

# PB<sup>2</sup> Performance Report

No. 98-52

February 1999

## Adult Mental Health Reports Client Success; Work on Measures, and Accountability Needed

*This report assesses the performance of the Department of Children and Families' Alcohol, Drug Abuse and Mental Health Program, Adult Community Mental Health Subprogram, based on 1997-98 measures and comments on measures proposed for 1999-2000 under performance-based program budgeting (PB<sup>2</sup>).*

### Summary

- During 1997-98, the Adult Community Mental Health Subprogram was effective at keeping adults with severe and persistent mental illness in the community where less expensive care can be provided. Clients who do not cope well in the community receive more expensive services through state mental institutions, crisis stabilization units, inpatient psychiatric units, jails, or may be homeless. Because of incomplete data reporting, we cannot confidently assess the program's performance for the two other target groups, adults in mental health crisis and adults with forensic involvement.
- The subprogram needs additional performance measures to provide greater accountability. The subprogram does not have measures linking costs of services to clients served. In addition to measures useful for budget decisions, we recommend changes and additions to the subprogram's proposed Fiscal Year 1999-2000 measures necessary to evaluate program outcomes.
- The subprogram's accountability system met OPPAGA's expectations in one of four areas (program purpose and goals). The subprogram's performance measures need some modifications, while the reliability of the subprogram's data and the use of performance information by managers both need improvement.
- The Secretary of the Department of Children and Families agreed with OPPAGA's report and described actions that the department is taking to address issues raised in the report. The Secretary's response is public record and is available upon request.

## Background

The Department of Children and Families' (DCF) Adult Community Mental Health Subprogram provides mental health services to support adults with mental illness in the community. Adults with mental illness experience a range of chronic and acute conditions. The department's 15 service districts contract with 186 community-based mental health providers for a variety of services.

### ***Program Services***

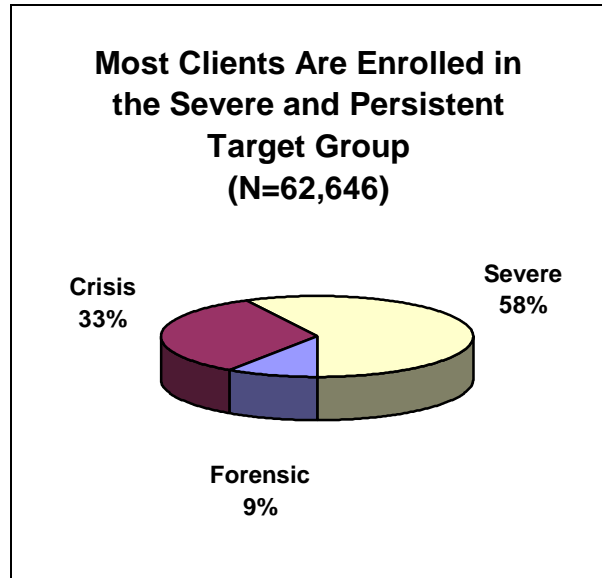
- **Case management services** identify the client's needs, plan services, monitor service delivery, and evaluate the effect of the services received.
- **Outpatient services** provide therapeutic counseling and medications management to improve functioning or prevent further deterioration of mental health.
- **Community support services** are a variety of non-residential care services that include crisis support, day treatment, in-home services, medical care, sheltered and supported employment services, and supported housing services.
- **Inpatient and crisis stabilization services** include acute care services for intensive treatment of persons exhibiting violent or suicidal behaviors or other severe disturbances due to mental illness.
- **Residential services** provide a range of assessment, support, and therapeutic services in a supervised, non-hospital setting. Four levels of residential services provide varying degrees of supervision and support. The most intensive, Level 1, provide a structured setting with 24-hour supervision. The least intensive, Level 4, provide less than 24-hour supervision and are primarily support for independent living.

### ***Clients Served***

Since 1994, the department has required providers to report information on the number of clients served, the services provided, and the cost. The department estimates that the subprogram served 126,278 adults in Fiscal Year 1997-98. The department is not able to report the number of clients served in the program's three target groups: adults with severe and persistent mental illness, adults in mental health crisis, and adults with forensic involvement.

The lack of information on the number of clients served by target group is due to a recent policy that requires providers to enroll clients in target groups. During the transition to this new policy not all providers enrolled clients that they served. Because of this, the department is not able to report the number of clients served by target group, only the total number of clients served and the number that providers enrolled in the target groups. Beginning in Fiscal Year 1998-99, the department linked the enrollment of clients to service event records. In Fiscal Year 1997-98, community mental health providers enrolled 62,646 adults in the subprogram's three target groups.

- **Adults with severe and persistent mental illness** are individuals whose chronic psychiatric disabilities make them eligible for disability income.
- **Adults in mental health crisis** are individuals who do not have a chronic psychiatric disability, but, due to a recent severe stressful event, meet the admission criteria of a psychiatric facility.
- **Adults with forensic involvement** are adults charged with a criminal offense or adjudicated as incompetent for judicial proceedings and the court has placed them in a community mental health program as a condition of their release.



Source: Department of Children and Families, Legislative Budget Request, Exhibit D2

### Subprogram Resources

#### Program Allocations, Fiscal Year 1997-98

Funding Source	Administration (Districts and Central Office)	Adult Community Mental Health	Total
General Revenue	\$2,428,251	\$153,712,344	\$156,140,595
Trust Funds		13,110,887	13,110,887
Medicaid		73,364,003	73,364,003
<b>Total</b>	<b>\$2,428,251</b>	<b>\$240,187,234</b>	<b>\$242,615,485<sup>1</sup></b>

<sup>1</sup> Section 394.76(3)(b), F.S., requires Alcohol, Drug Abuse, and Mental Health funds to be matched by local funds. These funds may be cash or "in-kind" contributions, such as salaries, office space, and facilities maintenance. For Fiscal Year 1997-98, DCF reported the total amount of local match for the Adult Community Mental Health Subprogram was \$55,051,666. This figure had not been audited as of December 1, 1998.

Source: Department of Children and Families

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In Fiscal Year 1997-98, the department assigned 77 full-time equivalent (FTE) positions to the Adult Community Mental Health Subprogram, 55.5 FTEs in the service districts.

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## Performance

For Fiscal Year 1997-98, the subprogram was effective at keeping adults with severe and persistent mental illness in the community where services are less expensive. Adults in the severe and persistent target group spent 333 of 365 days in the community (not in crisis stabilization units, short term residential facilities, mental health hospitals, jail, or homeless). The number of days in the community is important because clients who do not cope well enough to remain in the community receive expensive services through state mental institutions, crisis stabilization units, inpatient psychiatric units, jails, or may be homeless.

Because of incomplete data reporting, the PB<sup>2</sup> measures cannot be used to assess the subprogram's performance for the other two target groups, adults in mental health crisis and adults with forensic involvement. Providers did not report data for 50% of clients enrolled in target groups. Most of the program's performance standards were established using unreliable data from Fiscal Year 1996-97. The department has made significant changes to data reporting procedures that should improve the reliability of Fiscal Year 1998-99 performance data. See the Data Reliability section of the Rating of Program Accountability of this report for more details about data reliability issues.

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## Proposed Performance Measures

The department's proposed Fiscal Year 1999-2000 performance measures are valid measures of program outcomes and, for the most part, are comprehensive. We recommend that the Legislature add new measures to provide more meaningful information to budget and policy decision-makers. In addition, we recommend changes and additions to enhance the ability to evaluate program outcomes (see Additional Measures in Appendix B). We recommend that the client satisfaction measures be dropped for adults in mental health crisis and adults with forensic involvement.

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## Rating of Program Accountability

A key factor in PB<sup>2</sup> is that agencies need to develop strong accountability systems that enable the Legislature and the public to assess program performance. An accountability system consists of these key elements: program purpose or goals, performance measures, a process for valid and reliable data, and credible reports of performance that can be used to manage the program. Our rating tells decision-makers whether they can rely on the program's performance information. We compare the components of an accountability system against our established criteria to determine the rating.

Accountability System Component	Meets Expectations	Needs Some Modifications	Needs Major Modifications
Program Purpose and Goals	X		
Performance Measures		X	
Data Reliability			X
Reporting Information and Use by Management		X	

Source: OPPAGA analysis

### ***Program Purpose and Goals***

The Adult Community Mental Health Subprogram's purpose and goals meet expectations. The subprogram has a clearly stated purpose and goals. Goals are consistent with the program's purpose of assisting people with serious mental illness with living and participating in the community. Objectives and goals cover all major aspects of the program and progress towards these goals and objectives are measurable.

### ***Performance Measures***

Proposed Fiscal Year 1999-2000 performance measures for adult community mental health services are valid measures of program outcomes and are, for the most part, comprehensive. However, the measures need some modifications to make them more comprehensive.

- The program does not report unit costs or the cost of services per client, thus limiting the usefulness of measures for making budgetary decisions. The absence of efficiency measures limits the ability to compare costs across target groups or to costs for clients in state facilities.
- The program does not measure the change in client functionality for adults in the severe and persistent target group or for adults in the forensic involvement target group.
- Additional measures are needed to better describe the impact services have on clients. (For additional discussion, see Additional Measures section in Appendix B).

### ***Data Reliability***

The department needs to improve its data reporting and validation procedures. The Fiscal Year 1997-98 performance data has reliability problems that are demonstrated by our inability to assess the performance for two of the three target groups. The most serious problems are that providers did not enroll and collect performance information on large percentages of the clients they served and did not report performance information for all the clients they enrolled. For Fiscal Year 1998-99, the department has implemented

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corrective actions addressing these problems. Until OPPAGA verifies the improvement in data reliability, we rate the program's data reliability as needing major modifications.

There are several problems that need to be resolved.

- **Missing performance information due to lack of enrollment in target groups.** Program budget documents indicate providers enrolled 50% of the clients they served in Fiscal Year 1997-98.
- **Missing performance information for clients enrolled in target groups.** For Fiscal Year 1997-98, for enrolled clients, complete performance data was reported for 70% of the severe and persistent target group, 60% of the forensic target group, and 25% of the mental health crisis target group.
- **Inadequate assessment of data accuracy.** The department's inspector general has not assessed the accuracy of the subprogram's performance-based budgeting data. A data validation study conducted by the Florida Mental Health Institute indicated performance data was not collected for 37% of a random sample of 256 severe and persistent clients. However, for those clients with performance data, they found information for performance measures for 82% to 90% depending on the measure. This information matched the clients' files 80% to 93% of the time. The small sample from three districts was not representative of all providers.

The department has implemented corrective actions to address problems with enrolling clients in target groups and reporting incomplete information on performance outcomes. For example, Fiscal Year 1996-97 data on the number of days clients remained in the community was available for 17,151 adults with severe and persistent mental illness. Fiscal Year 1997-98 data were available for about 23,736 enrolled clients. Also, the department reduced its rejection rate for providers submitting data from 45% in September 1997 to 5% in June 1998. This is an indication of data being submitted in the correct form by providers, not an indication of the accuracy of the data.

For Fiscal Year 1998-99, the department improved its quality control procedures for submitting data and checking its completeness. Enrollment, service event, and performance outcome databases are now linked to address reporting service events and performance outcomes without the clients first being enrolled in a target group. Further, the department developed data entry software, mandatory data entry procedures, and provider training to improve data completeness and reliability. Finally, the department's Office of Standards and Evaluation and Office of the Inspector General are implementing plans this fiscal year to validate the accuracy of samples of data submitted by providers.

### **Reporting Information and Use by Management**

The department's use of performance information needs some modifications. The department reports program performance information through the legislative budget request, the agency performance report, and the department's website. The department has developed a data warehouse for electronic storage and access to client admission, demographic, enrollment, service event, outcome, and payment information. The data are available to district managers.

Performance information is being used on a limited basis across the state to assess district and provider performance. Performance measures are in all provider contracts. In addition, the department's secretary monitors each district's performance. However, the department is not currently using the information to improve services, redirect resources, or make changes to types or mix of services provided by the state. For the past two years the department focused its efforts on creating a reliable data system. Improving data reliability in Fiscal Year 1998-99 may enable district staff to receive more accurate and timely feedback on performance, which should help to improve services.

To improve its accountability rating in this area, program office staff need to further their use of the performance data to evaluate service strategies in districts, identify best practices, and provide this information to the districts.

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## **For More Information**

See FGAR profile <http://www.oppaga.state.fl.us/profiles/5006/> or call Jim Russell at (850) 487-9220 or Steve Harkreader at (850) 487-9225. Information from the department is available on its web site at [http://www.state.fl.us/cf\\_web/adm](http://www.state.fl.us/cf_web/adm) or by calling (850) 488-8304.

## Appendix A

### *Analysis of DCF's Adult Mental Health Subprogram for Each of Its Performance Measures*

#### *Adults with Severe and Persistent Mental Illness Outcome Measures*

1997-98 Performance	1997-98 Standard	Met Standard?	Comments
<b>Average annual number of days spent in the community</b>			
333	300	Yes	<p>The subprogram is effective at keeping adults with severe and persistent mental illness in the community.</p> <p>The 1997-98 standard was set too low. The department is requesting a standard of 340 days for Fiscal Year 1999-2000.</p>
<b>Average functional level based on Global Assessment of Functioning (GAF) score</b>			
49	53	No	<p>The average post admission functional levels of adults are close to a level of moderate symptoms. GAF scores range from 1 to 100. A GAF score of 51 to 60 indicates clients are having moderate difficulty in social or occupational functioning.</p>
<b>Average client satisfaction score on the Behavioral Healthcare Rating Scale</b>			
129	140	Unable to assess	<p>This measure should not be used to assess performance due to low survey return rates (19%). The department has not determined whether survey results are representative of the total population.</p>
<b>Average annual days worked for pay</b>			
30	22	Yes	<p>Adults worked an average of 30 days per year. Most clients did not work.</p> <p>The standard was set too low. Due to the uncertainty of historical information, it was set below the Fiscal Year 1996-97 baseline of 24 days.</p>



## ***Adults with Severe and Persistent Mental Illness Outcome Measures***

1997-98 Performance	1997-98 Standard	Met Standard?	Comments
<b>Total average monthly income in last 30 days</b>			
\$530	\$550	No	Most clients receive monthly disability income (e.g., Social Security income) of just below \$500. To meet the standard the department needs to emphasize getting clients all the benefits to which they are entitled and providing sheltered or supported employment to supplement their entitlement income.

## ***Adults with Severe and Persistent Mental Illness Output Measures***

1997-98 Performance	1997-98 Standard	Met Standard?	Comments
<b>Number of adults with severe and persistent mental illness served</b>			
35,938	64,662	Unable to assess	The difference between the number served and the standard is due to different definitions, not that the program served fewer clients. For Fiscal Year 1997-98, the program reported 35,938 clients enrolled in the target group. The Fiscal Year 1997-98 standard, 64,662, was based on an estimate of the number of clients served, not enrolled (see page 2, <i>Background: Clients Served</i> , for further explanation).

## ***Adults in Mental Health Crisis Outcome Measures***

1997-98 Performance	1997-98 Standard	Met Standard?	Comments
<b>Average Global Assessment of Functioning (GAF) score</b>			
17	12	Unable to assess	The Legislature should not use this performance data to assess the subprogram's performance due to questionable Fiscal Year 1997-98 data.

## Adults in Mental Health Crisis Outcome Measures

1997-98 Performance	1997-98 Standard	Met Standard?	Comments
<b>Average client satisfaction score on the Behavioral Healthcare Rating Scale (BHRS)</b>			
124	130	Unable to assess	We were unable to assess performance due to low survey return rates (2%). The department has not determined whether survey results are representative of the total population.

## Adults in Mental Health Crisis Output Measures

1997-98 Performance	1997-98 Standard	Met Standard?	Comments
<b>Number of adults in mental health crisis served</b>			
20,863	68,228	Unable to assess	The difference between the number served and the standard is due to different definitions, not that the program served fewer clients. For Fiscal Year 1997-98, the program reported 20,863 clients enrolled in the target group. The Fiscal Year 1997-98 standard, 68,228, was based on an estimate of the number of clients served, not enrolled (see page 2, <i>Background: Clients Served</i> , for further explanation).

## Adults with Forensic Involvement Outcome Measures

1997-98 Performance	1997-98 Standard	Met Standard?	Comments
<b>Average functional level based on Global Assessment of Functioning (GAF) score</b>			
47	51	Unable to assess	The Legislature should not use this performance data to assess the subprogram's performance due to questionable Fiscal Year 1997-98 data.

## Adults with Forensic Involvement Outcome Measures

1997-98 Performance	1997-98 Standard	Met Standard?	Comments
<b>Average client satisfaction score on the Behavioral Healthcare Rating Scale</b>			
130	134	Unable to assess	We were unable to assess performance due to low survey return rates (16%). The department has not determined whether survey results are representative of the total population.

## Adults with Forensic Involvement Output Measures

1997-98 Performance	1997-98 Standard	Met Standard?	Comments
<b>Number of adults with forensic involvement served</b>			
5,845	3,848	Unable to assess	The difference between the number served and the standard is due to different definitions, not that the program served fewer clients. For Fiscal Year 1997-98, the program reported 5,845 clients enrolled in the target group. The Fiscal Year 1997-98 standard, 3,848, was based on an estimate of the number of clients served, not enrolled (see page 2, Background: Clients Served, for further explanation).

Source: Department of Children and Families Legislative Budget Request, Fiscal Year 1999-2000, and OPPAGA analysis

## Appendix B

### OPPAGA Recommendations for Fiscal Year 1999-2000

#### Adults with Severe and Persistent Mental Illness Outcome Measures, Fiscal Year 1999-2000

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
Average annual number of days spent in the community	340	<b>We recommend adopting this measure.</b> This measure is a critical program outcome. The proposed standard of 340 is reasonable given the Fiscal Year 1997-98 performance of 333 days in the community.
Average functional level based on Global Assessment of Functioning (GAF) score	49	<b>We recommend adopting this measure.</b> This measure describes the functional level of clients while in the program. However, it does not indicate whether the functional levels of clients change while in the program. To supplement this measure, we recommend that the department develop a GAF change score measure (see Additional Measures Needed).
Average client satisfaction score on the Behavioral Healthcare Rating Scale (BHRS)	129	<p><b>We recommend modifying this measure.</b> Because of low response rates, the usefulness of this measure is limited. Client satisfaction in a voluntary program is an important outcome to measure. Besides indicating program performance, providers can use the information to improve service deficiencies. To enhance this measure's usefulness, it is critical that the department improve survey response rates. To increase response rates, we suggest several options.</p> <ul style="list-style-type: none"> <li>• The department should shorten the BHRS instrument.</li> <li>• Districts should collect client satisfaction information on a random sample of clients, as part of monitoring providers' contracts.</li> <li>• The department should use its annual client satisfaction survey for performance-based budgeting purposes and rely on the providers to do their own client satisfaction surveys for programmatic changes. The department's 1998 survey had an overall response rate of 50% for adults with mental illness and is representative at the district level.</li> </ul>

## Adults with Severe and Persistent Mental Illness Outcome Measures, Fiscal Year 1999-2000

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
Average annual days worked for pay	30	<b>We recommend adopting this measure.</b> Employment is an indication of a person's ability to participate in the community and is an important program outcome. In addition we recommend reporting the percentage of clients that worked during the year (see Additional Measures Needed).
Total average monthly income in last 30 days	\$530	<b>We recommend modifying this measure and standard.</b> We recommend renaming the measure "average total monthly support/income" because financial resources for clients are primarily coming from public assistance sources, not paid employment.  The proposed standard is lower than the Fiscal Year 1998-99 standard of \$550. The department reported an average of \$519 and \$530 in 1996-97 and 1997-98 respectively. We believe a standard of \$550 can be achieved as contracted community mental health providers continue to find clients supported and sheltered employment opportunities. Currently, most clients receive monthly public assistance just below \$500 and do not work. To meet the income standard the department must emphasize getting clients all the benefits to which they are entitled and providing clients with supported and sheltered employment to supplement disability income.
Percent of community partners satisfied based on survey	80%	<b>We recommend adopting this measure.</b> The community satisfaction survey results reflect the satisfaction of community partners (i.e., law enforcement, judiciary) using specific concepts (timeliness, cooperation, etc.), as well as overall satisfaction with Department of Children and Families' services. The survey was designed to produce reliable statewide results. Satisfaction survey results are most useful for improving program services when stratified to reflect specific districts and client groups. The department should make the community partner satisfaction survey more useful to districts by identifying program-specific services that need to be improved and by disseminating these results to the districts.

### ***Adults with Severe and Persistent Mental Illness Outcome Measures, Fiscal Year 1999-2000***

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
<b>Percent of family members satisfied based on survey</b>	Baseline	<b>We recommend adopting this measure.</b> It is critical that the department collect this information in a manner that will provide an accurate representation of families' perceptions. It is also important for the department to report results to providers in a manner that is useful for improving services. Collecting quality family satisfaction information may be cost prohibitive. See comments on Adults with Severe and Persistent Mental Illness: Average client satisfaction score on the Behavioral Healthcare Rating Scale (BHRS).

### ***Adults with Severe and Persistent Mental Illness Output Measures, Fiscal Year 1999-2000***

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
<b>Number of adults with severe and persistent mental illness served</b>	36,312	<b>We recommend adopting this measure.</b>

### ***Adults in Mental Health Crisis Outcome Measures, Fiscal Year 1999-2000***

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
<b>Average functional level change score based on the Global Assessment of Functioning (GAF) scale</b>	17	<b>We recommend adopting this measure.</b> This measure quantifies an important program outcome—the impact of services to stabilize adults with acute episodes of mental illness. We recommend supplementing this measure by reporting the average GAF score at discharge to describe the functional level of clients as they are released to the community.

## Adults in Mental Health Crisis Outcome Measures, Fiscal Year 1999-2000

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
<b>Average client satisfaction score on the Behavioral Healthcare Rating Scale (BHRS)</b>	124	<b>We recommend deleting this measure.</b> Many of these clients are not in the program on their own volition, making client satisfaction a less valid measure of performance.
<b>Percent of clients readmitted to CSU within 30 days</b>	Baseline	<b>We recommend adopting this measure.</b> This measure helps determine if crisis unit services are effective for clients beyond their release. The department is collecting baseline data this year from which to propose a standard.
<b>Percent of community partners satisfied based on survey</b>	80%	<b>We recommend adopting this measure.</b> The community satisfaction survey results reflect the satisfaction of community partners (i.e., law enforcement, judiciary) using specific concepts (timeliness, cooperation, etc.), as well as overall satisfaction with Department of Children and Families' services. The survey was designed to produce reliable results only at the state level. Satisfaction survey results are most useful for improving program services when the results apply to specific districts and client groups. The department should make the community partner satisfaction survey more useful to districts by identifying program-specific services that need to be improved and by disseminating these results to the districts.
<b>Percent of family members satisfied based on survey</b>	Baseline	<b>We recommend adopting this measure.</b> It is critical that the department determine if responses are representative and report results to providers with detailed information useful to improving services. See comments on Adults with Severe and Persistent Mental Illness: Average client satisfaction score on the Behavioral Healthcare Rating Scale (BHRS).

## *Adults in Mental Health Crisis Output Measures, Fiscal Year 1999-2000*

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
Number of adults in mental health crisis served	20,863	<b>We recommend adopting this measure.</b>

## *Adults with Forensic Involvement Outcome Measures, Fiscal Year 1999-2000*

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
Average annual number of days spent in the community	325	<b>We recommend adopting this measure.</b> This measure is a critical program outcome. The proposed standard of 325 is reasonable given the Fiscal Year 1997-98 reported performance of 323 and the higher standard of 340 for adults with severe and persistent mental illness without forensic involvement. However, due to data reporting problems in prior years the standard may need to be adjusted as more complete data is available.
Average functional level based on Global Assessment of Functioning (GAF) score	47	<b>We recommend adopting this measure.</b> This measure describes the functional level of clients while in the program. However, it does not indicate whether the functional levels of clients change while in the program. To supplement this measure, we recommend that the department develop a GAF change score measure (see Additional Measures Needed).
Average client satisfaction score on the Behavioral Healthcare Rating Scale (BHRS)	130	<b>We recommend deleting this measure.</b> These clients are not in the program on their own volition, making client satisfaction a less valid measure of performance.



## *Adults with Forensic Involvement Outcome Measures, Fiscal Year 1999-2000*

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
<b>Percent of persons who violate their Chapter 916, F.S., conditional release and are recommitted</b>	None proposed	<b>We recommend adopting this measure.</b> The measure indicates whether community mental health services enable persons on conditional release to maintain themselves in the community with little threat to public safety. We recommend that the standard be established at that of previous year's (4%).
<b>Percent of persons on Chapter 916, F.S., conditional release who are arrested for crimes against persons</b>	Baseline	<b>We recommend adopting this measure.</b>
<b>Percent of community partners satisfied based on survey</b>	80%	<b>We recommend adopting this measure.</b> The community satisfaction survey results reflect the satisfaction of community partners (i.e., law enforcement, judiciary) using specific concepts (timeliness, cooperation, etc.), as well as overall satisfaction with Department of Children and Families' services. The survey was designed to produce reliable results only at the state level. Satisfaction survey results are most useful for improving program services when the results apply to specific districts and client groups. The department should make the community partner satisfaction survey more useful to districts by identifying program-specific services that need to be improved and by disseminating these results to the districts.

## *Adults with Forensic Involvement Output Measures, Fiscal Year 1999-2000*

Measures Proposed by Agency	Proposed Standards	OPPAGA Recommendations/Comments
<b>Number of adults with forensic involvement served.</b>	5,845	<b>We recommend adopting this measure.</b>

## OPPAGA Recommendations for Additional Measures

Measures	Client Target Group	Comments
<b>Total expenditures for services per client (includes Medicaid services)</b>	<p>Adults with severe and persistent mental illness</p> <p>Adults in mental health crisis</p> <p>Adults with forensic involvement</p>	<p>We recommend this new output measure for Fiscal Year 1999-2000. It links expenditures for services to the clients served, allowing comparisons across target groups and to similar measures for clients in more restrictive state mental facilities.</p>
<b>Percentage of clients that worked during the year</b>	<p>Adults with severe and persistent mental illness</p>	<p>We recommend this measure for Fiscal Year 1999-2000. This measure describes the variability in the number of days worked by adults with mental illness. Because most clients do not work, this measure would enable an assessment of the program's effectiveness at increasing employment for these clients and provide a better understanding of the measure "average annual days worked for pay." For example, for Fiscal Year 1997-98, the department reported the average annual days worked for pay for 23,736 clients was 30. If only 15% of all clients worked, then the average annual days worked for working clients was 200 days.</p>
<b>Average change in Global Assessment of Functioning score</b>	<p>Adults with severe and persistent mental illness</p> <p>Adults with forensic involvement</p>	<p>We recommend developing this measure to be adopted in Fiscal Year 2000-2001. This measure describes the change in clients' functional levels while in the program. However, individuals with severe and persistent mental illness frequently exhibit varying degrees of functionality over time. Developing a methodology for measuring changes in client functionality that are due to treatment will be difficult. The department is currently testing alternative methods for this measure.</p>

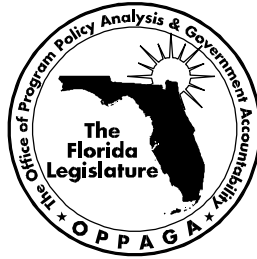
## ***OPPAGA Recommendations for Additional Measures***

Measures	Client Target Group	Comments
<b>Average Global Assessment of Functioning score at discharge</b>	Adults in mental health crisis	We recommend this measure for Fiscal Year 1999-2000. This measure supplements the average change in Global Assessment of Functioning score to describe the functional level of clients as they are released back to the community.

Source: Department of Children and Families Legislative Budget Request, Fiscal Year 1999-2000, and OPPAGA analysis

# The Florida Legislature

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- Performance-Based Program Budgeting (PB<sup>2</sup>) Reports and Information offer a variety of tools. Program Evaluation and Justification Reviews assess state programs operating under performance-based program budgeting. Also offered is performance measures information and our assessments of measures.
- Florida Government Accountability Report (FGAR) is an Internet encyclopedia of Florida state government. FGAR offers concise information about state programs, policy issues, and performance. Check out the ratings of the accountability systems of 13 state programs.
- Best Financial Management Practice Reviews for Florida School Districts. OPPAGA and the Auditor General jointly conduct reviews to determine if a school district is using best financial management practices to help school districts meet the challenge of educating their students in a cost-efficient manner.

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