and answer sheets.
Target Group: Children’s Mental Health

Measure:
Number of children served. [Treatment and supports]

Data Sources and Methodology:
The data source for this measure is the Alcohol, Drug Abuse, and Mental Health Data Warehouse. It is calculated as the sum of the distinct count of clients in all cost centers (excluding 03 Crisis Stabilization and 04 Crisis Support), as reported by each provider.

Validity: This is a direct measure of the number of children served in treatment and support services, in an effort to maintain clients in the community, not in jail, CSU, residential, homeless or in State Mental Health institutions.

Reliability: The reliability of this measure is dependent on the provider’s accuracy and compliance in regard to the information they submit. Providers are required by contract to report this data, and the Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff in June 1998. These sessions trained providers on procedures for collecting and reporting target population information, and the sessions were followed up with written instructions and question and answer sheets.
Target Group: Children Incompetent to Proceed to Juvenile Justice

Output Measure:
Number of children served. [Restoration services]

Data Sources and Methodology: The data source for this material is provided by the central office project coordinator records.

The methodology used is a manual count of the number of children who were ordered by the courts for competency restoration treatment or training, and referred and admitted for services to the provider.

Validity: This measure is a direct indicator of the desired goal of the program to serve children who are incompetent to proceed to juvenile justice.

Reliability: The central office will maintain a computer file that tracks the dates and major events of each child’s case. The provider has demonstrated their capacity to maintain data accurately and consistently in other states. The program coordinator will conduct on site monitoring of the provider and review a representative sample of case files to ensure that the information contained in these files coincides with the provider’s monthly report.
Adult Mental Health Treatment Facilities

Target Group: Adults with Mental Health Problems

Sub-group: Adults in civil commitment

Outcome Measure:
Percent of people in civil commitment who are discharged to the community.

Data Sources and Methodology: The data source for this measure is the Data Warehouse.

This measure is a percent. The numerator is the year-to-date number of residents discharged to the community, excluding transfers to other facilities, elopements, escapes, deaths, or status changes. The denominator is the beginning census, plus all new admissions year-to-date.

There may be variations in results across facilities due to population differences within each facility, and the ability of the community to provide services in different locations. For internal management this measure is reported by facility.

Validity: This is a direct measure of the desired outcome that individuals live and participate in the community. The chronic nature of mental illness of some individuals residing in facilities may impact the ability of institutions to discharge them. For instance sub populations such as the developmentally disabled, geriatric, or forensic commitments living in civil facilities are often difficult to discharge. An alternative to this measure would be to calculate the percent of discharges, delineating between long and short term populations, and report accordingly.

Reliability: The reliability of this measure is dependent on accurate data entered into the system. This is addressed in conjunction with the Quality Review Process, by randomly pulling monthly data, and verifying findings on site.
**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in forensic commitment

**Output Measure:**
Number of adults served. [Forensic treatment – facility].

**Data Sources and Methodology:** The data source for this measure is the ADM Data Warehouse.

This measure is a number. It is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year.

**Validity:** This number reflects the actual number of persons receiving services from state mental health treatment facilities.

**Reliability:** The reliability of this number will be affected by the accuracy of data entered into the system. In order to increase reliability, random reports will be generated, and facility staff will be asked to confirm accuracy at given intervals. Also, this can be checked on site as a part of the Quality Review peer review process during annual site visits.
Target Group: Adults with Mental Health Problems

Sub-group: Adults in civil commitment

Output Measure:
Number of adults served. [Civil treatment – facility].

Data Sources and Methodology: The data source for this measure is the ADM Data Warehouse

This measure is a number. It is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year. The methodology has been refined to count clients by the type of hospital in which they are residing rather than by commitment status. This is more appropriate because a large number of persons with Chapter 916, F.S., commitments are living in civil areas of hospitals. Clients with civil commitment closely resemble the forensic target population in treatment needs and characteristics. They receive similar services, though do not require the level of security provided in forensic settings.

Validity: This number reflects the actual number of persons receiving services from state mental health treatment facilities.

Reliability: The reliability of this number will be affected by the accuracy of data entered into the system. In order to increase reliability facility staff will confirm accuracy of randomly selected data at given intervals. Data will also be checked on site as a part of the Quality Review peer review process during annual site visits.
SUBSTANCE ABUSE

Child substance abuse prevention and treatment services

Target Group: Children with Substance Abuse Problems

Outcome Measure:
Percent of children drug-free during the 12 months following completion of treatment.

Data Sources and Methodology: The data source for this measure will be the administration of a urinalysis test to all clients from the target group who complete treatment for illegal drugs. Service providers will be responsible for this administration. The urinalysis used for this measure will be collected approximately 12 months after successful completion of treatment from participants who sign the appropriate consent forms. Cooperation in the follow-up study will be contractually required of all substance abuse providers who contract with the district ADM office to provide treatment services.

Validity: This measure will be used as an indicator of overall effectiveness of substance abuse treatment programs in the state. Although there is no perfect method to determine drug use, studies have shown that urinalysis testing is a valid indicator of drug use. This measure will allow extensive follow-up beyond the current six-month measure to show whether the treatment results in sustained success 12 months following discharge from treatment.

This measure is a percent. The numerator is the number of urinalyses that are drug free twelve months following completion of treatment. The denominator is the total number of clients completing treatment for illegal drugs in this target group.

Reliability: The reliability of this measure is dependent on providers’ compliance with the guidelines set forth for the follow-up study methodology, maintaining updated contact information, and accurate reporting of test results.
Target Group: Children With Substance Abuse Problems

Output Measure:
Number of children served. [Detoxification and Crisis Supports]

Data Sources and Methodology: The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), enrollment and placement data.

The output measure is a number. The term, “number served,” includes all the children who receive detoxification and crisis support services by the program.

Validity: N/A

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to enroll all clients paid for, wholly or in part, by the department, Medicaid, or local match and to report to the department’s data system those who have successfully completed treatment. The Department monitors the extent to which providers report this information accurately by a computer program which checks for data inconsistencies and logic errors. Staff review data monthly, for consistency with past trends and for the attainment of expected goals. Field visits for technical assistance are made to each district approximately annually and upon request. There is a current data manual, The ADM Reporting System Handbook.
**Target Group:** Children With Substance Abuse Problems

**Output Measure:**
Number of children served  [Prevention services]

**Data Sources and Methodology:** The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), enrollment and placement data.

The output measure is a number. The term “number served,” includes all the children who receive prevention services by the program, including Targeted Prevention and Universal Prevention services.

**Validity:** N/A

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to enroll all clients paid for, wholly or in part, by the department, Medicaid, or local match and to report to the department’s data system those who have successfully completed treatment. The Department monitors the extent to which providers report this information accurately by a computer program which checks for data inconsistencies and logic errors. Staff review data monthly, for consistency with past trends and for the attainment of expected goals. Field visits for technical assistance are made to each district approximately annually and upon request. There is a current data manual, The ADM Reporting System Handbook.
**Target Group:** Children With Substance Abuse Problems

**Output Measure:**
Number of children completing treatment.

**Data Sources and Methodology:** The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), enrollment and placement data.

The output measure is a number.

The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), SISAR substance abuse enrollment and placement data. The number served is an unduplicated count of enrolled children, i.e., children certified as having services funded by the state, Medicaid or local government matching funds, who receive treatment and intervention services during their episode of care.

**Validity:** N/A

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to enroll all clients paid for, wholly or in part, by the department, Medicaid, or local match and to report to the department’s data system those who have successfully completed treatment. The Department monitors the extent to which providers report this information accurately by a computer program which checks for data inconsistencies and logic errors. Staff review data monthly, for consistency with past trends and for the attainment of expected goals. Field visits for technical assistance are made to each district approximately annually and upon request. There is a current data manual, *The ADM Reporting System Handbook.*
**Target Group:** Children With Substance Abuse Problems

**Output Measure:**
Number of children served. [Aftercare/follow-up]

**Data Sources and Methodology:** The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), enrollment and placement data.

The output measure is a number. The term “number served,” includes all the children who receive aftercare/follow-up services.

**Validity:** N/A

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to enroll all clients paid for, wholly or in part, by the department, Medicaid, or local match and to report to the department’s data system those who have successfully completed treatment. The Department monitors the extent to which providers report this information accurately by a computer program which checks for data inconsistencies and logic errors. Staff review data monthly, for consistency with past trends and for the attainment of expected goals. Field visits for technical assistance are made to each district approximately annually and upon request. There is a current data manual, The ADM Reporting System Handbook.
Adult substance abuse prevention and treatment services

Target Group: Adults with Substance Abuse Problems

Outcome Measure:
Percent of adults drug-free during the 12 months following completion of treatment.

Data Sources and Methodology: The data source for this measure will be the administration of a urinalysis test to all clients from the target group who complete treatment for illegal drugs. Service providers will be responsible for this administration. The urinalysis used for this measure will be collected approximately 12 months after successful completion of treatment from participants who sign the appropriate consent forms. Cooperation in the follow-up study will be contractually required of all substance abuse providers who contract with the district ADM office to provide treatment services.

Validity: This measure will be used as an indicator of overall effectiveness of substance abuse treatment programs in the state. Although there is no perfect method to determine drug use, studies have shown that urinalysis testing is a valid indicator of drug use. This measure will allow extensive follow-up beyond the current six-month measure to show whether the treatment results in sustained success 12 months following discharge from treatment.

This measure is a percent. The numerator is the number of urinalyses that are drug free twelve months following completion of treatment. The denominator is the total number of clients completing treatment for illegal drugs in this target group.

Reliability: The reliability of this measure is dependent on providers’ compliance with the guidelines set forth for the follow-up study methodology, maintaining updated contact information, and accurate reporting of test results.
**Target Group:** Adults With Substance Abuse Problems

**Output Measure:**
Number of adults served [Detoxification and Crisis Supports]

**Data Sources and Methodology:** The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), enrollment and placement data.

The output measure is a number. The term “number served,” includes all the adults who receive detoxification and crisis support services by the program.

**Validity:** N/A

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to enroll all clients paid for, wholly or in part, by the department, Medicaid, or local match and to report to the department’s data system those who have successfully completed treatment. The Department monitors the extent to which providers report this information accurately by a computer program which checks for data inconsistencies and logic errors. Staff review data monthly, for consistency with past trends and for the attainment of expected goals. Field visits for technical assistance are made to each district approximately annually and upon request. There is a current data manual, *The ADM Reporting System Handbook.*
Target Group: Adults With Substance Abuse Problems

Output Measure:
Number of adults served. [Prevention]

Data Sources and Methodology: The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), enrollment and placement data.

The output measure is a number. The term “number served,” includes all the adults who receive prevention services by the program.

Validity: N/A

Reliability: A uniform data collection system does not currently exist for adult prevention services. Prior to the beginning of FY 2000-01, staff will implement prevention data collection and storage into the Data Warehouse; however, the reliability of the data will be dependent on provider’s compliance with data reporting. Providers will be required by contract to report the provision of prevention services as they are now reporting other services for all clients paid for, wholly or in part, by the department, Medicaid, or local match.
Target Group: Adults With Substance Abuse Problems

Output Measure:
Number of adults completing treatment.

Data Sources and Methodology: The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), enrollment, placement, and discharge data. The output measure is a number.

The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), SISAR substance abuse enrollment, placement, and discharge data. The number served is an unduplicated count of enrolled adults, i.e., adults certified as having services funded by the state, Medicaid or local government matching funds, who receive treatment and intervention services during their episode of care.

Validity: N/A

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to enroll all clients paid for, wholly or in part, by the department, Medicaid, or local match and to report to the department’s data system those who have successfully completed treatment. The Department monitors the extent to which providers report this information accurately by a computer program which checks for data inconsistencies and logic errors. Staff review data monthly, for consistency with past trends and for the attainment of expected goals. Field visits for technical assistance are made to each district approximately annually and upon request. There is a current data manual, The ADM Reporting System Handbook.
Target Group: Adults With Substance Abuse Problems

Output Measure:
Number of adults served. [Aftercare/follow-up]

Data Sources and Methodology: The data source for this output measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), enrollment and placement data.

The output measure is a number. The term “number served,” includes all the adults who receive aftercare/follow-up services.

Validity: N/A

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to enroll all clients paid for, wholly or in part, by the department, Medicaid, or local match and to report to the department’s data system those who have successfully completed treatment. The Department monitors the extent to which providers report this information accurately by a computer program which checks for data inconsistencies and logic errors. Staff review data monthly, for consistency with past trends and for the attainment of expected goals. Field visits for technical assistance are made to each district approximately annually and upon request. There is a current data manual, The ADM Reporting System Handbook.
PERSONS WITH DISABILITIES

Home and Community Services

Target Group: People with Developmental Disabilities

Sub-group: People in the Community

Outcome measure:
Percent of people with improved quality of life.

Data Source and Methodology: The data source for this measure is a program office database of a statistically reliable, state-wide, sample of individuals receiving services in the community who have been scored on both outcome and process (support and service) criteria on the National Council on Accreditation for Developmental Disabilities Programs Personal Outcome Measures instrument.

The measure is a percent. The numerator is the number of persons who have scored at or above the minimum national standard for accreditation by the Council on Quality and Leadership in Supports for People with Disabilities. The denominator is the number of persons who have been scored.

Validity: Content and construct validity of the Personal Outcome Measures instrument has been demonstrated through factor analysis of data obtained from a series of studies from 1991-1992 and 1995, by the National Council on Accreditation for Developmental Disabilities Programs.

Reliability: Support coordinators and department staff who administer the instrument to individuals have been extensively trained in its use and have been tested in order to assure a high degree of inter-rater reliability. Periodically, central program office will conduct district level quality control sampling of the face-to-face assessment information to ensure that data have been recorded correctly and input correctly into the database. Quality control sampling of the data base will occur at quarterly intervals. Re-test of raters will occur from time to time to maintain inter-rater reliability.
**Target Group:** People with Developmental Disabilities

**Sub-group:** People in the community

**Output Measure:**
Persons receiving case management. [Support Coordination]

**Data Sources and Methodology:** The data source for this measure is the Developmental Services Allocation, Budget and Contract Control System (ABC).

This measure is a number. The number is the active community caseload for each district on the monthly ABC report. The community caseload includes all clients except those in Developmental Services Institutions and Intermediate Care Facilities.

**Validity:** The provision of case management is crucial to the ability of individuals with developmental disabilities to live and participate in their communities. Coordination of services and resource development help provide individuals with adequate health, social and employment opportunities, so they may take full advantage of community life.

**Reliability:** This measure is obtained by a monthly count of the active developmental services caseload in each district as reported by the ABC system. The ABC system is a reliable system for the purposes of caseload counts. The ABC User’s Guidebook provides proper codes for entering individuals into the system. Technical Assistance and training are available to the districts from either the Central Developmental Services Program Office staff or the District’s ABC Analyst. A Monthly Data Report is produced and sent to the districts. Districts have procedures in place to assure that cases are closed and opened in a timely manner.
**Target Group:** People with Developmental Disabilities

**Sub-group:** People in the community

**Output Measure:**
Number of persons served. [Direct client supports]

**Data Sources and Methodology:** The data source for this measure is the Developmental Services Allocation, Budget and Contract Control System (ABC).

This measure is a number. The number is the active community caseload for each district on the monthly ABC report. The community caseload includes all clients except those in Developmental Services Institutions and Intermediate Care Facilities.

**Validity:** All active cases receive direct supports. This measure is equal to the number receiving case management.

**Reliability:** This measure is obtained by a monthly count of the active developmental services caseload in each district as reported by the ABC system. The ABC system is a reliable system for the purposes of caseload counts. The ABC User’s Guidebook provides proper codes for entering individuals into the system. Technical Assistance and training are available to the districts from either the Central Developmental Services Program Office staff or the District’s ABC Analyst. A Monthly Data Report is produced and sent to the districts. Districts have procedures in place to assure that cases are closed and opened in a timely manner.
**Developmentally Disabled Private Intermediate Care Facilities**

**Target Group:** People with Developmental Disabilities

**Sub-group:** People in private Intermediate Care Facilities (ICF/DD)

**Outcome measure:**
Percent of people with improved quality of life.

**Data Source and Methodology:** The data source for this measure is a program office database of a statistically reliable, state-wide, sample of individuals receiving services who have been scored on both outcome and process (support and service) criteria on the National Council on Accreditation for Developmental Disabilities Programs Personal Outcome Measures instrument.

The measure is a percent. The numerator is the number of persons who have scored at or above the minimum national standard for accreditation by the Council on Quality and Leadership in Supports for People with Disabilities. The denominator is the number of persons who have been scored.

**Validity:** Content and construct validity of the Personal Outcome Measures instrument has been demonstrated through factor analysis of data obtained from a series of studies from 1991-1992 and 1995, by the National Council on Accreditation for Developmental Disabilities Programs.

**Reliability:** Staff who administer the instrument to individuals have been extensively trained in its use and have been tested in order to assure a high degree of inter-rater reliability. Periodically, central program office will conduct district level quality control sampling of the face-to-face assessment information to ensure that data have been recorded correctly and input correctly into the database. Quality control sampling of the data base will occur at quarterly intervals. Re-test of raters will occur from time to time to maintain inter-rater reliability.
**Target Group:** People with Developmental Disabilities

**Sub-group:** People in private Intermediate Care Facilities (ICF/DD)

**Output Measure:**
Number of persons receiving ICF/DD services.

**Data Sources and Methodology:** The data source for this measure is data reports submitted monthly by each of the district developmental services program administrators.

This measure is a number. The number represents the total number of persons who are classified as “on books” population. This number includes individuals who may be on a temporary absence due to a hospitalization or absence while on an approved home visit. The number is determined by a manual count of the number of persons being served in each privately operated ICF/DD. This number is submitted to the developmental services central program office

**Validity:** N/A

**Reliability:** ICF/DDs are required to keep daily census reports. This will simply access available information that has been produced in the past. The number in residence is used for federal funds reimbursement and is subject to both federal and state auditing. The actual census is certified every month before payment is made. Errors in the count may require return of federal funds or constitute fraud.
Developmental Services Public Facilities

Target Group: People with Developmental Disabilities

Sub-group: People in institutions

Outcome measure:
Percent of people with improved quality of life.

Data Source and Methodology: The data source for this measure is a program office database of a statistically reliable, state-wide, sample of individuals receiving services who have been scored on both outcome and process (support and service) criteria on the National Council on Accreditation for Developmental Disabilities Programs Personal Outcome Measures instrument.

The measure is a percent. The numerator is the number of persons who have scored at or above the minimum national standard for accreditation by the Council on Quality and Leadership in Supports for People with Disabilities. The denominator is the number of persons who have been scored.

Validity: Content and construct validity of the Personal Outcome Measures instrument has been demonstrated through factor analysis of data obtained from a series of studies from 1991-1992 and 1995, by the National Council on Accreditation for Developmental Disabilities Programs.

Reliability: Staff who administer the instrument to individuals have been extensively trained in its use and have been tested in order to assure a high degree of inter-rater reliability. Periodically, central program office will conduct district level quality control sampling of the face-to-face assessment information to ensure that data have been recorded correctly and input correctly into the database. Quality control sampling of the data base will occur at quarterly intervals. Re-test of raters will occur from time to time to maintain inter-rater reliability.
Target Group: People with Developmental Disabilities

Sub-group: People in institutions

Output Measure:
Number of clients served. [Developmental services public facilities]

Data Sources and Methodology: The data source for this measure is data reports submitted monthly by each of the developmental services institutions.

This measure is a number. The number represents the total number of persons who are classified as “on books” population. This number includes individuals who may be on a temporary absence due to a hospitalization or absence while on an approved home visit. The number is determined by a manual count of the number of persons being served in each of the four developmental services institutions. This number is submitted to the developmental services central program office as part of the monthly significant incident report.

Validity: This is an actual count of persons in residence.

Reliability: Developmental services institutions have been reporting census information for years, and this will simply access available information that has been produced in the past. The number in residence is used for federal funds reimbursement and is subject to both federal and state auditing. The actual census is certified every month before payment is made. Errors in the count may require return of federal funds or constitute fraud.
Target Group: People with Developmental Disabilities

Sub-group: People in institutions

Output Measure:
Number of adults provided competency training & custodial care. [Forensic Care]

Data Sources and Methodology: The data sources for this measure are manual reports from each secure forensic facility, submitted to the developmental services central program office. This measure is a sum of the following defined populations:

- Retarded defendants: Adults who have been charged with a felony and who have been found by the court to be incompetent to proceed to trial due to their retardation and danger to the public. These defendants are committed by the court to the Mentally Retarded Defendants Program (MRDP), a secure facility at Florida State Hospital in Chattahoochee. Commitment to the program is for the purpose of competency restoration training and public safety.
- “Former” defendants: Adults who have participated in MRDP competency restoration training and who have been determined to be non-restorable (i.e., never able to attain competency to proceed). These persons have had their charges dismissed (typically after two years at MRDP), but they have been determined to remain a danger to the public. These individuals are involuntarily admitted to developmental services and are transferred to one of two secure facilities for the purpose of maintaining public safety while providing each former defendant intensive training in social skills, basic academics, vocational skills and anger management to prepare the person for future placement back into the community.

Validity: This measure reflects the goal of the program to provide services to persons with developmental disabilities. It counts defendants who attain competency to proceed to trial by successfully completing the training at MRDP, and who are returned to the judicial system through due process. It also includes defendants who will never attain competency, but continue to receive personal care and training in those life skills which may eventually result in their returning to the community.

Reliability: The forensic facilities’ staffs have been trained in the monthly manual reporting for some time. The populations in this program are small and long-term; data reliability is expected to be high. This number is submitted to the developmental services central program office where its reliability is checked prior to being published in the Monthly Data Report.
In-Home Services for Disabled Adults

Target Group: Adults With Disabilities Who Need Assistance to Remain in the Community

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

Data Sources and Methodology: The data source for this measure is the Client Information System.

This measure is a percent. The numerator is the number of active Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver clients who are not transferred to nursing home care during the fiscal year. The denominator is the total number of Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver clients served during the fiscal year.

Validity: The purpose of this program is to maintain adults with disabilities in their own homes and minimize nursing home placements. This measure is a direct indicator of the desired goal of the program to minimize nursing home placements.

Reliability: The Client Information System, a primary data system for the department, registers each active client served by the Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver programs. This system keeps a ledger of their receipt of services as active clients and records their exit from the programs by documenting the exit as a referral to another agency, a residential placement, a nursing home placement, or other exit from the system. The numerator for this measure is the total clients served minus the nursing home placements. The denominator is the total number of clients, compiled from the active registry of clients in the Client Information System.

Case managers are responsible for the non-duplicative input of Client Information System data by department policy and contract standards. Districts work to ensure that the Client Information System is updated and accurate. It is the only data source from which the Adult Services office can gather reliable statistics on the Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver populations in a timely fashion.
Target Group: Persons with Disabilities

Sub-group: In-Home Services for Disabled Adults

Output measure:
Number of adults with disabilities served. [In home services for disabled adults]

Data Source and Methodology: The data source is the Client Information System (CIS). This output measure is a number. is the unduplicated count of persons served by Community Care for Disabled Adults (CCDA), or Home Care for Disabled Adults (HCDA), or the Medicaid Waiver Program at any time during the period under review.

Validity: N/A

Reliability: In the past there has been duplication in the counting of these clients, particularly between Medicaid Waiver and the other two programs. Central Office and District staffs have been working to eliminate these problems. Future counts, FY 1999-2000 and later, are expected to be much improved by eliminating duplication.
ECONOMIC SELF-SUFFICIENCY

Fraud Prevention and Benefit Recovery

Target Groups: Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent, and Aged, Disabled, Refugees or Eligible Children.

Outcome Measure:
Percent of assistance benefits determined accurately for food stamps and for Work and Gain Economic Self Sufficiency cash assistance. [measured separately]

Data Sources and Methodology: For Food Stamps the source of these data is the National Integrated Quality Control System. For WAGES the data source is the state-operated quality control system.

The measures are each a percent. The numerator is the number of assistance benefits determined accurately. The denominator is the total number of benefit determinations.

Information is obtained from statistically valid samples of benefit determinations. Trained case investigators perform desk and field verification of eligibility and claims payments.

Validity: Improving the accuracy of authorized benefits is cost effective to the state and should result in providing increased economic assistance to the truly eligible. If a state’s error rate exceeds the national tolerance level, it is subject to fiscal liabilities that must be repaid or reinvested using the state’s own resources.

Reliability: The review method is a federally-developed process used in all states to indicate error rates and whether willful misrepresentation is evidenced.
**Target Group:** Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Output Measure:**
Number of active food stamp cases reviewed.

**Data sources and Methodology:** The source of the data is the Florida On-line Recipient Integrated Data Access (FLORIDA) System. A systematic, random sampling method of case selection is used.

This number is needed for the calculation of other indicators of this program’s efficiency and effectiveness. Food Stamp benefits are used to measure accuracy in all benefits programs because the majority of these client groups receive Food Stamps. Improving the accuracy of authorized benefits is cost effective to the state and should result in providing increased economic assistance to the truly eligible. In order to assess accuracy, active food stamp cases must be reviewed. If a state’s food stamp error rate exceeds the national tolerance level, the state is subject to fiscal liabilities that must be repaid or reinvested using the state’s own resources.

**Validity - N/A**

**Reliability:** The Quality Control review method is a federally-developed process used in all states to indicate the error rate and whether willful misrepresentation is evidenced.
Target Groups:  Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent, and Aged, Disabled, Refugees or Eligible Children.

Output Measure:
Dollars collected through Benefit Recovery.

Data Sources and Methodology:  The data source is the Benefit Recovery System, which interfaces with the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a number.  It is the dollar value collected on established Benefit Recovery claims.

Validity:  Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to agency and client error, including fraud.  Saving funds through benefit recovery frees up funds for the truly needy and builds the program’s integrity, thereby supporting the goal of providing financial assistance to help meet basic needs.

Reliability:  Data quality and reliability in the FLORIDA system are monitored by department data processing personnel.  Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system.

The Benefit Recovery System is an accounts receivable system that interfaces with the FLORIDA system (via tapes), has some manual entries and interfaces with other entities such as the federal government (for income tax offsets) and Florida Department of Corrections (to detect inmates who may be on public assistance rolls).
**Target Groups:** Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent, and Aged, Disabled, Refugees or Eligible Children.

**Output Measure:**
Dollars saved through Front End Fraud Prevention.

**Data Sources and Methodology:** The data source is the Front-end Fraud Prevention Foxpro data tracking system.

The measure is a number. It is the calculated amount saved through front end fraud prevention.

**Validity:** The front-end fraud prevention program is designed to prevent losses “up front.” Saving funds through front end fraud prevention frees up funds for the truly needy and builds the program’s integrity, thereby supporting the goal of providing financial assistance to help meet basic needs.

**Reliability:** The data system was designed by and meets the needs of those that know and use the program, both at the investigator and management levels. The process is also delineated in the Front-end Fraud Prevention Operating Procedures, leading to uniform input into the system.
**Target Groups:** Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent, and Aged, Disabled, Refugees or Eligible Children.

**Output Measure:**
Number of Front-end Fraud Prevention investigations completed.

**Data Sources and Methodology:** The data source is the Front-end Fraud Prevention Foxpro data tracking system.

**Validity:** Front-end fraud prevention program is designed to prevent losses “up front.” Saving funds through front end fraud prevention both frees up funds for the truly needy and builds the program’s integrity, thereby supporting the goal of providing financial assistance to help meet basic needs.

**Reliability:** The data system was designed by and meets the needs of those that know and use the program, both at the investigator and management levels. The process is also delineated in the Front-end Fraud Prevention Operating Procedures, leading to uniform input into the system.
**Target Group:** Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Output Measure:**
Dollars reinvested. [Food stamp federal sanction returns]

**Data Sources and Methodology:** This is an amount of general revenue spending authority which may be appropriated by the Legislature in a given year. The amount is designated to be spent for the specific purpose of reinvestment in the food stamp program in an effort to reduce the state’s error rate and the amount of the expenditures is tracked by the use of a specific Other Cost Accumulator (OCA). Each plan must be approved by the Food and Nutrition Service of the US Department of Agriculture (USDA).

If a state’s food stamp error rate exceeds the national tolerance level, the state is subject to fiscal liabilities that must be repaid using the state’s own resources. The amount of any sanction is determined by the Food and Nutrition Service of the US Department of Agriculture and varies according to the rate of error as judged against that year’s national tolerance. If the sanction is not reinvested into the state’s program, money will be paid in sanctions to the federal government. The amount of expenditures related to this measure must equal the amount of the sanction and it is considered valid if it meets the amount of the sanctions pursuant to the federally approved plan.

**Validity:** N/A

**Reliability:** The amount of expenditures is tracked by the use of a specific OCA. The amount of reinvestment is then captured by using queries on the FLAIR system. The USDA and auditors have both considered this method to be reliable.
**Comprehensive Eligibility**

**Target Groups:** Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent, and Aged, Disabled, Refugees or Eligible Children.

**Outcome Measure:**
Percentage of applications processed within time standards (total).

**Data Sources and Methodology:** The source of the data is the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a percent. The numerator is total applications processed timely, as defined in applicable state and federal law. The time standards are 30 days for Food Stamp applications, 45 days for cash assistance and Medicaid applications, and 90 days for disabled adult payments applications. The denominator is total applications processed. The percentage for each of the four measures will also be reported separately using the same method. The numerator is the number of each type of application processed timely and the denominator is the total number of each type of application processed.

**Validity:** The timely processing of applications ensures compliance with program requirements. It is vital to clients of this program, who are poor and may be frail and elderly and have needs that must be met promptly and efficiently. Payment delays can mean the population will not be able to obtain needed services.

**Reliability:** The data are derived from the FLORIDA system. This system is monitored for quality and reliability by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system.
Target Groups: Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent, and Aged, Disabled, Refugees or Eligible Children.

Output Measure: Total number of applications processed.

Data Sources and Methodology: The data sources for this measure are FLORIDA System and the Agency for Health Care Administration, Special Low Income Medicare Beneficiaries (SLMB) Reporting System.

This measure is a number. It is the unduplicated count, from the FLORIDA System, of the applications approved plus the applications denied, compiled on a monthly basis. It includes WAGES and Non-WAGES Cash Assistance, Refugee Assistance, Food Stamp Recipients, Adult Payments Recipients, and Medicaid Eligibles. SLMB unduplicated client counts are obtained from the Agency for Health Care Administration and added to the FLORIDA System unduplicated count.

Validity: This is a count of the clients served in this client target group. It indicates the number of clients and program workload to achieve the outcome that individuals receive financial assistance to meet basic needs.

Reliability: Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system.

Some small duplication between SLMB client counts and FLORIDA system counts may exist, but the overlap can not represent more than 2 percent of the total because of the small size of the SLMB caseload.
Special Assistance Payments

Target Group: Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

Outcome Measure:
Percent of Optional State Supplementation (OSS) applications processed within time standards.

Data Sources and Methodology: The numerator is the number of OSS applications processed within 90 days, and the denominator is the total number of OSS applications processed. The Supplemental Payment system (SPS) is used to process OSS payments. This is a separate payment system and interfaces with the FLORIDA system only when recipients receive another benefit which is processed through FLORIDA. The eligibility determination is accomplished manually.

Validity: The timely processing of applications ensures compliance with program requirements. Timely eligibility determination is vital to clients of this program. All are poor, many are frail and elderly, and all have needs that must be met promptly and efficiently. Payment delays can mean the population will not be able to meet basic needs. This program pays the assisted living facilities in which the clients live. Payments made on a timely and accurate basis provide the incentives and economic support for facilities to continue to serve these clients. Generally these clients are at risk of, absent the assisted living facilities, being placed in much most costly settings, such as nursing homes or psychiatric hospitals.

Reliability: The SPS system is a computerized payment system. It has been tested by the department and has been in use for approximately 3 years.
Target Group: Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

Output Measure:
Optional State Supplementation (OSS) applications processed.

Data Sources and Methodology: The Supplemental Payment system (SPS) is used to process and count OSS payments. This is a separate payment system and interfaces with the FLORIDA system only when recipients receive another benefit which is processed through FLORIDA. The eligibility determination is accomplished manually.

These clients are poor, many are frail and elderly, and all have needs that must be met promptly and efficiently. This program pays the assisted living facilities in which the clients live. Payments made on a timely and accurate basis provide the incentives and economic support for facilities to continue to serve these clients. Generally these clients are at risk of much more costly placements without the assisted living facilities.

Validity: N/A

Reliability: The SPS system is a computerized payment system. It has been tested by the department and has been in use for approximately 3 years.
Target Group: Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children

Output Measure: Number of beds per day available for homeless clients.

Data Sources and Methodology: This is the average number of beds made available through the process of Federal Emergency Shelter Grant awards by a Committee of the Special Programs unit of the Economic Self-Sufficiency Office for the period under review. A total of 417 new beds were awarded pursuant to this program to eleven different entities via the committee’s reviews in FY 1999-00.

This measure shows the portion of homeless services that the Economic Self-Sufficiency office directly affects through the grant award process. Proposals are evaluated based upon a standard list of criteria for this type of proposal, applied to each proposal submitted pursuant to the RFP process.

Validity: N/A

Reliability: Per the “Annual Report on Homeless Conditions in Florida” to the Governor and Legislature (covering the period July 1, 1997 through June 30, 1998):

Florida’s 20 local (homeless) coalitions report that there are at least 52,500 homeless people in Florida on any given day. This figure may be conservative. The U.S. Department of Housing and Urban Development estimates that there could be at least three times more homeless people than those who are known to the local communities. Using this formula, there could be as many as 157,500 homeless people in Florida on any given day. Because of their lifestyle, many homeless people are hard to locate. They are called the ‘hidden homeless’

Typically, coalitions gathered data to compile estimates on local homeless populations through surveys among community agencies serving them and, in some instances, through actual street counts and studies of the homeless. There is no clear pattern to homeless population data being reported. In part, these inconsistencies may be attributed to lack of funding; that is, many homeless coalitions do not have the resources needed to conduct comprehensive studies of the homeless and must rely on estimates. The problem of collecting reliable data on the number of homeless if not only a problem in Florida, but is a national issue as well.
Refugees

Target Group: Refugees

Outcome Measure: Percent of refugee assistance cases accurately closed in 8 months or less.

Data Sources and Methodology: These data are contained in the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a percent. The numerator is the total number of cases accurately closed in 8 months or less from case initiation. The denominator is the total number of cases initiated in the period under review. (Eight months must elapse from the end of the period under review to include all qualifying cases.)

Validity: Closing cases accurately before they reach the federal time limit for receipt of benefits frees funds for other eligible refugees. Corrective action to ensure timely transitioning of refugee assistance clients from assistance to self-support has been initiated by the department following federal audits which recommended improvements in this measure.

As an indicator of overall program effectiveness, this measure has limited validity. Refugee cash assistance cases comprise a small portion of the service category’s total clients. Other services/groups not reflected in this measure include employment, adult education and training, and child care.

Reliability: Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system.
Target Group: Refugees

Output Measure: Number of cases closed.

Data Sources and Methodology: These data are contained in the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a count of all cases closed during the year.

Validity: As an indicator of overall program effectiveness, this measure has limited validity. Refugee cash assistance cases comprise a small portion of the service category’s total clients. Other services/groups not reflected in this measure include employment, adult education and training, and child care. Total unduplicated count of all refugee clients for FY 1999-2000 is estimated at 43,550.

Reliability: Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system.
**WAGES and Employment Supports**

**Target Group:** Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants).

**Outcome Measure:**
Percent of WAGES clients who successfully leave the program.

**Data Sources and Methodology:** The data sources for this measure are reports from the Florida Department of Children and Family Services, Florida On-line Recipient Integrated Data Access (FLORIDA) and the WAGES subsystem.

The measure is a percent. The numerator is the number of TANF (Temporary Assistance to Needy Families) eligible adults who are terminated from the WAGES program due to: (1) Earned income, (2) Diversion, and (3) Relocation assistance. The denominator is the total number of TANF eligible adults terminated from the WAGES program.

**Validity:** These termination criteria are indicators of successful progress towards self-sufficiency on the part of the WAGES clients. However, it is not wholly a measure of the Department’s effectiveness, but to a great extent that of activities for which other agencies have primary responsibility. For instance, the Department’s role does not include and has never included responsibility for components of client work activities. Instead, the Department’s scope has been totally focused around client eligibility – such as, determining eligibility and removing eligibility because of time limits or violations of work requirements identified by the coalitions. The Department has no authority or resources for affecting work related goals nor client work performance outcomes. The authority for the WAGES program activity is in Chapter 414, F.S. Specifically, this statute assigns to local WAGES coalitions the responsibility of “…identifying employment, service and support resources in the community which may be used to fulfill the performance outcomes of the WAGES program.” (s. 414.028(4)(c), F.S.)

**Reliability:** The data are derived from the data systems of the Florida Department of Children and Family Services. The systems are monitored for quality and reliability by personnel of the department as well as by the federal government. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system.
Target Group: Adults and Families Who Need Assistance to Become Employed (WAGES Participants).

Output Measure: Number of non-exempt WAGES participants.

Data sources and Methodology: The source of the data is the Florida On-line Recipient Integrated Data Access/Work and Gain Economic Self-sufficiency (FLORIDA/WAGES) System. This measure is the number of eligible adults receiving Temporary Assistance to Needy Families (TANF) who have a mandatory work participation code in the data system.

Validity: N/A

Reliability: The data are derived from the FLORIDA system. This system is monitored for quality and reliability by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system.
**Target Group:** Adults and Families Who Need Assistance to Become Employed (WAGES Participants).

**Output Measure:**
Total number of [WAGES] cash assistance applications processed.

**Data Sources and Methodology:** The source of the data is the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a number. It is the total number of cash assistance applications processed for WAGES participants.

**Validity:** N/A

**Reliability:** The data are derived from the FLORIDA system. This system is monitored for quality and reliability by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system.
Target Group: Adults and Families Who Need Assistance to Become Employed (WAGES Participants).

Output Measure: Number of scholarships allocated to WAGES coalitions.

Data Sources and Methodology: The State WAGES Board allocates the college scholarships to the local WAGES coalitions. This is accomplished pursuant to a memorandum of understanding (MOU) between the Florida Department of Children and Families, the WAGES State Board of Directors, and the Florida Prepaid College Foundation, Inc.

Validity: N/A

Reliability: The MOU sets out specific conditions for the purchase, ownership and other criteria for becoming a beneficiary of the scholarships. The funding has been appropriated in two state fiscal years, 1998-99 and 1999-00, and, while appropriations in subsequent years may well be made, this is by no means certain.
School Readiness

Target Group: Families in Need of Child Care

Outcome Measure:
Percent of children meeting state expectations for readiness.

Data Sources and Methodology: The data sources for this measure are the Community Child Care Coordinating Agencies Monthly Child Care Enrollment Reports and the 67 Florida School Districts’ readiness assessment instruments. (It is anticipated that by FY 2001-02, a single, uniform assessment instrument, designated by the Florida Partnership for School Readiness, will be in use statewide.

This measure is a percent. The numerator is the number of children served by contracted and directly operated subsidized child care providers for nine months during the 12 months preceding entering kindergarten, who met 75% or more of the expectations for school readiness. The denominator is the total number of children served by contracted and directly operated subsidized child care providers for nine months during the 12 months preceding entering kindergarten, who were tested upon entry into kindergarten.

The Community Child Care Coordinating Agencies have lists of children who were in contracted subsidized child care the previous year. The Florida Department of Education collects and summarizes the readiness data from the 67 School Districts.

Validity: Validity is presently believed to be low because the 67 school districts are using a wide variety of instruments. Some of these may be valid indicators of school readiness, but the department has not been able to confirm that. However, summary data from a variety of instruments cannot be expected to have high validity.

Reliability: Data from the readiness testing are collected at the Department of Education. Review of these data for FY 98-99 revealed serious reliability problems including missing districts and illogical or impossible results from other districts. School districts are expected to report data only on the children identified from the community child care lists. It can not be confirmed that every district followed this procedure in reporting its results.

Subsidized child care information in the data systems of the Community Child Care Coordinating agencies is monitored by agency staff and Department of Children and Families contract managers. Reliability is believed to be high.
Target Group: Families in Need of Child Care

Output Measure:
Number of children served. [Subsidized child care]

Data Sources and Methodology: The data sources for this measure are the Monthly Child Care Enrollment Reports submitted by the “4C” agencies. This report is a compilation of all children enrolled in the subsidized child care program on the last day of each month. It is reported by eligibility category (i.e., children at risk of abuse and neglect, WAGES, children of working poor families, and migrants,) and by age group.

Validity: N/A

In terms of child protection, child care has been one of the support services most widely utilized by child welfare counselors as they deal with abused and neglected children. Child care providers work in concert with child welfare workers in dealing with both children and their families.

As part of the subsidized child care program, many children are screened to determine age appropriate levels of development. Children enrolled in subsidized child care are provided a variety of activities that help prepare them to enter kindergarten ready to learn. Low-income parents are assisted in their employment while paying a portion of the cost of care based upon a sliding fee scale.

Reliability: Staff within the community coordinated child care agencies are trained in entering data into the Statewide Reporting System (Contracted to Complete Business Solutions, Inc.) Headquarters staff check report totals, and perform logic verification for consistency with prior reporting periods.
**Disaster Relief**

**Target Group:** Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Outcome Measure:**
Daily average number of applications processed per worker. [Individual and Family Grants]

**Data Sources and Methodology:** Applications are received from FEMA (Federal Emergency Management Agency) via the National Emergency Management Information Service (NEMIS). A manual quality control log is then created by workers who review all applications received for the Individual and Family Grant Program. The applications are reviewed to make certain that the basic program qualifications are met and that all computations are correct. Applications are then submitted to the Florida Department of Banking and Finance for payment. The number of applications logged over a given period of time is divided by the number of workers who reviewed them and by the number of days in the period to yield applications per worker per day.

**Validity:** This is a direct indicator of workload on the part of department staff and is thus a valid measure of program efficiency. This log shows the workload involved in the program’s application processing. In addition, it helps to estimate staffing needs, as all staff are OPS. Hiring is dependent upon the occurrence of a disaster (as declared by the President).

**Reliability:** Logs showing the counts of applications are reviewed for accuracy by supervisors. The number of employees involved in the work is tracked daily through time and attendance logs.
Target Group: Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

Output Measure:
Number of applications processed. [Individual and Family Grants]

Data Sources and Methodology: Applications are received from FEMA (Federal Emergency Management Agency) via the National Emergency Management Information Service (NEMIS). A manual quality control log is then created by workers who review all applications received for the Individual and Family Grant Program. The applications are reviewed to make certain that the basic program qualifications are met and that all computations are correct. Applications are then submitted to the Florida Department of Banking and Finance for payment.

Validity: N/A

Reliability: Logs showing the counts of applications are reviewed for accuracy by supervisors.
Target Group: Adults and Families Who Need Assistance to Become Employed (WAGES Participants), and Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

Output Measure:
Number of counties with disaster plans.

Data sources and Methodology: Each of the state’s 67 counties is required by Chapter 252, FS and Rules thereunder to produce an emergency management plan. Special needs populations are addressed within these plans. There is no standardized methodology for data compilation among the counties, as counties have very diverse needs. The data source is the Department of Community Affairs.

Validity: N/A

Reliability: Chapter 252, FS and Rules thereunder set forth the requirement for each county to have an emergency management plan in place. Each county writes its own plan and these are fully reviewed on a 3 year cycle by the Division of Emergency Management of the Department of Community Affairs. There is no standardized methodology for data compilation among the counties.
Appendix B: Information Resource Management

**Enterprise Information Vision.** The vision for enterprise information resource management is that technology is an enabler. The Department will use technology to improve information access for staff and community-based care providers, from remote locations and regardless of technology platform. The Department will also use technology to measure performance (e.g., performance-based planning and budgeting) and to improve communication (via Lotus Notes/e-mail, videoteleconferencing, internet/intranet). The current information environment will change so that browser-based technology provides user access to needed information no matter what the source of the technology. These changes will maintain security and client confidentiality. This vision supports the agency mission and goals, and enables the Department to transition to community-based care.

The critical steps for success include:
- overcoming the stovepipe effect
- leveraging the enterprise from current initiatives
- conducting meaningful performance measurement, and
- developing an investment management portfolio for information resources.

To implement these steps, the Department must develop a strategic plan for information resource management and an investment management process. These efforts must be closely linked so that the plan can be implemented in timely fashion.

The agency mission and goals, mandates to implement community-based care and reorganize, and interagency agreements, will all shape the strategic vision for information resource management. The planning cycle current year focus is contained in the legislative budget request, and the planning and investment management process will target the next fiscal year as they are implemented.

The planning process will use a portfolio approach. In practice, this approach means that systems and other technology resources and costs will be identified, prioritized, and tracked. A rigorous and systematic cost-benefit analysis and capacity planning process will be implemented, and supported with a decision-making process based on sound business criteria. As a result, the strategic plan and budget requests will include statewide strategic technology initiatives supported by compelling business requirements and rigorous technical and financial analyses. The enterprise investment and information resource management planning processes will be dynamic and iterative.
### Part 1. Summary of IT Portfolio Components within the Agency Strategic Plan (Program Focus) by Service Category *

<table>
<thead>
<tr>
<th>Titles of IT Portfolio Components</th>
<th>Executive Leadership</th>
<th>Support Services</th>
<th>Family Safety</th>
<th>Persons with Disabilities</th>
<th>Mental Health</th>
<th>Substance Abuse</th>
<th>Economic Self-Sufficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Florida On-line Recipient Integrated Data Access (FLORIDA) System</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
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<tr>
<td>3. Information Access</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>4. Developmental Services Personal Planning Guide (ABC system enhancement)</td>
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<td>X</td>
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<tr>
<td>5. Economic Self-Sufficiency Competency Based Training</td>
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<td>6. Inspector General Quality Control Software</td>
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<td>7. All other existing applications</td>
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<td>X</td>
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</tr>
</tbody>
</table>

* Due to broad interrelated nature of our major IT portfolio components, most components touch multiple service categories within and across our programs. Therefore this table shows programs rather than service categories.
### PART 2.B. How Agency IT Portfolio Component within the ASP (Program Focus) Support the Strategic Goals of the Florida Health Information Systems Council (FHISC) Strategic Plan

<table>
<thead>
<tr>
<th>Titles of Agency IT Portfolio Components in the ASP that support the FHISC Strategic Goals</th>
<th>FHISC Strategic Goal 1.1:</th>
<th>FHISC Strategic Goal 1.2:</th>
<th>FHISC Strategic Goal 2.1:</th>
<th>FHISC Strategic Goal 2.2:</th>
<th>FHISC Strategic Goal 2.3:</th>
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<tr>
<td>2. Florida On-line Recipient Integrated Data Access (FLORIDA) System</td>
<td>X</td>
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<td>3. Information Access</td>
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<td>X</td>
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<tr>
<td>4. Developmental Services Personal Planning Guide</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>5. Economic Self-Sufficiency Competency Based Training</td>
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<td>6. Inspector General Quality Control Software</td>
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</table>
### PART 3. How Agency IT Portfolio Components Within the ASP (Program Focus) Support the Strategic State Goals in the State Annual IRM Report

<table>
<thead>
<tr>
<th>Titles of Agency IT Portfolio Components in the ASP that support State Strategic IRM Goals</th>
<th>State Goal 1: Data for Quality State Level Planning and Management</th>
<th>State Goal 2: Access and Security for Public Information</th>
<th>State Goal 3: Integration of Information and Systems</th>
<th>State Goal 4: State Level Technology Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Florida On-line Recipient Integrated Data Access (FLORIDA) System</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3. Information Access</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. Developmental Services Personal Planning Guide</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5. Economic Self-Sufficiency Competency Based Training</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6. Inspector General Quality Control Software</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>7. All other existing applications</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
### PART 4. Summary of Projects in the IT Portfolio portion of the Agency Strategic Plan (Program Focus)

<table>
<thead>
<tr>
<th>Column 3. Scope</th>
<th>IT project's organizational impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>impacts single agency program</td>
</tr>
<tr>
<td>A</td>
<td>agency-wide impacts</td>
</tr>
<tr>
<td>M</td>
<td>impacts multiple agencies</td>
</tr>
<tr>
<td>S</td>
<td>statewide impacts</td>
</tr>
<tr>
<td>N</td>
<td>national impacts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 4. Classification</th>
<th>Type of IT project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>A</td>
<td>Application</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Column 5. Cost estimate</th>
<th>Estimated total costs (planning, development, implementation, training, maintenance) to be incurred for this project:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than $2.5 million</td>
</tr>
<tr>
<td>2</td>
<td>$2.5 million to $5 million</td>
</tr>
<tr>
<td>3</td>
<td>Greater than $5 million</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>IT Project Name</th>
<th>Description/Purpose</th>
<th>Scope</th>
<th>Classification</th>
<th>Cost Estimate</th>
<th>Time Frame</th>
<th>Impact on Existing IT Environment</th>
<th>Agency Service Category(ies) Supported</th>
<th>Board/ Council Strategic Goal(s) Supported</th>
<th>Strategic State IRM Goal(s) Supported</th>
<th>Anticipated Benefits</th>
<th>Executive Sponsor</th>
<th>Project Manager</th>
</tr>
</thead>
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<tr>
<td>IT Project Name</td>
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<td>Strategic State IRM Goal(s) Supported</td>
<td>Anticipated Benefits</td>
<td>Executive Sponsor</td>
<td>Project Manager</td>
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</tr>
<tr>
<td>1. Statewide Automated Child Welfare Information System (SACWIS) Implementation</td>
<td>Provide automated support for intervention with families in need of child protective services</td>
<td>A</td>
<td>A</td>
<td>3</td>
<td>Annual releases beginning 6/30/00</td>
<td>Supports enterprise information vision and community-based care</td>
<td>Family Safety</td>
<td>1.1, 2.1, 2.2, 2.3</td>
<td>3, 4</td>
<td>Implementation of a comprehensive system to meet federal and state requirements, provide the functionality of existing legacy systems being replaced and support the essential work of child protection staff (whether Department or community-based) and managers statewide.</td>
<td>Agency Investment Control Board (executive managers)</td>
<td>CIO/Project Director</td>
</tr>
</tbody>
</table>

B-6
<table>
<thead>
<tr>
<th>IT Project Name</th>
<th>Description/ Purpose</th>
<th>Scope Classification</th>
<th>Cost Estimate</th>
<th>Time Frame</th>
<th>Impact on Existing IT Environment</th>
<th>Agency Service Category(ies) Supported</th>
<th>Board/ Council Strategic Goal(s) Supported</th>
<th>Strategic State IRM Goal(s) Supported</th>
<th>Anticipated Benefits</th>
<th>Executive Sponsor</th>
<th>Project Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Florida Online Recipient Integrated Data Access (FLORIDA) System</td>
<td>Determine eligibility for public assistance and process the means for such assistance; assist individuals in obtaining child support.</td>
<td>M A, I 3</td>
<td>On-going</td>
<td>Upgrade existing hardware, supports enterprise information vision</td>
<td>Family Safety, Substance Abuse, Economic Self Sufficiency</td>
<td>1.1, 2.1, 2.2, 2.3</td>
<td>3, 4</td>
<td>Continued functioning of system; reduce programming backlog; provide adequate equipment for staff; benefit recovery process re-engineering</td>
<td>Agency Investment Control Board (executive managers)</td>
<td>CIO/Staff Director</td>
<td></td>
</tr>
<tr>
<td>3. Information Access</td>
<td>Infrastructure support for department staff, other agencies, and community partners</td>
<td>M I 3</td>
<td>On-going</td>
<td>Maintains infrastructure; supports enterprise information vision</td>
<td>All</td>
<td>1.1, 2.1</td>
<td>3, 4</td>
<td>Support reorganization and implementation of community-based care; provide secure access for community partners</td>
<td>Agency Investment Control Board (executive managers)</td>
<td>CIO/Staff Director</td>
<td></td>
</tr>
<tr>
<td>IT Project Name</td>
<td>Description/Purpose</td>
<td>Scope</td>
<td>Classification</td>
<td>Cost Estimate</td>
<td>Time Frame</td>
<td>Impact on Existing IT Environment</td>
<td>Agency Service Category(ies) Supported</td>
<td>Board/Council Strategic Goal(s) Supported</td>
<td>Strategic State IRM Goal(s) Supported</td>
<td>Anticipated Benefits</td>
<td>Executive Sponsor</td>
</tr>
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<td>----------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>4. Developmental Services Personal Planning Guide</td>
<td>Internet-based performance support software application</td>
<td>P</td>
<td>A</td>
<td>1</td>
<td>1-3 years</td>
<td>Supports enterprise information vision</td>
<td>Persons with Disabilities</td>
<td>1.1, 2.1, 2.2, 2.3</td>
<td>3, 4</td>
<td>Family-friendly approach to enable families to have a greater role in the service provision planning process</td>
<td>Agency Investment Control Board (executive managers)</td>
</tr>
<tr>
<td>5. Economic Self-Sufficiency Competency Based Training</td>
<td>CBT training for public assistance staff</td>
<td>P</td>
<td>A</td>
<td>2</td>
<td>On-going</td>
<td>Supports enterprise information vision</td>
<td>Economic Self Sufficiency</td>
<td>2.1</td>
<td>3, 4</td>
<td>Staff will obtain skills necessary to successfully perform their jobs</td>
<td>Assistant Secretary for ESS</td>
</tr>
<tr>
<td>6. Inspector General Quality Control Software</td>
<td>Automation of quality control process from case assignment through case completion</td>
<td>P</td>
<td>A</td>
<td>1</td>
<td>1 year</td>
<td>Supports enterprise information vision</td>
<td>Executive Leadership</td>
<td>1,1</td>
<td>1, 3, 4</td>
<td>Provides tool for management of data and changes due to welfare reform; increase productivity</td>
<td>Inspector General</td>
</tr>
</tbody>
</table>
## Appendix C: Summary Table of Statutory Authority by Major Tasks and Responsibilities

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Major Task or Responsibility</th>
<th>Mandate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administration:</strong> Executive Direction</td>
<td>Coordinate, perform, and support executive direction of the department in order to fulfill its assigned mission. Includes such general management functions as central office and district administration, interagency coordination, public relations and communication, legal services.</td>
<td>Chapter 20, F.S.</td>
</tr>
<tr>
<td><strong>Administration:</strong> Accreditation, Quality and Accountability</td>
<td>Design and implement or oversee quality assurance and quality improvement activities for the department. Includes such functions as community-based care design and implementation, strategic planning, evaluation and performance measurement, interagency coordination, needs assessment, Inspector General, auditing.</td>
<td>Chapters 20, 186, 409, F.S.; Chapter 99-219, Laws of Florida</td>
</tr>
<tr>
<td><strong>Administration:</strong> Finance and Administration</td>
<td>Coordinate and perform overall administrative services activities for the department; including financial management, budgeting, contract management, and general services such as purchasing and facilities management.</td>
<td>Chapter 20, Florida Statutes, and multiple other state and federal regulations.</td>
</tr>
<tr>
<td><strong>Administration:</strong> Human Resources</td>
<td>Implant programs for employment, compensation, training and management of a competent work force within the department; ensure compliance with appropriate human resource regulations.</td>
<td>Ch. 110, 112, 119, 216, 250, 447, Fair Labor Standards Act, Family Medical Leave Act</td>
</tr>
<tr>
<td><strong>Administration:</strong> Information Resources</td>
<td>Direct and promote information as a strategic asset: acquire and manage information resources for the benefit of the agency and the state as a whole, and maintain appropriate security for information resources.</td>
<td>Chapters 20, 282, 287, Florida Statutes</td>
</tr>
<tr>
<td><strong>Adult Services:</strong> Adult Protection</td>
<td>Detect abuse, neglect and exploitation and provide protective services for all disabled adults or elderly persons in need.</td>
<td>Chapter 415, Florida Statutes</td>
</tr>
<tr>
<td><strong>Adult Services:</strong> Adults with Disabilities</td>
<td>Assist disabled adults to live dignified and reasonably independent lives in their own home or homes of relatives or friends; including provide home care for certain eligible disabled adults.</td>
<td>Sections 410.601, 410.031 F.S.</td>
</tr>
</tbody>
</table>
### Program Area

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Major Task or Responsibility</th>
<th>Mandate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care: Licensure, Training &amp; Inspection</td>
<td>Ensure health, safety and well-being of children in child care arrangements, especially through licensure, inspection, and training for personnel in regulated child care arrangements.</td>
<td>Chapter 402, Florida Statutes</td>
</tr>
<tr>
<td>Child Care: Subsidized and School Readiness</td>
<td>Provide quality child care with the major intents to reduce the incidents of child abuse and neglect; enable families to achieve independence from public assistance; and prepare children to enter school ready to learn.</td>
<td>Chapters 402 &amp; 409, Florida Statutes 45 CFR Part 98 (Child Care Development Fund)</td>
</tr>
<tr>
<td>Child Care: Resource and Referral</td>
<td>Establish a statewide child care resource and referral network.</td>
<td>Section 402.27, Florida Statutes 45 CFR Part 98 (Child Care Development Fund)</td>
</tr>
<tr>
<td>Developmental Services: Forensic</td>
<td>Provide competency restoration training and other services for mentally retarded defendants involuntarily committed by the court.</td>
<td>Chapter 916, F.S.</td>
</tr>
<tr>
<td>Developmental Services: Community and Institution</td>
<td>Provide services to meet the needs of people with developmental disabilities residing in the community or in residential settings.</td>
<td>Chapter 20.19, and 393, F.S. Senate Bill 2214 (amends FS 393); Specific appropriation #378 /381</td>
</tr>
<tr>
<td>Economic Self Sufficiency</td>
<td>Provide self-sufficiency support and client eligibility services for Work and Gain Economic Self-sufficiency (WAGES), Food Stamp, Medicaid, KidCare and Adult payments Programs.</td>
<td>Ch. 402, 409, 414, FS Titles IV-A,XVI, XIX,XXI of the US Social Security Act, as amended by Public law 104-193 Food Stamp Act of 1977</td>
</tr>
<tr>
<td>Economic Self Sufficiency</td>
<td>Provide client eligibility services for Individual and Family Grant Program, which provides funding in case of disaster.</td>
<td>Ch. 414, Florida Statutes PL100-707 (Robert T. Stafford Disaster Relief and Emergency Assistance Act) PL93-288 (Disaster Relief Act of 1974)</td>
</tr>
<tr>
<td>Economic Self Sufficiency</td>
<td>Provide client eligibility services for Emergency Financial Assistance Housing Program.</td>
<td>Chapters 114, 414, 420 Florida Statutes Title IV-A, Social Security Act</td>
</tr>
<tr>
<td>Economic Self Sufficiency</td>
<td>Provide self-sufficiency support and client eligibility services for the homeless.</td>
<td>Ch. 414, 420, Florida Statutes 24 CFR 576 (Emergency Shelter) Stewart B. McKinney Homeless Assistance Act</td>
</tr>
<tr>
<td>Family Safety: Prevention</td>
<td>Prevent child abuse</td>
<td>Chapter 39, Florida Statutes</td>
</tr>
<tr>
<td>Family Safety: Hot Line and Investigation</td>
<td>Accept and investigate reports of child abuse, neglect and abandonment; in coordination with other agencies and in accord with the Kayla McKean Act.</td>
<td>Chapters 39, 63, Florida Statutes CS/CS/SB 338</td>
</tr>
<tr>
<td>Program Area</td>
<td>Major Task or Responsibility</td>
<td>Mandate</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Family Safety: In home care</td>
<td>Provide services to families in which children are at risk of removal from the home.</td>
<td>Social Security Act: S. 475 (Adoption &amp; Safe Families); Title IVB (Family Preservation); Part D (Supervised Visitation); Title IVE (Foster Care Maintenance)</td>
</tr>
<tr>
<td>Family Safety: Domestic Violence</td>
<td>Develop domestic violence centers for the victims of domestic violence.</td>
<td>Chapter 39, Florida Statutes</td>
</tr>
<tr>
<td>Family Safety: Community-Based Care</td>
<td>Implement community-based care model for service delivery.</td>
<td>Chapters 20, 409, F.S.</td>
</tr>
<tr>
<td>Mental Health: Adult Mental Health Institutions</td>
<td>Provide mental health services to adults committed to a state civil treatment facility.</td>
<td>Chapter 394, Parts I and II, Chapters 435, 415, 409 and 395, Florida Statutes, Chapter 59A-3, Florida Administrative Code, Title 42, Code of Federal Regulations (Health Care Financing Administration) and 1999 General Appropriations Act</td>
</tr>
<tr>
<td>Mental Health: Adult Mental Health Institutions</td>
<td>Provide mental health and competency restoration services to adults, charged with felony offenses, committed to the department as incompetent to proceed or not guilty by reason of insanity (forensic commitment).</td>
<td>Section 916.13, Section 916.15, and Chapter 395, Florida Statutes; Rules 3.212, 3.217 and 3.218, Florida Rules of Criminal Procedure; Chapter 59A-3, Florida Administrative Code and 1999 General Appropriations Act</td>
</tr>
<tr>
<td>Mental Health: Adult Community Mental Health</td>
<td>Assure adequate infrastructure to provide safe, therapeutic environment for residents in state civil and forensic mental health treatment facilities</td>
<td>Chapters 394, 395 and 916, FS Title 42, CFR Balanced Budget Act FFY 1998 Sanbourne v. Bush Lawsuit</td>
</tr>
<tr>
<td>Mental Health: Adult Community Mental Health</td>
<td>Provide acute care services (including crisis screening and crisis support services) to adults with a mental illness in crisis.</td>
<td>Chapter 394, Part I, as well as, other laws relating to Baker Act: PL 93-64 (As Amended); PL 101-321. Sec. 115; S 395.003(5) FS.</td>
</tr>
<tr>
<td>Mental Health: Adult Community Mental Health</td>
<td>Provide mental health services to adults residing in the community.</td>
<td>Chapter 394, Part IV; PL 93-64 (As Amended); PL 101-321. Sec. 115; S 395.003(5) FS.; chapters 216, 414, 435, 825, FS.; Social Security Act, Title 4, Part A; McKinney Homeless Assistance Amendments Act of 1990.</td>
</tr>
<tr>
<td>Mental Health: Adult Community Mental Health</td>
<td>Contract with local providers to monitor individuals adjudicated incompetent to proceed or not guilty by reason of insanity on conditional release plans.</td>
<td>Section 916.17, Florida Statutes and Rule 3.219, Florida Rules of Criminal Procedure</td>
</tr>
<tr>
<td>Mental Health: Adult Community Mental Health</td>
<td>Assess, evaluate and, if criteria are met, treat sexually violent predators so they can more safely interact with members of our communities upon release.</td>
<td>Sections 394.910-394.930, F.S.</td>
</tr>
<tr>
<td>Mental Health: Children’s Mental Health</td>
<td>Develop and implement a children’s mental health system of care, based on statutory and federal guiding principles and measured against performance outcomes.</td>
<td>Chapters 216, 394 Part III, F.S.; Public Law 102.321</td>
</tr>
<tr>
<td>Program Area</td>
<td>Major Task or Responsibility</td>
<td>Mandate</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Mental Health: Children’s Mental Health</td>
<td>Administer a program of residential care for psychotic and emotionally disturbed children.</td>
<td>Chapter 394, Part I, F.S.</td>
</tr>
<tr>
<td>Mental Health: Children’s Mental Health</td>
<td>Provide emergency services for children with mental, emotional and behavioral disorders.</td>
<td>Chapter 394, Part I, F.S.</td>
</tr>
<tr>
<td>Mental Health: Children’s Mental Health</td>
<td>Ensure a high level of integration of physical and behavioral health care services for children with the most serious emotional disturbances or substance abuse problems.</td>
<td>Chapter 409, F.S.</td>
</tr>
<tr>
<td>Mental Health: Children’s Mental Health</td>
<td>Develop and implement a comprehensive children’s mental health information and referral network.</td>
<td>Chapter 394, Part III, F.S.</td>
</tr>
<tr>
<td>Mental Health: Children’s Mental Health</td>
<td>Provide competency restoration training and treatment for juveniles charged with felony offenses, adjudicated incompetent to proceed due to mental illness or mental retardation.</td>
<td>Section 985.223, F.S.</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Provide substance abuse intervention and treatment services for children and adults.</td>
<td>Chapter 397, Florida Statutes; 45 CFR 96.124, 125, 126, 128, 131 and Public Health Services Act, PL 102-321</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>License and regulate substance abuse prevention, intervention and treatment providers in Florida.</td>
<td>Chapter 397, Florida Statutes</td>
</tr>
</tbody>
</table>