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MISSION

- Protect the vulnerable
- Promote strong and economically self-sufficient families
- Advance personal and family recovery and resiliency
VISION

We will be recognized as a world class social services system, delivering valued services to our customers. We are committed to providing a level and quality of service we would want for our own families.

The department will:

- Be driven by the needs and choices of our customers.
- Promote family and personal self-determination and choice.
- Be ethically, socially, and culturally responsible.
- Earn the trust and respect of our partners, customers, and the public by providing exceptional customer service while practicing sound fiscal stewardship.
- Partner with community and faith-based organizations to foster open and collaborative relationships.
- Be innovative and flexible.
- Be transparent and accessible.
- Be dedicated to excellence and quality results.
- Maintain an analytic and systematic approach to planning and performance management.
- Use resources wisely and make practical use of technology.
VALUES

Integrity
Innovation
Accountability
Personal Responsibility
Responsiveness

Quality
Empowerment
Urgency
Collaboration
Choice
VOICES

- Children or adults who have been abused, neglected, exploited or are at risk of abuse, neglect, or exploitation and their families
- Families and individuals in distressed/fragile health or circumstances
- Individuals and families at risk of or challenged by substance abuse and/or mental illness
- Families with multiple needs
- The Florida Taxpayer as a significant stakeholder who requires evidence of efficiency and effectiveness
Quality Quest
Issue Summary

Description: The task of sustaining total quality management for Florida’s largest social service agency, with programs and services in the areas of Child Welfare, economic self-sufficiency supports, ACCESS Florida, Substance Abuse, Mental Health, and Adult Services, is being met with a unique integrated process called “Quality Quest.”

Background: Quality Quest is the department’s systematic quality management system that integrates proven processes that support continuous performance improvement. The DCF Quality Quest system is driven by the 2005-2008 Strategic Plan. The DCF planning process is reliant upon customer input to identify needs and variances in performance that effect outcomes for the following five populations served by the agency:

- Children or adults who have been abused, neglected, exploited or are at risk of abuse, neglect or exploitation, and their families.
- Families in distressed/fragile health or circumstances.
- Families at risk of or challenged by substance abuse and/or mental illness.
- Families with multiple service needs.
- The Florida Taxpayer as a significant stakeholder that requires evidence of efficiency and effectiveness.

Quality Quest is based on Florida Sterling Criteria and the Plan-Do-Check-Act (PDCA) methodology. This system supports achieving strategic outcomes through Performance and Resource Teams (PaRTs). These cross-departmental teams, that include community partners, are developed around the department’s customer groups. The teams identify performance and resource gaps, provide corrective action strategies, and monitor implementation. The teams include members from district offices, administrative zones, Central Office, providers and institutions. The teams produce reports that include the status of corrective actions, projection and analysis of budget, team strategies and actions, and identification of major issues for the DCF Executive Leadership Team decision or direction.
Performance and Resource Teams are assigned a set of strategic success and budget indicators / performance measures to achieve positive results related to each customer group. The PaRTs teams are, in turn, driven by the values and criteria of Florida’s Sterling system – customer driven excellence, organizational and personal learning, valuing employees and partners, a focus on the future, management by fact, social responsibility, focus on results and creating value, and maintaining a systems perspective. Ongoing training is provided to the teams to improve problem solving skills using industry standards for continuous quality improvement. Currently, PaRTs Teams represent Family Safety, ACCESS Florida, Substance Abuse and Mental Health Services, and Executive Direction and Support Services. The PaRTs Teams use the DCF Performance Dashboard, an automated scorecard that is aligned with the department’s mid and longer term strategies to identify gaps in service delivery and take timely actions to resolve performance and resource issues. They are responsible for managing a specific set of measures through ongoing review and analysis using a standardized team process that is documented and presented to the DCF Executive Leadership Team. These teams develop and implement strategies for improvement.

Additionally, as part of the Quality Quest initiative, streamlined quality assurance and monitoring approaches are being implemented, improving the department’s ability to provide efficient and effective oversight, and capacity to assess and predict risk. Initiatives include implementing a contemporary 3-Tier Quality Management System to ensure continuous quality improvement at the local level by Community Based Care organizations and integrating quality assurance functions across the department’s programs with a focus on quality. Information derived from these initiatives will assist in identifying future needs of the department and will be incorporated into the Strategic Planning Process and used by PaRTs.

Results to Date: The DCF Performance Dashboard is the department’s highly visible (both agency internal and to the public via the Internet) scorecard used to track and report progress in achieving results required by our customers, the Legislature and federal funding agencies. The Dashboard reports dozens of measurements, showing how the department measures delivery of services.

The primary performance indicator used in the dashboard is the performance measure. The data displayed on the web-based dashboard represents how far a performance metric is above or below the pre-determined target. The dashboard can generate a variety of reports permitting cross-tabulation, nested grouping of data, rolling summaries, and dynamic drill-down. Reports are used by DCF staff with a need to look at data in an easily understandable format.

For accurate data compiled about adoptions, abuse investigations, substance abuse treatment outcomes and a host of other measures, visit the Department of Children and Families’ Performance Dashboard at http://dcfdashboard.dcf.state.fl.us/.

Recent performance reports on Strategic Plan measures show both accomplishments and challenges in the following:

- **Prevention and Early Intervention** – The department continues its focus on ensuring the safety of Floridians who live in their own homes. (SI-1)
• **Safety** – Improving the safety of children and vulnerable adults continues to be the department’s highest priority, and an area of continuous improvement. (SI-2)

Children are safe from harm while in licensed child care facilities and homes. (SI-3)

• **Permanence** – The department continues to focus on ensuring that a greater number of children achieve permanence in a timely manner. (SI-5)

The department is ensuring permanence in a timely manner for children unable to return to their homes. (SI-6)

• **Independence** - Contracted providers of the Domestic Violence program ensure that individuals served are prepared to be safe and independent upon completion of services. (SI-7)

• **Recovery and Resiliency** – Access to substance abuse and mental health treatment has generally resulted in an increased number of days that adults and children are living safely in their communities. However, the department recognizes the need to enhance community living for adults with forensic involvement, while ensuring the safety of the citizens of Florida. (SI-14)

The department is ensuring the safety of residents in mental health treatment facilities, and has been successful in assisting adults with forensic involvement to comply with their court orders. (SI-14)

Adults who have received substance abuse services are completing their treatment and employed upon discharge, improving their likelihood of continued recovery. (SI-14)

Work productivity for adults with severe and persistent mental illness has increased, resulting in enhanced recovery. (SI-15)

The department is tracking school attendance for children with serious emotional disturbances, as this is a major factor in promoting resiliency and recovery in these children. (SI-16)

• **Resource Stewardship and Integrity** - The department places great importance on ensuring that its funds are expended as appropriated, as evidenced by Title IV-E eligibility data. (SI-17)

The department has been successful in ensuring that its use of resources complies with federal and state requirements, and is working diligently to improve the processing of food stamp applications. (SI-18)

The department ensures that all equipment is inventoried correctly. (SI-19)

The department recognizes its need to improve compliance with preventive maintenance related to fire marshal reports. (SI-20)

Department employees are being directed to improve their timely submission of time sheets. (SI-21)
The department places great importance on assuring that taxpayers are receiving the best value possible. (SI-22)

- **Continuous Performance Improvement** - The department recognizes its need for continued improvement in performance indicators. (SI-23 and 24)

In an effort toward continuous performance improvement, the department’s employees are focusing on gaining a fuller understanding of how their individual work relates to the overall goals and objectives of the organization. (SI-26)

- **Efficiency and Productivity** - The department’s customers are satisfied with the use of automation to access services. (SI-28)

The department recognizes the importance of a satisfied work force, and has begun to gather information on employee satisfaction. (SI-29)

- **Disaster Preparedness, Response, and Recovery** - The department is fully prepared for disaster response and recovery. (SI-31)

**Results Anticipated:** DCF initiatives such as continuation of the PaRTs performance analysis and Performance Review system, improved budgetary analysis, implementation of 3-Tier Quality Assurance process for Community Based Care providers, outsourcing of some areas of contract oversight and quality assurance, and further integration of department operational and program processes are reasons to anticipate that DCF will achieve targeted results for strategic performance measures during the current and future fiscal years.

For additional information on the DCF Performance Dashboard, visit [http://dcfdashboard.dcf.state.fl.us/](http://dcfdashboard.dcf.state.fl.us/)
VISION, VALUES, AND VOICES

Accomplishments

• Community-Based Care
• ACCESS Florida
• Title IV-E Foster Care Waiver
• Mental Health Transformation
• Substance Abuse Prevention System
• Access to Recovery
• Food for Florida
• Administrative Consolidation
Community-Based Care
Issue Summary

Description: Community-Based Care is a comprehensive transformation of Florida’s child welfare system that combines outsourcing of foster care and related services to competent service agencies, with increased local ownership of service delivery and design. Under the leadership of Governor Bush and with the full support of the Legislature, the department is working in partnership with local communities to strengthen our ability to support families and better protect our most vulnerable children. Services are provided by not for profit Lead Agencies that develop and manage comprehensive, community-based networks of providers who are equipped to deliver all services and supports to meet the needs of child victims and their families. While there is a strong desire to have local control and flexibility, there is also recognition that the state must ensure that child victims are provided with a quality system that offers both equal access to care and an equal level of protection.

Background: In 1996, the Legislature mandated the outsourcing of child welfare services through the use of a Lead Agency design. The intent of the original legislation was to strengthen the support and commitment of local communities to the reunification and care of children and their families, and increase the quality, efficiency and accountability of services. The responsibilities of Lead Agencies (often referred to as “CBCs”), as defined by the original statute, include the ability to:

- Coordinate, integrate, and manage all child protective services in the community while cooperating with child protective investigations,
- Ensure continuity of care from entry to exit for all children referred,
- Provide directly or through contract with a network of providers all child protective services,
- Accept accountability for achieving the federal and state outcome and performance standards for child protective services,
- Have the capability to serve all children referred to it from protective investigations and court systems, and
- Be willing to ensure that staff providing child protective services receive the training required by the Department of Children and Families. (s. 409.1671, F.S.)

For the six-year period between 1999 and 2005, the department systematically and effectively transitioned the management and day-to-day operations of the Child Welfare system to 20 Lead Agencies (see map on page 16).

A formal process was developed for assessing and preparing local department units and Lead Agencies to safely transition services from the State to the Lead Agency and its local provider network. The department’s Readiness Assessment process utilized an external team of peer experts to assess the development of the local infrastructure and transition plans, and provide technical assistance to both parties prior to initiating transfer of any services.
**Results to Date:** A recent study by the Office of Program Policy Analysis and Government Accountability (OPPAGA) on the CBC System of Care revealed several positive performance outcomes. The review compared performance from fiscal year 1998-99 to fiscal year 2004-05, the first year CBC’s were operating statewide. The findings include:

- The number of children who exit foster care within 12 months increased by 24 percent.
- The number of children reunified with their families within 12 months increased by 20 percent.
- The number of children in licensed foster care decreased by 15 percent.
- Case loads for CBC case managers and case manager vacancy rates both decreased by one-third.
- The number of adoptions finalized by CBC’s has more than doubled. Florida has repeatedly been recognized as a national leader in this effort. Last year, Florida received the highest adoption incentive bonus in the nation from the U.S. Department of Health and Human Services.

One achievement not mentioned in the report is that Florida ranks second in the nation in the visitation of children in foster care, as reported by the U.S. Department of Health and Human Services Inspector General. In May 2006, more than 99 percent of these children were seen by case managers.

The OPPAGA report revealed an increase in the percentage of children who experienced re-abuse over the past six years, including a two-percent increase in 2004-2005. We believe prevention efforts have been effective in raising community awareness of child abuse, which has subsequently increased reports of abuse. We have, however, identified a need for better after-care, a concern that is being addressed by providing families with better access to services such as substance abuse treatment and parenting classes.

**Results Anticipated:**

- Improvements in contract performance as the CBC’s become more mature and fully implement their Quality Assurance/Quality Improvement process. The department supports this through the posting of performance data on the Performance Dashboard site. Performance improvement efforts are supported by the Child Welfare Performance and Resource Team.
- The leadership of the department and the CBC Lead Agencies are working collaboratively to analyze and resolve the most challenging systemic issues we face. For the current fiscal year, there are workgroups organized with co-leads from DCF and the CBC’s on the following issues:
  - Training
  - IV-E Waiver Implementation
  - Out-of-Home Care/Licensing
  - Child Welfare Legal Services
  - Fiscal Management Redesign
Appendix I. Community-Based Care Overview
ACCESS Florida
Issue Summary

Description: ACCESS (Automated Community Connection to Economic Self Sufficiency) is Florida’s redesigned and modernized service delivery system for eligibility determination in public assistance (TANF, Food Stamps, and Medicaid). The model is streamlined, cost efficient and utilizes technological advancements. ACCESS Florida is nationally recognized for excellence in innovation. It is supported by technology and powered by partnerships.

Background: In 2003, Florida began updating the 1960s service delivery model to respond to changes in customer base and to implement legislative direction. The process involved simplified policies and procedures, enhanced technologies and establishment of community partnership networks. Five federal waivers were obtained, a web based application was deployed, and processes were redesigned to encourage self sufficiency and self service.

Results to Date:

- $83 million savings annually in recurring administrative costs (from $287 million in 2003 to $204 million in 2006)
- 43 percent reduction in staffing (from 7,207.5 in 2003 to 4,109 in 2006)
- Nearly 90 percent of applications are now submitted electronically (averaging nearly 133,000 monthly)
- A network of more than 2,800 community partners support the system providing access to services and applications
- Three customer call centers established and responding to nearly 1.2 million calls per month, with over 40% of these calls handled without staff intervention.
- Brick and mortar buildings reduced by nearly 33 percent
- Recognized as a national model, visited by staff from 32 states, all food stamp federal regions and US Senate Agriculture, Nutrition and Forestry Committee staff
- Winner of Florida Sterling Showcase for document imaging (SunCoast region June 2006)
- Winner of USDA Director’s Cup for innovation and leadership in modernization (July 2006 Food Stamp Program)

Results Anticipated:

- Continued administrative savings and efficiency
- Increased and improved use of technology
- Expansion of paperless case files and document imaging pilot statewide by December 2006

Appendix II. ACCESS Florida Overview
Description: The title IV-E waiver is a child welfare demonstration that permits the state to use federal foster care funds with greater flexibility than normally permitted by federal law.

Background:

- On March 31, 2006, Florida received approval of the first statewide waiver for flexible use of foster care funds under title IV-E of the Social Security Act.
- The waiver authorizes a five year demonstration to show that flexible use of federal funds will result in improved outcomes for children and families.
- The waiver allows federal IV-E foster care funds to be used for a wide variety of child welfare purposes rather than being restricted to out-of-home care, as normally the case under federal law.
- This permits funds to be used for child welfare services including prevention, diversion from out-of-home placement through intensive in-home services, reunification, when this can be accomplished safely and permanently, as well as for foster care.
- The State will receive a defined amount of federal funds over a five year period based on what the state would have received under IV-E rules. The funds under the waiver will increase by 3 percent per year over the amount of federal foster care funds received in the federal fiscal year that ended September 30, 2005.
- Savings in federal, state or local funds will be used to further provision of child welfare services.
- An independent evaluator will assess the effectiveness of the demonstration based on program outcomes.

Results to Date:

- Implementation teams have been established and have completed detailed implementation plans in the tasks related to the waiver. Teams include staff from community-based care (CBC) Lead Agencies as well as from DCF.
- The target date of October 1, 2006 for implementation of the waiver was met. CBC agencies are in the early stages of implementation and are assessing on-going training needs. DCF will continue to collaborate with CBC's to ensure success.

Results Anticipated:

- Implementation of the waiver is expected to improve child welfare outcomes over the course of the five year demonstration.
These charts illustrate the change in funding under the waiver. Prior to the waiver, IV-E Foster Care payments could not be used for services other than out-of-home care.

Under the waiver, the money follows the needs of the child and the family. Funds can be used flexibly to provide an array of services needed by the family.
Mental Health Transformation
Issue Summary

**Description:** Florida is transforming its publicly funded mental health system to an individual and family-driven system that embraces prevention, resiliency, and recovery as guiding principles. Florida’s transformed public mental health system will:

- Offer meaningful services and supports to customers and their families that reflect individual choices and needs;
- Raise expectations of what people with mental illnesses and children with emotional disturbances are capable of achieving; and
- Support and promote individual recovery and resiliency.

The success of Florida’s transformed public mental health system will be measured by individuals living, learning, working and participating fully in their communities.

**Background:** Mental illnesses span all age groups and touch every community. In Florida, suicide is the ninth leading case of death – claiming more than 2,000 Floridians per year. Fewer than half the adults with serious mental illnesses and children with serious emotional disturbances who need treatment are receiving services. An estimated 30-40 percent of children in out-of-home care have a serious emotional disturbance.

Florida ranks 48th in spending for public mental health services, resulting in inadequacies in services for individuals with mental illnesses. The depopulation of Florida’s mental hospitals in the mid 1980s, coupled with a lack of adequate community mental health resources, has resulted in such consequences as overburdened crisis stabilization units and county jails.

**Results to Date:**

- **Performance on Legislative Outcomes** – Mental Health performance outcomes have historically shown modest improvement over several years in key areas such as days individuals live in their communities, and work, which are factors associated with an individual’s recovery. However, since last fiscal year (June 30, 2005) to this FY (as of June 30, 2006) the Mental Health Program has shown substantial improvement in these measures:
  - Days Worked for Pay for Adults with Serious Mental Illnesses (SMI) – Performance has risen from 34 to 42 days adults worked per year, an increase of 24%.
  - Average Annual Earnings for Adults with SMI – Earnings have risen from an average of $1326 to $1913 per adult, an increase of 41%.

Days in the Community for Adults with SMI – Performance has risen from 345 to 348 days adults are living in the community per year, an increase of 3 days per year.
• **Purchasing** - Mental health resources have been redirected to recovery-based programs and services. The department’s Mental Health Program responded to individual and family needs for more comprehensive and flexible mental health services by developing a new bundled service, Comprehensive Community Support Teams (CCST Teams). These new teams offer opportunities for service flexibility, and provide individuals with greater choice of services to achieve their recovery. Changes in community mental health center contracts to include these new CCST Teams and redirection of resources to recovery–based services occurred effective October 1, 2006.

• **Evidenced-Based and Best Practices – Self-Directed Care (SDC)** is an evidence-based service that puts consumers with serious mental illnesses in the driver’s seat of their own recovery. Participants develop their own recovery plan within a set budget with the support of a recovery coach. The program is available in the department’s Districts 4 (Northeast Florida) and 8 (Southwest Florida). Other districts are considering implementing SDC teams within their communities.

Additionally, the department worked closely with community leaders in Nassau County by opening the **Jo Heller Crisis Respite Home**. This alternative service offers a safe refuge for individuals in crisis to remain for a few days when they do not require the security of a hospital setting, such as crisis stabilization unit. The department is staffing a Baker Act committee, charged with considering the expansion of crisis respite as well as other crisis diversion and support services.

• **Vincent House Clubhouse** – Clubhouses promote employment for the individuals we serve, one of the major contributors to an individual’s mental health recovery. Vincent House, located in the department’s SunCoast Region (St. Petersburg) has achieved the International Certification for Clubhouse Development, the international certification organization for clubhouses. Vincent House staff and members have been training other providers how to open clubhouses in their community. The Florida Legislature authorized $150,000 for Vincent House to provide additional training to other mental health providers for expansion of clubhouses throughout Florida.

• **Recovery and Resiliency Task Force** - The department provides support for this task force, comprised of at least 50% consumers and family members to take actions that advance transformation of mental health services.

• **Office of Consumer and Family Affairs** – The development of this office, led by an individual with mental illness, ensures that the interests, needs, preferences, choices, and personal outcomes of customers of the public mental health system drive service delivery.

**Results Anticipated:**

• **Certified Mental Health Peer Recovery Specialists** - Certification of peer recovery specialists promotes employment opportunities for persons in recovery and provides a cost-effective support service for individuals and their families. The certification process for adult consumer peer recovery specialists is underway. The certification of this position would professionalize the use of adult consumers to assist other adult
consumers with mental illnesses in their recovery. The next stage is to certify family peer recovery specialists, meaning parents of children with serious emotional disturbances helping other parents to navigate the sometimes complex mental health system for their child(ren). The certification process for family peer recovery specialists will begin November 2006.

- **Consumer Satisfaction and System Evaluation** - The hiring of consumers with mental illnesses to administer satisfaction surveys and system assessments will ensure that the department obtains more accurate data and provides employment opportunities for the individuals we serve. The department’s Mental Health Program intends to use an instrument called the Recovery Oriented System Indicator (ROSI) to conduct a baseline survey of Florida’s adherence to recovery principles. Adult consumers with experience serving as peer specialists will be trained to administer this instrument to other consumers. The results will be used to inform the system about our strengths and areas where we need to more responsive to consumer and family needs.

For additional information on Mental Health Transformation, visit [http://www.dcf.state.fl.us/mentalhealth/mhtransform/](http://www.dcf.state.fl.us/mentalhealth/mhtransform/)
Substance Abuse Prevention System
Issue Summary

Description: The Florida Substance Abuse Prevention System assesses substance abuse prevention services across state agencies and recommends areas for system improvement. The statewide substance abuse prevention system is undergoing significant transformation, guided by the following principles:

- Consistent availability of high-quality assessment and performance data at the state and community levels is necessary to maximize system effectiveness.

- Alignment of strategic processes for making data-driven and culturally appropriate decisions about prevention policies, resource allocation, and strategies is necessary at both the state and community levels.

- The use of programs, practices, and policies that are based on current prevention science increases the overall effectiveness of the system at both the state and community levels.

- Prevention organizations are most effective when they have a built-in capacity to work within a strategic framework and their members/staff possess high-level prevention skill sets.

Background: Florida’s substance abuse prevention efforts were enhanced when DCF was awarded a federal Strategic Prevention Framework State Incentive Grant, which provides $2.35 million annually from 2004 to 2009. The funds are being used to mobilize state and community resources to build prevention capacity in communities across Florida. As specified in the Florida Drug Control Strategy, their goal is to prevent the onset of substance abuse and reduce its progression, with special emphasis on combating underage alcohol use. A State Epidemiology Workgroup was established in 2005, through the SPF Grant. The SEW is coordinated through a contract with the University of Miami. The initial SEW report was published in June 2006. It is available on the Internet along with corresponding county reports. This information drives prevention strategies aimed at reducing use of alcohol and other drugs by Florida’s youth. In addition, DCF administers the Prevention Partnership Programs (Section 397.99, F.S.) and community coalition Mini-Grant Projects. System oversight and input for improvement comes from the Florida Substance Abuse Prevention Advisory Council which serves as a link to community representatives, statewide youth and substance abuse organizations, and key state agencies. The Florida Prevention Workforce Development Center was established in 2004 to promote the use of evidence-based prevention practices. Training to community coalitions and service providers is offered through the Florida Alcohol and Drug Abuse Association, Florida State University, the Florida National Guard, and others under contracts with DCF.

Results to Date: Florida has achieved significant improvements in interagency coordination of prevention resources and activities. This resulted in the significant reductions in youth substance use seen in the results of the Florida Youth Substance Abuse Survey since 2000. The survey shows that youth drug use is down in all categories of drugs, though alcohol use appears to be the most resistant to change (note
that youth drug use rates were slightly up between 2005-2006, but remained significantly lower than the rates in 2000). There remains a weakness in Florida’s prevention effort related to engaging families. A significant increase in family-based prevention involvement would help to achieve even greater reductions in substance use rates and sustain those rates.

**Anticipated Results:**

- Drug Epidemiology Networks will be established in Florida’s nine largest urban communities to better assess prevention needs and refine criteria for recognizing high performing service providers and coalitions to better recognize success.
- The capacity of local coalitions to assess prevention needs and develop effective strategic plans will be improved.
- Prevention professionals will be trained on effective prevention strategies for girls and adults.
- Effective strategies for engaging parents in prevention efforts will be identified.
- Reduced youth alcohol use

**From Florida Youth Substance Abuse Survey**

<table>
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<tr>
<th>30-Day Use: Overall Change (2000-2006)</th>
<th>% Current Use</th>
<th>2000-06</th>
<th>2005-06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine</td>
<td>0.7%</td>
<td>0.9 (56%) ↓</td>
<td>0.0 ↑</td>
</tr>
<tr>
<td>Steroids</td>
<td>0.5%</td>
<td>0.5 (50%) ↓</td>
<td>0.1 ↑</td>
</tr>
<tr>
<td>Crack Cocaine</td>
<td>0.6%</td>
<td>0.2 (25%) ↓</td>
<td>0.2 ↑</td>
</tr>
<tr>
<td>Any Illicit Other Than Marijuana</td>
<td>7.3%</td>
<td>2.0 (22%) ↓</td>
<td>0.5 ↑</td>
</tr>
<tr>
<td>Marijuana</td>
<td>11.4%</td>
<td>3.0 (21%) ↓</td>
<td>1.0 ↑</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.6%</td>
<td>0.4 (20%) ↓</td>
<td>0.5 ↑</td>
</tr>
<tr>
<td>Inhalants</td>
<td>3.9%</td>
<td>0.7 (15%) ↓</td>
<td>0.1 ↓</td>
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<tr>
<td>Alcohol</td>
<td>32.0%</td>
<td>2.3 (7%) ↓</td>
<td>1.2 ↑</td>
</tr>
</tbody>
</table>

Access to Recovery
Issue Summary

Description: Florida received $20,439,303 over three years for Access to Recovery (ATR), a program that ensures genuine, free, independent consumer choice to people with substance abuse disorders through the use of a voucher for clinical treatment and/or recovery support services. The program is for low-income individuals 18 or older with a history of substance abuse. Another goal of ATR is to increase the number of faith-based and other community based providers that are providing substance abuse services.

Background: Traditionally, state-supported substance abuse services have been geared toward acute and short-term treatment, such as drug detoxification and short-term residential treatment. There has been little funding to provide the longer term recovery support services, such as case management, family counseling and child care, geared to help individuals achieve and remain in recovery. Nor have individuals receiving publicly-funded services had the ability to select the provider of their choice for substance abuse clinical treatment and recovery support services. In addition, Florida is only serving 13.3% of those individuals with addiction disorders who are eligible for publicly-funded services. While state appropriations have improved in recent years, there is still a need to improve access to treatment and increase capacity.

Results to Date: ATR requires all substance abuse assessment, clinical treatment, and recovery support services under this program to be provided pursuant to a voucher or vouchers given to a client by the state or its designee. As of September 30, 2006, more than 275 providers have been enrolled in ATR. Of these, 55% are faith-based providers. The program thus far has served 7,741 Floridians (through September 2006).

Results Anticipated: The goal is to serve a total of 8,002 over the life of the grant (through August of 2007). Preliminary findings from the evaluation being conducted by the University of Miami show:

- Reduced drug use or alcohol abuse and increased rates of abstinence
- Less involvement with criminal justice system
- Increased/retained employment and school enrollment
- Better retention in services supporting recovery
- Greater access to services
- Increased stability in family and living conditions
- Improved social connectedness

During the final year of the grant, the ATR program will focus largely on quality of care, client retention in services, and program sustainability. The best results are being shown for clients who remain active in services for at least one month. The program has begun using Recovery Coaches/Mentors to assist with follow through and has instituted additional measures such as case management, services coordination, and motivational interviewing to improve retention and engagement.
Food for Florida
Issue Summary

Description: The unprecedented 2004 and 2005 hurricane seasons affected Florida residents statewide, challenging the department to find creative, technological alternatives providing emergency food stamp benefits. This new system provided more than 3.6 million individuals with over $447 million in emergency assistance through the Food for Florida Program.

Background: In 2004, Hurricanes Charley, Frances, Ivan and Jeanne struck Florida over the course of only six weeks. As a result, Florida sought and obtained federal waivers to operate Disaster Food Stamp Programs, which became known as Food for Florida (FFF). In 2005, additional Food for Florida programs operated in response to Hurricanes Dennis and Wilma.

Results to Date:

- In 2004, more than 1.3 million individuals were served in FFF and over $161 million in disaster food stamp benefits were issued at an operational cost of $6.21 million (average administrative cost per person $4.58, average benefit cost per person $119).
- In 2005, more than 2.2 million individuals were served in FFF and over $286 million in disaster food stamp benefits were issued at an operational cost of $13.34 million (average administrative cost per person $5.87, average benefit cost per person $126).
- All applications were paper based and were scanned into a specially designed web based application and eligibility system.
- Application data was matched with the regular eligibility system to preclude duplicate issuances.
- The department received more than 28 awards for exceptional service and innovation as a result of the success of these projects.

Results Anticipated: The following improvements are ready for implementation, if Food for Florida Programs are needed in the future:

- Use of a web based system allowing victims to pre-register for benefits prior to arrival on-site.
- On-line data matches with the Department of Highway Safety and Motor Vehicles to verify identity and improve efficiency.
- Improved statewide readiness through the positioning of supplies and materials for site operations in strategic locations across the state.
- Redesign of the paper application and informational materials.
- Development of web based on-line training modules.
- On-site issuance of Electronic Benefit Transfer cards.
- Increased numbers of Program Integrity and Customer Service staff on-site.
- Completion of criminal background checks for temporary state employees hired to support the program.
Description: A zone is an administrative entity that provides administrative and programmatic support to multiple districts. DCF currently has five zones and that consolidate functions applicable to all or most of the operational and program areas, such as quality improvement and performance analysis, budget, human resources, contract administration services, financial management, general services, information technology and well as program management functions for Family Safety, ACCESS, and Adult Services programs. Zones are not service delivery entities, but support service delivery and operations staff and functions.

Background: Efforts to continuously increase efficiency, reduce duplication and improve customer service by consolidating administrative support functions resulted in the creation of the Administrative Services Support Center, a centralized unit responsible for payment of invoices statewide. In 2001 the legislature authorized the consolidation of service Districts 5 (Pasco, Pinellas), District 6 (Hillsborough, Manatee) with Sarasota and Desoto Counties to create the prototype SunCoast Region.

As the department transitioned from direct service delivery of child welfare services to an outsourced system of community-based care, additional opportunities for administrative consolidation were identified. In October 2003, a departmental task force made recommendations to restructure district offices for a post-community-based care environment where DCF staff manage contracts rather than provide direct services; deploy staff for increased efficiencies; and standardize the organizational structure of the districts. The task force also recommended the implementation of a zone structure to consolidate administrative and program management functions within a group of districts. This administrative restructuring was designed to provide a basis for statewide standardization of structure and business practice, improved data reporting and communication.

The following five zones were established in addition to the SunCoast Region:
- Panhandle Zone (Districts 1 & 2);
- Northeast Zone (Districts 3, 4, & 12);
- Central Zone (Districts 7, 13, & 14);
- Southern Zone (Districts 8, 9, 10, & 15);
- Miami Zone (District 11).

A zone leader, who is also one of the district administrators within the zone, was selected to oversee the administrative support services of each zone.

In order to gain increased efficiencies and improve service to internal and external customers, influenced in part by the reduction of indirect earning revenues that support the district administration budget entity and 2006 legislation creating CBC pilot projects that affect Broward, Miami-Dade and Monroe counties, DCF has further consolidated to five zones.
Effective October 1, 2006, modifications now include:
- Aligning a Gulf Coast Zone to include SunCoast Region and District 8
- Aligning District 15 to be supported by the Gulf-Atlantic Zone
- Aligning a Southeast Zone to include Districts 9, 10 and 11
The Southeast Zone will be headquartered in Ft. Lauderdale.

Results to Date: Since 2004, consolidation of administrative and program management functions into zones has reduced administrative redundancies and inefficiencies while maximizing resources and strengthening accountability. Zones have facilitated enhanced standards and consistent administrative processes. District Administrators in each zone have had joint decision-making responsibilities as well as continuing their district community involvement.

Results Anticipated: By consolidating and reorganizing the original zone structure, the department achieved its overall objective of operating the fewest number of administrative zones providing support services while maintaining the same or improved level of service to our customers. By the new realignment, the department can better meet the needs of its internal and external customers.

Challenges: The department continues to be challenged by the need to provide efficient and responsive administrative support services to all internal and external customers; to enhance communications between the field and central office; to develop standard performance reporting across administrative entities and to increase the use of new technologies.
VISION, VALUES, AND VOICES

Challenges

- Forensic Waiting List
- Aged and Disabled Adult Medicaid Waiver
- Food Stamp Payment Accuracy
- Sexually Violent Predator Program
- Florida Safe Families Network
- Community-Based Care Pilot Projects
- Youth Transitioning Out of Foster Care
- Missing Children
- TANF Work Participation Rate
- Budget Supported by Non-Recurring Fund Source
Forensic Waiting List:
DCF’s Role In Meeting the Treatment Needs of People With Mental Illnesses In Florida’s Criminal Justice System

Background:
The Department of Children and Families is required to provide mental health assessment, evaluation, and treatment to individuals committed to the department pursuant to Chapter 916, F.S., following adjudication as incompetent to proceed at any stage of a criminal proceeding or not guilty by reason of insanity. All individuals committed for involuntary treatment are charged with a felony offense and are mandated to be admitted to a treatment facility within 15 days of the department’s receipt of a complete commitment packet from the courts.

The department operates or contracts for the operation of five mental health treatment facilities with secure capacity for 944 individuals (27 beds added in October 2006) and civil step-down capacity for 472 individuals no longer requiring a secure setting (60 beds added in October 2006). The total designated forensic treatment capacity is 1,416 beds.

On a daily basis, the Forensic Admission Office in the Mental Health Program Office monitors the bed availability at each treatment facility and schedules admissions with county sheriffs as treatment facility vacancies occur. A Forensic Coordinator in each of the district mental health program offices interacts with the court system at the local level, and oversees various community-based forensic services provided through district contracts with local community mental health provider agencies.

Unprecedented Demand on the System
Commitments to the department have increased by 72% since FY1998-99. Since FY1999-00, the average annual rate of increase is 4.4 % per year. In FY 2005-06, 15 out of the 20 judicial circuits committed from 2% to 116% more individuals, for a total fiscal year increase of 16.2%.

In keeping with this trend, commitments this fiscal year through the first week of November are three percent higher than the same time period in FY2005-06. The chart below illustrates commitments by judicial circuit over the past two fiscal years.

FY05/06 (Jul05-Jun06) Commitments by Judicial Circuit as Compared to Commitments for FY04/05 (Jul04-Jun05)

[Chart showing commitments by circuit]
Commitment Numbers By Fiscal Year and Judicial Circuit

|       | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | Total |
|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|      |
| FY06/07 | 29 | 27 | 31 | 14 | 43 | 16 | 15 | 34 | 26 | 71 | 8  | 48 | 7  | 16 | 9  | 65 | 14 | 3  | 13 | 492 |
| FY05/06 | 90 | 82 | 12 | 82 | 69 | 81 | 44 | 51 | 79 | 58 | 255 | 35 | 128 | 48 | 44 | 16 | 200 | 51 | 24 | 34 | 1483 |
| FY04/05 | 61 | 70 | 15 | 86 | 32 | 72 | 36 | 44 | 63 | 32 | 191 | 35 | 119 | 41 | 43 | 12 | 217 | 40 | 31 | 36 | 1276 |

Note: FY06/07 data includes commitments this fiscal year through the first week of November.

This unprecedented 16.2% increase in commitments was not anticipated and has contributed to the high waiting list numbers and extended delays in admission to treatment facilities. The rate of commitments continues to far exceed the department’s ability to admit individuals within the mandatory 15 days. Individuals admitted in FY 2005-2006 waited in jail an average of 48 days from the date the commitment packet was received until admission. For the first quarter of FY 2006-2007 (July-September, 2006), individuals have waited in jail an average of 81 days prior to admission.

As of November 27, 2006, there were 302 individuals on the forensic waiting list (251 males, and 51 females). Of these, 237 individuals or 78% (195 males, 42 females) had waited more than 15 days.

A snapshot of the forensic waiting list numbers on or near the last day of the past four fiscal years shows this steady increase and reflects the impact of the FY 2005-06 commitment increase on the waiting list totals.

- On June 30, 2003, the waiting list totaled 57 with no individuals awaiting admission over 15 days.
- On June 28, 2004, the waiting list totaled 109 with 26 individuals waiting over 15 days.
- On June 27, 2005, the waiting list totaled 125 with 48 individuals waiting over 15 days.
- On June 30, 2006, the waiting list reached 305 with 230 of the individuals waiting longer than 15 days.

Individuals Awaiting Return to Court

As of November 22, 2006, there are 87 individuals in treatment facilities that the courts have been notified are ready to return to court; 53 of these individuals have waited to be picked up over 15 days. These individuals occupy a bed that could be otherwise utilized by an individual awaiting admission in a county jail.

The following chart shows that the percentage of individuals picked up within 30 days of notifying the court has been declining since 2002. This directly contributes to high waiting list numbers and extended delays in admission. Note: the last time the waiting list had zero individuals waiting over 15 days was in 2003 when the highest percentage of competent individuals were picked up within 30 days.
Actions Taken:

- Since the mid-1990s, the department has converted a total of 472 civil mental health treatment facility beds to designated forensic step-down beds for persons committed under Chapter 916, F. S., who no longer require a secure forensic setting.

- In FY 2001-2002, $2.4 million was allocated to continue operation of the 30 secure bed expansion at Florida State Hospital (FSH), initially funded for one month in FY 2000-2001 via a budget amendment.

- A $7.5 million budget amendment allocation was released in November 2002 to Districts 1, 2, 3, 4, 7, 9, 10, 11, 12, and 13 to enhance community forensic services.

- $1.8 million was allocated to add 24 secure beds at Florida State Hospital in October 2002.

- In FY 2003-2004, $3.8 million was allocated for expansion of community-based forensic services. These services included contracting for Forensic Specialist positions in 19 out of the 20 judicial circuits (excluding the 16th Circuit in Monroe County), establishing new community competency restoration programs and increasing designated residential capacity to support efforts to divert appropriate individuals to community-based services.

- $6.8 million was allocated in October 2006 to add 27 secure forensic beds at Florida State Hospital and 60 civil step-down beds at Northeast Florida State Hospital.

- Addressing the forensic waiting list issue continues as a departmental priority for the 2007 Legislative session. Legislative budget requests submitted by the department include $2 million for an additional 38 beds at South Florida Evaluation and Treatment Center and $9.5 million for additional community residential beds, to expand community competency restoration programs, and to establish recovery enhancement teams in the community to provide mental health linkage and transition planning for individuals released from jail or returning to the community from a state mental health treatment facility.

- DCF will be submitting a supplemental FY 2007-2008 budget request to the new administration for additional secure treatment beds.
DCF is allocating $5 million during the week of November 27, 2005 to purchase additional secure mental health treatment beds.

Effective November 20, 2006, DCF began offering 30 days of medication to county jails for individuals returning to jails whose competency has been restored in a mental health treatment facility. This was an increase from the seven-day supply previously provided and should help assure continuity of treatment for these individuals.

**Forensic Treatment Capacity at Florida’s State Mental Health Facilities**  
*(As of November 21, 2006)*

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>TYPE OF FACILITY</th>
<th>FORENSIC STEP DOWN BEDS</th>
<th>SECURE FORENSIC</th>
<th>CIVIL BEDS</th>
<th>OPERATING BED CAPACITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida State Hospital</td>
<td>Civil and Forensic</td>
<td>295</td>
<td>528</td>
<td>195</td>
<td>1,018</td>
</tr>
<tr>
<td>Northeast Florida State Hospital</td>
<td>Civil</td>
<td>132</td>
<td>----</td>
<td>461</td>
<td>593</td>
</tr>
<tr>
<td>North Florida Evaluation and Treatment Center</td>
<td>Forensic</td>
<td>-----</td>
<td>216</td>
<td>-----</td>
<td>216</td>
</tr>
<tr>
<td>South Florida Evaluation and Treatment Center/GeoCare, Inc.</td>
<td>Forensic</td>
<td>-----</td>
<td>200</td>
<td>-----</td>
<td>200</td>
</tr>
<tr>
<td>South Florida State Hospital/GeoCare, Inc.</td>
<td>Civil</td>
<td>45</td>
<td>-----</td>
<td>280</td>
<td>325</td>
</tr>
<tr>
<td>West Florida Community Care Center</td>
<td>Civil</td>
<td>-----</td>
<td>-----</td>
<td>80</td>
<td>80</td>
</tr>
</tbody>
</table>

**TYPE OF FACILITY**  
TOTALS

| Number of Civil beds | 1016 |
| Number of Forensic Step-Downs beds | 472 |
| Number of Secure Forensic beds | 944 |
| Total beds* | 2432 |

*This total does not include 44 medical beds at two facilities that provide temporary housing to people with medical conditions. These beds are not used for admission purposes.
Aged or Disabled Adult (ADA) Medicaid Waiver
Issue Summary

**Description:** The Aged or Disabled Adults Home and Community Based Services Waiver (ADA Waiver) program provides case management and many other services to low income adults ages 18 to 59, who are permanently disabled, meet nursing home eligibility, and are generally ineligible for services from other state departments and programs. Services received enable the individual to live in his/her community and avoid nursing home placement or other institutional placement as long as possible, representing a tremendous cost savings to the state.

**Background**

Many of the individuals receiving ADA Medicaid waiver services are referred for these services as a result of adult protective investigations and are in need of on-going services to ensure that abuse, neglect, and/or exploitation do not reoccur.

Prior to July 1, 2006, the funds appropriated for the ADA Medicaid waiver were fully obligated. Interested individuals were being denied eligibility access to services and were being placed on a waiting list. Districts ensured that individuals placed on the waiting list were ranked accurately and objectively reflecting their functional abilities, support, services received from other programs, and needs. Because many individuals were placed on the waiting list and not able to receive services, their health conditions deteriorated.

During the 2006 Legislative Session, the Florida Legislature appropriated $4.7 million to address the needs of individuals on the ADA Medicaid waiver wait.

To qualify for the waiver, individuals must undergo a financial assessment by the department to confirm their eligibility to receive services under Medicaid and a clinical assessment by the Department of Elder Affairs’ Comprehensive Assessment and Review for Long-Term Care Services (CARES) staff to determine if they meet the clinical criteria for being at risk of nursing home care.

On July 3, 2006, the Adult Services Program Office selected the top 100 names on the wait list and distributed those names to the respective districts and Region program offices to begin processing individuals for eligibility and services through the waiver program. An additional 100 names were removed from the wait list and distributed to districts on September 25, 2006. In an ongoing effort to fully apply the $4.7 million which has been specifically appropriated to meet this program’s wait list need, the Adult Services Program Office will repeat this process so long as uncommitted appropriation remains.
Results to Date

The chart below indicates the status of the ADA Medicaid waiver wait list as of November 16, 2006.

<table>
<thead>
<tr>
<th>Total Wait List</th>
<th>Number of Persons Assessed for eligibility from the Wait List</th>
<th>Number Persons Approved For Medicaid Waiver Services</th>
<th>Average Care Plan Cost</th>
<th>Number Determined Ineligible</th>
<th>Number of Pending Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,174</td>
<td>423</td>
<td>80</td>
<td>$15,747.75</td>
<td>141</td>
<td>200</td>
</tr>
</tbody>
</table>

Of the $4.7 million appropriated to reduce the Medicaid Waiver wait list, the total statewide care plan costs approved to date is: $1,237,980.56.

Challenges

- Initial contact with ADA Medicaid Waiver wait list individuals are delayed due to a number of reasons: hospitalization, nursing home placement, temporary incarceration, or the family moving the individual from home to home to rotate care giving responsibilities.
- Individual’s Primary Care Physician fails to complete and return the required Physician form to the Department of Elder Affairs CARES Program.
- The Department of Elder Affairs CARES Program has 45 days to determine Level of Care.
Food Stamp Payment Accuracy
Issue Summary

**Description:** Accuracy of Food Stamp Program benefit calculations declined in the aftermath of the 2005 hurricane season. The most current available data (incomplete FFY 05-06 October through May) reflects a 9.65% error rate, which exceeds the national average of 5.75% for the same period. The state is fully committed to payment accuracy and is taking action to improve. The state has requested to be held harmless from any potential federal financial penalties that may accrue as a result.

**Background:** The accuracy of food stamp benefit levels are continuously reviewed by a Quality Control system that calculates error rates and determines whether to assess financial penalties or award incentive dollars to state's for performance. Client benefits are paid with 100% federal funds, while administrative costs are shared between the states and federal government. Payment accuracy is determined by both over and underpayment of benefits, and includes both agency and client errors. Error rates are calculated on an annual basis using federal fiscal years (October to September). Data is reported monthly, but is statistically valid only at the annual level.

**Results to Date:** The error rate for FFY 2005 (October 2004-September 2005) was 7.14%, which was within the federal tolerance level. This means that no penalties will be assessed for that period and it will not count as a first year of potential penalties. Federal policy assesses penalties only if states error exceeds tolerance levels for two consecutive years, so the earliest penalties could be assessed is for FFY 06-07.

The data below illustrates Florida's Quality Control (QC) error rate compared to the national average over time.

<table>
<thead>
<tr>
<th>FFY 97-98</th>
<th>FFY 98-99</th>
<th>FFY 99-00</th>
<th>FFY 00-01</th>
<th>FFY 01-02</th>
<th>FFY 02-03</th>
<th>FFY 03-04</th>
<th>FFY 04-05</th>
<th>FFY 05-06*</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Error Rate</td>
<td>12.94%</td>
<td>9.43%</td>
<td>9.40%</td>
<td>9.80%</td>
<td>9.61%</td>
<td>8.00%</td>
<td>6.16%</td>
<td>7.19%</td>
</tr>
<tr>
<td>National Average</td>
<td>9.75%</td>
<td>10.70%</td>
<td>9.86%</td>
<td>8.91%</td>
<td>8.66%</td>
<td>6.64%</td>
<td>5.88%</td>
<td>5.56%</td>
</tr>
</tbody>
</table>

* through May, 2006

**Challenges:** Florida plans to improve accuracy and avoid any penalties. Several activities including the following are in place or planned to achieve this improvement:

- Intensified awareness of food stamp payment accuracy through active involvement and commitment by all managers and staff.
- Enhance current technology for review and correction of error prone cases.
- Re-evaluate the use of contract funds for data brokering and access to real time databases of earned income.
- Changes to web application language to better capture information on earned income and shelter expenses.
- Enhanced use of error prone profiles for targeted case monitoring, including a component that automates selection of cases.
Sexually Violent Predator Program
Issue Summary

**Description:** Pursuant to Chapter 394, Part V, F.S., the Sexually Violent Predator Program (SVPP) has two main functions: 1) screening and evaluation of persons in state custody (state prisons, state juvenile facilities, and state forensic mental health treatment facilities) to identify suspected sexually violent predators; and 2) long-term confinement and treatment of persons committed to the department as sexually violent predators. Screening and evaluation functions are organized and coordinated at the DCF headquarters. Long-term confinement and treatment of confirmed sexually violent predators is provided at the Florida Civil Commitment Center (in Arcadia), via contract.

**Background:** In September 1995, 9-year-old Jimmy Ryce was kidnapped, sexually assaulted, and murdered by Juan Carlos Chavez. Juan Carlos Chavez was a sexual offender who had recently been released from prison. The Jimmy Ryce Act, which requires involuntary civil commitment of individuals determined to be sexually violent predators, was enacted in 1998. The intent of the Jimmy Ryce Act is "to create a civil commitment procedure for the long-term care and treatment of sexually violent predators.” Individuals convicted of sexual offenses, who have completed their imposed prison, juvenile justice, or forensic state hospital commitment, may be civilly committed under the Jimmy Ryce Act for long-term care and treatment, if it is determined that they continue to pose a significant risk to the community.

**BUDGET:**

<table>
<thead>
<tr>
<th>FISCAL YEAR 06-07</th>
<th>APPROPRIATION</th>
<th>SCREENING, EVALUATION, PROGRAM MONITORING</th>
<th>FACILITY (FCCC) OPERATION</th>
<th>SECURITY MONITORING AND TRANSPORTATION at FCCC (by Dept. of Corrections)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$26,098,541</td>
<td>$2,102,854</td>
<td>$18,881,069</td>
</tr>
<tr>
<td>Census: 570</td>
<td></td>
<td></td>
<td></td>
<td>$4,566,950 (this includes $2,586,500 for internal security functions)</td>
</tr>
</tbody>
</table>

**Service Capacity:** Due to a 63% increase in the number of referrals from FY 04-05 to FY 05-06, the demand for screening and evaluation services already exceeds program capacity (current program resources can adequately process about 2,500 referrals per year, but the current referral rate is 4,000 plus per year). Program capacity (580 beds) for confinement and treatment at the Florida Civil Commitment Center (FCCC) will be exceeded around July, 2007, given the 9% increase in census over the past three years.

**Disposition of Referral Programs:** From program inception (1998) to October 23, 2006, the SVPP received 24,068 referrals, which were disposed of as follows: 975 cases (4%) were recommended for civil commitment and State Attorneys actually filed petitions for civil commitment on 928 of those cases; civil commitment trials have been completed for 374 (40%) of the 928 cases, while 554 (60%) are still awaiting trial.
Florida Department of Children and Families

Of the 374 cases that went to trial, 278 (74%) were committed as sexually violent predators, 96 (26%) were released to the community with or without conditions (e.g. mandatory outpatient sex offender treatment). Of the 278 men who were committed as sexually violent predators, 4 were subsequently released by the Court as no longer meeting criteria, only one of whom was released with the recommendation of the FCCC treatment staff.

Per a 2004 Office of Program Policy Analysis and Government Accountability (OPPAGA) Progress Report, data analysis indicated that 1% of the offenders who were determined not to meet criteria as a sexually violent predator were subsequently incarcerated for commission of a serious sex crime.

Challenges:

Service Demand: The 63% increase in referrals to the SVPP has led to a 9% increase in the number of commitments to FCCC over the past three years. The 9% increase suggests that the census will exceed bed capacity (580) by July 2007. The 2006 Legislature approved construction of a new (replacement) facility with 668 beds, but it is likely to be at or near capacity by completion in April 2009.

Resources: In June 2006, the SVPP screening and evaluation process was reviewed to identify ways to maximize efficiency while maintaining sufficient quality. It was determined that additional funding is needed to increase service capacities within SVPP. Therefore, the department is requesting an increase in General Revenue funding of $3,721,094 to allow expansion of program capacity to meet growing demand for screening and evaluations of referrals, management of clinical records, and quality improvement monitoring.

On July 1, 2006, a new vendor (GEO Care) was secured to replace the prior vendor (Liberty Behavioral Healthcare) for operation of the Florida Civil Commitment Center (FCCC). GEO Care, in concert with the department, is in the process of enhancing medical and mental health treatment at the facility, enhancements necessary in addressing issues of concern in a class action lawsuit that alleges inadequate mental health care at FCCC.

Legal Issues: Canupp v. Hadi, et al., is a federal class action lawsuit filed by Florida Institutional Legal Services, Inc. and Southern Legal Counsel, Inc. on behalf of certain residents at FCCC. The lawsuit alleges that the sex offender treatment program is inadequate in terms of its design and the intensity of services, and that the facility does not provide adequate services to residents with special needs - those with mental illness or developmental disabilities. The primary remedy plaintiffs seek is injunctive relief – i.e. a court order directing that the defendants provide services at a level to be determined by the court. The lawsuit is currently in the discovery phase and trial is tentatively scheduled for summer 2007.

Criminal Justice Estimating Conference (CJEC): The CJEC is directed to project the number of “commitments” under chapter 394, part V, Florida Statutes, and not the number of confined persons. The population of the Florida Civil Commitment Center (FCCC) includes “commitments” and “detainees,” the latter of which comprises the largest group of FCCC residents. As of October 23, 2006, there were 257 (45%)
residents in “committed” status and 313 (55%) in detainee status. Thus, forecasting the number of commitments does not forecast the bed need at FCCC.

Notwithstanding the CJEC’s underestimation of the FCCC population, the estimates are not factored into the legislative appropriations process, in contrast with the prison population forecasts for the Department of Corrections. Since FY 00-01, the SVP facility population has increased by 67%, from 341 residents (June 30, 2001) to 570 residents (October 23, 2006) while the Sexually Violent Predator Program budget entity’s appropriation has increased 30% from $20,018,010 to $26,098,541.
Florida Safe Families Network (Formerly HomeSafenet)

Issue Summary

Description: Florida's Department of Children and Families has refocused its approach to full implementation of a Statewide Automated Child Welfare Information System (SACWIS) through procurement of a qualified and experienced systems integrator. The department’s goal is to select a systems integrator that will leverage and enhance both the technical platform and functionality currently existing in HomeSafenet (HSn), and implement the remaining business functionality necessary to support the department's primary objective of ensuring better services to the at-risk families and children of Florida.

Background: Historically, DCF has been working toward a federally certifiable SACWIS system by managing the development of HSn internally with resources procured from multiple service providers. To mitigate the risks encountered, the department adopted a single system integrator project management and procurement approach based on fixed-price deliverables and fixed delivery time frames.

Results to Date: After execution of the contract on June 26, 2006, a number of project tasks and deliverables have been completed. After initial review and system integrator resolution to identified deficiencies, the department accepted and approved the overall Project Management Plan on August 22, 2006. This led to the initiation of project activities, receipt, review, and approval of the second system integrator deliverable, the Detailed Requirements Document, on October 23, 2006. The system integrator, CGI-AMS, is now working with assigned project experts on activities necessary to complete design of the new application. Additionally, the department posted procurement documents to solicit bids from vendors that will monitor and verify the quality of system integrator deliverables and processes. Technical review of the vendor bids was completed on October 30, 2006. Activities that will result in final contracting of quality and deliverable verification providers are currently underway.

Results Anticipated:

- **FSFN Release 1** - March 2007 - Replace existing HSn application function with the new Florida Safe Families Network SACWIS application.

- **FSFN Release 2** - September 2007 - Extend the new application to include full case management and financial functions.

- **FSFN Release 3** - February 2008 - Implement additional system interfaces and advanced user reporting tools and technologies.

Challenges:

- Building a consensus framework for statewide child welfare practice

- Transition to a new system that fully automates and supports all business practices.
Community-Based Care Pilot Projects
Issue Summary

**Description:** Chapter 2006-30, Laws of Florida, established a pilot program for the Community-Based Care (CBC) Lead Agencies serving Miami-Dade, Monroe, (Our Kids, Inc.) and Broward Counties (ChildNet, Inc.). This pilot program contains the following characteristics:

- A fixed-priced method of payment that enhances funding flexibility and allows state funds to be carried forward between fiscal years for the duration of the contract period.
- Transfer of the current department oversight responsibilities to an independent nongovernmental third-party entity to conduct programmatic, fiscal, and administrative oversight.
- Creates the authority to develop compliance supplement for general revenue funded services that allows Lead Agencies to purchase otherwise not allowable costs in order to implement their system of care and meet the unique needs of children and families they serve.

**Background:** The CBC provider in Miami-Dade and Monroe counties has actively sought a pilot status to allow for a more innovative service delivery system for child welfare services. The outsourcing of child welfare services in Florida has experienced successes and challenges and additional flexibility is desired to take advantage of desired community outcomes. Additionally, the lead agency sought independent oversight for compliance and quality reviews to reduce unnecessary bureaucracy and duplication of effort.

**Results to Date:** The three-year contracts were negotiated and executed with an effective date of July 1, 2006. The department is discussing the development of a compliance supplement for state financial assistance regarding the new statutory flexibility for allowable expenditures with the Department of Financial Services.

The fiscal/administrative independent monitoring contract with Abel and Associates, P.A., was executed with an effective date of August 1, 2006. The program/quality management-monitoring contract is under negotiations with Chapin Hall with an expected effective date of November 1, 2006.

**Results Anticipated:** The department and its partner Lead Agencies expect greater flexibility in the delivery of child welfare and related services and increased value in independent oversight.

**Challenges:** The department will need to ensure that it can still provide effective contract management and oversight with this model (i.e. fiscal, administrative and programmatic monitoring outsourced). In addition, there will be ongoing dialogue with the pilot agencies around whether the intent of the statute is being met.
Youth Transitioning Out of Foster Care: Independent Living Program
Issue Summary

**Description:** Youth who are in foster care and reach age 18 need assistance in transitioning out of foster care and having the life skills to be successful adults.

**Background:** The John H. Chafee Foster Care Independence Act provides federal funding to assist children in foster care that are likely to remain in foster care until 18 years of age and to help young adults who are former foster children.

Florida law provides for independent living services for these youth including pre-independent living services to prepare youth for transitioning out of foster care. For young adults who have left foster care, Florida law provides for aftercare services, transitional support services and the Road to Independence (RTI) program, which assists students who are in high school and those who are enrolled in post secondary education.

The Road to Independence program extends from age 18 to age 23. Young adults participating in the Road to Independence program are eligible for Medicaid to age 21.

In the 2006 Legislative Session, Medicaid eligibility was expanded to include young adults who are eligible for aftercare or transitional support services, but who do not get Road to Independence payments. These young adults are eligible for Medicaid through age 20. The changes in law also required transitional planning for children in foster care and development of resource management plans for each community-based care lead agency.

Earlier this year, the National Governors’ Association (NGA) Center for Best Practices provided states with the opportunity to apply to participate in a Policy Academy on issues related to youth transitioning out of foster care. Florida was subsequently selected to be one of six participating states. It is expected that the Policy Academy will result in recommendations to improve outcomes for youth transitioning out of foster care.

**Results to date:** Currently, 1,474 young adults formerly in foster care receive RTI payments of up to $892 per month.

In addition to the payments above, collaboration at the state and local levels has resulted in improved access to a wide array of services including education, employment, medical and financial assistance programs. During 2005-06, 2,118 young adults were served (includes the 1,474 specified above).

**Challenges:** The fiscal year 2006 – 2007 appropriation increase for Independent Living was approximately 55% of the workload increase proposed by the Governor. This will require community-based care Lead Agencies to prioritize provision of assistance and may require limiting payments to some young adults.

Implementation of 2006 legislative changes will provide more focus on transitional planning for children in foster care.
Recommendations from the NGA Policy Academy team will include mechanisms for more effective transition including potential strategies to improve asset development. Expansion of Medicaid eligibility will provide health coverage for former foster care youth to age 20, with those participating in RTI being covered until they are 21 years of age.
Missing Children
Issue Summary

**Description:** On any given day, there are more than 49,000 children in the care and/or custody of the department. The whereabouts of approximately 1.2 percent of them are unknown. These children are reported missing as runaway, parentally abducted, or endangered. Approximately 90% of children reported as missing from care are reported as runaways.

**Background:** Operation Safe Kids was initiated in the fall of 2002, at the request of Governor Bush, in response to the disappearance of Rilya Wilson who went missing while under the supervision of DCF. Recommendations from Operation Safe Kids and continued improvements within the department include:

- The Rilya Wilson Act (2005) established early education or child care attendance requirements for certain pre-school age children who are under court ordered protective supervision or in DCF custody and established requirements to monitor the attendance and whereabouts of these children.

- The development of a web based Missing Child Tracking System (MCTS), which allows the department to track the number of children reported as missing from care in real time and to electronically report missing children to state law enforcement.

- Creation of a central Missing Children unit that includes daily communication with local Missing Children points of contact and co-location of a DCF staff person at the Florida Department of Law Enforcement (FDLE) to ensure children are reported correctly to state and local law enforcement and that child-specific information is provided timely to assist in the rapid recovery of the child.

**Results to Date:** Since the implementation of standardized missing child reporting requirements and processes identification, reporting and recovery efforts in this area have improved significantly. However, these improvements have also lead to an increase of the overall number of children that are reported as missing.

- In September of 2006, approximately 49,000 children were under the care and supervision of the department. Of this total, 579 (1.2%) were categorized as missing.

- Of these 579 children, 521 (90%) were teenage runaways.

- The number of children reported as missing has increased over the past fiscal year (FY). In FY 04-05, 2,769 children created 6,167 missing child episodes. In FY 05-06, 3,037 children created 7,922 missing child episodes. However, more missing children are being recovered more quickly.
Florida Department of Children and Families

- Statewide performance on the missing child performance measure, as of September 2006, is an average daily rate of 12.41 children missing per 1,000 children in in-home and out-of-home care. The statewide target for performance in this area is an average daily rate of 10 children missing per 1,000 children in in-home and out-of-home care.

- 50% of all missing child reports made from 03-01-2006 to 09-30-2006 were resolved within 3 days.

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>0-2</th>
<th>3-5</th>
<th>6-8</th>
<th>9-11</th>
<th>12-14</th>
<th>15-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Events*</td>
<td>1.2%</td>
<td>0.7%</td>
<td>0.5%</td>
<td>1.3%</td>
<td>25.7%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Cumulative</td>
<td>1.2%</td>
<td>1.9%</td>
<td>2.4%</td>
<td>3.7%</td>
<td>29.4%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*An event is considered to be a documented missing child entry.

<table>
<thead>
<tr>
<th>Duration</th>
<th>0-1 Days</th>
<th>2-7 Days</th>
<th>8-30 Days</th>
<th>31-90 Days</th>
<th>91+ Days</th>
<th>Still Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>36.2%</td>
<td>27.3%</td>
<td>19.0%</td>
<td>8.8%</td>
<td>2.7%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Cumulative</td>
<td>36.2%</td>
<td>63.5%</td>
<td>82.5%</td>
<td>91.3%</td>
<td>94.9%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Results Anticipated: The majority of children missing from out-of-home care in Florida, and nationally, are adolescents who have voluntarily runaway. The department and its contracted community based care providers are focusing efforts to identify and address factors that contribute to children running away from out-of-home care. An action plan has been developed that addresses the reporting, recovery, prevention and stabilization of missing children, with focus on effective practices related to children who run from out-of-home care. These efforts are expected to reduce the frequency and duration at which children run away from in-home and out-of-home care and improve the quality of care provided to children, especially teenagers, in out-of-home and in-homecare and the system of care in which they live.

Challenges: Reducing the number of children missing from in-home and out-of-home care requires sustained effort and a comprehensive approach to improving many areas related to identifying and meeting the individual needs of children and the system of care in the area in which they live. Locating some children reported as missing quickly remains a challenge to law enforcement and those assisting them.
TANF Work Participation Rate
Issue Summary

Description: Reauthorized in February under the Deficit Reduction Act of 2005, TANF block grants will continue to fund states’ initiatives to improve economic self-sufficiency and family stability for welfare recipients. To guide the next phase of welfare reform, the implementing regulations stress a renewed focus on work, program integrity and strengthening families through healthy marriage promotion and responsible fatherhood. Recipient families must work or participate in approved work activities for 20-55 hours per week, depending on family composition (50% target for all families, 90% target for two parent families) and availability of child care. Caseload Reduction Credits continue to off-set target rates, but are significantly modified to change the base year for comparison from 1995 to 2005. Future credits will be based on the decline in caseload between the current year and the caseload as it was in 2005.

Work has always been the cornerstone of Florida’s TANF program; therefore, the new regulations are quite consistent with current practices but impose more structure to activities. The work participation requirements, while achievable, present a challenge to states. To prevent substantial financial penalties, Florida must now meet the work participation rates without benefit of the large caseload reduction credits earned in the past.

Because the work participation requirement is a shared objective involving both the Department of Children and Families (DCF) and the Agency for Workforce Innovation (AWI) through their Regional Workforce Boards (RWBs), not one department can meet this challenge alone. The RWB responsibilities involve getting our customers into work activities but if unemployed parents are not participating in these activities, the TANF Block Grant and State’s Maintenance of Effort requirement, could be affected. A solution to this challenge may involve development of more work experience slots, implementation of a Simplified Food Stamp Program, and an increase in paid and unpaid work experience programs that comply with the Fair Labor Standards Act to meet the participation requirement objective.

Background: Under the Act, Florida will receive $562,340,120 annually through 2010 and a Supplemental Grant of $60,405,668 annually through 2008. Florida’s welfare caseload has decreased by approximately 75% since 1995, and the funds saved in welfare benefits have been reinvested in program improvement to support working families. Since 1996, Florida’s two-parent program has been funded with state appropriated maintenance of effort dollars and not subject to the participation requirements. The new law applies the federal participation requirement to separate state programs, so Florida’s separate state program for two-parent families will now be subject to the 90% participation requirement.

Results to Date: Florida’s extraordinary ten-year caseload decline has earned annual credit that negated the participation rate requirement. The state has been in compliance each year for the all-family rate, and the two-parent rate has not been applicable. Measured against the 2005 caseload, future caseload reduction credit will be less and will not off-set the requirements to the degree it did under prior law.
Results Anticipated: Preliminary state data for the April – June quarter indicate a statewide participation rate of 49%. The Social Services Estimating Conference (SSEC) has projected a 13% caseload decline – sufficient credit to assure the state will meet the all family rate. The latest data available on the two-parent program shows Florida at an estimated 45% participation rate in FFY 2005; therefore the 90% participation requirement remains a significant challenge. The 32% SSEC projection for decline in this caseload is not sufficient for the state to meet the two-parent rate. As a result the RWBs must focus intensely on the 784 (October 2006) families that comprise the two-parent program.

Appendix III. 1996 to 2006: Ten Years of Welfare Reform
Budget Supported by Non-Recurring Fund Source

Issue Summary

Description: The department has budget that has been supported by non-recurring trust fund sources. As a result, at the beginning of this fiscal year, approximately $18.5 million of the 2006-2007 budget was not funded. In addition, the department received $5 million in administered funds (for pay and retirement increases, etc.) that was not funded, for a total of $23.5 million. We have implemented one-time strategies and made reductions in administrative areas during the current fiscal year to ensure that there are no reductions in direct services.

In addition, cash balance has gotten to such a low point that cash management for the department is a daily, critical issue.

Background: Historically, the department generated cash surpluses primarily due to what is referred to as “excess earnings” on federally funded programs. This was possible because these Federal programs were “entitlement” in nature – meaning that there was no cap on the amount that the department could earn. Today, however, almost all of these Federal programs have either become capped (i.e. block grants), or are no longer within the department (e.g. Agency for Persons with Disabilities). Thus, the department no longer has the ability to generate cash surpluses.

In budget years when General Revenue was scarce, the Legislature appropriated items that were funded with these cash surpluses. These items have no recurring fund source. As a result of utilizing cash surpluses for these items, the department’s cash balance has decreased in the last fiscal year from more than $200 million to less than $60 million (less than one week’s worth of cash).

In FY 2004-05, $115 million of the department’s budget was funded with these cash reserves. The Legislature has replaced $70 million of this with recurring General Revenue ($35 million for 2005-2006 and again for 2006-2007), leaving potentially $45 million with no recurring fund source.

Results to Date: The department was directed by the Legislature to re-align its budget to maximize usage of all Federal funding sources. This was completed in July 2006 and as a result, only $18.5 million remained with no recurring fund source (plus the $5 million in administered funds mentioned above). The department has submitted an LBR to address $8 million of this issue and hops to submit a supplemental LBR issue to address the remainder. The daily management of cash balances is still difficult.

Challenges: During the 2006-2007 fiscal year, the department will implement temporary solutions to ensure that there are no reductions in direct services as a result of budget with no recurring fund source. These solutions require some difficult reductions in administration. Cash management will continue to be an issue.
Non – Recurring Fund Source Supported Budget History

<table>
<thead>
<tr>
<th>Programs with Non-Recurring Supported Budget</th>
<th>Amount (In Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Processing – Data Center Services – HomeSafenet, FLORIDA</td>
<td>$2.0</td>
</tr>
<tr>
<td>District Administration – Administers Programs/Contracts at the Local Level</td>
<td>1.5</td>
</tr>
<tr>
<td>Assistant Secretary for Administration – Agency’s Administrative Functions</td>
<td>0.3</td>
</tr>
<tr>
<td>Adult Mental Health Treatment Facilities – Department Managed Adult Mental Health Services</td>
<td>4.2</td>
</tr>
<tr>
<td>Child Protection and Permanency Shared Risk Pool/Insurance Fund for CBCs</td>
<td>10.5</td>
</tr>
<tr>
<td>Administered Funds Allocations</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$23.5</strong></td>
</tr>
</tbody>
</table>

Cash Balance History

Through June 30, 2006

- Department Liquidated Investment Holdings
- Divestiture of APD - $80+ Million Cash Transfer

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Fund Cash Balance (In Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2000</td>
<td>$53</td>
</tr>
<tr>
<td>FY 2001</td>
<td>$50</td>
</tr>
<tr>
<td>FY 2002</td>
<td>$86</td>
</tr>
<tr>
<td>FY 2003</td>
<td>$105</td>
</tr>
<tr>
<td>FY 2004</td>
<td>$206</td>
</tr>
<tr>
<td>FY 2005</td>
<td>$223</td>
</tr>
<tr>
<td>FY 2006</td>
<td>$226</td>
</tr>
</tbody>
</table>

**No Fund Source Supported Budget**

Aligning of the Agency’s Budget to Maximize it’s Revenues Will Reduce This to $23.5 Million
I. Community-Based Care Overview ........................................... 47
II. ACCESS Florida Overview ..................................................... 60
III. 1996 to 2006: Ten Years of Welfare Reform ....................... 68
IV. Abbreviations and Acronyms ................................................. 82
Appendix I
Community-Based Care Overview

Community-Based Care Overview

August, 2006

Our Mission:

Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency
Community-Based Care Overview

Legislative Mandate

It is the intent of the Legislature that the Department of Children & Family Services shall privatize the provision of foster care and related services statewide. The term “privatize” means to contract with competent, community-based agencies. The department shall submit a plan to accomplish privatization statewide, through a competitive process, phased in over a 3-year period beginning January 1, 2000. The legislature does not intend by its privatization of foster care and related services that any county, municipality, or special district be required to assist in funding programs that have previously been funded by the state.

(From 409.1671, F.S.)

What is Community-Based Care?

Community-Based Care is the Florida Department of Children & Families’ (DCF) overarching strategy to build partnerships in the community; and to significantly impact the outcomes, quality, effectiveness, and efficiency of child welfare services in the community by specializing each program to the unique needs of individual communities throughout Florida.
Community-Based Care Overview

Background

1996
The Florida Legislature mandates the privatization of the State’s child welfare system

1997
The United States Congress passes the Adoption and Safe Children Act (ASFA), which stressed the importance of child safety over reunification

1998
The Florida Legislature mandates statewide privatization of the child welfare system

January 1997
Child welfare privatization is piloted in four counties; Sarasota, Manatee, Pasco, and Pinellas Counties

June 1997
The Sarasota YMCA, serving Sarasota County, becomes the first fully operational privatized child welfare provider in Florida

November 2001
DeSoto County is the first of the non-pilot counties to fully privatize child welfare services

July 2005
DCF contracts with the Louis de la Parte Florida Mental Health Institute (FMHI) to conduct an evaluation of Community-Based Care in Florida

2000
The Florida Legislature and the Department of Children & Families deem Community Alliances to be a key, central point for broad-based community input and collaboration

2001
All counties are fully privatized with a total of twenty lead agencies in sixty-seven counties

Comparisons

Community-Based Care

- Building a stronger, better organized, more effective system of care
- Resource base extends beyond traditional government appropriations
- Community driven process: planning, development, improvements
- Advocacy base, locally organized and empowered

Privatization

- Single agency contracts for specific services
- Resources limited by appropriation
- Top Down Management
- Advocacy base not organized
Community-Based Care Overview

Community-Based Care Principles

• Safety first and foremost
• Permanency for all abused and neglected children
• Individual, time-efficient services designed specifically for each child and family
• No eject/no reject commitment
• Community focused, culturally competent and respectful
• Single point of access
• Single point of accountability
• Creative and innovative in delivering services

Responsibilities of the Department

• Maintain Abuse Hotline
• Maintain statewide Information System
• Ensure investigations occur as required
• Lead agency contract management
• Quality assurance / regulatory compliance
Community-Based Care Overview

Responsibilities of Lead Agencies

- Coordinate, integrate, and manage all child protective services in the community while cooperating with Child Protective Investigations
- Ensure continuity of care from entry to exit for all children referred
- Provide all child protective services directly or through contract with a network of providers
- Accept accountability for achieving the federal and state outcome and performance standards for child protective services
- Assume and manage financial risk based on a capped global budget

Child Protection Services Provided by Lead Agencies (or subcontracted agencies)

- Prevention
- Family Preservation
- Adoptions
- Emergency Shelter
- Foster Care
- Therapeutic Foster Care and Relative Care
- In-Home Child Protective Services
- Case Management
- Independent Living
- Post-Placement Supervision
- Residential Group Care
- Family Reunification
- Intensive Residential
Desired Outcomes of CBC

- Increased flexibility particularly with respect to “red tape” & personnel matters
- Promotion of innovation
- Increased accountability at state and local levels (community)
- Local ownership of child welfare issues, challenges, best practices
- Better coordination with other local systems
- Adaptation to local community needs, resources, and circumstances
- The generation of additional locally generated resources to apply to child welfare
- Improved service quality and effectiveness
- Enhanced consumer participation/stakeholder commitment

Community-Based Care Development Model

<table>
<thead>
<tr>
<th>Stage</th>
<th>Years Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Planning &amp; System Design</td>
<td>0 -.5 1</td>
</tr>
<tr>
<td>II. Competitive Procurement</td>
<td>1.5 2 2.5</td>
</tr>
<tr>
<td>III. Transition of Provider to Service Provision</td>
<td>3 3.5</td>
</tr>
<tr>
<td>IV. Phase-in of Child Protective Services</td>
<td>4 4.5 5</td>
</tr>
</tbody>
</table>

Estimated Timeline
Community-Based Care Overview

A COLLABORATIVE, INTEGRATED SERVICE MODEL

- Partnership and collaboration starts at the planning stage and begins with community stakeholders:
  - Foster Parents
  - DCF Staff
  - Providers - Behavioral Health & Child Welfare (traditional & non-traditional)
  - Guardian Ad Litems, Judicial, other advocates and funders, Law Enforcement, Schools.

Major Milestones

- 1996: Pilot Legislation
- 1997: 1st CBC-YMCA Children, Youth & Family
- 1999: Statute Mandates Statewide Implementation
- Statewide Roll-Out Schedule
- Service Contracts for CBC:
  - 2000 - 2
  - 2002 - 3
  - 2003 - 5
  - 2004 - 9
  - 2005 - 3
- Statewide completion of CBC complete in 4/05
- 20 Lead Agencies with Services Contracts
Community-Based Care Overview

Statute Establishing Alliances

*Florida Statute 20.19 (6)*

The Department shall, in consultation with local communities, establish an alliance of stakeholders, community leaders, client representatives and funders of human services in each county to provide a focal point for community participation and governance of community-based services. An alliance may cover more than one county. The alliance shall represent the diversity of the community.

Background

- Community Alliances were mandated to “provide a focal point of community participation and governance of community-based services” (s. 20.19(6)(a), F.S.)
- Alliances, although unique to each community, were designed to consist of a broad spectrum of community stakeholders
- Duties were to include needs assessment, setting priorities, planning for resource utilization, determining locally-driven outcomes to supplement state–required outcomes, and community education
- Scope of the Community Alliances was designed to include CBC issues, in addition to broader human service areas.
Results: Alliance Membership

- Alliances generally reported that they contained those members specified in Statute, in addition to members at large from each county within the Alliance’s domain.

- Examples of members’ professional roles include: DCF, county government, juvenile welfare, school district, court system, United Way, and the Sheriff’s Office.

- Of the Alliances who responded to our survey, only 3 had representatives from mental health or the business community; only 2 included local foundations or foster parents, and only 1 Community Alliance had substance abuse or consumer representatives.

* Initial members can expand membership through bylaws

*Currently Supported through Department Leadership, Statute, and Community Stakeholders
**Community-Based Care Overview**

**Community Alliances**

**Major Features**

- Monitor and expand locally generated resources.
- Assess the local needs and gaps in services.
- Encourage the maximum use of all community resources.
- Set measurable outcomes for services.
- Serve as a catalyst for the development of resources.
- Educate the community about the needs of children and families.
- Be an advocate.
- Promote prevention and early intervention services.

**Typical Activities**

- Joint planning for the maximum use of all community resources.
- Actively engage in short term projects to support primary prevention of CAN.
- Lobby and market the need for increased resources to help families.
- Serve as a catalyst for the development of resources including state, federal, and private grants and stakeholder sponsorships.
- Endorse and support outcomes and review performance on a local level with Lead Agency board.
- Continuously assess needs and gaps in services.
- Educate the community about the needs and resources for children and families.
Community-Based Care Overview

Community Alliances
Typical Activities, cont

- Promote prevention and early intervention services.
- Support the development of initiatives designed to preserve families and return children home earlier.
- Many communities have chosen Child Welfare/Community-Based Care as their focal point but many have addressed other human service issues before and after the implementation of CBC.
Community-Based Care Overview

Community-Based Care Lead Agencies 06/30/2006

Top 10 Lessons Learned

<table>
<thead>
<tr>
<th>Area</th>
<th>Lesson Learned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readiness</td>
<td>All parties have an interest in validating a Lead Agency's administrative and service delivery quality and capacity prior to committing to a full risk lead agency service contract.</td>
</tr>
<tr>
<td>Readiness Assessment</td>
<td>The Lead Agency Readiness Assessment process must provide valid indication of true readiness and commitment to implement all processes developed during start-up.</td>
</tr>
<tr>
<td>Partnership</td>
<td>The Lead Agency, DCF and community stakeholders must work together to develop and implement a successful program locally.</td>
</tr>
<tr>
<td>Quality Assurance/Technical Assistance</td>
<td>Need ongoing valid assessment of Lead Agency capacity and performance during early stages of Services contract. This includes both quality of care and fiscal management issues.</td>
</tr>
<tr>
<td>Oversight and Accountability</td>
<td>DCF and Lead Agencies need coordinated and ongoing systematic reviews that are non-duplicative and produce valid, actionable findings.</td>
</tr>
</tbody>
</table>
Top 10 Lessons Learned, cont.

<table>
<thead>
<tr>
<th>Area</th>
<th>Lesson Learned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negotiations</td>
<td>Flexibility in order to meet unique local community needs must be considered equally with the need for statewide standards in performance, outcomes, and system integrity.</td>
</tr>
<tr>
<td>Caseload Stability</td>
<td>Quality review and management of existing caseloads in preparation for transition is crucial for maintaining child safety and stability as Lead Agencies assume services.</td>
</tr>
<tr>
<td>Staff Stability</td>
<td>The Lead Agency and DCF must implement a collaborative employee communication, retention, and hiring plan that is operational early in the start-up process.</td>
</tr>
<tr>
<td>Service Delivery Model</td>
<td>The most effective service delivery models are those that are responsive to local community needs, and fully invest local providers and other community stakeholders.</td>
</tr>
<tr>
<td>Financial Management</td>
<td>Lead Agencies experience a long learning curve in the management of child welfare funding which must be supported by ongoing training, technical assistance, and support through the Department.</td>
</tr>
<tr>
<td>Statewide Implementation</td>
<td>Staged statewide implementation reduces risks through the application of lessons learned from pilot projects and the ability to manage necessary statutory, policy and related infrastructure adjustments smartly and within existing resources.</td>
</tr>
</tbody>
</table>

What is our Mutual Goal?

Better outcomes for vulnerable Floridians -- especially children and their families.
Program Information

- Florida is state administered
- ACCESS Florida serves:
  - 618,000 food stamp households
  - 51,000 TANF families
  - 1.8 million Medicaid recipients
- 2/3 of new customers are Medicaid
- Eligibility for multiple programs processed through a single intake interview
- Direct services budget, 4,109 staff and $204M
ACCESS Florida Overview

Why Modernize?

- Implement Legislative direction
- Update 1960’s service delivery model
- Respond to changes in customer base

ACCESS Florida Overview

- Three major components
  - Simplified policies and procedures
  - Enhanced technologies
  - Community partnership networks
To streamline policies compatible to the new service delivery model, Florida sought and received approval for:

- **Simplified Reporting**
  - Reduced requirements for reporting income changes
  - Assists in reducing the Quality Control error rate

- **SUNCAP**
  - Joint SSI/Food Stamp application process
  - SSA information received through data files and used for automated eligibility determination

---

**Approved FNS Waivers (Cont.)**

- **No Face-to-Face Interview at Recertification**
  - Improves services and simplifies recertification process

- **No Face-to-Face Interview at Application**
  - Without need for hardship determination
  - Pilot in two districts
**Pending FNS Waiver**

- **Simplified Application Process for Cases with Only Elderly/Disabled Members**
  - Utilizes simplified food stamp application and eligibility processing
  - Encourages participation
  - Approval anticipated on pilot basis

**Enhanced Technology**

- **Web Application**
- **Call Centers**
- **Document Management**
ACCESS Florida Overview

**Percent E-Signed Applications and Reviews**

- **Feb-06**: 77% Applications, 32% Reviews
- **Mar-06**: 82% Applications, 31% Reviews
- **Apr-06**: 83% Applications, 34% Reviews
- **May-06**: 85% Applications, 36% Reviews

**Automated Response Unit (ARU)**

- **North Florida ARU**: 03/21/05
- **Central Florida ARU**: 05/02/05
- **South Florida ARU**: 04/15/05

- DCF Customer Call Centers
  - Jacksonville
  - Tampa
  - Miami
Document Management

- Web based system to which commercially available scanning devices can connect
- Devices that photocopy and scan are replacing existing photocopiers at no additional cost
- Documents are scanned and indexed for viewing statewide
- No imaging software costs

Community Partnerships

Examples

- Workforce One Stops
- County Public Health Units
- Hospitals
- Food Banks
- Aging Resource Centers
- Community Centers
- Faith-Based Organizations
- Homeless Services Organizations
- Public Schools
- Social Services
- Domestic Violence Centers
- Libraries
- Independent Living Centers

Over 2,400 partners identified!!
ACCESS Florida Overview

**Accomplishments**

- Streamlined operations and simplified eligibility determination.
- Absorbed 43% reduction in staff with increases in regular workload and 3 million disaster food stamp households over 2 years.
- Increased access points in the community by almost 1,500% with combined community partnership and DCF locations.
- Consolidated back room processing.
- Reduced number of brick and mortar buildings by 33%.

### ESS Modernization

**Funding & FTE Reductions Beginning SFY '03 - '04**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Funding in Millions</th>
<th>FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 02-03</td>
<td>$7,207.5</td>
<td></td>
</tr>
<tr>
<td>SFY 03-04</td>
<td>$6,446.5</td>
<td></td>
</tr>
<tr>
<td>SFY 04-05</td>
<td>$4,680.0</td>
<td></td>
</tr>
<tr>
<td>SFY 05-06</td>
<td>$4,109.0</td>
<td></td>
</tr>
</tbody>
</table>

[Graph showing funding and FTE reductions over fiscal years 2002-2003 to 2005-2006]
ACCESS Florida Overview

![User Feedback Survey: January– May ‘06](chart.png)
Appendix III
1996 to 2006: Ten Years of Welfare Reform

1996 to 2006
Ten Years of Welfare Reform

Lucy D. Hadi
Secretary
Florida Department of
Children and Families

AFDC/TANF Families
1936 to 2006 (1st Quarter)

One instance * of 2 consecutive years of caseload decline

11 consecutive years of decline

National Caseload Data
### Figure 1

**Percentage of Married, Single, and Never-Married Mothers Working**

<table>
<thead>
<tr>
<th>Year</th>
<th>Married Mothers</th>
<th>Single Mothers</th>
<th>Never Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>35</td>
<td>40</td>
<td>45</td>
</tr>
<tr>
<td>1987</td>
<td>40</td>
<td>45</td>
<td>50</td>
</tr>
<tr>
<td>1989</td>
<td>45</td>
<td>50</td>
<td>55</td>
</tr>
<tr>
<td>1991</td>
<td>50</td>
<td>55</td>
<td>60</td>
</tr>
<tr>
<td>1993</td>
<td>55</td>
<td>60</td>
<td>65</td>
</tr>
<tr>
<td>1995</td>
<td>60</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td>1997</td>
<td>65</td>
<td>70</td>
<td>75</td>
</tr>
<tr>
<td>1999</td>
<td>70</td>
<td>75</td>
<td>80</td>
</tr>
<tr>
<td>2001</td>
<td>75</td>
<td>80</td>
<td>85</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Gary Burtless, The Brookings Institution, 2005

Never married mothers have historically been the people most likely to be long term welfare recipients.

### Monthly TANF Caseload Report

**July 2006**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline Month (Dec 96)</th>
<th>Report Month (June 06)</th>
<th>Report Month (July 06)</th>
<th>Difference From Baseline</th>
<th>Percentage Change</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Cash Assistance Families Receiving Cash Assistance</td>
<td>152,436</td>
<td>12,174</td>
<td>12,178</td>
<td>(140,258)</td>
<td>-92%</td>
<td>This indicator shows the number of families containing an adult. The number should correspond to the number of families subject to time limits.</td>
</tr>
<tr>
<td>Total Number of Families Receiving Cash Assistance</td>
<td>200,292</td>
<td>50,831</td>
<td>50,590</td>
<td>(149,702)</td>
<td>-75%</td>
<td>The total number of families receiving cash assistance in Florida.</td>
</tr>
<tr>
<td>Total Number of Two Parent Families Receiving Cash Assistance</td>
<td>2,353</td>
<td>1,198</td>
<td>1,203</td>
<td>(1,150)</td>
<td>-49%</td>
<td>The total number of two parent families. (Formerly FDIC-FL). Some of these families are included in the total above.</td>
</tr>
<tr>
<td>Total Number of People Receiving Cash Assistance</td>
<td>531,485</td>
<td>83,568</td>
<td>83,231</td>
<td>(448,254)</td>
<td>-84%</td>
<td>The total number of people in the families who receive cash assistance. This figure includes both children and adults.</td>
</tr>
<tr>
<td>Total Number of Adults Receiving Cash Assistance</td>
<td>155,071</td>
<td>12,976</td>
<td>12,993</td>
<td>(142,078)</td>
<td>-92%</td>
<td>The number of adults receiving cash assistance.</td>
</tr>
<tr>
<td>First of Month Cash Assistance Payroll</td>
<td>$53,347,614</td>
<td>$13,781,397</td>
<td>$13,891,580</td>
<td>($39,456,034)</td>
<td>-74%</td>
<td>This is the total of cash assistance authorized for the first of the month.</td>
</tr>
<tr>
<td>Supplemental Payrolls (Estimated)</td>
<td>$4,616,290</td>
<td>$1,965,819</td>
<td>$2,112,000</td>
<td>($2,504,290)</td>
<td>-54%</td>
<td>This is the estimated total of cash assistance authorized for the month. The actual amount is estimated.</td>
</tr>
<tr>
<td>Total Cash Assistance Expenditures</td>
<td>$58,963,904</td>
<td>$15,747,216</td>
<td>$15,853,580</td>
<td>($43,100,324)</td>
<td>-74%</td>
<td>This is the sum of the regular and supplemental payrolls.</td>
</tr>
</tbody>
</table>
1996 to 2006: Ten Years of Welfare Reform

Unprecedented TANF Caseload Decline

- 1996 to 2006 has seen unprecedented caseload decline.
- In September 2006, the month prior to TANF implementation in Florida, there were 200,292 families receiving AFDC.
- In June 2006, 50,831 families received TANF temporary cash assistance.
- In September 1996 about 25% of families were child only.
- In June 2006, child only families account for about 75% of families.
- Two factors account for this shift. The number of adults receiving TANF has declined by 92%, while child only families remained relatively stable.
- In addition, Florida created a new TANF-funded Relative Caregiver program to better support relatives raising children who would otherwise likely go into foster care.

Florida Caseload Change
September 1996 to June 2006

- While the TANF caseload has decreased, caseloads in other public assistance programs have either increased or remained about the same.
- Medicaid and food stamps provide supplemental transitional benefits for working families and safety net benefits for the elderly and disabled.
1996 to 2006: Ten Years of Welfare Reform

Monthly Cash Assistance

- In July 2006, the monthly cash assistance was under $14 million.
- The difference represents a shift from spending to support welfare dependency to investing in work supports.

![Monthly Cash Assistance Graph]

Major Investment in Child Care

- The savings from caseload decline has largely been invested in services that support work.
- In state fiscal year 1995 – 1996, child care funding was less than $200 million.
- In SFY 2005 – 2006 child care funding had more than tripled to $659.3 million.
- In SFY 1995 – 1996 child care funding was 28 cents for each dollar of welfare payments.
- By SFY 2005 – 2006 child care funding was $3.57 for each dollar of TANF cash assistance payments.

![Major Investment in Child Care Graph]
1996 to 2006: Ten Years of Welfare Reform

The Class of September 1996

Cumulative Months of Cash Assistance September 1996 to July 2006

N = 155,071 adults
Receipt of Assistance
Adults Receiving Cash in Sept. 1996

<table>
<thead>
<tr>
<th></th>
<th>Sep-96</th>
<th>Jun-06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>155,071</td>
<td>145,007</td>
</tr>
<tr>
<td>Medicaid</td>
<td>1,398</td>
<td>29,650</td>
</tr>
<tr>
<td>FS</td>
<td>39,774</td>
<td>0</td>
</tr>
</tbody>
</table>

Quarterly Earnings
For Sept. 1996 adults with earnings in nominal and constant dollars

Adjusted by CPI-U
Did Child Recipients Become Recipients as Adults?

<table>
<thead>
<tr>
<th>Age</th>
<th>Child in Sept 1996</th>
<th>Adult on TANF in June 2006</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female Only</td>
<td>Male Only</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>100</td>
<td>9,804</td>
<td>1.0%</td>
</tr>
<tr>
<td>20</td>
<td>123</td>
<td>9,307</td>
<td>1.3%</td>
</tr>
<tr>
<td>21</td>
<td>163</td>
<td>8,412</td>
<td>1.9%</td>
</tr>
<tr>
<td>22</td>
<td>156</td>
<td>7,991</td>
<td>2.0%</td>
</tr>
<tr>
<td>23</td>
<td>160</td>
<td>7,584</td>
<td>2.1%</td>
</tr>
<tr>
<td>24</td>
<td>127</td>
<td>7,054</td>
<td>1.8%</td>
</tr>
<tr>
<td>25</td>
<td>107</td>
<td>6,373</td>
<td>1.7%</td>
</tr>
<tr>
<td>26</td>
<td>86</td>
<td>5,470</td>
<td>1.6%</td>
</tr>
<tr>
<td>27</td>
<td>43</td>
<td>3,632</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td>1,065</td>
<td>65,577</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Almost no children who were on assistance in Sept. 1996 are adult recipients today.

Children who received cash assistance in September 1996 and who were age 19 through 27 in June 2006

Children Receiving Cash Assistance in Sept. 1996 who were age 19 through 27 in June 2006

Almost no children who were on assistance in Sept. 1996 are adult recipients today.
Florida Department of Children and Families

1996 to 2006: Ten Years of Welfare Reform

N = 12,993 adults receiving cash assistance in July 2006
Florida’s Modernization Initiative

A modernized service delivery system that is powered by partnerships and supported by technology

Changes in Customer Base

- Temporary cash assistance caseload at historically low levels
- Medicaid is the largest caseload
- Adult recipients are working
  - “Old” model relied on clients taking off work to come in for appointments
  - Delivery system needs to support efforts for self-sufficiency, not create additional barriers
ACCESS Florida Overview

- Three major components
  - Simplified policies and procedures
  - Enhanced technologies
  - Created community partnership networks

Enhanced Technology

- Web Application
- Automatic Response Unit (Telephone Access)
- Document Management
1996 to 2006: Ten Years of Welfare Reform

Welcome to Florida's Department of Children & Families' Online Application for Public Assistance

What would you like to do? Click the button next to your choice then click START.

- Apply for Benefits
- Complete an Unfinished Application

You may need the following information for all individuals for whom you are applying:

- Social Security number and date of birth
- Income information such as job, child support or any other sources
- Resource or asset information such as checking, savings accounts, vehicles, homes, land or life insurance
- Housing expenses such as rent or utilities
- Health insurance information

After making a selection, click on the START button below:

FNS Director Cup

E/signed Applications & Reviews

# E/signed Reviews
# E/signed Applications

Over 85% E-Signed Web Apps

2006 Sterling Showcase Winner for Document Scanning Project

# E/signed Reviews 37,735
# E/signed Applications 124,536

Web Transactions

<table>
<thead>
<tr>
<th>Jul '05</th>
<th>Aug '05</th>
<th>Sep '05</th>
<th>Oct '05</th>
<th>Nov '05</th>
<th>Dec '05</th>
<th>Jan '06</th>
<th>Feb '06</th>
<th>Mar '06</th>
<th>Apr '06</th>
<th>May '06</th>
<th>Jun '06</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>20,000</td>
<td>40,000</td>
<td>60,000</td>
<td>80,000</td>
<td>100,000</td>
<td>120,000</td>
<td>140,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E/signed Applications & Reviews
1996 to 2006: Ten Years of Welfare Reform

User Feedback Survey – June ‘06

- Needed Help to Complete?
  - Yes: 78%
  - No: 22%

- Time to Complete
  - < 30 min: 24%
  - < 60 min: 37%
  - > 60 min: 39%

- Experience with Screens
  - Easy: 57%
  - Fair: 33%
  - Difficult: 10%

- Use Again?
  - Yes: 93%
  - No: 7%

Community Partnerships
1996 to 2006: Ten Years of Welfare Reform

Community Partnerships
Examples

- Workforce One Stops
- County Public Health Units
- Hospitals
- Food Banks
- Aging Resource Centers
- Community Centers
- Faith-Based Organizations

Homeless Services Organizations
- Public Schools
- Social Services
- Domestic Violence Centers
- Libraries
- Independent Living Centers

Over 2,400 partners identified!!

Accomplishments

- Streamlined operations and simplified eligibility determination
- Absorbed 43% reduction in staff with increases in workload
- Increased access points in the community by almost 1500% with combined community partnership and DCF locations
- Consolidated back room processing and reduced the number of DCF walk-in offices
  - Reduced number of DCF brick and mortar buildings by ~33%
ESS Modernization
Funding & FTE Reductions Beginning SFY ’03 - ’04

Funding in Millions

SFY 02-03 as of 6/30/03
SFY 03-04 as of 6/30/04
SFY 04-05 as of 6/30/05
SFY 05-06 as of 6/30/06

FTEs for Eligibility Services
Comprehensive Eligibility Services Budget (702)
### Appendix IV
#### Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS</td>
<td>Automatted Community Connection to Economic Self Sufficiency</td>
</tr>
<tr>
<td>ATR</td>
<td>Access to Recovery</td>
</tr>
<tr>
<td>CBC</td>
<td>Community-Based Care</td>
</tr>
<tr>
<td>DCF</td>
<td>Department of Children and Families</td>
</tr>
<tr>
<td>FCCC</td>
<td>Florida Civil Commitment Center</td>
</tr>
<tr>
<td>FFF</td>
<td>Food for Florida Program</td>
</tr>
<tr>
<td>FFY</td>
<td>Federal Fiscal Year</td>
</tr>
<tr>
<td>FSFN</td>
<td>Florida Safe Families Network</td>
</tr>
<tr>
<td>HSn</td>
<td>HomeSafenet</td>
</tr>
<tr>
<td>OPPAGA</td>
<td>Office of Program Policy Analysis and Government Accountability</td>
</tr>
<tr>
<td>PaRTs</td>
<td>Performance and Resource Teams</td>
</tr>
<tr>
<td>RTI</td>
<td>Road to Independence</td>
</tr>
<tr>
<td>SACWIS</td>
<td>Statewide Automated Child Welfare Information System</td>
</tr>
<tr>
<td>SVPP</td>
<td>Sexually Violent Predator Program</td>
</tr>
<tr>
<td>QA</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>QC</td>
<td>Quality Control</td>
</tr>
<tr>
<td>QM</td>
<td>Quality Management</td>
</tr>
<tr>
<td>SDC</td>
<td>Self-Directed Care</td>
</tr>
<tr>
<td>SMI</td>
<td>Serious Mental Illnesses</td>
</tr>
<tr>
<td>TANF</td>
<td>Temporary Assistance to Needy Families</td>
</tr>
</tbody>
</table>
Copies of this Briefing Book are available on the Florida Department of Children and Families internet site at http://www.dcf.state.fl.us/publications/.