

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA
APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Grimsley, Chair
Senator Flores, Vice Chair

MEETING DATE: Wednesday, January 23, 2013
TIME: 1:30 —3:30 p.m.
PLACE: *Pat Thomas Committee Room, 412 Knott Building*

MEMBERS: Senator Grimsley, Chair; Senator Flores, Vice Chair; Senators Bean, Benacquisto, Galvano, Garcia, Gibson, Lee, Montford, Richter, Smith, Sobel, and Thrasher

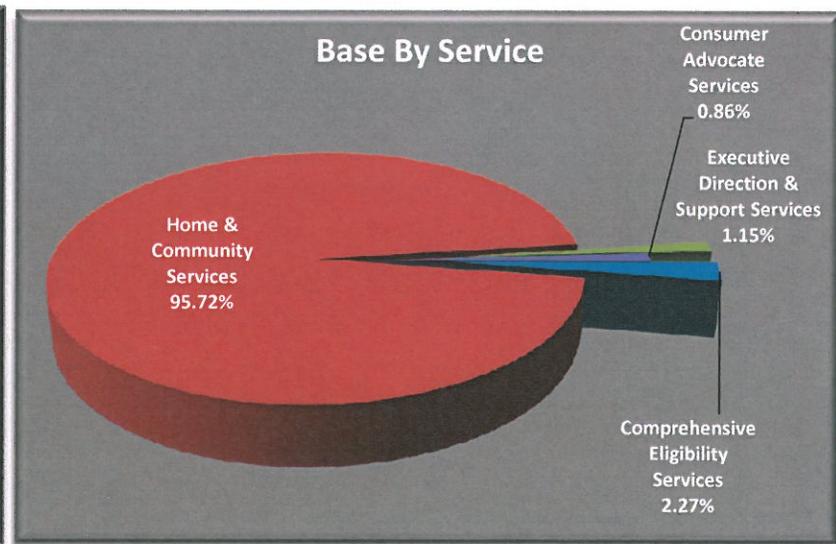
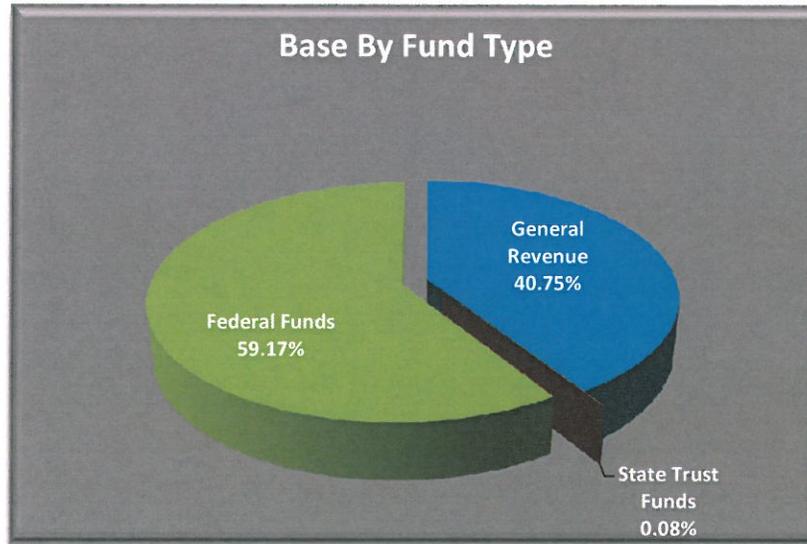
TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Intensive base budget review; performance evaluations on recurring local funding initiatives and agency legislative budget requests for: Department of Children and Family Services Department of Elder Affairs		Presented
2	Continuation of items, if not completed at the January 16, 2013 meeting: Intensive base budget review; performance evaluations on recurring local funding initiatives and agency legislative budget requests for: Department of Children and Family Services Department of Elder Affairs Department of Health		
Other Related Meeting Documents			

Department of Elder Affairs
Fiscal Year 2013-14 Base Budget Review - Agency Summary

The Department of Elder Affairs' mission is to foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities. The Department is responsible for community based programs and services for older Floridians to enhance their quality of life and prevent unnecessary institutionalization. In addition, the department is responsible for developing policy recommendations for long term care, as well as initiatives which include volunteerism and information retrieval and distribution to the elderly. In pursuit of this mission, the Department has established five Department-wide goals to strive toward over the next five years. These goals are identified in the Department's Long-Range Program Plan. The five goals are to: 1) Enable older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, and long-term and end-of-life care; 2) Provide home and community-based services and access to medical care to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers; 3) Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status 4) Prevent the abuse, neglect, and exploitation of elders and ensure that their legal rights are protected; and 5) Maintain effective and responsive management.

	FTE	Recurring	Nonrecurring	Total
Fiscal Year 2012-13 Appropriations:	451.00	765,671,006	4,955,807	770,626,813

Agency Funding Overview		Base Budget FY 2013-14*				
#	Program/Service	FTE	GR	State Trust Funds	Federal Funds	Total
1	Comprehensive Eligibility Services	275.00	4,339,750	-	13,062,218	17,401,968
2	Home & Community Services	68.50	301,947,555	128,277	431,108,248	733,184,080
3	Executive Direction & Support Services	74.00	2,356,451	-	6,421,605	8,778,056
4	Consumer Advocate Services	33.50	3,506,738	459,641	2,601,113	6,567,492
5	Total	451.00	312,150,494	587,918	453,193,184	765,931,596



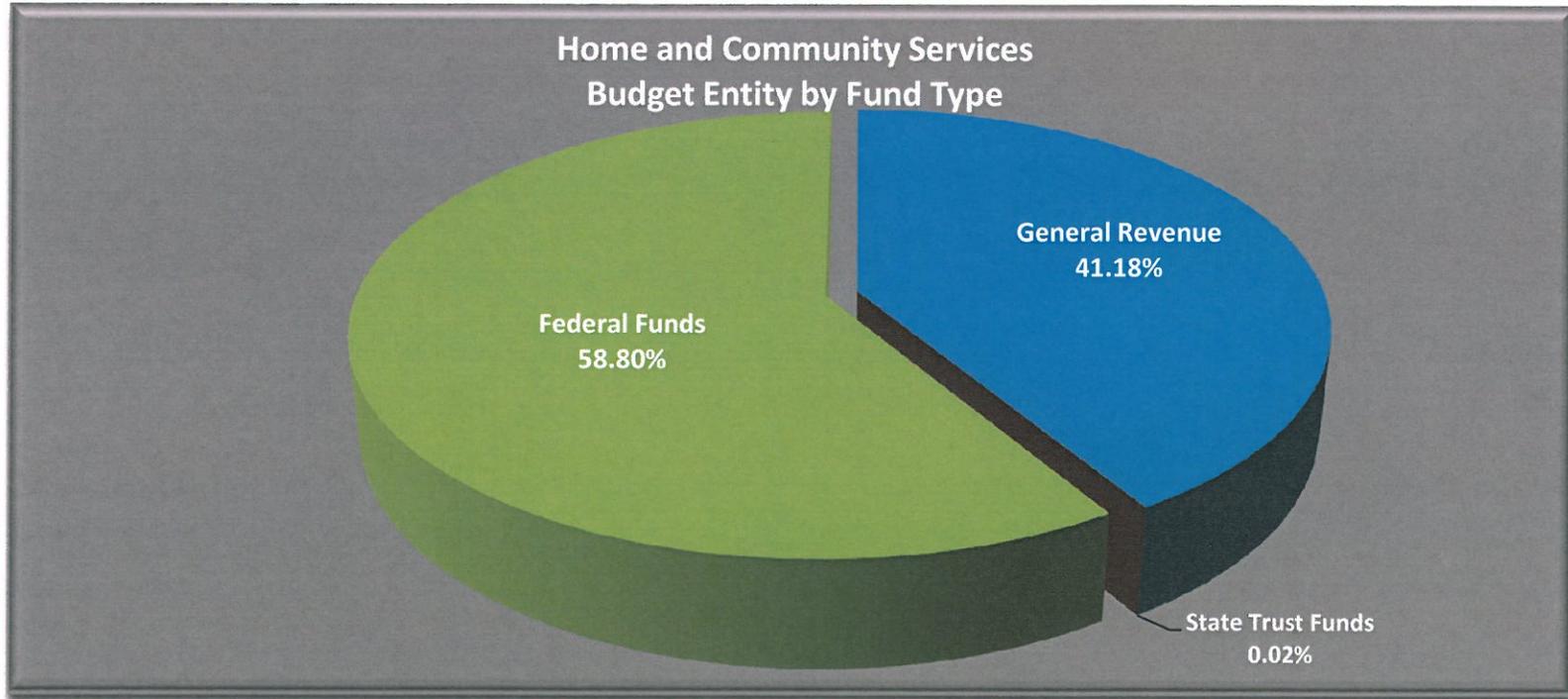
* Base budget differs from the FY 2012-13 appropriation as the base budget does not include any nonrecurring funds but does include annualizations and other adjustments.

Home and Community Services
FY 2013-14 Base Budget Summary

Program Description

This service allows elders to age in place with dignity and security, prevents or delays pre-mature nursing home placement and is far more cost effective than institutional care. This service reflects the continuum of care that ranges from positive aging and self-care to community-based care, including congregate meals and in-home care.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Home & Community Services	FTE	GR	State Trust Funds	Federal Funds	Total
1	Home & Community Services	68.50	301,947,555	128,277	431,108,248	733,184,080
2	Program Total	68.50	301,947,555	128,277	431,108,248	733,184,080

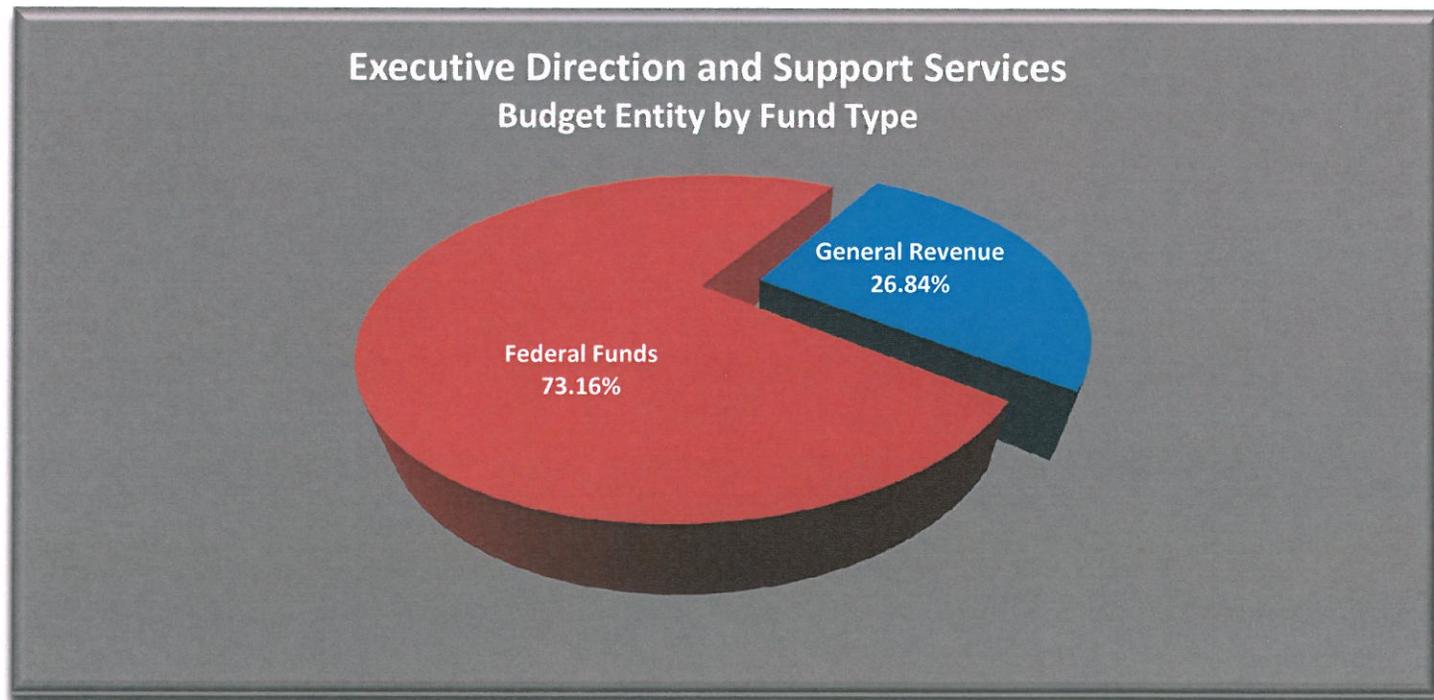


Executive Direction and Support Services
FY 2013-14 Base Budget Summary

Program Description

This service provides departmental policy leadership, planning guidance, performance assessment, evaluation, quality assurance/ quality improvement oversight, service delivery oversight, and other supports to promote effective management practice and quality service delivery.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Executive Direction & Support Services	FTE	GR	State Trust Funds	Federal Funds	Total
1	Executive Direction & Support Services	74.00	2,356,451	-	6,421,605	8,778,056
2	Program Total	74.00	2,356,451	-	6,421,605	8,778,056

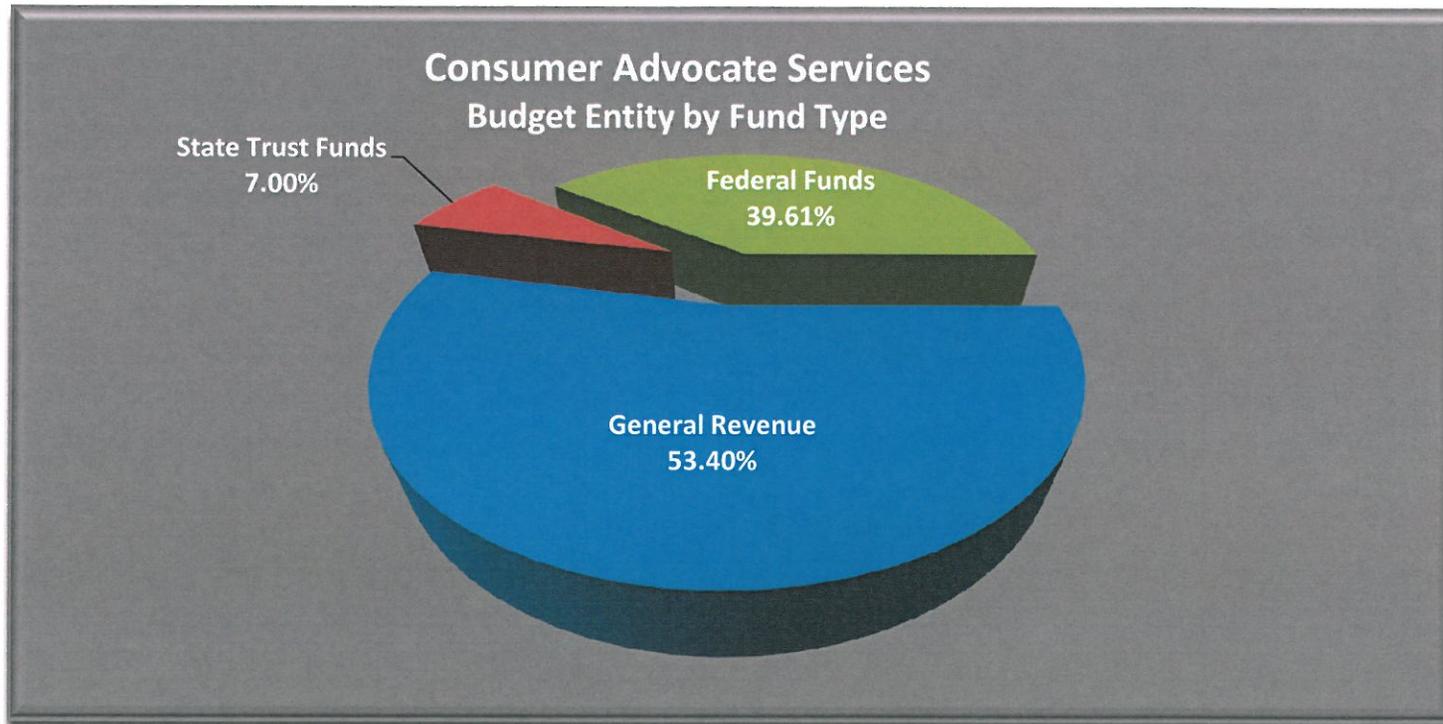


Consumer Advocate Services FY 2013-14 Base Budget Summary

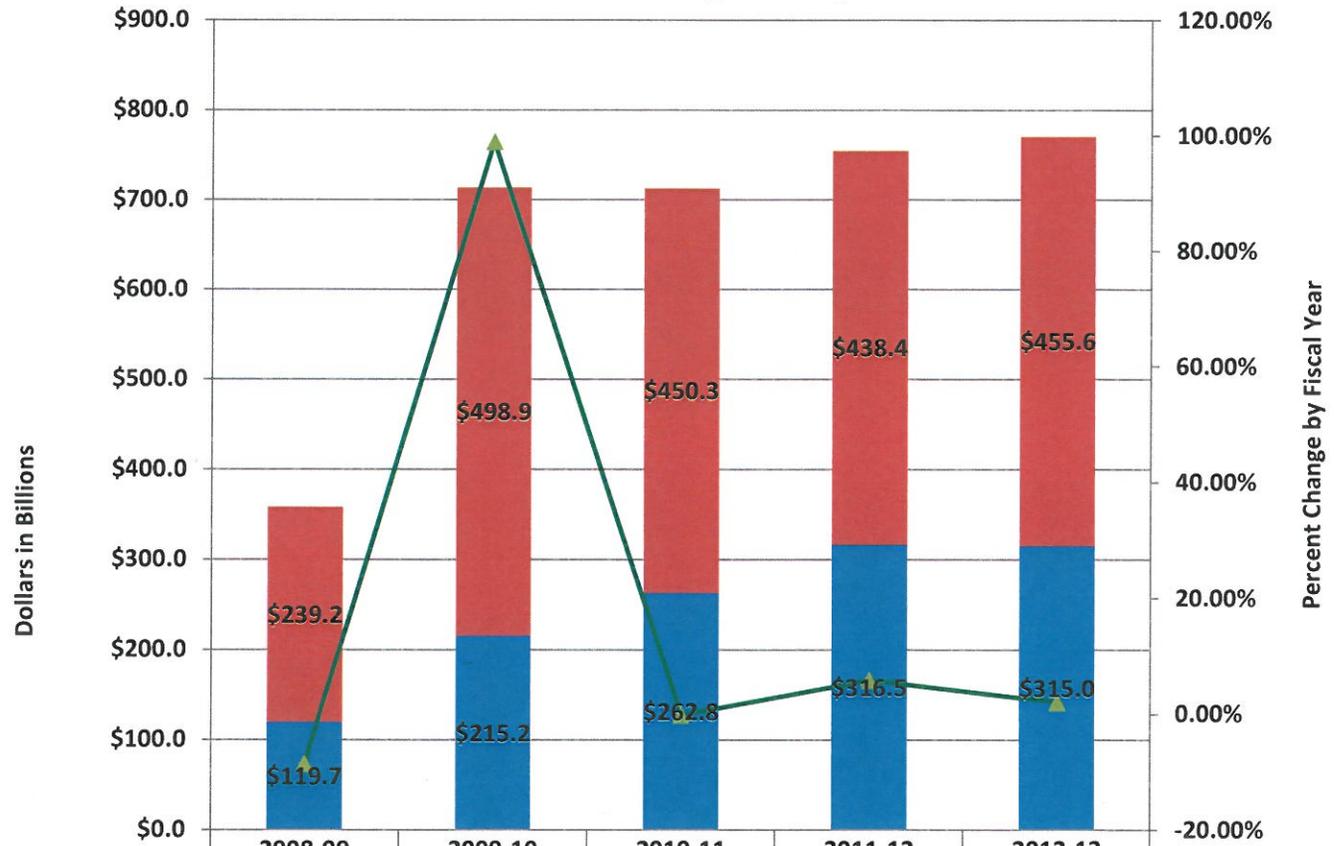
Program Description

This service focuses on providing protection and oversight for elders who are in nursing homes, or those who are incapacitated and require guardianship services but have no private guardian. It ensures the security of vulnerable elders by providing quality assurance functions for elder Floridians to voice concerns and to have those concerns properly addressed. It establishes guardianship plans that protect vulnerable, frail elderly who do not have adequate resources for a private guardian, a family member, or a primary caregiver that is willing to serve in that capacity.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Consumer Advocate Services	FTE	GR	State Trust Funds	Federal Funds	Total
1	Consumer Advocate Services	33.50	3,506,738	459,641	2,601,113	6,567,492
2	Program Total	33.50	3,506,738	459,641	2,601,113	6,567,492



Department of Elder Affairs 5-Year Funding History



■ Trust Fund	\$239.2	\$498.9	\$450.3	\$438.4	\$455.6
■ General Revenue	\$119.7	\$215.2	\$262.8	\$316.5	\$315.0
▲ Percent Change from Prior Year	-8.53%	98.97%	-0.14%	5.86%	2.08%

Programs & Services Descriptions

A Services to Elders

1 Budget Entity/Service: Comprehensive Eligibility Services

This service is a federally mandated, pre-admission screening to ensure elder and disabled applicants for Medicaid reimbursed nursing home care are medically appropriate.

2 Budget Entity/Service: Home and Community Services

Home and Community Based Services allows elders to age in place with dignity and security, prevents or delays premature nursing home placement and is far more cost effective than institutional care. This service reflects the continuum of care that ranges from positive aging and self-care to community-based care, including congregate meals and in-home care.

3 Budget Entity/Service: Executive Direction & Support Services

This service provides departmental policy leadership, planning guidance, performance assessment, evaluation, quality assurance/ quality improvement oversight, service delivery oversight, and other supports to promote effective management practice and quality service delivery.

4 Budget Entity/Service: Consumer Advocate Services

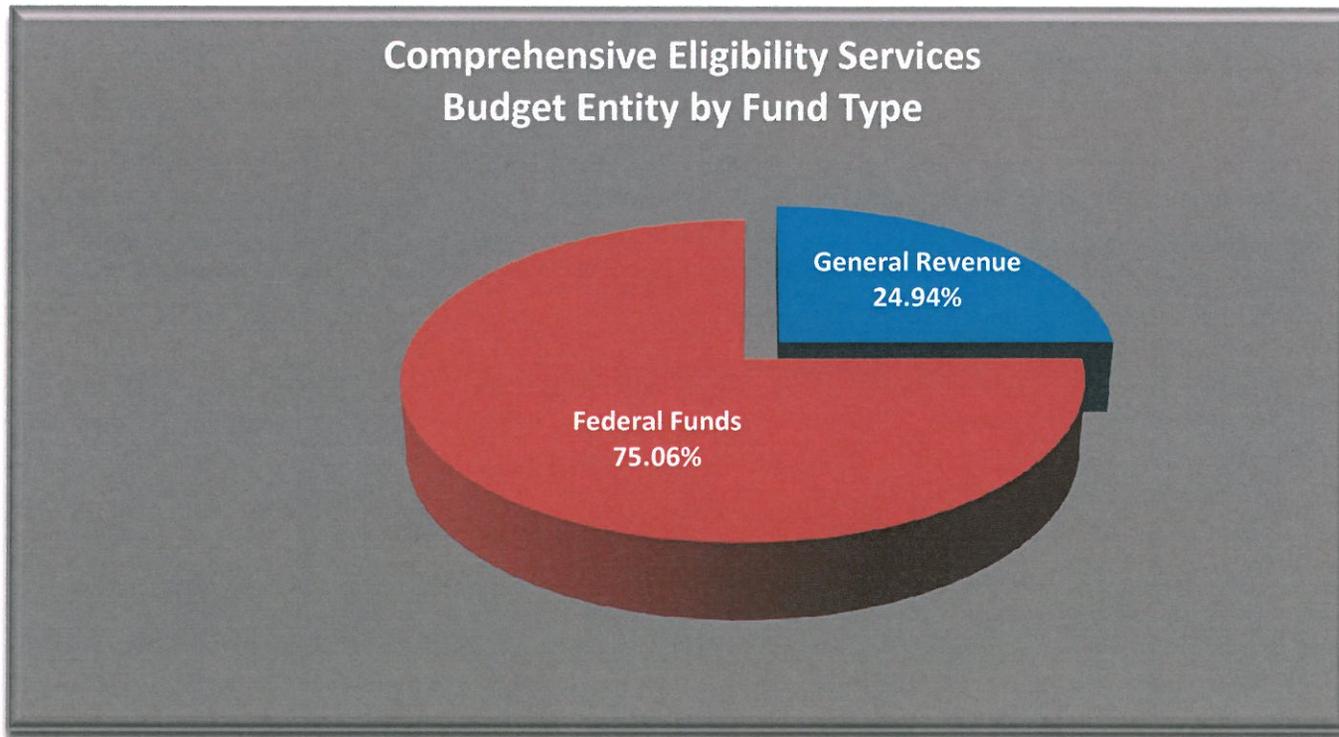
This service focuses on providing protection and oversight for elders who are in nursing homes, or those who are incapacitated and require guardianship services but have no private guardian. It ensures the security of vulnerable elders by providing quality assurance functions for elder Floridians to voice concerns and to have those concerns properly addressed. It establishes guardianship plans that protect vulnerable, frail elderly who do not have adequate resources for a private guardian, a family member, or a primary caregiver that is willing to serve in that capacity.

Comprehensive Eligibility Services FY 2013-14 Base Budget Summary

Program Description

This service is a federally mandated, pre-admission screening to ensure elder and disabled applicants for Medicaid reimbursed nursing home care are medically appropriate.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
	Comprehensive Eligibility Services	FTE	GR	State Trust Funds	Federal Funds	Total
1	Comprehensive Eligibility Services	275.00	4,339,750	-	13,062,218	17,401,968
2	Program Total	275.00	4,339,750	-	13,062,218	17,401,968



FY 2012-13 Base-Budget Review Details

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
	Services to Elders	451.00	312,076,999	453,594,007	765,671,006	
1	Budget Entity: Comprehensive Eligibility Services					
2	Brief Description of Entity: This service is a federally mandated, pre-admission screening to ensure elder and disabled applicants for Medicaid reimbursed nursing home care are medically appropriate.					
3	Salaries & Benefits	275.00	3,445,165	10,183,038	13,628,203	Costs associated with salaries and benefits for the Department's Comprehensive Eligibility Services 275.0 support staff.
4	Other Personal Services		135,250	807,828	943,078	Costs associated with services rendered by a person who is not filling an established full-time position.
5	Expenses		480,838	1,705,756	2,186,594	Costs associated with usual , ordinary, and incidental operating expenditures.
6	Operating Capital Outlay		8,405	34,178	42,583	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
7	Contracted Services		91,999	126,000	217,999	Costs associated with services rendered through contractual arrangements.
8	Risk Management Insurance		97,357	41,089	138,446	Provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
9	Lease Or Lease-Purchase Equipment		54,828	89,483	144,311	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
10	Transfers to DMS for HR services		25,908	74,846	100,754	Provides funding for the People First human resources contract administered by the Department of Management Services.
11	Total - Comprehensive Eligibility Services	275.00	4,339,750	13,062,218	17,401,968	

FY 2012-13 Base-Budget Review Details

Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation	
12 Budget Entity: Home and Community Services						
13	Brief Description of Entity: This service allows elders to age in place with dignity and security, prevents or delays pre-mature nursing home placement and is far more cost effective than institutional care. This service reflects the continuum of care that ranges from positive aging and self-care to community-based care, including congregate meals and in-home care.					
14	Salaries & Benefits	68.50	1,554,148	2,972,781	4,526,929	Costs associated with salaries and benefits for the Department's Home and Community Services 68.5 support staff.
15	Other Personal Services		260,220	1,014,941	1,275,161	Costs associated with services rendered by a person who is not filling an established full-time position.
16	Expenses		403,089	1,541,409	1,944,498	Costs associated with usual , ordinary, and incidental operating expenditures.
17	Operating Capital Outlay		5,905	10,000	15,905	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
18	Aging and Adult Services Training and Education			119,493	119,493	Costs associated with education and training for providing adult services.
19	G/A - Alzheimer's Disease Projects/Services		12,489,878		12,489,878	This category provides funding for Alzheimer's disease related services. This category includes funding for the following projects: Alzheimer's Caregiver Program (\$162,568); Alzheimer's Community Care Association (\$1.5 mil); Alzheimer's Caregiver Projects (\$234,297); Alzheimer's Family Care Center of Broward County (\$220,454); Alzheimer's Memory Mobile (\$100,000); Alzheimer's Respite Services (\$6.4 mil); Dan Cantor Center Alzheimer's Project (\$169,287); Deerfield Beach Day Care Center (\$195,150); Memory Disorder Clinics (\$3.1 mil); Mid-Florida Area Agency on Aging, West Central Florida Area Agency on Aging; and Alliance for Aging (\$340,065); University of South Florida Policy Exchange (\$73,935)
20	G/A - Community Care for the Elderly		51,378,099	2,666,897	54,044,996	This category provides funding for the Community Care for the Elderly program which provides community based adult services.
21	G/A - Home Energy Assistance			5,963,764	5,963,764	This category provides funding to assist low-income households experiencing home energy emergencies.
22	G/A - Older Americans Act Program		346,998	96,743,728	97,090,726	This category provides federal funding for the state's Older Americans Act Program. Funds are allocated by formula across the 11 Area Agencies on Aging to deliver services such as congregate meals, nutrition education, home delivered meals, disease prevention services, health promotion and others across the state.
23	Contracted Services		115,400	571,262	686,662	This category provides additional funding to expand long-term care alternatives that enable elders in certain counties to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement.
24	G/A - Contracted Services		1,753,545	9,963,267	11,716,812	This category provides funding for adult services through contracts the Area Agencies on Aging to provide service within the communities.
25	Home and Community Based Services Waiver		47,333,691	64,983,459	112,317,150	This category provides funding to support the Home and Community Based Services across the state.
26	Assisted Living Facility Waiver		15,748,662	21,508,641	37,257,303	This category provides funding for providing community based alternatives in lieu of nursing home care.

FY 2012-13 Base-Budget Review Details

Program		FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
27	G/A - Local Services Programs		7,465,811		7,465,811	This category provides funding for services that provide alternatives to elders within their homes to help avoid or delay nursing home placement. This category includes funding for the following projects: Congregate & Homebound Meals for At-Risk Elderly, Non-Ambulatory, & Handicapped Residents (\$361,543); Aging and Disability Resource Center of Broward and Alliance for Aging, Inc. (\$272,163); Area Agency on Aging of North Florida, Inc., Mid-Florida Area Agency on Aging, Inc. and Area Agency on Aging of Pasco-Pinellas, Inc. (\$316,713); Area wide Council on Aging of Broward County (\$167,293); Austin Hepburn Senior Mini-Center - City of Hallandale Beach (\$82,080); City of Hialeah (\$250,000); City of Sweetwater Elderly Activities Center - Mildred & Claude Pepper Senior Center (\$418,242); Elder at Risk Meals - Marta Flores High Risk Nutritional Programs for Elders (\$623,877); Elderly House Call Program - Mount Sinai Medical Center (\$164,160); Faith in Action (FIA) - Strong For Life - Faith in Action of Upper Pinellas (\$6,972); Federation Transportation Services (\$143,640); Feed the Elderly - 55 Years & Up. Inc., (\$37,178); Hialeah Gardens Elderly - Dade County (\$46,468); Holocaust Survivors Assistance Program - Boca Raton Jewish Federation (\$92,946); Jewish Community Center (\$39,469); Lippman Senior Center (\$228,000); Little Havana Activities & Nutrition Centers of Dade County, Inc. (\$334,770); Manobo Pinero Homebound Diabetes Services - First Quality Home Care, Inc., (\$139,414); Miami Beach Senior Center - Jewish Community Services of South Florida, Inc. (\$158,367); Michael-ann Russell Jewish Community Center - Sr. Wellness Center (\$83,647); Neighborly Pharmacy Program - Neighborly Care Network (\$83,647); North Miami Intergenerational Activity Center (\$46,468); Provider Service Area - PSA 10 (\$681,079); Provider Service Area - PSA 11 (\$693,456); Provider Service Area - PSA 5 (\$1,046,466); Provider Service Area - PSA 6 (\$113,000); Seymour Gelber Adult Day Care Program - Jewish Community Services of Sough Florida, Inc. (\$23,234); Southwest Focal Early Bird P. M. Nutrition Center - City of Pembroke Pines (\$23,234); Southwest Social Services (\$653,501); St. Ann's Nursing Center (\$65,884); West Miami Community Center - City of West Miami (\$69,700)
28	Risk Management Insurance		73,619	30,160	103,779	Provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
29	Lease Or Lease-Purchase Equipment		9,639	12,908	22,547	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
30	Transfers to DMS for HR services		9,364	18,241	27,605	Provides funding for the People First human resources contract administered by the Department of Management Services.
31	G/A - Older Americans Act-ARRA 2009			500,000	500,000	Provides funding for congregated meals, home-delivered meals, senior employment, and to implement evidence-based prevention programs at the community level to help seniors better self-manage their chronic diseases.
32	Nursing Home Diversion Waiver		151,764,563	207,271,547	359,036,110	This category provides funding for adult services provided in the clients home instead of institutional nursing home care.
33	Program Care for the Elderly		11,234,924	15,344,027	26,578,951	This category provides funding for a comprehensive array of home and community-based services in lieu of institutional nursing home care.
34	Total - Home and Community Services	68.50	301,947,555	431,236,525	733,184,080	

FY 2012-13 Base-Budget Review Details

	Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation
35	Budget Entity: Executive Direction & Support Services					
36	Brief Description of Entity: This service provides departmental policy leadership, planning guidance, performance assessment, evaluation, quality assurance/ quality improvement oversight, service delivery oversight, and other supports to promote effective management practice and quality service delivery.					
37	Salaries & Benefits	74.00	1,844,315	3,265,833	5,110,148	Costs associated with salaries and benefits for the Department's Executive Direction 74.0 support staff.
38	Other Personal Services		89,463	1,086,321	1,175,784	Costs associated with services rendered by a person who is not filling an established full-time position.
39	Expenses		263,007	1,106,903	1,369,910	Costs associated with usual , ordinary, and incidental operating expenditures.
40	Operating Capital Outlay			2,000	2,000	Costs associated with equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
41	Transfers to Division of Administrative Hearings		12,611		12,611	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
42	Contracted Services		5,485	338,689	344,174	Costs associated with services rendered through contractual arrangements.
43	Risk Management Insurance		78,697	23,928	102,625	Provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
44	Lease Or Lease-Purchase Equipment		5,022	11,084	16,106	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
45	Transfers to DMS for HR Services		11,431	17,891	29,322	Provides funding for the People First human resources contract administered by the Department of Management Services.
46	Data Processing Services TRC - DMS			5,288	5,288	Provides funding for IT services administered through the Department of Management Services.
47	Data Processing Services Southwood SRC		46,420	563,668	610,088	Provides funding for IT services administered through the Southwood Shared Resource Center.
48	Total - Executive Direction & Support Services	74.00	2,356,451	6,421,605	8,778,056	

FY 2012-13 Base-Budget Review Details

Program	FTE	General Revenue Fund	Trust Funds	Total All Funds	Explanation	
49 Budget Entity: Consumer Advocate Services						
50	Brief Description of Entity: This service focuses on providing protection and oversight for the most vulnerable elders - those who are in nursing homes, or those who are incapacitated and require guardianship services but have no private guardian. It ensures the security of vulnerable elders by providing quality assurance functions for elder Floridians to voice concerns and to have those concerns properly addressed. It establishes guardianship plans that protect vulnerable, frail elderly who do not have adequate resources for a private guardian, a family member, or a primary caregiver that is willing to serve in that capacity.					
51	Salaries & Benefits	33.50	418,315	1,445,478	1,863,793	Costs associated with salaries and benefits for the Department's Consumer Advocate Services 33.5 support staff.
52	Other Personal Services			504,458	504,458	Costs associated with services rendered by a person who is not filling an established full-time position.
53	Expenses		126,361	207,427	333,788	Costs associated with usual , ordinary, and incidental operating expenditures.
54	Public Guardianship Contracted Services		1,937,527	154,816	2,092,343	Provides funding for the purchase of equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
55	Contracted Services		6,760	106,000	112,760	Costs associated with services rendered through contractual arrangements.
56	Risk Management Insurance		90,329	7,023	97,352	Provides funding for the state self insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile, and civil rights insurance.
57	Long Term Care Ombudsman Council		872,350	626,020	1,498,370	Provides funding to support general operating expenses for the Long-Term Care Ombudsman program.
58	Lease Or Lease-Purchase Equipment		50,092	0	50,092	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
59	Transfers to DMS for HR services		5,004	9,532	14,536	Provides funding for the People First human resources contract administered by the Department of Management Services.
60	Total - Consumer Advocate Services	33.50	3,506,738	3,060,754	6,567,492	
61	PROGRAM TOTAL	451.00	312,150,494	453,781,102	765,931,596	

DEPARTMENT OF ELDER AFFAIRS
Trust Funds

#	Trust Fund	Controlling Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2013-14 Base Budget
1	Administrative Trust Fund	CH. 04-185, 00-033, LOF; s. 20.415, 215.32, 400.452, 744.534, 744.1083, 744.7021, F.S.	To support management activities that are departmental in nature.	Funds are primarily derived from the abandon property, public guardianship registration fees, assisted living fees, and indirect cost earnings.	Funds oversight of education of adult family care home and assisted living facility providers and the operation of the Statewide Public Guardianship Office.	\$3,694,691
2	Federal Grants Trust Fund	CH. 04-187, 00-035, 96-98, LOF; s. 20.105, 20.415, 215.32, 430.101, F.S.	To support allowable grant activities to provide support services to agency clients.	Funds are primarily derived from various Older Americans Act grants, other federal discretionary demonstration and research grants, and other small federal grants.	Funds OAA services, including meals, caregiver support, Long Term Care Ombudsman Council, senior employment, preventive health, other supportive services and administrative operating expenditures; low income energy assistance; elder abuse prevention; senior companion services, USDA adult food grant, senior farmers market grant and health insurance education/counseling (SHINE); Aging and Disability Resource Center operations; disaster assistance.	\$123,021,970
3	Operations & Maintenance Trust Fund	CH. 04-189, 00-037, 96-99, LOF; s. 20.415, 215.32, F.S.	To provide health care and support services to agency clients.	Funds are primarily derived from Title XIX, client fees, and third party collections.	Funds eligibility and Medicaid waiver services, Statewide Consumer Directed Care Program (CDC), and Comprehensive Assessment and Review for Long-term Care Services (CARES).	\$327,041,741
4	Grants & Donations Trust Fund	CH. 04-188, 00-036, LOF; s. 20.415, 215.32, 430.501(4), F.S.	To provide support services to agency clients.	Funds are primarily derived from public and private grants and donations.	Funds support services to agency clients in accordance with the public and/or private grant award requirement.	\$22,700

Community Issue Performance Evaluation

1. State Agency:
Elder Affairs

2. State Program (or Type of Program):
 Alzheimer's Disease Initiative

3. Project Title:
 Alzheimer's Caregiver Program

4. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 162,568	\$ 0	\$ 162,568	404

7. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

8. Project Purpose/Description:
 Provides funding to coordinate care and training to caregivers to enable Alzheimer's patients to remain in their homes.

9. Number of years this project has received state funding:
 >15

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain):
 Yes.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain):
 Yes.

12. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community-based services.

The Area Agency on Aging (AAA)'s performance of these measures will be documented in the Department's annual monitoring reports.

14. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

15. Is there an executed contract between the agency and the recipient?

Yes.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

19. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by the Department

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

24. State Agency:

Elder Affairs

25. State Program (or Type of Program):

Alzheimer's Disease Initiative

26. Project Title:

Alzheimer's Community Care Association

27. Recipient name and address:

Area Agency on Aging (AAA) of Palm Beach/Treasure Coast, Inc.
 4400 N. Congress Avenue
 West Palm Beach, FL 33407
Location county/counties: Palm Beach and Martin Counties

28. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

29. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 1,500,000	\$ 0	\$ 1,500,000	404

30. FY 2012-13 GAA proviso specifically associated with the project (if any):

Non-recurring funds of \$150,000.

31. Project Purpose/Description:

Provides for dementia-specific day service programs for individuals with Alzheimer's disease and related disorders. Avoids institutionalization for patients.

32. Number of years this project has received state funding:

13

33. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain):
Yes.

34. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain):
Yes.

35. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

36. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community-based services.

The Area Agency on Aging (AAA)'s performance of these measures will be documented in the Department's annual monitoring reports.

37. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

38. Is there an executed contract between the agency and the recipient?

Yes.

39. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

40. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

41. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

42. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

43. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

\$45,735 of Local Matching Funds

44. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

45. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 230 clients.

46. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

47. State Agency:

Elder Affairs

48. State Program (or Type of Program):

Alzheimer's Disease Initiative

49. Project Title:

Silver Alert

50. Recipient name and address:

Memory Disorder Clinics

Location county/counties: Statewide

51. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit and Private For-Profit entities

52. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 36,249	\$ 0	\$ 36,249	404

53. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

54. Project Purpose/Description:

Provides for cognitively impaired individuals who become lost while driving a car or lost while on foot. Silver Alert is a plan to help local law enforcement in the rescue of missing persons who have a cognitive impairment, such as Alzheimer's disease or dementia.

55. Number of years this project has received state funding:

2

56. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain):

Yes.

57. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain):

Yes.

58. What are the intended outcomes/impacts and benefits of the project?

The major program goal of the Silver Alert Coordination and Support Project is for the funded Memory Disorder Clinics (MDC) to assist in the development of protocols to provide coordination of services for persons reported missing and returned through the Silver Alert program. The project will provide:
(1) Standardization of aging network protocols, and
(2) Training, outreach, public awareness information and education for MDCs, AAAs, Elder Helplines and the general public.

59. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The service units for this contract are as follows:

- (1) Convene meeting(s);
- (2) Number of contributions to Silver Alert Website – floridasilveralert.com;
- (3) Number of media kits replicated and disseminated;
- (4) Number of human interest stories submitted to media referenced; and
- (5) Number of letters to the editor submitted to media.

60. How is program data collected and has it been independently validated for accuracy and completeness?
Bi-monthly reports as required by the contract.

61. Is there an executed contract between the agency and the recipient?

Yes.

62. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

63. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

64. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

65. Describe how the information upon which the answer above is based was obtained and validated:

The Department reviews the bi-monthly reports to ensure services are met according to the terms of the contract.

66. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

67. List any audits or evaluative reports that have been published for this project (including website links, if available):

68. Provide any other information that can be used to evaluate the performance of this project:

69. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

70. State Agency:

Elder Affairs

71. State Program (or Type of Program):

Alzheimer's Disease Initiative

72. Project Title:

Alzheimer's Family Care Center of Broward County

73. Recipient name and address:

Aging and Disability Resource Center of Broward County

5300 Hiatus Road

Sunrise, FL 33351

Location county/counties: Broward County

74. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

75. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 220,454	\$ 0	\$ 220,454	404

76. FY 2012-13 GAA proviso specifically associated with the project (if any):

Vetoed: non-recurring funds of \$250,000.

77. Project Purpose/Description:

Coordinates and delivers in-home services and respite for Alzheimer's clients and their caregivers.

78. Number of years this project has received state funding:

>15

79. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain):

Yes.

80. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain):

Yes.

81. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

82. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community-based services.

The Area Agency on Aging (AAA)'s performance of these measures will be documented in the Department's annual monitoring reports.

83. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

84. Is there an executed contract between the agency and the recipient?

Yes.

85. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

86. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

87. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

88. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

89. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

90. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

91. Provide any other information that can be used to evaluate the performance of this project:

92. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

93. State Agency:

Elder Affairs

94. State Program (or Type of Program):

Alzheimer's Disease Initiative

95. Project Title:

Alzheimer's Memory Mobile

96. Recipient name and address:

Alzheimer's Association - Florida Gulf Coast Chapter
14010 Roosevelt Blvd, Suite 709
Clearwater, FL 33762

Location county/counties: Collier, Charlotte, DeSoto, Hendry, Glades, Lee, Sarasota

97. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

98. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 100,000	\$ 0	\$ 100,000	404

99. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

100. Project Purpose/Description:

Funding to provide services from a mobile van for free memory screening, literature on Alzheimer's disease, training videos for caregivers, and a program specialist to talk with families about specific needs.

101. Number of years this project has received state funding:

2

102. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

103. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

104. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

105. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community-based services.

The Area Agency on Aging (AAA)'s performance of these measures will be documented in the Department's annual monitoring reports.

106. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

107. Is there an executed contract between the agency and the recipient?

Yes.

108. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

109. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

110. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

111. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

112. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

113. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

114. Provide any other information that can be used to evaluate the performance of this project:

115. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

116. State Agency:

Elder Affairs

117. State Program (or Type of Program):

Alzheimer's Disease Initiative

118. Project Title:

Alzheimer's Respite Services

119. Recipient name and address:

Area Agencies on Aging

Location county/counties: Statewide

120. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

121. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 6,408,506	\$ 0	\$ 6,408,506	404

122. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

123. Project Purpose/Description:

Provides funds for Alzheimer's Respite Care Services.

124. Number of years this project has received state funding:

25

125. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

126. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

127. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

128. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community-based services.

The Area Agency on Aging (AAA)'s performance of these measures will be documented in the Department's annual monitoring reports.

129. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

130. Is there an executed contract between the agency and the recipient?

Yes.

131. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

132. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

133. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

134. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

135. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

136. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by the Department

137. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 1,296 clients.

138. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

139. State Agency:

Elder Affairs

140. State Program (or Type of Program):

Alzheimer's Disease Initiative

141. Project Title:

Dan Cantor Center - Alzheimer's Project

142. Recipient name and address:

Aging and Disability Resource Center of Broward County
5300 Hiatus Road
Sunrise, FL 33351

Location county/counties: Broward County

143. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

144. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 169,287	\$ 0	\$ 169,287	404

145. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

146. Project Purpose/Description:

This senior center provides day care for Alzheimer's clients.

147. Number of years this project has received state funding:

>15

148. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

149. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

150. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

151. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community-based services.

The Area Agency on Aging (AAA)'s performance of these measures will be documented in the Department's annual monitoring reports.

152. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

153. Is there an executed contract between the agency and the recipient?

Yes.

154. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

155. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

156. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

157. Describe how the information upon which the answer above is based was obtained and

validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

158. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

\$224 of Local Matching Funds

159. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

160. Provide any other information that can be used to evaluate the performance of this project:

161. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

162. State Agency:

Elder Affairs

163. State Program (or Type of Program):

Alzheimer's Disease Initiative

164. Project Title:

Deerfield Beach Day Care Center

165. Recipient name and address:

Aging and Disability Resource Center of Broward County

5300 Hiatus Road

Sunrise, FL 33351

Location county/counties: Broward County

166. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

167. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 195,150	\$ 0	\$ 195,150	404

168. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

169. Project Purpose/Description:

Provides funding for the Northeast Focal Point Senior Center to provide day care to Alzheimer's clients.

170. Number of years this project has received state funding:

>15

171. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

172. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

173. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

174. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community-based services.

The Area Agency on Aging (AAA)'s performance of these measures will be documented in the Department's annual monitoring reports.

175. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

176. Is there an executed contract between the agency and the recipient?

Yes.

177. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

178. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

179. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

180. Describe how the information upon which the answer above is based was obtained and

validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

181. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

\$54,521 of Local Matching Funds

182. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

183. Provide any other information that can be used to evaluate the performance of this project:

184. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

185. State Agency:

Elder Affairs

186. State Program (or Type of Program):

Alzheimer's Disease Initiative

187. Project Title:

Memory Disorder Clinics

188. Recipient name and address:

Area Agencies on Aging

Location county/counties: Statewide

189. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

190. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 3,283,664	\$ 0	\$ 3,283,664	404

191. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

192. Project Purpose/Description:

Memory disorder clinics provide diagnostic and referral services for persons with Alzheimer's disease and related dementia, conduct service-related research and develop caregiver training materials and educational opportunities.

193. Number of years this project has received state funding:

25

194. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

195. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

196. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

197. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community-based services.

The Area Agency on Aging (AAA)'s performance of these measures will be documented in the Department's annual monitoring reports.

198. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

199. Is there an executed contract between the agency and the recipient?

Yes.

200. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

201. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

202. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

203. Describe how the information upon which the answer above is based was obtained and

validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

204. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

205. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

206. Provide any other information that can be used to evaluate the performance of this project:

207. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

208. State Agency:

Elder Affairs

209. State Program (or Type of Program):

Alzheimer's Disease Initiative

210. Project Title:

Day Care Projects

211. Recipient name and address:

Area Agencies on Aging

Location county/counties: PSA 3, 6, and 11

212. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

213. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 340,065	\$ 0	\$ 340,065	404

214. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

215. Project Purpose/Description:

Provides funding for adult day care projects.

216. Number of years this project has received state funding:

25

217. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

218. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

219. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

220. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are very likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community-based services.

The Area Agency on Aging (AAA)'s performance of these measures will be documented in the Department's annual monitoring reports.

221. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

222. Is there an executed contract between the agency and the recipient?

Yes.

223. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

224. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

225. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

226. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

227. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

228. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

229. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 113 clients.

230. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

231. State Agency:

Elder Affairs

232. State Program (or Type of Program):

Alzheimer's Disease Initiative

233. Project Title:

University of South Florida Policy Exchange

234. Recipient name and address:

University of South Florida
4202 East Fowler Avenue
Tampa, FL 33260

Location county/counties: Statewide

235. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Governmental Entity

236. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 73,935	\$ 0	\$ 73,935	404

237. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

238. Project Purpose/Description:

The Alzheimer's Training Approval Program provides services related to the review and approval of Alzheimer's Disease and Related Disorders (ADRD) training providers and training curricula for nursing homes, assisted living facilities, home health agencies, adult day care centers, and hospices.

239. Number of years this project has received state funding:

12

240. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

241. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

242. What are the intended outcomes/impacts and benefits of the project?

The Contractor shall conduct applied, service-related research and training that address diagnostic technique, therapeutic interventions and supportive services for persons suffering from AD and related disorders, and their caregivers.

243. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Contractor's monthly status report shall be due by the 15th day of each month. The report should include:

- (1) The final status numbers for the month for Nursing Home, Assisted Living Facility, Home Health Agency, Adult Day Care Center, and Hospice Care Facility trainer and curriculum applications received for approval and the action taken on each application;
- (2) Copies of all letters sent documenting that each trainer application or request and training curriculum application or request has been reviewed and approved, disapproved, or provided with notification of a need for more information;
- (3) Documentation that the Area Agency on Aging (AAA) has responded to public questions or requests for information, duplication charges shall be subject to s.119.07, Florida Statutes; and
- (4) Documentation of a website available for public viewing on the Area Agency on Aging (AAA)'s website, updated weekly, with the names of approved trainers and approved curricula

244. How is program data collected and has it been independently validated for accuracy and completeness?

Monthly reports provided by the Contractor as required by the contract.

245. Is there an executed contract between the agency and the recipient?

Yes.

246. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

247. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

248. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

249. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager.

250. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

251. List any audits or evaluative reports that have been published for this project (including website links, if available):

<http://www.myflorida.com/audgen/pages/subjects/university.htm>

252. Provide any other information that can be used to evaluate the performance of this project:

253. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

254. State Agency:

Elder Affairs

255. State Program (or Type of Program):

Local Services Program

256. Project Title:

Congregate & Homebound Meals for At-Risk Elderly, Non-Ambulatory, & Handicapped Residents

257. Recipient name and address:

Alliance For Aging, Inc.

760 NW 107th Avenue, Suite 214

Miami, FL 33172

Location county/counties: Miami-Dade County

258. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

259. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 361,543	\$ 0	\$ 361,543	412

260. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

261. Project Purpose/Description:

Provides funding for the Allapattah Community Action Inc. to deliver 133 congregate meals to at risk elders and 343 home bound meals per day to non-ambulatory or handicapped unduplicated eligible participant elders.

262. Number of years this project has received state funding:

11

263. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

264. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

265. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

266. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

267. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

268. Is there an executed contract between the agency and the recipient?

Yes.

269. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

270. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

271. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

272. Describe how the information upon which the answer above is based was obtained and

validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

273. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

274. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

275. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 301 clients.

276. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

277. State Agency:

Elder Affairs

278. State Program (or Type of Program):

Local Services Program

279. Project Title:

Aging and Disability Resource Center of Broward and Alliance for Aging, Inc.

280. Recipient name and address:

Area Agencies on Aging

Location county/counties: Broward , Miami-Dade and Monroe Counties

281. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

282. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 272,163	\$ 0	\$ 272,163	412

283. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

284. Project Purpose/Description:

This project delivers meals to the elderly.

285. Number of years this project has received state funding:

>15

286. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

287. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

288. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

289. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

290. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

291. Is there an executed contract between the agency and the recipient?

Yes.

292. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

293. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

294. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

295. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

296. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?
None.

297. List any audits or evaluative reports that have been published for this project (including website links, if available):
Audited Annual Financial Statements; Annual Monitoring report by the Department

298. Provide any other information that can be used to evaluate the performance of this project:

299. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

300. State Agency:
Elder Affairs

301. State Program (or Type of Program):
 Local Services Program

302. Project Title:
 Area Agency on Aging (AAA) of North Florida, Inc., Mid-Florida Area Agency on Agency, Inc., and Area Agency on Aging (AAA) of Pasco-Pinellas, Inc.

303. Recipient name and address:
 Area Agencies on Aging
Location county/counties: Central Panhandle Counties, Northeast Gulf Coast Counties, and Pasco and Pinellas Counties.

304. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

305. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 316,713	\$ 0	\$ 316,713	412

306. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

307. Project Purpose/Description:
 Provides expanded adult day care hours to support caregivers and promote independence. No similar program exists in these Planning and Service Areas (PSAs).

308. Number of years this project has received state funding:
 10

309. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

310. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

311. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

312. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

313. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

314. Is there an executed contract between the agency and the recipient?

Yes.

315. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

316. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

317. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

318. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

319. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

320. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

321. Provide any other information that can be used to evaluate the performance of this project:

322. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

323. State Agency:

Elder Affairs

324. State Program (or Type of Program):

Local Services Program

325. Project Title:

Areawide Council on Aging of Broward County

326. Recipient name and address:

Aging and Disability Resource Center of Broward County

5300 Hiatus Road

Sunrise, FL 33351

Location county/counties: Broward County

327. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

328. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 167,293	\$ 0	\$ 167,293	412

329. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

330. Project Purpose/Description:

Provides kosher meals to low-income elders with special dietary needs at the Dan Cantor Center.

331. Number of years this project has received state funding:

18

332. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

333. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

334. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

335. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

336. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

337. Is there an executed contract between the agency and the recipient?

Yes.

338. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

339. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

340. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

341. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

342. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

343. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

344. Provide any other information that can be used to evaluate the performance of this project:

345. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

346. State Agency:
Elder Affairs

347. State Program (or Type of Program):
 Local Services Program

348. Project Title:
 Austin Hepburn Senior Mini-Center - City of Hallandale Beach

349. Recipient name and address:
 Aging and Disability Resource Center of Broward County
 5300 Hiatus Road
 Sunrise, FL 33351
Location county/counties: Broward County

350. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

351. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 82,080	\$ 0	\$ 82,080	412

352. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

353. Project Purpose/Description:
 Funds programs including educational, crime prevention, food and nutrition services, hot meals, and nutritional training for senior citizens. Assists seniors in keeping appointments.

354. Number of years this project has received state funding:
 11

355. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

356. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

357. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

358. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

359. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

360. Is there an executed contract between the agency and the recipient?

Yes.

361. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

362. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

363. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

364. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

365. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

366. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

367. Provide any other information that can be used to evaluate the performance of this project:

368. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

369. State Agency:

Elder Affairs

370. State Program (or Type of Program):

Local Services Program

371. Project Title:

City of Hialeah

372. Recipient name and address:

Alliance For Aging, Inc.
760 NW 107th Avenue, Suite 214
Miami, FL 33172
Location county/counties: Hialeah

373. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

374. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 250,000	\$ 0	\$ 250,000	412

375. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

376. Project Purpose/Description:

Community-based services for elders.

377. Number of years this project has received state funding:

3

378. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

379. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

380. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

381. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

382. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

383. Is there an executed contract between the agency and the recipient?

Yes.

384. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

385. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

386. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

387. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

388. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

389. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

390. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 313 clients.

391. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

392. State Agency:

Elder Affairs

393. State Program (or Type of Program):

Local Services Program

394. Project Title:

City of Sweetwater Elderly Activities Center (Mildred & Claude Pepper Senior Center)

395. Recipient name and address:

Alliance For Aging, Inc.

760 NW 107th Avenue, Suite 214

Miami, FL 33172

Location county/counties: Miami-Dade County

396. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

397. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 418,242	\$ 0	\$ 418,242	412

398. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

399. Project Purpose/Description:

Provides congregate meals, home-delivered meals, socialization and recreational activities, transportation services, and counseling to senior citizens.

400. Number of years this project has received state funding:

11

401. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

402. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

403. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

404. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

405. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

406. Is there an executed contract between the agency and the recipient?

Yes.

407. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

408. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

409. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

410. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

411. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

412. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

413. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 283 clients.

414. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

415. State Agency:

Elder Affairs

416. State Program (or Type of Program):

Local Services Program

417. Project Title:

Elder at Risk Meals (Marta Flores High Risk Nutritional Programs for Elders) - Miami-Dade County

418. Recipient name and address:

Alliance For Aging, Inc.

760 NW 107th Avenue, Suite 214

Miami, FL 33172

Location county/counties: Miami-Dade County

419. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

420. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 623,877	\$ 0	\$ 623,877	412

421. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

422. Project Purpose/Description:

Provides hot evening and weekend meals to elderly assessed as high risk or in danger of malnutrition. Meals to be provided to 3,263 identified at-risk clients.

423. Number of years this project has received state funding:

11

424. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

425. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

426. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

427. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

428. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

429. Is there an executed contract between the agency and the recipient?

Yes.

430. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

431. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

432. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

433. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

434. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

435. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

436. Provide any other information that can be used to evaluate the performance of this project:

437. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

438. State Agency:
Elder Affairs

439. State Program (or Type of Program):
 Local Services Program

440. Project Title:
 Elderly House Call Program - Mount Sinai Medical Center

441. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami Beach

442. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

443. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 164,160	\$ 0	\$ 164,160	412

444. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

445. Project Purpose/Description:
 Regular physician house calls and nursing therapy are provided to homebound elderly. Targets homebound, frail elderly unable to attend doctor.

446. Number of years this project has received state funding:
 >15

447. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

448. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

449. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

450. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

451. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

452. Is there an executed contract between the agency and the recipient?

Yes.

453. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

454. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

455. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

456. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

457. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

458. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

459. Provide any other information that can be used to evaluate the performance of this project:

460. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

461. State Agency:
Elder Affairs

462. State Program (or Type of Program):
 Local Services Program

463. Project Title:
 Faith in Action (FIA)-Strong For Life - Faith in Action of Upper Pinellas

464. Recipient name and address:
 Area Agency on Aging (AAA) of Pasco-Pinellas
 9887 4th Street North, Suite 100
 St. Petersburg, FL 33702
Location county/counties: Pinellas County

465. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

466. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 6,972	\$ 0	\$ 6,972	412

467. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

468. Project Purpose/Description:
 An exercise program designed specifically for the elderly which rebuilds lost muscle. It is conducted at congregations, mobile home parks, senior centers, Assisted Living Facilities (ALFs), and individual residences.

469. Number of years this project has received state funding:
 8

470. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

471. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

472. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

473. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

474. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

475. Is there an executed contract between the agency and the recipient?

Yes.

476. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

477. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

478. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

479. Describe how the information upon which the answer above is based was obtained and

validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

480. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

481. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

482. Provide any other information that can be used to evaluate the performance of this project:

FIA's Board of Directors has voted to dissolve their incorporation as of June 30, 2013.

483. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

484. State Agency:
Elder Affairs

485. State Program (or Type of Program):
 Local Services Program

486. Project Title:
 Federation Transportation Services

487. Recipient name and address:
 Area Agency on Aging (AAA) of Palm Beach/Treasure Coast, Inc.
 4400 N. Congress Avenue
 West Palm Beach, FL 33407
Location county/counties: Palm Beach County

488. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

489. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 143,640	\$ 0	\$ 143,640	412

490. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

491. Project Purpose/Description:
 Transportation for elderly in the community attending congregate meal programs and medical appointments, food shopping, and other life sustaining activities.

492. Number of years this project has received state funding:
 >15

493. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

494. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

495. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

496. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

497. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

498. Is there an executed contract between the agency and the recipient?

499. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

500. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

501. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

502. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

503. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

504. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

505. Provide any other information that can be used to evaluate the performance of this project:

506. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

507. State Agency:

Elder Affairs

508. State Program (or Type of Program):

Local Services Program

509. Project Title:

Feed the Elderly - 55 Years & Up, Inc.

510. Recipient name and address:

Alliance For Aging, Inc.

760 NW 107th Avenue, Suite 214

Miami, FL 33172

Location county/counties: Miami-Dade County

511. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

512. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 37,178	\$ 0	\$ 37,178	412

513. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

514. Project Purpose/Description:

Provides home-delivered hot meals to elders in need at evening time.

515. Number of years this project has received state funding:

8

516. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

517. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

518. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

519. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

520. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

521. Is there an executed contract between the agency and the recipient?

Yes.

522. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

523. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

524. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

525. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

526. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

527. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

528. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 33 clients.

529. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

530. State Agency:
Elder Affairs

531. State Program (or Type of Program):
 Local Services Program

532. Project Title:
 Hialeah Gardens Elderly - Dade County

533. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami-Dade County

534. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

535. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 46,468	\$ 0	\$ 46,468	412

536. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

537. Project Purpose/Description:
 Provides evening and weekend meals and entertainment to elders.

538. Number of years this project has received state funding:
 11

539. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

540. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

541. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

542. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

543. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

544. Is there an executed contract between the agency and the recipient?

Yes.

545. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

546. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

547. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

548. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

549. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

550. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

551. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 150 clients.

552. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

553. State Agency:

Elder Affairs

554. State Program (or Type of Program):

Local Services Program

555. Project Title:

Holocaust Survivors Assistance Program - Boca Raton Jewish Federation

556. Recipient name and address:

Area Agency on Aging (AAA) of Palm Beach/Treasure Coast, Inc.

4400 N. Congress Avenue

West Palm Beach, FL 33407

Location county/counties: Palm Beach County

557. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

558. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 92,946	\$ 0	\$ 92,946	412

559. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

560. Project Purpose/Description:

This project allows the Ruth Rales Jewish Family Services to offer services to the Holocaust Survivor population in the county.

561. Number of years this project has received state funding:

8

562. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

563. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

564. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

565. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

566. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

567. Is there an executed contract between the agency and the recipient?

568. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

569. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

570. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

571. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

572. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

573. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

574. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 31 clients.

575. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

576. State Agency:

Elder Affairs

577. State Program (or Type of Program):

Local Services Program

578. Project Title:

Jewish Community Center

579. Recipient name and address:

Alliance For Aging, Inc.

760 NW 107th Avenue, Suite 214

Miami, FL 33172

Location county/counties: Miami-Dade County

580. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

581. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 39,469	\$ 0	\$ 39,469	412

582. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

583. Project Purpose/Description:

In Home Respite Services

584. Number of years this project has received state funding:

9

585. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

586. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

587. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

588. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

589. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

590. Is there an executed contract between the agency and the recipient?

Yes.

591. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

592. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

593. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

594. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

595. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

596. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

597. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 46 clients.

598. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

599. State Agency:

Elder Affairs

600. State Program (or Type of Program):

Local Services Program

601. Project Title:

Lippman Senior Center

602. Recipient name and address:

Aging and Disability Resource Center of Broward County
5300 Hiatus Road
Sunrise, FL 33351

Location county/counties: Broward County

603. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

604. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 228,000	\$ 0	\$ 228,000	412

605. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

606. Project Purpose/Description:

Provides funding for recreational activities for seniors.

607. Number of years this project has received state funding:

>15

608. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

609. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

610. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

611. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

612. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

613. Is there an executed contract between the agency and the recipient?

Yes.

614. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

615. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

616. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

617. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

618. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

619. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

620. Provide any other information that can be used to evaluate the performance of this project:

621. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

622. State Agency:
Elder Affairs

623. State Program (or Type of Program):
 Local Services Program

624. Project Title:
 Little Havana Activities & Nutrition Centers of Dade County, Inc.

625. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami-Dade County

626. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

627. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 334,770	\$ 0	\$ 334,770	412

628. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

629. Project Purpose/Description:
 This is a home-delivered meals program providing meals to isolated, frail, homebound elders living at or below poverty level and at-risk for malnutrition and early institutionalization. Funds also provide respite care.

630. Number of years this project has received state funding:
 9

631. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

632. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

633. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

634. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

635. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

636. Is there an executed contract between the agency and the recipient?

Yes.

637. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

638. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

639. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

640. Describe how the information upon which the answer above is based was obtained and

validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

641. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

642. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

643. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 1,900 clients.

644. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

645. State Agency:
Elder Affairs

646. State Program (or Type of Program):
 Local Services Program

647. Project Title:
 Manolo Piniero Homebound Diabetes Services - First Quality Home Care, Inc.

648. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami-Dade County

649. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

650. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 139,414	\$ 0	\$ 139,414	412

651. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

652. Project Purpose/Description:
 Provides insulin to homebound dependent diabetics that are unable to self administer insulin due to a secondary diagnosis such as blindness.

653. Number of years this project has received state funding:
 11

654. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

655. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

656. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

657. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

658. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

659. Is there an executed contract between the agency and the recipient?

Yes.

660. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

661. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

662. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

663. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

664. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

665. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

666. Provide any other information that can be used to evaluate the performance of this project:

667. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

668. State Agency:

Elder Affairs

669. State Program (or Type of Program):

Local Services Program

670. Project Title:

Miami Beach Senior Center - Jewish Community Services of South Florida, Inc.

671. Recipient name and address:

Alliance For Aging, Inc.

760 NW 107th Avenue, Suite 214

Miami, FL 33172

Location county/counties: Miami-Dade County

672. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

673. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 158,367	\$ 0	\$ 158,367	412

674. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

675. Project Purpose/Description:

Provides activities within the Miami Beach Senior Center, including transportation services, nutritional supplementation, shopping assistance, and various educational and recreational opportunities.

676. Number of years this project has received state funding:

11

677. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

678. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

679. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

680. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

681. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

682. Is there an executed contract between the agency and the recipient?

Yes.

683. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

684. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

685. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

686. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

687. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

688. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

689. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 43 clients.

690. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

691. State Agency:
Elder Affairs

692. State Program (or Type of Program):
 Local Services Program

693. Project Title:
 Michael-Ann Russel Jewish Community Center - Sr. Wellness Center

694. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami-Dade County

695. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

696. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 83,647	\$ 0	\$ 83,647	412

697. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

698. Project Purpose/Description:
 The Senior Wellness Project serves to enhance physical and mental well-being of seniors through a coordinated program of fitness and educational activities.

699. Number of years this project has received state funding:
 10

700. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

701. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

702. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

703. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

704. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

705. Is there an executed contract between the agency and the recipient?

Yes.

706. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

707. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

708. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

709. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

710. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

711. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

712. Provide any other information that can be used to evaluate the performance of this project:

713. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

714. State Agency:
Elder Affairs

715. State Program (or Type of Program):
 Local Services Program

716. Project Title:
 Neighborly Pharmacy Program - Neighborly Care Network

717. Recipient name and address:
 Area Agency on Aging (AAA) of Pasco-Pinellas
 9887 4th Street North, Suite 100
 St. Petersburg, FL 33702
Location county/counties: Pasco and Pinellas Counties

718. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

719. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 83,647	\$ 0	\$ 83,647	412

720. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

721. Project Purpose/Description:
 Pharmacy to provide prescription medications to clients at cost.

722. Number of years this project has received state funding:
 9

723. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

724. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

725. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

726. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

727. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

728. Is there an executed contract between the agency and the recipient?

Yes.

729. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

730. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

731. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

732. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

733. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

734. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

735. Provide any other information that can be used to evaluate the performance of this project:

736. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

737. State Agency:
Elder Affairs

738. State Program (or Type of Program):
 Local Services Program

739. Project Title:
 North Miami Intergenerational Activity Center

740. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami-Dade County

741. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

742. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 46,468	\$ 0	\$ 46,468	412

743. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

744. Project Purpose/Description:
 To serve needy Haitian population with personal care, home-making, in-home services, and limited meals outreach.

745. Number of years this project has received state funding:
 8

746. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

747. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

748. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

749. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

750. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

751. Is there an executed contract between the agency and the recipient?

Yes.

752. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

753. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

754. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

755. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

756. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

757. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

758. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 30 clients.

759. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

760. State Agency:
Elder Affairs

761. State Program (or Type of Program):
 Local Services Program

762. Project Title:
 Provider Service Area (PSA) 10

763. Recipient name and address:
 Aging and Disability Resource Center of Broward County
 5300 Hiatus Road
 Sunrise, FL 33351
Location county/counties: Broward County

764. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

765. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 681,079	\$ 0	\$ 681,079	412

766. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

767. Project Purpose/Description:
 Provides adult day care and transportation.

768. Number of years this project has received state funding:
 >15

769. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

770. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

771. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

772. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

773. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

774. Is there an executed contract between the agency and the recipient?

Yes.

775. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

776. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

777. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

778. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

779. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

780. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by the Department

781. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 1,369 clients.

782. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

783. State Agency:
Elder Affairs

784. State Program (or Type of Program):
 Local Services Program

785. Project Title:
 Provider Service Area (PSA) 11

786. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Dade County

787. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

788. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 693,455	\$ 0	\$ 693,455	412

789. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

790. Project Purpose/Description:
 Provides meals to the elderly.

791. Number of years this project has received state funding:
 >15

792. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

793. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

794. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

795. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

796. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

797. Is there an executed contract between the agency and the recipient?

Yes.

798. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

799. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

800. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

801. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

802. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

803. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by the Department

804. Provide any other information that can be used to evaluate the performance of this project:

805. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

806. State Agency:

Elder Affairs

807. State Program (or Type of Program):

Local Services Program

808. Project Title:

Provider Service Area (PSA) 5

809. Recipient name and address:

Area Agency on Aging (AAA) of Pasco-Pinellas
9887 4th Street North, Suite 100
St. Petersburg, FL 33702

Location county/counties: Pasco and Pinellas Counties (PSA 5)

810. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

811. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 1,046,465	\$ 0	\$ 1,046,465	412

812. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

813. Project Purpose/Description:

Provides meals to the elderly.

814. Number of years this project has received state funding:

>15

815. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

816. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

817. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

818. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

819. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

820. Is there an executed contract between the agency and the recipient?

Yes.

821. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

822. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

823. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

824. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

825. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

826. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by the Department

827. Provide any other information that can be used to evaluate the performance of this project:

828. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

829. State Agency:

Elder Affairs

830. State Program (or Type of Program):

Local Services Program

831. Project Title:

Provider Service Area (PSA) 6

832. Recipient name and address:

Area Agency on Aging (AAA) of Pasco-Pinellas
5905 Breckenridge Pkwy., Suite F
Tampa, FL 33610

Location county/counties: Hillsborough, Polk, Manatee, Hardee, Highlands

833. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

834. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 113,000	\$ 0	\$ 113,000	412

835. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

836. Project Purpose/Description:

Provides home maker services.

837. Number of years this project has received state funding:

>15

838. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

839. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

840. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

841. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

842. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

843. Is there an executed contract between the agency and the recipient?

Yes.

844. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

845. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

846. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

847. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

848. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

\$12,131 of Local Matching Funds

849. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by the Department

850. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 46 clients.

851. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

852. State Agency:
Elder Affairs

853. State Program (or Type of Program):
 Local Services Program

854. Project Title:
 Seymour Gelber Adult Day Care Program - Jewish Community Services of South Florida, Inc.

855. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami-Dade County

856. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

857. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 23,234	\$ 0	\$ 23,234	412

858. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

859. Project Purpose/Description:
 Provides a supportive environment for memory and physically impaired seniors. Funding is used to transport clients to the Adult Day Care Program.

860. Number of years this project has received state funding:
 8

861. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

862. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

863. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

864. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

865. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

866. Is there an executed contract between the agency and the recipient?

Yes.

867. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

868. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

869. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

870. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

871. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

872. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

873. Provide any other information that can be used to evaluate the performance of this project:

874. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

875. State Agency:

Elder Affairs

876. State Program (or Type of Program):

Local Services Program

877. Project Title:

Southwest Focal Early Bird P. M. Nutrition Center - City of Pembroke Pines

878. Recipient name and address:

Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Broward County

879. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

880. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 23,234	\$ 0	\$ 23,234	412

881. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

882. Project Purpose/Description:

This center provides nutritionally balanced evening meals at an affordable price to individuals age 60 or older.

883. Number of years this project has received state funding:

8

884. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

885. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

886. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

887. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

888. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

889. Is there an executed contract between the agency and the recipient?

Yes.

890. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

891. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

892. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

893. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

894. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

895. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

896. Provide any other information that can be used to evaluate the performance of this project:

897. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

898. State Agency:

Elder Affairs

899. State Program (or Type of Program):

Local Services Program

900. Project Title:

Southwest Social Services

901. Recipient name and address:

Alliance For Aging, Inc.

760 NW 107th Avenue, Suite 214

Miami, FL 33172

Location county/counties: Miami-Dade and Monroe Counties

902. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private Non-Profit

903. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 653,501	\$ 0	\$ 653,501	412

904. FY 2012-13 GAA proviso specifically associated with the project (if any):

None.

905. Project Purpose/Description:

Provides congregate meals, home delivered meals, transportation services, and recreation and educational services.

906. Number of years this project has received state funding:

>15

907. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

Yes.

908. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):

Yes.

909. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

910. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

911. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

912. Is there an executed contract between the agency and the recipient?

Yes.

913. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

914. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

915. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

916. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

917. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

918. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

919. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 335 clients.

920. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

921. State Agency:
Elder Affairs

922. State Program (or Type of Program):
 Local Services Program

923. Project Title:
 St. Ann's Nursing Center

924. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami-Dade County

925. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

926. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 65,084	\$ 0	\$ 65,084	412

927. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

928. Project Purpose/Description:
 This center provides funds for facility based respite care.

929. Number of years this project has received state funding:
 9

930. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

931. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

932. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

933. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

934. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

935. Is there an executed contract between the agency and the recipient?

Yes.

936. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

937. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

938. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

939. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the

Department's monitoring unit and annual monitoring reports by the AAA.

940. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

941. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

942. Provide any other information that can be used to evaluate the performance of this project:

943. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Community Issue Performance Evaluation

944. State Agency:
Elder Affairs

945. State Program (or Type of Program):
 Local Services Program

946. Project Title:
 West Miami Community Center - City of West Miami

947. Recipient name and address:
 Alliance For Aging, Inc.
 760 NW 107th Avenue, Suite 214
 Miami, FL 33172
Location county/counties: Miami-Dade County

948. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private Non-Profit

949. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 69,702	\$ 0	\$ 69,702	412

950. FY 2012-13 GAA proviso specifically associated with the project (if any):
 None.

951. Project Purpose/Description:
 This project provides congregate hot meals, homebound daily meals, educational classes, recreation services, social programs, transportation services, and screening and assessment for senior citizens.

952. Number of years this project has received state funding:
 18

953. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):
 Yes.

954. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain):
 Yes.

955. What are the intended outcomes/impacts and benefits of the project?

The Area Agency on Aging (AAA) shall ensure services provided under this contract are in accordance with the current Department of Elder Affairs Programs and Services Handbook.

956. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

The Area Agency on Aging (AAA) shall develop and document strategies in the Area Plan to support the performance achievement of the following:

- (1) Percent of most frail elders who remain at home or in the community instead of going into a nursing home;
- (2) Average monthly savings per consumer for home and community-based care versus nursing home care for comparable group clients;
- (3) Percent of elders assessed with high or moderate risk environments who improved their environment score;
- (4) Percent of new service recipients with high-risk nutrition scores whose nutritional status improved;
- (5) Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved;
- (6) Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved;
- (7) Percent of family and family-assisted caregivers who self-report they are likely to provide care;
- (8) Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor); and
- (9) Percent of customers who are at imminent risk of nursing home placement who are served with community based services.

957. How is program data collected and has it been independently validated for accuracy and completeness?

Performance data is entered into the Client Information and Registration Tracking System (CIRTS) by the provider.

958. Is there an executed contract between the agency and the recipient?

Yes.

959. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

Yes.

960. How do the unit costs compare to those of comparable or alternative projects or services?

(EXPLAIN AND SPECIFY):

Unit costs are comparable and not more costly compared to similar services in other programs.

961. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

Yes.

962. Describe how the information upon which the answer above is based was obtained and validated:

The Department ensures the program's effectiveness by its monitoring from the contract manager, the Department's monitoring unit and annual monitoring reports by the AAA.

963. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

None.

964. List any audits or evaluative reports that have been published for this project (including website links, if available):

Audited Annual Financial Statements; Annual Monitoring report by Area Agencies on Aging (AAA)

965. Provide any other information that can be used to evaluate the performance of this project:

Last year, program served 291 clients.

966. CONTACT INFORMATION for person completing this form:

Name: Jon Manalo

Title: Chief Financial Officer

Phone: 850-414-2077 email address: manaloj@elderaffairs.org

Date: January 18, 2013

Elder Affairs
FY 2013-14 LBR ISSUES

Priority	Issue	FTE	General Revenue Recurring	General Revenue N/R	Administrative TF Recurring	Administrative TF N/R	Total Trust Funds	
1	Additional Budget for the Public Guardianship Services Statewide Public Guardianship Office				108,091		108,091	Provides additional budget in the public guardianship program. This funding will provide for one additional OPS position and related expense and HR budget to conduct registration coordination; contractual funding for updating the professional guardianship course; conducting train-the-trainer sessions; and to pay FDLE for electronic fingerprinting of professional guardians.
TOTAL ISSUES		<i>0.0</i>	0	0	108,091	0	108,091	



Rick Scott, Governor
David Wilkins, Secretary



**Department of Children and Families
Overview**

Appropriations Subcommittee on Health and Human Services

**Base Budget Review, Recurring Local Funding Initiatives and
Legislative Budget Request
FY 2013-2014**

January 23, 2013

**Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families,
and Advance Personal and Family Recovery and Resiliency.**

DCF Mission

- Protect the Vulnerable
- Promote Strong and Economically Self-sufficient Families
- Advance Personal and Family Recovery and Resiliency

DCF Strategy



Department of Children and Families Base Budget for Fiscal Year 2013-2014

The Agency's beginning budget to build from for FY 2013-2014 is:

General Revenue	\$1,362,718,988	50.0%
State Trust Funds	\$ 185,458,430	6.8%
Federal Funds	\$1,179,121,758	43.2%
Total	\$2,727,299,176	100.0%

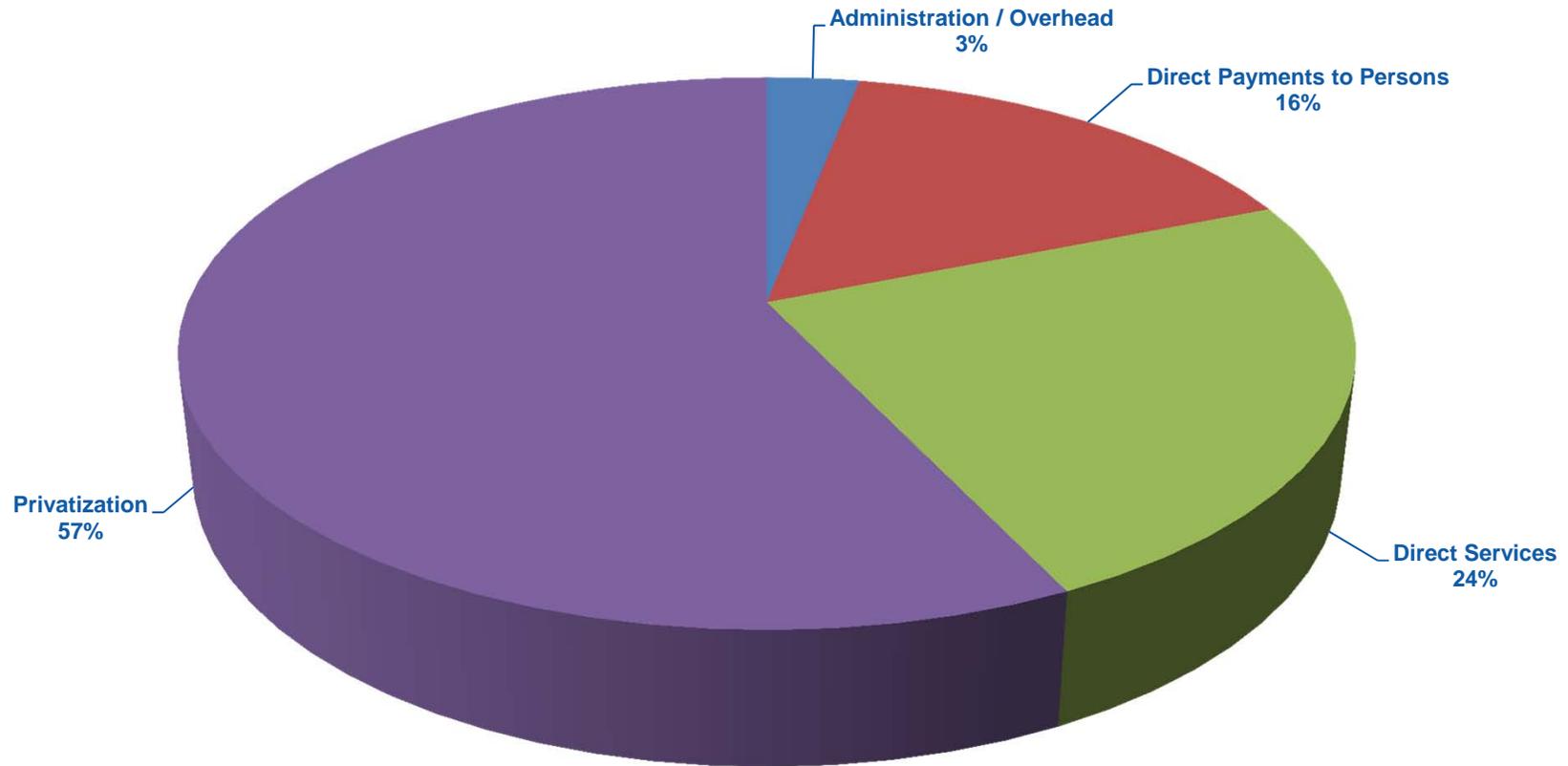
Full Time Equivalents: 11,801.50

Department of Children and Families Base Budget for Fiscal Year 2013-2014

The Agency's budget is divided into six Budget Entities:

- Executive Direction and Support Services
- Support Services (Information Technology)
- Family Safety and Preservation
- Mental Health Services
- Substance Abuse Services
- Economic Self Sufficiency Services

Department of Children and Families Base Budget for Fiscal Year 2013-2014

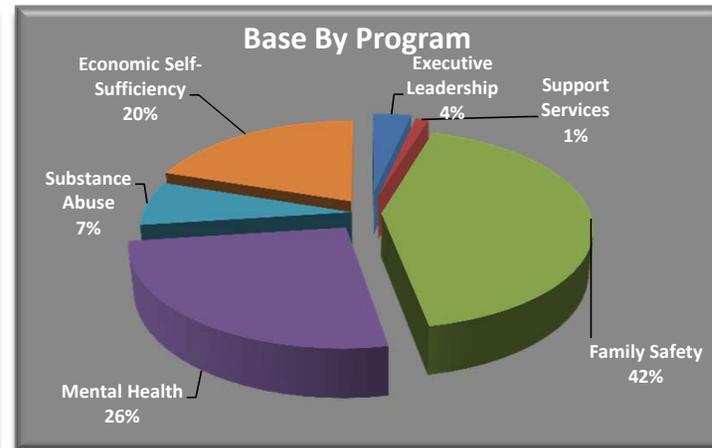
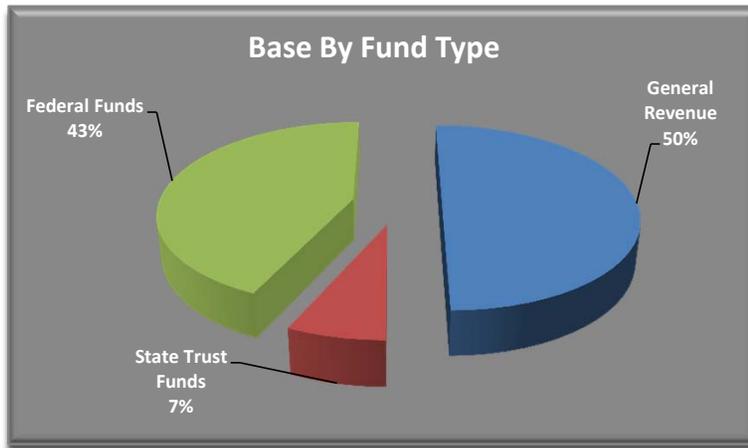


Administrative / Overhead	78,821,523
Direct Services	622,219,328
Direct Payments to Persons	411,839,988
Privatization	1,481,610,122
Double Budget / Data Processing / Transfers	132,808,215
Fiscal Year 2013-2014 Base Budget	2,727,299,176

Department of Children and Families
Fiscal Year 2013-14 Base Budget Review - Agency Summary

The Department of Children and Families mission is to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. Client services are provided through one of the following program areas: Family Safety, Mental Health, Substance Abuse, and Economic Self-Sufficiency. People with one or more of the following characteristics are served by the department: children in families known to be at risk of abuse or neglect or who have been abused or neglected by their families; child victims of abuse or neglect; children with or at risk of substance abuse problems; children with mental health problems; children incompetent to proceed to the delinquency system; adults with substance abuse problems; adults with mental illness; adults with disabilities and frail elderly at risk or victims of abuse, neglect or exploitation; adults with disabilities who need assistance to remain in the community; adults and their families who need assistance to become economically self-sufficient; victims of domestic violence; and people who are homeless. The Department has established four goals for accomplishment during the next five years, included in the Long-Range Program Plan as: 1) Empower front-line staff; 2) Effect program improvements; 3) Enable family accountability; and, 4) Engage communities.

Agency Funding Overview		Base Budget FY 2013-14*				
#	Program	FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Executive Leadership	630.50	52,116,196	4,218,139	39,318,749	95,653,084
2	Support Services*	277.00	-	11,248,908	21,935,202	33,184,110
3	Family Safety and Preservation	3,240.50	393,453,969	149,549,076	611,408,155	1,154,411,200
4	Mental Health Services	3,114.00	563,691,055	9,809,996	132,409,797	705,910,848
5	Substance Abuse Services	40.00	80,111,996	5,198,562	111,246,893	196,557,451
6	Economic Self-Sufficiency	4,499.50	273,345,772	5,433,749	262,802,962	541,582,483
7	Total	11,801.50	1,362,718,988	185,458,430	1,179,121,758	2,727,299,176



* Support Services represents the department's Information Technology services.

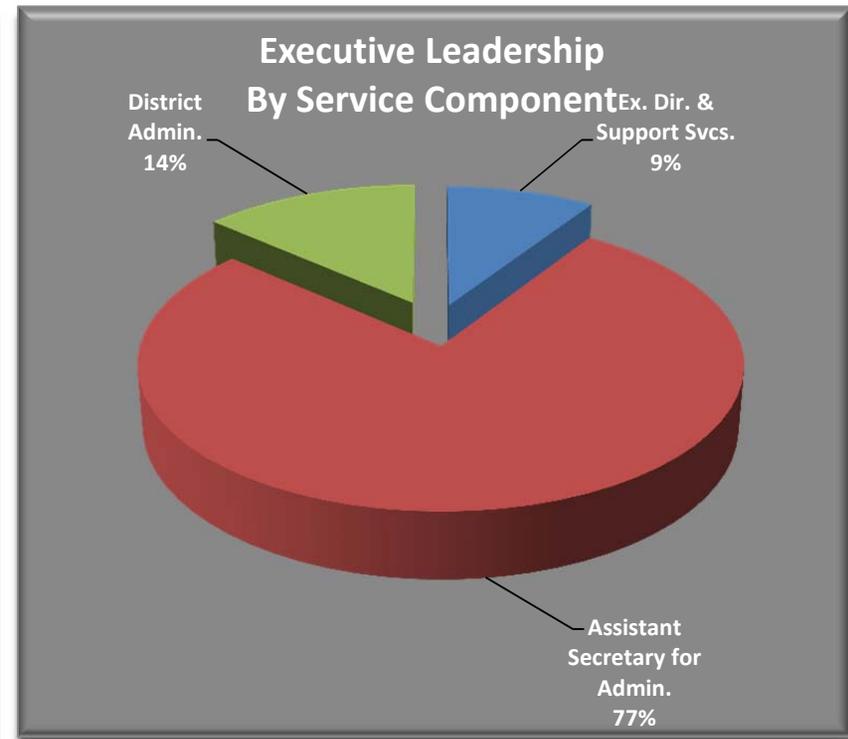
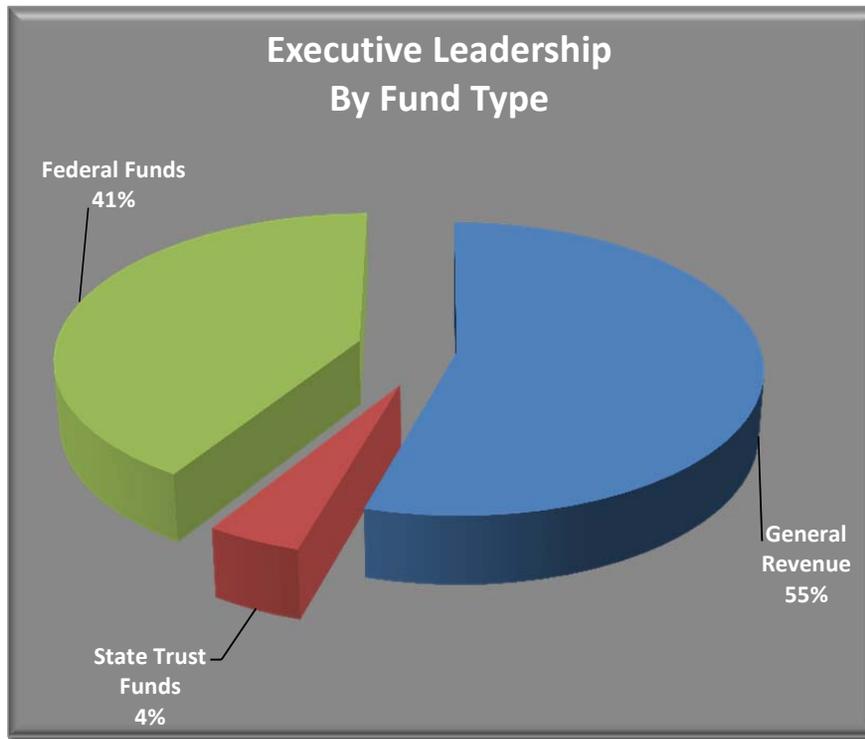
** Base budget differs from the FY 2012-13 appropriation as the base budget does not include any nonrecurring funds, but does include annualizations and other adjustments.

Executive Leadership FY 2013-14 Base Budget Summary

Program Description

Encompassing the offices of Communications, Legislative Affairs, Legal Services, Appeal Hearings and the Inspector General, the program provides direction and leadership for department employees. The program provides administrative guidance and support to region and central office staff in the areas of fiscal, budget, contract management, human resources, data processing services and general services, and ensures statewide compliance and adherence to state and federal regulations.

Program Funding Overview		Base Budget FY 2013-14				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Executive Direction & Support Services	108.00	6,879,669	5,695	1,988,981	8,874,345
2	Assistant Secretary for Administration	282.50	42,166,231	3,655,691	28,009,483	73,831,405
3	District Administration	240.00	3,070,296	556,753	9,320,285	12,947,334
4	Program Total	630.50	52,116,196	4,218,139	39,318,749	95,653,084

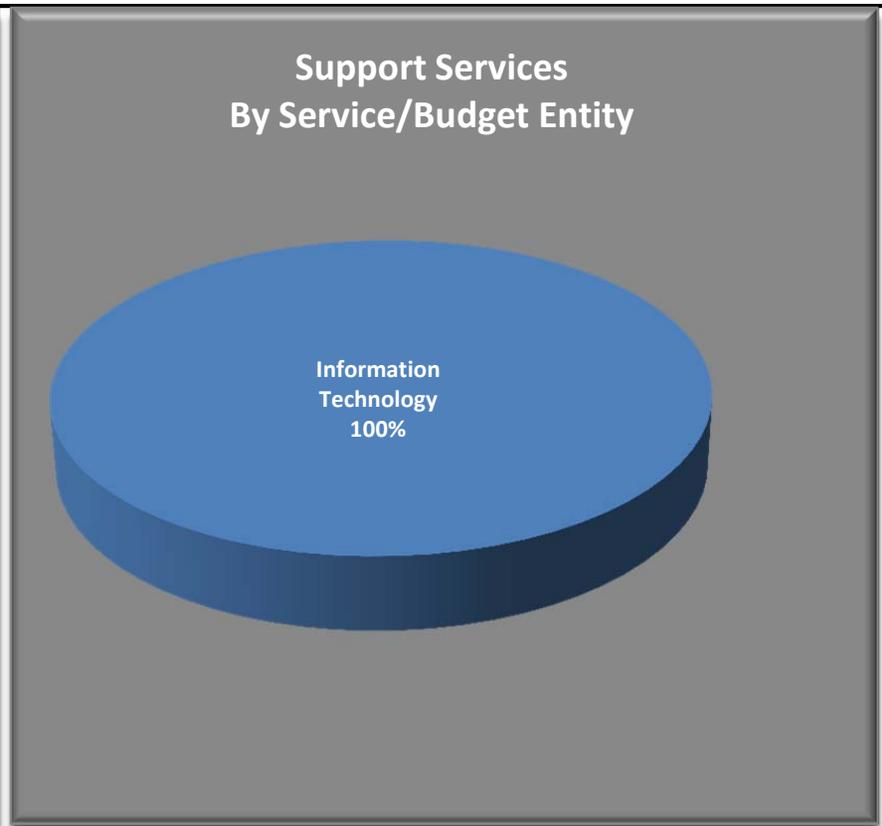
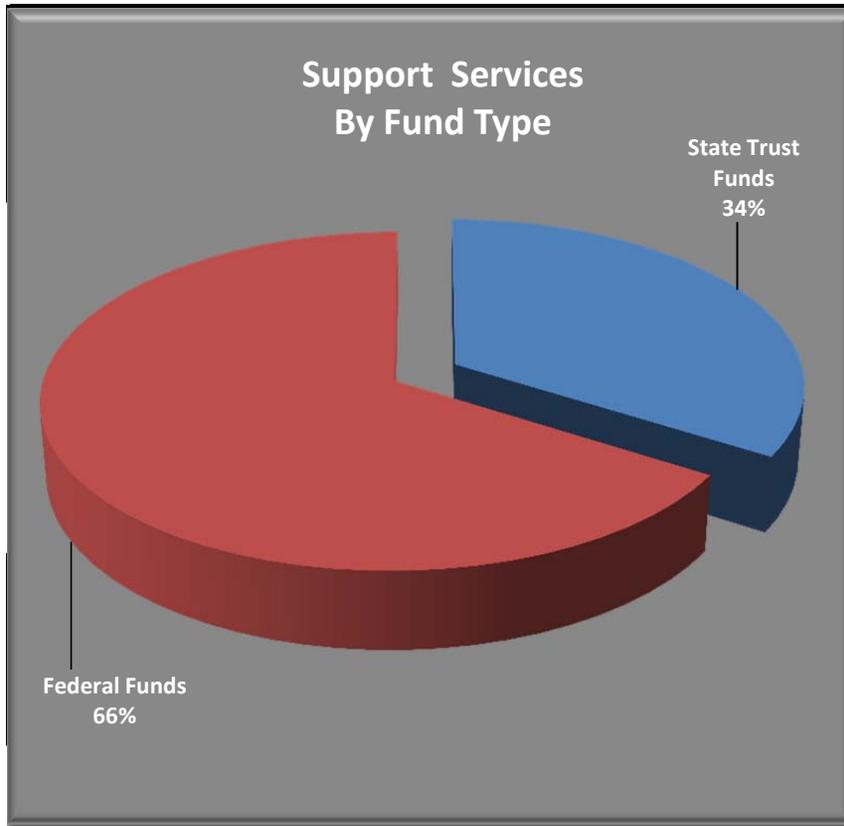


Support Services FY 2013-14 Base Budget Summary

Program Description

Information Technology, under the Department of Children Families housed at the Northwood Mall Complex, located in Tallahassee, is the central location for the Office of Information Technology Services that builds and maintains many of the systems commonly used by the Department and its partners, such as Florida Safe Families Network (FSFN). Services are also provided to the Department of Health, Department of Revenue and Agency for Persons with Disabilities.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Information Technology	277.00	-	11,248,908	21,935,202	33,184,110
2	Program Total	277.00	-	11,248,908	21,935,202	33,184,110

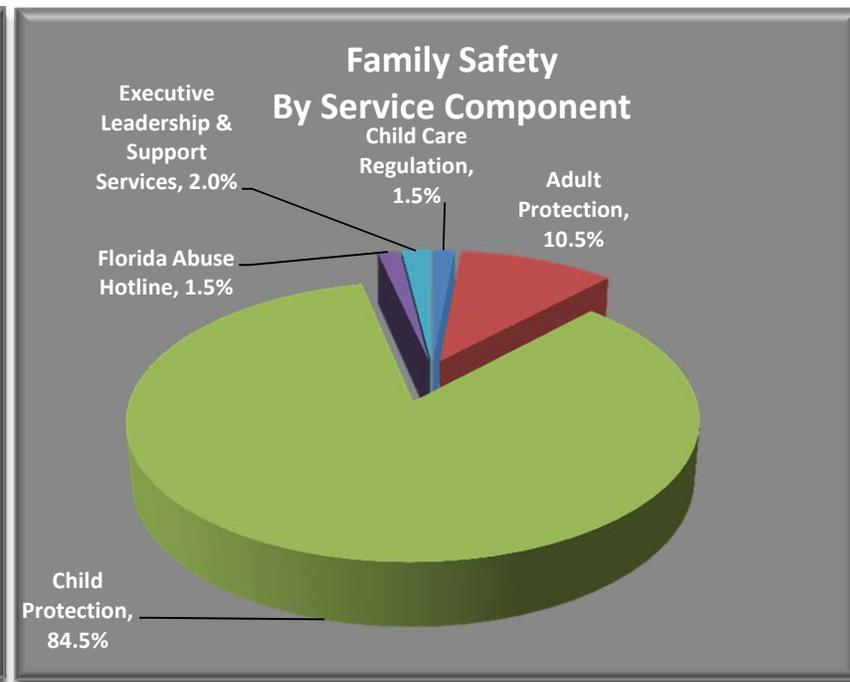
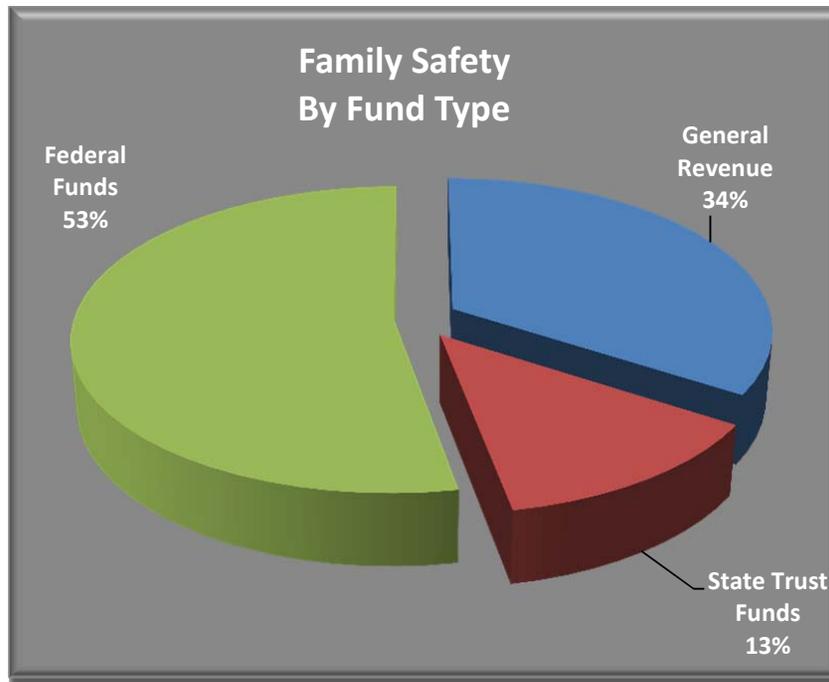


Family Safety Program FY 2013-14 Base Budget Summary

Program Description

Working with local communities, services are provided to children in families known to be at risk of abuse or neglect or who have been abused or neglected by their families; child victims of abuse or neglect; adults with disabilities and frail elderly at risk or victims of abuse, neglect or exploitation; adults with disabilities who need assistance to remain in the community; and victims of domestic violence. The Child Care Office is responsible for protecting the health and welfare of children through a regulatory framework that promotes the growth and stability of the child care industry.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Child Care Regulation	123.50	1,523,471	530,696	15,089,284	17,143,451
2	Adult Protection	605.00	54,343,485	6,974,270	60,175,280	121,493,035
3	Child Protection	2,072.00	322,140,693	141,922,484	511,777,432	975,840,609
4	Florida Abuse Hotline	284.00	5,980,400	-	11,374,227	17,354,627
5	Executive Leadership & Support Services	156.00	9,465,920	121,626	12,991,932	22,579,478
6	Program Total	3,240.50	393,453,969	149,549,076	611,408,155	1,154,411,200

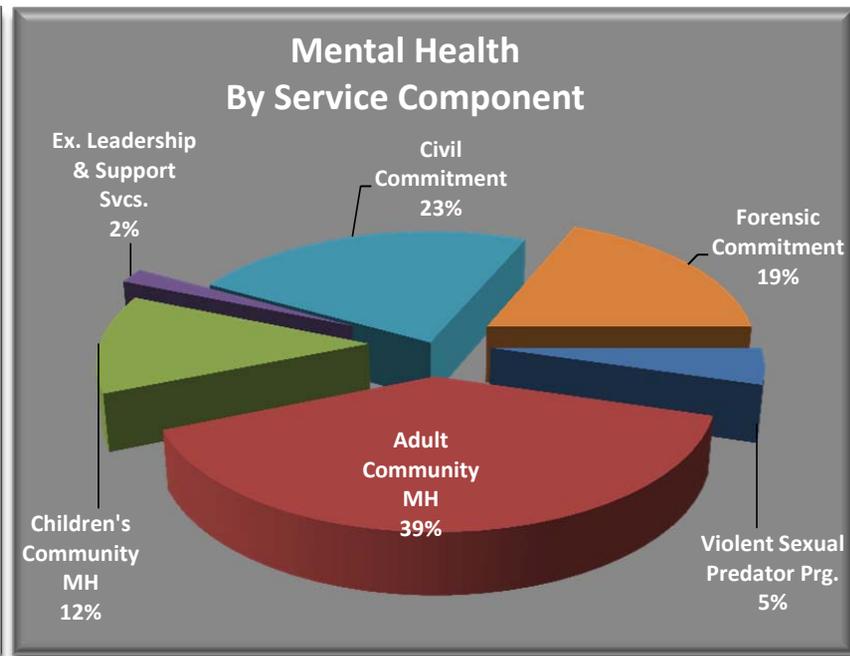
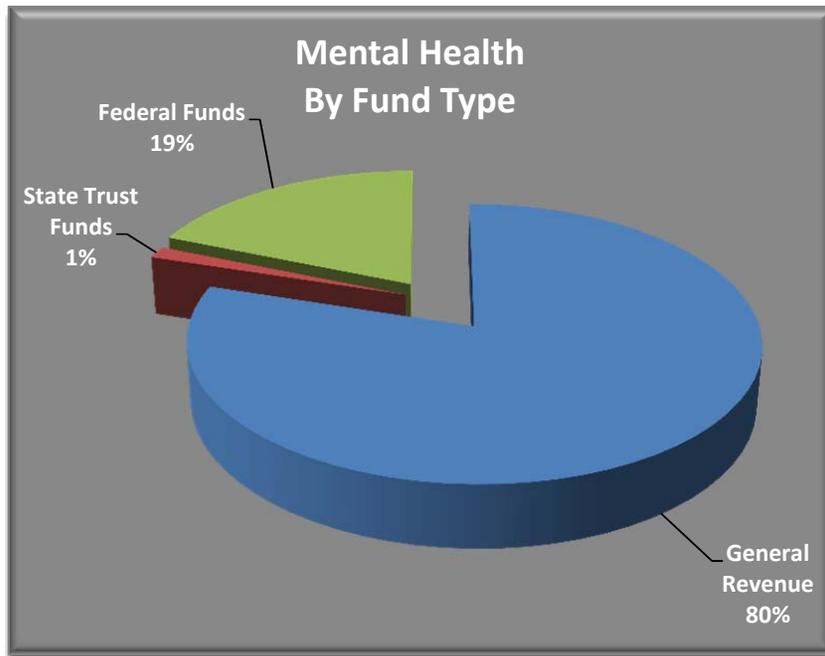


Mental Health Program FY 2013-14 Base Budget Summary

Program Description

Mental Health Services for adults and children includes both acute and long-term mental health services, as well as oversight of state mental health treatment facilities and the Sexually Violent Predator Program. There are seven mental health treatment facilities – three operated by the state of Florida and four outsourced using contracts managed from the central office and local circuit staff. Three of the facilities provide services for civil commitments, three provide services for forensic commitments and one provides services for both civil and forensic commitments. Forensic commitments are determined by the courts in cases when an individual has been adjudicated incompetent to proceed or not guilty by reason of insanity.

Program Funding Overview		Base Budget FY 2013-14				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Sexual Predator Program	9.00	32,063,362	-	-	32,063,362
2	Adult Community Mental Health	-	238,552,876	1,049,378	37,807,668	277,409,922
3	Child Community Mental Health	-	65,460,250	-	22,279,061	87,739,311
4	Executive Leadership & Support Services	54.50	6,032,989	876,219	6,165,206	13,074,414
5	Civil Commitment Program	1,822.50	91,328,665	7,304,954	66,157,862	164,791,481
6	Forensic Commitment Program	1,228.00	130,252,913	579,445	-	130,832,358
7	Program Total	3,114.00	563,691,055	9,809,996	132,409,797	705,910,848

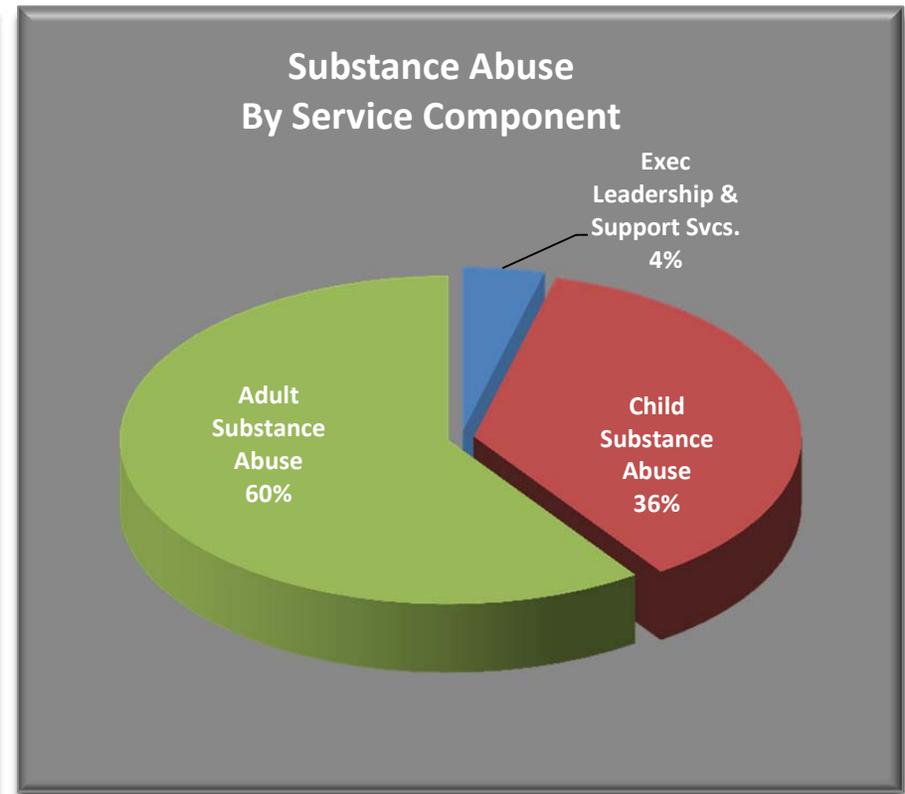
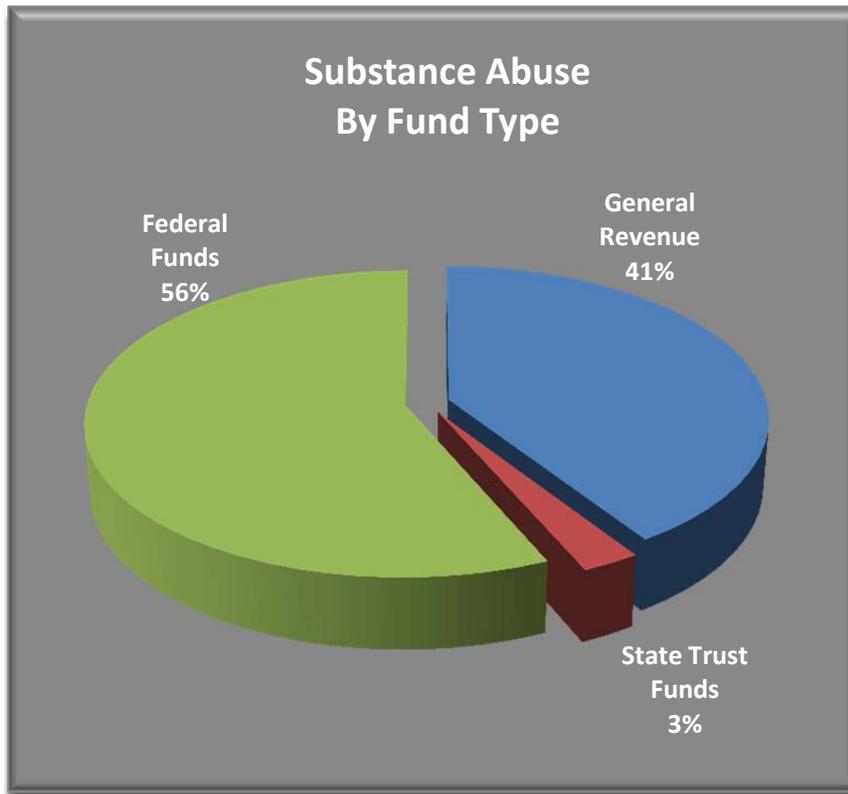


Substance Abuse Program FY 2013-14 Base Budget Summary

Program Description

The Substance Abuse Program is responsible for the oversight and program management of substance abuse services, and provides direction for a continuum of community-based prevention, intervention, treatment services, and detoxification. The program is also responsible for oversight of the licensure and regulation process of the substance abuse provider system. Staff at the local level is responsible for licensing public and private substance abuse providers.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Executive Leadership & Support Services	40.00	1,239,000.00	305,122.00	6,378,206.00	7,922,328
2	Child Substance Abuse	-	38,917,742	2,946,686	29,513,206	71,377,634
3	Adult Substance Abuse	-	39,955,254	1,946,754	75,355,481	117,257,489
4	Program Total	40.00	80,111,996	5,198,562	111,246,893	196,557,451

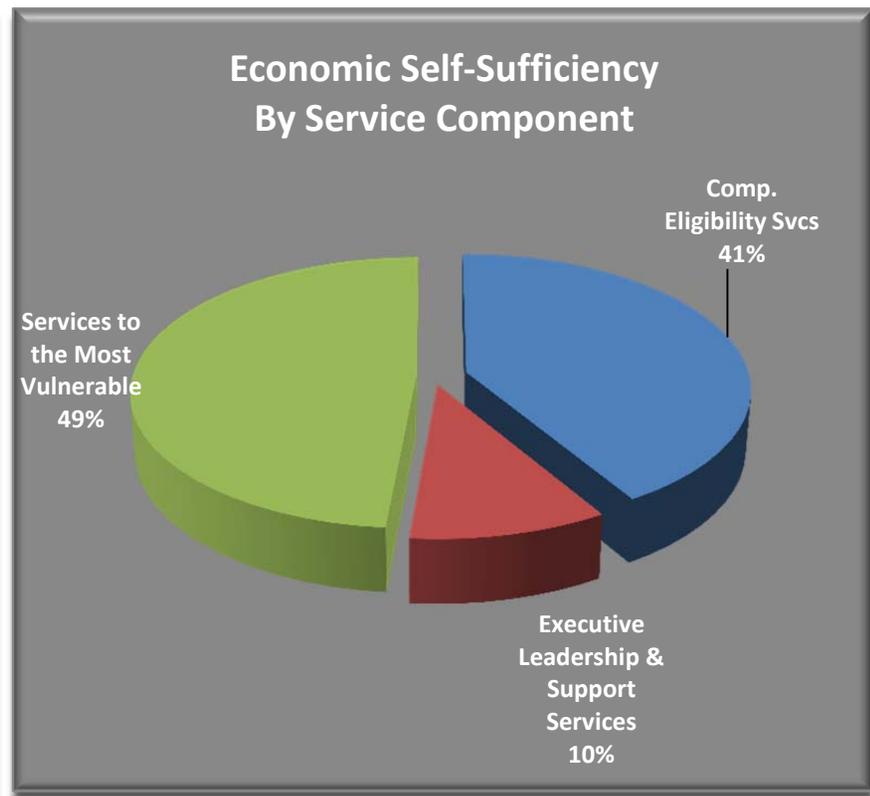
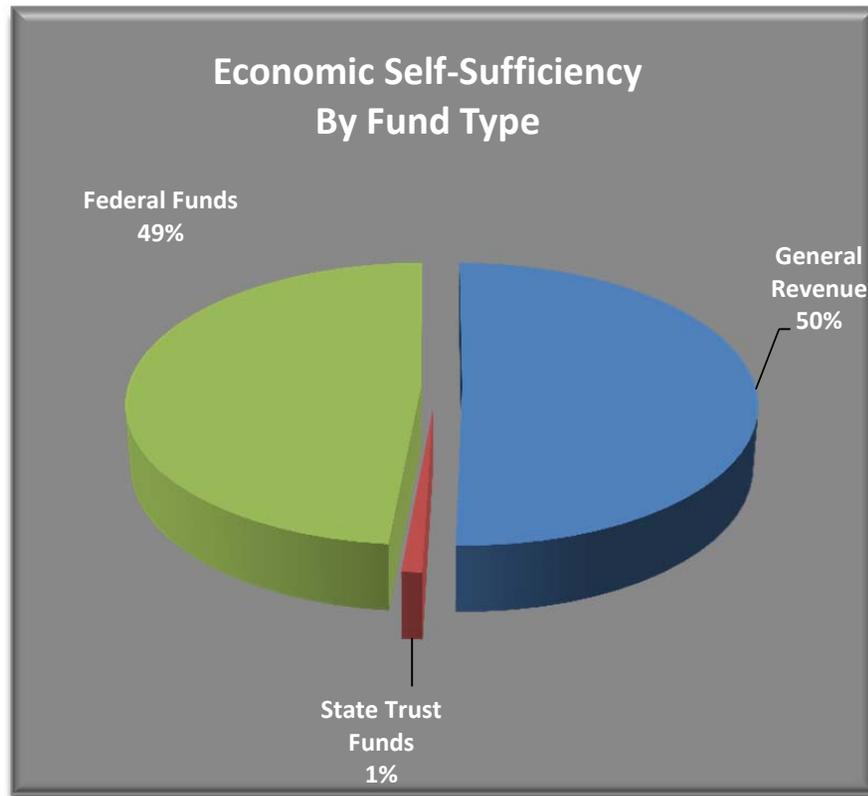


Economic Self-Sufficiency Program FY 2013-14 Base Budget Summary

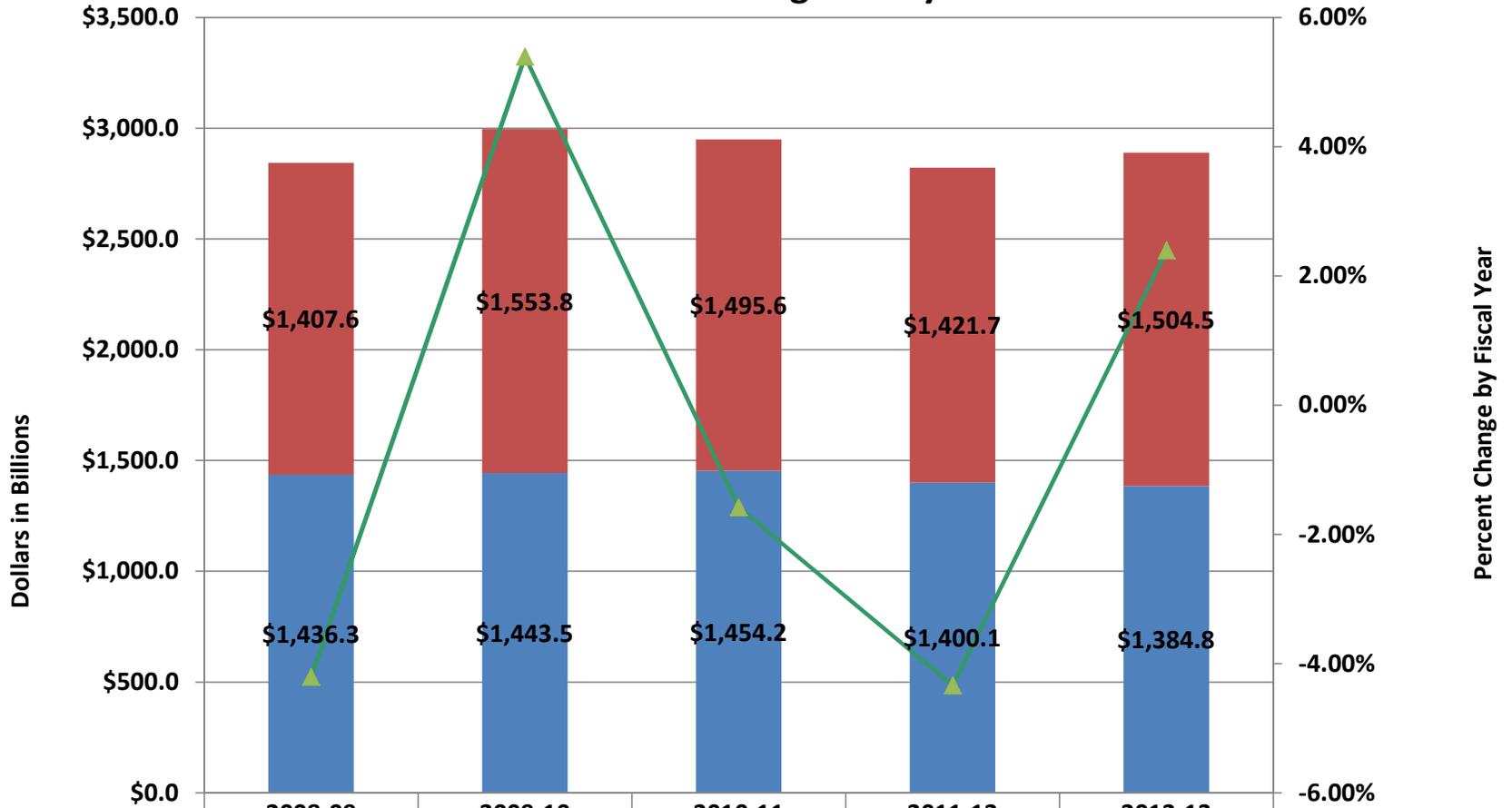
Program Description

Working with local communities the Economic Self-Sufficiency (ESS) Program ensures services are provided to promote strong and economically self-sufficient families. ESS processes applications for the Supplemental Nutrition Assistance Program (Formerly known as Food Stamps), Cash Assistance and Medicaid. The program also provides needed assistance to local agencies and individuals to assist persons who have become homeless or at risk of becoming homeless and federally funded benefits to newly arrived eligible refugees.

<u>Program Funding Overview</u>		<u>Base Budget FY 2013-14</u>				
		FTE	General Revenue	State Trust Funds	Federal Funds	Total
1	Comprehensive Eligibility Services	4,307.50	115,449,663	5,433,394	103,228,493	224,111,550
2	Executive Leadership & Support Services	154.00	25,622,970	343	28,665,199	54,288,512
3	Services to the Most Vulnerable	38.00	132,273,139	12	130,909,270	263,182,421
4	Program Total	4,499.50	273,345,772	5,433,749	262,802,962	541,582,483



Department of Children and Families 5-Year Funding History



■ Trust Fund	\$1,407.6	\$1,553.8	\$1,495.6	\$1,421.7	\$1,504.5
■ General Revenue	\$1,436.3	\$1,443.5	\$1,454.2	\$1,400.1	\$1,384.8
▲ Percent Change from Prior Year	-4.21%	5.39%	-1.58%	-4.34%	2.39%

Department of Children and Families Programs & Services Descriptions

A Program: Executive Leadership

This program provides departmental policy leadership, planning guidance, performance assessment, evaluation, quality assurance/ quality improvement oversight, service delivery oversight, and other supports to promote effective management practice and quality service delivery.

Executive Leadership encompasses the offices of the Secretary, Communications, Legislative Affairs, Legal Services, Appeal Hearings, and the Inspector General which provide direction and leadership for department functions and staff.

The Assistant Secretary for Administration provides administrative guidance and support to support circuit, region and headquarters staff in the areas of fiscal, budget, contract management, and general services, and ensures statewide compliance and adherence to state and federal regulations. The demand for this type of service is directly related to the size and complexity of the department's programs.

The Assistant Secretary for Operations provides operational guidance and support at the region and circuit level by implementing administrative, management and operational policies, generating quality assurance/quality improvement reports, and providing the communication linkages to local staff and the community.

B Program: Support Services

The service provides administrative guidance and support to region and central office staff in the area of information technology support and data processing services.

1 Budget Entity/Service: Information Technology

The Office of Information Technology Services (OITS) provides technology services to internal and external customers by developing and maintaining operational and programmatic applications including applications such as the Florida On-Line Recipient Integrated Data Access (FLORIDA) System, State Automated Child Welfare Information System (Florida Safe Families Network), Enterprise Client Index. In addition, OITS provides a variety of additional technology services including web Services, email administration, network administration, as well as supporting the Department's technology operations.

C Program: Family Safety

Working with local communities, services are provided to children in families known to be at risk of abuse or neglect or who have been abused or neglected by their families; child victims of abuse or neglect; adults with disabilities and frail elderly at risk or victims of abuse, neglect or exploitation; adults with disabilities who need assistance to remain in the community; and victims of domestic violence. The Child Care office is responsible for protecting the health and welfare of children through a regulatory framework that promotes the growth and stability of the child care industry.

1 Budget Entity/Service: Family Safety & Preservation

Child Care Regulation and Information includes the licensure and registration of licensed child care facilities and homes, and training for child care provider staff mandated by law. Minimum standards are established to protect the health, safety, and well-being of the children of the state and to promote their intellectual and emotional development while in care. The Child Care Information System captures demographic data on all licensed and registered homes and facilities in the state, provides public information to assist parents in making informed choices about quality child care and tracks statutorily required training for child care provider staff statewide.

Adult Protection—Upon receipt of a report of abuse, neglect, or exploitation of a vulnerable adult, an on-site investigation is initiated to determine if there is an indication of abuse, neglect, or exploitation. The investigation seeks to determine the individual(s) apparently responsible for the abuse, neglect, or exploitation and attend to the long-term risks to the vulnerable adult; and the protective, treatment, and ameliorative services necessary to safeguard and ensure the vulnerable adult's well-being. The protective investigations also include the immediate provision, or arrangement for the provision of, protective services for vulnerable adults that consent to the services, or court ordered services for those lacking the ability to consent to services. In addition, the Domestic Violence Office serves as a clearinghouse for information relating to domestic violence and provides supervision, direction, coordination, and administration of statewide activities related to the prevention of domestic violence.

Department of Children and Families Programs & Services Descriptions

Child Protection and Permanency includes investigation of reports of child abuse and neglect, assessment of child safety, in-home and out-of-home protective services to child victims of abuse/neglect, children's legal services, adoption placements and services, and post adoption services and supports. Services include community facilitation and development, home visiting programs, nurturing-parenting education, early intervention support services, respite services, counseling support services, preservation support services, follow-up care, intensive in-home intervention services, family team conferencing, and peer support groups. Services may be provided directly by the department or by contract or grant through other entities such as community based care lead agencies, sheriffs' offices, the Department of Legal Affairs, or state attorney offices.

The Florida Abuse Hotline receives, assesses and refers reports of alleged abuse, neglect and abandonment of children, and abuse, neglect and exploitation of vulnerable adults for investigation.

Executive Leadership & Support Services region, circuit, and headquarters staff provide direction and support to state and contracted direct services staff by developing rules and procedures, establishing of performance standards and objectives, developing allocation methodologies and providing direction on programmatic funding topics, conducting research and data analysis, procuring and managing contracts, and providing technical assistance and monitoring to ensure programs are implemented according to state and federal laws, rules, procedures, and best practices.

D Program: Mental Health

Chapters 394 and 916, F.S., provide direction for the delivery of mental health services for adults and children. These services include both acute and long-term mental health services, as well as oversight of state mental health treatment facilities and the Sexually Violent Predator Program. There are seven mental health treatment facilities—three operated by the state of Florida and four outsourced using contracts managed from the central office and local circuit staff. Three of the facilities serve individuals committed pursuant to the civil statute, chapter 394, F.S., three serve individuals committed pursuant to the forensic statute, chapter 916, F.S. as either incompetent to proceed or not guilty by reason of insanity, and one serves both civil and forensic individuals. All of the facilities serve people with severe and persistent mental illness who need more intensive services than can be provided in the community. These facilities work in partnership with local communities to provide mental health services and supports for adults with severe and persistent mental illness within a highly structured, in-patient residential setting.

1 Budget Entity/Service: Mental Health Services

The Violent Sexual Predator Program administers the post-incarceration civil commitment of sexually violent predators. The program provides for the review, screening, and evaluation of referrals, recommends commitment or release, and provides secure confinement, care and treatment for persons detained/committed under the Jimmy Ryce Act.

Adult Community Mental Health Services are provided primarily for adults with serious mental illnesses—adults with serious and acute episodes of mental illness, adults with mental health problems, adults with forensic involvement, or adults with severe and persistent mental illnesses. Services provided include emergency stabilization, residential services, case management, outpatient services, community support services, and assertive community treatment teams.

Children's Mental Health Services are provided to children 0-17 years of age who have an emotional disturbance, who have a serious emotional disturbance or who are experiencing an acute mental or emotional crisis. The services that are provided include but are not limited to case management, prevention services, home-based and school-based services, specialized services for infants, family therapy and support, respite, outpatient treatment, day treatment, crisis stabilization, therapeutic foster care, residential treatment, transitional and community supports.

Executive Leadership & Support Services staff in headquarters and regions are responsible for developing and managing service provision, contracts, licensure and budgetary issues relative to all state mental health programs.

Adult Mental Health Treatment Facilities—Persons committed based upon criteria in chapter 394 or 916, F.S., and have been determined to present substantial risk in the community due to dangerousness to self or others are provided inpatient services at state treatment facilities. Many have persistent mental illnesses which have typically not responded successfully to community-based treatment. Services include psychiatric assessment and treatment with psychotropic medication, health care services, individual and group therapy, individualized service planning, competency training and assessment, vocational and educational services, addiction services, rehabilitation therapy and enrichment activities.

Department of Children and Families Programs & Services Descriptions

E Program: Substance Abuse

Chapters 394 and 397, Florida Statutes, govern the provision of substance abuse services, and provide direction for a continuum of community-based prevention, intervention, treatment services, and detoxification. The Substance Abuse Program Office is also responsible for oversight of the licensure and regulation process of the substance abuse provider system. Staff at the local level is responsible for licensing public and private substance abuse providers.

1 Budget Entity/Service: Substance Abuse Services

Executive Leadership & Support Services staff in headquarters and regions responsible for managing service provision, developing and managing contracts, conducting licensing, and developing budgeting issues relative to the substance abuse programs. Contract funds at headquarters are used for statewide research and training initiatives.

Child Substance Abuse Prevention, employs Evaluation and Treatment Services as an array of assessment, detoxification, prevention, treatment and aftercare services provided to children 17 years of age and younger who are either at-risk of developing substance abuse problems or have been identified as having substance abuse problems.

Adult Substance Abuse Prevention, employs Evaluation and Treatment Services as an array of assessment, detoxification, prevention, treatment and aftercare services are provided to adults 18 years of age and older who are either at-risk of developing substance abuse problems or have been identified as having substance abuse problems.

F Program: Economic Self-Sufficiency

Working with local communities, to provide services to promote strong and economically self sufficient families. Provides needed assistance to local agencies and individuals to assist persons who have become homeless or at risk of becoming homeless. Provides federally funded benefits to newly arrived eligible refugees. Provided special assistance to persons who qualify for the Workforce Innovation Act of 2000 and provides Adult Congregate Living Facility Care Supplement and Foster Care Supplement and the Personal Care Allowance.

1 Budget Entity/Service: Economic Self Sufficiency Services

Comprehensive Eligibility Services provide for the timely processing of applications for public assistance, including cash, food stamps, Medicaid and disabled adult payments. Benefit recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost to client and agency error, including fraud. Additionally, the department maintains a front-end fraud prevention program to prevent cash assistance and food stamp fraud.

Executive Leadership & Support Services is the managerial oversight and assistance provided by the Economic Self-Sufficiency Program Office. It includes broad-based administrative services which involve the many initiatives that must be coordinated at the state level.

Services to the Most Vulnerable—Optional State Supplementation is a general revenue public assistance program that provides payments to supplement the income of indigent elderly and disabled individuals who can no longer live by themselves and who live in no institutional settings, such as assisted living facilities, adult family care homes or mental health residential treatment facilities. The Homelessness Program provides needed assistance to local agencies and individuals to serve both those homeless and those at risk of homelessness to restore them to suitable living conditions and self-sufficiency. The department provides cash and medical assistance, employment and social services to eligible refugee clients. The department provides for the effective resettlement of refugees by assisting them to achieve economic self-sufficiency as quickly as possible.

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
	EXECUTIVE LEADERSHIP	630.50	52,116,196	43,536,888	95,653,084	
	<u>Brief Description of Entity:</u> Encompassing the offices of Communications, Legislative Affairs, Legal Services, Appeal Hearings, the Inspector General, the Assistant Secretary for Administration and District Administration, the service provides direction and leadership for department employees. The Assistant Secretary for Administration provides support for program operations and encompasses functions related to administrative guidance and oversight, supports regions and headquarters staff in the areas of fiscal, budget, contract management, monitoring, and administration, and fiscal assets, and ensures statewide compliance and adherence to state and federal regulations. The demand for this type of service is directly related to the size and complexity of the department's programs. District Administration provides administrative support for region and circuit operations and provides executive leadership at the region and circuit level by implementing administrative, management and operational policies, generating information systems reports, and providing the communication linkages to local staff and the community.					
1	Salaries & Benefits	630.50	18,286,482	15,049,860	33,336,342	Costs associated with salaries and benefits for 630.5 full-time equivalent (FTE) positions.
2	Other Personal Services		355,408	79,199	434,607	Services rendered by a person who is not filling an established position.
3	Expenses		4,467,905	1,197,946	5,665,851	Usual, ordinary, and incidental operating expenditures.
4	Operating Capital Outlay		27,616	106,950	134,566	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
5	Acquisition/Motor Vehicles		-	20,000	20,000	Expenditures for Motor Vehicles.
6	Transfer To Division of Administrative Hearings		261,602	-	261,602	Payment to the Division of Administrative Hearings (DOAH) to resolve conflicts between private citizens and organizations and agencies of the state.
7	Contracted Services		548,670	730,725	1,279,395	Usual, ordinary, and incidental operating contractual expenditures.
8	Risk Management Insurance		679,451	96,291	775,742	Provides funding for the state self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
9	State Institutional Claims		40,498	-	40,498	Institutional claims are submitted to DCF from the Department of Legal Affairs for the reimbursement of medical expenses or damaged property caused by foster children or institutionalized individuals.
10	Deferred-Payment Commodity Contracts		6,520	2,272	8,792	Any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property contracts that require deferred payments and the payment of interest.
11	Lease or Lease-Purchase of Equipment		157,010	59,843	216,853	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
12	Transfer to DMS - Human Resources Services Purchased Per Statewide Contract		3,492,984	627,298	4,120,282	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
13	Data Processing Services - DCF Data Center		14,785,051	14,901,035	29,686,086	These services include, but are not limited to systems design, software development, or time-sharing by other governmental units or budget entities.
14	Data Processing Services - Southwood Shared Resource Center		7,000	42,001	49,001	This budget would provide funding to support a department system at the Southwood Shared Resource Center.
15	Data Processing Services - Northwood Shared Resource Center (NSRC)		8,949,802	9,310,232	18,260,034	The NSRC maintains a 7 days per week/24 hours per day operation offering hardware support, redundant power, back-up generators, and offsite disaster recovery.
16	Northwood Shared Resource Center (NSRC)- Depreciation		-	363,236	363,236	This funding is used to refresh computer servers.
17	Northwest Regional Data Center		50,197	-	50,197	This category provides information technology services.
18	Relief/Garcia-Bengochea		-	950,000	950,000	The appropriation in this category was established in Senate Bill 58 (ch 2009-244, L.O.F.) to pay the costs associated with the Garcia-Bengochea claim.
19	Relief/Kimberly Godwin		-	-	-	The appropriation in this category was established in Senate Bill 22 (ch 2002-310, L.O.F.) to pay the costs associated with the Kimberly Godwin claim.
	TOTAL: Executive Leadership	630.50	52,116,196	43,536,888	95,653,084	
	TOTAL PROGRAM	630.50	52,116,196	43,536,888	95,653,084	

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
	SUPPORT SERVICES	277.00		33,184,110	33,184,110	
	Budget Entity: Information Technology					
	Brief Description of Entity: The Office of Information Technology Services (OITS) provides technology services to internal and external customers by developing and maintaining operational and programmatic applications including applications such as the Florida On-Line Recipient Integrated Data Access System (FLORIDA), State Automated Child Welfare Information System (Florida Safe Families Network), Enterprise Client Index (ECI). In addition, OITS provides a variety of additional technology services including web Services, email administration, network administration, as well as supporting the department's technology operations.					
20	Salaries and Benefits	277.00	-	18,853,306	18,853,306	Costs associated with salaries and benefits for 277.00 full-time equivalent (FTE) positions.
21	Other Personal Services		-	463,333	463,333	Services rendered by a person who is not filling an established position
22	Expenses		-	4,794,218	4,794,218	Usual, ordinary, and incidental operating expenditures.
23	Operating Capital Outlay		-	48,898	48,898	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
24	Computer Related Expenses		-	8,955,435	8,955,435	Computer Related Expenses include purchases related to mainframe, mid-range and network support, which includes hardware, software, hardware and software maintenance, data processing supplies, data grade communication, contractual staff support, and travel and training to support changing technology.
25	Lease or Lease-Purchase of Equipment		-	20,291	20,291	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
26	Risk Management Insurance		-	48,629	48,629	Provides funding for the state self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
	TOTAL: Information Technology	277.00	-	33,184,110	33,184,110	
	TOTAL PROGRAM	277.00	-	33,184,110	33,184,110	

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
	FAMILY SAFETY	3,240.50	393,453,969	760,957,231	1,154,411,200	
	Budget Entity: Family Safety and Preservation					
	<u>Brief Description of Entity:</u> Child Care Regulation and Information includes the licensure and registration of licensed child care facilities and homes, and training for child care provider staff mandated by the Legislature. The Florida Abuse Hotline receives, assesses and refers reports of alleged abuse, neglect and abandonment of children, and abuse, neglect and exploitation of vulnerable adults for investigation. Upon receipt of a report of abuse, neglect, or exploitation of a vulnerable adult, an on-site investigation is initiated to determine if there is an indication of abuse, neglect, or exploitation; the individual(s) apparently responsible for the abuse, neglect, or exploitation; the immediate and long-term risks to the vulnerable adult; and the protective, treatment, and ameliorative services necessary to safeguard and ensure the vulnerable adult's well-being. Protective investigations also include the immediate provision, or arrangement for the provision of, protective services for vulnerable adults that consent to the services, or court ordered services for those lacking the ability to consent to services. The Domestic Violence Office serves as a clearinghouse for information relating to domestic violence and provides supervision, direction, coordination, and administration of statewide activities related to the prevention of domestic violence. Child Protection and Permanency includes investigation of reports of child abuse and neglect, assessment of child safety, in-home and out-of-home protective services to child victims of abuse/neglect, children's legal services, adoption placements and services, and post adoption services and supports. Services include community facilitation and development, home visiting programs, nurturing-parenting education, early intervention support services, respite services, counseling support services, preservation support services, follow-up care, intensive in-home intervention services, family team conferencing, and peer support groups. Services may be provided directly by the department or by contract or grant through other entities such as community based care lead agencies, sheriffs' offices, the Florida Attorney General, or state attorney offices. Executive Direction and Support region, circuit, and headquarters staff provide direction and support to state and contracted direct services staff by developing rules and procedures, establishing of performance standards and objectives, developing allocation methodologies and providing direction on programmatic funding topics, conducting research and data analysis, procuring and managing contracts, and providing technical assistance and monitoring to ensure programs are implemented according to state and federal laws, rules, procedures, and best practices.					
27	Salaries and Benefits	3,240.50	64,455,298	117,760,463	182,215,761	Costs associated with salaries and benefits for 3,240.50 full-time equivalent (FTE) positions.
28	Other Personal Services		1,061,295	6,033,932	7,095,227	Services rendered by a person who is not filling an established position.
29	Expenses		11,414,910	19,262,029	30,676,939	Usual, ordinary, and incidental operating expenditures.
30	Operating Capital Outlay		22,457	26,973	49,430	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
31	Home Care/Disabled Adults		2,219,860	-	2,219,860	The Home Care for Disabled Adults program provides case management services and a small financial subsidy to those families or friends providing in-home care to adult persons with disabilities who would otherwise be placed in nursing homes or institutions.
32	G/A-Community Care/Disabled Adults		2,041,955	-	2,041,955	The Community Care for Disabled Adults (CCDA) program assists functionally impaired disabled adults (18-59) to live in their own homes through the provision of, or linkage to, in-home services. Services include: adult day care; adult day health care; case management; chore service; emergency alert/response; escort service; group activity therapy; home delivered meals; home health aide; homemaker services; home nursing services; interpreter services; medical equipment/supplies; personal care; physical and/or mental examination; transportation; and medical therapeutic services.
33	Contracted Services		3,079,856	3,964,373	7,044,229	Usual, ordinary, and incidental operating contracted expenditures. Includes: Lauren's Kids/Child Sexual Abuse Awareness and Education... \$500,000 Camps for Champions (Myron Rolle Wellnss/Leadrsbp Academy)...\$100,000
34	G/A-Grants to Sheriffs for Protective Investigations		19,654,666	26,330,926	45,985,592	The G/A-Grants to Sheriffs for Protective Investigations category is used by the department to award grants to the sheriffs of Hillsborough, Manatee, Pasco, Pinellas, Broward, and Seminole Counties for the performance of child protective investigations as mandated in s. 39.3065, F.S.
35	G/A-Domestic Violence Program		5,164,596	25,542,745	30,707,341	The Domestic Violence Program certifies and funds Florida's domestic violence centers, which provide emergency shelter, hotline services, counseling, child assessments, case management, information and referral, community education and professional training. In addition, the program manages other state and federal funds for the development and implementation of policy, training, and technical assistance for the public purpose of preventing and responding to domestic violence.

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
36	Home/Community Services Waiver		20,828,176	28,445,957	49,274,133	This program provides case management, personal care, homemaker, chore and adult day health care to low income adults aged 18 to 59 meeting certain criteria to prevent nursing home placement. The department transfers the state share to the Agency for Health Care Administration for payment to providers.
37	G/A-Child Abuse Prevention & Intervention		9,618,126	6,496,203	16,114,329	The activities include prevention/intervention services for the general population and high risk families through voluntary, community-based services and the Healthy Families program provided through a contract with the Ounce of Prevention.
38	G/A-Child Protection		6,293,386	26,629,248	32,922,634	Funds are to be used to ensure the protection of children in child care through a comprehensive licensing and training program, as well as the provision of information to parents regarding available early education resources in the community, Child Welfare Legal Services, Independent Living policy coordinator, One Church One Child and adoption services contracts.
39	Risk Management Insurance		5,885,002	2,022	5,887,024	Provides funding for the state self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
40	Temporary Emergency Shelter Services		203,527	-	203,527	The Temporary Emergency Shelter category is designed to care for aged and/or disabled adults and victims of abuse, neglect or exploitation when it can be documented through the adult protective services investigation process that the victim will suffer, or be in danger of suffering, from abuse, neglect or exploitation unless emergency services are provided. These funds may be used for any emergency services need of a victim as identified by a protective investigator.
41	G/A-Family Foster Care		4,000,000	-	4,000,000	Payments are made to providers for the children's food, shelter, medical services not covered by Medicaid, clothing, allowances, and respite while the children are in out of home placements. The funds are transferred to the Agency for Health Care Administration for the Statewide Inpatient Psychiatric Program and psychiatric Residential Group Care beds.
42	G/A-Residential Group Care		92,339	2,314,906	2,407,245	This category covers the costs for children in non-psychiatric residential group care. Payments are made to providers for the children's food, shelter, medical services not covered by Medicaid, clothing, allowances, and respite while the children are in out of home placements. Non-psychiatric residential group care is a component of the out of home care placements. These placements are intended to provide for the needs of children who cannot function in a regular foster home setting.
43	G/A-Emergency Shelter Care		3,690	276,074	279,764	This category covers the cost for children in emergency shelter. Payments are made to providers for the children's food, shelter, medical services not covered by Medicaid, clothing, allowances, and respite while the children are in emergency shelter placements. The emergency shelter care costs include contract payments for agency operated shelters, bed subsidy payments, and board payments to either a family shelter or an agency operated shelter. Flexible spending for services which will prevent the removal of a child (in home support services to clients in protective services) or for services which might facilitate a quicker reunification, are also allowed in this category, including housing, essential furniture, transportation services, food, clothing, medical treatment, counseling, parent education, drug screenings, psychological evaluation, and child care.
44	Deferred Payment Commodity Contracts		5,477	7,267	12,744	Any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property contracts that require deferred payments and the payment of interest.
45	Lease or Lease Purchase of Equipment		319,231	595,044	914,275	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
46	Transfer to DMS - Human Resources Services Purchased Per Statewide Contract		2,935	14,141	17,076	Provides funding for the People First Human Resources contract administered by the Department of Management Services.

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
47	G/A - Community Based Care		237,087,187	497,254,928	734,342,115	Funds provided for in Grants and Aids-Community Based Care Funds for Providers of Child Welfare Services are appropriated for the purpose of consolidating funding for foster care and related services, including independent living services, delivered by the community based care providers (s. 409.1671, F.S.).
	TOTAL: Family Safety & Preservation	3,240.50	393,453,969	760,957,231	1,154,411,200	
	TOTAL PROGRAM	3,240.50	393,453,969	760,957,231	1,154,411,200	

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
	MENTAL HEALTH	3,114.00	563,691,055	142,219,793	705,910,848	
	Budget Entity: Mental Health Services					
	<p><u>Brief Description of Entity:</u> The Violent Sexual Predator Program administers the post-incarceration civil commitment of sexually violent predators. The program provides for the review, screening, and evaluation of referrals, recommends commitment or release, and provides secure confinement, care and treatment for persons detained/committed under the Jimmy Ryce Act. Adult Community Mental Health Services are provided primarily for adults with serious mental illnesses--adults with serious and acute episodes of mental illness, adults with mental health problems, adults with forensic involvement, or adults with severe and persistent mental illnesses. Services provided include emergency stabilization, residential services, case management, outpatient services, community support services, and assertive community treatment teams. Children's Mental Health Services are provided to children 0-17 years of age who have an emotional disturbance, who have a serious emotional disturbance or who are experiencing an acute mental or emotional crisis. The services that are provided include but are not limited to case management, prevention services, home-based and school-based services, specialized services for infants, family therapy and support, respite, outpatient treatment, day treatment, crisis stabilization, therapeutic foster care, residential treatment, transitional and community supports. Program Management and Compliance staff in headquarters and regions are responsible for developing and managing service provision, contracts, licensure and budgetary issues relative to all state mental health programs. There are seven mental health treatment facilities – three operated by the state of Florida and four outsourced using contracts managed from the central office and local circuit staff. Three of the facilities serve individuals committed pursuant to the civil statute, Chapter 394, F.S., three serve individuals committed pursuant to the forensic statute, Chapter 916, F.S. as either incompetent to proceed or not guilty by reason of insanity, and one serves both civil and forensic individuals. All of the facilities serve people with severe and persistent mental illness who need more intensive services than can be provided in the community. These facilities work in partnership with local communities to provide mental health services and supports for adults with severe and persistent mental illness within a highly structured, in-patient residential setting.</p>					
48	Salaries and Benefits	3,114.00	91,087,362	56,786,161	147,873,523	Costs associated with salaries and benefits for 3,114.00 full-time equivalent (FTE) positions.
49	Other Personal Services		1,376,493	654,379	2,030,872	Services rendered by a person who is not filling an established position:
50	Expenses		13,058,106	1,856,340	14,914,446	Usual, ordinary, and incidental operating expenditures.
51	Operating Capital Outlay		387,630	377,471	765,101	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
52	Food Products		3,386,854	-	3,386,854	Food consumed and purchased in state-run facilities that provide housing to individuals; also used to acquire contracted food service in the agency's institutional facilities.
53	G/A-Children's Mental Health Services		24,964,979	20,921,590	45,886,569	<p>Children with serious emotional disturbances, emotionally disturbed children and children at risk of serious emotional disturbance may receive the following services: assessment, case management, crisis stabilization, emergency crisis support, day treatment, in-home and on-site services, inpatient, intensive case management, intervention services, medical services, outpatient services, prevention/intervention services, residential services, respite, sheltered employment, supported employment, and supported housing/living services. The Juvenile Incompetent to Proceed program provides services to children accused of felonies who have been declared by circuit courts as incompetent to proceed due to mental illness or mental retardation.</p> <p>Includes: Children Crisis Stabilization Unit (David Lawrence Center)...\$286,781 Children's Comprehensive Behavioral Services... \$270,000 Manatee Glen's Children's Baker Act...\$432,516 New Horizons Children's Crisis Unit...\$240,000</p>

**Department of Children and Families
FY 2013-14 Base-Budget Review Details**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
54	G/A-Community Mental Health Services		168,549,811	38,481,497	207,031,308	<p>Adults with psychiatric disabilities and persons with forensic issues receive services to help them remain in the community in the least restrictive setting possible. Authorized services for these populations include the following: assessment, case management, crisis stabilization, crisis support, day/night, drop-in/self-help centers, in-home and on-site services, intensive case management, medical services, outpatient, outreach, residential levels 1 through 4, respite services, sheltered employment, supported employment and supported housing. Additional expenditures arising from the <i>Johnson v. Butterworth</i> lawsuit are allowed, which can only be incurred by the SunCoast and Central Florida regions and Headquarters for the cost of court appointed monitors and their counsel, and counsel retained by the state, including travel, supplies, court reporters, mediators, and professional fees.</p> <p>Includes: Apalachee Crisis Stabilization Unit...\$1,961,640 Apalachee Center...\$56,000 Camillus Life Center/Camillus House...\$250,000 Charlotte Community Mental Health...\$90,000 Citrus Health Network...\$455,000 Community Domiciliary Project -Serenity House...\$305,100 Douglas Garden Community Mental Health Center-HIV/AIDS...\$315,000 Family Emergency Treatment Center...\$1,715,000 Florida Assertive Community Treatment Team...\$711,000 Lifestream Crisis Stabilization Unit... \$400,000 Mental Health Care Crisis Stabilization Unit...\$850,421 Mental Health Care, Inc...\$883,300 Miami Behavioral Health Center - Uninsured...\$250,000 Miami Dade Homeless Trust...\$180,000 Miami-Dade Forensic Alternative Center...\$1,596,282 Pinellas Receiving Center...\$250,000 Renaissance Manor...\$90,000 Ruth Cooper Center Crisis Stabilization Unit...\$362,000 Seminole County Crisis Stabilization Unit... \$400,000 Short-Term Treatment Residence (Alternative to State Hospitalization)...\$225,000 The Village...\$300,000 Wayne Densch Center...\$180,000</p>
56	G/A-Baker Act Services		62,333,949	-	62,333,949	<p>Adults with a psychiatric disability, persons with forensic involvement, and mentally ill persons who are a danger to self or others receive acute care services in lieu of incarceration and hospitalization. Services include crisis support, crisis stabilization and inpatient services, as well as the cost of educational and training events and materials necessary for proper implementation of the Baker Act (part I, chapter 394, F.S.).</p>
57	G/A-Outpatient Baker Act		500,000	-	500,000	<p>These community services are provided to adults with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. Authorized services include crisis support and treatment provided in crisis stabilization units, short-term residential treatment programs, services from mobile crisis, outpatient crisis intervention, and outreach/referral. These activities provide immediate support to adults with severe and persistent mental illness, adults with acute crisis episode, and adults with forensic involvement in community programs designed to avert more restrictive level of care, such as longer-term inpatient and/or incarceration.</p> <p>Includes: Outpatient Baker Act Pilot Program...\$500,000</p>
58	Contracted Services		6,561,931	1,479,477	8,041,408	<p>Usual, ordinary, and incidental operating contractual expenditures.</p> <p>Includes: Beaver Street Enterprise Center...\$900,000</p>
59	G/A-Contracted Services		31,479,083	4,775,081	36,254,164	<p>Funds are used to provide services at the Florida Civil Commitment Center.</p>

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
60	G/A-Contracted Professional Services		96,733,100	13,467,628	110,200,728	Eligible expenditures include contracts for professional services such as speech, occupational and physical therapy, legal services, dental care, nursing/medical care, psychological services, behavioral evaluations and diagnostic tests, and staff training. Expenditures also include outsourced facilities (South Florida Evaluation & Treatment Center, South Florida Hospital, Treasure Coast Forensic Treatment Center and Lakeview Center).
61	Purchase of Therapeutic Services for Children		8,911,958	-	8,911,958	These services are provided to Medicaid eligible children under age 21 with serious emotional disturbances who are victims of abuse or neglect, and determined by the Department of Children and Families, Office of Child Welfare/Community Based Care or their contracted community based care provider to require out-of-home care. Services are also available to children who have committed acts of juvenile delinquency and are suffering from serious emotional disturbance when they have been adjudicated delinquent and committed to the Department of Juvenile Justice for care in a court-ordered, low-risk residential community commitment setting. Residential treatment services may include Specialized Therapeutic Foster Care (level I and II). Crisis services and comprehensive assessment may also be provided with these funds.
62	G/A-Indigent Psychiatric Medicine Program		6,780,276	-	6,780,276	Funds are provided for adults in the community with mentally illness who are a danger to self or others and in need of various medications. Services include medications and any related lab tests.
63	Prescribed Medicine/Drugs		8,633,889	2,777,953	11,411,842	Funds are provided for persons with forensic issues and mentally ill persons in the community who are a danger to self or others and in need of medication. Services include prescriptions, medications and any related lab tests.
64	G/A-Purchased Residential Treatment Services for Emotionally Disturbed Children/Youth		20,057,711	-	20,057,711	This category provides funding for services rendered to children with mental health needs who are victims of abuse and are in the physical care or custody of the state or at high risk of out-of-home placement. The priority for the use of these funds is to provide wraparound services and supports that are part of the child's mental health treatment plan that are not otherwise available to these children. These funds may also be used to serve the treatment needs of immediate family and household members provided that the services are not available through other sources, and are determined necessary to prevent the out-of-home placement of the child. These funds may be used in non-traditional ways to meet client treatment needs such as outings, clothing, educational materials, etc., when specified in treatment plans.
65	Risk Management Insurance		6,499,165	599,412	7,098,577	Provides funding for the state self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.
66	Salary Incentive Payments		90,969	-	90,969	Funds are used for specialized training and perquisites for security staff. This training is geared to provide certification programs for institution security officers. Criminal Justice incentive pay is for security staff represented by the Florida Police Benevolent Association.
67	G/A-Children's Baker Act		11,271,460	-	11,271,460	Children with a psychiatric disability, children with forensic issues, and mentally ill children who are a danger to self or others receive acute care services in lieu of incarceration and hospitalization. Services include crisis support, crisis stabilization, inpatient services and mobile crisis.
68	Lease or Lease-Purchase of Equipment		283,373	40,295	323,668	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
69	Deferred Payment Commodity Contracts		716,733	1,978	718,711	Any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property contracts that require deferred payments and the payment of interest.
70	Transfer to DMS - Human Resources Services Purchased Statewide Contract		26,223	531	26,754	Provides funding for the People First Human Resources contract administered by the Department of Management Services.
	TOTAL: Mental Health Services	3,114.00	563,691,055	142,219,793	705,910,848	

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
	TOTAL PROGRAM	3,114.00	563,691,055	142,219,793	705,910,848	

**Department of Children and Families
FY 2013-14 Base-Budget Review Details**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
	SUBSTANCE ABUSE	40.00	80,111,996	116,445,455	196,557,451	
	Budget Entity: Substance Abuse Services					
	<u>Brief Description of Entity:</u> Program Management and Compliance staff in headquarters and regions responsible for managing service provision, developing and managing contracts, conducting licensing, and developing budgeting issues relative to the substance abuse programs. Contract funds at headquarters are used for statewide research and training initiatives. Child Substance Abuse Prevention, Evaluation and Treatment Services are an array of assessment, detoxification, prevention, treatment and aftercare services that provided to children 17 years of age and younger who are either at-risk of developing substance abuse problems or have been identified as having substance abuse problems. Adult Substance Abuse Prevention, Evaluation and Treatment Services are an array of assessment, detoxification, prevention, treatment and aftercare services are provided to adults 18 years of age and older who are either at-risk of developing substance abuse problems or have been identified as having substance abuse problems.					
71	Salaries and Benefits	40.00	777,331	1,980,610	2,757,941	Costs associated with salaries and benefits for 40.00 full-time equivalent (FTE) positions.
72	Other Personal Services		84,736	1,063,784	1,148,520	Services rendered by a person who is not filling an established position:
73	Expenses		224,324	511,294	735,618	Usual, ordinary, and incidental operating expenditures.
74	Operating Capital Outlay		318	667	985	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
75	G/A-Child/Adolescent Substance Abuse Services		38,569,619	32,131,693	70,701,312	The G/A-Children and Adolescent Substance Abuse Services category provides funds for alcohol and drug prevention, intervention, and treatment services to children and adolescents aged 17 or younger who are involved with, or are at risk of becoming involved with, alcohol or other drugs. Services for children and/or adolescents are generally delivered through contracts with community-based, substance abuse providers. <u>Includes:</u> Adolescent Residential Substance Abuse Treatment...\$900,000 Compass Program...\$325,000 DACCO- Drug Abuse Comprehensive Coordinating Office...\$250,000 First Step- Mothers and Infants Program...\$278,100 FI Certification Board (formerly Subst Abuse Prev/Train Ctr)...\$200,000 Here's Help...\$200,000 Phoenix House...\$500,000 Roots N Wings - Child Adolescent...\$22,500 Stewart Marchman Treatment Center...\$141,000 Substance Abuse Prevention Initiatives...\$327,250 The Starting Place...\$405,000 The Village - Dually Diagnosed Girls...\$400,000 The Village - Substance Abuse Treatment Ctr for Girls...\$100,000

**Department of Children and Families
FY 2013-14 Base-Budget Review Details**

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
76	G/A-Community Substance Abuse Services		38,625,696	77,046,868	115,672,564	<p>This category provides funds for alcohol and drug prevention, intervention and treatment services to adults aged 18 and older who are involved with, or are at risk of becoming involved with, alcohol or other drugs. Services are generally delivered through community based substance abuse service providers.</p> <p>Includes: AGAPE...\$250,000 Circles of Care - Adult Substance Abuse...\$400,000 Coconut Grove Behavioral Center...\$180,000 Community Substance Abuse-New Beginnings Program...\$135,000 Community Substance Abuse - Stewart Marchman Center...\$938,895 Drug Free Living - Brevard...\$500,000 Drug Free Living - Orange...\$725,000 Emergency Waiting List Reduction Program...\$90,000 First Step - Mothers and Infants Program...\$278,100 Haven Recovery House (formerly Serenity House)...\$543,000 New Horizons Dual Diagnosis...\$90,000 Outreach to the Elderly for Medical Compliance...\$180,000 Passage Way Aftercare Project...\$180,000 Project WARM - Recovering Mother...\$300,000 River Regions Services-Women's HIV and Substance Abuse...\$250,000</p>
77	Contracted Services		1,714,942	770,909	2,485,851	<p>Usual, ordinary, and incidental operating contractual expenditures.</p> <p>Includes: Community Substance Abuse -Addiction Treatment Services...\$81,900 Women Assisting Recovering Mothers (Project WARM)...\$1,245,000</p>
78	G/A-Contracted Services		67,863	2,932,226	3,000,089	<p>This category is used for program evaluation, analysis support and guidance of substance abuse services provided to children, adolescents and adults through contracts with community-based substance abuse service providers.</p>
79	Lease or Lease-Purchase of Equipment		7,896	6,942	14,838	<p>This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.</p>
80	Risk Management Insurance		36,361	-	36,361	<p>Provides funding for the state self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.</p>
81	Transfer to DMS - Human Resources Services Purchased Statewide Contract		2,910	462	3,372	<p>Provides funding for the People First Human Resources contract administered by the Department of Management Services.</p>
	TOTAL: Substance Abuse Services	40.00	80,111,996	116,445,455	196,557,451	
	TOTAL PROGRAM	40.00	80,111,996	116,445,455	196,557,451	

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
	ECONOMIC SELF-SUFFICIENCY	4,499.50	273,345,772	268,236,711	541,582,483	
	Budget Entity: Economic Self Sufficiency Services					
	Brief Description of Entity: Comprehensive Eligibility Services provide for the timely processing of applications for public assistance, including cash, food stamps, Medicaid and disabled adult payments. Executive Leadership and Support Services is the managerial oversight and assistance provided by the Economic Self-Sufficiency Program Office. It includes broad-based administrative services that involve many initiatives that must be coordinated at the state level. Benefit recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost to client and agency error, including fraud. Additionally, the department maintains a front-end fraud prevention program to prevent cash assistance and food stamp fraud. Optional State Supplementation is a general revenue public assistance program which provides payments to supplement the income of indigent elderly and disabled individuals who can no longer live by themselves and who live in non-institutional settings, such as assisted living facilities, adult family care homes or mental health residential treatment facilities. Recipients of Optional State Supplementation require assistance with the activities of daily living due to their advanced age, physical and/or mental conditions. The Homelessness Program provides needed assistance to local agencies and individuals to serve both those homeless and those at risk of homelessness to restore them to suitable living conditions and self-sufficiency. The department provides cash and medical assistance, employment and social services to eligible refugee clients. The department provides for the effective resettlement of refugees by assisting them to achieve economic self-sufficiency as quickly as possible.					
82	Salaries and Benefits	4,499.50	100,727,527	89,922,286	190,649,813	Costs associated with salaries and benefits for 4,499.5 full-time equivalent (FTE) positions.
83	Other Personal Services		1,447,103	1,791,348	3,238,451	Services rendered by a person who is not filling an established position.
84	Expenses		16,403,324	18,275,035	34,678,359	Usual, ordinary, and incidental operating expenditures.
85	Operating Capital Outlay		1,393	27,857	29,250	Equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature costing more than \$1,000 per item.
86	G/A-Challenge Grants		-	-	-	Section 420.622(4), F.S., specifies that Challenge Grants are awarded to lead agencies for homeless assistance continuums of care designated by the State Office of Homelessness. A lead agency may be a local homeless coalition, municipal or county government, other public agency or private, not-for-profit corporation. Such grants may be up to \$150,000 per lead agency.
87	G/A-Federal Emergency Shelter Program		-	5,464,591	5,464,591	This category provides funds to client providers associated with the Homeless Grant-In-Aid Program, Emergency Financial Assistance for Housing (EFAHP) and Federal Emergency Shelter Grant Program. Allowable expenditure disbursements under this category include emergency shelter services and activities, homeless prevention services, and services and activities related to section 420.625, F.S.
88	Contracted Services		19,412,800	20,463,821	39,876,621	Usual, ordinary, and incidental operating contractual expenditures, including the Electronic Benefit Transfer Account Management and the FDLE Public Assistance Fraud contracts.
89	G/A-Contracted Services		744,184	4,242,678	4,986,862	Contracts associated with ACCESS Florida projects of statewide significance and Homeless Coalitions.
90	G/A-Local Services Program		-	64,742,633	64,742,633	The Local Services Program provides employment services, child care, education, medical, legal services, and family and youth services for refugees/entrants. The services are provided via contracts with private providers, volunteer agencies and local governments.
91	Public Assistance Fraud Contract		264,804	4,222,996	4,487,800	This category provides budget for a contract with the Florida Department of Law Enforcement, Division of Public Assistance Fraud. This contract funds investigative services to locate fraudulent public assistance clients for possible litigation. The Front-End Fraud Prevention program also has funding for contracts in this category.
92	Risk Management Insurance		1,986,345	1,078,670	3,065,015	Provides funding for the state self-insurance program administered by the Department of Financial Services, including general liability, worker's compensation, automobile and civil rights insurance.

Department of Children and Families
FY 2013-14 Base-Budget Review Details

	Program	FTE	General Revenue	Trust Funds	Total All Funds	Explanation
93	Services to Repatriated Americans		-	40,380	40,380	This category provides temporary assistance for medical needs, relocation, food and shelter of United States citizens or their dependents who have returned from a foreign country because of illness, war, threat of war or similar crisis and who are destitute. Allowable expenditure disbursements under this category include care and subsistence for medical services, vendor services, client benefits/allowances, travel and general expenses.
94	Deferred Payment Commodity Contracts		7,273	7,529	14,802	Any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property contracts that require deferred payments and the payment of interest.
95	Transfer to DMS - Human Resources Services Purchased Statewide Contract		-	58,617	58,617	Provides funding for the People First human resources contract administered by the Department of Management Services.
96	Cash Assistance		113,337,400	42,101,885	155,439,285	This category provides temporary cash assistance to needy families as authorized under the Workforce Innovation Act of 2000.
97	Optional State Supplementation Program		18,158,881	-	18,158,881	The Optional State Supplementation (OSS) Program provides cash assistance for aged, blind, or disabled individuals who can no longer live alone and need placement in an alternative setting such as an Assisted Living Facility (ALF), Adult Family Care Home (AFCH), or residential facility. Allowable expenditures for this category are restricted to Care and Subsistence Optional Supplementation Room and Board payments (supplemental payments that pay for the costs of caring for the clients).
98	Lease or Lease-Purchase of Equipment		510,282	564,650	1,074,932	This special category provides funding for the lease or lease-purchase of equipment that may be required by the department.
99	Personal Care Allowance		344,456	-	344,456	The Personal Care Allowance is a \$5 monthly supplement to the personal needs allowance of SSI recipients in nursing homes. This is added to the \$30 provided by the federal government.
100	Refugee/Entrant Assistance		-	15,231,735	15,231,735	This category provides for direct assistance and social services to legal refugees, regardless of national origin.
	TOTAL: Economic Self Sufficiency Services	4,499.50	273,345,772	268,236,711	541,582,483	
	TOTAL PROGRAM	4,499.50	273,345,772	268,236,711	541,582,483	

Department of Children and Families
Trust Funds

#	Trust Fund	Statutory Authority	Statutory Purpose of Trust Fund	Specific Revenue Source(s)	Activities Currently Funded	2013-14 Base Budget
1	Administrative Trust Fund	ss.17.61(3)(d)(3), 20.195(1), and 215.32(2)(b)(2)(c), F.S.	Administrative activities of the department	Federal grant funds from indirect recoveries	Executive Direction and Support Services	\$ 22,663,186
2	Alcohol, Drug Abuse & Mental Health Trust Fund	ss. 20.195(2), F.S.	Providing mental health or substance abuse treatment and support services to department clients	Federal block grants for mental health and substance abuse services	Mental health & substance abuse services to adults, adolescents and children	\$ 120,188,036
3	Child Welfare Training Trust Fund	ss. 20.195(3) and 402.40(4)(a), F.S.	Providing a comprehensive system of child welfare training	Distributions from dissolution of marriages and certification of birth fees and non-criminal traffic infractions fines	Child welfare training for family safety, sheriffs and community based care provider staff	\$ 2,829,097
4	Domestic Violence Trust Fund	ss. 20.195(4), and s. 741.01(2), F.S.	Supporting domestic violence centers	Distributions from marriage license and dissolution of marriage fees, and monetary assessment or fines on domestic violence injunctions	Domestic violence centers that provide temporary emergency shelter, information and referral, counseling, and educational services	\$ 6,991,770
5	Federal Grants Trust Fund	ss. 20.195(6) and 215.32(2)(b)(2)(d), F.S.	Supporting allowable grant activities funded by restricted program revenues from federal sources	Various federal grants, including Foster Care, Adoption Assistance, Refugee Assistance, Medicaid, Food Stamps, and Emergency Shelter	Refugee assistance, child welfare, adult protection, public assistance, mental health & substance abuse services	\$ 700,495,556
6	Grants & Donations Trust Fund	ss. 20.195(6) and 215.32(2)(b)(2)(d), F.S.	Supporting allowable grant or donor agreement activities funded by restricted contractual revenue from private and public nonfederal sources	Various non-federal grants and donations	Child advocacy centers, substance abuse & mental health local matching grant program, provider funded positions for eligibility determination	\$ 4,910,245
7	Operations & Maintenance Trust Fund	ss. 20.195(7) and 215.32(2)(b)(2)(b), F.S.	Providing a depository for client services funded by third-party payors.	Distributions from liquor license fees, day care license fees, client fees, and third party collections	Child welfare, mental health & substance abuse services	\$ 20,627,117
8	Social Services Block Grant Trust Fund	s. 20.195(8) and s. 215.32, F.S.	Providing health care and support services to department clients	Federal block grant; transfers from the Temporary Assistance for Needy Families Block Grant	Child welfare	\$ 83,863,827
9	Tobacco Settlement Trust Fund	s. 20.195(9), F.S.	Providing health care and support services to department clients	Tobacco Settlement funds transferred from Department of Financial Services	Child welfare, mental health & substance abuse services	\$ 132,233,530
10	Welfare Transition Trust Fund	ss. 20.195(10) and 20.506, F.S.	Providing services to individuals eligible for Temporary Assistance for Needy Families (TANF) pursuant to the requirements and limitations of part A of Title IV of the Social Security	Federal block grant	Child Welfare, mental health & substance abuse services, public assistance, domestic violence services	\$ 236,593,714
11	Working Capital Trust Fund	ss. 20.195(11), 215.32(2)(b)(2)(e), and 216.272, F.S.	Supporting the operation of the department's Office of Information Technology	Funds transferred from the DCF Office of Information Technology customers	Data processing services	\$ 33,184,110

Community Issue Performance Evaluation

1. State Agency: Florida Department of Children and Families

2. State Program (or Type of Program): Statewide public awareness campaign and an educational initiative for the prevention of childhood sexual abuse. The initiative will include the development and distribution of curricula and outreach strategies. This contract is also purchasing an evaluation of the Safer, Smarter Kids™ curriculum.

3. Project Title: Lauren’s Kids

4. Recipient name and address: Lauren Brook
18851 N.E. 29th Avenue
Aventura, FL 33180

Location county/counties: Miami-Dade

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: 501 (C)(3) Organization – a private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$500,000	\$0	\$500,000	322

7. FY 2012-13 GAA proviso specifically associated with the project (if any): From the Funds in Specific Appropriation 322, the sum of \$1,497,091 from the General Revenue Fund of which \$500,000 is recurring and shall be provided to Lauren’s Kids for awareness and education programs for the prevention of childhood sexual abuse.

8. Project Purpose/Description: To prevent childhood sexual abuse through education and awareness efforts for youths residing in Florida, vulnerable adults including those with disabilities and/or associated with the foster care system, caregivers and education and service agencies.

9. Number of years this project has received state funding: Funding has been allocated for State Fiscal Year 2012-2013 only.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. In early 2011, the Department embarked on a new direction to transform Florida’s child welfare system of care. Transformation is the heart of the Department’s initiative to protect children through education, innovation, public awareness, and improved community partnerships. Child Protection (HB 803) and Protection of Vulnerable Persons (HB 1355) authorize the Department to provide a continuing education program to better identify and report child abuse and neglect to

elementary, middle and high school teachers.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. This contract provides the Department an opportunity to partner with Lauren's Kids to reach transformative and common goals and objectives raising the public's awareness of reporting child abuse, sexual abuse, and neglect and providing continuing education to teachers about recognizing and reporting child abuse to protect children.

12. What are the intended outcomes/impacts and benefits of the project? The contract will help

accomplish these goals through a collaborative enterprise that will raise the public's awareness of the Florida Abuse Hotline and provide school teachers throughout Florida enhanced tools and techniques to better spot and report abuse.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

- (a) At Least 90% of the users of the Safer, Smarter Kids Curriculum who completes the web-based survey shall find the information useful in their work with youth.
- (b) At least 90% of the users of the Safer, Smarter Kids Curriculum who completes the web-based survey shall feel competent to present Safer, Smarter Kids to youth.
- (c) At least 90% of the total participants who complete the Safer, Smarter Kids Curriculum training shall indicate a greater understanding of the prevalence of childhood sexual abuse and the need to report it.
- (d) At least 10% of the Campaign paid media will be matched or donated.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

- (a) Users of the Safer, Smarter Kids Curriculum shall be instructed to complete the web-based survey. The Provider shall collect data on the total number of users of the Safer, Smarter Kids Curriculum the total number and scoring of users who complete the web-based survey.
- (b) The total dollar amount of match and donations for Campaign paid media shall be calculated and be at least 10% of the total funding for paid media under this contract.

15. Is there an executed contract between the agency and the recipient? Yes, effective August 27, 2012

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Output measures are listed but funds are not allocated to the Provider for performance requirements.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The unit costs of this contract are comparable to a similar contract (LJ908 – Adoption

Public Awareness Campaign) in which the tasks include a campaign with paid and earned media, marketing and printing costs.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): This contract is still in start-up phase and the performance data collection has not been implemented as such. The provider is meeting all other contract expectations timely and sufficiently.

19. Describe how the information upon which the answer above is based was obtained and validated: N/A

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? At least 10% (\$42,464.20) of the Campaign paid media will be matched or donated.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Johana Hatcher

Title: Prevention Manager

Phone number and email address: 850.717.4658 Johana_Hatcher@dcf.state.fl.us

Date: January 7, 2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Child Protection and Prevention

3. Project Title: Myron Rolle Wellness and Leadership Academy

4. Recipient name and address: The Myron L. Rolle Foundation, PO Box 284, Princeton, NJ 08542

Location county/counties: Statewide project

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$100,000	\$0	\$100,000	322

7. FY 2012-13 GAA proviso specifically associated with the project (if any):

From the funds in Specific Appropriation 322, the sum of \$100,000 from the General Revenue Fund is provided for the Myron Rolle Wellness and Leadership Academy.

8. Project Purpose/Description:

Goals: To increase the knowledge and the ability for the youth to make healthy life choices. To provide them with tools (life skills, soft/hard skills) that will help them be a better person (in school, individual and next step in life). To identify positive role models and equip them with the knowledge to maintain physical and mental wellness. /The Myron Rolle Wellness and Leadership Academy will identify at least 100 young men and women between the ages of 12 and 16 in the Florida out-of-home care system to participate in a four day, three night summer Academy led by the Foundation and partners. The Academy will include mentoring, personal interactions, team building skills, empowerment sessions, leadership opportunities and enjoyable events appropriate for the age group. The Academy is designed to be fun, educational, and a steppingstone to the future for the young adults as they interact with strong role models exemplifying healthy choices in life.

9. Number of years this project has received state funding: Two (2)

10. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain): Yes, the program serves foster youth by giving them an opportunity to interact with short/long-term mentors, celebrities and role models to help shape positive life choices and a sense of normalcy through personal interactions and uniquely designed activities.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): Yes, as noted, many of our youth are labeled as at-risk and can be void of positive role models and life experiences. Components of this Wellness and Leadership Academy seeks to fill this void by taking a holistic approach to make sure all involved leave with anew desire to be a more productive individual in all areas of life.

12. What are the intended outcomes/impacts and benefits of the project? To demonstrate the impact of positive individual choices and the effect of healthy life style choices (nutrition, health and wellness, physical fitness and motivation from elite athletes and role models). To help build self-esteem, confidence and strengthen necessary life skills this population will depend on in life. To expose and introduce youth to positive opportunities that might not have otherwise been possible.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate:
x Other (Explain): This is a wellness event to benefit child no data is collected.

14. How is program data collected and has it been independently validated for accuracy and completeness?
No program data is collected related to this wellness event.

15. Is there an executed contract between the agency and the recipient? No this is a wellness event, the funding is used to pay the rental cost of the facility, speakers fees, staff and mentors travel expense as well as food and supplies for the participates.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? No, this is a wellness event.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): None unit cost information is collected related to this event.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): No performance data is collected or measured related to this wellness event.

19. Describe how the information upon which the answer above is based was obtained and validated: No measurement information is collected for this event.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? No Matching Funding

21. List any audits or evaluative reports that have been published for this project (including website links, if available): This is a wellness event no audits of evaluative reports are published related to this event.

22. Provide any other information that can be used to evaluate the performance of this project: No evaluation information is collected or measured related to this event.

23. CONTACT INFORMATION for person completing this form:

Name: Jane McElroy

Title: Chief, Contracts

Phone number and email address: 850.717.4671 Jane_McElroy@dcf.state.fl.us

Date: December 12, 2012

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Children Crisis Stabilization Unit (David Lawrence Center)

4. Recipient name and address: David Lawrence Center
6075 Bathey Lane
Naples, Florida 34116

Location county/counties: Collier County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$286,781	\$	\$286,781	344

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This center provides community-based services, including crisis stabilization, assessment, outpatient counseling, and day treatment to enable children with serious emotional disturbances or are at risk of developing emotional disturbances to live in a stable setting, function appropriately, attend school, and stay out of the juvenile justice system. Those served include children who present an imminent danger to themselves or others.

9. Number of years this project has received state funding: Based on the Department's archival data, this program has been funded by the state for 14 years.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children with serious emotional disturbance. This project also fulfills the Department's obligations under the Baker Act (Chapter 394, Part I, F.S.) to provide involuntary examination services to individuals who present an imminent danger to themselves or others.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): This project provides emergency services to children who are experiencing a crisis due to exacerbation of mental illness or acute onset of a mental illness. This is the only children's crisis stabilization unit (CCSU) located in Collier County.

12. What are the intended outcomes/impacts and benefits of the project? Children experiencing a mental health crisis will receive timely care appropriate for their needs that will ameliorate the crisis and will be triaged for referral to follow-up services that will reduce the likelihood of future acute episodes.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served; Number of crisis stabilization bed-days provided.
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Unit costs for services provided, including cost per bed-day for crisis stabilization services.
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data on individuals served and services provided using the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures, and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Children's crisis stabilization services are reimbursed by the Department at a maximum rate of \$291.41 per bed day as determined by 65E-14.021, F.A.C. Costs are lower for the Department than for any other payor source, including Medicaid, which has an estimated cost of \$632.95 per bed day.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project

and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Children's Comprehensive Behavioral Services

4. Recipient name and address: Lifestream Behavioral Center, Inc.
515 W. Main Street
Leesburg, Florida 34748

Location county/counties: Lake and Sumter Counties

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$270,000	\$	\$270,000	344

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: These services enable children with serious emotional disturbance or who are at risk of developing an emotional disturbance live in stable settings, function appropriately, attend school, and stay out of the juvenile justice system.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded 10 years (FY 2002-2003). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain):_Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children who are seriously emotionally disturbed.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain):_This program provides services to seriously emotionally disturbed children in a rural area. There may be other services in the area but this comprehensive child-specific program is not readily available in most communities.

12. What are the intended outcomes/impacts and benefits of the project? Children with serious emotional disturbance receive timely care appropriate for their needs that will improve their functioning in school, at home and in social settings and reduce the likelihood of need for residential services.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served; average length of stay.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Average number of days spent in the community, percent who improve level of functioning, percent of school days attended

Unit cost data (e.g., cost per unit produced); Enumerate: Cost of services.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Dir. of Performance Mgmt

Phone number and email address: 904-900-1075 ebriggs@lsfnet.org

Date:1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Manatee Glen's Children's Baker Act

4. Recipient name and address: Manatee Glens
 391 6th Avenue West
 Bradenton, Florida 34205

Location county/counties: Manatee County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$432,516	\$	\$432,516	344

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This center provides community-based services, including crisis stabilization, assessment, outpatient counseling, and day treatment to enable children with serious emotional disturbances or are at risk of developing emotional disturbances to live in a stable setting, function appropriately, attend school, and stay out of the juvenile justice system. Those served include children who present an imminent danger to themselves or others.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 10 years. The project was initially funded in FY 2002-2003 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children who seriously emotionally disturbed. This project also fulfils the Department's obligations under the Baker Act (Chapter 394, Part I, F.S.) to provide involuntary

examination services to individuals who present an imminent danger to themselves or others.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): This project provides emergency services to children who are experiencing a crisis due to exacerbation of mental illness or acute onset of a mental illness. This is the only children's crisis stabilization unit (CCSU) located in Manatee County.

12. What are the intended outcomes/impacts and benefits of the project? Children experiencing a mental health crisis will receive timely care appropriate for their needs that will ameliorate the crisis and will be triaged for referral to follow-up services that will reduce the likelihood of future acute episodes.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served; Number of crisis stabilization bed-days provided.
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Unit costs for services provided, including cost per bed-day for crisis stabilization services
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data on through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Children's crisis stabilization services are reimbursed by the Department at a maximum rate of \$291.41 per bed day as determined by 65E-14.021, F.A.C. Costs are lower for the Department than for any other payor source, including Medicaid, which has an estimated cost of \$632.95 per bed day.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:
Name: Rob Siedlecki
Title: Assistant Secretary, Substance Abuse and Mental Health
Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us
Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: New Horizons Children's Crisis Unit

4. Recipient name and address: New Horizons CMHC Inc.
 1469 NW 36th Street
 Miami, Florida 33142

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$240,000	\$	\$240,000	344

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This center provides community-based services, including crisis stabilization, assessment, outpatient counseling, and day treatment to enable children with serious emotional disturbances or are at risk of developing emotional disturbances to live in a stable setting, function appropriately, attend school, and stay out of the juvenile justice system. Those served include children who present an imminent danger to themselves or others.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 10 years. The project was initially funded in FY 2002-2003 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children who seriously emotionally disturbed. This project also fulfils the

Department's obligations under the Baker Act (Chapter 394, Part I, F.S.) to provide involuntary examination services to individuals who present an imminent danger to themselves or others.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): This project provides emergency services to children who are experiencing a crisis due to exacerbation of mental illness or acute onset of a mental illness. This is one of two children's crisis stabilization units located in Miami-Dade county.

12. What are the intended outcomes/impacts and benefits of the project? Children experiencing a mental health crisis will receive timely care appropriate for their needs that will ameliorate the crisis and will be triaged for referral to follow-up services that will reduce the likelihood of future acute episodes.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served; Number of crisis stabilization bed-days provided.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Unit costs for services provided, including cost per bed-day for crisis stabilization services.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Children's crisis stabilization services are reimbursed by the Department at a maximum rate of \$291.41 per bed day as determined by 65E-14.021, F.A.C. Costs are lower for the Department than for any other payor source, including Medicaid, which has an estimated cost of \$632.95 per bed day.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Apalachee Crisis Stabilization Unit

4. Recipient name and address: Apalachee Crisis Stabilization Unit
 2634B Capital Circle NE
 Tallahassee, Florida 32308

Location county/counties: Leon County (provides services to surrounding Big Bend Region)

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 2,017,640	\$	\$2,017,640	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This is a crisis stabilization unit for adults with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. Services include crisis support and treatment which are provided in crisis stabilization units. The purpose is to provide immediate support to adults with severe and persistent mental illness, adults with acute episode of mental illness, and adults with forensic court orders.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 7 years. The project was initially funded in FY 2005-2006 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders. This

project also fulfils the Department's obligations under the Baker Act (Chapter 394, Part I, F.S.) to provide involuntary examination services to individuals who present an imminent danger to themselves or others.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. There are no other Baker Act receiving facilities located in Leon County or in any of the nearby counties which form the Big Bend region. These services are required by the Baker Act (Chapter 394, Part I, F.S.) and are needed to provide involuntary examination under for individuals who present an imminent danger to themselves or others due to mental illness. This function is critical to public safety as well as to meeting the clinical needs of individuals with severe and persistent mental illness.

12. What are the intended outcomes/impacts and benefits of the project? The intended outcome of this project is to provide crisis stabilization services, including involuntary examination, to individuals who present an imminent danger to themselves or others due to mental illness.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number of clients served; Number of crisis stabilization bed-days provided.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Unit costs for services provided, including cost per bed-day for crisis stabilization services.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? There is a direct contractual relationship between the Department and this provider as the Northwest Region does not yet have a Managing Entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

Crisis stabilization services are reimbursed by the Department at a maximum rate of \$291.41 per bed day as determined by 65E-14.021, F.A.C. Costs are lower for the Department than for any other payor source, including Medicaid, which has an estimated cost of \$506.09 per bed day for adult beds.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client

data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Jonn Shelton

Title: Contract Manager

Phone number and email address: 488-2419 Jonn_Shelton@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Camillus Life Center / Camillus House -This project is funded within the provider's base funding for FY 2012-2013.

4. Recipient name and address: Camillus House
 1603 NW 7th Avenue
 Miami, Florida 33136

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 250,000.00	\$	\$250,000.00	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): From the funds in Specific Appropriation 345, the nonrecurring sum of \$250,000 from the General Revenue Fund is provided to Camillus House. **This appropriation was vetoed by the Governor.**

8. Project Purpose/Description: This center provides services to adult homeless males with both mental health and substance abuse disorders. Outpatient services include medical, substance abuse and mental health treatment, case management, crisis intervention, vocational counseling and aftercare. Camillus House is licensed by DCF as a substance abuse treatment provider.

9. Number of years this project has received state funding: Based on available Departmental archived data, funding for Camillus House has been in the budget since at least FY 2001-2002. Currently the South Florida Behavioral Health Network (ME) has a contract for \$558,629 with Camillus House.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): This center provides services to adult homeless males with both mental health and substance abuse disorders. They are providing the service within the current contract with SFBHN; the additional funding would have supported additional capacity.

12. What are the intended outcomes/impacts and benefits of the project? To reduce the impact of homelessness and substance abuse on the community and provide a resource for individuals who are in need of treatment for addiction thereby reducing threats to public safety.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number of clients served, average LOS

Projected number to served for Substance Abuse between July to the end of June 2013 is 60 clients.
Projected number to served for Mental Health with severe and persistent mental illness is 50 clients.
Projected number to served for Adults with mental health problems is 10 clients.
Year to date served for SA is 34, SPMI is 21 and MH is 16.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.

Adults with SA problems completing successfully is 63%
Adults with SA problems living in stable housing is 80%.
Adults arrested before discharge is none. 100% no arrests
Adults with SA problems employment status from admission to discharge 70%.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident

Residential Level 4 \$49.72
Residential Level 2 \$102.45
Day/Night \$51.84.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data through the Substance Abuse and Mental Health Information System.

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual

responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the managing entity.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Camillus' program exceeds the matching requirements provided for in contract.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health (SAMH) Program

3. Project Title: Charlotte Community Mental Health

4. Recipient name and address: Charlotte Community Mental Health
 1700 C Education Avenue
 Punta Gorda, FL 33950

Location county/counties: Charlotte County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$90,000	\$	\$90,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This center provides services that assist severely mentally ill adults that require 24-hour specialized care live successfully in environments of their choice. Services include mental health, dental, medical, income supports, social supports, housing supports, vocational supports, respite support or accommodations related to symptoms or disabilities associated with mental illness.

9. Number of years this project has received state funding: Based on the Department's archival data, this program has been funded by the state for 13 years. The project was initially funded in FY 2000-2001 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): The project provides an array of services for individuals with serious mental illnesses and co-occurring substance abuse disorders. Services to this difficult to serve population are limited in this area.

12. What are the intended outcomes/impacts and benefits of the project? To reduce the symptoms and disabilities associated with mental illness and to ensure that severely mentally ill adults that require 24-hour specialized care can live successfully in environments of their choice.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number clients served, average LOS

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per person

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data on individuals served and services provided using the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Citrus Health Network, Inc.

4. Recipient name and address: Citrus Health Network, Inc.
 4175 West 20th Avenue
 Hialeah, Florida 33012

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private, non-profit Federally Qualified Health Center.

6. <u>FUNDING:</u> FY 2012-13 NON Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 NON Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$ 455,000	\$ 0	\$ 455,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): From the funds in Specific Appropriation 345 check, the nonrecurring sum of \$455,000 from the General Revenue Fund is provided to the Citrus Health Network. This item was vetoed by the Governor.

8. Project Purpose/Description: As one of six Federally Qualified Health Centers in Miami-Dade County, Citrus Health Network provide primary and preventive health care services to the medically underserved and uninsured residents of west Miami-Dade County and the City of Hialeah.

9. Number of years this project has received state funding: This project was first funded in FY 2006-2007. The last three years of funding follows:
 FY 2009-2010 - \$500,000; FY 2010-2011 - \$455,000; FY 2011-2012 - \$455,000.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain): The Department is required to provide Baker Act services to its population under Chapter 394 F.S.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): The Citrus Adult CSU is one of two CSUs serving the North areas of Miami Dade County. Due to the increased volume of patients, the CSU expanded its license capacity to 24 in order to accommodate the need for additional Baker Services in the area.

12. What are the intended outcomes/impacts and benefits of the project? To provide primary and preventive health care services to the medically underserved and uninsured residents of west Miami-Dade County and the City of Hialeah.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: Citrus submits monthly census reports to SFBHN. In addition data on all clients served is electronically transmitted to the Department of Children and Families monthly to comply with contractual requirements.
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Citrus submits monthly invoices to the Department of Children and Families.
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
N/A

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are at the discretion of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY: Citrus is paid based on the Performance Contract Rate and 65E14 rate of \$291 per day.

18. Based on performance data, is this project meeting the expected outputs and having the intended

outcomes? (Explain): N/A.

19. Describe how the information upon which the answer above is based was obtained and validated: N/A

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? This allocation generated an additional \$112,500 in local match from Miami Dade County taxes.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: **Maria A. Alonso, MBA**

Title: **Chief Operating Officer**

Phone number and email address: **305-424-3100 Maria @citrus health.com**

Date: **January 15, 2013**

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Community Domiciliary Project (Continuation)

4. Recipient name and address:

Serenity House (now Haven Recovery Center)
211 N. Ridgewood Ave. Suite #204
Daytona Beach, Florida 32114

Location county/counties: Volusia

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$305,100	\$	\$305,100	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Community-based residential center that serves adults with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. The center offers immediate support to individuals with severe and persistent mental illness, acute episodes of mental illness, or forensic court orders. Services include crisis intervention, income supports, social supports, housing supports, vocational supports and respite supports related to symptoms or disabilities associated with mental illness.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 12 years (since FY 2000-2001). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): No. There is at least one program, which provides similar residential services. However, overall capacity is an area of concern.

12. What are the intended outcomes/impacts and benefits of the project? Project goals include maintaining psychiatric stability, achieving abstinence (if applicable), preventing relapse and promoting reintegration into the community.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number of clients served, average LOS
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Per diem cost, per client cost
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Douglas Garden Community Mental Health Center – HIV/AIDS Mental Health Services

4. Recipient name and address:
 Douglas Gardens Community Mental Health Center of Miami Beach
 1680 Meridian Avenue, Suite 501
 Miami Beach, FL 33139

Location county/counties: Miami-Dade

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$315,000	\$	\$315,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Services provided by the center assist adults in living successfully in environments of their choice. The center provides mental health services that include psychiatric evaluation, medication management and outpatient counseling to individuals diagnosed with HIV/AIDS who are experiencing acute and/or chronic mental health problems. Services include crisis intervention, income supports, social supports, housing supports, vocational supports and respite supports related to symptoms or disabilities associated with mental illness.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 11 years (since FY 2001-2002). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of (insert either) children who seriously emotionally disturbed OR adults with

serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): No. The services provided by this project are not unique. However, the project contributes to the overall mental health treatment capacity in Miami-Dade county for low income individuals.

12. What are the intended outcomes/impacts and benefits of the project? The project helps individuals restore their function and participation in the community.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: None of the HIV-AIDS clients served were admitted for an inpatient psychiatric hospitalization in 2011-2012. None of the HIV-AIDS clients served were provided a crisis intervention service in 2011-2012.
 Unit cost data (e.g., cost per unit produced); Enumerate: Unit cost for Medical Psychiatric is \$369, unit cost for CCST is 37.86, unit cost for residential IV is \$45.38.
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the managing entity.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? The Center is able to bill Medicaid and Medicare for other services provided to eligible individuals.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Daniel Brady, Ph.D.

Title: CEO

Phone number and email address: 305 531-5341, 1680 Meridian Avenue, Miami Beach, Florida 331329

Date: January 14, 2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program

3. Project Title: Family Emergency Treatment Center Manatee

4. Recipient name and address: Family Emergency Treatment Center – Manatee
 1404 Tamiami Trail
 Bradenton, FL 34205

Location county/counties: Manatee

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$900,000	\$	\$900,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): No

8. Project Purpose/Description: Family Emergency Treatment Centers (FETC) provide assistance 24 hours a day, 7 days a week to children, adolescents, and adults dealing with a wide range of personal issues. FETC provides an alternative for individuals who are not in need of inpatient services but who are in need of interventions for problems related to stress, life adjustment issues, or existing mental health issues.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 14 years. The project was initially funded in FY 1998-1999 and since then the funding has been in the base budget

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children and adolescents with severe emotional disturbances and adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): FETC provides assistance to children, adolescents and adults dealing with a wide range of personal issues. FETC provides an alternative for individuals who are not in need of inpatient services but who are in need of interventions for problems related to stress, life adjustment issues, or existing mental health issues. There are crisis services available in the community for individuals who need inpatient services.

12. What are the intended outcomes/impacts and benefits of the project? The intended outcome of this project is to provide intervention to individuals who need evaluation and assessment, mental health and substance abuse counseling, individual and group therapy, medication management, referrals to community resources, after-care, and follow-up services. This is a triage service as well and longer term management of persons with chronic mental health or substance abuse problems.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number clients served, average LOS

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per person

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program

3. Project Title: Family Emergency Treatment Center - Pinellas

4. Recipient name and address: Family Emergency Treatment Center – Pinellas
 Personal Enrichment through Mental Health Services (PEMS)
 400 15th Street North 0
 St. Petersburg, FL

Location county/counties: Pinellas

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$315,000	\$	\$315,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Family Emergency Treatment Centers (FETC) provide assistance 24 hours a day, 7 days a week to children, adolescents, and adults dealing with a wide range of personal issues. FETC provides an alternative for individuals who are not in need of inpatient services but who are in need of interventions for problems related to stress, life adjustment issues, or existing mental health issues.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 13 years. The project was initially funded in FY 2000-2001 as a pilot project and since then the funding has been in the base budget. This model was replicated in Sarasota and Manatee Counties.

10. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain): This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children and adolescents with severe emotional disturbances and adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): FETC provides assistance to children, adolescents and adults dealing with a wide range of personal issues. FETC provides an alternative for individuals who are not in need of inpatient services but who are in need of interventions for problems related to stress, life adjustment issues, or existing mental health issues. There are crisis services available in the community for individuals who need inpatient services.

12. What are the intended outcomes/impacts and benefits of the project? The intended outcome of this project is to provide intervention to individuals who need evaluation and assessment, mental health and substance abuse counseling, individual and group therapy, medication management, referrals to community resources, after-care, and follow-up services. This is a triage service as well and longer term management of persons with chronic mental health or substance abuse problems.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number clients served, average LOS

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per person

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program

3. Project Title: Family Emergency Treatment Center Sarasota

4. Recipient name and address: Family Emergency Treatment Center Sarasota
 Coastal Behavioral Health Care
 1451 10th Street
 Sarasota FL 34236

Location county/counties: Sarasota

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$500,000	\$	\$500,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Family Emergency Treatment Centers (FETC) provide assistance 24 hours a day, 7 days a week to children, adolescents, and adults dealing with a wide range of personal issues. FETC provides an alternative for individuals who are not in need of inpatient services but who are in need of interventions for problems related to stress, life adjustment issues, or existing mental health issues.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 12 years. The project was initially funded in FY 2001-2002 and since then the funding has been in the base budget

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children and adolescents with severe emotional disturbances and adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): FETC provides assistance to children, adolescents and adults dealing with a wide range of personal issues. FETC provides an alternative for individuals who are not in need of inpatient services but who are in need of interventions for problems related to stress, life adjustment issues, or existing mental health issues. There are crisis services available in the community for individuals who need inpatient services.

12. What are the intended outcomes/impacts and benefits of the project? The intended outcome of this project is to provide intervention to individuals who need evaluation and assessment, mental health and substance abuse counseling, individual and group therapy, medication management, referrals to community resources, after-care, and follow-up services. This is a triage service as well and longer term management of persons with chronic mental health or substance abuse problems.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number clients served, average LOS
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per person
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program

3. Project Title: Florida Assertive Community Treatment Team (F.A.C.T.)

4. Recipient name and address: Life Management Center of Northwest Florida
 525 E. 15th Street
 Panama City, FL 32405

Location county/counties: Bay, Gulf

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private non-profit entity

6. <u>FUNDING</u> : FY 2012-13 Non- Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Non- Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$680,000	\$	\$680,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): From the funds in Specific Appropriation 345, \$680,000 from nonrecurring general revenue funds are provided for a Florida Assertive Community Treatment (F.A.C.T.) team in Bay County. This non-recurring funding is supporting a partial FACT team at 57% of the funding that other teams receive and serves 50 people. All the other FACT teams in Florida are funded at \$1.2 million per team and serve 100 people per team. The Department has submitted a draft Legislative Budget Request to fully fund the Bay County FACT team with recurring general revenue.

8. Project Purpose/Description: FACT teams serve persons 24 hours per day, 7 days per week, with severe and persistent mental illness in a community setting through a clinical team of psychiatrists, nurses, counselors, and case managers. Services are provided to persons for whom traditional community services are not able to divert from state hospitalization or jail.

9. Number of years this project has received state funding: The Bay County FACT team was initially funded in FY 2012-2013 with non-recurring funding for a partial FACT team. This team began in January 2013.

10. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. FACT teams are a cost-effective treatment model for adults with the most severe and persistent mental illnesses. They offer an alternative to costly use of state mental health treatment facility beds, and provide an opportunity for adults to contribute to their communities.

12. What are the intended outcomes/impacts and benefits of the project? Assertive Community Treatment is an evidenced-based practice endorsed by the Substance Abuse and Mental Health Services Administration. FACT teams work with individuals to decrease the number of days spent in costly state mental health treatment facilities (state hospitals) and to divert individuals from the criminal justice system. Many people served by the FACT teams have spent many years of their lives in state hospitals prior to participating in a FACT Team. Analyses have shown that in the past year, less than .5% of FACT Team individuals were hospitalized in state long-term facilities.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number clients served

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per person

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS) and through an ad hoc Quarterly FACT Team Report.

15. Is there an executed contract between the agency and the recipient? Yes – BH201

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Outputs, measures, and costs are all specified in contract BH201.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): FACT teams provide a cost-effective alternative to state hospitalization, saving the State an estimated \$5.3 million annually per FACT Team when serving 100 people each team. The Bay County FACT team serves 50 people annually at the current funding level and saves the state \$1.9 million annually. At the current rate, the team costs \$680,000 or approximately \$13,600 per person per year. In comparison, an individual with severe and persistent mental illness with a six month stay in a state mental health treatment facility costs an average of \$52,581 (based on an annual estimated FY 2012-13 cost of \$105,162 per year). This FACT team saves the state \$1,949,050 annually by diverting 50 individuals served from state hospitalization to FACT team services (\$52,581 per 6 month stay per person for 50 people minus \$13,600 per person annually in a FACT team).

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? FACT teams are funded in part by the Agency for Health Care Administration via a Medicaid match. These funds are obtained via an administrative agreement between the Department and the Agency, based on the percent of FACT recipients who are Medicaid-eligible. This Medicaid offset is built into each FACT team's budget and into the draft Legislative Budget Request.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): NA

22. Provide any other information that can be used to evaluate the performance of this project: NA

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Lifestream Crisis Stabilization Unit

4. Recipient name and address: Lifestream Crisis Stabilization Unit
 2020 Tally Road
 Leesburg, Florida 34749

Location county/counties: Lake County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$400,000	\$	\$400,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This is a crisis stabilization unit for adults with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. Services include crisis support and treatment which are provided in crisis stabilization units. The purpose is to provide immediate support to adults with severe and persistent mental illness, adults with acute episode of mental illness, and adults with forensic court orders.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 9 years. The project was initially funded in FY 2003-2004 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders. This project also fulfills the Department's obligations under the Baker Act (Chapter 394, Part I, F.S.) to provide involuntary examination services to individuals who present an imminent danger to themselves or others.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. There are no other crisis stabilization units located in Lake County. These services are required by the Baker Act (Chapter 394, Part I, F.S.) and are needed to provide involuntary examination under for individuals who present an imminent danger to themselves or others due to mental illness. This function is critical to public safety as well as to meeting the clinical needs of individuals with severe and persistent mental illness.

12. What are the intended outcomes/impacts and benefits of the project? The intended outcome of this project is to provide crisis stabilization services, including involuntary examination, to individuals who present an imminent danger to themselves or others due to mental illness.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served; Number of crisis stabilization bed-days provided.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Unit costs for services provided, including cost per bed-day for crisis stabilization services.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Crisis stabilization services are reimbursed by the Department at a maximum rate of \$291.41 per bed day as determined by 65E-14.021, F.A.C. Costs are lower for the Department than for any other payor source, including Medicaid, which has an estimated cost of \$506.09 per bed day for adult beds.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Mental Health Care Crisis Stabilization Unit

4. Recipient name and address: Mental Health Care
 2212 B East Henry Avenue
 Tampa, Florida 33610

Location county/counties: Hillsborough County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$850,421	\$	\$850,421	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This is a crisis stabilization unit for children and adults with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. Services include crisis support and treatment which are provided in crisis stabilization units. The purpose is to provide immediate support to adults with severe and persistent mental illness, adults with acute episode of mental illness, and adults with forensic court orders.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 20 years. The project was initially funded in FY 1992-1993 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children who are seriously emotionally disturbed and adults with serious mental illness and/or substance use disorders. This project also fulfills the Department's obligations

under the Baker Act (Chapter 394, Part I, F.S.) to provide involuntary examination services to individuals who present an imminent danger to themselves or others.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. There are no other children's crisis stabilization units located in Hillsborough County. These services are required by the Baker Act (Chapter 394, Part I, F.S.) and are needed to provide involuntary examination under for individuals who present an imminent danger to themselves or others due to mental illness. This function is critical to public safety as well as to meeting the clinical needs of individuals with severe and persistent mental illness.

12. What are the intended outcomes/impacts and benefits of the project? The intended outcome of this project is to provide crisis stabilization services, including involuntary examination, to individuals who present an imminent danger to themselves or others due to mental illness.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served; Number of crisis stabilization bed-days provided.
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Unit costs for services provided, including cost per bed-day for crisis stabilization services.
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data on through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Crisis stabilization services are reimbursed by the Department at a maximum rate of \$291.41 per bed day as determined by 65E-14.021, F.A.C. Costs are lower for the Department than for any other payor source, including Medicaid, which has an estimated cost per bed day of \$632.95 for children and \$506.09 for adults.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health (SAMH) Program

3. Project Title: Mental Health Care, Inc.

4. Recipient name and address:

Mental Health Care, Inc.
2212 East Henry Avenue
Tampa, FL 33610

Location county/counties: Hillsborough County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$883,300	\$	\$883,300	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): From the funds in Specific Appropriation 345, \$883,300 from the General Revenue Fund is provided to contract with a not-for-profit facility in the thirteenth Judicial Circuit currently under contract with the department and has the capacity for placement of 20 Residential Level 1 beds as an alternative to more costly institutional placement. The funds shall only be utilized for operating expenses with building and capital expenditures excluded.

8. Project Purpose/Description: This project provides residential treatment beds and services to individuals with comprehensive psychological and behavioral disorders to divert them from placement in state forensic units.

9. Number of years this project has received state funding: This is a new issue funded in FY 2012-2013.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. This project has a specific focus on providing a community alternative for individuals who would otherwise be treated in a state forensic hospital. It will provide community competency restoration services and will provide residential capacity for individuals being released from state hospitals. This function is critical to public safety as well as to meeting the clinical needs of individuals with severe and persistent mental illness who are involved in the criminal justice system.

12. What are the intended outcomes/impacts and benefits of the project? To make available competency restoration services in the community and reduce reliance on state forensic treatment facilities and to provide community placement opportunities for clients being released from forensic facilities.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served; Number of bed-days provided.
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Days to competency restoration, average LOS in forensic unit
 Unit cost data (e.g., cost per unit produced); Enumerate: Unit costs for services, per diem cost
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data on individuals served and services provided using the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Per diem cost at state forensic facility is \$317. Staff surveyed providers and reviewed supporting research from the National GAINS Co-Occurring Disorders and Justice Center and determined that the average cost per person to serve a forensic client in the community would be \$45,000 per person. The per person average of \$45,000 per year, or \$123.28 per day (\$45,000 per person per year divided by 365 bed days), is a budget estimate factoring in costs for the most intensive levels of care to the least intensive.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Miami Behavioral Health Center - Uninsured

4. Recipient name and address: Miami Behavioral Health Center
 Outpatient and Medical Services
 3850 West Flagler Street.
 Miami, FL 33134

Location county/counties: Miami – Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$250,000	\$	\$250,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This project serves mentally ill adults and those with co-occurring disorders. Clients are uninsured, minority, and indigent individuals who are not eligible for Medicaid and are in need of psychiatric, medical, and case management services.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 13 years. The project was initially funded in FY 2000-2001 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): The nature of the target population for this program is by definition already underserved. There are few resources available for persons who are mentally ill with co-occurring disorders and are uninsured, minority, and indigent, not eligible for Medicaid and in need of psychiatric and medical care, and case management services.

12. What are the intended outcomes/impacts and benefits of the project? To reduce the impact of homelessness, mental illness, and substance abuse on the community and provide a resource for individuals who are in need of health and mental health services but have no resources due to being uninsured and ineligible for Medicaid. The project appears to be a safety net program.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number of clients served: 1,300

YTD Served 650

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per client Unit cost \$406.51

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System.

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? N/A

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: None

23. CONTACT INFORMATION for person completing this form:

Name: Patricia Flores

Title: Contract Billing Associate

Phone number and email address: 305-398-6141 pflores@mbhc.org

Date: January 14, 2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Miami Dade Homeless Trust

4. Recipient name and address: Miami-Dade County Homeless Trust
 111 Nw 1st Street, 27th Floor, Suite 310
 Miami, Florida 33128

Location county/counties: Miami-Dade

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING</u> : FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$180,000	\$	\$180,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This project provides emergency housing, transitional housing with treatment services, employment training and placement and permanent housing for adults with symptoms or disabilities associated with mental illness.

9. Number of years this project has received state funding: This project has been funded since October 1, 1999.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes this program meets the housing and treatment needs of individuals referred by the 11 Judicial Circuit with severe persistent mental illness, who are indigent and homeless at the time of referral.

12. What are the intended outcomes/impacts and benefits of the project? To reduce the impact of homelessness and serious mental illness on the community and provide a resource for individuals who are in need of treatment.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number of clients served: 30 clients
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident:
Residential Level 4 at \$49.72 per unit of service
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data through the Substance Abuse and Mental Health Information System.

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the managing entity.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Matching sources include Miami Dade Homeless Trust, the US Department of Housing and Urban Development (HUD), and the Miami Dade Department of Human Services.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): Independent Audit Schedules as required by the DCF.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Miami-Dade Forensic Alternative Center Pilot Program

4. Recipient name and address: Public Health Trust – Jackson Health System
 1611 NW 12 Avenue
 Miami, FL 33136

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$1,596,282	\$	\$1,596,282	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): From the funds in Specific Appropriation 345, \$1,596,282 from the General Revenue Fund is provided for the Miami-Dade Forensic Alternative Center.

8. Project Purpose/Description: This community-based residential competency restoration pilot program diverts individuals with mental illnesses from state hospital placement. Participants are placed in a locked inpatient setting where they receive crisis stabilization, short-term residential treatment, and competency restoration services. Individuals are not returned to jail upon restoration of competency. Currently, this project funds 16 beds at this facility and provides forensic mental health services to adult residents of Miami-Dade County only. The program has been directed to expand services to eligible Broward County residents.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for five (5) fiscal years. Initial funding for the Miami-Dade Forensic Alternative Center was an appropriation of \$1 million in general revenue for FY 2007-2008, which was then continued by budget amendment.

10. Does this project align with the core missions of the agency or the program area in which it is funded?

(Explain): Yes. Community forensic programs provide residential care and mental health services to individuals found incompetent to proceed and to individuals found not guilty by reason of insanity. All individuals served in these programs have a conditional release order issued by the court in lieu of a commitment to a state facility.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. However, there are issues with this project. The MDFAC Program is a forensic commitment program located in Miami-Dade County. This program has a total capacity of 16 beds funded based on availability. This means that the program receives full funding regardless of the number of beds it fills. This program only serves individuals from Miami-Dade County.

As of January 2013, the MDFAC Program has a utilization rate of 75% - 12 beds are full and 4 are vacant. Based on the total budget of \$1, 596,282, each bed costs \$99,768 per year. The four (4) vacant beds represent \$399,376 in Department funds.

12. What are the intended outcomes/impacts and benefits of the project? The project has allowed the expansion of diversion options to reduce use of forensic beds.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served, average LOS – 16 clients served, Average LOS 90 days

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Number of days to competency restoration – Average LOS 90 days

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Because this program is funded with a specific appropriation for \$1,595,282, regardless of the number of people served, it is not possible to make an accurate comparison with the maximum

allowable charge of \$291 per bed, per day for a crisis stabilization unit.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): No. Please see the above explanation for Number 11.

19. Describe how the information upon which the answer above is based was obtained and validated: The information was obtained from the provider and was validated by Headquarters staff.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? None – the program is fully funded by state funds.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Renaissance Manor

4. Recipient name and address: C.A.S.L, D.B.A. Renaissance Manor, Inc.
 509 Berry Street
 Punta Gorda, Florida 33950

Location county/counties: Sarasota County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING</u> : FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$90,000	\$	\$90,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This is an assisted living facility that provides services for mentally handicapped residents. There are 45 limited mental health licensed assisted living beds. The facility also provides limited case management to residents.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 2 years. This project was initially in FY 2010-2011 and since then, the Department has included this project in the base budget

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): This program provides limited mental health services in an assisted living facility. There are other programs that provide these services.

12. What are the intended outcomes/impacts and benefits of the project? To provide mental health services, including case management services to individuals served in their limited mental health beds.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number served

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Per diem cost

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Ruth Cooper Center Crisis Stabilization Unit

4. Recipient name and address: Vista Behavioral Crisis Services (formerly Ruth Cooper)
10140 Deer Run Farms Road
Fort Myers, Florida 33966

Location county/counties: Lee County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$362,000	\$	\$362,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This is a crisis stabilization unit for adults with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. Services include crisis support and treatment which are provided in crisis stabilization units. The purpose is to provide immediate support to adults with severe and persistent mental illness, adults with acute episode of mental illness, and adults with forensic court orders.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 13 years. The project was initially funded in FY 1999-2000 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders. This project also fulfills the Department's obligations under the Baker Act (Chapter 394, Part I, F.S.) to provide involuntary examination services to individuals who present an imminent danger to themselves or others.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. There are no other crisis stabilization units located in Lee County. These services are required by the Baker Act (Chapter 394, Part I, F.S.) and are needed to provide involuntary examination under for individuals who present an imminent danger to themselves or others due to mental illness. This function is critical to public safety as well as to meeting the clinical needs of individuals with severe and persistent mental illness.

12. What are the intended outcomes/impacts and benefits of the project? The intended outcome of this project is to provide crisis stabilization services, including involuntary examination, to individuals who present an imminent danger to themselves or others due to mental illness.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served; Number of crisis stabilization bed-days provided.
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Unit costs for services provided, including cost per bed-day for crisis stabilization services.
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Crisis stabilization services are reimbursed by the Department at a maximum rate of \$291.41 per bed day as determined by 65E-14.021, F.A.C. Costs are lower for the Department than for any other payor source, including Medicaid, which has an estimated cost of \$506.09 per bed day.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the

provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Seminole County Crisis Stabilization Unit

4. Recipient name and address: Seminole Behavioral Healthcare
 919 E. 2nd Street
 Sanford, FL 32771

Location county/counties: Seminole County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$400,000	\$	\$400,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This is a crisis stabilization unit for adults with psychiatric disabilities to help them remain in the community in the least restrictive setting possible. Services include crisis support and treatment which are provided in crisis stabilization units. The purpose is to provide immediate support to adults with severe and persistent mental illness, adults with acute episode of mental illness, and adults with forensic court orders.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 12 years. The project was initially funded in FY 2001-2002 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders. This project also fulfils the Department's obligations under the Baker Act (Chapter 394, Part I, F.S.) to provide involuntary examination services to individuals who present an imminent danger to themselves or others.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. There are no other crisis stabilization units located in Seminole County. These services are required by the Baker Act (Chapter 394, Part I, F.S.) and are needed to provide involuntary examination under for individuals who present an imminent danger to themselves or others due to mental illness. This function is critical to public safety as well as to meeting the clinical needs of individuals with severe and persistent mental illness.

12. What are the intended outcomes/impacts and benefits of the project? The intended outcome of this project is to provide crisis stabilization services, including involuntary examination, to individuals who present an imminent danger to themselves or others due to mental illness.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served; Number of crisis stabilization bed-days provided.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Unit costs for services provided, including cost per bed-day for crisis stabilization services.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data on individuals served and services provided using the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): Crisis stabilization services are reimbursed by the Department at a maximum rate of \$291.41 per bed day as determined by 65E-14.021, F.A.C. Costs are lower for the Department than for any other payor source, including Medicaid, which has an estimated cost of \$506.09 per bed day for adult beds.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health (SAMH) Program

3. Project Title: Short-Term Treatment Residence (Alternative to State Hospitalization)

4. Recipient name and address:

Northside Mental Health Center
12512 Bruce B. Downs Blvd
Tampa, FL 33612

Location county/counties: Hillsborough County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$225,000	\$	\$225,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Funds have been repurposed to provide a mobile crisis team and a crisis respite unit. The crisis respite is a voluntary unit serves as both a diversion to and step-down from crisis stabilization. Average length of stay is 7-10 days. It has proven to be a lost-cost, low-demand alternative for individuals that would otherwise be served in the more expensive crisis stabilization unit (CSU).

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 11 years. The project was initially funded in FY 2001-2002 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. This provides a less expensive alternative to the crisis stabilization unit.

12. What are the intended outcomes/impacts and benefits of the project? The intended outcome of this project is to provide crisis stabilization services, including involuntary examination, to individuals who present an imminent danger to themselves or others due to mental illness.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number of clients served

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Cost per person served

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data on individuals served and services provided using the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): This project provides a less costly alternative compared to crisis stabilization units.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: The Village

4. Recipient name and address: The Village South
 3050 Biscayne Boulevard
 9th Floor
 Miami, Florida 33137

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$300,000	\$	\$300,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This project serves Hispanic adults with co-occurring disorders in a therapeutic environment that is designed to improve the function or prevent further deterioration of clients with mental illness. Outpatient services include psychiatric medication management and assisting individuals in living safely and productively in their own communities.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 13 years. This project was initially funded in FY 1999-2000 and since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with co-occurring substance abuse and serious mental illness.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): This program provides services to individuals recovering from co-occurring substance abuse and who also have a mental illness. There are other treatment providers in the community however this program specifically serves Hispanic clients.

12. What are the intended outcomes/impacts and benefits of the project? According to this provider's website, the goals of this project (Compañeros en Recuperación Program) is to reduce the incidence and prevalence of alcohol and other drugs use while increasing the psycho-social functioning of non-English speaking Hispanic men.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: number served, length of stay – 55 clients served, Average LOS 60 days

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. 96% in stable housing, 192.75 days worked for pay, 78% successful completion, -77% change in number of arrests.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident - \$160.53/24 hr day

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? \$33,000 in county mental health monies.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Wayne Densch Center

4. Recipient name and address: Wayne Densch Center
 100-102 Kingston Court
 Orlando, FL 32810

Location county/counties: Orange County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$180,000	\$	\$180,000	345

7. FY 2012-13 GAA proviso specifically associated with the project (if any): No

8. Project Purpose/Description: This transitional living program provides housing and associated supportive services to homeless adults with severe mental illness. The center assists adults in living successfully in environments of their choice. Services include income, social, housing, vocational, and respite supports.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 11 years. The project was funded initially in FY 2001-2002 and since then, the Department has included it in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. This project provides transitional living housing and related treatment and support services to help ensure successful community living.

12. What are the intended outcomes/impacts and benefits of the project? To provide transitional living housing and related treatment and support services to help ensure successful for recovering individuals.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: number served, length of stay

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:
Name: Rob Siedlecki
Title: Assistant Secretary, Substance Abuse and Mental Health
Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us
Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Outpatient Baker Act Pilot Program

4. Recipient name and address: Lakeview Center
 1221 W. Lakeview Ave.
 Pensacola, FL

Location county/counties: Escambia

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
 Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$500,000	\$	\$500,000	347

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: The pilot program diverts individuals with mental illnesses who are charged with a felony from a state mental health treatment facility, prison, or jail to community-based treatment. The offender is placed in a locked inpatient setting where s/he receives crisis stabilization, short-term residential treatment, and competency restoration services. The pilot was first implemented in 2009.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for five (5) fiscal years.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. Community forensic programs provide residential care and mental health services to individuals found incompetent to proceed and to individuals found not guilty by reason of insanity. All individuals served in these programs have a conditional release order issued by the court in lieu of a commitment to a state facility.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): The project has allowed the expansion of diversion options to reduce use of forensic beds. The program is still in effect and has been successful in reducing bed use at FSH since its inception

12. What are the intended outcomes/impacts and benefits of the project? An advantage of this model of competency restoration is that, unlike state facilities, the program is able to keep individuals whose competency has been restored in the program rather than in jail while awaiting trial. As a result, individuals are less likely to decompensate, or lose their ability to maintain normal psychological functioning, and be declared incompetent to proceed again

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number of clients served, average LOS
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Number of days to competency restoration
 Unit cost data (e.g., cost per unit produced); Enumerate: Cost per client, per diem cost
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? Yes, the current contract for this project is directly between the department and the provider. (Contract AH395)

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs are defined in the executed contract with the provider (Exhibit D and Exhibit G).

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The contract is a fixed price (unit cost) contract. The Department pays the provider for the delivery of service units provided in accordance with the terms and conditions of the contract.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): According to the SAMH Program Office, recent reports indicate that C1 was one of only two circuits to successfully reduce forensic bed use.

19. Describe how the information upon which the answer above is based was obtained and validated:
Provider reports, SAMH Forensic admission reports and admission trends.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available):

- Provider annual reports on forensic admissions, diversions, and competency restoration
- Number of conditional releases, readmissions and new offenses
- Case management reports

22. Provide any other information that can be used to evaluate the performance of this project: N/A.

23. CONTACT INFORMATION for person completing this form:

Name: Freda Lacey

Title: Contract Manager, SAMH Northwest Region

Phone number and email address: 850-595-8356 – Freda_Lacey@dcf.state.fl.us

Date: 01/14/2012

Community Issue Performance Evaluation

- State Agency: Department of Children and Families

- State Program (or Type of Program): Classified currently under the Mental Health Program/Mental Health Services but really does not apply under this Mental Health as actual program is a business incubator.

- Project Title: Beaver Street Enterprise Center, Inc.

- Recipient name and address: Beaver Street Enterprise Center, Inc. (BSEC)
1225 West Beaver Street
Jacksonville, Florida 32204-1414

Location county/counties: Duval

- Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:
Private non-profit entity

<u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$900,000.00	\$0.00	\$900,000.00	Line #348

- FY 2012-13 GAA proviso specifically associated with the project (if any):
From the funds in Specific Appropriation 348, the sum of \$900,000 from the General Revenue Fund is provided to Beaver Street Enterprise Center.

- Project Purpose/Description: The Provider shall operate the Beaver Street Enterprise Center, which is an “incubator” program for small business development which will create jobs, develop new businesses, sustain new and ongoing businesses, and attract new employees in the economically distressed urban core of Jacksonville. Life Point Career Institute (LPCI) delivers the employment related training and support services located at the Beaver Street Enterprise Center.

- Number of years this project has received state funding: 2 years

- Does this project align with the core missions of the agency or the program area in which it is funded? (Explain):

DCF's mission states: "Protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency." This business incubator project does, through job creation and job training opportunities, enable families to become self-sufficient.

However, the project would be better served if it were funded and managed in an agency with a core mission of economic/business development.

The project does not align with the Mental Health Program area in which it is funded.

- Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Contract Manager does not have regular communication with the Jacksonville business community to make a determination if BSEC is meeting an unmet need.

- What are the intended outcomes/impacts and benefits of the project? The following are the performance measures.
 - a. Performance Measures
 - (1) BSEC shall add a minimum of one new client each quarter of the contract period (three total for the contract).
 - (2) BSEC clients shall demonstrate a 2% or 3 FTE increase each quarter (6% or 9 FTEs total for the contract) in the number of new jobs created during the contract period.
 - (3) BSEC shall maintain an average occupancy rate of at least 75% of the total square footage available for client occupancy each quarter of the contract period.
 - (4) BSEC revenue reporting clients shall demonstrate a 3% increase in revenue each quarter or a 9% increase in revenue for the total contract period (over the baseline established at the beginning of the contract period).
 - (5) At least 25 training participants shall complete job training each quarter of the contract period.
 - (6) At least 75% of training graduates shall secure interviews for prospective employment within 60 days of graduation.

- What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 - Output data (e.g., number of clients served, students educated, units produced); Enumerate:
 - Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 - Unit cost data (e.g., cost per unit produced); Enumerate:
 - Other (Explain):

- How is program data collected and has it been independently validated for accuracy and

completeness? Provider submits monthly Client Services Reports, Training Reports and Activities Reports. Quarterly Performance Measures will show how Provider is doing with required tasks that are measured. These will then be reconciled quarterly with actual expenditures based on their approved budget.

- Is there an executed contract between the agency and the recipient? Yes the contract was executed on November 14, 2012, effective November 15, 2012.

- If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Yes.

- How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): There are no similar projects or services to make a comparison

- Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): This cannot be determined at this time since contracted was just executed 11/15/12. The first reconciliation for the partial month of November and full month of December will not take place until January 2013.

- Describe how the information upon which the answer above is based was obtained and validated: Information for the reconciliation will come from payroll detail, time sheets, various monthly reports and quarterly performance report (when received), provider invoices, bills, other backup documents and checks showing paid or electronic payment confirmation.

- How much additional funding or matching funding from non-state sources is available for this project and what are the sources? Fresh Ministries, Inc. which is the parent company and creator of Beaver Street, will contribute \$361,393, 29% of the \$1.26 million project cost.

- List any audits or evaluative reports that have been published for this project (including website links, if available): Provider's audit is currently being done and not available at this time. Per the contract they will submit a completed audit or financial statements within 6 months of their fiscal year end date. BSEC fiscal year ends September 30. Their Audit is due by the end of March 2013.

- Provide any other information that can be used to evaluate the performance of this project:

- CONTACT INFORMATION for person completing this form:

Name: Marjorie (Margie) Grove

Title: Government Analyst I (Contract Manager)

Phone number and email address: (904) 727-3725

margie_grove@dcf.state.fl.us

Date: January 3, 2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Coastal Behavioral Health (Adolescent Residential Substance Abuse Treatment)

4. Recipient name and address: Coastal Behavioral Health
1565 State Street
Sarasota, FL 34236

Location county/counties: Sarasota

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$900,000	\$	\$900,000	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This 20-bed residential substance abuse treatment facility serves adolescents to relieve the strain on local programs and juvenile justice resources in this community. This facility provides intensive treatment for stays lasting from 60 to 120 days.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 10 years (since FY 2002-2003). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adolescents with serious substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): Yes. The project targets adolescents and ensures services are available for adolescents in Sarasota County. This program is the only one of its type in Sarasota County.

12. What are the intended outcomes/impacts and benefits of the project? The project intended outcome is the successful treatment of children with substance abuse and/or substance abuse with co-occurring mental disorders. The goal is to eliminate the use of drugs and alcohol.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate:
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the regional managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are at the discretion of the regional managing entity. However, the department maintains contractual oversight of the managing entity, and requires outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Compass Program

4. Recipient name and address:

Children's Psychiatric Center in Miami (now Institute for Child and Family Health)
15490 NW 7th Avenue
Miami, FL 33169

Location county/counties: Miami-Dade

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$225,000.00	\$	\$225,000.00	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This service provided by the Children's Psychiatric Center in Miami offers substance abuse prevention services to children and families using a broad liaison model.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 10 years (since FY 2002-2003). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to prevent substance use disorders in adults and children.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): The services provided by this special project are not unique in the Miami-Dade area.

12. What are the intended outcomes/impacts and benefits of the project? The project works to reduce "risk

factors” and “enhancing protective factors” giving individuals tools to resist the temptation to use drugs and alcohol.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Intervention Services to 200 clients at a Unit rate of \$56.14

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the managing entity as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? \$99,114.00 from client fees and United Way Grants

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: DACCO - Drug Abuse Comprehensive Coordinating Office

4. Recipient name and address: Drug Abuse Comprehensive Coordinating Office
 4422 E. Columbus Drive
 Tampa, Florida 33605

Location county/counties: Hillsborough

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING</u> : FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$250,000	\$	\$250,000	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This funding supports the Zero Exposure Program that was developed as a partnership between Drug Abuse Comprehensive Coordinating Office and the Healthy Start Coalition. Pregnant women, preferably within the first trimester, who appear to be regularly using alcohol or abusing illicit substances, are offered drug education and substance abuse referrals.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 8 years. This project was initially in FY 2004-2005 and since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children and adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. Neonatal exposure has been increasing and this program plays a key role in identifying early alcohol and/or drug use and/or abuse by pregnant women.

12. What are the intended outcomes/impacts and benefits of the project? For pregnant and post partum women, the Zero Exposure program provides additional support including Doula and Healthy Start family planning and education. The on-site child development center also provides women with children the support they need to continue their treatment and stay connected.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number clients served, average LOS
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.
 Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per person
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the managing entity as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: First Step - Mothers & Infants Program

4. Recipient name and address: First Step
 4579 Northgate Court
 Sarasota, Florida 34234

Location county/counties: Sarasota County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$278,100	\$	\$278,100	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This funding provides services to adult women who are pregnant and addicted to alcohol or drugs. Services include residential treatment in a safe, supportive, and drug free environment, teaching parenting skills, mental health wellness, counseling, social skills training, and vocational rehabilitation.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 16 years. This project was initially funded in FY 1996-1997 and since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. This program offers specialized services and programs for pregnant and post-partum women with a substance use disorder. There are a limited number of these specialized programs throughout the state.

12. What are the intended outcomes/impacts and benefits of the project? Mothers & Infants is a safe supportive program that combines group and individual counseling with parenting, nutrition and life management skills classes. The program emphasizes the health of the mother and her infant and provides the women with the necessary skills for on-going recovery, self-sufficiency and family reunification.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: number served, length of stay

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident.

Other:

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Florida Certification Board (formerly Substance Abuse Prevention and Training Center)

4. Recipient name and address: Florida Certification Board
1715 S. Gadsden Street
Tallahassee, Florida 32301

Location county/counties: Statewide

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$200,000	\$	\$200,000	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): From the funds provided in Specific Appropriation 365, \$200,000 from recurring general revenue funds are provided to the Florida Certification Board.

8. Project Purpose/Description: This funding is to assist DCF, the Governor's Office of Drug Control, and other state systems to develop and maintain competency in the prevention workforce by developing a statewide plan that addresses standard training for credentialing staff, providing support and resources.

9. Number of years this project has received state funding: This specific appropriation is for FY 12-13.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): The most recent contract (LD 976) entails assessing the competency of key stakeholders with regard to preventing and responding to prenatal substance exposure, developing and promoting a series of workforce-specific online courses that address training needs for professionals working to prevent substance use during pregnancy and prenatal substance exposure, and providing Continuing Education

Credit for participants in online training courses.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): According to their website, the Florida Certification Board is “the final authority in the certification process and is responsible for the total operation of the certification system for addiction and behavioral health professionals.” The need for a certification system is not otherwise being met by any other organization.

12. What are the intended outcomes/impacts and benefits of the project? Contract (LD976) entails assessing the competency of key stakeholders with regard to preventing and responding to prenatal substance exposure, developing and promoting a series of workforce-specific online courses that address training needs for professionals working to prevent substance use during pregnancy and prenatal substance exposure, and providing Continuing Education Credit for participants in online training courses.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data. The most recent contract (LD976), which is currently undergoing revisions/amendments, contains the following performance measures:

- 100% of all deliverables shall be completed and accepted by the Department according to the frequency/due dates outlined.
- 80% of the training event or meeting participants shall respond positively when completing the Provider’s Consumer Satisfaction Survey.
- 85% of the participants in training events shall indicate that their knowledge on the Consumer Satisfaction Survey was enhanced as a result of attending the event.
- 85% of participants in Key Stakeholder meetings shall indicate that the meeting resulted in decisions or work products that will enhance the competency of professionals providing substance exposed infant prevention and intervention services.

14. How is program data collected and has it been independently validated for accuracy and completeness?

The data above is collected by the Florida Certification Board. It is not independently validated, but it is reviewed by DCF headquarters staff.

15. Is there an executed contract between the agency and the recipient? Yes. The current contract is LD 976 and is managed by headquarters.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Outputs, measures, and costs are all specified in contract LD 976.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The Department is not aware of any comparable or alternative projects.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): The current contract is in the process of being amended (with a targeted execution date of February 1, 2013). Performance data will not be reviewed until the amendments/revisions are finalized and the relevant project components are completely implemented.

19. Describe how the information upon which the answer above is based was obtained and validated: N/A

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): There are no audits or evaluation reports available for the current contract (LD 976).

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Here's Help

4. Recipient name and address: Here's Help
 15100 NW 27th Avenue
 Opa Locka, Florida 33054

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$200,000	\$	\$200,000	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This substance abuse treatment provider offers residential and outpatient substance abuse treatment, education and preventive services to hundreds of adolescents annually.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 3 years. This project was initially funded in FY 2010-2011 and since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. Residential and outpatient substance abuse treatment for youths and adolescents are constantly in demand.

12. What are the intended outcomes/impacts and benefits of the project? This program offers residential and outpatient substance abuse treatment, education and preventive services to hundreds of adolescents annually to support the recovery of those individuals receiving services.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: number served, length of stay: 5 residential clients (average 4 month length of stay); 50 Comprehensive Community Service Team clients (average 16 week length of stay).

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident residential \$193.15; Comprehensive Community Service Team- \$37.86

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? N/A

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Phoenix House

4. Recipient name and address: Phoenix House Florida
 5501 West Waters Avenue, Suite 404
 Tampa, Florida 33634

Location county/counties: Marion County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING</u> : FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$500,000	\$	\$500,000	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This project provides outpatient substance abuse treatment, after-care and other services to children with substance abuse problems and children at risk for substance abuse.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 8 years. This project was initially in FY 2004-2005 and since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): It is unclear at this time. According to the project description provided above, funding for this project is used to provide substance abuse services to children. However, according to the provider's website, the Phoenix House does not provide services to children – the Phoenix House only provides substance abuse services to adults.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): It is unclear at this time. According to the project description provided above, funding for this project is used to provide substance abuse services to children. However, according to the provider's website, the Phoenix House does not provide services to children – the Phoenix House only provides substance abuse services to adults.

12. What are the intended outcomes/impacts and benefits of the project? It is unclear at this time. According to the project description provided above, funding for this project is used to provide substance abuse services to children. However, according to the provider's website, the Phoenix House does not provide services to children – the Phoenix House only provides substance abuse services to adults.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate:
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Roots N Wings - Child/Adolescent

4. Recipient name and address: Roots N Wings Learning Center
210 Commercial Lake Drive
St. Augustine, Florida 32095

Location county/counties: St. Johns County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$22,500	\$	\$22,500	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides funding to the Hanley Hazelton Center for a parenting skills training program designed to help parents function better as healthy examples to their children.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 12 years. The project was initially funded in FY 2000-2001 and since then the funding has been in the base budget

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): This project aligns with the Department's mission to advance personal and family recovery and resiliency. However, it does not appear to align with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children and adolescents with severe emotional disturbances and adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Based on the description provided above, this program does not appear to be meeting a demonstrated need in the community as this project does not related to substance abuse services.

12. What are the intended outcomes/impacts and benefits of the project? Increase access to effective parent training programs.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served, average LOS.
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per person
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Project Stewart Marchman Treatment Center

4. Recipient name and address:

Stewart-Marchman-Act Behavioral Healthcare
1220 Willis Avenue
Daytona Beach, FL 32114

Location county/counties: Volusia

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$141,000	\$	\$141,000	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This detoxification center helps withdraw the patient from alcohol and substance abuse and motivate him/her to seek preventative treatment.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded 10 years (FY 2002-2003). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with serious substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): Yes. This detox program funded by this funding is the only detoxification center in Volusia county.

12. What are the intended outcomes/impacts and benefits of the project? The project provides detoxification services (8 beds). Individuals are treated for withdrawal systems in a supervised clinical setting to ensure a safe transition from using drugs and alcohol to abstaining from them. Proper management of withdrawal symptoms creates a better opportunity for the individual to complete further treatment services.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number served, average LOS
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate: Per diem cost
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data through the Substance Abuse and Mental Health Information System.

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The Department reimburses all providers for substance abuse services via a base rate for the service, which may be individually revised based upon local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office (substance abuse prevention)

3. Project Title: Substance Abuse Prevention Initiatives

4. Recipient name and address: SAMH Program Office

Location county/counties: Statewide

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity:

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$327,250	\$	\$327,250	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Funding to reduce substance abuse statewide among adolescents aged 12 to 17. Services include (1) supporting antidrug prevention coalitions; (2) conducting a media campaign by utilizing radio and billboard ads in 10 markets that target youth and their parents with substance abuse prevention messages; and (3) implementing science-based prevention programs.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 1 years. The original appropriation was 1,128,469; FY 2012-2013 was 327.250The project was initially funded in FY 2004-2005 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. Reduction of substance abuse among adolescents aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental health (SAMH) Program Office's vision to support the recovery of individuals with substance abuse disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. These funds focus on a variety of initiatives to help reduce substance abuse among adolescents.

12. What are the intended outcomes/impacts and benefits of the project? Reduce substance abuse among adolescents by targeting youth and their parents with effective substance abuse prevention messages.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of coalitions served, number of media campaigns produced and number of prevention programs implemented.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

15. Is there an executed contract between the agency and the recipient?

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient?

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY):

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain):

19. Describe how the information upon which the answer above is based was obtained and validated:

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if

available):

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: The Starting Place

4. Recipient name and address: The Starting Place
 351 North State Road 7
 Plantation, FL 33317

Location county/counties: Broward, Miami-Dade, Palm Beach

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING</u> : FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$405,000	\$	\$405,000	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This comprehensive treatment facility which is staffed by counseling, education, prevention, life skills training and referral services professionals provides therapeutic substance abuse programs/services to at-risk youth aged 12 to 17.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 10 years. The project was initially funded in FY 2002-2003 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program Office's vision to support the recovery of children with substance abuse disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. This program focuses on at-risk youth and offers treatment and prevention services to help them reintegrate into their communities and live productive lives.

12. What are the intended outcomes/impacts and benefits of the project? Increase access to effective treatment and prevention services for at-risk youth and help them develop the skills necessary for successful living.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage of clients who successfully complete the program.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per client.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The ME reimburses the provider based on a negotiated unit cost for a particular service. This cost may be revised by the ME based on funding and/or other local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for these services are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): Internal and external performance reviews and financial audits are conducted based on approved schedules.

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: The Village - Dually Diagnosed Girls

4. Recipient name and address: The Village
 3180 Biscayne Boulevard
 Miami, FL 33137

Location county/counties: Miami-Dade

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$400,000	\$	\$400,000	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This funding provided residential treatment services for adolescent girls ages 11-17 who have co-occurring disorders. Patients spend up to 16 months in residential treatment where they receive drug treatment, psychiatric services, family reunification, vocational and academic training. The program was initially a Residential Level II program. In order to increase utilization and meet the need of the community, the program is transitioning to an In-Home/On-Site model that will allow for more dually diagnosed girls to be served in a less restrictive setting.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 10 years. The project was initially funded in FY 2002-2003 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. The project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program Office's vision to support the recovery of children who are seriously emotionally disturbed with co-occurring substance abuse disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. This program focuses on comprehensive substance abuse and mental health treatment for adolescent girls who have been dually diagnosed.

12. What are the intended outcomes/impacts and benefits of the project? Increase access to treatment services, family reunification, and vocational and academic training to enable clients to lead productive lives in their communities.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served, units produced. -15 clients served
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage of clients who successfully complete the program and are able to return to their families. – 75% successful completion
 Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost. - \$204.09/ 24 hr day
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The ME reimburses the provider based on a negotiated unit cost for a particular service. This cost may be revised by the ME based on funding and/or other local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for these services are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? \$15,000 in kind which funds Seeking Safety evidenced-based practice.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): Internal and external performance reviews and financial audits are conducted based on approved schedules.

22. Provide any other information that can be used to evaluate the performance of this project:

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: The Village - Substance Abuse Treatment Center for Girls

4. Recipient name and address: The Village South
 3050 Biscayne Boulevard
 9th Floor
 Miami, Florida 33137

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$100,000	\$	\$100,000	365

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: The program offers a mix of mental health and substance abuse services for dually diagnosed girls. Clients may be self-referred or referred from various sources in the community, including local hospitals and clinics, the court system, homeless shelters, case managers, employee assistance programs, and private insurance companies. The program was initially a Residential Level II program. In order to increase utilization and meet the need of the community, the program is transitioning to an In-Home/On-Site model that will allow for more dually diagnosed girls to be served in a less restrictive setting.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 2 years. This project was initially in FY 2010-2011 and since then, the Department has included this project in the base budget

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family

recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children with substance use disorders

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): This program provides substance abuse services to adolescents and youth. Although there are other community substance abuse treatment providers, this programs specially serves dually diagnosed girls.

12. What are the intended outcomes/impacts and benefits of the project? To reduce substance abuse and promote recovery.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: 45 clients served

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: - 75% successful completion

Unit cost data (e.g., cost per unit produced); Enumerate: - \$204.09/ Residential Services

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data

for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? \$15,000 in kind which funds Seeking Safety evidenced-based practice.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: AGAPE

4. Recipient name and address: South Florida Jail Ministries/AGAPE Family Ministries
 22790 SW 112 Avenue
 Miami, Florida 33170

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$250,000	\$	\$250,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides funding for Agape Family Ministries to help county inmates, particularly female inmates, and their families. Supported by local churches through monetary donations and volunteer hours. The organization offers a number of programs that are largely directed at helping women end the cycle of addiction, domestic violence, joblessness, and homelessness.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 3 years. This project was initially funded in FY 2009-2010 and since then, the Department has included this project in the base budget

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. This program provides services to adult inmates, primarily female inmates in need of substance abuse treatment services.

12. What are the intended outcomes/impacts and benefits of the project? This project provides substance abuse treatment and support services to help ensure successful recovery and community living.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: number served, length of stay

Projected number to serve for Substance Abuse between July 1, 2012 to June 30, 2013 is 70 clients.

Projected number to serve for Mental Health with Severe and Persistent Mental Illness (SPMI) is 50 clients.

Projected number to serve for Adults with Mental Health Problems is 8 clients.

Projected number to serve for Adults with Forensic Involvement is 11 clients.

Year to date served for SA is 40, SPMI is 26, MH is 14 and Forensic is 7.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.

Adults with SA problems completing successfully is 55%

Adults with SA problems living in stable housing is 90%.

Adults arrested before discharge is none. 100% no arrests

Adults with SA problems employment status from admission to discharge 0%.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident

Residential Level 2 \$174.03 p/day

Room and Board \$102.77 p/day

Case Management - \$38.15 p/hr

Outpatient Individual - \$71.69 p/hr

Incidental Expenses - \$50.00 p/unit

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? \$257,000 which include cash and in-kind donations.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Claudio M. Perez

Title: President / CEO

Phone number and email address: 305-694-4040 / cperez@hcnetwork.org

Date: January 14, 2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Circles of Care - Adult Substance Abuse

4. Recipient name and address: Circles of Care, Inc.
400 East Sheridan Road
Melbourne, Florida 32901

Location county/counties: Brevard County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$400,000	\$	\$400,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides intensive substance abuse treatment options for voluntary and involuntary adults under the Marchman Act. This program is based on the assumption that chemical dependency is a primary illness and that recovery is based on the development of a substance free lifestyle. The program recognizes that many chemically dependent individuals are also dually diagnosed with other psychiatric disorders and provides psychiatric services or counseling in conjunction with substance abuse treatment.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 8 years. This project was initially in FY 2004-2005 and since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's

vision to support recovery of adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. This program provides critical crisis services in the community.

12. What are the intended outcomes/impacts and benefits of the project? Focuses on eliminating substance use by utilizing medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate:
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Miami Behavioral Health Center Coconut Grove Behavioral Center

4. Recipient name and address: Miami Behavioral Health Center
 3850 West Flagler Street
 Miami, Florida 331343

Location county/counties: Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$180,000	\$	\$180,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This project provides mental health and substance abuse services to those who suffer from mental illness or substance abuse. Individual, group therapy, and day-treatment services are provided to those who cannot afford the cost of care or do not qualify for Medicaid. Funds also cover cost increases in rent for an alternate facility.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for at least 10 years. The project has been funded since at least FY 2002-2003 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children and adolescents with severe emotional disturbances and adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): There are other providers in the community that provide mental health and substance abuse treatment services.

12. What are the intended outcomes/impacts and benefits of the project? To provide mental health and substance abuse services to those who suffer from mental illness or substance abuse.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number clients served, average LOS 1,300, YTD 650

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: 50%

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per person Medical Services Unit Cost \$406.51

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? 0

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Patricia Flores

Title: Contract Billing Associate

Phone number and email address: 305-398-6141 pflores@mbhc.org

Date: January 14, 2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Community Substance Abuse - New Beginnings Program

4. Recipient name and address: Haven Recovery House
 540 N Ridgewood Avenue
 Daytona Beach, Florida 32114

Location county/counties: Volusia County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING</u> : FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$135,000	\$	\$135,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides housing, limited in availability and duration, for indigent women with newborns. It is administered by Community Outreach, Inc. and is designed to serve those qualifying for after-care services and housing assistance.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 12 years. The project was initially funded in FY 2000-2001 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. This program offers specialized services and programs for pregnant and post-partum women with a substance use disorder. There are a limited number of these specialized programs throughout the state.

12. What are the intended outcomes/impacts and benefits of the project? The program emphasizes the health of the mother and her infant and provides the women with the necessary skills for on-going recovery, self-sufficiency and family reunification.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: number served, length of stay

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Community Substance Abuse - Stewart Marchman Center

4. Recipient name and address: Stewart-Marchman- Act
 1220 Willis Avenue
 Daytona Beach, Florida 32114

Location county/counties: Volusia County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$938,895	\$	\$938,895	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This provides funding to create a 20-bed adult residential substance abuse treatment facility (Stewart Marchman Center). The proposed average length of stay is 7 days.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 12 years. The project was initially funded in FY 2000-2001 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): It is not clear at this time. Based on the above description, this funding should have been used to

build or “create” a 20 bed adult residential substance abuse treatment facility. According to the provider’s website, it appears that this facility has been built, opened and currently being used to provide services. It appears that this funding is now being used for operational costs incurred during the provision of substance abuse treatment services in the 20-bed facility.

12. What are the intended outcomes/impacts and benefits of the project? To provide provides residential, gender specific programs for voluntary or involuntary individuals whose substance abuse/co-occurring disorders cannot be addressed in a less restrictive setting.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number clients served, average LOS

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per person

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Drug Free Living - Brevard

4. Recipient name and address: The Center for Drug Free Living (Executive Offices)
 3670 Maguire Boulevard
 Orlando, Florida 32803

Location county/counties: Orange County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$500,000	\$	\$500,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides evidence-based substance abuse treatment services for adults and youth. Youth services include outpatient, inpatient and school programs. Adult services include outpatient, inpatient and detoxification. These services also include Marchman Act services that provide an individual in need of substance abuse services with emergency services and temporary detention for substance abuse. The program may serve women involuntarily committed through a Marchman Act.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 13 years. This project was initially in FY 1999-2000 and since then, the Department has included this project in the base budget

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children and adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. This program provides critical crisis services. However, the Brevard facility was closed several years ago and the beds and associated funding were transferred over to the Orange County facility.

12. What are the intended outcomes/impacts and benefits of the project? Focuses on eliminating substance use by utilizing medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate:
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? \$384,746 and in-kind of \$143,108

21. List any audits or evaluative reports that have been published for this project (including website links, if available): Annual Audited Financial, Federal Grants, Orange County, Brevard County and The City of Orlando.

22. Provide any other information that can be used to evaluate the performance of this project: The Brevard facility was closed several years ago and the beds and associated funding were transferred over to the Orange County facility.

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Drug Free Living - Orange

4. Recipient name and address: The Center for Drug Free Living (Executive Offices)
 3670 Maguire Boulevard
 Orlando, Florida 32803

Location county/counties: Orange County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$725,000	\$	\$725,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides adult and youth evidence-based substance abuse treatment services. Youth services include outpatient, inpatient and school programs. Adult services include outpatient, inpatient and detoxification. These services also include Marchman Act services that provide an individual in need of substance abuse services with emergency services and temporary detention for substance abuse. The program may serve women involuntarily committed through a Marchman Act.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 12 years. This project was initially in FY 2000-2001 and since then, the Department has included this project in the base budget

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of children and adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): Yes. This program provides critical crisis services in the community

12. What are the intended outcomes/impacts and benefits of the project? Focuses on eliminating substance use by utilizing medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate:
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at

the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? \$384,746 and in-kind of \$143,108

21. List any audits or evaluative reports that have been published for this project (including website links, if available): Annual Audited Financial, Federal Grants, Orange County, Brevard County and The City of Orlando.

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Emergency Waiting List Reduction Program

4. Recipient name and address: Here's Help, Inc.
 9016 SW 152nd Street
 Miami, FL 33157

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$90,000	\$	\$90,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides funding for Here's Help, Inc., a not-for-profit substance abuse organization to provide residential and outpatient substance abuse services. Outpatient treatment is provided to individuals who are currently on a 2 to 4 month waiting list for treatment. These individuals are otherwise often sentenced to county jail or state prison for drug related crimes, spend time in long-term residential treatment, or use taxpayer dollars via social services because their dependence on drugs or alcohol renders them dysfunctional and unable to find or keep a job.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for at 6 years. The project was initially funded in FY 2006-2007 and since then the funding has been in the base budget

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program Office's vision to support the recovery of individuals with substance abuse disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. This project provides substance abuse treatment services to adolescents and young adults and is essential to helping individuals recover who might otherwise be sentenced to county jail or state prison for drug related crimes or spend time in long term care residential treatment facilities.

12. What are the intended outcomes/impacts and benefits of the project? (1) Increase access to effective outpatient treatment services by reducing the wait time for individuals to get into the program, (2) Reduce costs associated with more expensive deep-end residential treatment programs or incarceration, and (3) Promote individual economic self-sufficiency by helping these individuals to become productive contributors to society.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number of clients served: 75, time on wait list: 2 months.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage of clients who successfully complete treatment: 87%.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost. Comprehensive Community Services Team: \$37.86

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the

provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:
Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? N/A

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: First Step - Mothers and Infants Program

4. Recipient name and address: First Step
 4579 Northgate Court
 Sarasota, Florida 34234

Location county/counties: Sarasota County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$278,100	\$	\$278,100	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This funding provides a residential Level II program for 6 to 12 months for adult pregnant women addicted to alcohol or drugs. Emphasis is on parenting skills, addiction education, relapse prevention, decision making, and life management skills and vocational rehabilitation. Women enter the program in Phase I and progress through Phase IV in order to graduate. The program covers the counties in the Suncoast area.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 16 years. This project was initially funded in FY 1996-1997 and since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. This program offers specialized services and programs for pregnant and post-partum women with a substance use disorder. There are a limited number of these specialized programs throughout the state.

12. What are the intended outcomes/impacts and benefits of the project? Mothers & Infants is a safe supportive program that combines group and individual counseling with parenting, nutrition and life management skills classes. The program emphasizes the health of the mother and her infant and provides the women with the necessary skills for on-going recovery, self-sufficiency and family reunification.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS)

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Haven Recovery House (formerly Serenity House)

4. Recipient name and address: Haven Recovery House
540 N Ridgewood Avenue
Daytona Beach, FL

Location county/counties: Volusia County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. FUNDING: FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$543,000	\$	\$543,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides a series of residential, case management, and counseling services which ensure that high-risk substance abusers have successful outcomes after completing treatment. The program serves substance abusers who have completed intensive residential or outpatient treatment and require transitional assistance to prevention/intervention, employment assistance, and urinalysis monitoring. Two transitional living facilities, monitored and supervised by program staff, allow clients to stabilize in the community and translate the skills learned in treatment to regular society.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for 8 years. The project was initially funded in FY 2004-2005 and since then the funding has been in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program Office's vision to support the recovery of adults with serious mental illness and/or substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? Yes. (Explain): Yes. This program serves homeless individuals and veterans, including aftercare for high risk abusers, case management and assessment.

12. What are the intended outcomes/impacts and benefits of the project? Increase access to effective treatment services and help individuals successfully reintegrate into society.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served, units produced.

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percent of clients who successfully complete treatment.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost.

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entity reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: New Horizons Dual Diagnosis

4. Recipient name and address: New Horizons Community Mental Health
 1469 Northwest 36th Street
 Miami, Florida 33142

Location county/counties: Miami-Dade County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$90,000	\$	\$90,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides after-care for adults that have been dually diagnosed and require preventative assistance in order to live in a stable environment.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded for at least 11 years. This project was initially in FY 2001-2002 and since then the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program office's vision to support the recovery of adults with serious mental illness and substance abuse disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): Yes. This program focuses on keeping individuals out of deep-end costly residential programs and makes it possible for them to remain in their communities.

12. What are the intended outcomes/impacts and benefits of the project? (1) Increase access to effective outpatient treatment services, (2) Reduce costs associated with more expensive residential treatment programs, and (3) Promote individual economic self-sufficiency by helping these individuals to become productive contributors to society.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number of clients served, units produced. 52 clients served MH units= 170.75 SA units= 885.25

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage of clients who successfully complete the program and reintegrate into their communities. 50% to date

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost. Outpatient Services at a Unit Rate: \$84.63

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources? The agency has matching funds of in-kind contribution of \$12,500 and an additional \$10,000 from the Homeless Trust to support the program a total of \$22,500.

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Rob Siedlecki

Title: Assistant Secretary, Substance Abuse and Mental Health

Phone number and email address: (850) 414-9063 Rob_Siedlecki@dcf.state.fl.us

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Outreach to the Elderly for Medical Compliance

4. Recipient name and address: River Region Human Services, Inc.
 2055 Reyko Rd., Suite 101,
 Jacksonville, FL 32207

Location county/counties: Duval County

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING</u> : FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$180,000	\$	\$180,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides funding to River Region Human Services, a community-based organization that provides outreach to the elderly to prevent the misuse or abuse of alcohol and prescription drugs. Services include (1) identification and education on the proper use of prescribed medications; (2) follow-up to local hospitals regarding hip fractures, falls and accidents; and (3) community-wide training on the complications surrounding medicating the elderly and the rising use of alcohol and drugs. The program could lessen emergency room visits and decrease the use of contra-indicated medications by informing senior citizens about medications and providing a client-driven medications monitoring system.

9. Number of years this project has received state funding: At least 10 years (since at least FY 2002-2003).

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): No. According to River Region Human Services website (www.rrhs.org/index-2.html):
"The primary goal of the program is to achieve medical compliance by participants. Training is provided in homes, senior centers, housing projects, and churches. Caregivers, social workers,

and other supportive individuals assist in the adoption of medical compliance models for the elderly. Education about proper use of prescribed medications, Direct Observed Therapy, and medication coordination with patients' prescribing physicians is a primary focus.

River Region provides follow-up services to local hospitals regarding hip fractures, falls, and accidents. The community-wide training about the complications associated with medicating the elderly and with the rising use of alcohol and other drugs is provided at local conference and or group sessions at the request of the host through our Speaker's Bureau."

The goals of the Outreach to the Elderly for Medical Compliance Program do not align with the strategic priorities of the Department of Children and Families. Medication compliance, medication coordination, and hospital-based injury follow-up services are program domains that fall under the purview of the Department of Health and/or the Agency for Health Care Administration.

The Outreach to the Elderly for Medical Compliance Program provides services to elderly patients who have legitimate prescriptions they generally intend to take as prescribed. In contrast, DCF's Substance Abuse and Mental Health Program Office works to reduce the incidence of nonmedical prescription drug use and treat prescription drug use disorders. Nonmedical prescription drug use refers to the use of pharmaceuticals without a prescription or the use of pharmaceuticals simply for the experience or feelings they produce (i.e., euphoria/pleasure).

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): No. This program does not provide substance abuse services and therefore does not meet a demonstrated need for substance abuse services in the community that are currently not being met.

12. What are the intended outcomes/impacts and benefits of the project? According to the description provided on the special projects list for FY 2012-2013, the intended outcomes/impacts and benefits of this project are as follows:

The goal of this project is to achieve medical compliance and prevent complications that could evolve to six hundred (600) elderly citizens in Duval, Clay, Baker, St. Johns and Nassau counties. The goals are to reduce emergency room visits, decrease using contraindicated medications, inform senior citizens who can negotiate medications and an intensive medications monitoring system that is client-driven that can be replicated throughout the State.

However, according to the According to River Region Human Services website (www.rrhs.org/index-2.html), the intended outcomes/impacts and benefits of this project are as follows:

"The primary goal of the program is to achieve medical compliance by participants. Training is provided in homes, senior centers, housing projects, and churches. Caregivers, social workers, and other supportive individuals assist in the adoption of medical compliance models for the elderly. Education about proper use of prescribed medications, Direct Observed Therapy, and medication coordination with patients' prescribing physicians is a primary focus.

River Region provides follow-up services to local hospitals regarding hip fractures, falls, and accidents. The community-wide training about the complications associated with medicating the elderly and with the rising use of alcohol and other drugs is provided at local conference and or

group sessions at the request of the host through our Speaker's Bureau."

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate:

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System (SAMHIS).

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Passage Way Aftercare Project

4. Recipient name and address:

Haven Recovery Center (Formerly Serenity House)
211 N. Ridgewood Ave. Suite #204
Daytona Beach, Florida, 32114

Location county/counties: Volusia

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$180,000	\$	\$180,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Funding is provided to the Serenity House to implement a pilot project that offers a series of residential, case management, and counseling services to strive for successful outcomes for high-risk substance abusers after completing treatment. The program will serve 96 substance abusers who have completed intensive residential or outpatient treatment and require transitional assistance to prevention/intervention, employment assistance, and urinalysis monitoring. Two transitional living facilities, monitored and supervised by program staff, allow clients to stabilize in the community and translate the skills learned in treatment to the natural environment.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded 11 years (FY2001-2002). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's

vision to support recovery of adults with substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): *Awaiting further information from the field*

12. What are the intended outcomes/impacts and benefits of the project? Individuals receive services as part of this project after treatment increasing their chances of remaining drug and/or alcohol free. This program eases the transition from receiving treatment to living independently in the community.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate: Number served, length of stay

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System.

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project:N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: River Regions Services - Women's HIV and Substance Abuse

4. Recipient name and address:
 River Region Human Services, Inc.
 2255 Reyko Rd. Suite 101
 Jacksonville, FL 32207

Location county/counties: Clay, Duval, Nassau, St John's, Baker

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$250,000	\$	\$250,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: This funding is used by a community-based non-profit corporation that provides comprehensive drug abuse treatment, intervention and prevention services. River Region provides these services in a coordinated fashion with government, businesses, private and faith-based organizations. These services are focused on women with HIV.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded seven years (FY 2005-2006). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of HIV positive women with serious substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): The services provided by this special project are not necessarily unique. However, these funds target women with HIV and this funding ensures services are available for these individuals in the greater Jacksonville area.

12. What are the intended outcomes/impacts and benefits of the project? This project seeks to reduce the use of drugs and alcohol among women with HIV.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate:
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:
 Unit cost data (e.g., cost per unit produced); Enumerate:
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data through the Substance Abuse and Mental Health Information System.

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Project WARM (Women Assisting Recovering Mothers)

4. Recipient name and address:

Stewart-Marchman-Act Behavioral Healthcare
1220 Willis Avenue
Daytona Beach, FL 32114

Location county/counties: Volusia/Flagler

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$300,000	\$	\$300,000	366

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Project WARM (Women Assisting Recovering Mothers) protects not-yet-born children from their mother's continued drug use as well post partum women or women who have young children. The project funds long-term residential services to individuals.

9. Number of years this project has received state funding:

Based on available Departmental archived data, this project has been funded 13 years (FY 1998-1999). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded?
(Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of mother or expected mothers with substance use disorders. In addition, this program helps the Department meet its obligation for serving pregnant and post partum women in the Substance Abuse Block Grant.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?
(Explain): Yes. Long-term residential programs specifically design for women who are pregnant, post partum, or have small children are scarce in the area.

12. What are the intended outcomes/impacts and benefits of the project? The project provides long-term residential program services to women who are pregnant, post-partum, or have small children. The services are intended to prevent the birth of children addicted to drugs and or alcohol. The project reports 7 out of 10 women enrolled in the program complete the program.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?
 Output data (e.g., number of clients served, students educated, units produced); Enumerate: number served, length of stay
 Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.
 Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident
 Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?
Providers report data through the Substance Abuse and Mental Health Information System.

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this provider are included in the outcome data for the managing entity as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated: Client data is reported by the managing entity through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Project WARM (Women Assisting Recovering Mothers)

4. Recipient name and address:

Stewart-Marchman-Act Behavioral Healthcare
1220 Willis Avenue
Daytona Beach, FL 32114

Location county/counties: Volusia/Flagler

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$1,245,000	\$	\$1,245,000	367

7. FY 2012-13 GAA proviso specifically associated with the project (if any): From the funds provided in Specific Appropriation 367, the sum of nonrecurring \$1,000,000 general revenue funds and \$1,000,000 recurring general revenue funds are provided to expand Project Warm for the treatment and recovery of drug addicted pregnant women.

8. Project Purpose/Description: The WARM (Women Assisting Recovering Mothers) project protects not-yet born children from their mother's continued drug use as well post partum women or women who have young children. The project funds long-term residential services to individuals.

9. Number of years this project has received state funding:

Based on available Departmental archived data, this project has been funded 13 years (FY 1998-1999). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of mother or expected mothers with substance use disorders. In addition,

this program helps the Department meet its obligation for serving pregnant and post partum women in the Substance Abuse Block Grant.

11. Does the program meet a demonstrated need in the community that is not otherwise being met? (Explain): Yes. Long-term residential programs specifically design for women who are pregnant, post partum, or have small children are scarce in the area.

12. What are the intended outcomes/impacts and benefits of the project? The project provides long-term residential program services to women who are pregnant, post-partum, or have small children. The services are intended to prevent the birth of children addicted to drugs and or alcohol.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:
Number served, length of stay

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate: Percentage change in clients who are employed from admission to discharge; Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge; Percent of adults who successfully complete substance abuse treatment; Percent of adults with substance abuse who live in a stable housing environment at the time of discharge.

Unit cost data (e.g., cost per unit produced); Enumerate: Service unit cost, cost per resident

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness? Providers report data through the Substance Abuse and Mental Health Information System.

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Community Issue Performance Evaluation

1. State Agency: Department of Children and Families

2. State Program (or Type of Program): Substance Abuse and Mental Health Program Office

3. Project Title: Community Substance Abuse - Addiction Treatment Services

4. Recipient name and address:

Haven Recovery Center (Community Outreach Services, Inc.)
211 N. Ridgewood Ave. Suite #204
Daytona Beach, Florida, 32114

Location county/counties: Volusia

5. Is the recipient a governmental entity, a private non-profit entity, or a private for-profit entity: Private non-profit entity

6. <u>FUNDING:</u> FY 2012-13 Recurring General Revenue	FY 2012-13 Recurring Trust Funds	FY 2012-13 Recurring TOTAL FUNDS	GAA Specific Appropriation Number (ch. 2012-118, L.O.F.)
\$81,900	\$	\$81,900	367

7. FY 2012-13 GAA proviso specifically associated with the project (if any): N/A

8. Project Purpose/Description: Provides funding for Community Outreach Services, Inc. to provide intensive substance abuse outpatient services using individual and group counseling techniques with special emphasis on the therapeutic community. The setting is designed to be less restrictive than residential treatment and thereby less expensive and disruptive to patients.

9. Number of years this project has received state funding: Based on available Departmental archived data, this project has been funded 11 years (FY 2000-2001). Since then, the Department has included this project in the base budget.

10. Does this project align with the core missions of the agency or the program area in which it is funded? (Explain): Yes. This project aligns with the Department's mission to advance personal and family recovery and resiliency. It also aligns with the Substance Abuse and Mental Health (SAMH) Program's vision to support recovery of adults serious substance use disorders.

11. Does the program meet a demonstrated need in the community that is not otherwise being met?

(Explain): No. This project provides substance abuse services to individuals who are who are dependent on drugs or alcohol. There are limited resources available in most communities for these services. However, there are other sources of outpatient treatment in Volusia county

12. What are the intended outcomes/impacts and benefits of the project?

Individuals who are who are dependent on drugs or alcohol will intensive outpatient services (individual and group counseling) in a manner that mimics therapeutic community residential services.

13. What performance data does the agency/entity regularly collect and report that demonstrates the value of the program to the State of Florida?

Output data (e.g., number of clients served, students educated, units produced); Enumerate:

Number served

Outcome data (data on the effectiveness or quality of services, e.g., percentage of clients successfully completing treatment); Enumerate:

Unit cost data (e.g., cost per unit produced); Enumerate: per unit cost

Other (Explain):

14. How is program data collected and has it been independently validated for accuracy and completeness?

Providers report data through the Substance Abuse and Mental Health Information System.

15. Is there an executed contract between the agency and the recipient? No. There is no direct contractual

relationship between the department and this provider, because they are a subcontractor with the managing entity. The department has a contract with the managing entity.

16. If there is a contract, are the outputs, measures and costs specified in a contract between the agency and the recipient? Contractual outputs, measures, and costs with this provider are the contractual responsibility of the managing entity. However, the department maintains contractual oversight of the managing entity, and requires outputs, performance measure and outcome data from this entity.

17. How do the unit costs compare to those of comparable or alternative projects or services? (EXPLAIN AND SPECIFY): The regional managing entities reimburses all providers for substance abuse and/or mental health services using a base rate for that particular service, which may be revised by the managing entity based on local factors.

18. Based on performance data, is this project meeting the expected outputs and having the intended outcomes? (Explain): Performance measures for this service/project are included in the outcome data for the provider as a whole.

19. Describe how the information upon which the answer above is based was obtained and validated:

Client data is reported by the provider through SAMHIS and aggregated by the Department to arrive at the provider performance measure scores.

20. How much additional funding or matching funding from non-state sources is available for this project and what are the sources?

21. List any audits or evaluative reports that have been published for this project (including website links, if available): N/A

22. Provide any other information that can be used to evaluate the performance of this project: N/A

23. CONTACT INFORMATION for person completing this form:

Name: Eileen Briggs

Title: Director of Performance Management

Phone number and email address: 904-900-1075

Date: 1/17/2013

Florida Department of Children and Families

Fiscal Year 2013-2014 Legislative Budget Request

Programmatic Initiatives

1. Florida Safe Families Network (FSFN)–Maintenance & Operations / \$3,600,000 / 7% increase
2. Community Based Care Performance Incentive / \$5,649,066 / 1% increase
3. Safe Harbor for Juvenile Commercial Sexual Exploitation Victims / \$1,468,608 / 100% increase
4. Central Region Community Based Care Out of Home Care Increase / \$762,655 / 1% increase
5. Additional Budget Authority for Grants to Encourage Arrest Program / \$347,986 / 1% increase
6. Certified Domestic Violence Centers Workload / \$1,000,000 / 3% increase
7. Emergency Solutions Grant Increase / \$674,731 / 11% increase
8. ACCESS Identify Verification – Authentication Program / \$1,107,250 / 1% increase
9. Integration of Child Welfare and Substance Abuse Treatment Services / \$5,156,406 / 4% increase

Total Programmatic Initiatives/ \$19,766,702

Restoration

1. Restore Funding for Programs Supported by Administrative Earnings / \$8,108,249
2. Restore Maintenance Adoption Subsidies Funding / \$20,582,803
3. Restore Funding for the Healthy Families Program / \$2,000,000
4. Restore Bay County Florida Assertive Community Treatment Team / \$680,000
5. Restore Adult Community Mental Health Services / \$13,950,000
6. Restore Children’s Mental Health Services / \$3,875,000
7. Restore Community Adult Substance Abuse Services / \$4,900,000
8. Restore Children’s Substance Abuse Services / \$1,125,000

Total Restoration/ \$55,221,052

Florida Department of Children and Families

Fiscal Year 2013-2014 Legislative Budget Request

Mandatory by Law/Entitlement

1. Marissa Amora Relief Bill Annual Request / \$1,700,000
2. Northwood Shared Resource Center (NSRC) Data Center Workload Increase / \$1,930,146
3. Annualization of Child Abuse Coordination and Child Protective Investigation Redesign / \$1,199,339
4. Maintenance Adoption Subsidies / \$10,455,562
5. Automated Community Connection to Economic Self Sufficiency Asset Verification / \$4,000,000
6. New Technology Solution for Florida's Public Assistance Eligibility System / \$76,045,650
7. Annualize Funding for Bay County Florida Assertive Community Treatment Team / \$574,354
8. Annualization of Increase Forensic Community Beds from Florida State Hospital / \$1,589,940
9. Violent Sexual Predator Program Increase in Facility Operations / \$906,363

Total Mandatory by Law/Entitlement / \$98,401,354

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

January 23, 2013

Meeting Date

Topic Base Budget Review & LBR Bill Number _____
(if applicable)

Name Jon Manalo Amendment Barcode _____
(if applicable)

Job Title Chief Financial Officer

Address 4040 Esplanade Way Phone 850-487-5140

Street

Tallahassee

FL

32399

E-mail manaloj@elderaffairs.org

City

State

Zip

Speaking: For Against Information

Representing Department of Elder Affairs

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/20/11)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

Topic Budget Bill Number _____
(if applicable)

Name Neville Smith Amendment Barcode _____
(if applicable)

Job Title CFO

Address 1317 W. Pinewood Blvd Phone 519 3171
Street Tallahassee, FL 32312
City State Zip

Speaking: For Against Information

Representing DOE

Appearing at request of Chair: Yes No Lobbyist registered with Legislature: Yes No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

CourtSmart Tag Report

Room: KN 412

Case:

Type:

Caption: Appropriations Subcommittee on Health & Human Services

Judge:

Started: 1/23/2013 1:36:22 PM

Ends: 1/23/2013 3:08:39 PM

Length: 01:32:18

1:36:24 PM Meeting called to order
1:36:32 PM Roll call
1:36:43 PM Opening Remarks by Sen. Grimsley
1:37:22 PM Tab 1 - Initiative Base Budget Review
1:37:40 PM Jon Manalo, Chief Financial Officer, Dept. of Elder Affairs
1:44:59 PM Sen. Sobel speaking
1:45:48 PM Sen. Gibson speaking
1:46:22 PM Jon Manalo speaking
1:48:46 PM Sen. Grimsley speaking
1:50:00 PM Nevin Smith, Chief Financial Officer, Dept. of Children and Family Services
2:04:48 PM
3:04:48 PM Meeting Adjourned