Domestic Violence Shelters Keep Victims Safe, Need Data on Long-Term Effects

at a glance

- The victims of domestic violence program has successfully kept victims of domestic violence safe when they are in shelter. For three consecutive years, the program has met its “zero incidents” performance standard.

- The percentage of clients in shelter for 72 hours or more with a family safety plan in effect is below the current legislative standard.

- The Department of Children and Families lacks data on the program’s long-term impact on preventing further abuse of victims. The certified domestic violence centers should report more information on victims’ previous experiences in attempting to break free from domestic violence.

- The lack of cooperation between certified domestic violence centers and child protection staff can hinder staff from determining the best course of action for the family. The centers and the department have developed several strategies to improve their interaction, and the department should monitor the effectiveness of these efforts.

Purpose------------------------

This report presents the results of our Program Evaluation and Justification Review of the Department of Children and Families’ victims of domestic violence program. State law directs the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct justification reviews of each program during its second year of operating under a performance-based program budget. This report evaluates program performance and discusses the coordination of services provided by certified domestic violence centers and child protection workers in those cases where domestic violence and child abuse or neglect occurs within the same family. The department’s response to our findings and recommendations is included in Appendix C.

Program Background----------

Program Purpose

The purpose of the victims of domestic violence program is to protect adults and their children from harm caused by domestic violence and to help them develop ways to prevent the recurrence of violence. The program provides shelters to meet the immediate safety needs of victims. The program also provides

1 Chapter 94-249, Laws of Florida. (See Appendix A for the specific issues addressed in justification reviews.)
counseling and other services to help victims prevent or avoid further harm. In addition, the program promotes community awareness of domestic violence and provides training for medical and law enforcement personnel and other professionals who work with victims of domestic violence.

Domestic violence is a crime that has adverse societal impacts, including the high medical cost of treating victims and the physical and psychological impacts on the children of abused victims. A 1994 report of the Governor’s Task Force on Domestic Violence found that one-third of the women admitted to hospital emergency rooms may be victims of domestic violence, and more than half of the men who beat their spouses also beat their children.

According to 1999 Florida Department of Law Enforcement data, 126,044 incidences of domestic violence were reported and 63,410 arrests were made during the year, and 199 persons died in Florida due to domestic violence. Department of Children and Families data indicate that 158,160 calls were made to the statewide domestic violence hotline during Fiscal Year 1998-99.

The program operates through a network of 38 certified domestic violence centers that provide temporary housing to domestic violence victims as well as counseling and related services. (See Appendix B for the location of these centers.) These centers are community based and supported and have the responsibility to work within their local networks of law enforcement officials, medical personnel, and legal and judicial officials who provide assistance to victims of domestic violence.

Clients Served

During Fiscal Year 1998-99, the program served 50,294 clients, including 13,578 who were provided with emergency shelter. Almost all (99%) of the adult victims sheltered were women, although there were 20 men sheltered. Children are also prominently affected by the occurrence of domestic violence. As shown in Exhibit 1, 52% of all clients sheltered are children. Preliminary data for the first six months of Fiscal Year 1999-2000 indicate that the program served 28,182 clients, including 7,448 who were sheltered.

Exhibit 1
More Than Half of the Victims Served in Domestic Violence Shelters Were Children

Exhibit 2 shows that the persons served by the shelters were predominately white, but also represented the state’s major ethnic groups.

Although no Florida data are available on victims’ socioeconomic status, research indicates that domestic violence affects all income groups.

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2 Section 741.28(1), F.S., defines domestic violence as “any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single dwelling unit.”

3 Domestic violence centers that are not certified do not receive funding through this program.

4 These two categories are not necessarily mutually exclusive. Clients who receive counseling services at one point during the year may also receive shelter on another occasion.
The centers provide case management services to victims in serious cases (including all clients in shelter for three days or more). This involves assessing victims’ needs and developing and implementing service plans to help keep them safe after they leave the shelter. During Fiscal Year 1998-99, the centers provided case management services to 21,214 persons.

- The centers provide information and referrals to victims and persons who are assisting victims. During Fiscal Year 1998-99, the program provided 687,004 referrals.

- The centers assess the needs of children involved in domestic violence cases and provide referrals to services when appropriate. This includes screening for child abuse and assessing risks of future abuse. Service referrals may include day care, counseling, educational programs, tutoring, and, for teens, alcohol and drug education sessions. During Fiscal Year 1998-99, the centers conducted 7,343 child assessments.

- The centers provide community education programs to help citizens recognize and prevent domestic violence. During Fiscal Year 1998-99, the centers conducted 5,792 presentations that reached 308,669 persons.

- The centers provide professional training sessions for law enforcement officials and other professionals and paraprofessionals (such as medical and legal personnel) who come into contact with victims of domestic violence. During Fiscal Year 1998-99, the centers conducted 1,804 training sessions attended by 50,964 persons.

### Program Organization

The Department of Children and Families’ Family Safety Program Office administers the victims of domestic violence program. The central office has two staff that are responsible for writing program rules, establishing...
certification standards for the domestic violence centers, and managing contracts with the 38 certified centers. They also manage a contract with the Florida Coalition Against Domestic Violence, a private non-profit organization that operates the statewide domestic violence hotline and provides training for shelter staff and other persons who work with domestic violence victims.

The department’s 15 district offices are responsible for monitoring the centers through performance data and annual certification reviews. These reviews include examining center confidentiality and security procedures, staffing, services, records management, relations with local law enforcement, and community support. District staff perform these tasks in conjunction with their other responsibilities and are not assigned to the program.

In addition to the services to victims that are provided through the victims of domestic violence program, the state supports certain other domestic violence activities that were administered by the Department of Community Affairs during Fiscal Year 1998-99. That department provided staff support to the Governor’s Task Force on Domestic Violence and supported special initiatives related to community awareness (particularly in rural areas) and legal support. For Fiscal Year 2000-01, the Legislature transferred these functions to the Department of Children and Families.

Program Funding

The Legislature appropriated $16.4 million to the victims of domestic violence program for Fiscal Year 1999-2000. The department distributed most of this appropriation ($15.9 million, or 97% of the total) to the centers for program services. The Florida Coalition Against Domestic Violence received a portion ($328,000, or 2%) for operating the statewide hotline and providing training services. The remainder ($164,000, or 1%) supported the central program office’s activities. Exhibit 3 shows the sources of funding for this appropriation.

Although program funding is an important component of the centers’ revenues, most of the centers’ revenues come from other sources. For example, during Fiscal Year 1998-99, department funds represented 30% of the centers’ total revenues for that year. The remainder of the centers’ support comes from a variety of sources that vary by locality and include local governments, local charitable organizations, corporate grants, and other sources.

The appropriation for Fiscal Year 2000-01 is for $34.7 million. The increase from the previous year reflects the transfer of the domestic violence activities formerly administered by the Department of Community Affairs. These activities had received $15.3 million in Fiscal Year 1999-2000.

Program Performance——

The primary mission of the victims of domestic violence program is to provide safety for victims by making emergency shelters available when needed. The program also provides counseling and other services to help victims prevent or avoid further harm. To assess program performance, we analyzed its Fiscal Year 1998-99 and 1999-2000 performance measures and other relevant information.
We concluded that the program provides beneficial services to Florida citizens in a reasonably cost-effective fashion. The program helps address the costs associated with untreated domestic violence, which include health care expenses, workplace absenteeism, and criminal justice costs. The program is highly privatized through the contracts with the 38 centers, which minimizes the need for state employees to administer the program.

We also concluded that the program is appropriately placed within the Family Safety Program Office of the Department of Children and Families. The mission of that office is to protect Florida’s most vulnerable citizens, including abused and neglected children as well as victims of domestic violence. This program placement thus helps coordinate services to families in which adults and children are victims of domestic violence.

The program has kept victims safe while in shelter, but has not fully met its performance standard for helping victims develop long-term safety plans

A primary goal of the program is to keep victims of domestic violence safe while they are in an emergency shelter. More than one-fourth of the victims who receive counseling through the program need to be temporarily placed in an emergency shelter because they are in immediate and serious danger of being reabused. To help protect these persons, the shelters must have confidentiality and security policies, window and door locks, outside lighting, and written endorsements from local law enforcement agencies.

For the past three fiscal years, the centers’ security procedures have resulted in no clients being harmed by a perpetrator while they were in shelter. This performance met the legislative standard of “zero incidents.”

To prevent these clients from being further victimized after they leave a shelter, the program helps them develop long-term safety plans. These plans are based on the principle that victims should be empowered to help themselves break free from the cycle of family violence. Safety plans are developed with the victim’s participation and are signed by the victim. The plans describe the perpetrator’s characteristics and habits, identify the risks facing the victim and their children, and identify practical steps that must be taken to make an escape in an emergency.

The program has not met the legislative performance standard for the percentage of clients who complete safety plans. During Fiscal Year 1998-99, the standard was that 100% of the clients who were sheltered for three days or more should develop safety plans, but only 91% of them did. Program staff and domestic violence workers assert that shelters have not met the performance standard because some clients are mistrustful and uncooperative in safety planning efforts. Preliminary data for the first six months of Fiscal Year 1999-2000 indicate that performance remained at 91%, despite increased training of center staff by the Florida Coalition Against Domestic Violence and a stronger emphasis placed on this area by district staff during their monitoring efforts. The 2000 Legislature changed the performance standard to 95%.

Clients are generally satisfied with program services

A representative survey of victims of domestic violence served by the program during early 1999 shows that more than 95% of them were satisfied with the services they received. The department administers client satisfaction surveys annually to assess the satisfaction level of the client groups served. The department uses these surveys for quality improvement purposes. The client satisfaction measure is now considered an internal measure. The results of the survey being conducted in mid-2000 will continue to be used by the department, but they will not necessarily be reported to the Legislature.
The program needs information to assess its long-term impact in preventing further abuse of victims

Although the program collects data on the short-term effects of program intervention, it does not collect information to assess whether victims remain safe from domestic violence in the long run as a result of program services. The centers are not required to report information about the history of victims who are being sheltered, such as whether they have been previously victimized by domestic violence or have stayed in a shelter before. Such information would enable the program to determine whether the services it currently offers are effective in helping clients avoid future domestic violence.

The program administrator and the executive director of the Florida Coalition Against Domestic Violence assert that obstacles have prevented them from collecting such information. Specifically, they cited concerns about the cost of creating a statewide database that would include historical data on all persons who stay in shelters, the confidentiality of the data, and the level of technical expertise required for such a database.

However, we believe the shelters could collect and report information on long-term program impacts at minimal cost and avoid confidentiality problems. Specifically, the shelters could ask persons whom they serve whether they have previously been victims of domestic violence, whether they have been placed in a shelter in the past, whether they have a safety plan in effect, and if they had followed the provisions of a previous safety plan. The shelters could collect and report this information using the same mechanism they now use to report on the services they provide. This information would not include identifying information. While such data would need to be interpreted with caution, they would provide information about the program’s effectiveness in helping to prevent further domestic violence attacks.

Improved Cooperation Is Needed Between Domestic Violence and Child Protection Staff

Research indicates that a strong relationship exists between domestic violence and child abuse. As many as 60% of the homes where domestic violence occurs also have incidents of child abuse or neglect, and there is a high correlation between domestic violence and the more serious cases of physical child abuse. Moreover, battered women are twice as likely to physically abuse their children as women who were not abused.

Two department programs provide services to victims of domestic violence and child abuse. The victims of domestic violence program provide shelter and counseling to domestic violence victims and their children. The child protection program is responsible for investigating allegations of child abuse. Because of the high likelihood that domestic violence and child abuse will occur within the same family unit, it is important that staff from both programs work together on cases in which children and adults are victims of family violence.

However, staff from the two programs do not always work cooperatively because of conflicts that arise from competing viewpoints and priorities. Historically, there have been two distinct interventions—one to offer domestic violence services and legal protection and the other to provide assistance and protection for

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6 To protect confidentiality, the shelters currently report only summary data on clients served and do not report identifying data on individual clients. The coalition executive director asserted that access to a statewide database that included identifying information on individuals and families would need to be limited to those domestic violence advocates who have legal authority to not disclose confidential information. Sections 39.909(1)(g) and 90.5036, F.S., provide that domestic violence advocates who are employed or who volunteer at a certified domestic violence center may claim a privilege under the provisions of the state’s code of evidence to refuse to disclose a confidential communication between a victim of domestic violence and the advocate regarding the domestic violence inflicted upon the victim.

7 For example, previous placements in a shelter may not be indicative of the program’s full impact, as it can take time before a victim is willing to break off an abusive relationship. However, re-abuse that occurs after the victim has followed the provisions of a safety plan could indicate that the current safety plan provisions do not provide adequate protection for the victim and their family.
abused children. As a result, staff from the two programs have different philosophies and sometimes disagree on the type and amount of intervention that is needed.

Managers from both programs identified common problems that arise when child protection and domestic violence staff do not work together. One of the major areas of disagreement is whether the child should be removed from the care of a non-abusing parent. Another area of disagreement is the extent to which a non-abusing parent should be held accountable for the harm to the child. Staff from the two programs have also had difficulty regarding the confidentiality of the location of the domestic violence victim. These disagreements can cause friction between staff, which can hinder their working together cooperatively to determine the best course of action for the family.

The department has taken steps to improve the working relationship between the two programs. In early 1999, the department developed a new training package on domestic violence for all child protection staff. The training includes identifying indicators of domestic violence and its effects on children, approaches to inquiring about domestic violence during the investigation, and developing safety plans for both child and adult victims. In early 2000, the department also implemented a statewide risk assessment instrument for child protective investigators that includes an assessment of the presence of domestic violence in the home. Further, the department's Secretary signed an inter-agency agreement in April 2000 that established a communications framework for domestic violence and child protection staff. The agreement established a protocol for providing child protection staff access to domestic violence victims while ensuring victim confidentiality. This agreement stresses the significance of mutual communication and

requires child protection staff to include domestic violence staff in case meetings on shared clients. The agreement also establishes that the perpetrator should be held accountable whenever possible.

Conclusions and Recommendations

The program has been successful in keeping victims of domestic violence safe while they are in shelter, and it has recently improved its performance in completing family safety and security plans for persons served in shelter.

To improve the program's performance, we recommend that the department work with the certified domestic violence centers to begin collecting and reporting summary information about the program's long-term impacts, including whether clients have previously been a victim of domestic violence, have stayed at a shelter in the past, have a safety plan in effect, and have followed the provisions of a previous safety plan. These data should be reported using the same mechanism the centers currently use to report on the services they provide.

To improve coordination between the victims of domestic violence and child protection programs, we recommend that the department carefully monitor the implementation of its current efforts to increase training and communication between the two programs. Specifically, the department should monitor whether all child protection staff complete initial domestic violence risk assessments as part of their protective investigations, whether all child protection staff have attended the training on domestic violence, and whether the certified domestic violence centers and child protection offices have effective interagency agreements.
Appendix A  
Statutory Requirements for Program Evaluation and Justification Review

Section 11.513(3), F.S., provides that OPPAGA program evaluation and justification reviews shall address nine issue areas. Our conclusions on these issues as they relate to the victims of domestic violence program are summarized in Table A-1.

<table>
<thead>
<tr>
<th>Issue</th>
<th>OPPAGA Conclusions</th>
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<tbody>
<tr>
<td>The identifiable cost of the program</td>
<td>The Legislature appropriated $16.38 million to the victims of domestic violence program for Fiscal Year 1999-2000. Of this amount, 97% is distributed to the state’s 38 certified domestic violence centers for the provision of services to victims. The department has allocated two full-time positions to the program.</td>
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<tr>
<td>The specific purpose of the program, as well as the specific public benefit derived there from</td>
<td>The purpose of this program is to provide safety for victims by making emergency shelters available when needed and to provide counseling and other services to help victims prevent or avoid further harm. The program provides support for the certified domestic violence centers which provide services to victims. Domestic violence is widespread, costly, and sometimes lethal, and the public benefits from the program’s efforts to ameliorate and counteract its occurrence.</td>
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<td>Progress towards achieving the outputs and outcomes associated with the program</td>
<td>The shelters have met their legislative performance standard to avoid any incidents of re-abuse of victims staying in shelter. While the program has increased the percentage of victims who have completed a family safety plan to 91%, it has not met the legislative performance standard that all victims who stay in shelter for three or more days complete such plans. While not a legislative performance measure, 95% of the clients surveyed by the program in Fiscal Year 1998-99 were satisfied with the services they received from the centers. They cannot determine the program’s long-term impact on preventing further occurrences of domestic violence, and we recommend that the centers report more information on victims’ prior experiences in trying to break free from domestic violence.</td>
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<td>An explanation of circumstances contributing to the state agency’s ability to achieve, not achieve, or exceed its projected outputs and outcomes, as defined in s. 216.011, F.S., associated with the program</td>
<td>The department indicates that some victims do not cooperate in developing family safety plans, but the program has increased its efforts in this area, and performance has recently improved as a result.</td>
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<td>Alternative courses of action that would result in administering the program more efficiently and effectively</td>
<td>Family violence often has both adult and child victims, so it is important for domestic violence workers and child protection staff to cooperate. Recent department studies and our review have shown that this does not always happen. The centers and the department have recently developed several strategies to improve the quality of their mutual interaction. We recommend that the department monitor the effectiveness of these recent actions.</td>
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<tr>
<td>The consequences of discontinuing the program</td>
<td>The certified domestic violence centers are locally based and operated, and they receive 30% of their funding from this program. If the program was discontinued, those local service providers would have to substantially curtail the services they are able to provide to victims. It is likely that at least some of them would go out of business, which would leave some areas of the state without any organized way to provide services to victims or to respond to referrals from law enforcement officials, medical providers, and others.</td>
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<tr>
<td>Determination as to public policy; which may include recommendations as to whether it would be sound public policy to continue or discontinue funding the program, either in whole or in part</td>
<td>This program provides beneficial services to domestic violence victims. This review identifies recommendations for improving the information available on long-term outcomes of services and monitoring the coordination of services to families where domestic violence has both adult and child victims.</td>
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<tr>
<td>Whether the information reported pursuant to s. 216.03(5), F.S., has relevance and utility for the evaluation of the program</td>
<td>The outcome measures for this program are valid. They reflect the most critical functions of service provision to victims, keeping them safe in shelter, and helping victims help themselves. We recommend that the department collect additional information about the long-term outcomes of program services in keeping victims safe.</td>
</tr>
<tr>
<td>Whether state agency management has established control systems sufficient to ensure that performance data are maintained and supported by state agency records and accurately presented in state agency performance reports</td>
<td>Data reported by the certified domestic violence centers are reliable. The department has established a uniform and systematic approach to defining services, collecting data, correcting any errors, and inquiring about any abnormalities.</td>
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Appendix B

Service Areas of the 38 Certified Domestic Violence Centers in Florida

1 Favorhouse of NW Florida (Escambia and Santa Rosa)
2 Shelter House, Inc. (Okaloosa and Walton)
3 Salvation Army of Panama City (Bay, Gulf, Holmes, Washington, Jackson, and Calhoun)
4 Refuge House of Leon County, Inc. (Taylor, Madison, Jefferson, Leon, Wakulla, Franklin, Gadsden, and Liberty)
5 Another Way ( Levy, Gilchrist, Dixie, Lafayette, Hamilton, Suwannee, and Columbia)
6 SPARC (Bradford, Alachua, Putnam, and Union)
7 Hubbard House (Duval, Nassau, and Baker)
8 Quigley House, Inc. (Clay)
9 Betty Griffin House (St. Johns)
10 CASA (Pinellas - South)
11 The Haven of RCS (Pinellas - North)
12 Salvation Army of West Pasco (Pasco - West)
13 Sunrise of Pasco County, Inc. (Pasco - East)
14 Hope Family Services, Inc. (Manatee)
15 The Spring of Tampa Bay (Hillsborough)
16 Help Now of Osceola County (Osceola)
17 Salvation Army DV Shelter (Brevard)
18 Harbor House Spouse Abuse, Inc. (Orange)
19 Serene Harbor, Inc. (Brevard)
20 Seminole Safehouse (Seminole)
21 Abuse Counseling & Treatment (Lee, Hendry, and Glades)
22 Safe Place (SPARCC) (Sarasota and DeSoto)
23 CARE of Charlotte County (Charlotte)
24 Shelter for Abused Women (SAWCC) (Collier)
25 Aid to Victims of Domestic Assault (Palm Beach)
26 YWCA Harmony House (Palm Beach)
27 Women in Distress of Broward County (Broward)
28 Metro Dade Advocates for Victims (Safespace) (Dade)
29 Domestic Abuse Shelter, Inc. (Monroe)
30 Domestic Abuse Council (Volusia)
31 Family Life Center (Flagler)
32 Citrus County Abuse Shelter (Citrus)
33 Creative Services (Marion)
34 Haven of Lake and Sumter Counties (Lake and Sumter)
35 Dawn Center of Hernando County (Salvare) (Hernando)
36 Peace River Center (Polk, Highlands, and Hardee)
37 Martha’s House (Okeechobee)
38 Safespace Domestic Violence Services (St. Lucie, Martin, and Indian River)

Source: Department of Children and Families.
July 28, 2000

John W. Turcotte, Director
Office of Program Policy Analysis
And Government Accountability
111 West Madison Street, Room 312
Claude Pepper Building
Tallahassee, Florida 32399-1475

Dear Mr. Turcotte:

This letter is in response to the Office of Program Policy Analysis and Government Accountability review of the Family Safety, Domestic Violence Program. In general, the review is objective and acknowledges both the challenges and the accomplishments of the program. Please also know that the staff who conducted the audit were both courteous and professional.

The report included two recommendations to which we are responding. The recommendation and the department's response is as follows:

Recommendation: We recommend that the department work with the certified domestic violence centers to begin collecting and reporting summary information about the program's long-term impacts, including whether clients have previously been a victim of domestic violence, have stayed in a shelter in the past, have a safety plan in effect, and have followed provisions of a previous safety plan.

Response: While the desire for statistics on the long term impact of center services is understandable, information involving shelter stay, use of safety plans and so on, does not provide meaningful outcome data. The difficulty in qualifying the efforts of domestic violence centers in preventing further domestic violence is that their services are for victims. They in essence are working with the "result of the problem" not the "cause of the problem." For example, to suggest that additional shelter stays indicate poor quality of services may be inaccurate. There are many situations where victims return to shelter because that is their only option. They may have moved to a new location and the perpetrator may have tracked them down. They may have shared custody of the children and the perpetrator's abuse may begin to escalate. Until the criminal justice system effectively responds to the threat of domestic violence, shelter may be the only reasonable and safe
alternative for a victim. The issues around safety plans are similar. Even the most carefully thought out plan may be diverted by a persistent domestic violence perpetrator. As such, it is our opinion that the outcomes the department currently utilize, which are providing "shelter safe from harm" and the development of "safety plans after 72 hours," capture the emergency response effort expected from the domestic violence service providers.

OPPAGA Comment

While OPPAGA realizes that subsequent re-abuse of victims and/or additional shelter stays are not within the program’s direct control, many of its services, including developing safety plans, are specifically intended to affect these outcomes. Without such data, the program cannot determine whether it is achieving these long-term impacts or whether program changes in areas such as safety plans could improve client outcomes.

Recommendation: We recommend that the department carefully monitor the implementation of its current efforts to increase training and communication between the two programs (domestic violence and child protection). The department should monitor whether all child protection staff complete initial domestic violence risk assessments as part of their protective investigations, whether all child protection staff have attended the training on domestic violence, and whether the certified domestic violence centers and child protection offices have effective interagency agreements.

Response: We concur with this recommendation, and prior to the audit (as acknowledged in the report) had begun taking steps to more fully integrate domestic violence concerns into child protection. The initial child risk assessment, which must be completed within 72 hours of a child protection investigation, contains questions that screen for domestic violence. All new child protection staff receive competency based training on domestic violence, and the implementation language of the inter-agency agreement provides for both cross training and domestic violence training for existing staff. The department will continue to move forward in its efforts to improve communication and cooperation with its domestic violence center partners.

Thank you for allowing us to respond to the report. If you have any questions or concerns, I may be reached at 488-8762, or feel free to contact Trula Motta, the Domestic Violence Unit Administrator at 921-2168.

Sincerely,

/s/
Linda Radigan, Director
Office of Family Safety

cc: Judge Kathleen A. Kearney, Secretary
Robert Williams, Director of Programs
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