



DCF Long Range Program Plan

Fiscal Years 2007-2008 through 2011-2012

Florida Department of Children and Families
September 15, 2006

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Secretary



Jeb Bush
Governor

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DCF's Mission:

Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency.

Our Vision:

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

The department will:

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

Goals, Objectives, and Outcomes

POPULATION SERVED: CHILDREN OR ADULTS WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

PROGRAM: FAMILY SAFETY

Agency Goal 1: Prevention and Early Intervention

Objective (Agency Success Indicator): Increased number of children or adults remaining safely in their home and are not subjected to abuse, neglect, or exploitation.

Outcome: Per capita child abuse rate per 1,000.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
29.6	23.0	23.0	23.0	23.0	23.0

Outcome: Per capita abuse/neglect rate per 1,000 disabled adult and elderly.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
0.37%	0.2%	0.2%	0.2%	0.2%	0.2%

Agency Goal 2: Safety

Objective (Agency Success Indicator): Improved child and adult safety by enhanced quality and timeliness of response to reports of abuse, neglect, or exploitation.

Outcome: Percent of child victims seen within the first 24 hours.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
83%	85%	85%	85%	85%	85%

Outcome: Percent of adult victims seen within the first 24 hours.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
80%	95%	95%	95%	95%	95%

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Outcome: Percent of children not abused or neglected during services.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
94%	95%	95%	95%	95%	95%

Objective (Agency Success Indicator): Children or adults are not harmed while in out-of-home care.

Outcome: Percent of foster children who were subjects of reports of verified or indicated maltreatment.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
1%	1%	1%	1%	1%	1%

Outcome: Rate of children who are missing per 1,000 of children in home or out-of-home care.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
12	10	10	10	10	10

Agency Goal 3: Normalcy

Objective (Agency Success Indicator): Children or adults have an increased sense of well-being – meet personal goals, experience an appropriate degree of freedom and self-determination, and have stable living arrangements.

Outcome: Percent of adults in child welfare protective supervision who have case plans requiring substance abuse treatments who are receiving treatment.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
45%	55%	55%	55%	55%	55%

Agency Goal 4: Permanence

Objective (Agency Success Indicator): More children remain in, or return to their home.

Outcome: Percent of children reunified who were reunified within 12 months of the latest removal.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
71%	76%	76%	76%	76%	76%

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Objective (Agency Success Indicator): More children, who are unable to remain in, or return to their home, will achieve timely and lasting permanence.

Outcome: Percent of adoptions finalized within 24 months of the latest removal.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
28.85%	32%	32%	32%	32%	32%

Agency Goal 5: Independence

Objective (Agency Success Indicator): All individuals will be adequately prepared to achieve and maintain independence.

Outcome: Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter. [M0126]

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
97%	98%	98%	98%	98%	98%

POPULATION SERVED: FAMILIES IN DISTRESSED / FRAGILE HEALTH OR CIRCUMSTANCES

PROGRAM: ESS, WELFARE AND REFUGEE ASSISTANCE

Agency Goal 1: Diversion and Prevention

Objective (Agency Success Indicator): Family or individual avoids or does not enroll in monthly assistance / benefit program.

Outcome: Percent receiving a diversion payment / service that remain off cash assistance for 12 months.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
85.58%	80%	80%	80%	80%	80%

Agency Goal 2: Transition

Objective (Agency Success Indicator): Increased participation rate of the individuals who are hardest to serve in workforce development systems.

Outcome: Percent of Temporary Assistance for Needy Families (TANF) customers participating in work or work-related activities.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
47.66%	50%	50%	50%	50%	50%

Agency Goal 3: Self-Sufficiency

Objective (Agency Success Indicator): Increased self-sufficiency for families and individuals in distressed / fragile health or circumstances.

Outcome: Percent of customers who have earnings gain.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
None	40%	40%	40%	40%	40%

POPULATION SERVED: FAMILIES AT RISK OF OR CHALLENGED BY SUBSTANCE ABUSE AND / OR MENTAL ILLNESS

PROGRAM: SUBSTANCE ABUSE AND MENTAL HEALTH

Agency Goal 1: Prevention and Early Intervention

Objective (Agency Success Indicator): Decreased prevalence of substance abuse / abuse as indicated by the Florida Youth Substance Abuse Survey.

Outcome: Substance usage rate per 1,000 in grades 6-12.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
348	340	340	340	340	340

Objective (Agency Success Indicator): Delayed onset of substance involvement.

Outcome: Average age of first substance abuse.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
14.1	14.5	14.5	14.5	14.5	14.5

Outcome: Percent of children at risk of substance abuse who receive targeted prevention services who are not admitted to substance abuse services during the 12 months after completion of prevention services.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
97.6%	95%	95%	95%	95%	95%

Agency Goal 2: Recovery and Resiliency

Objective (Agency Success Indicator): Increased days functioning in the home and community.

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Outcome: Average annual days spent in the community for adults with severe and persistent mental illnesses.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
345	350	350	350	350	350

Outcome: Percent of children with substance abuse who are drug free during the 12 months following completion of treatment.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
52%	52%	52%	52%	52%	52%

Outcome: Percent of adults who are drug free during the 12 months following completion of treatment.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
68%	65%	65%	65%	65%	65%

Outcome: Percent of adults in civil commitment, per Ch. 394, Florida Statutes, who show improvement in functional level.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
None	73%	73%	73%	73%	73%

Outcome: Percent of adults employed upon discharge from substance abuse treatment services.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
78.3%	78%	78%	78%	78%	78%

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Objective (Agency Success Indicator): Increased percent of individuals receiving services that are employed or are serving as volunteers.

Outcome: Average annual earnings.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
None	\$1900	\$1900	\$1900	\$1900	\$1900

Outcome: Average annual days worked for pay for adults with Severe and Persistent Mental Illnesses.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
22	40	40	40	40	40

Objective (Agency Success Indicator): Increased days in school or training for children and adolescents with or at risk of Emotional Disturbance/Severe Emotional Disturbance (ED/SED) or at risk for substance abuse.

Outcome: Percent of school days seriously emotionally disturbed (SED) children attended.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
85%	86%	86%	86%	86%	86%

POPULATION SERVED: THE FLORIDA TAXPAYER AS A STAKEHOLDER THAT REQUIRES EVIDENCE OF EFFICIENCY AND EFFECTIVENESS

CROSS-PROGRAM FUNCTIONS

Agency Goal 1: Resource Stewardship and Integrity

Objective (Agency Success Indicator): Funds are expended as appropriated.

Outcome: Percent of suspected fraud cases referred that result in front-end fraud prevention savings.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
82.36%	76.5%	76.5%	76.5%	76.5%	76.5%

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Outcome: Percent of annual **Certified Minority Business Enterprise (CMBE)** goal attained.]

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
100%	100%	100%	100%	100%	100%

Outcome: Percent of compliance to standard for prompt payment of invoices on a statewide level.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
98%	98%	98%	98%	98%	98%

Objective (Agency Success Indicator): Procurements achieve best value for the taxpayer.

Outcome: Percent of contract files reviewed are maintained in compliance with policies, rules, and statutes.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
TBD	100%	100%	100%	100%	100%

Agency Goal 2: Continuous Performance Improvement

Objective (Agency Success Indicator): Increased percent of strategic performance measures achieved (includes contract measures).

Outcome: Percent of performance indicator targets achieved.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
None	80%	84%	88%	92%	96%

Objective (Agency Success Indicator): Increased percent of employees that understand how their work impacts department performance.

Outcome: Percent of employees responding positively that they understand how their job fits in with organizational goals and objectives.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
None	75%	85%	95%	98%	98%

Agency Goal 3: Customer Satisfaction

Objective (Agency Success Indicator): Increased percent of customers satisfied with service provided by or funded by the department.

Outcome: Percent of customers who report being served with courtesy, dignity, and respect.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
None	70%	75%	80%	85%	88%

Agency Goal 4: Efficiency and Productivity

Objective (Agency Success Indicator): Increased employee retention.

Outcome: Percent of critical class positions that are vacant over 60 days.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
None	5%	5%	5%	5%	5%

Agency Goal 5: Disaster Preparedness, Response, and Recovery

Objective (Agency Success Indicator): Continuity of Operations Plans (COOP) are current and deployed.

Outcome: Percent of COOP plans approved by Division of Emergency Management (DEM).

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
None	100%	100%	100%	100%	100%

Objective (Agency Success Indicator): Normal business operations and services are restored timely after any disaster.

Outcome: Number of days where DCF services are not available to customers during and after a disaster.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
None	2	2	2	2	2

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Objective (Agency Success Indicator): Delivery of disaster response and recovery services is effective and efficient.

Outcome: Percent of affected counties approved by U.S. Department of Agriculture served with Disaster Food Stamps (DFS) within 10 days of a disaster.

FY 2007-08 – 2011-12 Targets

Baseline FY: FY 2005-06	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
100%	100%	100%	100%	100%	100%

Goals Linked to the Governor’s Priorities

STRENGTHENING FAMILIES

Goal: Improved child and adult safety by enhanced quality and timeliness of response to reports of abuse, neglect, or exploitation (Section 39.001 (1) – (8), Florida Statutes) (Child Abuse Prevention and Intervention)

Goal: Increased number of children or adults remaining in their home and are not subjected to abuse, neglect, or exploitation (Section 39.001 (1) – (8), Florida Statutes) (Child Abuse Prevention and Intervention)

Goal: Children or adults are not harmed while in out-of-home care (Florida Statute 402.301) (Child Care Regulation and Information)

Goal: Increased self-sufficiency for families and individuals in distressed/fragile health or circumstances

Goal: Children or adults have an increased sense of well-being – meet personal goals, experience an appropriate degree of freedom and self-determination, and have stable living arrangements (FS 394.453) (Adult Community Mental Health Services, Children’s Mental Health, Mental Health Facilities, and Violent Sexual Predators)

REDUCE VIOLENT CRIME AND ILLEGAL DRUG USE

Goal: Decreased prevalence of substance use/abuse as indicated by the Florida Youth Substance Abuse Survey (FS 397.305 (2)) (Children and Adult Substance Abuse Prevention, Intervention, and Treatment Services)

Goal: Delayed onset of substance involvement (FS 397.305 (2)) (Children and Adult Substance Abuse Prevention, Intervention, and Treatment Services)

Goal: Increased days in school or training for children and adolescents with or at risk of Emotional Disturbance/Severe Emotional Disturbance (ED/SED) or at risk for substance abuse (FS 397.305 (2)) (Children and Adult Substance Abuse Prevention, Intervention, and Treatment Services)

CREATE A SMALLER, MORE EFFECTIVE, MORE EFFICIENT GOVERNMENT

Goal: Family or individual avoids or does not enroll in monthly assistance/ benefit program (Comprehensive Eligibility, Special Assistance Payments, Welfare Transition and Employment Supports, and Refugees)

Goal: Funds are expended as appropriated

Goal: Use of resources complies with federal and state requirements

Goal: Procurements achieve best value for the taxpayer

Goal: Increased number of strategic performance measures that show improvement

Goal: Percent of annual front-end fraud prevention savings goal met each month

Goal: Increased percent of customers satisfied with service provided by or funded by the department

Trends and Conditions

The Department of Children and Families has the responsibility of protecting Florida's most vulnerable citizens as outlined in Section 20.19, Florida Statutes. The department is comprised of the following major programs, each with its own statutory authority, target populations, and trends and conditions impacting the program.

PROGRAM: FAMILY SAFETY

POPULATION SERVED: CHILDREN OR ADULTS WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

A. Primary Responsibilities

The primary responsibility of the Family Safety program is to work in partnership with local communities to ensure the safety, timely permanency and well-being of children (Chapters 39 and 409, Florida Statutes).

B. Selection of Priorities

The Secretary has established the following priorities, consistent with the Governor's priorities of strengthening families and helping the most vulnerable among us:

- *Ensuring safety, Permanency, and well-being, for the people we serve.* For child welfare, safety, permanency, and well-being are the three major federal goals and Florida's program should meet or exceed all expectations.
- *Community-Based Care.* The Community-based care system that ensures safety, permanency, and well-being for children and their families has been fully implemented throughout the state.
- *Increase Prevention and Early Intervention.* Increase prevention and early intervention services resulting in fewer children needing to be removed from their homes, and promote family reunification.
- *Improved Stewardship.* Ensure the department's staff and resources support community-driven service delivery models in a timely, efficient and effective manner.
- *Strengthen Accountability.* Implement an oversight and accountability system for cost effective services which meets the needs of the people we serve.

In addition to the priorities above, the Family Safety program has a unique set of goals and objectives defined in two major long-range plans. These are:

- *Florida's State Plan for the Prevention of Child Abuse, Abandonment, and Neglect:* July 2005 through June 2010. [Section 39.001, Florida Statutes] (June 2006 update)
- *Strengthening Families and Communities:* Florida's Child and Family Services Plan for FY 2005 – 2009 (June 2006 update)

DCF Long Range Program Plan

The state Prevention Plan was developed by a state level Inter-program Task Force with members from many different organizations and stakeholder groups. It sets detailed goals and priorities in the area of prevention of child abuse, neglect, and abandonment. The state plan was based on local plans developed collaboratively by local task forces and Community Alliances. During fiscal year 2005-06, the Task Force's major accomplishments included: development of detailed implementation plans by subject matter experts at the state and local levels; evaluation of the implementation efforts both on a statewide and local level; and enhancement of collaboration among statewide agencies and organizations and with local planning and implementation teams.

The federal **Child and Family Services (CFS) Five-Year Plan** was developed based on the service principles at 45 CFR 1355.25, in order to address the various components that make up a coordinated, integrated, culturally relevant, family-focused system of child welfare services. The plan also articulates the continued direction of the department since it has achieved full implementation of Community-Based Care and addresses issues from the **Program Improvement Plan (PIP)** based on the federal **Child and Family Service Review (CFSR)** conducted in 2001.

These two plans provide a much more detailed set of guiding principles, goals, and strategies guiding the child welfare system in Florida, including the efforts of many other groups in addition to the Department of Children and Families. The Long-Range Program Plan is consistent with these other planning approaches and provides a focused look at priorities specific to the department's child welfare program.

C. Addressing Our Priorities over the Next Five Years

The Family Safety program continues to focus on many critical activities that affect its ability to implement the long range goals of the Secretary, Governor, and Legislature. Some of these activities will have the greatest focus in the next one or two years, while others will be longer term efforts.

Agency Goal for Child Welfare: Prevention and Early Intervention

Strategy: Provide expanded and more appropriate alternatives to removing children or adults from their homes that focus on prevention and early intervention.

Strategy: Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of the child protective service systems

Child abuse prevention is a major initiative of the department. We work in conjunction with families and build on inherent strengths, cultural values and resources, so that their children and youth will be healthy and safe, and will have the skills and resources to succeed.

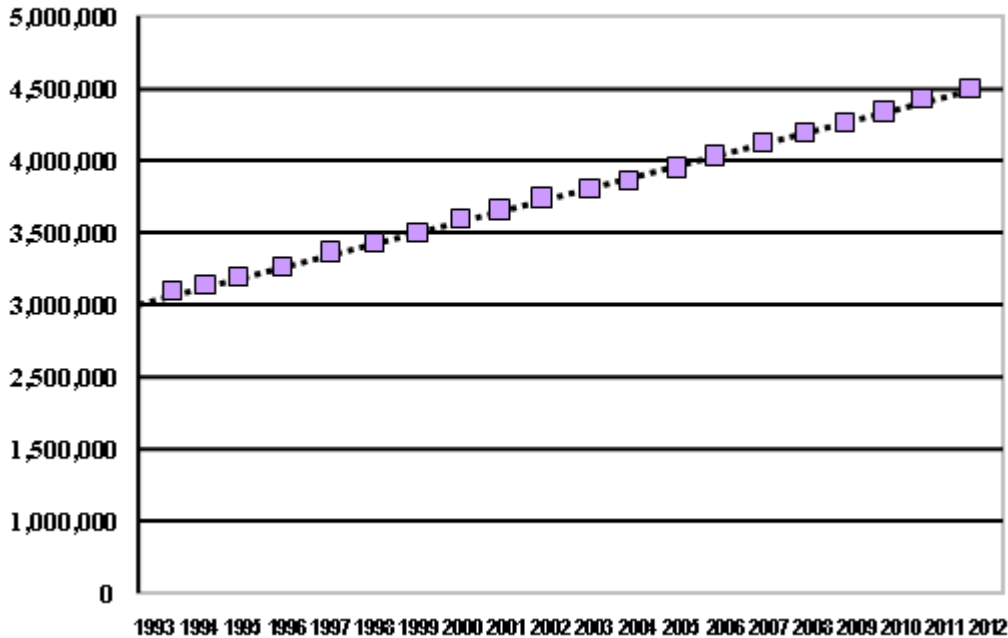
Research on child abuse and neglect risk factors indicates a relationship between child maltreatment's long-term adverse effects and other social problems. Research has also shown family and community protective factors can prevent child maltreatment. Florida is engaged in collaborative, coordinated and holistic responses that incorporate best practices and the use of available local resources. Our public and private efforts are aimed at strengthening families and building capacities and resilience. In order to prevent child abuse and neglect, adverse factors must be decreased and protective factors must be increased.

The State's population growth is rapid, and the most rapid growth is found among populations with diverse social, ethnic and cultural expectations. This drastically

increases the complexity of social service delivery efforts, particularly in regard to parenting, child safety and well-being.

Providing funding to encourage the development of creative and effective child abuse prevention services to address these factors, within the context of Florida's rapidly expanding population, is one of our priorities.

**Population of Florida's Children 0-17 Years
Estimates for July 1 of Each Fiscal Year and Trend Line**



Source: Florida Legislature, Office of Economic and Demographic Research, Demographic Estimating Conference Database, updated July 2006

Our prevention strategy includes primary, secondary and tertiary prevention services, designed to meet the needs of our multi-ethnic and multi-cultural state population.

- Primary Prevention; educating the general public about recognizing, reporting and preventing the abuse or neglect of children, assisting new families in preparing and raising children in safe and nurturing homes.
- Secondary Prevention; identifying families at risk for abuse or neglect and providing services to reduce the likelihood of abuse or neglect occurring, intervening with families reported to have abused or neglected children to protect the children and educate the family in a manner that eliminates the potential for abusive or neglectful home environments.
- Tertiary Prevention; treat and serve abused or neglected children and their families in an effort to prevent recurrence of abuse or neglect in the family and to prevent the children developing into adults that abuse or neglect.

Some of the actions the department will take in a multi-faceted approach to this complex need are:

1. Working in close concert with the Child Abuse Prevention Office within the Executive Office of the Governor. This Office was created by the 2006 Legislature. We anticipate Prevention activities will be greatly enhanced by these efforts.
2. Building and implementing a statewide prevention implementation plan for primary prevention;
3. Conduct a statewide meeting of local planning teams and Task Force members. The purpose of this is to provide technical assistance; review best practices in planning, implementation and prevention; and engage in other forms of collaboration.
4. Bimonthly conference calls between local teams and Task Force members to further the development and implementation of existing and needed prevention activities that identify the challenges and strengths of each Florida community.

The overarching strategy that will most effectively achieve challenging goals for preventing child abuse, neglect, and abandonment is to follow through on the commitment demonstrated by the state and local Prevention Task Forces, and implement the state and local plans. This will be enhanced by the new Office of Child Abuse Prevention within the Executive Office of the Governor. No short list of strategies can be effective in this complex task. However, various proven approaches are available, such as:

5. Continuing the Healthy Families Florida program,
6. Participating in the Statewide Prevention Task Force interagency child welfare efforts,
7. Continuing Neighborhood Partnership sites and other uses of family team conferencing,
8. Supporting Child Abuse Prevention Month initiatives.

Agency Goal for Child Welfare: Child Protection and Permanency

Strategy (S-3): Develop and maintain an adequate number of high quality placement settings with qualified personnel for **Out-of-Home (OOH)** care that are properly resourced and appropriately matched to client needs.

Strategy (S-4): Provide children or adults with opportunities to increase their ability to engage in desired, age-appropriate activities.

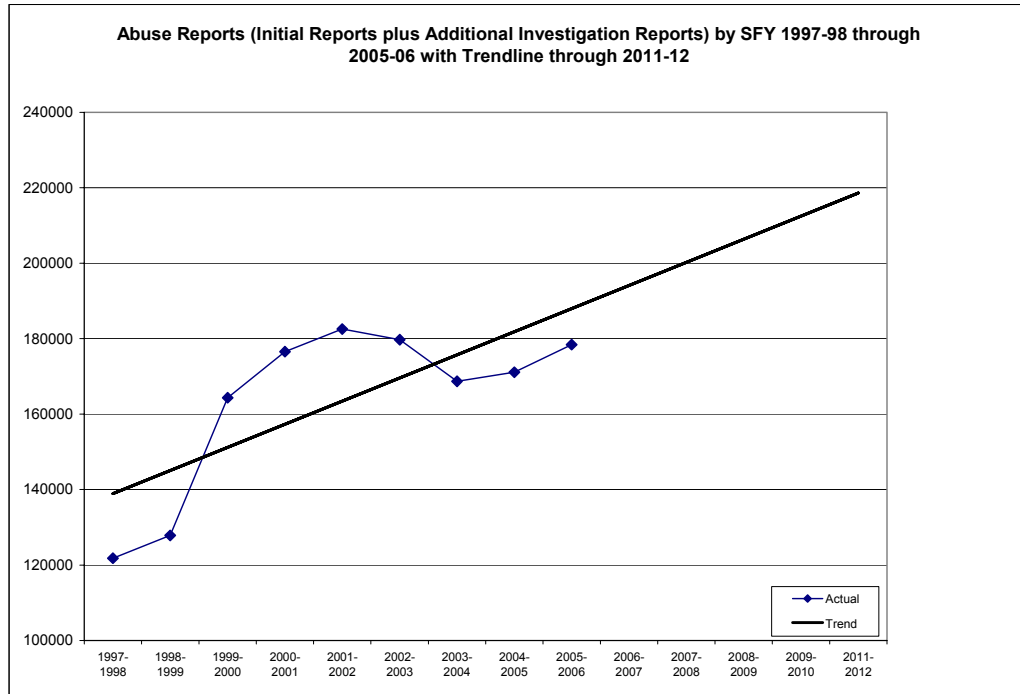
Strategy (S-5): Practice individualized planning with ongoing assessments using strength-based principles.

Strategy (S-6): Ensure timely, appropriate, and stable permanency options.

Strategy (S-7): Empower individuals to achieve and maintain independence.

Child Abuse and Neglect Investigation

The incidence of child abuse and neglect is related to many societal factors as discussed in the prevention section above. High-profile cases raise public awareness, and cause reporting rates to rapidly increase, with an associated increase in the number of actual victims. Natural disasters, such as the extreme hurricane event year of 2004, also increase family stressors and cause increases in both reporting and victims.



The department is required to investigate reports of child maltreatment to assess the safety and well-being of children who have been alleged to be abused, neglected or abandoned. Children are removed from their homes only when they cannot be protected in their own homes. Investigations are conducted in coordination with other agencies (for example, local law enforcement) and in accordance with Florida Statutes. The department performs this function in all but six counties statewide. In Pinellas, Seminole, Pasco, Broward, Hillsborough and Manatee Counties, the function is performed by the Sheriffs' Offices.

The primary task of child protective investigation is to identify child victims of abuse and neglect and protect their safety on a short term basis. In addition, protective investigators assess family needs and provide an initial means of meeting those needs to prevent family disruption by accessing short term services. Some of the specific actions the department is taking to ensure adequate, well-trained protective investigation staff, and a cohesive set of policies that address state and federal requirements, include:

Action Steps:

1. Recruitment and Retention: The need to identify, develop, and keep qualified, dedicated staff is a continual challenge. The program has established a **Protective Investigator Retention Workgroup (PIRW)** to address specific issues related to the retention of a stable child protective investigations workforce and develop plans specific to each issue. Participation by 41 different professionals in the field of

child protection, including national consultants was engaged. Various training and resource enhancement activities are being pursued. Thus far, the use of the “scenario questions” that were developed has proven successful in the hiring of candidates for the position of Child Protective Investigator that have proven to have the skills and capacity to do this job. Previously, there had been difficulty in this area. The Child Welfare Leadership Program is now in its second year and is helping to retain good staff. It provides not only leadership and technical training but also a performance path to excellence for those in child welfare in Florida.

2. Developing an **Alternative Response System (ARS)** model for the handling of child maltreatment reports. This is an alternative means of looking into abuse calls to the Abuse Hotline and will include piloting the ARS in three sites, including training, delivery of technical assistance and evaluation of the those pilots. From there it is expected to focus on the development of a strategy and necessary supportive documentation for statewide implementation.
4. The Child Welfare Training Workgroup, comprised of representatives from the CBCs, DCF and the Sheriffs’ Offices, was established by the Secretary in May 2006 for the purpose of addressing on-going implementation issues in the training area. Training of protective investigation staff is being conducted, particularly in preparing quality family assessments and identification of service needs. This includes specialized assessments relating to cases involving substance abuse and domestic violence, and matching of services for the child and family (including biological fathers, caregivers, and foster parents). Additionally, a plan of action was established in collaboration with the **Department of Juvenile Justice (DJJ)**, to address investigations of child maltreatment reports involving DJJ facilities.
5. Developed a process for identifying and tracking possible false reports; there will be ongoing effort related to this narrow but highly controversial aspect of investigation.

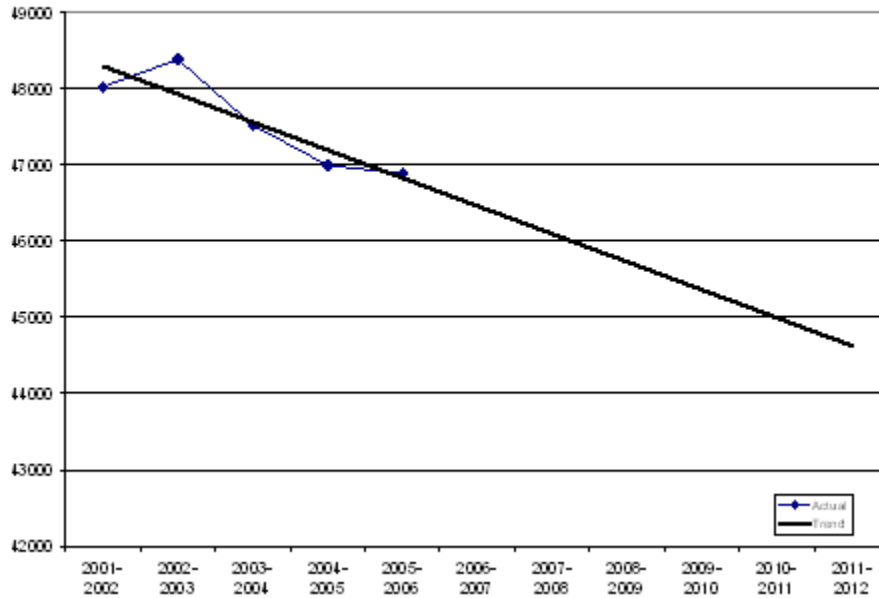
Placement Settings and Services

Protective investigators assess child safety and other factors and, in consultation with other experts, make recommendations relating to whether children can be maintained in their homes or must be removed and placed in some out-of-home care situation. In general, more than a third of the children are able to be maintained in their homes while services are provided to ensure the family environment is safe and increase the capacity of parents to care for their children. Services include intervention and case management services designed to alleviate crises that might otherwise lead to out of home placement; to maintain the safety of children in their own homes; to support families preparing to reunify or adopt; and to assist families in obtaining services and other supports necessary to address multiple needs.

When children cannot be maintained safely in their own homes, there are many types of placements and associated services. These include emergency shelter; placement with a relative or non-relative (such as family friend); licensed foster home or residential group care; and independent living. [See additional discussion of independent living in the next section.]

DCF Long Range Program Plan

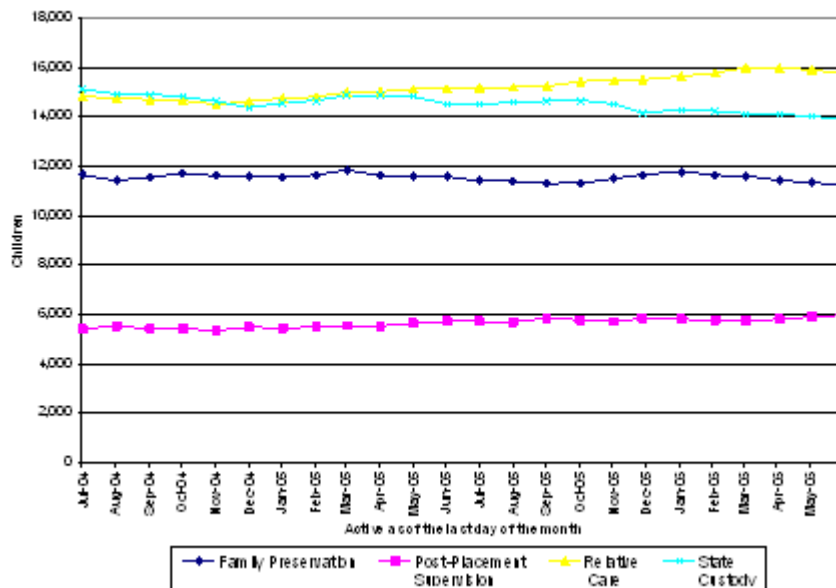
Total Under Supervision Including In-Home Services and Out-of-Home Care
Actual Data FY 2001-02 through 2005-06 with Trendline through 2011-12



In all of the placements, the three primary areas of emphasis are the child’s safety, permanency, and well-being.

- Safety – children must be protected from injury and their basic needs for food and shelter must be met.
- Permanency – every child should be in a permanent home as soon as possible, whether this is by reunification with their original family, adoption, or some other acceptable option such as legal guardianship.
- Well-being – the educational, emotional, physical and mental health needs of children are equally important and should receive equal focus.

Trend Data In-Home and Out-of-Home Services



Permanency and Placement

When a child must be removed from his or her home and no fit parent or legal custodian to whom the child may be released is available, in accordance with s. 39.401(2), Florida Statutes, the first option is to locate a responsible adult relative with whom the child may be placed. Failing this, the next option is to place the child with another responsible adult who is known to the family.

There is also a permanency option of **Permanent Placement with a Fit and Willing Relative (PPFWR)**, which preserves family connections by giving children an opportunity to be raised within the context of the family's culture, values and history, therefore enhancing children's sense of purpose and belonging. For a number of children, PPFWR may be an appropriate permanency option in accordance with federal and state provisions. The PPFWR provision in state law is consistent with the guardianship and placement with fit and willing relative provisions of the federal **Adoptions and Safe Families Act (ASFA)**. An ongoing strategy to support this option for children is a collaboration of the Child Welfare program with Economic Self-Sufficiency and Community-Based Care staff to clarify policy and program supports for children placed with relatives.

Licensed out-of-home placements (foster homes and residential group facilities) represent roughly half of the children in care. There are ongoing issues that continue to be challenges in Florida, as well as nationally. These include the recruitment and retention of foster homes; ensuring that the balance among safety, permanency, and well-being is maintained; providing placements that match children's characteristics; addressing complex and sometimes competing philosophies and requirements that seem to pit child welfare against due process and privacy, and scarce resources against ever-increasing needs.

To face these ongoing challenges, there is increased emphasis on collaboration across disciplines, addressing the fact that the child welfare program alone cannot alleviate the multiple issues that create family stressors. Florida has made good progress on many facets of its child protection system, as evidenced by successful completion of all the activities of its federal Program Improvement Plan in the spring of 2005. We are still in the process of working to achieve the goal of placement stability. However, this is only one milestone in the continuing journey to achieve national and state expectations for child safety, permanency, and well-being.

Adoption

The Florida Legislature aligned Florida law with the federal law, the Adoption and Safe Families Act, by enacting significant changes to Chapter 39, F.S. during the legislative session of 2006. The most significant change to the adoption program is a clarification regarding relative caregivers who want to adopt children in their custody. It is anticipated that this will serve to increase the number of relative caregiver adoptions during the next 2-3 years. During FY 2005-06, 3020 adoptions were completed with foster parent and relative caregiver adoptions representing 75% of that number.

The department has instituted a streamlined adoption process for children being adopted by their foster parents. These adoptions, previously handled individually, can now be handled more expeditiously in a group setting, with the additional benefit of a peer support group for families long after adoption finalization. The goal is to collaborate with our partners in Community Based Care to institute this adoption process for foster parents on an ongoing basis. Specialized counselors have continued to focus on recruiting

families for children available for adoption who do not have an identified family, many being those who have serious emotional and medical disabilities, children over the age of 9, and children who are members of large sibling groups. Specialized training focused on developing child-specific recruitment plans will be conducted in the coming year for those Community Based Care agencies requesting it. In preparation for National Adoption Month in November 2006, numerous activities are also being planned in all areas of the state.

Florida's adoption website, www.fladopt.org, has been enhanced to provide better information about sibling groups, with an individual picture and narrative about each child as well as a sibling group picture. The website currently presents 497 boys, 256 girls and 76 sibling groups.

A renewed focus on the permanency option of adoption for older children will result in adoptive families with significant challenges and needs for services well beyond finalization. The federal Child and Family Services Review, conducted in Florida in August 2001, identified that significant improvement was needed in the array of services available to adoptive families. Florida's Program Improvement Plan includes tasks to establish consistent post-legal adoption services statewide.

Adoption Subsidy

The federal Adoption Assistance and Child Welfare Act of 1980 required all states to establish an adoption subsidy program (in Florida, termed "maintenance adoption subsidies"). Subsidy programs nationwide have proven to be a very important tool in the placement of children with special needs, enabling a whole new population of families to consider special needs adoption. In Ch. 409.166, FS, the legislature recognized the need for financial assistance for families adopting children who, because of their special needs, have proven difficult to place in adoptive homes and there has been a major increase in the number of adoptions during the last five years

Future Direction

A few of the actions taken or planned to continue, progress and successes include:

Action Steps:

1. Revise and update the **Florida Administrative Code (FAC)** governing licensure of foster families and licensure of child placing agencies. The FAC concerning out-of-home care casework was revised and updated during the past year. This extensive project involves review of federal and state laws, several existing codes and collaboration with multiple stakeholders including community-based care lead agencies, sheriff's departments, foster parents and advocate attorneys. A complementary effort, the Senate Interim Project on Child Permanency, addressed alignment of several portions of Chapter 39, Florida Statutes with Federal Adoption and Safe Families Act provisions. Legislative changes to chapter 39 were affected during the 2006 Legislative Session.
2. The Independent Living Program provides transition services to assist children age 13-17 in foster care and young adults age 18 up to the 23rd birthday who were formerly in foster care. The goal is to help them obtain life skills and education for independent living and employment, to have a quality of life appropriate for their age, and to assume personal responsibility for becoming self-sufficient adults. During the 2006 Legislative Session several statutory revisions to this program were enacted, including expanding the population eligible for Medicaid, removal of disability of nonage for dwelling lease signing purposes, and the expansion of those

eligible for payment exemption for tuition and fees for higher education. These are to be implemented this coming year along with continuing the initiatives of the Chafee Program which provides the federal funding portion of this program. Among these initiatives are collaboration with the Independent Living Advisory Council and assistance to youth for preparation and entry into post-secondary training and education. Multiple opportunities to provide recommendations for improvement to the child welfare system are also afforded to youth in foster care and young adults formerly in foster care, including, advisory and advocacy boards and youth summits.

3. Outreach to the State Foster Parent Association and the local county associations have resulted in strong relationships between caregivers and child welfare staff throughout the state. This collaboration provides multiple opportunities to improve services, improve outcomes, and engage in problem solving for complex situations.
4. Previous legislation required the department to enter into agreements with the Department of Education and, at the local level, with the district School Boards, to enhance the continuity of education and access to educational services for children served by the department. Collaborative initiatives have essentially completed this task (with slight considerations in only two counties with very small populations).
5. Collaboration continues between the Family Safety and the Substance Abuse and Mental Health programs to develop and implement local Substance Abuse and Mental Health services integration plans with the child welfare Community Based Care providers. This has included working with the National Substance Abuse Resource Center for Technical Assistance to develop working agreements between child welfare providers and behavioral health providers. The department has also been granted a waiver of the requirements of Title IV-E (of the U.S. Social Security Act) to assist with the financial needs of this program (see item 7 below).
6. Incorporate into the core curriculum for training child protection workers some lessons learned and best practices, and address emergent training needs identified nationally. This includes: improving the case planning process to include documentation and input from the child's parent(s) and age appropriate child, caregivers and other support individuals.
7. Florida received federal approval of the first statewide waiver providing flexibility for foster care funds in March 2006. The U.S. Department of Health and Human Services' **Administration for Children and Families (ACF)** authorized the five year waiver under Title IV-E of the Social Security Act, allowing Florida to demonstrate that flexibility in funding will result in improved services for families. The waiver proposal was developed as a joint effort by DCF and its CBC lead agencies, with the Executive Director of Partnership for Strong Families in Gainesville, working closely on the plan with DCF.

The waiver allows federal foster care funds to be used for any child welfare purpose rather than being restricted to out-of-home care as generally required under federal law. It also enables funds to be used for a wide variety of child welfare services including prevention, intensive in-home services to prevent placement of children outside the home, reunification and foster care. To measure the effectiveness of the waiver, an independent evaluator will conduct an assessment of the results.

Florida will receive federal funding during the course of a five-year period based on what the state would have received under IV-E rules. This amount will increase by three percent per year over federal foster care funding in the federal fiscal year that ended September 30, 2005. The program puts funding incentives in line with the program goals of maintaining the safety and well-being of children and enhancing permanency by providing services that help families remain intact whenever possible.

Support for Special Populations

There are certain groups within the Child Welfare program's areas of responsibility that need special focus. These include children and young adults who are preparing to live independently; with chronic runaway behavior; whose cases involve activity between Florida and other states; and with Native American tribal connections.

The **Independent Living Program (ILP)** provides transition services to assist children ages 13-17 in foster care and young adults ages 18 until the 23rd birthday who were formerly in foster care obtain life skills and education for independent living and employment. It also seeks to help them to have a quality of life appropriate for their age, as well as assume personal responsibility for becoming self-sufficient adults. A significant amount of attention has focused on the program in recent years and during the 2006 Legislative Session several statutory revisions were passed, expanding the population eligible for Medicaid, removal of disabilities of non-age providing minors in foster care the ability to sign leases for dwellings and the expansion of the population eligible for exemption of payment of tuition and fees for higher education. During FY 2006/2007 these revisions will be implemented by providing implementation guidelines, training tools, other documents and technical assistance. There has been increased participation in the services for young adults formerly in foster care, thereby straining resources. Additionally, the State of Florida has been chosen as a site for the National Governor's Association Policy Academy for Youth Transitioning out of Foster Care. The department remains committed to working in partnership with communities, recipients, and others to increase the level of support available.

The **Interstate Compact on the Placement of Children (ICPC)** is law in 52 member jurisdictions (all 50 states, the District of Columbia and the U.S. Virgin Islands) and operates as a binding contract between member jurisdictions, and established uniform legal and administrative procedures among the jurisdictions. The American Public Human Services Association (APHSA) Interstate Data Report of March 2004 (most recent data available) shows that Florida had the highest reported volume of placement requests sent and second highest of placement requests received. This past year, the Florida ICPC office was heavily involved in the first national reform of ICPC in over 40 years and those efforts continue. On October 1, 2006, a new federal law, the Safe and Timely Interstate Placement of Foster Children Act of 2006 (PL109-239) will take effect. This Act requires states to complete and report on foster and adoptive home studies requested by other jurisdictions within 60 days. Florida is actively engaged in implementing procedures to make this happen.

Florida ICPC was the central point of contact during the 2005 hurricane season, working with the affected states, the National Center for Missing and Exploited Children, American Public Human Services Association, US Administration for Children and Families and others regarding locating children, identifying family members, collecting and reporting data and other activities specific to helping affected interstate families recuperate from the effects of storms such as Katrina, Rita and Wilma.

The **Interstate Compact on Adoption and Medical Assistance (ICAMA)** is a compact that has been adopted by the legislatures of compact member states, which governs the interstate delivery of and payment for medical services and adoption assistance payments and subsidies for adopted children with special needs. Reviews of national data by the Children's Bureau have shown that interstate placements take an entire year longer to achieve permanency than intrastate cases.

Florida has joined a pilot project where ICAMA states, set up in varied models, will assist incoming states, acting as mentors for information and training regarding data collection, ICAMA rule and process, overcoming barriers, establishing contacts, participating in decision-making committees, etc.

The **Indian Child Welfare Act (ICWA)** is federal legislation enacted to provide special protection to American Indian and Alaskan Native children involved in child custody proceedings. ICWA establishes minimum federal standards for the removal of these children from their families, for the provision of services to them and their families and for the placement of American Indian children in foster or adoptive homes. States are required under Title IV-B of the Social Security Act to work collaboratively with tribes in establishing statewide policy and procedure that ensures compliance with federal mandates. States must also develop and implement policy and practice that support the provisions of the Indian Child Welfare Act in child welfare practice.

Compliance with ICWA depends upon accurately identifying children eligible for the protections of the Act at the initiation of services and assuring that legal requirements are met throughout the life of the case. Ongoing education, training and technical assistance for statewide staff are essential to maintaining compliance. American Indian and Alaskan Native children rank third by race/ethnicity nationally in their rate of victimization by abuse and neglect at 15.5 children per 1000 by the Administration for Children and Families.

Florida has two federally recognized tribes, the Seminole Tribe of Florida and the Miccosukee Tribe of Indians of Florida, and a total of nine tribal reservations comprising over 180,000 acres, both rural and urban. The enrolled Seminole and Miccosukee populations total approximately 3500 members. Florida is one of only eleven states with an overall American Indian/Alaskan Native population of over 100,000 (2000 US Census). ICWA protections apply to Seminole and Miccosukee tribal members and to tribal members from over 560 federally recognized tribes nationally who may be living in or visiting Florida from other states.

In 2006, Florida enacted legislation that requires establishing administrative code for ICWA. Negotiations continue with the Seminole Tribe toward a state-to-nation agreement that will further define interaction with the tribe in matters of child welfare. Other projects and planning include adding standardized ICWA language to dependency documents and developing a database for tracking ICWA eligible children and families that will provide key oversight to improve the provision of services and ensure compliance with this child welfare legislation.

Particularly challenging members of the child welfare population are the chronic runaways and teens with behavior issues. The **Behavior Analysis Services Program (BASP)** provides services to address these challenges in each DCF district/zone. Behavior analysts complete behavioral assessments that lead to measurable goals, objectives and positive interventions that are consistent with children's case plans. Interventions are designed to reduce children's challenging behaviors that may negatively impact permanency goals, and to increase positive, adaptive alternative behaviors that

will facilitate placement stability. There is a strong focus on program results and evaluation of effectiveness for each individual child

Focus on Partnership and Collaboration: Community-Based Care

Community-Based Care (CBC) is the Florida Department of Children & Families' overarching strategy to build partnerships in the community; and to significantly impact, in innovative positive ways, the outcomes, quality, effectiveness, and efficiency of services in the community. Initiated by legislative action during FY 1996/97, Community-Based Care was in statewide effect in 2005, with service contracts under 20 lead agencies.

Nationally, there is increased attention to the benefits of a seamless system of services that is community-based, outcome driven, and family focused providing individualized culturally competent service plans for the child and family. This global concern for improved access and enhanced quality through management of outcomes has produced stellar projects. These programs show that children and their families respond more positively with longer lasting outcomes when the services are provided in the community where they live and as close to home as possible.

Some recent accomplishments include:

- Implemented a Quality Assurance Peer Review team to assess and validate Lead Agency Readiness.
- Development, implementation, and refinement of cost allocation formula for CBC lead agency contracts.
- Revision and update of CBC contract attachment to reflect changes and additions to state and federal law and rules.
- Ongoing technical assistance and training concerning CBC implementation and operational issues and status to community alliances, advocacy groups, state and local foster parent association groups, schools, law enforcement, judicial, faith-based organizations, family support, mental health and substance abuse providers, legislators, Governor Staff, Consultants, department and private direct service staff.

The program will seek sufficient resources to provide the services mandated by law and work toward methods to ensure that resources are allocated equitably, with ongoing oversight as described in the accountability section below.

Agency Goal: Improved Resource Stewardship

Strategy (S-24): Demonstrate ability to earn federal earnings at budgeted level.

Federal funds are about 65% of the total resources available to the child welfare program. Among the major federal fund sources are **Child Abuse Prevention and Treatment Act (CAPTA)**, **Promoting Safe and Stable Families (PSSF)**, **Temporary Assistance for Needy Families (TANF)**, Title IV-E, and Social Service Block Grant. Each of these fund sources has different requirements, and meeting these requirements is essential to maintaining this critical funding. In FY 2005/06, one major effort was to prepare the state system for passing a federal IV-E audit in February 2007.

Strategy (S-35): Maintain a Stable Workforce.

The employees that are responsible for providing services, supervising, and managing the child welfare program are critical resources as well. Providing the tools they need for the job, including knowledge and skills, is another major focus of all child welfare programs. During FY 2003/04 and continuing the department initiated a major redesign of pre-

service training, in-service training, and certification for its employees and those of its service delivery partners. Implementation has continued since then and will continue to be a major focus in the next few years in support of the program as it functions under full community-based care. Among the achievements in this regard are; instituting clinically based training for child welfare supervisor certification of staff (department, Community Based Care agencies and Sheriffs' Offices), the Child Welfare Leadership Program in which staff receive both leadership and technical training to enhance their skills and prepare them for leadership opportunities in child welfare, and the Training Workgroup established by the Secretary to address on-going implementation issues in the training realm. This is being carried out in conjunction with representatives from the CBCs and Sheriffs' Offices.

Agency Goal: Strengthened Accountability

Strategy: Monitor and report performance results for all contracts.

Strategy: Conduct routine statewide and district performance reviews to monitor progress.

There are many different ways through which the child welfare program achieves and demonstrates accountability – to its funding providers, its partners, its clients, and its other stakeholders. Quality management, program improvement, information systems design and development, and performance measurement all provide accountability focus for the child welfare program.

The **Child Welfare Quality Management System (QMS)** is comprised of a 3-tiered statewide review and data analysis structure, using qualitative processes that are focused on improving practice. This overarching approach is designed to ensure quality management and improvement activities are defined, implemented and reviewed at all levels of the service delivery system. The design recognizes the key factors in the QMS process as stakeholder involvement, external review process, flexibility in design, internal review and self-assessments, standardized case review tools and stakeholder interview guides. It is focused on:

- Improving the quality of practice;
- Supporting and assisting direct service providers to focus on continuous improvement; and,
- Gathering data and information necessary for planning, reporting and problem-solving.

During the past few years, significant investments have been made by the department and the Legislature in resources to support quality management, particularly in relation to the transition to community-based care. These resources are now being deployed in order to address the enhanced oversight responsibilities and quality improvement opportunities of the program. The staff and other resources will be vital to Florida's successful response to the federal Child and Family Services Review (CFSR), as well as for implementing a truly systematic and comprehensive quality management plan.

Federal oversight of the child welfare program also requires accountability focus. Florida is required to submit a Program Improvement Plan (PIP) to address the six Child and Family Services Review outcomes and two systemic factors found to be out of conformance as a result of the 2001 CFSR review. The intent of the PIP is to provide the Department of **Health and Human Services/Administration for Children and Families (HHS/ACF)** and Florida with a blueprint for how Florida's ongoing continuous

quality improvement of the administration of child welfare services and practices will further the goals of the Child and Family Services Review related to child safety, child permanency and child and family well-being. Florida received an extension to be in compliance with the outstanding goal of its PIP until March 31, 2007.

Florida designed its PIP development and implementation process as an opportunity to join with state and local partners providing Community-Based child welfare services, voluntary agencies, the federally recognized tribes and other child welfare stakeholders in order to:

- Assess the review findings;
- Identify factors contributing to performance or to the report findings;
- Identify current initiatives and best practices upon which to build;
- Identify strategies and action steps to address the factors contributing to performance;
- To set goals for improved performance; and
- To shape strategies to assess the effectiveness of the PIP. The quality management efforts use CFSR and PIP factors as a foundation.

Information systems provide critical support for data-driven decisions, for assessing the results of quality improvements, and for demonstrating accountability by answering questions from funding providers and other stakeholders. The department's goal continues to be the implementation of a Statewide Child Welfare Information System (SACWIS) that supports department and partner staff for the full life cycle of child welfare business practices. In line with this goal, the services of a qualified SACWIS system integrator have been contracted, and the department is now working to define and implement a fully functional statewide solution. This new solution will assume abuse intake and child safety assessment functions currently automated in the existing HomeSafenet application, and add the remaining case management, financial, administration, resource, court management,, and user reporting functions necessary to support state requirements and achieve federal SACWIS certification. Implementation of the new SACWIS solution, now named the **Florida Safe Families Network (FSFN)**, will take place in three distinct functional releases over the course of an 18 month period. The FSFN project was initiated in July 2006 and the first release is currently scheduled for March 2007.

Justification of Revised or New Programs and/or Services

Initiatives described above, as well as issues in the FY 2007-08 Legislative Budget Request, are aligned with the Governor's priorities and support the Secretary's priorities, as described above.

Justification of Final Projection for each Outcome

Florida's child welfare system has been undergoing radical and fundamental changes, as described above. The stage has been set for maintaining current successes and setting new, challenging goals. However, this must also be balanced against state and national conditions related to population increases, limited resource bases, and extraordinary events.

Potential Policy Changes Affecting the Budget Request

The Secretary's reform plan calls for accelerated efforts toward reducing the number of children in out-of-home care, and increased adoptions. The continued fiscal impact of these goals, such as increasing demand on adoption and in-home services, will continue to be monitored. Additional resources are likely to be necessary to sustain improvements in protective investigations, provide adoption subsidies, expand the child welfare legal services in alignment with intensive focus on timely permanency, and support an adequate supply of out of home situations that can be matched to child needs.

Changes Which Would Require Legislative Action

As mentioned previously, changes to Chapter 39, Florida Statutes to more closely align with federal requirements were made by the 2006 Legislature, and are in the process of being implemented statewide.

Task Forces and Studies in Progress

Evaluation of Community-Based Care

Authority: Section 409.1671(4) (a), Florida Statutes

Purpose: Conduct annual evaluation of quality performance, outcome measure attainment and cost efficiency of each program operated under contract with a community-based care agency.

Evaluation of Comprehensive Residential Services

Authority: Section 409.1679(2), Florida Statutes

Purpose: Conduct, as part of the annual evaluation of Community-Based Care, for each site, an assessment of cost-effectiveness, ability to successfully implement the assigned program elements, attainment of performance standards and attainment of the targeted outcomes prescribed in the statute cited.

Independent Living Advisory Council

Authority: "Road to Independence Act of 2002" (Chapter 2002-19, Laws of Florida)

Purpose: Help formulate policy that focuses on improving the independent living services for all qualified youth and young adults.

Task Force on Children's Justice

Authority: Federal Child Abuse Prevention and Treatment Act, Title I -- Children's Justice Act (42 U.S.C. 5106c).

Purpose: Review, evaluate and make policy recommendations on investigative, administrative, and civil and criminal judicial handling of child abuse and neglect cases.

Needs Assessment

Authority: Federal Child Abuse Prevention and Treatment Act, Title II -- Community-Based Family Resource and Support Grants (42 U.S.C. 5116 et seq).

Purpose: Assess community assets and needs through a planning process that involves parents and local public agencies, local nonprofit organizations, and private sector representatives.

HomeSafenet

Authority: General Appropriations Act (Chapter 2006 - 25, Laws of Florida).

Purpose: Develop a detailed operational work plan, describing the procurement strategy, business objectives, staffing plan, developing detailed requirements and getting federal approval.

Front Line Retention Strategies

Authority: General Appropriations Act (Chapter 2006 - 25, Laws of Florida).

Purpose: Develop strategy for distribution of funds, including base pay adjustments; continue the social worker loan reimbursement program for performance and competence; working through the Child Welfare Leadership Program and training to develop supervisor competence; continue Performance Path to Excellence initiative for child protective investigators; and initiate the Performance Path to Excellence program for abuse registry employees.

PROGRAM: ADULT PROTECTIVE SERVICES

SUB-POPULATION SERVED: DISABLED ADULTS, AGE 18-59, AND THE FRAIL ELDERLY

A. Primary Responsibilities

The primary responsibility of Adult Protective Services is protecting adults with disabilities and the frail elderly through protective investigation, protective supervision, placement, and in-home and community-based services (Chapter 415, Florida Statutes).

B. Selection of Priorities

Florida's elderly population is expected to grow dramatically over the next 20 years. By 2015, those 65 years and older will predictably reach just under 4 million. In 2025, another increase of over a million and a half is expected. By 2010, the percentage of individuals 80+ years of age is expected to increase by more than 54% in Florida. Florida has a demographic imperative to protect its elderly citizens.

Individuals with disabilities are also vulnerable to abuse, neglect, and exploitation. In Florida, approximately 58,000 individuals who live in their own homes have disabilities severe enough to have serious difficulties with accomplishing three or more activities of daily living. About 20% of these individuals live alone, which greatly increases their likelihood of self-neglect.

C. Addressing Our Priorities over the Next Five Years

Agency Goal for Adult Protective Services: Safety

Strategy: Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of child and adult protective service systems.

Action Steps:

1. During FY 2005-2006, the department received 43,450 reports for investigation through the Florida Abuse Hotline alleging abuse, neglect, and exploitation of elderly and disabled adults, and for vulnerable adults in need of services (compared to 41,028 in FY 2004-2005). A projected workload of 46,190 is estimated for FY 2006-2007. It is further anticipated that the number of reports will increase to 49,103 in FY 2007-2008, representing a 6% increase in each of these two fiscal years. In investigating these reports, the department strives to complete an initial

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face-to-face visit with the vulnerable adults within 24 hours. This allows the protective investigator to evaluate the vulnerable adult's situation and safety, and begin the process of removing the individual from harm's way and/or providing needed services immediately and as needed. In addition, evidence is preserved and more meaningful when collected within the first 24 hours. This is especially important for a case that is referred to law enforcement for investigation and possible criminal proceedings.

2. The department's statewide child and vulnerable adult abuse, neglect, and exploitation report/database system (HomeSafenet) enables Adult Services management to have accessible information for better decision-making and improve the programmatic reporting capability and accountability to the victims, their families, and the general public. Through this system, Adult Services statewide confirms that we met our target of 80% by seeing alleged victims and other vulnerable adults within the first 24 hours. During FY 2005-2006, the percentage of victims seen within the first 24 hours rose to a statewide average of 96.4%.
3. The department also strives to appropriately close the investigative process of all abuse, neglect, and exploitation cases, and cases of vulnerable adults in need of services within 60 days. Not all cases require 60 days to complete the investigation, depending on the seriousness of the allegation, number of alleged victims and possible responsible perpetrators, the medical complexities, and law enforcement involvement. However, closing the investigation within 60 days is considered "best practice" and allows for a consistently applied statewide framework. Edits in the statewide report/database system require unit supervisors to review and evaluate each protective investigation case and the casework after significant steps are completed by the protective investigators. This provides for quality investigations, effective intervention strategies which promote the safety of alleged victims of abuse, neglect, and exploitation, and the promptness of subsequent follow-up actions and services to alleged victims and vulnerable adults. During FY 2005-2006, Adult Services averaged closing the investigations within 60 days in 99.2% of the cases statewide. This exceeds the established statewide target of 99%.
4. There are instances, however, when keeping an investigation open past 60 days is appropriate; for example, when waiting for medical reports, scheduled court dates, etc. Adult Services supervisors and other staff continuously review the case information for all cases which are open past 60 days. Staff stays abreast of the conditions which cause a case to be open beyond 60 days. Again, this is in the best interest of the alleged victim and other vulnerable adults, ensuring safety and service provision in a timely manner.
5. During the FY 2006-2007 legislative budget cycle, funding was allocated to the department for additional protective investigator and protective investigator supervisor positions. Despite the increase in positions and because of the projected 6% increase in reports received by the Florida Abuse Hotline, caseload ratios for the current protective investigators are expected to rise from 13.0:1 in FY 2006-2007 to 14.7:1 in FY 2007-2008. The department believes that the appropriate caseload size is 12:1, which is based on the Child Welfare League of America standards.
6. Keeping caseload ratios under control ensures that the protective investigators continue to complete the face-to-face visits with alleged victims of abuse, neglect, and exploitation and other vulnerable adults in need of services within the first 24

hours and ensures that investigations are appropriately closed within the statutory time frame. The department will continue to explore innovative methods to reduce the projected FY 2006-2007 workload of 13.0:1 to the acceptable departmental workload of 12:1, and relieve the projected increased workload for years to come. The continued focus will be on quality protective investigations and intervention in order to ensure that victims and vulnerable adults are not left at risk to suffer further harm or injury.

7. Other quality assurance initiatives for protective investigations, protective intervention, and protective supervision have been implemented statewide and continue to be refined. A registered nurse position located at central office has been established to provide additional guidance from a statewide perspective. The staff member in this position will provide medical expertise, direction, consultation, and oversight to protective investigation staff, the district/regional registered nurse specialists, and adult protection team activities statewide. The department will continue to address quality assurance from a statewide perspective.

D. The Justification of Revised or New Programs and/or Services

None proposed

E. Justification of Final Projection for each Outcome

Outcome: Of victims seen, the percent of victims seen within the first 24 hours.

Baseline data for this outcome measure were collected in FY 2004-2005 and the target was set at 80%. This outcome measure was new in FY 2004-2005 and the target was set lower because of the data transition from the previous used Florida Abuse Hotline Information System into the HomeSafenet system. Because the data have stabilized, the target has been increased to 95%.

Outcome: Percent of cases closed within 60 days.

Baseline data for the outcome measure were collected in FY 2004 and the target was set at 95%. This outcome measure target was set lower because of the data transition from the previous used Florida Abuse Hotline Information System into the HomeSafenet system. Because the data have stabilized, the target is being increased to 99%.

F. Potential Policy Changes Affecting the Agency Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: ADULT SERVICES – IN-HOME SUPPORTS

SUB-POPULATION SERVED: DISABLED ADULTS, AGE 18-59

A. Primary Responsibilities

Provide in-home supports and community-based services to disabled adults, ages 18 - 59, who have one or more permanent physical or mental limitations that restrict their ability to perform the normal activities of daily living and impede their capacity to live independently or with relatives or friends (Chapter 410, Florida Statutes).

B. Selection of Priorities

It is estimated that approximately 58,000 disabled adults living in Florida have three or more permanent physical or mental limitations. Despite some progress in preventing disabilities, the number of people with disabilities is expected to continue to increase. Some of these individuals may be receiving services from other programs of the department, however in FY 2005-2006, there were over 3,100 nursing-home eligible disabled adults who received Adult Services program services through the Home Care for Disabled Adults (HCDA), Community Care for Disabled Adults (CCDA), Aged or Disabled Adult Home and Community-Based Services Medicaid Waiver (ADA Medicaid Waiver), and Consumer Directed Care+ Medicaid Waiver (CDC+ Medicaid Waiver) programs. The services provided to individuals in these programs include, but are not limited to, a monthly subsidy to assist with the cost of room, clothing, and incidentals; homemaker services; meals; personal care; and nursing care. These services enable the individual to live in his/her community and avoid nursing home placement or other institutional placement as long as possible. This is extremely beneficial to the well-being and self-sufficiency of the individual and allows the state to defer costly institutionalization services.

C. Addressing Our Priorities over the Next Five Years

Agency Goal for In-home Supports: Self-Sufficiency

Strategy: Support sustainable, strong families.

Action Steps:

1. Because of the nature of the types of disabilities from which individuals in the HCDA, CCDA, ADA Medicaid Waiver, and CDC+ Medicaid Waiver programs suffer and because of the rising costs of health care and other services, as these individuals age in these programs their health-related needs and costs of care increase. For FY 2005-2006, the average care plan cost of an individual in the HCDA program was \$1,320. In FY 2005-2006, the average care plan cost for an individual in the CCDA program was approximately \$2,496. During the same fiscal year, the average care plan cost of an individual in the ADA Medicaid Waiver (including CDC+ Medicaid Waiver) program was \$11,563 (includes general revenue and the Federal match).
2. There is a growing need to provide services to the disabled adult population. However other budgetary priorities have made it especially hard to keep up with providing services to new individuals requesting services from these programs. The HCDA, CCDA, and ADA Medicaid Waiver (includes CDC+ Medicaid Waiver) programs have statewide waiting lists of over 7,480 disabled adults who are seeking services, but are unable to receive them because of insufficient funding (1,271 on the statewide HCDA waiting list, 3,015 on the statewide CCDA waiting list, and 3,201 on the statewide ADA Medicaid Waiver waiting list - individuals

may be on multiple waiting lists). The statewide waiting lists ensure more equity of service provision to individuals requesting services and better fiscal management.

4. Individuals in need of services are screened with a uniform instrument by Adult Services counselors and added to the statewide waiting list(s) based on their screening scores and the dates on which they request services. Once dollars are freed because of attrition of individuals from the HCDA, CCDA, or ADA Medicaid Waiver programs, the highest-scoring individual is pulled from the statewide programmatic waiting list for a face-to-face assessment and, if programmatically eligible, is moved into the program. The attrition rates for these programs are not great, therefore adding new individuals for services occurs minimally.
5. During the FY 2006-2007 legislative budget cycle, funds were requested to reduce the Adult Services programmatic waiting lists, and \$4.7 million (general revenue and matching Federal dollars) was provided to remove individuals from the statewide ADA Medicaid Waiver waiting list. The allocation of these funds was based on a proposal to move a quarter of the total number of individuals off the statewide ADA Medicaid Waiver waiting list each year for four years. Dollars are being requested during the FY 2007-2008 legislative budget cycle to continue with the reduction of this statewide waiting list within four years. In addition, dollars are being requested to reduce the statewide HCDA and CCDA waiting lists over a four-year period.
6. Once again, because the HCDA, CCDA, and ADA Medicaid Waiver-eligible individual is nursing home eligible, the benefits to the individual of remaining in his/her home, promoting well-being and self-sufficiency, and the cost savings to the state are tremendous.
7. Quality assurance reviews are currently handled in each zone/district/region. The department is dedicated to a comprehensive quality assurance program with a statewide perspective and will continue to move in this direction.

D. Justification of Revised or New Programs and/or Services -

Not applicable

E. Justification of Final Projection for each Outcome

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

Baseline data for the outcome were collected in FY 1998-1999 and the target was set at 99%. Because of the aging of the individuals in these programs, increased medical problems, deteriorating conditions, and lack of increased funding for these programs, the target remains at 99%.

F. Potential Policy Changes Affecting the Agency Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: DOMESTIC VIOLENCE

POPULATION SERVED: CHILDREN OR ADULTS WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

The mission of the Domestic Violence Program is to ensure the safety of victims of domestic violence by developing partnerships with community organizations to create a seamless system of services.

A. Primary Responsibilities

Florida Statutes require that the state assist in the development of domestic violence centers for the victims of domestic violence and to provide a place where the parties involved may be separated until they can be properly assisted (Chapter 39.901, F.S.). The Domestic Violence Program Office serves as a clearinghouse for information relating to domestic violence and provides statewide leadership in domestic violence policy, program development and implementation, including:

- Prevention, Education and Training: Provide supervision, direction, coordination, administration, and funding of statewide activities related to the prevention of domestic violence (Chapter 39-901-908, F.S.).
- Certification, Evaluation and Funding of Domestic Violence Centers: Receive and approve or reject applications for certification, and perform annual evaluations. Minimum standards and services are required of domestic violence centers to qualify for state certification. Certification is required in order for a center to receive funding, which is administered by the Florida Coalition against Domestic Violence through a contract with the Department (Section 39.903(1), F.S.).
- Certification and Monitoring of Batterers Intervention Programs: Receive and approve or reject applications for certification, and perform annual monitoring. Minimum standards and services are required of Batterers Intervention Program to qualify for state certification (Chapter 741.32, F.S.).
- Domestic Violence Fatality Review Teams: Provide information and technical assistance (Section 741.316(7), F.S.).

B. Selection of Priorities

To strengthen services for victims of domestic violence and improve quality assurance of domestic violence programs, the following strategies have been developed:

- Enhance Services to Victims of Domestic Violence
- Ensure Effective Program Management
- Enhance Public Awareness

C. Addressing our Priorities over the Next Five Years

Agency Goal: Safety

Strategy: Increase use of techniques that improve the quality, consistency, efficiency, and effectiveness of child and adult protective service systems.

Enhance Services to Victims of Domestic Violence

- Implement a domestic violence needs assessment to determine existing gaps in services

DCF Long Range Program Plan

- Routine review of competitive grant opportunities will be completed and applications for discretionary funding will be submitted whenever appropriate
- Collaborate with Child Welfare staff to develop best practices to increase safety for victims of domestic violence
- Monitor national practices regarding perpetrator programs
- Revise Domestic Violence rule to ensure centers meet or exceed all minimum standards for operation
- Ensure Effective Program Management
- Distribution and use of resources complies with departmental, state and federal requirements
- Implement stakeholder satisfaction survey to measure program office performance for development/enhancement of service delivery
- Enhance data collection activities
- Enhance Public Awareness
- Implement public awareness activities as budget permits
- Provide educational opportunities to community and professional groups statewide

D. Justification of Revised or New Programs and/or Services.

None Proposed.

E. Justification of Final Projection for each Outcome

Objective: Maintain the percent of adult and child victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter at 98 percent or greater.

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

Outcome Projection Justification and Impact: We expect to continue to achieve the outcome, assuming that appropriations continue to keep up with workload increases.

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: CHILD CARE REGULATION AND INFORMATION

SUB-POPULATION SERVED: CHILDREN WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

A. Primary Responsibilities

Pursuant to Florida law (s. 402.26(3), F.S.) it is the intent of the Legislature to “protect the health and welfare of children through the development of a regulatory framework that promotes the growth and stability of the child care industry and facilitates the safe physical, intellectual, motor, and social development of the child.” The mission of the Child Care Regulation and Information Program is “to ensure the health, safety, and well-being of children while in care through licensing and regulatory activities.”

B. Selection of Priorities

The Child Care Regulation and Information Program works in partnership with public and private stakeholders to establish mutual goals and initiatives to achieve Florida’s vision of a comprehensive system for meeting the needs of the children and providers. Analysis of the current environment, including strengths, weaknesses, opportunities, and challenges led us to establish the following priorities:

- *Child Care Regulation.* The Child Care Program ensures the health and safety of children in out-of-home care through the regulation of child care providers (licensed facilities, licensed and registered family day care homes, licensed large family child care homes, and religious exempt child care providers). This is accomplished through the on-site inspection of licensed child care centers, licensed family day care homes, and large family child care homes to ensure compliance with the health and safety requirements of 402.301-319, F.S., and rules adopted thereunder.
- *Child Care Training.* Statutorily required training for child care personnel is administered through 15 Training Coordinating Agencies statewide. Online courses are also available to provider staff and are accessed through the training component of the Child Care Information Center. In order to successfully complete the required training, child care personnel must pass competency exams developed for each course. Exam registration is completed online or through the centralized Exam Scheduling Center.
- *Child Care Professional Development.* Professional guidance and technical support are centrally administered through the statewide Child Care Training Information Center. Staff credential, Florida CDAE program and renewal and the Florida Director Credential each promote professionalism in the child care industry and are centrally managed through a Child Care Credential Unit.
- *Child Care Quality Initiatives/Public Awareness.* The Child Care program statewide develops and distributes brochures, pamphlets and public awareness materials to inform the public and promote quality child care activities. The Central Office also collaborates with the Agency for Workforce Innovation, the Department of Health and the Department of Education on mass mailings to all child care provider on critical child care issues. In addition, districts have used quality initiative funding for projects such as the Comprehensive Child Care Injury Prevention Project in District 4.

- *Performance Improvement/Quality Assurance.* The Child Care Program's team of program analysts provides ongoing quality assurance monitoring of child care licensing units, daily hands on technical assistance support to licensing staff statewide, and conduct data purification activities to ensure data integrity. These activities promote the uniform application of licensing standards, while identifying program deficiencies and staff training needs statewide.

C. Addressing our Priorities over the Next Five Years

Agency Goal: Safety

Strategy: Develop and maintain an adequate number of high quality placement settings with qualified personnel for out-of-home care that are properly resourced and appropriately matched to client needs.

Action Steps:

1. Improve the quality of child care through the provision of mandatory child care training and professional development opportunities.
2. Secure sufficient staff to accommodate increased workload due to the assumption of local licensing responsibilities, industry growth, and county ordinances. This will stabilize the workforce--reduce turnover that is a result of high caseloads.
3. Promote staff efficiencies through technology and ongoing enhancements to the Child Care Information System.
4. Improve the quality of child care licensing and regulatory activities through the provision of training and technical assistance to district and regional licensing staff.
5. Ensure that performance requirements for on-site inspection of licensed child care arrangements are being met statewide.

D. Justification of Revised or New Programs and/or Services

During the 2006 Legislative Session, legislation was passed that will significantly impact the activities/programs of the Child Care Program Office. Senate Bill 1510 (Ch. 2006-91, L.O.F.), relating to child care quality and safety, impacts the services of the Child Care Program in the following ways:

- **Gold Seal.** Provides criteria that certain child care facilities must meet in order to obtain and maintain designation as Gold Seal Quality Care provider. The bill requires the department to adopt rules relating to the Gold Seal program.
- **Enforcement.** Revises provisions relating to enforcement to allow the department to suspend or revoke a family day care registration or issue a provisional registration, consistent with the enforcement actions available regarding licensed family day care homes. Establishes a "probation-status" license. Revises provisions relating to family day care homes (licensed, registered, and large) to remove conflicting language regarding the maximum amount of an administrative fine. The proposed revision will provide for the imposition of a maximum of \$100 per violation, per day, consistent with fines imposed on child care facilities. The bill requires the department to adopt rules to establish a uniform set of procedures relating to enforcement and to provide criteria and procedures for the classification of violations.
- **Safety.** Provides authority for the department to adopt rules relating to safety in licensed family day care homes.

The bill requires the department to establish a uniform system of enforcement procedures by January 1, 2007. In order to implement these legislative changes, once adopted, the program office will develop and issue policy guidance, conduct training, revise and distribute PR materials to child care providers and child care staff, and revise/enhance the Child Care Information System to conform to and accommodate the policy changes. These activities represent a substantial workload for headquarters staff.

E. Justification of the Final Projection for each Outcome

Objective: Safety

Success Indicator: Children or adults are not harmed while in out-of-home care.

Outcome: Percent of licensed child care facilities inspected in accordance with program standards.

FY 2007-08 – 2011-2012 Targets

Baseline FY: 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
90%	95%	95%	95%	95%	95%

Outcome: Percent of licensed family day care homes inspected in accordance with program standards.

FY 2007-08 – 2011-2012 Targets

Baseline FY: 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
90%	90%	90%	90%	90%	90%

Outcome Projection Justification and Impact: Successful achievement of this objective will be measured by the timely on-site inspection of licensed child care facilities and licensed family day care homes (including large family child care homes) to ensure the health and safety of children in care. Child care facilities are inspected three times per year, and family child care homes are inspected two times each year to verify compliance with the health and safety requirements of sections 402.301-402.319, Florida Statute and Chapters 65C-20 and 65C-22, Florida Administrative Code. Inspections are required to be spaced evenly throughout the licensure year to ensure the highest level of protection.

F. Potential Policy Changes Affecting the Budget Request

Licensing Workload - The continued assumption of county licensing jurisdictions without additional staff resources and changes to local ordinances requiring licensure instead of registration for family day care homes would affect the department's ability to effectively manage the program. In July 2002 Polk and November 2003 Leon Counties returned their licensing jurisdiction/workload to the department without additional staff resources. These actions, in conjunction with the enactment of county ordinances requiring family day care home licensure have substantially added to the workload. This recent trend may continue, as 3 of the remaining 7 local licensing agencies have discussed returning jurisdiction to the department in addition to other communities looking at enacting county ordinances requiring family day care home licensure. Workload has also increased due to legislative mandates such as competency testing in English and Spanish and additional training requirements regarding literacy.

Voluntary Pre-kindergarten Workload - The passage of the 2004 Special Session Voluntary Pre-Kindergarten legislation resulted in unanticipated workload increases in the Child Care Program Office:

- **VPK Coordination** – Because the role of DCF in the implementation of the VPK Program is relatively small compared to that of AWI and DOE, at the time of passage the department did not request a position to act as a VPK coordinator, as did the other agencies. However, there is a significant workload associated with responding to VPK information requests and coordinating the department’s activities relating to VPK (background screening, systems development, participation in meetings, collaborative public awareness, etc.).
- **Gold Seal Quality Care Program** – The accreditation requirements of the VPK law have both increased demand for Gold Seal Accreditation and created a need for additional coordination and more complex program management at the state level (new database, more frequent review/approval of applications, more complex review of accrediting agencies, expedited verifications for VPK, etc.). In the past, this activities was limited due to the voluntary nature of the program, however, with VPK is requires extensive oversight and coordination.
- **Child Care Credential Unit** – The staff credential requirements of the VPK law have increased the demand on the verification and awarding of child care credentials (CDAE and Director Credentials), added a new VPK Endorsed Director Credential and created the need to reduce the turnaround time for the verification and award of staff credentials. Implementation of VPK requires additional and expedited verifications as well as consultation with two additional agencies (AWI/DOE) requiring additional staff time.

G. Policy Changes Which Would Require Legislative Action

Not Applicable

H. Task Forces/Studies

Not Applicable

PROGRAM: ECONOMIC SELF-SUFFICIENCY

POPULATION SERVED: FAMILIES IN DISTRESSED/FRAGILE HEALTH OR CIRCUMSTANCES

A. Primary Responsibilities

Florida Statutes require that the state manage a system of federal and state funded benefit programs per federal law. Section 414.025, Florida Statutes, states: “It is the intent of the Legislature that families in this state be strong and economically self-sufficient so as to require minimal involvement by an efficient government.” Subsection 20.19(4), Florida Statutes, creates within the Department of Children and Families an “Economic Self-Sufficiency Services Program Office”. The responsibilities of this office encompass all eligibility services operated by the department. These services are administered through ACCESS Florida, the department’s modernized eligibility service delivery system (see Section D).

The mission of Economic Self-Sufficiency Services (ESS) is to promote self-sufficiency by assisting eligible individuals, including the working poor and needy, transition into more stable and self-sufficient individuals and families. This assistance includes:

- Offering families appropriate diversionary opportunities so they may avoid receipt of public assistance and
- Providing benefits to assist families and individuals to transition into more stable and self-sufficient situations so they can end reliance on public assistance.

The vision of the program is to strengthen families through private, community, and inter-agency partnerships that promote self-sufficiency.

Comprehensive eligibility determination is the process of determining an assistance group's technical, asset, and income eligibility and calculating benefits. These services include food stamp benefits that are used to purchase food, cash assistance to meet basic housing and other essential expenses, and eligibility for medical services supplied by providers certified by the Agency for Health Care Administration. By receiving these services together with the job search skills provided by the Agency for Workforce Innovation to cash recipients and certain populations of food stamp recipients, clients can achieve self-sufficiency and move into a more stable situation. These support services ensure that the most vulnerable citizens will be able to exist in a safe environment until they can become self-sufficient; thereby breaking the cyclical existence of poverty and welfare.

Among vulnerable populations are newly-arrived refugee clients in need of immediate economic assistance. Some refugees receive Temporary Assistance for Needy Families (TANF), Medicaid, and Food Stamps, but others are ineligible for TANF because they do not have minor children. These customers may be eligible for federally-funded Refugees Cash and Medical Assistance for the first eight months after their arrival in the United States. Assistance to these customers is provided at the same level as the TANF and Medicaid programs and requires similar workforce participation.

In some instances, clients who are elderly or disabled may not obtain complete self sufficiency, however through Medicaid benefits and **Optional State Supplementation (OSS)** services, they can achieve a more stable and safe environment. Medicaid provides access to needed medical services. OSS is a general revenue public assistance program that provides payments to supplement the income of indigent elderly and disabled individuals. Both programs provide the necessary supportive services to encourage and assist the aged and/or disabled to remain in the least restrictive environment possible, and when possible postpone the need for nursing home placement.

The ESS program is responsible for activities to prevent benefit errors, recover benefits issued in error and prevent fraudulent receipt of benefits.

Quality Assurance is an integral part of the program and error rate reduction initiatives consist of a number of activities designed to reduce the number and amount of public assistance benefit errors. These initiatives include but are not limited to second party review, special targeted case reviews, initiatives in each district and region to implement countermeasures for locally identified error causes and regional/statewide conferences seeking to address the factors causing both agency and client source errors.

Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to client and agency error, including fraud. Benefit Recovery staff receive referrals from a variety of sources including ESS

eligibility staff, Public Assistance Fraud and the public. Benefit Recovery claims and recoupment are managed using the Integrated Benefit Recovery System. This system also interfaces with the FLORIDA system to implement recoupment of overpayments from active Food Stamp and Temporary Cash Assistance cases.

The ACCESS Integrity Program (Fraud Prevention Program) is another entity within ESS responsible for prevention of cash assistance and food stamp fraud. ACCESS Integrity staff receive referrals from various sources including eligibility staff and the public. Staff investigates cases prior to approval, and monitor active cases to ensure proper receipt of benefits. When appropriate, disqualification hearings are conducted by the Office of Appeal Hearings to impose penalty periods preventing receipt of benefits for cases of confirmed fraud that are not pursued criminally. ACCESS Integrity staff represent the department at these hearings and track completion of necessary case actions following the final ruling of the hearings officer.

B. Selection of Priorities

The inability to support oneself and one's family through stable employment is related to many of society's most severe problems such as substance abuse, delinquency, poor health, child abuse and neglect, and domestic violence. During State Fiscal Year 2005-2006 there was a slight decrease in the clients receiving Food Stamp and Medicaid benefits and a larger decline in Temporary Cash Assistance. These changes are reflected in the following data:

- Unduplicated count of clients decreased 1.4% to 2,244,559;
- Number of families receiving Food Stamps decreased just over 1% from 629,685 to 623,270;
- Number of Medicaid clients decreased nearly 2% from 1,839,864 to 1,806,904; and
- Number of families receiving Temporary Cash Assistance decreased 14% from 59,157 to 50,831.

To ensure public assistance benefits provide opportunity for self-sufficiency and appropriate transition services to Florida's citizens, the department is determined to focus efforts to ensure accuracy, accountability, and an optimal delivery of quality services.

The department's current priorities were identified through strategic planning sessions with key stakeholders that included agency and non-agency staff and internal and external customers groups. These priorities support the department's mission and are linked to a number of the Governor's priorities, including strengthening families, promoting economic diversity, and creating a smaller, more efficient and effective government.

C. Addressing Our Priorities over the Next Five Years

The following objectives reflect those priorities identified as yielding the greatest impact on all programs:

Agency Goal: Diversion and Prevention

Strategy: Develop a web-based navigation system available at multiple locations within the community that assists families and individuals to access an entire array of social services.

For a number of families, it is an unexpected event or emergency situation that prompts an application for public benefits. Florida law provides for diversionary payments for

otherwise eligible families who experience such unforeseen circumstances to assist them in avoiding welfare dependency. The diversion programs offer an alternative to long term reliance on public assistance, focuses on efforts to stabilize the family and mitigate the need to apply for ongoing public assistance benefits.

Although the tangible and intangible benefits to both the family and the taxpayer are immense when a family is successfully diverted from public assistance, utilization of this opportunity has not historically been overwhelming. Increased awareness of this opportunity combined with greater access to diversionary programs as well as other community access is anticipated to yield higher utilization. To that end, over the next five years the department plans to develop a web-based navigation system available at multiple locations within the community to assist families and individuals access an array of social services. This will offer individuals or families informed choices and viable alternatives to ongoing public benefits.

Strategy: Develop a self-assessment tool based on a decision support system for intake and referral, with a mechanism for feedback from providers on the types of services a family or individual received (ACCESS Florida Implementation).

This strategy will fully leverage a diversionary approach in lieu of ongoing benefits.

Agency Goal: Transition

Strategy: Jointly develop a policy with Work Force Florida that includes incentives for assisting individuals who are hardest to serve.

Economic stability and independence is a key driver in transitioning individuals and families from dependency on public benefits to economic self-sufficiency. To this end, increased participation in the workforce system optimizes an individual's opportunity to achieve such independence. As such, a critical program priority is to increase the percent of TANF and Food Stamp customers participating in a work or work-related activity.

Agency Goal: Resource stewardship and integrity

Strategy: Meet federal standards for assistance payment accuracy and fraud recovery.

Accuracy in the authorization of Food Stamps, cash and Medicaid benefits is a critical priority of the department. Staffs are continuing their efforts to maintain a low error rates in each public assistance program while adapting to a new service delivery model (see Section D), new technology and reduced staffing levels.

Quality control statistics for food stamp accuracy are valid at the district level on an annual measurement basis and reported approximately four months following completion of the review by Quality Control. Districts and the region are accountable for benefit accuracy and timeliness of applications processed. The program has a quality management system to monitor performance and identify opportunities for improvement.

As the Department moves forward in implementing a Sterling approach to organizational performance excellence, more mature and robust processes will be applied to improve quality management. The intent is to achieve 94% accuracy for the October through September federal fiscal year. Achievement of this accuracy rate in the Food Stamp program precludes the potential for federal fiscal sanctions. While there are not currently federal sanctions for cash or Medicaid, achievement of accuracy in those programs ensures appropriate benefits and services for clients and good stewardship of public funds.

D. Justification of Revised or Proposed New Programs and/or Services

Continue implementation of ACCESS Florida: Since being directed by the Legislature in SFY 2003 to achieve efficiencies in carrying out the eligibility determination activity, the department has implemented ACCESS Florida. ACCESS Florida is the retooled and modernized public assistance service delivery system that is the **Automated Community Connection to Economic Self-Sufficiency (ACCESS)**. Under the leadership of the Governor the program achieved a reduction of nearly 3,100 Full Time Equivalent (FTE) positions in the Comprehensive Eligibility Budget entity and reduced the annual budget by \$83 million dollars.

This model is based on streamlined workflows, policy simplification and technology innovations. ACCESS Florida provides enhanced access to services through a combination of state staff and a community partnership network as community providers agree to serve as additional portals to **Economic Self-Sufficiency (ESS)** services for clients mutually served by the partner agency and the Department of Children and Families.

This modernized system offers self-directed opportunities and 24/7 service through a web application, an integrated voice response system, a web based change report and a benefit information system. This new model reduces the investment of time required by customers to apply for or continue receiving public assistance, many of whom are employed or under-employed and often cannot afford to take time off their job to participate in the eligibility process. By streamlining program efficiency and providing new levels of access and technological support, customers may achieve new levels of self-sufficiency. Although in its early stages, the new system has already resulted in significant savings and garnered national interest in its potential as a national model.

Main components of the model include:

- A community partnership network comprised of public and private entities, including faith based organizations that offer customers an opportunity to access ESS services at the same time they are visiting the partner site for services traditionally offered by the partner.
- Access on a 24/7 basis to web based services that includes a simplified application with e-signature, secure access to benefit information and the ability to report changes, wherever access to the internet exists.
- An automated voice response system that allows customers to obtain general program information or specific case information through self-directed means on a 24/7 basis.
- A streamlined process with policy that is easier to understand and administer.
- Three statewide call centers to respond to general program questions, case status questions not handled through the automated voice response unit and to process client reported changes.
- Additionally, within the constraints of federal regulations and state law, policies were changed to reduce verification requirements and streamline the processing of applications and re-determinations of eligibility. These changes focused on implementing policies that are easier to understand and administer.

Desired outcomes for the model:

- Increased access to services while reducing administrative costs.
- Optimized use of self-directed technology to provide customers the greatest flexibility in applying for and managing their public assistance benefits.
- Development and deployment of technology enhancements to increase the efficiency by which staff can process eligibility determinations.
- Increased customer satisfaction with the process.
- Reduction of the time customers must invest in the eligibility process and mitigation of lost time from employment for the purpose of applying for or receiving benefits.
- Maintenance of program integrity.
- Maintain annual budget savings of \$83 million.

To ensure continuation of the desired outcomes, the processes must be continually refined and adjusted in response to changes in client need and improved technology.

E. Justification of Final Projection for each Outcome

Agency Goal: Diversion and Prevention

Outcome: Percent of customers receiving a diversion payment/service that remain off assistance for 12 months.

This measure was added to support two of the major components of the department's strategic plan – diversion and prevention. The initial tracking of this measure for SFY 05-06 indicates performance of 86% – nearly 6% above target. This measure provides a mechanism for the department to monitor our success in assisting clients with a one time payment rather than long term dependence on public assistance. The 80% target was set for FY 2005-2006 following retroactive collection of baseline data from FY 2004-2005. This measure represents the number of individuals who do not receive any TANF payment within 12 months of receiving a diversion payment, divided by the total number who received such diversion payments.

Agency Goal: Transition

Outcome: Percent of TANF customers participating in work or work-related activities.

This is essentially the measure of percent of TANF adults who meet criteria for work related activities divided by the total number of adults required to participate in a work activity. The federal TANF reauthorization (2006 Deficit Reduction Act) legislation includes a major provision addressing work participation requirements for TANF adults. Participation in work or work-related activities supports the department's goal to assist clients in transitioning to self-sufficiency. The goal has been set at 50% based on the target mandated by federal legislation. A significant change included in the TANF reauthorization legislation is the inclusion of two-parent families served under separate state programs in the assessment of participation rate targets for adults receiving TANF. The target for single parent families is 50% while the target for two-parent families is 90%. This and other changes included in this legislation will provide increased opportunities for the department to partner with the Agency for Workforce Innovation and the Regional Workforce Boards in implementing the regulations and meeting the participation goals.

Agency Goal: Resource and Stewardship

Outcome: Percent of Food Stamp benefits determined accurately.

Accuracy in the determination of eligibility for Food Stamps has been a primary goal of the department for many years. The Food Stamp regulations address this topic extensively and require a fairly involved system for monitoring accuracy in determining eligibility for Food Stamps and in taking corrective action when necessary. The goal of 94% has been established based on the national average and on the performance necessary to avoid potential fiscal sanctions from the federal government.

This measure examines the total benefit dollars authorized compared to the total amount accurately authorized as determined through an independent review.

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

Two Legislative Policy Proposals were submitted by the department for consideration by the 2007 legislative session. These proposals will, if approved, result in policy changes.

1. **Current Statutory Situation:** Florida Statutes require food stamp recipients who are custodial parents, caretaker relatives or non-custodial parents of children under age 18 to cooperate with the **Child Support Enforcement (CSE)** agency.

Summary of Proposed Changes: The department proposes to remove the requirement for food stamp recipients who are custodial parents, caretaker relatives, or non-custodial parents of children under age 18 to cooperate with the Child Support Enforcement agency. Cooperation with child support by both the custodial and non-custodial parent is an optional eligibility requirement in the Food Stamp Program. Requiring custodial parent cooperation with CSE delays processing of food stamp applications, creates an administrative burden for eligibility staff, and contributes to the food stamp error rate. The Department of Revenue has expressed no objection to the change and indicates it will continue to assist individuals seeking child support services.

Florida Statutes Affected: 414.32(1) (a) and (b) F.S.

2. **Current Statutory Situation:** Florida Statutes require the department to pursue repayment of all public assistance benefits paid in error, including those errors created by the agency.

Summary of Proposed Changes: A change is proposed to Florida Statute 414.41 which would provide the department the authority to choose to not pursue repayment of Medicaid payments made in error, provided the error was created by the department. The Medicaid program is moving from a fee for service based provider compensation arrangement to one which relies heavily on capitation where the provider is paid a flat rate regardless of the medical services provided to recipients in a given month. The department feels it is unreasonable to expect its customers to repay dollars paid in error for capitation when the error was caused by the department and no medical services were received. Additionally, this change will enable the department to more effectively direct staff energies toward work producing more return.

Florida Statutes Affected:

Florida Statute 414.41

H. Task Forces and Studies in Progress

None

PROGRAM: STRENGTHENING FAMILIES INITIATIVE

POPULATION SERVED: AT RISK FAMILIES IN DISTRESSED / FRAGILE HEALTH OR CIRCUMSTANCES ACROSS ALL PROGRAMS

A. Primary Responsibilities

Strengthening Families involves recruitment, training, technical assistance and capacity building within faith-based and community organizations to enhance traditional services by providing access to evidence-based relationship skills, healthy marriage and responsible fatherhood education to individuals and families to reduce abuse and neglect and, ultimately, the dependency of at-risk and fragile families on federal and state assistance.

B. Selection of Priorities

Strengthening Families addresses a gap in the service delivery system by focusing on the development of services that keep families healthy, functional and intact while they recover from the circumstances that forced them to seek help. Families targeted for such services are determined at the federal level and typically include unwed and married couples, expectant couples, cohabiting couples and romantically-involved couples; married, divorced, and unwed parents, incarcerated parents and at-risk youth.

Priorities for the next five years will be guided by the Federal Deficit Reduction Act of 2005 which provides incentives for government, faith-based and community organizations to collaborate on providing access to relationship skills, healthy marriage and responsible fatherhood education to at-risk, fragile and distressed families. Competitive grants totaling \$150 million will be awarded nationwide to fund the following types of research and demonstration projects through year 2010:

- **Building Strong Families (BSF):** Evaluation of Strengthening Families education and services to romantically-involved, unwed parents around or at the time of birth to reduce the stress of becoming a new parent and help couples form and sustain healthy relationships;
- **Supporting Healthy Marriage (SHM):** Evaluation of Strengthening Families education and services to help low-income, married couples with children strengthen and maintain their families;
- **Community Healthy Marriage Initiative (CHMI):** Evaluation of community activities to raise public awareness on the benefits of strengthening families and development of services to promote healthy marriages, parental responsibility, financial responsibility and child well-being.

Strengthening Families also will continue to collaborate with Florida Association for Community Action, Inc., Florida Head Start Association, the Florida's Head Start State Collaboration Office and Florida Department of Community Affairs Community Services Block Grant Program to implement a memorandum of understanding to offer relationship skills, healthy marriage and responsible fatherhood education in Head Start Programs statewide.

C. Addressing our Priorities over the Next Five Years

Based on the high number of Healthy Marriage and Responsible Fatherhood federal grant applications submitted by Florida-based organizations, Strengthening Families activities will focus on: 1) providing technical assistance to grantees for the implementation of

program services throughout the state; 2) training departmental staff and the network of community service providers on the benefits of Strengthening Families services and available resources; and 3) educating families on the benefits of Strengthening Families and how to access area services. To achieve this end, Strengthening Families priorities will be:

Agency Goal: Provide expanded and more appropriate alternatives to removing children or adults from their homes that focus on prevention/early intervention.

Outcome: More service providers and Strengthening Families services are available in the community as resources.

Our proposed measure is: Number of new Strengthening Families service providers or new services available to children and adults.

Action Step: Increase new faith-based and community-based service providers or new Strengthening Families services offered by existing providers.

Agency Goal: Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of child and adult protective services systems.

Outcome: Children and adults are referred to new service providers and Strengthening Families services in the community.

Our proposed measures are: (a) Percent of districts and CBCs that develop a referral process to new service providers or Strengthening Families services. [M0000] (b) Cumulative number of staff trained in Strengthening Families and resources available in their community.

Action Step: Develop referral processes to new service providers or Strengthening Families services in the community.

Action Step: Train front-line staff across programs and agencies on the benefits of Strengthening Families and resources available in the community.

Agency Goal: Develop a web-based navigation system available at multiple locations within the community that assists families and individuals to access an entire array of social services.

Outcome: Informed families that refer themselves to community-based Strengthening Families services.

Our proposed measure is: Number of visits to the consumer-oriented web-based self-assessment and referral tool for Strengthening Families Services.

Action Step: Develop consumer-oriented web-based self-assessment and referral tool for Strengthening Families services.

Agency Goal: Increased self-sufficiency for families and individuals in distressed/fragile health or circumstances.

Outcome: Parents able to model healthy relationship behaviors for themselves and their children.

Our proposed measure is: Percent of sites identified by Florida Association for Community Action, Inc./Head Start offering Strengthening Families services.

Action Step: Begin implementation of Strengthening Families/Head Start Connection memorandum of understanding to build capacity for relationship skills and healthy marriage education.

Agency Goal: Provide family-friendly activities that promote strong families and child well-being.

Outcome: Increase opportunities for positive interactions between parents and children.

Our proposed measure is: Percent of districts that form Strengthening Families coalitions and host free or low-cost family-friendly events.

Action Step: Increase community activities for families with children.

D. Justification of Revised or New Programs and/or Services

Based on the large number of Healthy Marriage and Responsible Fatherhood federal grant applications submitted by Florida-based organizations, the number of multi-site grant proposals, and a direct grant funding process that did not require state review nor approval, Strengthening Families program services are anticipated be ready for delivery at an unprecedented rate. Each grant awarded has the potential to inject between \$225,000 to \$1 million dollars annually into a local community, and another \$5 million annually if awarded a statewide initiative.

The Department of Children & Families is one of the few state agencies nationwide that has the experience and the expertise to provide the technical assistance to ensure projects funded are successfully launched, develop the referral mechanisms necessary to recruit and retain families, and sustain services. Additional staff will be needed for the department to meet the anticipated demand for technical assistance.

As many of the upcoming projects are anticipated to serve Florida's diverse populations, there will be a need for culturally competent relationship skills, healthy marriage, and fatherhood education specialists to assist African-American, Hispanic and Haitian communities.

E. Justification of the Final Projection for each Outcome

This new initiative currently does not have a performance baseline or projection for each outcome. The Strengthening Families initiative will focus on establishing indicators and baselines during the current fiscal year.

F. Potential Policy Changes Affecting the Budget Request

The U.S. Department of Health and Human services is considering directing programmatic dollars into these types of services.

G. Policy Changes Which Would Require Legislative Action

None

H. Task Forces/Studies

Florida Inter-Program Task force

The Florida Inter-Program Taskforce is working on a Child Abuse Prevention implementation plan that would require all 67 counties to provide access to Strengthening Families education.

U.S. Office of Child Support Enforcement

The U.S. Office of Child Support Enforcement is conducting a five-year Strengthening Families 1115 Waiver demonstration project in Duval County on innovative approaches to child support enforcement.

U.S. Administration for Children and Families, Children's Bureau

The U.S. Administration for Children and Families Children's Bureau is conducting a five-year evaluation of Healthy Families Plus, Building Strong Families Projects in Broward and Orange counties.

The U.S. Administration for Children and Families Children's Bureau is conducting a five-year Post-Adoption Services and Marriage Education research and demonstration project for families that have adopted special needs children through Children's Home Society of Florida in Leon County.

The Florida Department of Children & Families is preparing completion of three Healthy Marriage and Family Formation research demonstration grants targeting families that have been involved in the child welfare system. Final reports to the U.S.H.H.S. Administration of Children and Families Children's Bureau are expected at the end of the 2006 calendar year from the following:

- The Florida Marriage and Family Research Center Project provides individual and group counseling to couples and families, pre-marital counseling, couples workshops and training in PREPARE/ENRICH curriculum to community service providers (University of Central Florida - Orlando, FL).
- The Big Bend Strengthening Marriages & Relationships Project provides in-home Gottman-based healthy marriage/relationship skills education, counseling, support and referral services to participating families. (Big Bend Community-Based Care, Tallahassee, FL).
- The Building Local Capacity for Healthy Marriage and Family Formation Project provides couples classroom training in Practical Application of Intimate Relationship Skills (PAIRS), plus training in PAIRS curriculum to department and community-based care service providers. (National Partnership for Community Leadership (NCPL) in Washington, D.C. and Ft. Lauderdale & Jacksonville, FL).

Florida Commission on Marriage & Family Support Initiatives

The Florida Commission on Marriage & Family Support Initiatives was created in 2003 by statute to strengthen marriages, support parents and families, and promote child well-being by raising public awareness, developing sound public policy and advocating for promising practices throughout Florida. The 18 commissioners (appointed by the Governor, President of the Senate and Speaker of the House) are charged with producing an annual report and disseminating information related to research findings on poverty, violence, and other social forces, and their effects on families.

PROGRAM: OFFICE ON HOMELESSNESS

A. Primary Responsibilities

Homeless assistance is made available through community partners as a safety net for individuals and families, who through economic downturns, personal or general housing crises, or other unforeseen disastrous occurrences in their lives, do not have the resources to meet their basic needs for shelter.

B. Selection of Priorities

Our primary strategy for meeting the basic needs for shelter of the homeless is to enter into partnership with state and local agencies to develop and implement a coordinated and comprehensive homeless assistance service plan.

C. Addressing Our Priorities for the Next Five Years

Central to the state's partnership in serving the homeless and those at-risk of becoming homeless is the development and implementation of a coordinated and comprehensive homeless assistance service plan. This plan is locally developed, setting forth the community vision of how the needs of homelessness will be addressed using a continuum of care model of service. This continuum starts with strategies to prevent homelessness, and includes outreach to the homeless to refer these persons to needed supportive services, emergency sheltering, and to housing.

The department, through the Office on Homelessness, is charged with promoting the development and implementation of the local continuum of care plans for the homeless. To date, the state has helped fund the 27 recognized continuums of care in Florida to directly serve the housing and service needs of the homeless. The goal is to promote homeless plans statewide. The existing continuums of care now cover 62 counties. The ultimate desired outcome of these planning efforts is to provide the services needed to bring an end to the individual's or family's episode of homelessness, and restore them to permanent housing.

D. Justification of Revised Programs or Services

None proposed

E. Justification of Final Projection for each outcome

None

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: SUBSTANCE ABUSE

POPULATION SERVED: FAMILIES AT RISK OF OR CHALLENGED BY SUBSTANCE ABUSE AND / OR MENTAL ILLNESS

A. Primary Responsibilities

Florida Statutes require that the state manage a system of care for persons with or at-risk for developing substance abuse problems. Section 397.305(2), Florida Statutes, directs the development of a system of care to "prevent and remediate the consequences of substance abuse to persons with substance abuse problems through the provision of a comprehensive continuum of accessible and quality substance abuse prevention, intervention, and treatment services in the least restrictive environment of optimum care." Section 20.19(4), Florida Statutes, creates within the Department of Children and Family Services a "Substance Abuse Program Office." The responsibilities of this office encompass all substance abuse programs funded and/or regulated by the department. The Substance Abuse Program Office, pursuant to mandates in Chapters 394 and 397, Florida Statutes, is appropriated funding by the Legislature in three (3) primary program areas: **Children's Substance Abuse (CSA)**, **Adult Substance Abuse (ASA)** and Program Management/Compliance. The CSA and ASA funding is used primarily to contract with community-based providers for direct provision of prevention, detoxification, treatment, continuing care, and support services for children and adults. Program Management and Compliance funding supports state and district program office staff that is responsible for administrative, fiscal, and regulatory oversight of substance abuse services.

B. Selection of Priorities

Chapter 394.75, Florida Statutes, specifies the process by which planning and service delivery for publicly funded mental health and substance abuse service systems are designed and implemented. Accordingly, The Department of Children and Families Mental Health and Substance Abuse Program Offices implemented a formal planning process in June 2000, to solicit input from a range of internal and external stakeholders in order to facilitate the identification of service needs and priorities on statewide and local bases. In accordance with the requirements provided by s. 394.75, F.S., the Substance Abuse and Mental Health Program has developed a 3-year state mental health and substance abuse services plan beginning since in Fiscal Year 2000-2001. Additionally, DCF is required to identify service needs and priorities in the annual updates of the plan. The current 3-year plan is in effect Year 2003-2004 through Fiscal Year 2005-2006. The next update of the 3-year plan is due by January 2006.

Program priorities are also selected based upon the Florida Drug Control Strategy, a 5-year strategic plan for reducing substance abuse and related societal problems through prevention, treatment, law enforcement, and judicial initiatives. The Substance Abuse Program Office works in collaboration with the Office of Drug Control to identify emerging issues and respond with strategies to address significant trends. , e.g., the increase in: deaths related to prescription drug misuse and abuse, methamphetamine use, as well as the increasing use of detoxification treatment services.

Priorities for services are also based on the following trends/conditions in the state:

- In recent years, Florida has seen a marked upsurge in prescription drug misuse/abuse, particularly opiates and benzodiazepines.
- The state is now feeling the effects of sharp increases in methamphetamine use, being primarily trafficked into the state from Southern California and Mexico.

DCF Long Range Program Plan

- There have been an increasing number of admissions to detoxification programs (more than 25,000 adults and children in FY 05-06) which is thought to be linked to the increasing use of methamphetamine.
- Alcohol continues to be the most prevalent substance found in drug-related deaths in Florida, followed by benzodiazepines, cocaine, and opiates (FDLE, 2005).
- Most drug-related deaths in Florida involved the use of two or more substances.

Many of the acute effects of these issues are being felt by major metropolitan areas and the southeastern coast of Florida. However, the increased use methamphetamine use appears to be more prevalent in the SunCoast Region, District 14, and District 2.

The increase in prescription opiate and benzodiazepine abuse has created an added demand for medically-assisted detoxification programs and long-term treatment programs that specialize in the treatment of these addictions. The recently established State Epidemiology Workgroup, working with the Florida Substance Abuse Prevention Advisory Council identified underage alcohol use, adult binge drinking, and middle school inhalant use as priority areas of concern.

In response to the increases in opiate use and the need for safe treatment for opioid dependence, the National Institute on Drug Abuse developed a synthetic medication called buprenorphine, similar to methadone but with fewer side effects. Following passage of federal legislation in 2000, the **Substance Abuse and Mental Health Services Administration (SAMHSA)** now grants waivers for qualified physicians to dispense Schedule III, IV, and V opioid medications for the treatment of opioid addiction.

Physicians must complete required training and receive approval from SAMHSA. They are limited to treating 30 patients at a time, unless they're affiliated with a licensed opioid treatment program. There are 318 physicians in the state of Florida who are approved to prescribe buprenorphine for opioid addiction. Buprenorphine used as part of Medication and Methadone Maintenance Treatment programs in accordance with s. 65D-30.014, F.A.C., are licensed by the Department of Children and Families.

According to the **Florida Youth Substance Abuse Survey (FYSAS)** and the work of the State Epidemiology Workgroup, alcohol and other drug use among youth has continued to decline over the last five years. The trend, however, appears to reverse itself as these youth enter young adulthood where binge drinking and illicit and prescription drug abuse show marked increases. The Substance Abuse Program Office is working with the Governor's Office of Drug Control on an initiative called *Changing Alcohol Norms* to combat underage alcohol use, with emphasis on working with colleges and universities throughout the state. The Florida Strategic Prevention Framework Project will also support community anti-drug coalitions in developing local strategic plans for reducing county-level underage alcohol use and service providers in implementing evidence-based programs.

Substance abuse admissions in Florida (through FY 05-06) continue to show similar prevalence rates in presenting drug problems, with some exceptions. Adults continue to present with primary drug problems of alcohol, cocaine and marijuana, followed by heroin, other opiates, methamphetamines and benzodiazepines. More than 75 percent of primary drug problems for youth at the time of admission involve marijuana, followed by alcohol and cocaine. The most notable increases in recent years for adults and youth are for secondary and tertiary drug use problems involving opiates, methamphetamine and benzodiazepines (specifically Xanax).

C. Addressing Our Priorities over the Next Five Years

Through the annual planning process, the Substance Abuse Program Office identifies key trends and conditions involving substance abuse, service capacity, funding, and system management. Priorities for services and funding are then based on areas of greatest need, either due to a gap in services, a critical need to serve the most vulnerable clientele, or need to ensure effective/efficient service management. The statutorily mandated 3-year plan permits the program to identify priorities in 3-year increments.

Priorities for service and system development or enhancement are also selected based on the strategic goals outlined in the Florida Drug Control Strategy. Primarily, the Substance Abuse Program develops priorities that will promote 1) the protection of youth from substance abuse, and 2) the reduction of the human suffering, moral degradation, and social, health, and economic costs of illegal drug use in Florida.

The Substance Abuse Program has established a number of key priorities for future years. Some of the specific priorities include: initiating a managing entity structure in our districts; expanding the scope of services for existing managing entities; developing alternative methods of payment for substance abuse services; revision of the current contracting system; the development and implementation of a statewide integrated performance management system, and the establishment of the Florida Learning System, a collaborative continuous quality improvement effort including the Substance Abuse Program and key stakeholders, to better track critical trends as well as disperse information.

Agency Goal: Prevention and Early Intervention

Strategy: Implement the Strategic Prevention Framework.

Action Steps:

1. Since 1999, the Substance Abuse program led the development of a state-wide interagency substance abuse prevention framework for Florida. The Florida Prevention System is structured around four systemic areas: adequate needs assessment and performance data, parallel planning processes at the state and local levels, implementation of evidence-based programs and practices, and development of the prevention workforce. The Substance Abuse program continues to develop that structure, addressing internal structures within existing resources and building interagency and local structure through a five-year Federal Strategic Prevention Framework Grant (2004 – 2009). All developments or changes to the structure or processes of the state's prevention system support the Governor's *Florida Drug Control Strategy's* goals for reducing alcohol, tobacco, and other drug use.
2. The results of the *Florida Youth Substance Abuse Survey* show that those communities with a persistent, broad-based, structured, and coordinated prevention effort, usually through a community anti-drug coalition, have lower youth drug-use rates. The Substance Abuse Program aims to establish substance abuse prevention partnerships and coalitions in all of its 67 counties through its partnerships with the Office of Drug Control and other state agencies.

Over the next two years, the Substance Abuse Program will leverage Strategic Prevention Framework Grant resources to improve the organizational sustainability and effectiveness of county anti-drug coalitions in the areas of 1) needs assessment, 2) capacity building, 3) strategic planning, 4) support of evidence-based programs and practices, and 5) monitoring progress toward county-level prevention goals. This new capacity will be leveraged to improve the selection of prevention

strategies, especially in the areas of underage alcohol use, prevention for adults, and the Prevention Partnership Grant Program.

3. The Substance Abuse Program established the **State Epidemiology Workgroup (SEW)** at the University of Miami in 2005. Up Front Drug Information Center, operating in Dade and Broward counties, was also engaged to lead the establishment of Community **Drug Epidemiology Networks (DENs)** in seven of Florida's major metropolitan areas by the end of the 2006-07 fiscal year: Miami/Dade, Broward, Palm Beach, Tampa Bay, Orange, Duval, and Escambia. The SEW coordinates the data collection and reporting of DENs and disseminates SEW findings. The SEW collects survey, social indicator, and other incident data from the county level, such as drug arrests, driving under the influence arrests, substance-involved crashes, alcohol/drug admissions to hospitals, and substance abuse mortality figures the epidemiology work groups to develop as state and county profiles of need. The profiles in three planning processes: 1) by the Florida Substance Abuse Prevention Advisory Council to develop the prevention component of the revised Florida Drug Control Strategy (2006-07), 2) by the Substance Abuse Program to determine the need for prevention, detoxification, treatment and support services in local communities and 3) by community anti-drug coalitions to develop meaningful local strategic prevention plans. The DENs will also help the department identify local drug trends in our more densely populated communities.
4. The FYSAS shows that since 2000, youth drug-use prevalence rates are down across the board. Florida is one of just a few states that can track youth drug-use trends annually. In a cooperative effort with the University of Miami, Department of Health, Department of Education, and the Governor's Office of Drug Control, the Substance Abuse Program coordinates the annual administration of the Florida Youth Substance Abuse Survey.

Administrations in even years provide a county-by-county profile of prevalence rates for 21 drug categories, 5 related health-risk behaviors, and 30 risk and protective factors. This information is used by state and local agencies, organizations, and anti-drug coalitions to identify substance abuse prevention issues and appropriate responses for continuing the downward trend of drug-use prevalence. Results of the surveys can be found on the Internet at: www.dcf.state.fl.us/mentalhealth/publications/fysas/.

Strategy: Implement substance abuse and mental health prevention partnerships.

1. The Substance Abuse Program will continue to implement the Coalition Mini-Grant Program. This initiative supplements the work of the Federal Strategic Prevention Framework Grant. The Coalition Mini-Grants will target those community anti-drug coalitions that are just getting organized and those that represent a sub-county community (city, town, neighborhood, college or university). The Strategic Prevention Framework will target established county-level coalitions. The Coalition Mini-Grant Program was established in 2002 to provide resources to local groups to organize, assess prevention data, create plans to reduce substance abuse, and conduct activities accordingly. Each year this program supports projects for an average of 31 coalitions. During the 2005-06 fiscal year, 31 coalitions were funded to: assist in strengthening their organizational capacities. The funding was additionally used to conduct community awareness campaigns regarding substance abuse risk and protective factor profiles. These

activities include town hall meetings, media campaigns, and speaker bureaus. Additionally, a coalition component was established as a part of the Performance-Based Prevention System creating the capacity to generate reports on coalition activities and events.

2. The Prevention Partnership Grant Program was established by the 2001 Florida Legislature (Section 397.99, F.S.) to support cooperation between schools and licensed prevention providers in implementing evidence-based prevention programs for children and youth. The Substance Abuse Program will conduct the next competitive procurement process for these programs in the spring of 2008. The application process is linked to state and local prevention priorities identified through the implementation of the Strategic Prevention Framework. During 2005-2006, the Substance Abuse Program funded 65 level 1 prevention programs and served more than 400 participants.

Agency Goal: Recovery and Resiliency

Strategy: Collaborate with law enforcement agencies, criminal justice system, stakeholders, and service providers to identify safe, therapeutic alternatives to jail and thereby reduce public safety risks.

Action Steps:

1. Current research indicates that more than half of the families involved with the child welfare system have one or more adults with a substance abuse problem. In most cases substance abuse is a strong contributing factor to the maltreatment, abuse or neglect of children. To address this problem, with the ultimate goal of family stability and reunification, the department has taken several steps to improve the identification of adults in need of substance abuse treatment and linking them to needed care. Thirty-five new **Family Intervention Specialist (FIS)** positions were appropriated during the 2003 legislative session, bringing the statewide total to 70. These positions provide substance abuse screening and service linkage for approximately 4,500 persons involved with the child welfare system. Additionally, the Substance Abuse Program is working collaboratively with the Family Safety program to develop a shared data-base that will be used specifically to initiate referrals from the child welfare system to local substance abuse treatment providers. Implementation of this data-based referral system will result in improved ability to track referrals and ensure that adults in need of substance abuse treatment actually receive that treatment. Finally, the Substance Abuse Program is preparing a legislative budget request for the 2006 legislative session for additional Family Intervention Specialists. With more than 12,000 adults in the child welfare system in need of substance abuse services annually, the funding would go a long way in enhancing the identification of need and linkage to treatment.
2. There are an estimated 150,000 adults age 60 and older in Florida with substance abuse problems; historically the department has only been able to serve less than two percent of the need. The Florida **Brief Intervention and Treatment for the Elderly program (BRITE)** was developed in partnership with the University of South Florida, Florida Mental Health Institute, as an early intervention strategy to facilitate the identification of substance abuse, depression, and suicidal ideation in adults age 60 and older. The program focuses on providing brief intervention and brief treatment to older adults with substance abuse problems in their communities, to ultimately reduce the need for out-of-home treatment placements. In its first full year of implementation, the project enabled the department to serve an additional

1,000 older adults. The program has two participating providers in the Suncoast Region, one provider in District 10 (Broward County), and one provider in District 7. During Fiscal Year 2006-2007 the BRITE program will be expanded to include 1-2 providers in District 9. Through the SBIRT we hope to identify older adults in need of intervention or treatment earlier on in their substance abuse progression to reduce the need for detoxification services among this group.

3. The department received a \$20.4 million **Access to Recovery (ATR)** grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to provide enhanced client choice through the use of vouchers to purchase services and through the addition of faith-based and non-traditional providers to the system of care. The program is operational in Districts 7, 8, 9, 13, 15 and the Suncoast Region and is targeted to serve an additional 8,002 adults over the 3-year term of the grant. As of August 2006, there were more than 260 community-based and faith-based providers participating and more than 5,000 adult clients have receiving services. In order to be consistent with the national shift to client choice models, the department is developing its ATR project model for the long-term, with increased emphasis on recovery support services to promote stability and self-sufficiency among persons affected by substance abuse.

Currently, 60 percent of the ATR funds are being paid to faith-based organizations. The most frequently utilized service is transitional living which is akin to a halfway house. Clients can stay for 30-45 days with ATR paying the rent. This gives them time to work on their recovery, get a job, save money, and get basic life management skills to progress towards stability and self-sufficiency. Through ATR, the Substance Abuse Program has the ability to purchase short-term housing for clients. When combined with therapeutic overlay services (clinical or recovery support) the option provides a less costly alternative to residential treatment for clients meeting appropriate ASAM criteria.

4. As much as 40 percent of individuals with substance abuse problems have coexisting mental disorders, often presenting added challenges to traditional providers. To meet the unique treatment and support needs of this population the department is working closely with the Florida Alcohol and Drug Abuse Association and the University of South Florida, Florida Mental Health Institute, to develop integrated service and training models and guidelines. The Substance Abuse Program Office, in conjunction with the Mental Health Program Office, has drafted an action plan outlining a series of initiatives designed to promote integrated services for people with co-occurring disorders. As part of the action plan, the Substance Abuse Program is revising 65D-30, F.A.C. to include standards for programs serving persons with co-occurring disorders. The Department also has designated a formal liaison to the Florida Alcohol and Drug Abuse Association-Florida Council for Community Mental Health Co-Occurring Disorders Work Group and appointed staff in both program offices to take the lead on co-occurring issues. The revisions to current rule language to expand its integrated Crisis Stabilization Unit and Addiction Receiving Facility program to include adults may result in the need for statutory changes. These efforts support the department's mental health system transformation goals.
5. The State of Florida's Office of Drug Control in close partnership with Florida's Substance Abuse Program Office, the **Florida Certification Board (FCB)** and many statewide partners received \$1.2 million in grant funding to build enhanced capacity in Florida to provide effective, accessible, and affordable substance abuse

treatment for adolescents and their families. While effective and strong in many ways, the adolescent services system can be improved through the: a) maximization of funding through leveraging opportunities, especially across systems and with Medicaid; b) provision of adolescent-specific training, certification, and licensing standards for professionals and facilities; c) reduction in the rate of adolescent readmission to treatment; and d) utilization of evidence-based treatment approaches. Through system improvements, the ultimate result will be an approximate net gain of 1,348 additional adolescents that will be served within existing resources. Progress will be tracked over the course of the 3-year grant.

6. Pursuant to **Substance Abuse Prevention and Treatment (SAPT)** block grant requirements, the peer review project, known as the **Florida Clinical Consultation Treatment Improvement Project (FCCTIP)**, targets the completion of eight clinical consultation reviews annually. The department contracted with the University of Miami to develop the clinical consultation process to facilitate examination of each provider's admission/intake, assessment, treatment planning, treatment service delivery, and discharge/continuing care practices and procedures. The findings from the reviews are then shared with the agency staff and administrators in order to help the provider improve client services and the overall quality of care. Additionally, evidence-based practice findings are disseminated to providers throughout Florida. A cumulative analysis of peer review findings indicated that although agencies provided much needed services, there was an overall need for improvement in documentation at all of the sites visited. Many agencies need improvement in writing treatment plans, maintaining progress notes, as well as documenting continuing care and discharge planning. As a result of these findings, training will be implemented in five areas of the state targeting improved documentation of treatment plans and supporting notes. Additionally, the Florida Learning System is being established to support continuous quality improvement in the area of substance abuse treatment.
7. The Substance Abuse Programs has entered into Memorandums of Agreement in place over the past several years with the Family Safety Program as well as the Department of Juvenile Justice. There are also data sharing agreements in place with the Florida Department of Law Enforcement. Additionally, within each district, the Program Supervisor works to establish an annually updated MOU with the District Administrator in order to more efficiently deliver substance abuse services within the district structure.

D. Justification of Revised or New Program and/or Services

In August 2004, the State of Florida received a 3-year, \$20.4 million grant to develop and implement a voucher system for treatment and recovery support services, emphasizing client choice. To implement the grant the Substance Abuse Program created thirteen new services to facilitate the inclusion of the faith-based community in the provision of recovery support to persons affected by substance abuse. The Access to Recovery Program, as mandated by the funding agency, the federal Substance Abuse and Mental Health Services Administration (SAMHSA), must include non-traditional providers such as faith-based entities or other entities that have not historically provided services funded by the department. SAMHSA has also begun to require states to implement charitable choice, i.e., the involvement of faith-based providers in provision of care, as part of each state's block grant funding. Florida will use the Access to Recovery grant program as a starting point for building charitable choice in Central and South Florida. The model will then be used to expand charitable choice to other parts of the state in the coming years.

Based on estimates of need using the National Household Survey on Drug Use and Health, there are 1,153,325 adults in need of substance abuse services in Florida. Of those in need, it is estimated that 33 percent or 381,969 adults would seek services if available. In recent years the department has provided services to an average of 112,000 adults, leaving a treatment gap of 269,969 adults. There has been a waiting list of an average of 1,000 adults per month waiting for substance abuse services.

The need for services for children is based on the Florida Youth Substance Abuse Survey, which shows that 353,319 children are in need of substance abuse services and 113,429 would seek services if available. The department currently serves an average of 67,000 children each year through individualized services, leaving a treatment gap of 46,430 children. The department has averaged more than 200 children per month on waiting lists for services.

E. Justification of Final Projection for each Outcome

The Substance Abuse Program Office will be responsible for managing key strategic performance measures at the state, district/region, and provider levels. This responsibility will be accomplished through the implementation of a performance management system that includes the ongoing: review of specified performance measures; analyses of the processes supporting the performance outcomes; development and implementation of performance improvement plans that are tracked and revised over time, in order to achieve desired outcomes.

Performance measures that are critical to the overall success of the substance abuse program have been specified by: the Legislature, in the **General Appropriations Act (GAA)**; the department's strategic planning process, and through the Substance Abuse and Mental Health statewide planning process. Data is collected on all critical measures and posted to the department's internet "Dashboard," where performance data may be reviewed from the state down to the provider level.

The list below outlines the current Substance Abuse Program measures that are posted to the "Dashboard":

Adult Substance Abuse

- Percent of adults who complete treatment.
- Percent of adults employed upon discharge from treatment services.
- Percent of adults who are drug-free during the 12 months following completion of treatment.
- Percent of adults in child welfare protective supervision who have case plans requiring substance abuse treatments who are receiving treatment.
- Number of adults served.
- Percent change in the number of clients with arrests within 6 months following discharge compared to the number with arrests within 6 months prior to admission.

Children's Substance Abuse

- Percent of children with substance abuse who complete treatment.
- Percent of children with substance abuse who are drug-free during the 12 months following completion of treatment.

- Percent of children with substance abuse under the supervision of the state receiving substance abuse treatment who are not committed to the Department of Juvenile Justice during the 12 months following treatment completion.
- Percent of children at-risk of substance abuse who receive targeted prevention services who are not admitted to substance abuse services during the 12 months after completion of prevention services.
- Number of children with substance abuse problems served.
- Number of at-risk children served in targeted prevention.
- Number of at-risk children served in prevention services.
- Average age of first substance abuse.
- Substance usage rate per 1,000 in grades 6-12.

F. Potential Policy Changes Affecting the Budget Request

There are currently no policy changes that affect the Substance Abuse Program's budget requests.

G. Policy Changes Which Would Require Legislative Action

The proposed revision to the rules governing Crisis Stabilization Units and Adult Receiving Facilities may result in the need for revision to the accompanying statute.

H. Task Forces/Studies

Florida Substance Abuse Prevention Advisory Council

Authority: Federal Agreement w/U.S. DHHS

Purpose: Oversee the development and implementation of the Florida Prevention System, comprehensive state prevention plan, and provide recommendations for prevention policy.

Florida Strategic Prevention Framework Evaluation

Authority: Federal Agreement w/U.S. DHHS

Purpose: Institute a data-driven planning process that enhances the roll out of substance abuse prevention policies, practices and programs.

Florida Statewide Epidemiology Workgroup

Authority: Federal Agreement w/U.S. DHHS

Purpose: To establish state epidemiology groups in all 14 department sub-state areas that can be responsive to state and local substance abuse needs and support the National Outcome Measures (NOMS) initiative of SAMHSA.

12-Month Follow Up Study

Authority: GAA Required Measures (2)

Purpose: Contracted through Florida State Univ. and Univ. of Florida to conduct post treatment assessment of abstinence from alcohol/drug use.

Florida Youth Substance Abuse Survey

Authority: Office of Drug Control/SAPT Block Grant

Purpose: State needs assessments are required under the Federal Substance Abuse Prevention and Treatment Block Grant. Results are also used to measure prevalence of youth substance abuse in Florida for the state's drug control strategy.

Contract Provider Report

Authority: Chapter. 394.745, Florida Statutes

Purpose: Conveys status of provider compliance with legislative performance standards, identifying providers that meet/exceed standard and those who fail to meet standards and any subsequent corrective actions.

Methadone Assessment Report

Authority: Chapter 397.427 (2) (b), Florida Statutes

Purpose: Evaluation identifies need for medication treatment service providers. These types of services may only be established upon the department's determination of need.

Peer Review

Authority: SAPT Block Grant

Purpose: Federal block grant stipulations require each state to have an independent peer review process in place to assess the quality, appropriateness, and efficiency of treatment services. At least 5 percent of the entities providing treatment services supported by the block grant must be reviewed annually.

State/District Mental Health and Substance Abuse Plans

Authority: Chapter 394.75, Florida Statutes

Purpose: Provide 3-year plans (with annual updates) for publicly-funded mental health and substance abuse services that identify funding/service needs, strengths and weaknesses of programs/services, and strategic directions for future system development/modification.

Status Report on Managing Entities in Districts 4 and 12

Authority: Chapter 394.9082, (8), Florida Statutes

Purpose: Provide status reports on the implementation of managing entities in Districts 4 and 12 for the delivery of substance abuse services to child protective services recipients.

Plan for Capitated Prepaid Behavioral Health Care

Authority: Chapter 409.912, (4)(b)(4), Florida Statutes

Purpose: The Agency for Health Care Administration and the department must submit a plan to the Governor and Legislature for full implementation of capitated prepaid behavioral health care statewide. The plan must include provisions that ensure children and families receiving foster care and other related services are appropriately served.

Plan for Modification of Medicaid Procedure Codes

Authority: Chapter 409.912, (5), Florida Statutes

Purpose: The Agency for Health Care Administration and the department must submit a plan to the Legislative Budget Commission with provisions for ensuring that substance abuse and mental health services maximize the use of Medicaid funds for eligible recipients.

PROGRAM: MENTAL HEALTH

POPULATION SERVED: FAMILIES AT RISK OF OR CHALLENGED BY SUBSTANCE ABUSE AND / OR MENTAL ILLNESS

A. Primary Responsibilities

Florida Statutes require that the state manage a system of care for persons with mental illnesses. Section 394.453, Florida Statutes, states: “It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders.” Section 20.19(4), Florida Statutes, creates within the Department of Children and Family Services a Mental Health Program Office. The responsibilities of this office encompass all mental health programs operated by the department.

Adult Community Mental Health Services are designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders. For adults with serious mental illnesses this mission encompasses the provision of services and supports to help individuals progress toward recovery. To this end, the department provides a wide array of services to address both the treatment needs of the individual and the rehabilitative and support services necessary for safe and productive community living.

Children’s Mental Health Services are designed to assist children and adolescents with mental health problems who are seriously emotionally disturbed, emotionally disturbed, or at risk of becoming emotionally disturbed as defined in section 394.492, Florida Statutes. Children’s Mental Health services enable children to live with their families or in a least restrictive setting and to function in school and in the community at a level consistent with their abilities. A variety of traditional and non-traditional treatments and supports are available.

The **State Mental Health Treatment Facilities** (also known as mental health institutions / state hospitals) provide services to individuals who meet the admission criteria set forth in either Chapter 394 (civil) or Chapter 916 (forensic) of the Florida Statutes. State mental health treatment facilities work in partnership with communities to enable individuals who are experiencing a severe and persistent mental illness to manage their symptoms and acquire and use the skills and supports necessary to return to the community and be successful and satisfied in the role and environment of their choice. For individuals who are incompetent to proceed, this includes achieving competency and returning to court in a timely manner.

The **Sexually Violent Predator Program (SVPP)** was established in 1999 to administer the provisions of Chapter 394, Part V, Florida Statutes, also known as the Jimmy Ryce Act. The program enhances the safety of Florida's communities by identifying and providing secure long-term care and treatment for **Sexually Violent Predators (SVP)**.

B. Selection of Priorities

The department is committed to transforming its mental health system of care from one of maintenance to one of recovery. Individuals, families, children, and the elderly will have a choice of services and the assurance that those services reflect the best practices. Through various mental health forums and round table discussions the department has listened to consumers, family members, and other partners to determine priorities for system transformation. The importance of training personnel and enhancing the quality of mental health services led to the proposed development of a Best Practices Institute. The strong values of choice and personal responsibility led to the expansion of the Self-Determination Initiative embodied in an Office of Consumer and Family Affairs. The need for a data-driven system resulted in the establishment of a priority for an integrated data system accessible to customers and their families, stakeholders, and state agencies. These priorities will be dynamic and be changed as the needs of our customers and their families, stakeholders, other state agencies, and legislative requirements change.

An emergent priority domain for SAMH is the interface between mental illness and the forensic system. All individuals committed to the department for involuntary treatment pursuant to Chapter 916, F.S., are charged with a felony offense. These forensic commitments have increased by 72 percent since FY 98/99 at an average rate of 4.4 percent since FY 99/00. While commitments increased only 2.2 percent in FY 04/05, the department experienced an unprecedented and unpredictable increase in FY 05/06. Fifteen out of the twenty judicial circuits committed from two percent to 116 percent more individuals in FY 05/06, resulting in a 16 percent total increase in commitments for the year. This has produced a forensic waiting list of more than 300 individuals awaiting placement.

As a result of the unprecedented increase, the department has requested and received additional funding to increase forensic residential capacity by 84 beds, beginning in October 2006. The department is also working closely with community partners and the courts to divert those individuals who may not need to receive services in a secure forensic facility. Where available, alternatives include in-jail competency restoration, training for pre-admission incompetent individuals, and maintaining competency for individuals returned to jail as competent pending their hearing. Other options include placing individuals on conditional release so that they may participate in community-based programs, including community-based competency restoration programs. The courts have been willing to divert forensic individuals to structured community placement and/or services, but such programs are not available in many jurisdictions or have waiting lists of their own.

The Sexually Violent Predator Program is also a department priority. One critical mission of the Sexually Violent Predator Program (SVPP) is to protect the public by ensuring that all cases referred to the SVPP are adequately reviewed, screened, and/or evaluated in order to determine whether or not a recommendation to file a petition for civil commitment should be made. Each referral made to the SVPP must be independently screened (reviewed) by two state licensed psychologists or psychiatrists. Before screening of a referred case can be performed, a file of pertinent social, criminal, and mental health information is collected and organized from various sources within and outside of Florida. The workload function of information gathering/organizing, is a tedious and labor-intensive part of the process, but is critical for identifying sexually violent predators.

There has been an increase in workload demand as related to review, screening, and evaluation functions. The increase in workload is due to a significant increase in the number of referrals received by the SVPP. During FY 05-06, the SVPP received 4,015

referrals, the largest number received since the program's inception in 1998. The number reflects 1,549 more referrals than were received during FY 04-05, and is a 61% increase. To date, in FY 06-07, there have been a total of 939 referrals. This suggests a projected total of over 5,000 referrals, if current trends remain. This higher workload, as related to review and screening functions, is expected to continue, particularly because future referrals to the SVPP will likely include higher numbers of individuals with convictions for non-sexual crimes (e.g., burglary, murder, false imprisonment, kidnapping) that were nevertheless "sexually motivated".

Another priority is maintaining the excellent work of the Children's Mental Health Program. The Children's Mental Health Program has been a leader in recognizing the needs of infants and young children and its opportunity to intervene early to prevent or reduce the development of serious emotional disturbance. The services have expanded statewide.

The length of stay in residential treatment centers in Florida has gone from a high of 8.24 months in 2000 to a current average of 6 months. The department strongly believes that children should not grow up in locked residential facilities and has created services and supports statewide to promote access to community care, along with intensive utilization management oversight of all placements.

Services must be community-based, culturally competent, strength-based, family-directed, and child-focused. Family forums are being held across the state in hopes of involving parents and care-givers in all levels of treatment for their children.

C. Addressing Our Priorities over the Next Five Years

The following priorities are consistent with the strategies set forth in the department's *FY 2005-2008 Strategic Plan*. Action steps taken to successfully carry out strategies are aligned with actions presented in the Mental Health Program Office's previous Long Range Program Plan. Whenever appropriate, the action steps include planned activities to further the identified strategy.

Agency Goal for Mental Health: Prevention and Early Intervention

Strategy: Target early intervention strategies to children and their families with a history of substance abuse and/or mental illness.

Action Steps:

1. The Infant Mental Health pilot projects implemented during 2004-2005 showed that over 90 percent of the caretakers who participated were diagnosed with severe depression. Early intervention through the provision of screening, assessment, and treatment services to infants/toddlers and their caretakers increases resiliency in children and may reduce the impact of mental illnesses later in life. Development of Infant Mental Health services have now been supported in every district throughout Florida. The Harris Institute at Florida State University has trained over 93 licensed therapists in the specialty area of Infant Mental Health in nine areas in the state. Based on a recent review of children aged 0-5 expelled from child care centers, Children's Mental Health plans to develop pilot projects to provide mental health consultation for child care in at least one area.
2. The Mental Health Program office developed an integrated computer database system for the **Temporary Assistance for Needy Families (TANF)** program, streamlining the eligibility determination process for the providers and districts/region and the Substance Abuse and Mental Health Program offices.

3. The TANF Program will pilot a Parenting Curriculum for parents receiving TANF and are recovering from substance abuse and mental illnesses as a component of the Strengthening Families Initiative. District 13 will be the pilot project, pending project curriculum finalization. District 11 has made a decision to use this curriculum with all providers. Part of the Healthy Marriage Initiative is that the Program Office will pilot the “PAIRS for Peers” relationship enrichment program in District 13.

Strategy: Establish uniform reporting and analysis of significant events, including suicides.

Action Steps:

1. The department has reduced the use of seclusion and restraints in state mental health treatment facilities. Staff has been trained on the use of techniques to manage and control residents’ behavior in emergency situations. New policy has been in place for approximately one year. The legislature has passed a requirement to adapt existing rules, and these will be developed over the 2006-2007 fiscal year.
2. Uniform reporting has been revised to include all seclusion/restraint incidents, and is currently being piloted in District 3. The Mental Health Program Office is currently receiving these reports from providers in this district. Software to support a web-based reporting system has been developed. Contract revision amendments for August are incorporating this new requirement to report. By 12/31/06 the uniform reporting computer programming will be completed and by 3/31/07 testing and system validation will be completed. By 6/30/07 system piloting and training will be completed and the system will be deployed statewide by 7/1/07.

Suicide prevention training is now available and will be implemented in provider settings as appropriate.

3. The department assisted the Governor’s Office of Drug Control and the Governor’s Task Force on Suicide Prevention to publish the Florida Suicide Prevention document (<http://www.sprc.org/statepages/index.asp>), released in March 2005. The department will continue to work with the Task Force to create and implement an action plan based on this new Suicide Prevention document.

Agency Goal for Mental Health: Recovery and Resiliency

Strategy: Improve access to appropriate service supports, including child care, therapeutic and coaching services, wrap-around, supportive housing, respite, accessible crisis services, and crisis counseling.

Action Steps:

1. The department’s Mental Health Program Office has supported training for its staff, providers, consumers, and families in several evidence-based and promising practices, including Assertive Community Treatment, supportive housing/living, supported employment, medication algorithms, therapeutic foster care and more. Resources must be realigned to more fully support evidence-based practices. During FY 2006-07, the department will continue to support several forums to forward its goals including a forum for key stakeholders to come together to learn about evidence-based practices and develop plans to improve service integration. The forum to discuss transformation of the system of mental health care for children is already in progress.
2. The promotion of evidence-based practices is a major focus for the transformation of the mental health system in Florida. As part of this effort, two **Assertive**

Community Treatment teams (ACT) for children are being piloted in the Suncoast Region and District 8. The pilot programs target children with serious emotional disturbances, who live at home and are at extreme risk of moving deeper in the mental health, juvenile justice, or child welfare systems. The children's teams are modeled on the adult ACT teams. The multidisciplinary teams also include components of Family Directed Care to provide the child and his/her family with a leading voice in the services and supports that work best for the child.

The Mental Health program also developed a new cost center, **Comprehensive Community Service Teams** to provide the contracting flexibility necessary to further the Role Recovery approach in the care of mental health clients. This new cost center bundles Aftercare, Assessment, Case Management, Information & Referral, In-Home & On-Site, Intensive Case Management, Intervention, Outpatient, Outreach, Supported Employment, Supported Housing, Prevention, Prevention/Intervention and other transition and non-traditional support services as negotiated by the Department and the Provider.

3. Stakeholders, including the department, recognize that equitable funding is essential to assuring equal access to services. As of FY 2004, the National Association of Substance Abuse and Mental Health Program Directors identified Florida as ranking 48th in the nation in Substance Abuse and Mental Health controlled expenditures (excluding Medicaid). During the 2005-2006 fiscal year, \$10 million was allocated to address inequitable mental health funding for adults among the 14 service areas in Florida, substantially reducing the per capita funding differences between districts. The department will continue to monitor equity on a per capita basis and will identify future inequities as they occur.
4. The department's Mental Health Program, in collaboration with the Office of the Secretary, is facilitating the transformation of Florida's public mental health system to an individual and family-driven system that embraces prevention, resiliency, and recovery.

The department has achieved buy-in from the Transformation Working Group and the department's leadership on state policy direction for transformation. The Mental Health Program has hired dedicated transformation staff, established an Office of Consumer and Family Affairs, and has formed a partnership with USF-FMHI to expedite system improvements for our customers.

The Mental Health Program developed and supports a Recovery and Resiliency Task Force, an operational group comprised of a majority of consumers and family members, to advise the department on transformation. We have established a new service that increases opportunities for service flexibility, and provides individuals with greater number of choices in achieving their recovery. We have provided education and training for key stakeholders to achieve buy-in necessary for system change. The department has facilitated recovery kick-off sessions within many districts and local communities and has offered training and technical assistance to address identified barriers to transformation.

The department's Mental Health Program listened to over 250 adult consumers around the state, and engaged in family forums in several locations to ensure changes are responsive to customer needs. District SAMH Program Supervisors were asked to target new equity funds for transformation activities, and to work in collaboration with community members to adopt purchased services, to promote recovery and resiliency.

The department has and will continue to conduct biweekly video teleconferences to share best practices with staff and encourage program replication toward recovery-based services. We recently completed a mental health transformation web site to showcase district SAMH and state mental health treatment facility transformation activities. The department partners with USF-FMHI to provide training and technical assistance to address barriers to transformation. Collectively, these action steps will improve access to services that advance individual and family recovery and resiliency.

Lastly, the department will continue to support the Recovery and Resiliency Task Force. We will also hire consumers to administer customer satisfaction surveys, and to administer the Recovery Oriented System Indicator (ROSI) system assessment. These tools will establish a baseline from which to measure the state's adherence to recovery and resiliency principles.

4. The Children's Mental Health unit has established a med-consult line with the University of Florida. During late 2005, the department expanded that resource to include a prior approval process for children under age six in foster care who have been prescribed psychotropic medications. The department's Children's Mental Health unit continues to work with the Child Welfare office to monitor usage of psychotropic medications and other therapeutic services through Home Safenet and the Substance Abuse and Mental Health Data System.
5. The Mental Health Program assisted the **Department of Elder Affairs (DOEA)** in implementing three **Adult Disability Resource Centers (ADRCs)**. These sites provide a one stop center for adults needing long-term care, and serve as information and referral sites for adults with severe and persistent mental illnesses, and are an ongoing operation.
6. The Mental Health Program Office promoted **Evidence Based Practices (EBPs)** and best practices for adults with mental illnesses: family-to-family training through NAMI, Florida; co-occurring initiatives; and Florida Assertive Community Treatment. The department will continue to promote EBPs and best practices, with emphasis on supportive housing and case management. The use of EBPs improves treatment outcomes for adults with serious mental illnesses. The implementation of the supportive housing strategic plan increased the availability of supportive housing services for adults with serious and persistent mental illnesses to approximately 4,453 as of March 2006.
7. Florida's **Self-Directed Care (SDC)** service delivery paradigm is founded on the belief that individuals have the right and ability to act at the center of decision-making that affects them. The program's mission is to create and maintain an environment in which people make informed choices about the supports and services they need in order to get well and stay well. This is accomplished with the support of a Recovery Coach and through participant control over a flexible funding allotment. The program is currently operating in Districts 4 and 8, and is serving 186 recipients as of September 2006.

Florida Self-Directed Care (SDC) is a successful participant-directed initiative implemented in Districts 4 and 8. Individuals receive a budget allocation, and with the assistance of an independent service broker (Recovery Coach), choose the services and supports needed to accomplish their self-determined recovery goals. SDC participants also choose the providers of those services and supports. Existing SDC programs will accommodate additional participants during FY 07-

08, and the SDC model will be added to the service array in at least 3 additional districts. SAMH staffs are also working with a large managed care company to determine how Self-Directed Care can be incorporated into their business models.

8. The Mental Health Program Office created the Office of Consumer and Family Affairs, which is embodied by the position of Chief of Consumer and Family Affairs. This office's purpose is to facilitate inclusion of mental health consumers and their families into mental health policymaking and into the structure of publicly funded delivery of mental health services. It will increase communication and education among consumers and family members statewide and provide leadership and direction for recipients of services. In addition, a Transformation Coordinator position has been established in the Community Mental Health Program Office. Future plans are to continue mental health transformation by empowering consumers through participation in ongoing Recovery and Resiliency Task Force meetings, consumer satisfaction data gathering and analysis, and other initiatives.
9. Over 5500 of the state's mental health consumers live in **Assisted Living Facilities with a Limited Mental Health License (ALF-LMHL)**. ALF-LMHLs provide adults with serious mental illnesses with a living option in the community. ALF-LMHLs provide room and board and personal care services for mental health residents as defined in Chapters 394 and 400, Florida Statutes. These statutes define procedures that help ensure coordination between the individual living in the facility, the ALF operator, and the mental health provider. These procedures require (1) training for ALF-LMHL staff, (2) cooperative agreements between the ALF- LMHL provider and the mental health provider, and (3) cooperative service plans that promote individual service coordination for ALF-LMHL mental health residents. Residents receive mental health services and supports from their selected mental health provider to address their mental health needs.
10. The department collaborated with the **Agency for Health Care Administration (AHCA)** on transition to a managed care service delivery system. The department provided input to the agency for the development of a managed care waiver for behavioral health services to ensure individuals access to recovery and resiliency-based services. The department will continue to work in collaboration with the agency to implement managed care in accordance with statute. The department is working with AHCA to ensure that these vulnerable populations have access to recovery and resiliency based services during this transition.
11. The department has improved the collection, use, and analysis of data to transform the Substance Abuse and Mental Health data system to a decision-making model. The **Health Insurance Portability and Accountability Act (HIPAA)** training protects the confidentiality of the people served by the department.
12. The department developed and implemented a **Community Needs Assessment (CNA)** tool which will allow for ongoing electronic communication between facilities and the community. This tool will provide constant communication between facilities, districts, and providers so that communities are informed of the services, supports, and treatment individuals will need in order to live successfully in their community upon discharge. The state mental health treatment facilities have initiated this effort, which will be expanded by the Mental Health Program Office to take the lead in developing an electronic person-centered treatment plan

to enhance continuity of care of individuals across settings. The CNA will be implemented as a pilot when the electronic version of the assessment is completed.

13. The department improved the consistency of prescribing practices. The department, through Florida State Hospital and community mental health providers in District 1, successfully piloted a model algorithm (**FALGO**). The department has built on FALGO and has implemented **MDTMPBH (Medicaid Drug Therapy Management Program for Behavioral Health)**, which has projected cost avoidance of approximately \$10 million in Medicaid money per month over the projected cost of the previous system. This plan is fully implemented for adults, and future plans include expanding it to cover children. The department provided educational information to major stakeholders about proposed changes to Medicare Part D and the modified drug formulary for Medicaid-eligible individuals taking psychiatric medications. The department will continue to work in collaboration with AHCA to promote safe implementation of these system changes.
14. The **Functional Assessment Rating Scale (FARS)**, designed to document the levels of functioning of adults served in community mental health agencies and state mental health treatment facilities was implemented on July 1, 2005, with the baseline year completed during 2005-2006 and providers held accountable for performance beginning July 1, 2006. Providers are able to use FARS data in real time for quality assessment and quality improvement activities. Implementation of the measure in community and state mental health treatment settings is allowing meaningful comparison of outcomes across treatment settings.
15. Atlantic Shores Healthcare, Inc., has continued to provide operations at **South Florida Evaluation and Treatment Center (SFETC)** following negotiation of a contract. Progress on the design/construction of a new facility is also progressing, with financing completed in November 2005, and design and permitting largely completed. This facility is scheduled for completion in 2008.
16. The Sexually Violent Predator Program (SVPP) will continue to work with its contracted providers to evaluate, confine, and treat potential and adjudicated violent predators as required by Chapter 394, Part V, Florida Statutes, subject to the availability of funding. The department successfully negotiated a provider change in 2006 and currently has an interim contract with GEO HealthCare to operate FCCC. The department is in the process of negotiating a long-term contract to be in effect beginning in 2007. As a component of this contract, the department has negotiated the finance, design, construction, and operation of a new, modern 668 bed facility with GEO, and has also requested the addition of 60 beds to this facility to meet anticipated demand. The department has reviewed and revised its SVPP screening procedures in the Program Office, and has submitted an RFP for the additional resources necessary to accomplish this.

During FY 05-06, the SVPP received 4,015 referrals, the largest number received since the program's inception in 1998. The number reflects 1,549 more referrals than were received during FY 04-05, and is a 61% increase. To date, in FY 06-07, there have been a total of 939 referrals. This suggests a projected total of over 5,000 referrals if current trends remain.

17. Over 100,000 Floridians affected by hurricanes were assisted through disaster programs in FY 2004-05. Through needs assessment, early intervention, ongoing counseling, and services, Floridians are rebuilding their lives. The department sought and received \$11 million in funding for Project Recovery to enhance its

capacity to respond to disaster events. Project Recovery is currently in place and will provide disaster preparedness services through March 2007.

18. Access to housing is a key component of individual recovery from mental illnesses. Individuals with serious mental illnesses who are on disability receive a monthly benefit of \$603.00. From this amount, it is impossible to afford the costs of required co-pays for medications, food, and rent and utilities. Recent losses due to hurricanes, along with increased taxes and insurance, and escalating housing costs make home ownership a non-option for individuals with mental illnesses. Without access to safe, stable housing, recovery is impossible and individuals find themselves repeating cycles of crisis or criminal justice involvement. Rent subsidies are a needed mechanism to assist individuals in securing and maintaining safe, stable housing that furthers their recovery and reduces the need for more costly crisis placement or placement in state treatment facilities.

The mental health program is also working with other agencies and resources to address many of the challenges customers of mental health service face in attempting to maintain successful and productive functioning in the community. Recent changes in the housing market, such as a general housing shortage leading to both less availability of units and increased housing cost, rapidly increasing property insurance rates, and other factors have made this a major area of concern. The department is partnering with other state and community agencies to increase housing availability for consumers of mental health services and is exploring such options as eligibility for rent subsidies, access to subsidized housing, and a central referral system to ensure that consumers have access to information on the availability of affordable housing opportunities.

18. The Mental Health program developed a new cost center, **Comprehensive Community Service Teams** to provide the contracting flexibility necessary to further the Role Recovery approach in the care of mental health clients. This new cost center bundles Aftercare, Assessment, Case Management, Information & Referral, In-Home & On-Site, Intensive Case Management, Intervention, Outpatient, Outreach, Supported Employment, Supported Housing, Prevention, Prevention/Intervention and other transition and non-traditional support services as negotiated by the Department and the Provider. The method of payment for this cost center is less restrictive in documentation requirements, allowing additional resources to focus on client outcomes. Under the current system, delivery of specific units of service has become paramount in earning contract dollars. Due to the broad nature of services included in the possible range, this cost center will also further mental health system transformation efforts by promoting choices available to consumers.

The Mental Health, programs continue to review strategies to further administrative efficiencies, including reviewing the viability of contracting for administrative and care coordination services with managing entities. This fiscal year, contracts were modified to contract on a service activity level basis, in lieu of by specific cost centers. This modification allows providers to make service decisions based on consumer needs and choices, reducing the likelihood that service provision will be dictated or driven solely by service units remaining on a contract.

Strategy: Collaborate with law enforcement agencies, criminal justice system stakeholders, and service providers to identify safe, therapeutic alternatives to jail and thereby reduce public safety risks.

Action Steps:

1. The department has continued to implement the cooperative agreement with the **Department of Juvenile Justice (DJJ)** to address the mental health needs of our joint customers. The agreement addresses the need for screening, identification, and referral for mental health treatment including crisis services for children involved with DJJ and provides guidance for referrals from one agency to the other. A workgroup is meeting monthly to identify problem areas and discuss issues. The primary issues addressed by this ongoing workgroup are access to CSU services for DJJ youth in detention and residential settings, decreasing waiting time for children found incompetent to proceed to access services, improving early identification and treatment of children in need of mental health treatment, and review and identification of steps to improve transition from one program to another.
2. DJJ continues to see an increase in the number of pregnant young girls entering its system. During FY 2006-07 the Children's Mental Health unit, along with the Center for Prevention and Early Intervention and DJJ, will work to develop resources to provide prevention and early intervention services to these young girls and their infants. DJJ has also recently seen an increase in the number of children in secure placements who have significant mental health needs. Children's mental health is working with DJJ and ACHA Medicaid to identify options for intensive treatment for this population.
3. Persons who are not eligible for Medicaid have less access to mental health and primary health care. One of Florida's challenges is to continue the collaboration between the department and Medicaid to address the gap for individuals and families who are underserved and in poverty. The Children's Mental Health unit is a partner in the Florida Healthy Kids program. Children who are enrolled in Florida Kid Care, and who have serious emotional disturbances are referred to the **Behavioral Health Network (BNet)** for their behavioral health care services. BNet currently serves 876 children aged 5 through 18. The Children's Mental Health unit continues to provide information to DJJ and other community providers to ensure that children who are not Medicaid-eligible are referred to Florida Kid Care for coverage.
4. Districts have increased efforts to identify individuals eligible for diversion from the criminal justice system and have improved the rate of success for gaining court approval for community-based treatment alternatives. This has been particularly important in light of the 16% increase in the number of individuals committed to forensic state treatment facilities during FY 2005-2006. In conjunction with the Department of Corrections, the department developed recommendations to address the needs of individuals with serious mental illnesses being discharged from state prisons and returning to their communities. Funds to enable the department to address the needs of persons at risk of entering the criminal justice system are being requested for FY 2006-07.

Forensic commitments have increased by 72 percent since FY 98/99 at an average rate of 4.4 percent since FY 99/00. While commitments increased only 2.2 percent in FY 04/05, the department experienced an unprecedented and unpredictable increase in FY 05/06. Fifteen out of the twenty judicial circuits committed from

two percent to 116 percent more individuals in FY 05/06, resulting in a 16 percent total increase in commitments for the year. This has produced a forensic waiting list of more than 300 individuals awaiting placement. As a result of the unprecedented increase, the department has requested and received additional funding to increase capacity by 84 beds beginning in October 2006. The department is also working closely with community partners and the courts to divert those individuals who may not need to receive services in a secured forensic facility. Where available, alternatives include in-jail competency restoration training for pre-admission incompetent individuals and maintaining competency of individuals returned to jail as competent pending their hearing. Other options include placing individuals on conditional release so that they may participate in community-based programs, including community-based competency restoration programs. The courts have been willing to divert forensic individuals to structured community placement and/or services, but such programs are not available in many jurisdictions or have waiting lists of their own.

5. Floridians in 13 counties have access to the **Crisis Intervention Team (CIT)** Memphis model of services. The model helps divert people with mental illnesses from the criminal justice system, provides law enforcement with the tools needed to handle encounters with consumers, and helps ensure delivery of proper care for individuals in crisis. The department, as a partner in the Florida CIT Coalition, is working on strategies to help rural Floridians have access to CIT programs.

Strategy: Increase supports for employment and volunteer activities.

Action Steps:

1. The mental health program continues to support employment activities for persons with severe and persistent mental illnesses. The state currently has approximately 25 consumer-run Drop-In Centers which provide an opportunity to network with one another and to develop job readiness skills. Clubhouses provide members with opportunities to work, volunteer, or continue their education. Additionally, supported employment services offer adults with serious mental illnesses assistance in job placement, and retention by providing onsite supports and services designed to support competitive employment. This has expanded access to these non-traditional services that promote work. As of March 2006, 3067 have enrolled in supported employment, and 22% of the 2859 **Florida Assertive Community Treatment (FACT)** team customers are employed. The mental health program office is also initiating a Peer Support Specialist training and employment program to utilize customers in providing assistance in various tasks, such as collection of customer satisfaction information.

Strategy: Partner with Agency for Health Care Administration (AHCA), including pre-paid Medicaid plans, and schools to ensure continued access to substance abuse and mental health services.

Action Steps:

1. Both the Child Abuse Prevention and Treatment Act and **Individuals with Disabilities Education Act (IDEA)** Part C Program require “provision for referral of children under age three, in a substantiated case of abuse or neglect, to early intervention services funded under IDEA Part C”. There are on-going workgroups to develop a smooth referral system between agencies, but one barrier identified is that children involved with child protection have emotional and behavioral issues more frequently than other children served by Part C. Early Interventionists will

need to enhance their ability to meet these children's mental health needs, including training in trauma-informed services and parental issues affecting children's mental health, such as parental substance abuse, domestic violence, and parental mental health problems, especially maternal depression.

2. The department has worked with the Agency for Health Care Administration in establishing requirements for Prepaid Mental Health Plans and Health Maintenance Organizations. The Agency requires ongoing service coordination between Plans, HMOs and other entities that serve children such as schools and Department of Juvenile Justice, and Department of Children and Families.

Strategy: Implement substance abuse and mental health prevention partnerships.

Action Steps:

1. The Substance Abuse, Mental Health and Community-Based Care Roundtable was established in January 2005 to provide a forum for addressing behavioral health issues of children in the child welfare system and their families. The group's agenda includes the promotion of evidence-based practices and moving forward on the department's initiatives in the integration of substance abuse and mental health services for children in the child welfare program. During FY 2005-06 a forum was held for community-based care, substance abuse and mental health chief executive officers, key district and community stakeholders, and central office staff to develop local implementation plans. Current plans are to continue to meet regularly with stakeholders to further this initiative.

D. Justification of Revised or New Program and/or Services

Current initiatives in the Sexually Violent Predator Program (SVPP) include expansion of the residential treatment program capacity by adding 60 beds to the proposed treatment facility currently in the planning phase. These additional beds are necessary due to the projected demand for these beds; projected increases in the number of offenders committed for treatment are expected to utilize all of the beds in the original plan by the time this facility is brought online, and the additional 60 beds will provide some reserve capacity for future growth of this program. In addition, an enhanced screening procedure for offenders deferred to DCF will require additional staff and resources. A substantive increase in the number of referrals during FY 2005-2005 and projected demand in subsequent years require additional resources. During FY 05-06, the SVPP received 4,015 referrals, the largest number received since the program's inception in 1998. The number reflects 1,549 more referrals than were received during FY 04-05, and is a 61% increase. To date, in FY 06-07, there have been a total of 939 referrals. This suggests a projected total of over 5,000 referrals if current trends remain. These enhancements are necessary to ensure that all individuals referred for screening receive an accurate and timely evaluation of their eligibility for referral to the State Attorney's office as a sexually violent predator.

E. Justification of Final Projection for each Outcome

Under the Secretary's leadership, the department is in the process of significantly enhancing its performance management functions and capabilities. Building on the success of the budget entity teams used by program offices, performance management activities are being merged with budget activities. Using measure review, analyses, and performance improvement plans, each program office will be responsible for addressing performance at the state, district/region, and provider levels. To ensure the attainment of General Appropriations Act (GAA) and other critical performance measures, the department has identified a series of "dashboard" items to be continuously reviewed from

the state level down to the provider level. Workshops will be held on a quarterly basis to review critical performance issues with our stakeholders. These measures are consistent with those in the Agency Strategic Plan for FY 2005-08. The list below outlines the current Mental Health Program dashboard measures:

Adult Community Mental Health

- Average annual days spent in the community for adults with severe and persistent mental illnesses.
- Average annual days worked for pay for adults with severe and persistent mental illnesses.
- Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted.
- Average annual days spent in the community (not in institutions or other facilities) for adults with forensic involvement.
- Number of adults with a serious and persistent mental illness in the community served.
- Number of adults in mental health crisis served.
- Number of adults with forensic involvement served.
- Median length of stay in CSU/inpatient services for adults in mental health crisis.

Children's Mental Health

- Annual days **Seriously Emotionally Disturbed (SED)** children (excluding those in juvenile justice facilities) spend in the community.
- Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing.
- Percent of children with mental retardation restored to competency and recommended to proceed with a judicial hearing.
- Projected annual days **Emotionally Disturbed (ED)** children (excluding those in juvenile justice facilities) spend in the community.
- Number of children who are incompetent to proceed.
- Number of SED children to be served.
- Number of ED children to be served.
- Number of at-risk children to be served.
- Percent of children with emotional disturbances who improve their level of functioning.
- Percent of children with serious emotional disturbances who improve their level of functioning.

Adult Mental Health Treatment Facilities

- Average number of days to restore competency for adults in forensic commitment.
- Percent of civil commitment patients, per Ch. 394, Florida Statutes, who experience improvement in functional level.

- Number of people in civil commitment per Ch. 394, Florida Statutes, served.
- Number of adults in forensic commitment per Ch. 916, Florida Statutes, served.
- Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty by Reason of Insanity, who show an improvement in functional level.
- Number of people on the waiting list for forensic placement over 15 days.

Sexually Violent Predator Program

- Number of sexual predators assessed.
- Number of sexual predators served (detention and treatment).
- Annual number of harmful events per 100 residents of the facility.

The Mental Health Program Office recognizes that several of the performance measures that are legislatively mandated through the General Appropriations Act (GAA) may not be appropriate for use at the individual contract level. In consultation with our major stakeholders, the department is in the process of exploring drivers of service delivery that would more appropriately be applied at the individual contract level. Concurrently, the department will continue to review all performance measures in determining the best means to measure successful performance of a provider. All activities related to performance measures will adhere to legislatively mandated outcome measures.

F. Potential Policy Changes Affecting the Budget Request

The department's Mental Health Program has listened to consumers, family members, providers, and other stakeholders as they have voiced the importance of recovery and resiliency. The department's Mental Health Program has convened several forums to gain consumer and family participation in the development of a recovery and resiliency plan. The department is issuing an Implementation Strategy for a Recovery and Resiliency system. This strategy will require policy changes across all levels of the system to effect real change. This policy change requires additional funds for children and adults – the Recovery and Resiliency budget request.

The department has also worked collaboratively with the **Department of Corrections (DOC)** to identify barriers to aftercare for adults with serious mental health needs who are discharged from prison and return to their communities. As a result, both departments issued a joint report identifying recommendations for each of the identified barriers. A Memorandum of Agreement between the departments has been signed, reflecting a mutual commitment to improve aftercare services for these individuals. Both departments will conduct action steps consistent with these recommendations. This policy change requires additional funds to provide aftercare for inmates with serious mental illnesses discharged from prison to the community.

The Department of Corrections releases approximately 29,000 individuals each year. Of that number, 2,700 are individuals with mental disorders. Since our collaborative efforts with the Department of Corrections, we have received 806 referrals and are currently providing services to 222 individuals. This represents a 28% of referrals served.

G. Changes Which Would Require Legislative Action

The Mental Health Program Office has recommended the following modifications to existing law:

- Relative to the Jimmy Ryce Act, the department proposes adding language to Chapter 394, Chapter V, F.S., and amending section 394.930, F.S., to authorize the use of non-lethal force at the **Florida Civil Commitment Center (FCCC)**, the state's only secure facility for sexually violent predators.

In order to help identify felony criminal acts that had a sexual component (for consideration when screening individuals for the Sexually Violent Predator Program), the department is recommending a change to Chapter 921, F.S., requiring that for every judgment of guilt for felony offenses, the court be required make a written finding as to whether or not a criminal act was "sexually motivated." Chapter 394, F.S., would also add the requirement that the referring agency make available information relative to sexually motivated offenses.

- Relative to the secure forensic facilities, the department is recommending that section 916.105, F.S., be amended to require that such facilities shall be sufficient to accommodate the number of defendants committed "subject to sufficient specific annual appropriations."
- The department is requesting to be added to section 766.101, F.S., in order to allow the department to conduct confidential, medical peer review that is immune from liability, the same authority currently granted to the Department of Health and the Department of Corrections.
- Currently, section 409.906(8) (a), F.S., states in part, "The agency may pay for rehabilitative services provided to a recipient by a mental health or substance abuse provider under contract with the agency or the Department of Children and Family Services to provide such services." We are seeking to have this sentence removed from the statute. This has become an intense workload issue for contract managers, who are required by Statute to provide oversight and management of agreements where no benefit to the State is realized.

H. Task Forces and Studies in Progress

Baker Act Study Group

This study group will be meeting in consultation with ACHA and FMHI to examine current Baker Act usage and propose recommended changes in rule and practice.

Children's Transition Workgroup

Children's transition to the adult mental health care system has not historically been smooth. To improve outcomes, Children's Mental Health has developed a workgroup composed of youth, parents, and providers to identify transition issues. Once completed, a contract will be completed with the youth support group to develop a Transition Handbook for teens.

Florida Transformation Working Group

This work group consists of stakeholders and other state agencies to advance the mental health transformation efforts. The workgroup is facilitated by the Chair of the Substance Abuse and Mental Health Corporation.

Florida Recovery and Resiliency Task Force

This is the operational arm of the Transformation Working Group. It is comprised of at least 51 percent consumers and family representatives as well as other stakeholders to advise the department on the progress being made toward transformation.

Florida Task Force on Suicide Prevention

Authority: In November of 2000, Governor Bush directed Jim McDonough, the Director of the Florida Office of Drug Control, to establish a state suicide prevention task force.

Purpose: To explore best practices in suicide prevention and reduce the suicide rate by one third by 2010 in each of the following populations: Youth, Adults, and Elders. Representation includes members of the **American Foundation for Suicide Prevention (ASFP)**, **Florida Initiative for Suicide Prevention (FISP)**, departments of Children and Families, Corrections, Juvenile Justice, Education, Health, as well as the University of South Florida, and the **Suicide Prevention Action Network – Florida (SPAN-FL)**. The organization has collected information from various stakeholders and has developed a state suicide prevention strategy. The department will continue to participate in this task force.

Self-Directed Care Study

This is a legislatively mandated independent evaluation of the Self-Directed Care program. A Request for Proposals was released but no entities expressed an interest in completing the evaluation for the available funds. The department plans to complete this study in house utilizing existing staff.

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APPENDIX: GLOSSARY OF TERMS AND ACRONYMS

ACCESS Florida: Automated Community Connection to Economic Self-Sufficiency.

ACF: Administration for Children and Families

ACT: Assertive Community Treatment (teams)

Activity: A set of transactions within a budget entity that translates inputs into outputs using resources in response to a business requirement. Sequences of activities in logical combinations form services. Unit cost information is determined using the outputs of activities.

Actual Expenditures: Includes prior year actual disbursements, payables and encumbrances. The payables and encumbrances are certified forward at the end of the fiscal year. They may be disbursed between July 1 and December 31 of the subsequent fiscal year. Certified forward amounts are included in the year in which the funds are committed and not shown in the year the funds are disbursed.

ADA: Americans with Disabilities Act

ADRC: Adult Disability Resource Center

AHCA: Agency for Health Care Administration

ALF: Assisted Living Facility

ALF-LMHL: Assisted Living Facility with a limited mental health license.

APHSA: American Public Human Services Association

Appropriation Category: The lowest level line item of funding in the General Appropriations Act which represents a major expenditure classification of the budget entity. Within budget entities, these categories may include: salaries and benefits, other personal services (OPS), expenses, operating capital outlay, data processing services, fixed capital outlay, etc. These categories are defined within this glossary under individual listings. For a complete listing of all appropriation categories, please refer to the ACTR section in the LAS/PBS User's Manual for instructions on ordering a report.

ARS: Alternative Response System

ASA: Adult Substance Abuse

ASFA: Adoptions and Safe Families Act

ASFP: American Foundation for Suicide Prevention

ATR: Access to Recovery

AWI: Agency for Workforce Innovation

Baseline Data: Indicators of a state agency's current performance level, pursuant to guidelines established by the Executive Office of the Governor in consultation with legislative appropriations and appropriate substantive committees.

BASP: Behavior Analysis Services Program

BHOS: Behavioral Health Overlay Services

BNet: Behavioral Health Network

BRITE: Brief Intervention and Treatment for the Elderly

BSF: Building Strong Families

Budget Entity: A unit or function at the lowest level to which funds are specifically appropriated in the appropriations act. “Budget entity” and “service” have the same meaning.

CAPTA: Child Abuse Prevention and Treatment Act

CBC: Community-Based Care

CCDA: Community Care for Disabled Adults

CDC+: Consumer Directed Care (Plus) Medicaid Waiver

CFS: Child and Family Services

CFSR: Child and Family Services Review

CHMI: Community Healthy Marriage Initiative

CIO: Chief Information Officer

CIP: Capital Improvements Program Plan

CIT: Crisis Intervention Team

CNA: Community Needs Assessment

COOP: Continuity of Operations Plans

COSIG: Co-occurring System Improvement Grant

CMS: Children’s Medical Services

CSA: Children’s Substance Abuse

CSE: Child Support Enforcement

CSU: Crisis Stabilization Unit

D3-A: A legislative budget request (LBR) exhibit which presents a narrative explanation and justification for each issue for the requested years.

DCF: Department of Children and Families

Demand: The number of output units which are eligible to benefit from a service or activity.

DENS: Drug Epidemiology Networks

DJJ: Department of Juvenile Justice

DOC: Department of Corrections

DOEA: Department of Elder Affairs

EBP: Evidence Based Practice

EOG: Executive Office of the Governor

ESS: Economic Self-Sufficiency

Estimated Expenditures: Includes the amount estimated to be expended during the current fiscal year. These amounts will be computer generated based on the current year appropriations adjusted for vetoes and special appropriations bills.

DCF Long Range Program Plan

EBP: Evidence Based Practice

FAC: Florida Administrative Code

FACT: Florida Assertive Community Treatment Team

FADAA: Florida Alcohol Drug Abuse Association

FARS: Functional Assessment Rating Scale

FCB: Florida Certification Board

FCCC: Florida Civil Commitment Center

FCCTIP: Florida Clinical Consultation Treatment Improvement Project

FCO: Fixed Capital Outlay

FFMIS: Florida Financial Management Information System

FIS: Family Intervention Specialist

FISP: Florida Initiative for Suicide Prevention

Fixed Capital Outlay: Real property (land, buildings including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs, and renovations to real property which materially extend its useful life or materially improve or change its functional use. Includes furniture and equipment necessary to furnish and operate a new or improved facility.

FLAIR: Florida Accounting Information Resource Subsystem

FMHI: Florida Mental Health Institute

F.S.: Florida Statutes

FSAS: Florida School of Addiction Studies

FSFN: Florida Safe Families Network

FTE: Full time equivalent position

FSAPAC: Florida Substance Abuse Prevention Advisory Council

FYSAS: Florida Youth Substance Abuse Survey

GAA - General Appropriations Act

GR - General Revenue Fund

HCDA – Home Care for Disabled Adults (Adult Services program)

HCBS: Home and Community-Based Services

HIPAA: Health Insurance Portability and Accountability Act of 1996

HMO: Health Maintenance Organization

HSn: HomeSafenet. (Child Welfare data system for Family Safety program)

HSS/ACF: Health and Human Services/Administration for Children and Families

ICF/DD: Intermediate Care Facility/Developmental Disabilities

IDEA: Individuals with Disabilities Education Act

Indicator: A single quantitative or qualitative statement that reports information about the nature of a condition, entity or activity. This term is used commonly as a synonym for the word “measure.”

Information Technology Resources: Includes data processing-related hardware, software, services, telecommunications, supplies, personnel, facility resources, maintenance, and training.

Input: See Performance Measure.

IBRS: Integrated Benefit Recovery System

ICPC: Interstate Compact on the Placement of Children

ICAMA: Interstate Compact on Adoption and Medical Assistance

ICPC: Interstate Compact on the Placement of Children

ICWA: Indian Child Welfare Act

IDP: Indigent Drug Program

ILP: Independent Living Program

IOE: Itemization of Expenditure

IQC: Interagency Quality Council

IDS: Interim Data System (Mental Health/Substance Abuse)

IT: Information Technology

Judicial Branch: All officers, employees, and offices of the Supreme Court, district courts of appeal, circuit courts, county courts, and the Judicial Qualifications Commission.

LAN: Local Area Network

LAS/PBS: Legislative Appropriations System/Planning and Budgeting Subsystem. The statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

LBC - Legislative Budget Commission

LBR - Legislative Budget Request

Legislative Budget Commission: A standing joint committee of the Legislature. The Commission was created to: review and approve/disapprove agency requests to amend original approved budgets; review agency spending plans; and take other actions related to the fiscal matters of the state, as authorized in statute. It is composed of 14 members appointed by the President of the Senate and by the Speaker of the House of Representatives to two-year terms, running from the organization of one Legislature to the organization of the next Legislature.

Legislative Budget Request: A request to the Legislature, filed pursuant to section 216.023, Florida Statutes, or supplemental detailed requests filed with the Legislature, for the amounts of money an agency or branch of government believes will be needed to perform the functions that it is authorized, or which it is requesting authorization by law, to perform.

L.O.F.: Laws of Florida

Long-Range Program Plan (LRPP): A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable, and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission, and legislative authorization. The plan provides the framework and context for preparing the legislative budget request and includes performance indicators for evaluating the impact of programs and agency performance.

MAN: Metropolitan Area Network (Information Technology)

MDTMPBH: Medicaid Drug Therapy Management Program for Behavioral Health

MHI: Mental Health Institutions

NASBO: National Association of State Budget Officers

Narrative: Justification for each service and activity is required at the program component detail level. Explanation, in many instances, will be required to provide a full understanding of how the dollar requirements were computed.

NEFAN: Northeast Florida Addictions Network

Nonrecurring: Expenditure or revenue which is not expected to be needed or available after the current fiscal year.

OPB: Office of Policy and Budget, Executive Office of the Governor

OPS: Other Personal Services

OSS: Optional State Supplementation

Outcome: See Performance Measure.

OOH: Out-of-Home (Care).

Output: See Performance Measure.

Outsourcing: Describes situations where the state retains responsibility for the service, but contracts outside of state government for its delivery. Outsourcing includes everything from contracting for minor administration tasks to contracting for major portions of activities or services which support the agency mission.

PBPB/PB2: Performance-Based Program Budgeting

PASRR: Pre-Admission and Screening and Resident Review

Pass Through: Funds the state distributes directly to other entities, e.g., local governments, without being managed by the agency distributing the funds. These funds flow through the agency's budget; however, the agency has no discretion regarding how the funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level. **NOTE: This definition of "pass through" applies ONLY for the purposes of long range program planning.**

Performance Ledger: The official compilation of information about state agency performance based programs and measures, including approved programs, approved outputs and outcomes, baseline data, approved standards for each performance measure and any approved adjustments thereto, as well as actual agency performance for each measure.

Performance Measure: A quantitative or qualitative indicator used to assess state agency performance. Input means the quantities of resources used to produce goods or services and the demand for those goods and services. Outcome means an indicator of the actual impact or public benefit of a service. Output means the actual service or product delivered by a state agency.

PIP: Program Improvement Plan.

PIRW: Protective Investigator Retention Workgroup.

PPFWR: Permanent Placement with a Fit and Willing Relative

PRTS: Purchase of Residential Treatment Services.

Policy Area: A grouping of related activities to meet the needs of customers or clients which reflects major statewide priorities. Policy areas summarize data at a statewide level by using the first two digits of the ten-digit LAS/PBS program component code. Data collection will sum across state agencies when using this statewide code.

Privatization: Occurs when the state relinquishes its responsibility or maintains some partnership type of role in the delivery of an activity or service.

Program: A set of activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act by a title that begins with the word "Program." In some instances a program consists of several services, and in other cases the program has no services delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. "Service" is a "budget entity" for purposes of the LRPP.

Program Purpose Statement: A brief description of approved program responsibility and policy goals. The purpose statement relates directly to the agency mission and reflects essential services of the program needed to accomplish the agency's mission.

Program Component: An aggregation of generally related objectives which, because of their special character, related workload and interrelated output, can logically be considered an entity for purposes of organization, management, accounting, reporting, and budgeting.

PSSF: Promoting Safe and Stable Families

QMS: Quality Management System (Child Welfare)

Reliability: The extent to which the measuring procedure yields the same results on repeated trials and data are complete and sufficiently error free for the intended use.

RFP: Request for Proposal.

SAMH: Substance Abuse/Mental Health Block Grant

SAMHSA: Substance Abuse and Mental Health Services Administration

SAPT: Substance Abuse Prevention Treatment Grant

SDC: Self-directed Care

Service: See Budget Entity.

SEW: State Epidemiology Workgroup

SFETC: South Florida Evaluation and Treatment Center

SHM: Supporting Healthy Marriage

SISAR: State Information Substance Abuse Report

SPAN-FL: Suicide Prevention Action Network -Florida

SRT: Short Term Residential Treatment

Standard: The level of performance of an outcome or output.

SIG: State Incentive Grant.

STO: State Technology Office

SVP: Sexually Violent Predator

SVPP: Sexually Violent Predator Program

SWOT: Strengths, Weaknesses, Opportunities and Threats

TANF: Temporary Assistance to Needy Families

TCS: Trends and Conditions Statement

TF: Trust Fund

TRW: Technology Review Workgroup

Unit Cost: The average total cost of producing a single unit of output – goods and services for a specific agency activity.

USDA: U.S. Department of Agriculture

Validity: The appropriateness of the measuring instrument in relation to the purpose for which it is being used.

WAN - Wide Area Network (Information Technology)

DCF Long Range Program Plan

Office of the Secretary
Florida Department of Children and Families
1317 Winewood Boulevard
Tallahassee, FL 32399

DCF-000-P-00-000
September 2006

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families	Department No.: 60
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Program: Executive Leadership	60900100
Service/Budget Entity: Executive Director and Support Services	60900101

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Administrative cost as a percent of total agency costs (M0144)	0.27	0.36	0.37	0.37

Program: Support Services	60900200
Service/Budget Entity: Information Technology	60900202

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	2.87	3.12	3.08	3.08

Program: Support Services	60900200
Service/Budget Entity: Assistant Secretary for Administration	60900203

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Administrative cost as a percent of total agency costs (M0147)	1.5	1.5	1.79	1.79

Program: Support Services	60900200
Service/Budget Entity: District Administration	60900204

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Administrative cost as a percent of total agency costs (M0363)	1.4	1.93	1.95	1.95

Program: Family Safety Program	60900300
Service/Budget Entity: Child Care Regulation and Information	60900301

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Number of facilities and homes licensed (M0123)	6868	6349	6868	6349
Number of instructor hours provided to child care provider staff. (M0384)	62810	73757	63019	63019
Percent of licensed child care facilities and homes with no Class 1 (serious) violations during their licensure year (M0122)	99	98.24	99	99
New Measure -- Percent of licensed child care facilities inspected in accordance with program standards. (M04015)		94.24		95
New Measure -- Percent of licensed child care homes inspected in accordance with program standards. (M05175)		96.54		90

Program: Family Safety Program	60900300
Service/Budget Entity: Adult Protection	60900302

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Per capita abuse/neglect rate per 1,000 disabled adult and elderly. (M05166)		NA	0.35	2
Percent of adult victims seen within the first 24 hours. (M04017a)		96.4	97	95
Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter (M0126)	97	99.61	97	97
Number of investigations (M0127)	36800	43450	41000	46190
Number of people receiving protective supervision, and protective intervention services. (M0414)	15600	9293	15600	8700
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)		99.23	98	99
Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year) (M0124)	100	NA	100	100

Program: Family Safety Program	60900300
Service/Budget Entity: Child Abuse Prevention and Intervention	60900303

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Per capita child abuse rate/1000 (M0133)	23	30.82	23	25
Number of children in families served (M0134)	122937	161573	122937	122927
Number of families served in Healthy Families (M0294)	10063	13103	12922	12922
Percent of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion (M0196)	96	NA	96	96
Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion. (M0393)	99	95.41	95	95

Program: Family Safety Program	60900300
Service/Budget Entity: Child Protection and Permanency	60900304

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent of foster children who were subjects of reports of verified or indicated maltreatment. (M0385)	1	0.31	1	1
Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment. (M04026)	55	52	55	55
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	76	66.82	76	76
Percent adoptions finalized within 24 months of the latest removal. (M0391)	32	33.05	32	32
Children receiving adoptive services (M0073)	8000	6541	8000	8000
Number of children in out-of-home care (M0297)	28000	29738	28000	28000
Number of children receiving adoption subsidies (M0074)	25558	22241	25558	25558
Number of children remaining in out-of-home care more than 12 months. (M0388)	13000	13253	13000	13000
Number of children under protective supervision (point in time) (M0296)	20000	11245	20000	11000
Number of children with a goal of adoption who remain in out-of-home care after 24 months (M0392)	1700	3793	1700	2500
Number of investigations (M0295)	180000	178921	180000	180000
Number of investigations not completed after 60 days (M0387)	0	7	0	0
Percent of child investigations commenced within 24 hours. (M0368)	100	99.4	100	100
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	90	98.9	100	98
Percent of children entering out-of-home care who re-entered within 12 months of a prior episode. (M0390)	3	8.79	8.5	8.5
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	100	99.1	98	98
Percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months. (M0386)	7	10.66	7	7

Program: Family Safety Program	60900300
Service/Budget Entity: Florida Abuse Hotline	60900305

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Calls answered (M0070)	430000	478906	430000	430000
Number of calls to the hotline (M0300)	450000	500023	450000	450000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	4.4	3	3
New Measure -- Percent of abuse or neglect calls made to the Florida Abuse Hotline that were abandoned. (M0603)		7		5
New Measure -- Abuse or neglect calls answered. (M0604)		348877		350000
New Measure -- Abuse or neglect calls to the hotline. (M0605)		369000		370000

Program: Family Safety Program	60900300
Service/Budget Entity: Program Management and Compliance	60900307

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Administrative cost as a percent of total agency costs (M0426)		1.98	1.98	1.98
Administrative cost as a percent of total program costs (M0136)	6.46	5.19	4.14	5.19

Program: Mental Health Program	60900500
Service/Budget Entity: Violent Sexual Predator Program	60900501

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	1.56	3	3
Number of residents receiving Mental Health treatment (M06001)		NA	169	169
Number of sexual predators assessed (M0283)	2879	2927	2879	2879
Number of sexual predators served (detention and treatment). (M0379)	480	592	480	480
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)		NA	85	85

Program: Mental Health Program	60900500
Service/Budget Entity: Adult Community Mental Health Services	60900502

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Average annual days spent in the community for adults with severe and persistent mental illnesses. (M0001)	350	349	350	350
Average annual days spent in the community for adults with forensic involvement. (M0010)	260	268	260	260
Average annual days worked for pay for adults with severe and persistent mental illnesses (M0003)	40	42	40	40
Median length of stay in CSU/Inpatient services for adults in mental health crisis (M0376)	3	2	3	3
Number of adults in mental health crisis served (M0017)	61990	25348	61990	61990
Number of adults with a serious and persistent mental illness in the community served (M0016)	75667	127077	75667	75667
Number of adults with forensic involvement served (M0018)	1850	2919	1850	1850
Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted. (M0009)	2	0.01	2	2

Program: Mental Health Program	60900500
Service/Budget Entity: Children's Mental Health Services	60900503

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Average annual days emotionally disturbed (ED) children (excluding those in juvenile justice facilities) spend in the community (M0025)	360	358	360	360
Average annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community (M0011)	350	348	350	350
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)		89	86	86
Number of at-risk children to be served (M0033)	4330	5637	4330	4330
Number of children served who are incompetent to proceed (M0030)	340	357	340	340
Number of ED children to be served (M0032)	26380	31424	27000	27000
Number of SED children to be served (M0031)	47530	52273	52830	52830
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	61	64	64
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	90	70	75	75
Percent of children with mental retardation restored to competency and recommended to proceed with a judicial hearing (M0020)	50	59	50	50
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	64	65	65

Program: Mental Health Program	60900500
Service/Budget Entity: Program Management and Compliance	60900505

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Administrative cost as a percent of total program costs (M0137)	2.13	3.95	3.99	3.99
Administrative cost as a percent of total program costs (M0135)	1.76	5.5	5.74	5.74

Program: Substance Abuse Program	60900600
Service/Budget Entity: Child Substance Abuse Prevention, Evaluation and Treatment Services	60900602

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Substance usage rate per 1,000 in grades 6-12. (M05092)		NA	340	340
Average age of first substance abuse (M05093)		NA	14.3	14.3
Percent of children at risk of substance abuse who receive targeted prevention services who are not admitted to substance-abuse services during the 12 months after completion of prevention services (M0051)	95		97	97
Percent of children with substance abuse who are drug free during the 12 months following completion of treatment (M0046)	52		58	58
Number of at risk children served in prevention services. (M0382)	59700	104501	59700	100000
Number of at-risk children served in targeted prevention (M0055)	9684	4061	9684	4000
Number of children with substance-abuse problems served (M0052)	77000	51929	77000	52000
Percent of children with substance abuse under the supervision of the state receiving substance-abuse treatment who are not committed to the Department of Juvenile Justice during the 12 months following treatment completion (M0047)	85		85	85
Percent of children with substance abuse who complete treatment (M0045)	74	80	74	74

Program: Substance Abuse Program	60900600
Service/Budget Entity: Adult Substance Abuse Prevention, Evaluation and Treatment Services	60900603

NOTE: Approved primary service outcomes must be listed first.

Percent of adults who are drug free during the 12 months following completion of treatment (M0057)	65		68	68
Percent of adults employed upon discharge from substance abuse treatment services (M0058)	72	83.81	78	78
Number of adults served (M0063)	115000	102345	115000	115000
Percent change in the number of clients with arrests within 6 months following discharge compared to number with arrests within 6 months prior to admission. (M0381)	50		50	50
Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)	55	52	55	55
Percent of adults who complete treatment (M0062)	69	78	72	72

Program: Economic Self Sufficiency Program	60900700
Service/Budget Entity: Comprehensive Eligibility Services	60900702

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent of all applications for assistance processed within time standards. (M0105)	100	98.58	99	98
Total number of applications processed (M0106)	3957259	4272658	3960465	4008160
Percent of cash assistance benefits determined accurately (M0108)	96	97.29	97	97
Percent of food stamp benefits determined accurately (M0107)	92	89.93	94	94
Percent of Food Stamp applications processed in accordance with Federal high performance bonus criteria. (M05181)		NA	95	95
Program: Economic Self Sufficiency Program	60900700			
Service/Budget Entity: Program Management and Compliance	60900703			

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Administrative cost as a percent of total program costs (M0138)	3.9	3.71	9.09	9.09

Program: Economic Self Sufficiency Program	60900700
Service/Budget Entity: Fraud Prevention and Benefit Recovery	60900704

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	82.36	76.5	76.5
Return on investment from fraud prevention/benefit recovery (M0369)	90	2.76	1.85	1.85
Number of fraud prevention investigations completed (M0112)	20330	23829	22000	24000
Dollars collected through benefit recovery (M0111)	13500000	17004013	13500000	13500000

Program: Economic Self Sufficiency Program	60900700
Service/Budget Entity: Special Assistance Payments	60900705

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent of Optional State Supplementation (OSS) applications processed within time standards (M0114)	98	98.54	99	99
Number of applications processed for Optional State Supplementation payments (M0115)	7220	4579	4600	4600
Number of beds per day available for homeless clients (M0304)	1750	1458	1750	1750

Program: Economic Self Sufficiency Program	60900700
Service/Budget Entity: Work and Gain Economic Self-Sufficiency (WAGES) and Employment Supports	60900706

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)		85.58	80	80
Percent of TANF customers participating in work or work-related activities (M05088)		42.11	50	50
Percent of customers who have employment entry. (M05090)		NA	50	50
Number of cash assistance applications (M0305)	319000	287821	296826	279000
Number of cash assistance participants referred to the regional workforce development boards (M0119)	84000	50790	70394	36600
Percent of customers who remain in employment (job retention). (M05141)		NA	65	65
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	99.66	98	98
Percent of work able food stamp customers participating in work or work-related activities (M05089)		41.17	50	45

Program: Economic Self Sufficiency Program	60900700
Service/Budget Entity: Refugees	60900707

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Number of refugee cases (M0362)	37350	66907	37350	37350
Number of refugee cases closed (M0104)	7600	27653	7600	7600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	99.7	99.2	99.2

Program: Institutional Facilities	60900800
Service/Budget Entity: Adult Mental Health Treatment Facilities	60900802

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	73	NA	73	73
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	116	125	125
Number of adults in forensic commitment, per Ch. 916, F.S., served. (M0373)	2320	2523	2320	2320
Number of people in civil commitment, per Ch. 394, F.S., served. (M0372)	1670	1605	1670	1670
Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty by Reason of Insanity, who show an improvement in functional level. (M05051)	63	NA	63	63
New Measure -- Average days to admit adults committed pursuant to Chapter 916, F.S. (M0632)		48		48
New Measure -- Percent of adults picked up within 30 days of court notification of restoration to competency. (M0625)		76		76



DCF Long Range Program Plan
Fiscal Years 2007-2008 through 2011-2012
Exhibit III – Performance Measure Assessments

Florida Department of Children and Families
September 15, 2006

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Average annual days seriously emotionally disturbed (SED) children spend in the community. (M0011)-----	39
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)-----	40
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Percent of children with substance abuse who are drug free during the 12 months following the completion of treatment (M0046).-----	41
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Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)-----	43
Number of at risk children served in targeted prevention. (M0055)-----	45

Number of children served. (M0052)-----	46
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Number of beds per day available for homeless clients (M0304) -----	55
Percent of work able food stamp customers participating in work or work related activities (M05089) -----	56
Percent of customers who have employment entry (M05090)-----	57
Number of cash assistance participants referred to the regional workforce development boards (M0119)-----	58
Number of cash assistance applications (M0305) -----	59
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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Care Regulation and Information 60900301

Measure:

Number of facilities and homes licensed - M0123

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
6868	6349	519 / Under	7.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation: Data purification efforts (elimination of duplicate records in the Child Care Information System) have resulted in a reduction in the number of licensed child care facilities and homes. In addition, more aggressive enforcement actions have resulted in closures of facilities to further protect the health and safety of children in care.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: Recommended revising the measure to the current performance level (6349), which is more accurate.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Care Regulation and Information 60900301

Measure:

Percent of licensed child care facilities and homes with no Class 1 (serious) violations during their licensure year - M0122

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
99%	98.6%	.4 / Under	.4%

Factors Accounting for the Difference: Counselors are doing an adequate job of ensuring the health and safety of children in care by *accurately* classifying serious licensure violations as Class 1

Internal Factors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Personnel Factors
<input type="checkbox"/> Competing Priorities
<input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Staff Capacity
<input type="checkbox"/> Level of Training
<input type="checkbox"/> Other (Identify) |
|---|--|

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable
<input type="checkbox"/> Legal/Legislative Change
<input type="checkbox"/> Target Population Change
<input type="checkbox"/> This Program/Service Cannot Fix The Problem
<input type="checkbox"/> Current Laws Are Working Against The Agency Mission | <input type="checkbox"/> Technological Problems
<input type="checkbox"/> Natural Disaster
<input type="checkbox"/> Other (Identify) |
|--|---|

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Training
<input type="checkbox"/> Personnel | <input type="checkbox"/> Technology
<input type="checkbox"/> Other (Identify) |
|---|--|

Recommendations: Recommended deleting this measure, as it creates a disincentive for licensing staff to ensure the health and safety of children in care by *accurately* classifying serious licensure violations as Class 1. We recommend the addition of the following measures in place of this measure:

- Percent of child care facilities inspected in accordance with program standards (set FY 06-07 GAA at 95%).

- Percent of licensed family child care homes inspected in accordance with program standards (set FY 06-07 GAA at 90%).

These measures more accurately reflect actions taken to protect the health and safety through ongoing and timely onsite inspections.

Office of Policy and Budget – July 2006

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Adult Protection and Permanency 60910302

Measure:

Number of people receiving protective supervision and protective intervention services.(M0414)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input checked="" type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
15,600	9,293	6,307/ Under	40%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation: Protective Intervention cases are being closed upon discovering that the individual receiving case management is also being case managed by another agency/program. This is a deliberate effort to reduce duplication of services and save the state money.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: Reduce target to 8,700. It is anticipated that additional cases will be closed because of duplication of case management effort.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Adult Protection and Permanency 60910302

Measure:

Number of investigations (M0127).

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input checked="" type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
36,800	43,450	6,650 / Over	18%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: Due to increase in reports to the FL Abuse Hotline resulting in increased investigations, increase target to 46,190.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Adult Protection and Permanency 60910302

Measure:

Percent of adult investigations from an entry cohort completed within 60 days (M04016).

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input checked="" type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
	99.23%	NA	

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: This is a newly-added measure and data were not available to establish appropriate target. FY 2006-07 target is 98% recommend revise target to 99%.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Adult Protection and Permanency 60910302

Measure:

Percent of adult victims seen within the first 24 hours (M04017a).

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input checked="" type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
	96.4%		

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: Because this was a newly added measure for FY 2006-07, data were not available to establish appropriate target. Revise target to 95%.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Adult Protection and Permanency 60910302

Measure:

Per capita abuse/neglect rate per 1,000 disabled adults and elderly (M05166).

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
0.35	Not available		

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: This measure was a newly-added measure in previous FY. It was not measured previously because of difficulty in obtaining reliable data. Target is being adjusted to 2.0 based on data obtained to establish appropriate target.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Adult Protection 60910302:

Measure:

Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year.) (M0124)

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	Data not available		

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations: Data are not available to measure; The Department is attempting to address by developing an internal data system.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Abuse Prevention and Intervention 60910303

Measure:

Per capita child abuse rate/1000 (M0133)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input checked="" type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
23	30.82	7.82 / Over	33.9%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input checked="" type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Recent increases in prevention efforts (public education on what constitutes “child abuse”) has appropriately led to both an increase in the number of reports accepted and the “quality” of reports accepted at the Abuse Hotline. For instance, between fiscal years 03-04 and 04-05 the percentage of verified reports increased from 21.58% to 22.07% and the number of initial reports increased from 144,062 to 155,700, respectively.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

A statewide workgroup (PaRT team) has been convened to review various factors that may impact the rate of verified reports in the state (i.e., need to develop new performance measure formula, impact of implementation of district prevention plans, etc.)

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Abuse Prevention and Intervention 60910303

Measure:

Percent of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion (M0196)

Action:

- | | |
|---|---|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
96	na		

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input checked="" type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: This program is no longer mandated.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

Delete

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Number of Investigations (M0295)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
180,000	178,921	Under 1,079	.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation: The standard of 180,000 was the estimated number of investigations performed by protective investigators; however, the number of investigations was below that number, despite the fact that all cases deemed appropriate for investigation were investigated.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Number of Children Receiving Maintenance Adoption Services (M0073)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8000	6541	1459 / Under	19%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input checked="" type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation: Case management staff turnover in some areas, including attorneys to file petitions for and complete process of termination of parental rights, has reduced the number of children available for adoption. In addition, staff turnover has increased the number of new case management staff with limited adoption casework experience.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: Adoption Program Manager has attended three Zone Quarterly Adoption meetings and initiated training for adoption staff.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Number of children under protective supervision (point in time) (M0296)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
20,000	11,245	8,755 / Under	43.77

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input checked="" type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

The 20,000 standard was based on an internal target of reducing the foster care population by 25% and shifting that caseload to in-home services (protective supervision). We have reduced out-of-home care and increased in-home services, but that target has been proven unrealistic. Federal approval of the IVE Waiver in March 2006 and implementation of the waiver planned for October 2006 provides another opportunity to come closer to this target of 20,000. The waiver provides flexibility in federal funding formerly designated for foster care services only.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Primary federal funding sources are and have been dedicated to providing out-of-home care services. The IVE Waiver provides an opportunity for flexible use of dollars to best meet the needs of the family. Note new dollars will NOT be received but the use of the dollars is expected to change.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations: Implement IVE waiver. Review IVE waiver evaluation and data to determine more feasible standard for future years.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Number of Children Receiving Maintenance Adoption Subsidies (M0074)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
25,558	22,241	3317	13%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation: Estimate was based on larger number of children becoming available for adoption and fewer petitions for termination of parental rights were filed than expected.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Percent of Child Investigations Commenced Within 24 Hours (M0368)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100	99.4	Under 0.6%	0.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Personnel Factors | <input checked="" type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

The high turnover rate of protective investigators was a factor in failure to achieve the 100% approved standard.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

Request to revise this measure from 100% to 99.9%.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Percent of Victims of Verified or Indicated Maltreatment Reports Who Were Subjects of Subsequent Reports With Verified or Indicated Maltreatment Within 6 Months (M0386)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
7%	10.66%	Over 3.7%	52%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: Many “verified” and “indicated” reports do not meet legal sufficiency for the filing of a petition for court ordered interventions. Similarly, Florida Statute directs the department to work with families in the least adversarial manner possible. The combination of the two above factors frequently results in the department “recommending” services to families without requiring attendance. Many families dismiss this recommendation outright or stop attending after only a few sessions. Almost four/fifths (78.3%) of the 10.66% re-abuse occurs within these families.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: The department is piloting a ‘Differential Response System’ for families that do not require the traditional investigative response or judicial intervention that focuses on engaging families in “family assessments” to identify and address the underlying conditions responsible for putting children at risk.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
55%	52%	3% / Under	5.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input checked="" type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

Achieving the target for this performance measure requires collaboration between the family safety & substance abuse program areas & data has been difficult to obtain. A sample was obtained using the Child Welfare Integrated Quality Assurance Tool – the results by July 05 appeared to be improving.

External Factors (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

The information needed for this measure is contained in the family safety case plan, which is not automated. Therefore, some type of audit/monitoring of the actual record must occur in order to determine this information. This condition makes it difficult to obtain current information. Additionally, information gathered from the Case record must be compared to data maintained by the SA program in order to determine evidence of treatment.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

A workgroup was convened that recommended the implementation of a web-based data referral system to make referrals from child welfare to substance abuse providers, and to obtain information regarding the client's compliance with SA screening, assessment, and treatment recommendations. The needed database is nearly completed and an action plan to pilot the referral system is underway.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Number of Investigations Not Completed After 60 Days (M0387)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
0	7	7 over	n/a

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

High turnover rate for protective investigators contributed to failure to meet the goal of 0% investigations not completed after 60 days. We have reduced the backlog from 35 last year to only 7 this year.

External Factors (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input checked="" type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

There will always be a few investigations that cannot be completed within 60 days through no fault of DCF and the sheriff's offices responsible for investigations. These include death review cases that frequently have long delays.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Percent of Child Investigations From an Entry Cohort Completed Within 60 Days M0394

Action:

- Performance Assessment of Outcome Measure Revision of Measure
- Performance Assessment of Output Measure Deletion of Measure
- Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90	98.9%	Over 8.9%	10%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
- Competing Priorities Level of Training
- Previous Estimate Incorrect Other (Identify)

Explanation:

High turnover rates for protective investigators contributed to failure to meet this approved standard of 100%.

External Factors (check all that apply):

- Resources Unavailable Technological Problems
- Legal/Legislative Change Natural Disaster
- Target Population Change Other (Identify)
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- Training Technology
- Personnel Other (Identify)

Recommendations:

Request revision of approved standard from 100% (FY 2006-07) to 98%, a more attainable standard.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Number of children with a goal of adoption who remain in out-of-home care after 24 months (M0392).

Action:

- Performance Assessment of Outcome Measure Revision of Measure
- Performance Assessment of Output Measure Deletion of Measure
- Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
1,700	3,793	Over 2,093	123%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

Explanation: Some areas of the state have experienced a high turnover rate, leaving the remaining counselors with higher caseloads and less time to devote to child specific recruitment efforts. Some areas of the state have inexperienced counselors with adoption caseloads and training has been requested and is planned. The approved standard was reduced from 3793 to 1700 children and therefore the difference this year is greater.

External Factors (check all that apply):

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: Training is planned for the adoption staff in each Zone to improve the skills needed to conduct child specific recruitment efforts and to prepare children, especially teens, for the adoption process. A statewide monthly conference call has been initiated to discuss the more difficult to place children. A new target of 2,500 is being requested.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Percent of children reunified who were reunified within 12 months of the latest removal (M0398).

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
76%	66.82%	Under 9.18%	12%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: This measure is based on a federal measure using an exit cohort. It does not consider those children remaining in care and may have the unintended consequence of discouraging efforts to cases still needing reunification after 12 months. The agency standard should be reviewed and compared to reflect Florida statistics.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: The database and data collection methodology is being revised for data analysis and process improvements.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure:

Percent of children entering out-of-home care who re-entered within 12 months of a prior episode (M0390).

Action:

- Performance Assessment of Outcome Measure Revision of Measure
- Performance Assessment of Output Measure Deletion of Measure
- Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3%	8.79%	Over 5.79%	193%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
- Competing Priorities Level of Training
- Previous Estimate Incorrect Other (Identify)

Explanation:

This measure is based on a federal measure which has a standard of 8.6%. The agency standard should be adjusted to reflect Florida statistics.

External Factors (check all that apply):

- Resources Unavailable Technological Problems
- Legal/Legislative Change Natural Disaster
- Target Population Change Other (Identify)
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission

Explanation: This measure is based on a federal measure using an exit cohort. It does not consider those children remaining in care and may have unintended consequence of discouraging efforts ton cases still needing reunification after 12 months. The agency standard should be reviewed and compared to reflect Florida statistics.

Management Efforts to Address Differences/Problems (check all that apply):

- Training Technology
- Personnel Other (Identify)

Recommendations: Change the standard to the federal standard of 8.6%. The database and data collection methodology is being revised and process improvements set in place.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Child Protection and Permanency 60910304

Measure: __

Number of children remaining in out of home care more than 12 months (M0297).

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
13,000	13,253	Over 253	1.94%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
 Competing Priorities Level of Training
 Previous Estimate Incorrect Other (Identify)

Explanation:

External Factors (check all that apply):

- Resources Unavailable Technological Problems
 Legal/Legislative Change Natural Disaster
 Target Population Change Other (Identify)
 This Program/Service Cannot Fix The Problem
 Current Laws Are Working Against The Agency Mission

Explanation: This is a measure of timeliness in achieving permanency. Out-of-home care is intended to be a short-term intervention for children who should achieve permanency (e.g., reunification, permanent relative care, adoption, etc.) in no more than 12 months. It is a complement to the measure of children exiting foster care in 12 months.

Management Efforts to Address Differences/Problems (check all that apply):

- Training Technology
 Personnel Other (Identify)

Recommendations: This measure should be considered jointly with the percentage measure on children who are in out-of-home care in order to understand whether the number represents small or large percentages of children.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Family Safety Program
Service/Budget Entity: Florida Abuse Hotline 60910305
Measure:

Calls answered - (M0070)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
430,000	478,906	48,906	11.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

This measure includes background checks that may not require the urgent response an abuse or neglect calls does.

External Factors (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input checked="" type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

There are external factors that are not under the department's control. The legislature has determined that the percentage of calls answered by the Hotline should be 3%, and based on did base this percentage on estimations of receiving 450,000 calls and answering 430,000 per year. However, the Hotline received 478,906 calls last year, instead of 430,000, an increase of 11%. This increase was not accompanied by an increase in staff.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

Request deletion of this measure and replace with one that excludes background checks.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety Program

Service/Budget Entity: Florida Abuse Hotline 60910305

Measure:

Percent of Calls made to the Florida Abuse Hotline that were abandoned (M0069)

Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3%	4.4%	Over 1.4%	47%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Personnel Factors | <input checked="" type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input checked="" type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: Due to a high turnover rate at the Hotline, 35% for the past year, the Hotline has been unable to achieve the target 3 percent abandonment rate.

The standard for the number of calls received by the Hotline has been exceeded by over 50,000 calls, or 11%.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input checked="" type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

The abandonment rate includes the background checks that may not require the urgent response an abuse or neglect call does. We request that the approved standard be revised to 5%, a more attainable standard. Request deletion of this measure and replace with one that excludes background checks.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Family Safety Program
Service/Budget Entity: Florida Abuse Hotline 60910305
Measure:

Number of calls to the Florida Abuse Hotline (M0300)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
450,000	500,023	Over 50,023	11.1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
 Competing Priorities Level of Training
 Previous Estimate Incorrect Other (Identify)

Explanation:

The number of calls to the Hotline exceeded the estimate.

External Factors (check all that apply):

- Resources Unavailable Technological Problems
 Legal/Legislative Change Natural Disaster
 Target Population Change Other (Identify)
 This Program/Service Cannot Fix The Problem
 Current Laws Are Working Against The Agency Mission

Explanation: The Hotline received more calls than previously estimated, primarily because the Hotline has expanded its workforce to include the Crime Intelligence Unit, which performs background checks. Request to delete this measure, as the Hotline has no control of how many calls are received.

Management Efforts to Address Differences/Problems (check all that apply):

- Training Technology
 Personnel Other (Identify)

Recommendations: Request deletion of this measure and replace with one that excludes background checks.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Mental Health

Service/Budget Entity: Adult Community Mental Health Services 60900502

Measure:

Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted. (M0009)

Action:

- | | |
|---|---|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2.0	.01	Under -1.99	99%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

This measure is no longer needed because the target is so low and violations so infrequent that it is more appropriately dealt with on a case-by-case basis than as a performance measure. Suggest replacing this measure with number of people on the forensic waiting list in excess of 15 days.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Mental Health

Service/Budget Entity: Adult Community Mental Health Services 60900502

Measure:

Average annual days spent in the community for adults with severe and persistent mental illness. (M0001)

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
350	348.84	Under 1.16	0.3%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input checked="" type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

This measure has continued to improve- recent PaRTs analysis shows that data error correctable by provider training will account for some but not all of this deficit. Competing priorities include outreach to jail and homeless populations, which lower the measure but are consistent with the Department's mission.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: Continue to utilize this measure- consider revision of goal only after clarification of contribution of data error.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Mental Health

Service/Budget Entity: Adult Community Mental Health Services 60900502

Measure:

Number of adults in mental health crisis (M0017)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
61,900	25,348	36,552 / Under	59%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input checked="" type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: In the previous fiscal year the individuals were included in an incorrect population group. Individuals with severe and persistent mental illnesses were included as persons in mental health crisis. This fiscal year the department changed the definition of “persons in mental health crisis”, which decreased the total number of persons in mental health crisis served, but increased the total number of persons with severe and persistent mental illnesses served. By changing the algorithm the number served in one area decreased, but increased in another.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Mental Health

Service/Budget Entity: Childrens Mental Health Services 60900503

Measure:

Average annual days emotionally disturbed (ED) children spend in the community. (M0025)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
350	348.17	Under 1.83	0.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

This measure is awaiting analysis similar to MH407 and MH410 to determine sources of days not in the community. Once this analysis is complete the measure will be reassessed.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: Continue to utilize this measure - consider revision of goal only after clarification of contribution of data error and other factors has been determined.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Mental Health

Service/Budget Entity: Children's Mental Health Services 60900503

Measure:

Percent of children with emotional disturbances who improve their level of functioning (M0377)

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
64%	61%	3% (under)	5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | |
| <input checked="" type="checkbox"/> Other (Identify) | |

Explanation:

Reporting and computation delayed due to the revision of CFARS (Children's Functional Assessment Rating Scale) algorithm. The CFARS tool itself did not change, only the manner in which the Department calculates and records scores/performance. The change affected the manner in which the measure is to be recorded.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

A meeting was conducted with attendees from the Department of Children and Families SAMH Central Office, Statewide District Data liaisons, Provider Organizations and a representative from the Florida Council to review the methodology and algorithm for assessing changes in CFARS level of functioning. As a result of this meeting, a workgroup was formed to operationalize the method for computing the changes in CFARS scores. The meeting and subsequent workgroup was highly beneficiary and will have a dramatic impact on the future performance of this measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Mental Health

Service/Budget Entity: Childrens Mental Health Services 60900503

Measure:

Percent of children with serious emotional disturbances who improve their level of functioning (M0387)

M0387

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
65%	64%	1% (under)	1.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | |
| <input checked="" type="checkbox"/> Other (Identify) | |

Explanation:

Reporting and computation delayed due to the revision of CFARS (Children's Functional Assessment Rating Scale) algorithm. The CFARS tool itself did not change, only the manner in which the Department calculates and records scores/performance. The change affected the manner in which the measure is to be recorded.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

A meeting was conducted with attendees from the Department of Children and Families SAMH Central Office, Statewide District Data liaisons, Provider Organizations and a representative from the Florida Council to review the methodology and algorithm for assessing changes in CFARS level of functioning. As a result of this meeting, a workgroup was formed to operationalize the method for computing the changes in CFARS scores. The meeting and subsequent workgroup was highly beneficiary and will have a dramatic impact on the future performance of this measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Mental Health

Service/Budget Entity: Childrens Mental Health Services 60900503

Measure: Number of children served who are incompetent to proceed

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
340	357	17 (Over)	+5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | |
| <input type="checkbox"/> Other (Identify) | |

Explanation:

Statewide, the SAMH Program exceeded the legislatively mandated target.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Mental Health

Service/Budget Entity: Childrens Mental Health Services 60900503

Measure:

Average annual days seriously emotionally disturbed (SED) children spend in the community. (M0011)

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
350	348.17	Under 1.83	0.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

This measure is awaiting analysis similar to MH407 and MH410 to determine sources of days not in the community. Once this analysis is complete the measure will be reassessed.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations: Continue to utilize this measure - consider revision of goal only after clarification of contribution of data error and other factors has been determined.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Mental Health
Service/Budget Entity: Childrens Mental Health Services 60900503
Measure:

Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)

Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input checked="" type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90%	70%	20% (under)	22%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | |
| <input checked="" type="checkbox"/> Other (Identify) | |

Explanation:

The current target of 90% was developed in 1998-1999, the very first year the program became operational with the inception of the Brown School and, has only been met once (98-99). The methodology used to calculate the data and thus obtain the 98-99 baseline of 90%, which resulted in the current target, is unknown and cannot be replicated.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input checked="" type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's mental illness, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior mental health treatment. These factors are outside the scope of the provider's ability to restore competency.

Last year, the Department detailed its concerns regarding the performance standard set at program inception and a juveniles ability to obtain competency to the Legislature. After legislative review, the Department received approval to reduce the standard/target to 75%.

Performance has shown a gradual improvement as a result of clarifications in the algorithm, such as excluding from the denominator clients who age out of the program or have their charges dropped. These changes will have a significant impact on program performance in the years to come.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

Continuing monitoring of JITP program and measure performance that would allow the Department opportunity to forecast potential issues that may negatively affect program performance.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse

Service/Budget Entity: Child Substance Abuse Services Prevention, Evaluation, and Treatment 60900602

Measure:

Percent of children with substance abuse who are drug free during the 12 months following the completion of treatment (M0046).

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
58%	NA%		

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

No internal factors.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input checked="" type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: Data will not be available until later in the year. Upcoming Federal funding requirements specify a 6 month follow-up interval rather than a 12 month interval, which is currently being used. Other requirements will include reporting on reduced drug use as well as abstinence.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

Revise performance measure to assure state alignment with federal requirements next year.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse

Service/Budget Entity: Child Substance Abuse Services Prevention, Evaluation, and Treatment 60900602

Measure:

Percent of children with substance abuse under the supervision of the state receiving substance abuse treatment who are not committed to the Department of Juvenile Justice during the 12 months following treatment completion (M0047)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure x Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
58%	66%	+8	14%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Personnel Factors
<input checked="" type="checkbox"/> Competing Priorities
<input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Staff Capacity
<input type="checkbox"/> Level of Training
<input checked="" type="checkbox"/> Other (Identify) |
|--|---|

Explanation:

External Factors (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Resources Unavailable
<input checked="" type="checkbox"/> Legal/Legislative Change
<input type="checkbox"/> Target Population Change
<input type="checkbox"/> This Program/Service Cannot Fix The Problem
<input type="checkbox"/> Current Laws Are Working Against The Agency Mission | <input type="checkbox"/> Technological Problems
<input type="checkbox"/> Natural Disaster
<input type="checkbox"/> Other (Identify) |
|---|---|

Explanation:

Data will not be available until later in the year. Upcoming Federal funding requirements specify a 6 month follow-up interval rather than a 12 month interval, which is currently being used. Other requirements will include reporting on reduced drug use as well as abstinence.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Training
<input type="checkbox"/> Personnel | <input type="checkbox"/> Technology
<input checked="" type="checkbox"/> Other (Identify) |
|---|---|

Recommendations:

Revise performance measure to assure state alignment with federal requirements.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse

Service/Budget Entity: Child Substance Abuse Services Prevention, Evaluation, and Treatment 60900602

Measure:

Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
55%	52%	-3%	3%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input checked="" type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

Achieving the target for this performance measure requires collaboration between the family safety & substance abuse program areas & data has been difficult to obtain. A sample was obtained using the Child Welfare Integrated Quality Assurance Tool – the results by July 05 appeared to be improving.

External Factors (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

The information needed for this measure is contained in the family safety case plan, which is not automated. Therefore, some type of audit/monitoring of the actual record must occur in order to determine this information. This condition makes it difficult to obtain current information. Additionally, information gathered from the Case record must be compared to data maintained by the SA program in order to determine evidence of treatment.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

A workgroup was convened that recommended the implementation of a web-based data referral system to make referrals from child welfare to substance abuse providers, and to obtain information regarding

the client's compliance with SA screening, assessment, and treatment recommendations. The needed database is nearly completed and an action plan to pilot the referral system is underway.

Office of Policy and Budget – July 2006

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse

Service/Budget Entity: Child Substance Abuse Services Prevention, Evaluation, and Treatment 60900602

Measure:

Number of at risk children served in targeted prevention. (M0055)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
9648	4061	5587 / Under	58%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

The program office has made significant improvements to its data system and collection processes. These improvements included a “clean up” of open records on the part of providers where the children had not received services in 180 days. Previously these open records would have been counted as served.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Changes in purchasing requirements.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

The standard for this measure should be adjusted to reflect current purchasing practices

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse

Service/Budget Entity: Child Substance Abuse Services Prevention, Evaluation, and Treatment 60900602

Measure:

Number of children served. (M0052)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
77,000	44,474	-32,526	12%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

The program office has made significant improvements to its data system and collection processes. These improvements included a “clean up” of open records on the part of providers where the children had not received services in 180 days. Previously these open records would have been counted as served.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Changes in purchasing requirements.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

The standard for this measure should be adjusted to reflect current purchasing practices

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse

Service/Budget Entity: Adult Substance Abuse Services Prevention, Evaluation, and Treatment 60900602

Measure:

.Percent of adults with substance abuse who are drug free during the 12 months following the completion of treatment. (M0057)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
65%			

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

No internal factors.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input checked="" type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: Data

Data will not be available until later in the year. Upcoming Federal funding requirements specify a 6 month follow-up interval rather than a 12 month interval, which is currently being used. Other requirements will include reporting on reduced drug use as well as abstinence.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

Revise performance measure to assure state alignment with federal requirements.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse

Service/Budget Entity: Adult Substance Abuse Services Prevention, Evaluation, and Treatment 60900602

Measure:

Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)

Action:

- X Performance Assessment of Outcome Measure Revision of Measure
- Performance Assessment of Output Measure Deletion of Measure
- Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
55%	52%	-3%	3%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
- Competing Priorities Level of Training
- Previous Estimate Incorrect Other (Identify)

Explanation:

Achieving the target for this performance measure requires collaboration between the family safety & substance abuse program areas & data has been difficult to obtain. A sample was obtained using the Child Welfare Integrated Quality Assurance Tool – the results by July 05 appeared to be improving.

External Factors (check all that apply):

- x Resources Unavailable Technological Problems
- Legal/Legislative Change Natural Disaster
- Target Population Change Other (Identify)
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission

Explanation:

The information needed for this measure is contained in the family safety case plan, which is not automated. Therefore, some type of audit/monitoring of the actual record must occur in order to determine this information. This condition makes it difficult to obtain current information. Additionally, information gathered from the Case record must be compared to data maintained by the SA program in order to determine evidence of treatment.

Management Efforts to Address Differences/Problems (check all that apply):

- Training Technology
- Personnel Other (Identify)

Recommendations:

A workgroup was convened that recommended the implementation of a web-based data referral system to make referrals from child welfare to substance abuse providers, and to obtain information regarding

the client's compliance with SA screening, assessment, and treatment recommendations. The needed database is nearly completed and an action plan to pilot the referral system is underway.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse

Service/Budget Entity: Adult Substance Abuse Services Prevention, Evaluation, and Treatment 60900602

Measure:

Number of adults served M0063

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
115,000	102,345	-12,655	11%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

Current number served does not include older adults and ATR participants.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input checked="" type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Changes were made to methodology for calculating the number served after the target of 115,000 was established. The program has not met the target since the methodological change in 2004.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) |

Recommendations:

Revise target to accommodate changes in the methodology.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children & Families
Program: Economic Self Sufficiency Program
Service/Budget Entity: Comprehensive Eligibility Services 60910702
Measure:

Percent of all applications for assistance processed within time standards (M0105)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
- Performance Assessment of Output Measure Deletion of Measure
- Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
99%	98.58%	Under	-0.42%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
- Competing Priorities Level of Training
- Previous Estimate Incorrect Other (Identify)

Explanation:

External Factors (check all that apply):

- Resources Unavailable Technological Problems
- Legal/Legislative Change Natural Disaster
- Target Population Change Other (Identify)
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- Training Technology
- Personnel Other (Identify)

Recommendations:

Recommend changing to Strategic Plan target of 98%. Historic performance is in the 98 to 99% range, which requires extensive staff monitoring and action. Attempts to increase the target could adversely impact quality and payment accuracy, while having only a marginal impact on customer satisfaction for timely processing.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children & Families

Program: Economic Self Sufficiency Program

Service/Budget Entity: Comprehensive Eligibility Services 60910702

Measure:

Number of applications processed (M0106)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input checked="" type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3,960,465	4,272,658	312,193 / Over	7.88%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

Recommend a change to increase the estimate to 4,008,160 based on trend analysis of applications processed in SFY 2004/2005 and 2005/2006.

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LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children & Families

Program: Economic Self Sufficiency Program

Service/Budget Entity: Special Assistance Payments 60910705

Measure:

Number of applications processed for Optional State Supplementation payments (M0115)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
- Performance Assessment of Output Measure Deletion of Measure
- Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
7220	4,579	2641 / Under	36%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

Explanation:

Applications received in 2005-2006 were lower than expected.

External Factors (check all that apply):

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

Recommend a change to lower the estimate to 4,339 based on trend analysis of OSS applications processed in SFY 2004/2005 and 2005/2006.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children & Families

Program: Economic Self Sufficiency Program

Service/Budget Entity: Special Assistance Payments 60910705

Measure:

Percent of Optional State Supplementation (OSS) applications processed within time standard (M0114)

Action:

- | | |
|---|---|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
98%	98.54%	.5 / Over	.55%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

The volume of OSS applications is very small, about 1% of total applications processed, averaging less than 30 per district per month. Therefore one untimely case in a district can mean a three percent reduction in performance. Additionally, the FLORIDA system (used to process all other cases) does not currently contain functionality to process OSS cases.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

Plans are in place during 2006-2007 to move processing of these applications from the Special Payments System to the FLORDIA system. At that time, performance can be incorporated into indicator M0105. Recommend deletion of this measure. Plans are in place during 2006-2007 to move processing of these applications from the Special Payments System to the FLORDIA system. This will allow tracking of OSS timely processing with all other application types via measure M0105.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children & Families
Program: Economic Self Sufficiency Program
Service/Budget Entity: Special Assistance Payments 60910705
Homelessness
Measure:

Number of beds per day available for homeless clients (M0304)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
- Performance Assessment of Output Measure Deletion of Measure
- Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
1,750 beds	1,458 beds	292 under	16.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
- Competing Priorities Level of Training
- Previous Estimate Incorrect Other (Identify)

Explanation:

30% of the Emergency Shelter Grant was used for homeless prevention activities, reducing the resources to support beds for homeless clients [\$838,937 used for Prevention].

External Factors (check all that apply):

- Resources Unavailable Technological Problems
- Legal/Legislative Change Natural Disaster
- Target Population Change Other (Identify)
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission

Explanation:

Demand for assistance for homeless beds in FY05-06 totaled only 1,502 beds, below the standard of 1750. Demand for shelter beds down as new focus in homeless policy is to re-house the homeless in permanent housing first – not to place in temporary shelters.

Management Efforts to Address Differences/Problems (check all that apply):

- Training Technology
- Personnel Other (Identify)

Recommendations:

Promotion of the available resources to support and expand homeless beds inventories to meet the full continuum of homeless housing needs.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children & Families

Program: Economic Self Sufficiency Program

Service/Budget Entity: Welfare Transition and Employment Supports 60910706

Measure:

Percent of work able food stamp customers participating in work or work related activities (M05089)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input checked="" type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
	41.17%		

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Work program services are managed by the Agency for Workforce Innovation and provided by Regional Workforce Board providers. The federal government provides funding to support the effort, but it is insufficient to serve all work able customers. As a result, services are provided only to Able Bodied Adults without Dependents in 45 of Florida's 67 counties, excluding the most populous county of Miami-Dade and 21 others.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

Change to Strategic Plan target of 40%

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children & Families

Program: Economic Self Sufficiency Program

Service/Budget Entity: Welfare Transition and Employment Supports 60910706

Measure:

Percent of customers who have employment entry (M05090)

Action:

- | | |
|---|---|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
	No data		

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

Discontinue performance measure. As of October 2006 this measure will no longer be considered for federal high performance bonuses in the TANF program. Data is not and has not been available to report on performance.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children & Families

Program: Economic Self Sufficiency Program

Service/Budget Entity: Welfare Transition and Employment Supports 60910706

Measure:

Number of cash assistance participants referred to the regional workforce development boards (M0119)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input checked="" type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
84000	58,495	25,505 / Under	30%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

Number of referrals was lower than expected.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input checked="" type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

This population has declined 92% since implementation of welfare reform in September 1996 and continued to decline since the beginning of SFY 04/05. The number of adults receiving cash assistance for their family in July '06 was 45% less than the number receiving in July '04.

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

See recommendation for reduction of target to 36,600. This caseload has been decreasing for many years. Current trend line data projects referrals in the 36,600 annual range.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children & Families
Program: Economic Self Sufficiency Program
Service/Budget Entity: Welfare Transition and Employment Supports 60910706
Measure:

Number of cash assistance applications (M0305)

Action:

- Performance Assessment of Outcome Measure Revision of Measure
- Performance Assessment of Output Measure Deletion of Measure
- Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
319,000	287,821	31,179 / Under	9.8%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

Explanation:

Number of applications was lower than expected.

External Factors (check all that apply):

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

Explanation:

The number of families receiving cash assistance has declined 75% since implementation of welfare reform in September 1996 and continued to decline by 12% since the beginning of SFY 04/05.

Management Efforts to Address Differences/Problems (check all that apply):

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

Recommend reduction of target to 279,000. This caseload has been decreasing for many years. Current trend line data projects referrals in the 279,000 annual range.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Institutional Facilities

Service/Budget Entity: Adult Mental Health Treatment Facilities 60910802

Measure:

Number of people in civil commitment, per Chapter 394, F.S., served (M0372)

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input checked="" type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
1670	1605	Under 65	4%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

The Mental Health Program Office has been engaging in diversion efforts with this population: attempting to maintain person's with mental illness in less restrictive and less expensive community placements rather than admitting them to state treatment facilities. Therefore, the people who are admitted are only those whose illness is of the severity that they cannot live in the community with supports and services. Statewide, since 2001, 412 civil beds have been converted to forensic step-down beds to accommodate the increase of forensic clients; 24 of those beds were converted this fiscal year. The program office also closed a large state treatment facility in 2002. It was anticipated that, with the closure of the treatment facility, conversion of civil beds to forensic beds and the subsequent community treatment efforts, the number served in civil facilities would decrease over time. As more services are developed in the community for this population, it is expected that the facilities will have a decrease in the number of people served. This is consistent with the Department's mission to promote self-sufficiency and recovery.

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Institutional Facilities
Service/Budget Entity: Adult Mental Health Treatment Facilities 60910802
Measure:

Percent of adults in civil commitment, per Chapter 394, F.S., who show an improvement in functional level (M05050).

Action:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input type="checkbox"/> Performance Assessment of <u>Output</u> Measure | <input type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
73%	NA	NA	NA

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

Data is not available for this measure. Data is pending conversion of the system and data analysis.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Institutional Facilities

Service/Budget Entity: Adult Mental Health Treatment Facilities 60910802

Measure:

Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty By Reason Of Insanity who show an improvement in functional level (M05051).

Action:

- Performance Assessment of Outcome Measure Revision of Measure
 Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
63%	NA	NA	NA

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation:

Data is not available for this measure. Data is pending conversion of the system and data analysis.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation:

Management Efforts to Address Differences/Problems (check all that apply):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Recommendations:



DCF Long Range Program Plan

Exhibit IV – Performance Measure Validity and Reliability

Florida Department of Children and Families
September 15, 2006

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LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Adult Mental Health Treatment Facilities</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60910802</u>
Measure:	<u>Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Civil commitment patients per Ch. 394, F.S., are patients who are committed to an institution under Florida's civil commitment statutes. They have no criminal adjudication pending, but are considered a danger to themselves or others, or are unable to care for themselves due to the severity of their mental illness. This number is a percent. The denominator is the number of people who had two scores reported for comparison. The numerator is the number of people who showed improvement. Data is collected by the clinicians at each facility and submitted to the ADM data warehouse
Validity:	The measure captures the success of a provider's intervention through functional assessment. The instrument, the FARS, has high validity when tested.
Reliability:	Reliability of measure is dependent on provider's compliance with data reporting. Providers are required by contract to report performance data including client outcomes. Department will monitor extent to which providers comply with these contractual requirements. The tool currently being used, the FARS, has high test/retest and inter-rater reliability. All raters are required to be trained and certified before using the instrument.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Adult Mental Health Treatment Facilities</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60910802</u>
Measure:	<u>Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty by Reason of Insanity, who show an improvement in functional level. (M05051)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Not guilty by reason of insanity (NGI) patients have been found by a court to be not guilty of a crime due to their mental illness at the time they committed the crime and have been ordered to a mental health facility, in accordance with Ch.916, F.S.. This number is a percent. The denominator is the number of people who had two scores reported for comparison. The numerator is the number of people who showed improvement Data is collected by the clinicians at each facility and submitted to the ADM data warehouse
Validity:	The measure captures the success of a provider's intervention through functional assessment. The instrument, the FARS, has high validity when tested.
Reliability:	Reliability of measure is dependent on provider's compliance with data reporting. Providers are required by contract to report performance data including client outcomes. Department will monitor extent to which providers comply with these contractual requirements. The tool currently being used, the FARS, has high test/retest and inter-rater reliability. All raters are required to be trained and certified before using the instrument.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Adult Mental Health Treatment Facilities</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60910802</u>
Measure:	<u>Average days to admit adults committed pursuant to Chapter 916, F.S. (M0632)</u>
Action:	Requesting new measure.
Data Sources and Methodology:	Adults are persons 18 years old and over and juveniles who have been adjudicated as adults who are charged with a felony offense and as incompetent to proceed due to mental illness or not guilty by reason of insanity. They are committed by a circuit court to the department for involuntary hospitalization pursuant to Ch. 916, F.S. Ch. 916.107(1)(a), F.S. mandates that the department admit committed people within 15 days of receipt of a complete commitment packet. The forensic waiting list is a Word document maintained by the Forensic Admission Coordinator in the Mental Health Program Office. The count of days (calendar days) begins on the day the complete commitment packet is received. Only persons remaining on the waiting list 16 days or longer are included in the measure. Count of all persons committed pursuant to Ch. 916, F.S. who have not been admitted to a state mental health treatment facility within 15 calendar days from the date that the complete commitment packet is received in the Forensic Admission Coordinator's office of the Mental Health Program Office. The Clerk of the Circuit Court in each of Florida's twenty judicial circuits is responsible to ensure commitment packets are sent to the Mental Health Program Office. The packets may also be sent from other local offices: public defender, Mental Health Administrator (Dade County), or Court Projects Office (Broward County).
Validity:	This measures the availability of forensic beds in state mental health treatment facilities. The number does not break down availability by males and females, an important distinction because the total can show a reduction that may apply only to one or the other. The number can distort a critical need for beds for females or males at any given time. Counts also do not tell us whether the numbers represent small or large percentages of the total number waiting for admission or how long those individuals have been waiting.
Reliability:	Commitment criteria are defined in Ch. 916, F.S. People who are committed but appear appropriate for community-based treatment services may be referred to the district for possible diversion. If successfully diverted with court approval, individuals are removed from the waiting list without ever being admitted to a state mental health treatment facility.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Adult Mental Health Treatment Facilities</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60910802</u>
Measure:	<u>Percent of adults picked up within 30 days of court notification of restoration to competency. (M0625)</u>
Action:	Requesting new measure.
Data Sources and Methodology:	Adults are persons 18 years old and over and juveniles who have been adjudicated as adults who are charged with a felony offense and as incompetent to proceed due to mental illness or not guilty by reason of insanity. They are committed by a circuit court to the department for involuntary hospitalization pursuant to Ch. 916, F.S. Ch. 916.107(1)(a), F.S. mandates that the department admit committed people within 15 days of receipt of a complete commitment packet. The count of days (calendar days) begins on the day the competency notification notice is sent to the court and ends when the individual is picked up. Count of adults who were picked up within 30 days is divided all individuals picked up (*100). .
Validity:	This measures the availability of forensic beds in state mental health treatment facilities. The number does not break down availability by males and females, an important distinction because the total can show a reduction that may apply only to one or the other. The number can distort a critical need for beds for females or males at any given time.
Reliability:	Under development.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Adult Mental Health Treatment Facilities</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60910802</u>
Measure:	<u>Average number of days to restore competency for adults in forensic commitment. (M0015)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The average number of days to restore to competency is the period between admission and the date the competency report to the court is completed. This measure uses a trimmed mean procedure. The days to restore is calculated for each client by subtracting the admission date from the date the competency report was sent to the court. The days to restore are then ranked, and the top 5 percent and the bottom 5 percent of cases are removed (for a total of 10%). The sum of those days, after the total of 10 percent is trimmed, is the numerator. The denominator is the total number of clients remaining after the trim for whom days to restore to competency has been calculated. The forensic facility staff send the data to the ADM Central Office where the data is entered into the forensic facility database.
Validity:	This measure addresses the primary mission of forensic facilities.
Reliability:	Forensic Facility database has been in operation for ten years and no significant data accuracy problems have been identified.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Adult Mental Health Treatment Facilities</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60910802</u>
Measure:	<u>Number of people in civil commitment, per Ch. 394, F.S., served (M0372)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Civil commitment patients per Ch. 394, F.S., are patients who are committed to an institution under Florida's civil commitment statutes. They have no criminal adjudication pending, but are considered a danger to themselves or others, or are unable to care for themselves due to the severity of their mental illness. Served means they were on the hospital's census for at least one day during the fiscal year. The measure is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year for clients who have a civil (394) legal status. The count is unduplicated. Data is collected by the clinicians at each facility and submitted to the ADM data warehouse
Validity:	Measure is a direct count of the number of people who use hospital beds
Reliability:	Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Adult Mental Health Treatment Facilities</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60910802</u>
Measure:	<u>Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Adults in forensic commitment means adults who are mentally ill, have been charged with a crime and have been committed to a mental health facility under Ch. 916, F.S.. These clients may be "not guilty by reason of insanity" (NGI) or "incompetent to proceed to trial" (ITP). Served means that they were on the hospital census for at least one day in the fiscal year. The measure is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year for clients who have a forensic (916) legal status. The count is unduplicated. Data is collected by the clinicians at each facility and submitted to the ADM data warehouse
Validity:	Measure is a direct count of the number of people who use hospital beds
Reliability:	Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Program Management and Compliance - ESS 60910703</u>
Measure:	<u>Administrative cost as a percent of total program costs (M0138)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Refugees 60910707</u>
Measure:	<u>Percent of refugee assistance cases accurately closed at 8 months or less (M0103)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A refugee assistance case is a client found eligible for refugee cash and refugee medical assistance. Accurately closed means that the case has closed within the eight-month time frame required by federal regulation and the Office of Refugee Resettlement, Department of Health and Human Services. The measure is a percentage, calculated by taking the number of refugee assistance cases closed at 8 months or less (numerator), divided by the total number of refugee assistance cases closed for the time period (denominator). Economic Self Sufficiency (ESS) staff.
Validity:	The measure is based upon a requirement of 45 CFR 400.60, describing client eligibility. Annual audits on the eligibility components of the FLORIDA System by the State Auditor General reduce the potential for errors in data entry.
Reliability:	A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system. Ten to twelve weeks of training, of which 25-33% centers on the FLORIDA system, is provided to new public assistance workers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Refugees 60910707</u>
Measure:	<u>Number of refugee cases closed (M0104)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A refugee case is a client found eligible to receive refugee cash or refugee medical assistance. Closed means that the client has been terminated from receiving cash or medical assistance. The measure is a count of cases closed. Economic self-sufficiency staff.
Validity:	Care in interpreting this measure must be taken as it is not a count of the total refugee assistance caseload, but only a count of cases closed within the time period measured.
Reliability:	A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Refugees 60910707</u>
Measure:	<u>Number of refugee cases (M0362)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A refugee case is a client determined eligible to receive refugee cash and refugee medical assistance and services from a provider contracted by the DCF Refugee Services Program Office. The measure is an unduplicated count of the total active client population, including those receiving refugee cash assistance, those receiving refugee medical assistance and those receiving services by contract. Refugee cash and refugee medical assistance client data are reported by Economic Self Sufficiency staff. Data about clients receiving contracted services are reported by the contracted providers.
Validity:	Threats to validity include errors in eligibility determination and case closure as well as potential duplicated counts of clients receiving benefits from two different sources. The FLORIDA system contains the FLORIDA client identifier (PIN) and the Refugee Services client identifier (SSN), allowing the sorting out of duplicate entries by using SSN.
Reliability:	A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system. Ten to twelve weeks of training, of which 25-33% centers on the FLORIDA system, is provided to new public assistance workers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Diversion payments are lump sum TANF monies issued in lieu of ongoing monthly benefits with an agreement that the recipient will not request regular monthly TANF for at least three months. This measure is the percent of those diversion recipients who do not receive regular TANF for 12 months after receipt of the diversion payment.</p> <p>Denominator: Count payees who receive a TANF diversion payment each month.</p> <p>Numerator: 12 months later, count payees who have not participated in TANF. Economic Self-Sufficiency staff.</p>
Validity:	This measure identifies success in diverting families from enrolling in a monthly assistance program, a strategy in the Department's Strategic Plan.
Reliability:	Data reliability is dependent on ESS field staff coding the diversion payment accurately.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of TANF customers participating in work or work-related activities (M05088)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Similar to the Federal Work Participation Rate, this measure calculates the percent of TANF adults with a work participation requirement who are meeting the required number of work participation hours each month. Denominator: The number of eligible TANF adults with a work participation requirement. Numerator: The number of those participating in allowable work activities for the required number of hours each month. Regional Work Force Board field staff.
Validity:	This measure identifies success in increasing self sufficiency of TANF adults, a strategy intended to further the mission of the agency.
Reliability:	Data reliability is dependent on WFB staff accurately entering work and work related activities coding into the AWI OSST system and ESS field staff accurately recording work participation requirement code in FLORIDA.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of work able food stamp customers participating in work or work-related activities (M05089)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Mandatory Food Stamp work registrants are those recipients not exempt or deferred from work participation. The denominator is the number of Food Stamp assistance groups with a mandatory work participant or with earnings greater than or equal to 30 hours times the state minimum wage. The numerator is the number of those assistance groups with earnings greater than or equal to 30 hours times the minimum wage. ESS field staff (FLORIDA system).
Validity:	Measures success in increasing the self sufficiency of Food Stamp recipient households, a strategy furthering the Department's mission.
Reliability:	Data reliability is dependent on ESS field staff recording accurate work participation codes and earned income in the FLORIDA system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of customers who have employment entry. (M05090)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The unduplicated number of TANF adult recipients who enter employment for the first time in the performance period as a percentage of the total unduplicated number of adult recipients unemployed at some point in the performance period. The denominator is the number of unemployed TANF adult recipients in the report period. The numerator is the number of those who enter employment for the first time in that period. Economic Self-Sufficiency staff and WFB staff.
Validity:	This measures increased self sufficiency of TANF families with adults, directly related to the mission of the Department.
Reliability:	Dependent primarily on WFB staff accurately entering work receipt codes and hours into OSST. Also dependent on recipients reporting that they have entered employment.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of customers who remain in employment (job retention). (M05141)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The performance period sum of the unduplicated count of employed TANF adult recipients in each quarter who were also employed in the first and second subsequent quarters, as a percentage of the sum of the unduplicated count of employed recipients in each quarter. The denominator is the sum of the unduplicated count of employed TANF recipients in the quarter. The numerator is the sum of the unduplicated count of employed TANF recipients who were also employed in the two previous quarters. AWI central office staff
Validity:	Measures success in maintaining self sufficiency of TANF families.
Reliability:	Dependent on employers reporting earnings accurately.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of Food Stamp applications processed in accordance with Federal high performance bonus criteria. (M05181)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>The Food Stamp Program has a 7 day time standard for cases meeting expedited criteria and 30 days for all others. This measure calculates the number of applications completed within these time standards, from the original date of application, as a percentage of all applications completed in the month. Denominator: Number of Food Stamp applications processed each month.</p> <p>Numerator: Number of those applications completed within the 7/30 day time standard from the original date of application to the date disposed. Economic Self-Sufficiency staff</p>
Validity:	Measures effectiveness and efficiency of service delivery.
Reliability:	Dependent on ESS field staff to recognize and code applications as expedited or regular.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of all applications for assistance processed within time standards. (M0105)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	This measure calculates the number of applications completed within time standards, excluding applications delayed due to the client as a percentage of all applications processed. Denominator: Total applications processed in the month, excluding KidCare and Suncap applications (which are processed in specialty units) and disaster Food Stamp applications (which, technically, do not have a time limit). Numerator: The number of these applications that do not exceed programmatic time limits due to agency delay. Economic Self-Sufficiency (ESS) Program public assistance workers and supervisors
Validity:	This timeliness indicator measures ESS staff ability to process applications within legally required time standards. The capability of the FLORIDA system to report the bases for lack of timeliness - scheduling appointments, determining eligibility or processing claims, improves the precision of the measure.
Reliability:	Time stamps within the FLORIDA System can give confidence that data are accurately recorded. A threat to obtaining comparable data would be the failure of staff to make data entries in a timely fashion. This threat can be reduced by adequate training and quality reviews.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Total number of applications processed (M0106)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The applications are for economic assistance e.g.. food stamps, Medicaid, cash assistance and others. Processed means that the person in need of economic assistance has been interviewed; his or her application has been analyzed by ESS staff; and the person's eligibility has been determined. This measure is an unduplicated count of applications approved and denied, extracted from the FLORIDA System. It is the denominator of M0105, percent of all applications processed within time standards. FLORIDA System
Validity:	This measure counts the number of applications that go through the eligibility determination process. It is an input measure for calculating other measures related to processed applications. The goal intention to increase the number can misdirect the processing activity as an increase may encourage quantity over quality. Conversely, a decrease may improve the score on measures that are percentages of success.
Reliability:	Inconsistencies in processing applications can occur when staff interprets eligibility guidelines differently.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of food stamp benefits determined accurately (M0107)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Food stamps are public assistance benefits disbursed through Electronic Benefits Transfer to eligible clients. Accuracy is verified by an annual audit conducted by the DCF Office of the Inspector General, Quality Control (OIGQC). The National Integrated Quality Control System is used to transmit Florida data from OIGQC to the US Department of Agriculture, Food and Nutrition Service. The OIGQC internal system is used to collect data for review. For the districts, the measure is a percentage, calculated by taking the total dollar value of food stamp benefits provided accurately (numerator) and dividing by the total dollar value of food stamp benefits provided (denominator). For the state, the accuracy rate is weighted based upon district stratification. Economic Self-Sufficiency staff and OIG, Quality Control analysts.
Validity:	The OIGQC conducts audits according to a plan approved by the Food and Nutrition Service of the US Department of Agriculture. If a state's food stamp error rate exceeds the national tolerance level, the state is subject to federal monetary penalties.
Reliability:	Accuracy is calculated on a statewide basis; although the error rate is not reliable on a district basis, stratified oversampling allows the district data to be used for indication of problem areas.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of cash assistance benefits determined accurately (M0108)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Cash assistance is a benefit that provides cash to eligible individuals for a limited time. Eligibility for cash assistance is based upon federal law requirements for Temporary Assistance for Needy Families (TANF) and refugee adults and families. The measure is a percentage, calculated by taking the total dollar value of cash assistance provided accurately (numerator) and dividing by the total dollar value of cash assistance provided (denominator) for the time period. Economic Self-Sufficiency (ESS)public assistance supervisors in the districts
Validity:	This measures the accuracy of the process used to determine the eligibility of cash assistance applicants. A sample approximates the performance of the total population; it is likely to contain some error. However, if the sample is selected in a way that every element in the population has an equal and independent chance of being selected, the amount of error can be estimated.
Reliability:	Reliability is dependent upon public assistance workers interpreting benefits requirements consistently across districts and reviewers applying equivalent standards in all monitorings. Routine reviews by supervisors and the program's Quality Management System should address both of these issues.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Fraud is deception in order to secure an unlawful gain. Front-end fraud prevention occurs prior to benefit determination. Once a review of client supplied information is considered suspect, it is referred to investigators for verification. Denominator: The total number of referrals for suspected fraud case investigations. Numerator: The number of suspected fraud case investigations that result in savings. Front-end fraud prevention web-based system
Validity:	This is more of a measure of the investigators' ability to identify cases that will result in savings rather than the effort of ESS investigators to gain savings through fraud prevention. The goal direction creates an incentive to increase the percentage of suspected fraud cases, which can be accomplished by limiting the number of referrals (denominator) rather than by including all suspicious applications.
Reliability:	Threats to consistency include differing interpretations of suspected fraud by ESS staff and the potential for referring only those cases which are considered most likely to result in savings.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Dollars collected through benefit recovery (M0111)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Benefit recovery dollars are monies collected by the department that have been issued in error. These benefits are cash assistance provided to a client who is ineligible for the amount of benefits received. The measure is a count, the sum of the dollar value collected on established benefit recovery claims. Benefit Recovery System (interfaces with FLORIDA)
Validity:	A threat to validity occurs if a client is mistakenly found ineligible for benefits.
Reliability:	To reduce threats to reliability, department personnel monitor the FLORIDA system. Additionally, training in its use is given to new public assistance workers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Number of fraud prevention investigations completed (M0112)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Fraud is deception in order to secure an unlawful gain. Front-end Fraud Prevention, prior to benefit determination, is a review of client-supplied information that is suspected of containing fraudulent statements. An investigation is conducted to verify and document the facts. The measure is a count of the suspected fraud case investigations. ESS staff
Validity:	Validity is dependent upon the accuracy of the criteria listed in the Error-Prone Profile, CFOP 165-13, which is used to identify suspected fraud.
Reliability:	Reliability is dependent upon a common understanding by ESS staff of the criteria in the profile.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of Optional State Supplementation (OSS) applications processed within time standards (M0114)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Optional State Supplementation (OSS) is a public assistance program administered by the ESS program office that provides payments to supplement the income of indigent elderly and disabled individuals. The time standards for processing are 45 and 90 days. Denominator: The total number of OSS applications processed. Numerator: The number of OSS applications processed within 45 and 90 days. .
Validity:	The time standards of 45 and 90 days are a program requirement.
Reliability:	The 45 and 90 day time limits provides a consistent standard.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Number of applications processed for Optional State Supplementation payments (M0115)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Optional State supplementation (OSS) is a public assistance program administered by ESS program office that provides payments to supplement the income of indigent elderly and disabled individuals. Processing an application entails interviewing the applicant, if possible, and reviewing the application and support documentation. The measure is a count of applications that have been processed. .
Validity:	Applications for public assistance are for persons with insufficient income who are indigent elderly or disabled. If applications are processed in which the client is ineligible for benefits, the validity of the measure is threatened.
Reliability:	A threat to reliability occurs when eligibility standards are interpreted differently by different reviewers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Number of cash assistance participants referred to the regional workforce development boards (M0119)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Regional workforce boards, chartered by Workforce Florida, Inc., are the service delivery mechanisms for Florida's integrated workforce strategic plan. Cash assistance participants are clients receiving TANF who have a work requirement. Measure is a number. It is the total number of cash assistance participants referred to the regional workforce boards. .
Validity:	Validity is threatened if participants referred are ineligible for referral.
Reliability:	Department personnel monitor the FLORIDA System, training new public assistance workers in its use. Reliability is threatened if different workers use different interpretations of referral criteria.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Welfare transition sanctions are required when work eligible TANF recipients do not meet their work requirement. The measure is a percent. The numerator is the number of sanctions imposed timely (10 calendar days). The denominator is the total number of sanction requests received by the Department of Children and Families. The data sources for this measure are reports from the Florida Department of Children and Family Services, and Florida On-line Recipient Integrated Data Access (FLORIDA) and the WAGES system.
Validity:	Section 414.105, Florida Statutes states that recipients "...shall receive temporary assistance for episodes of not more than 24 cumulative months in any consecutive 60 month period..." The percent of requested sanctions for failure to comply with work activity is an indirect measure of the desired outcome, "... work and gain economic self-sufficiency..." Timely sanctioning of non-compliant clients provides motivation to other clients to faithfully pursue their training and job search requirements. Additionally, sanctioning frees up training and job openings for more diligent applicants who are more likely to "Work and gain economic self-sufficiency." This measure does not account for sanction requests, which may not be imposed because the client does not meet criteria for sanctioning or the client qualifies for an appeal.
Reliability:	The data are derived from the data systems of the Florida Department of Children and Families. The systems are monitored for quality and reliability by personnel of the department as well as by the federal government. Additionally, new public assistance workers with the Department are given 10-12 weeks of training, 25-35% of which centers on the FLORIDA system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Number of beds per day available for homeless clients (M0304)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Homeless means any person without shelter. Bed means a shelter bed available through private or public organizations and provided to the homeless. This an average of a manual count sampled throughout the year. Hard (paper) copy only
Validity:	Measures effective use of federal funds used to develop beds for the homeless.
Reliability:	Twenty homeless coalitions covering all counties in Florida gather data from service agencies within their respective territories as to the number of beds. This is done through a physical count on various sampling days of the year.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Number of cash assistance applications (M0305)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Cash assistance-Public assistance benefit which provides financial assistance to eligible individuals on a time limited basis (there are some exemptions) This is a count of applications FLORIDA System
Validity:	This is a count of client (and prospective client) applications which indicates the number of clients and program workload that must be processed.
Reliability:	Data quality and reliability of the FLORIDA System are monitored by department data processing personnel. New public assistance workers are also given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Economic Self Sufficiency Program</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60910706</u>
Measure:	<u>Return on investment from fraud prevention/benefit recovery (M0369)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Fraud is deception in order to secure an unlawful gain. Front-end Fraud Prevention, prior to benefit determination, is a review of client-supplied information which is suspected of containing fraud and is referred to Investigators for verification and documentation of the facts. The measure is a dollar amount. It is determined from the sum of separate calculations of the ROI for the ACCESS Integrity Program and the Benefit Recovery Program. Front -end Fraud Prevention Fox-pro data tracking system.
Validity:	Saving funds through front-end fraud prevention frees up funds for truly needy and builds program's integrity.
Reliability:	Savings calculations and FoxPro data input is strictly regulated in policy/procedures and adherence to policy/procedures is monitored.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Executive Leadership</u>
Service/Budget Entity:	<u>Executive Direction and Support Services 60900101</u>
Measure:	<u>Administrative cost as a percent of total agency costs (M0144)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Administrative costs in this instance include all expenditures/appropriation in the Executive Direction budget entity. Numerator: Executive Direction budget entity. Denominator: Total Agency budget/expenditures (including Administrative Costs) Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Adult Protection 60910302</u>
Measure:	<u>Percent of adult investigations from an entry cohort completed within 60 days. (M04016)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Open means that the report has been accepted from the Abuse Hotline and entered into the HSn database but has not been completed. Vulnerable adults are persons 18 years of age or older whose ability to perform the normal activities of daily living or to provide for their own care or protection is impaired due to a mental, emotional, long-term physical, or developmental disability or dysfunctioning, or brain damage, or the infirmities of aging. Days are calendar days. The measure is a percentage, measuring the proportion of cases that are in the backlog. The numerator is the number of investigations closed within 60 days. The denominator is the total number of all open adult protective investigations. Adult Protective investigators and supervisors
Validity:	Statutory requirement. s. 415.104(4), F.S. A threat to validity in interpreting this measure is the disincentive it creates for protective investigators to close cases that are over 60 days old in favor of those less than 60 days old. To reduce that threat, M0326, number of investigations open beyond 60 days, should be used concurrently.
Reliability:	The threat to consistency is reduced because the Abuse Hotline notification time, the commencement time for investigation and the completion time are automatically recorded in HSn when investigative data are entered.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Adult Protection 60910302</u>
Measure:	<u>Percent of adult victims seen within the first 24 hours. (M04017a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Victim is defined as any vulnerable adult named in a report of abuse, neglect, or exploitation. Seen is defined as face-to-face contact with the victim. An investigation includes acceptance of a hotline report alleging abuse, neglect, or exploitation, as defined by law; inquiry into the allegations in the report; determination as to whether action by the court is warranted; and referral of the vulnerable adult to another public or private agency when appropriate. The measure is a percentage. The numerator is the number of victims seen within 24 hours of a reported abuse. The denominator is the total number of adult victims reported for the period. Adult Protective investigators and supervisors provide the data.
Validity:	Statutory requirement, s. 415.104, F.S.
Reliability:	A threat to consistency is reduced because the Abuse Hotline notification time, the commencement time for investigation and the completion time are automatically recorded in HS _n when investigative data are entered. Also, the program uses specific categories for reasons that the victim cannot receive face-to-face contact (e.g., out of town, deceased) thus decreasing the amount of judgment required by the investigator.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Adult Protection 60910302</u>
Measure:	<u>Number of people receiving protective supervision, and protective intervention services. (M0414)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Protective services include protective supervision and protective intervention (supportive services and placement services) cases. Protective supervision applies to services arranged or provided by the department to protect vulnerable adults from further occurrences of abuse, neglect, or exploitation. Supportive services are services that encourage and assist eligible vulnerable adults to remain in the least restrictive environment. Placement services assist in the physical relocation of a vulnerable adult, who can no longer live independently in his/her own home, into the most appropriate and cost-effective living arrangement in the least restrictive setting. Total number of persons in the protective supervision and protective intervention programs. Adult Services Counselors
Validity:	This number is a direct count through the Client Information System of persons receiving protective supervision, protective intervention, and subsequent services.
Reliability:	The data contained in the Client Information System are reliable, as staff have closely examined and restored the reliability of the data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Adult Protection 60910302</u>
Measure:	<u>Per capita abuse/neglect rate per 1,000 disabled adult and elderly. (M05166)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	An Adult is a person 18 years of age or over with a disability or frailty due to the infirmities of aging. Abuse is defined as maltreatment which includes actual harm or threatened harm. This measure is a rate. The numerator is the number of unduplicated victims of Adult Abuse, Neglect, or Exploitation as reported to the hotline and determined after investigation to verify or have some indication of maltreatment. The denominator is number of disabled or frail elderly adults over the age of 18 in the state divided by 1,000. Home Safenet, Census Data, Social Security, and other data sources.
Validity:	This measure is a rough indicator of adult maltreatment in Florida.
Reliability:	No Reliability study completed yet.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Adult Protection 60910302</u>
Measure:	<u>Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter. (M0126)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Domestic violence is a pattern of behaviors that adults or adolescents use against their intimate partners or former partners to establish power and control. It may include physical abuse, sexual abuse, emotional abuse, and economic abuse. It may also include threats, isolation, pet abuse, using children and a variety of other behaviors used to maintain fear, intimidation and power over one's partner. This measure is a percent. The numerator is the number of victims leaving shelter after a minimum of 72 hours in residence with a safety plan. The denominator is the total number of victims who left shelter after 72 hours. Domestic Violence Program Services monthly statistical report
Validity:	This output measure is a performance driver directly related to the program goal, to be safe from harm. The provision of a safety plan before the family leaves shelter will directly affect the family's ability to avoid domestic violence in the future and remain safe from harm. Safety plans include preventative strategies that equip clients with survival skills when in danger of future violence.
Reliability:	Each month providers are required to submit to their contract managers a statistical report on all services as delineated in their contract objectives. The report includes the number of victims leaving shelter after a minimum of 72 hours and the number completing a safety plan. The safety plan comprises a set of activities whose purpose is to enhance the safety of the victim and her dependents. A state summary of these data is kept in the central office.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Adult Protection 60910302</u>
Measure:	<u>Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year) (M0124)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Protective supervision cases in this instance means court-ordered or voluntary protective supervision clients registered into the department's Client Information System. The measure identifies the rate of re-abuse, re-neglect, or re-exploitation among cases that are still open and being provided services from a prior abuse, neglect, or exploitation report. Measure is a percent. The numerator is the number of protective supervision cases of clients currently receiving case management, services, and referrals (from beginning of protective supervision for a maximum of 1 year) where no subsequent report alleging abuse, neglect, or exploitation is received. The denominator is the total number of protective supervision cases. Protective Supervision counselors
Validity:	The measure is a direct indicator of the program goal to protect adults with disabilities and frail elderly from further harm during services.
Reliability:	The measure uses data from the HS and the Client Information System (CIS). HS has high standards of data integrity, accuracy, and completeness. Data entry in HS is the responsibility of Abuse Hotline and district staff. Periodic district reviews by program staff have not indicated major reliability issues. District staff work to ensure that the Client Information System is updated and accurate.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Adult Protection 60910302</u>
Measure:	<u>Number of investigations (M0127)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Investigations are staff assessments vulnerable of facts and availed evidence to either support or refute allegations of abuse, neglect, or exploitation of adults. The onsite investigation results in the determination of immediate risk to a disabled adult or an elderly person; the provision of emergency services; the arrangement of immediate in-home and non-emergency services to prevent the recurrence of further abuse, neglect, and exploitation; and the evaluation of the need for and referrals to ongoing protective services. A count of investigations completed for reports received at the Florida Abuse Hotline Information System (FAHIS) containing allegations of abuse, neglect, or exploitation of adults. Abuse Hotline Counselors: The data source for this measure is the Florida Abuse Hotline Information System.
Validity:	The measure indicates the workload involved in protecting adults with disabilities and frail elderly. This is a direct count of investigations of reports received.
Reliability:	The measure uses data from the Florida Abuse Hotline Information System (FAHIS). This system has high standards of data integrity, accuracy, and completeness. Data entry is the responsibility of Abuse Hotline and district staff. Periodic district reviews by program staff have not indicated major reliability issues.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60910303</u>
Measure:	<u>Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion. (M0393)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Healthy Families Florida (HFF) is a child abuse prevention program modeled on the Healthy Families America model and provided through the Ounce of Prevention Fund. HFF provides home visitation services in high-risk neighborhoods. The numerator is the number of children in families completing the HFF program who are not subjects of verified or indicated maltreatment within 12 months of program completion. The denominator is all children in families completing the HFF program during the reporting period. Healthy Families Florida staff and Protective Investigators
Validity:	This is a measure of the HFF program's success in preventing or reducing child abuse and neglect. A threat to validity is the effect of other unmeasured factors in preventing or reducing child abuse and neglect, such as family influences, non-DCF services, or the absence of the abuser.
Reliability:	The HFF database has periodic data quality review by trained staff. A recent third party evaluation found this system to be satisfactory. Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60910303</u>
Measure:	<u>Per capita child abuse rate/1000 (M0133)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A child is any unmarried person under age 18 who has not been emancipated by court order. Abuse is defined as maltreatment, which includes both actual harm and threatened harm. This measure is a rate. The numerator is the number of unduplicated victims of child abuse and neglect as reported to the hotline and determined after investigation to be verified or have some indication of maltreatment. The denominator is number of children under the age of 18 in the state divided by 1,000. The YTD report for the first 11 months of the fiscal year represents a projection of the actual abuse per 1,000 children per fiscal year. This projection is calculated by summing the number of verified/indicated abuse cases during the report period, then "annualizing" that figure by multiplying that number by 12, then dividing by the total number of months in the report period (YTD). This number is then divided by the denominator, the number of children under 18 in the state divided by 1,000, to create the projection.</p> <p>Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinellas and Seminole; department staff in remaining 62 counties). The source for the Florida population estimates and projections is the Florida Legislature, Office of Economic and Demographic Research, Demographic Estimating Conference Database.</p>
Validity:	This measure is a rough indicator of the incidence of child maltreatment in Florida.
Reliability:	The measure is not precise. It includes only child maltreatment that is: (1) known or suspected, and (2) reported to and accepted by the hotline for investigation, and (3) substantiated by an investigator during the reporting period. Periods of increasing backlog can drive the number up; when the department aggressively pursues backlog reduction, the number goes down. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60910303</u>
Measure:	<u>Number of children in families served (M0134)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	. This measure is a count of the number of children in families receiving prevention services and other services funded by CBFRS, CAPTA and PSSF. It includes both children in families receiving direct services (including parent education, counseling, support groups, and home visiting) and the number receiving non-direct services. Prevention providers' contract staff
Validity:	This is a workload measure that counts the number of children in families receiving prevention services and other services funded by CBFRS, CAPTA and PSSF.
Reliability:	The reliability of this measure is dependent on provider's compliance with data reporting requirements. Providers are required by contract to report performance data including number of clients served. The department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60910303</u>
Measure:	<u>Percent of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion (M0196)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	This measure includes children in families receiving services funded through the Child Abuse Prevention and Intervention entity and does not include those receiving services funded through the Child Protection and Permanency entity. This measure is a percent. The numerator is the number of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion. The denominator is the total number of children completing such programs during the period. Prevention contract provider staff and Protective Investigators
Validity:	This is a direct measure of the program's goal to prevent or reduce child abuse and neglect. Some studies have estimated the rate of child abuse among at-risk populations to be as high as 18 to 20 percent. ("Child Abuse: Prevention Programs Need Greater Emphasis," Government Accounting Office, 1992). Demonstrating that participants in our family support/prevention programs experience lower rates than these would be evidence of prevention of abuse and neglect.
Reliability:	Reliability of this measure is dependent on provider staff, department staff and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60910303</u>
Measure:	<u>Number of families served in Healthy Families (M0294)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Healthy Families Florida (HFF) is a child abuse prevention program modeled on the Healthy Families America model and provided through the Ounce of Prevention Fund. HFF provides home visitation services in high-risk neighborhoods. This is a count of the number of families served.</p> <p>Quarterly Report-Unduplicated of families served in the report quarter. Year-to-Date Report-Unduplicated count of families served fiscal year to date. Annual calculation for Contract Performance- n/a Annual Calculation for PB2 report-n/a Healthy Families Florida program staff</p>
Validity:	This count of the number of families served is an important measure of the size of the program.
Reliability:	Required in the contract with the Ounce of Prevention Fund

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60910301</u>
Measure:	<u>Number of instructor hours provided to child care provider staff (M0384)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The total number of hours of instruction provided by trainers to child care personnel. The total number of hours of instruction provided. Child Care Training Report
Validity:	This measure indicates the extent the program is meeting its goal to improve the quality of child care programs and protect children from harm by ensuring provider staff are meeting the minimum training requirements mandated by statute.
Reliability:	Fifteen contract providers coordinate training statewide and report categorically the total number of instructor hours provided on the Quarterly Child Care Training Report.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60910301</u>
Measure:	<u>Percent of licensed child care facilities inspected in accordance with program standards. (M04015)</u>
Action:	Requesting new measure.
Data Sources and Methodology:	Licensed child care facility includes any child care center or child care arrangement, whether or not operated for profit, which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated. Program standards for facilities are in Ch. 65C-22, F.A.C. This measure is a percentage. The numerator is the total number of inspections completed. The denominator is the total number of inspections required during the same time period. District licensing staff
Validity:	This measure quantifies the success of licensing staff in meeting program standards requiring licensed child care facility and home inspections. It is based upon the premise that if licensing staff complete inspections of child care facilities and homes, children in care can be assured of health, safety and well-being.
Reliability:	A potential threat to consistency is inconsistent application of standards by different licensing staff. This threat can be reduced by training. Licensing staff are trained to conduct inspections; unit supervisors continue with on-the-job training. Quality assurance staff provide reinforcement training and technical assistance as needed.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60910301</u>
Measure:	<u>Percent of licensed child care homes inspected in accordance with program standards (M05175)</u>
Action:	Requesting new measure.
Data Sources and Methodology:	Family day care homes are occupied residences, whether or not operated for profit, in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee or grant for any of the children receiving care. Program standards for homes are in 65C-20, F.A.C. This measure is a percentage. The numerator is the total number of inspections completed. The denominator is the total number of inspections required during the same time period. District licensing staff
Validity:	This measure quantifies the success of licensing staff in meeting program standards requiring licensed child care facility and home inspections. It is based upon the premise that if licensing staff complete inspections of child care facilities and homes, children in care can be assured of health, safety and well-being.
Reliability:	A potential threat to inconsistency is inconsistent application of standards by different licensing staff. This threat can be reduced by training. Licensing staff are trained to conduct inspections; unit supervisors continue with on-the-job training. Quality assurance staff provide reinforcement training and technical assistance as needed.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60910301</u>
Measure:	<u>Percent of licensed child care facilities and homes with no Class 1 (serious) violations during their licensure year (M0122)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Licensed child care facility includes any child care center or child care arrangement, whether or not operated for profit, which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated. Family day care homes are occupied residences, whether or not operated for profit, in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care. The legal authority for imposing penalties is s. 402.310, F.S. Guidelines for Class I violations are in Children and Families Operating Procedure 175-2. This measure is a percentage. The numerator is the total number of licensed child care facilities and homes with no Class I violations during the year. The denominator is the highest number of licensed child care facilities and homes reported during the year. Child Care Facility or Family Day Care Home Inspection Reports from the onsite inspections conducted by district licensing staff are tracked in the Child Care Information System and a Class I violation report is produced from onsite inspection data.
Validity:	The measure is based upon the premise that the more serious the violation committed by the facility or home, the more the child is exposed to risk of harm.
Reliability:	A threat to reliability is the potential for licensing staff to use different criteria in recognizing Class 1 violations. To reduce this threat, district child care licensing staff are trained to use the same criteria in making findings. Further, the program has quality assurance oversight and supervisory review to promote consistency.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60910301</u>
Measure:	<u>Number of facilities and homes licensed (M0123)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Licensed child care facility includes any child care center or child care arrangement, whether or not operated for profit, which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated. Family day care homes are occupied residences, whether or not operated for profit, in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care. The legal authority for imposing penalties is s. 402.310, F.S. Guidelines for Class I violations are in Children and Families Operating Procedure 175-2. The total count of licensed facilities and homes at any given time. Child Care Information System
Validity:	This is a regulatory activity that ensures the health, safety and well-being of children when being cared for in child care arrangements statewide. Data in the Child Care Licensing Information System accurately accounts for the number of licensed child care facilities/homes dynamically.
Reliability:	District Child Care Licensing staff are trained to compile and enter data into the Child Care Licensing Information System.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Percent of foster children who were subjects of reports of verified or indicated maltreatment. (M0385)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Foster children are those persons under age 18 who have been removed from their own homes and placed in shelter care, foster care or with approved relatives or non-relatives. Verified refers to documentation by protective investigators whose findings of "verified" maltreatment are counted in this measure. Findings of "no indicators" or "some indicators" are not counted. This measure is a percent. The numerator is the number of children in foster care who were subjects of reports of abuse or neglect received during the reporting period in which: (1) there was verified maltreatment for that child and (2) the perpetrator was either a foster parent or the owner, operator or employee of the facility in which the child resides. The denominator is the number of children in foster care during the reporting period. Direct services staff (department and contract providers.)
Validity:	This outcome indicator measures the program's success in protecting foster children from abuse and neglect while they are in the state's care. As a percent, it gives us the proportion but not the volume or number of children involved. To complete the picture, use M0205, number of children in foster care, to know whether the number of children in foster care who were subjects of verified maltreatment is large or small.
Reliability:	Reliability of this measure is dependent on DCF, sheriff's and contract provider's staff compliance with data reporting requirements as well as a common understanding of those requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. Periodic district reviews by program staff have indicated no major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months. (M0386)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Protective Investigators document findings of “verified,” “some indicators,” or “no indicators” in HomeSafenet. Only children with “verified” or “some indicators” are counted in this measure. This measure is a percent. The numerator is the subset of the number of children in the denominator who were subjects of subsequent reports with findings of "verified" or "some indicators" of maltreatment of abuse or neglect received during the 6 (formerly 12) month period following the receipt of the initial abuse report in the reporting period. The denominator is the number of children who were subjects of reports with findings of "verified" or "some indicators" of maltreatment received during the reporting period. Protective Investigations staff in Sheriffs' Offices in Broward, Manatee, Seminole, Pinellas, and Pasco ; DCF staff in the remaining 62 counties.
Validity:	This is an outcome measure of Florida's success in protecting abused and neglected children from recurrence of abuse and neglect.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Number of investigations not completed after 60 days (M0387)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A timely investigation commences within 24 hours of a call to the Florida Abuse Hotline to report child abuse or neglect. The investigation duration is from the date of the call to the hotline to the date of final data entry in HSn. The measure is based on the number of these investigations not completed (pending investigative work, court disposition, supervisory review and/or HSn data entry) after 60 days. It is a count of the backlog of investigations. The measure is a point-in-time count of the number of child protective investigations that have been open more than 60 days. Investigations with a Reopen Status are not included. Protective investigations staff in the Sheriffs' Offices in Seminole, Manatee, Pasco, Pinellas and Broward counties; DCF protective investigators in all other counties.
Validity:	This is a timeliness measure which tracks compliance with the Ch. 39, F.S. requirement that all protective investigations be completed within 60 days. As a count, the measure should be considered jointly with M0295, number of investigations, to provide us with a picture of whether the numbers represent a small or large percentage of all investigations.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Number of children remaining in out-of-home care more than 12 months. (M0388)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Out-of-home care includes children in board-paid foster care and residential group care (regardless of whether their status is shelter, temporary custody or TPR) and children placed with relatives or approved non-relatives after a removal. A child is any unmarried person under age 18 who has not been emancipated by court order. This measure is a point-in-time count of children who have been in out-of-home care for more than 12 months. Direct services staff from the Department and contract providers
Validity:	This is a measure of timeliness in achieving permanency. Out-of-home care is intended to be a short-term intervention for children who should achieve permanency (e.g., reunification, permanent relative care, adoption, etc.) in no more than 12 months. It is a complement to the measure of children exiting foster care in 12 months. It should be considered jointly with percentage measures in order to understand whether the number represents small or large percentages of children who are in the out-of-home caseload of children under department care.
Reliability:	Reliability of this measure is dependent on department and provider staff compliance with data reporting requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into HomeSafenet. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Reunification means return to the parent(s) or other primary caretaker(s) from whom the child was removed or achievement of permanency through placement with a relative. This measure is a percent. The numerator is the number of children who were reunified within twelve months of the most recent removal. The denominator is the total number of children reunified during the reporting period. Direct services staff with the Department and contract providers
Validity:	This is a measure of timeliness in achieving permanency. Out-of-home care is intended to be a short-term intervention for children who should achieve permanency (e.g., reunification, permanent relative care, adoption, etc.) in no more than 12 months. This measure is a complement to the measure of children remaining in out-of-home care more than 12 months(M0388).
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. Ongoing systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into HomeSafenet. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Percent of children entering out-of-home care who re-entered within 12 months of a prior episode. (M0390)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Out-of-home care includes children in board-paid foster care and residential group care (regardless of whether their status is shelter, temporary custody or TPR) and children placed with relatives or approved non-relatives after a removal. This measure is a percent. The numerator is the subset of the children in the denominator who re-entered out-of-home care within twelve months of a discharge from a prior episode, with a discharge reason of reunification or release to relatives. The denominator is the total number of children with a removal date during the quarter. Direct services staff (Department and contract provider).
Validity:	This outcome measure is related to the desired outcome of child safety, which should not be compromised in order to achieve the desired outcome of permanency. A hasty reunification decision (to achieve a positive permanency outcome) may result in subsequent maltreatment (negative safety outcome). A large percentage of failed reunifications may indicate that reunification decisions are being made
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into the HomeSafenet. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Percent adoptions finalized within 24 months of the latest removal. (M0391)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adoption creates a legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law and entitled to all the rights and privileges and subject to all the obligations of a child born to such adoptive parents in lawful wedlock. Removal refers to taking a child into custody pursuant to s. 39.401, F.S. Finalized refers to children whose HSn removal discharge reason is "adoption finalization."</p> <p>This measure is a percentage, calculated by taking the number of children adopted within 24 months (numerator) and dividing by the total number of children adopted within the quarter (denominator). Direct services staff with the department and contract providers</p>
Validity:	<p>This is a measure of timeliness in achieving permanency for children. It is a complement to measure M0392 "Number of children with the goal of adoption who remain in out-of-home care after 24 months."</p>
Reliability:	<p>Reliability of this measure is dependent on department and provider staff compliance with data reporting requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into HomeSafenet. The Department will monitor the extent to which providers comply with these contractual requirements.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Number of children with a goal of adoption who remain in out-of-home care after 24 months (M0392)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	"Goal of adoption" means that the case plan directs that the child become a permanent member of an adoptive family. It includes children in the temporary custody of the Department and those who have been permanently committed to the Department, regardless of whether they are in foster care or in an adoptive home prior to finalization. This is a point in time count of the number of children with a goal of adoption who remain in out-of-home care after 24 months of their latest removal. Direct services staff with the Department and contract providers
Validity:	This is a measure of timeliness in achieving permanency. Out-of-Home Care is intended to be a short-term intervention for children who should achieve permanency (e.g., reunification, permanent relative care, adoption, etc.) in no more than 12 months. This measure complements M0391 "Percent of adoptions finalized within 24 months of the latest removal," which provides information on whether the number represents small or large percentages of children.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. Ongoing systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into HomeSafenet. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Percent of child investigations from an entry cohort completed within 60 days. (M0394)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Calls to the Florida Abuse Hotline to report child abuse or neglect trigger an investigation. A timely investigation commences within 24 hours of a call. The investigation duration is from the date of the call to the hotline to the date of final supervisor approval recorded in HSn Child Safety Assessment. This measure is a percent. The numerator is the number of child protective investigations from the denominator completed within 60 days from the date of the Hotline call. The denominator is the total number of child protective investigations opened during the reporting period and having been open 60 days. Hotline staff and Protective Investigations staff in Sheriffs' Offices in Broward, Manatee, Seminole, Pinellas, and Pasco; DCF staff in the remaining 62 counties.
Validity:	This is a timeliness measure which tracks staff compliance with the Ch. 39, F.S. requirement that all protective investigations be completed within 60 days. That policy is intended to ensure the safety of children and to give families timely resolution of an investigation into the care their children are receiving. In order to know the magnitude of open investigations, it should be accompanied by a measure of the number of open investigations during the same time period.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment. (M04026)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child Welfare Supervision includes all adults who must comply with requirements set by Family Safety and the courts due to child abuse and dependency determinations. N: Number of adults identified as needing substance abuse treatment in protective services records who receive treatment. D: Number of adults identified as needing substance abuse treatment in protective services records. SACWIS/ADM Data Warehouse
Validity:	National studies indicate 50-60 percent of families with child abuse and neglect have substance abuse as a contributing factor. Measure determines extent to which the parents follow through on treatment to reduce substance abuse problems.
Reliability:	Data are derived from uniform survey/record review format and is maintained independent of the substance abuse and protective services programs.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Children receiving adoptive services (M0073)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Adoptive services are provided to children whose parents' rights have been terminated. Services are provided so the child can be made a permanent part of a family through adoption. This measure is the sum of: the number of permanently committed children (final Termination of Parental Rights order entered) who are waiting placement at the end of the report period, plus the number of children in adoptive home supervision (placed but not finalized) at the end of the report period, plus the number of children whose adoptions were finalized during the fiscal year to date. Direct Services Staff (Department and Contract Providers)
Validity:	This output measure is a workload measure for direct service staff -- the number of children receiving adoption services.
Reliability:	Reliability of this measure is dependent on department and provider staff compliance with data reporting requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into HomeSafenet. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Number of children receiving adoption subsidies (M0074)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A child is any unmarried person under age 18 who has not been emancipated by court order. A count of the number of children whose adoptive parents are receiving subsidies. Direct service and fiscal staff of the department and contract provider
Validity:	Data for this measure reflect the actual number of children whose adoptive parents are receiving financial support. Subsidies serve to encourage and support families to adopt children with special needs. This is not a measure of staff workload or performance.
Reliability:	Training on the use of the ICWSIS is provided to specific locations upon request by Suncoast Region information Systems. The Adoption Subsidy Monthly Vouchering Report reflects monthly invoice data as recorded in ICWSIS. Threats to reliability include data entry errors and delays in data entry. ICWSIS is routinely audited by the Auditor General.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Reports of child abuse and neglect are investigated by child protective investigators. Protective investigators complete an initial safety assessment within 48 hours of the receipt of the report. The initial safety assessment includes a review of key safety factors by the child protective investigator to determine if there are immediate threats to the child's safety that require attention. This initial safety assessment must be reviewed by the supervisor within 72 hours of the submission by the protective investigator. The measure is a percent. The daily measure is based on the point-in-time open investigations each day. The numerator is the subset of the open investigations for which an initial safety assessment was reviewed by the supervisor within 72 hours of submission. The denominator is the total number of initial safety assessments that have been submitted for more than 72 hours plus the initial safety assessments that have been submitted less than 72 hours that have been reviewed. Year-to-date is the percent of all submitted initial safety assessments during the report period that were reviewed within 72 hours of submission. The numerator is the number of initial safety assessments submitted during the report period that were reviewed by the supervisor within 72 hours of submission. The denominator is the total number of initial safety assessments submitted during the report period. Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinella and Seminole; department staff in remaining 62 counties)
Validity:	This is a measure of the timeliness designed to identify high risk investigations for further review and oversight. However, the department no longer has an early warning system.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Number of investigations (M0295)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child protective investigations are conducted by the Department in most counties, sheriff's offices in others in response to citizens reporting known or suspected child abuse or neglect to the Florida Abuse Hotline. Count all Initial Reports and Additional Investigation Reports accepted by the Florida Abuse Hotline and entered into HSn for investigation by protective investigators during the report period. Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinellas and Seminole counties; DCF protective investigators in the remaining 62 counties)
Validity:	This measures the volume of work that must be performed by protective investigators. It is the denominator for several percentage measures, including M0359, M0368, M0385, M0386, M0387, M04001, and M04007.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Number of children under protective supervision (point in time) (M0296)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	In-home protective supervision includes children receiving protective supervision in the home of their parents or a relative when there has been no removal. Children under protective supervision in the home of a relative or non relative after removal are now considered "out-of-home," as they are entitled to the same safeguards as board-paid foster children. This measure is a count of the children receiving in-home protective supervision services. (excludes post-placement supervision) Direct services staff. (department and contract providers)
Validity:	This count is an appropriate measure of the workload of the program.
Reliability:	Reliability of this measure is dependent on department and provider staff compliance with data reporting requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into HomeSafenet. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Number of children in out-of-home care (M0297)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	"Out-of-home care" includes both children in board-paid foster care and those receiving protective supervision in the home of a relative or approved non-relative after a removal. Children under protective supervision in the home of a relative or approved non-relative after removal are considered "out-of-home," as they are entitled to the same safeguards as board-paid foster children. This measure is a count of the children in out-of-home care. Direct services staff with DCF and contract providers.
Validity:	This measures workload for direct services staff. As a count, it is the denominator for several percentage measures: M0083, M0255, M0388, M0597. It should be considered jointly with percentage measures in order to understand whether the number represents small or large percentages of children who are in the total caseload of children under department care.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into HomeSafenet. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60910304</u>
Measure:	<u>Percent of child investigations commenced within 24 hours. (M0368)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	An child investigation is one which has been received from the Abuse Hotline and assigned to an Child Protective Investigator. Commencement of an investigation means an on-site attempt to contact the subjects of an abuse report. This measure is a percent. The numerator is the number of child protective investigations (Initial and Additional Reports) received during the reporting period where the commencement date and time is within 24 hours of the received date and time. The denominator is the total number of child protective investigations (Initial and Additional Reports) received during the same reporting period as the numerator. Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinella and Seminole counties; DCF protective investigators in the remaining 62 counties)
Validity:	This is a timeliness measure that tracks staff compliance with the Ch. 39, F.S. requirement that all protective investigations be commenced immediately or within 24 hours. The law is intended to ensure children's safety. A percentage does not tell us whether the percentages are based on very small or large numbers of clients.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60910305</u>
Measure:	<u>Percent of abuse or neglect calls made to the Florida Abuse Hotline that were abandoned. (M0603)</u>
Action:	Requesting new measure.
Data Sources and Methodology:	Citizens call the Florida Abuse Hotline to report abuse or neglect. Each caller hears a 180 second message about the hotline and the information required to make a report. If the caller hangs up after the 180 second message, but before the call is answered, the call is considered "abandoned." If the call is answered at any time, or the caller hangs up during the 180 second message, the call is not considered "abandoned." This measure does not include background checks. This measure is a percent. The numerator is a count of all calls of 180 seconds or more made to the Florida Abuse Hotline that are abandoned by the caller before they are answered by Hotline staff. The denominator is a count of all calls made to the Florida Abuse Hotline. The source of data is the Hotline's Automated Call Distribution System. ACD System
Validity:	This is an outcome measure of the hotline's performance in timely response to calls made to the hotline.
Reliability:	The Automated Call Distribution (ACD) system is a sophisticated telephone system that handles and monitors processing of all calls. Data on number of calls received, answered and abandoned, the duration of calls and response time come directly from the telephone system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60910305</u>
Measure:	<u>Abuse or neglect calls answered. (M0604)</u>
Action:	Requesting new measure.
Data Sources and Methodology:	Citizens call the Florida Abuse Hotline to report abuse. Calls answered by a hotline counselor are considered answered. This measure does not include background checks. This measure is a number. It is a count of all calls made to the Florida Abuse Hotline that are answered by Hotline staff. It includes all calls on: (1) the lines to report abuse (voice and TDD), (2) fax lines and (3) the helpline for DCF staff. It does not include calls in which the caller hangs up before the call is answered. The source of data is the Hotline's Automated Call Distribution System. ACD System
Validity:	This output is a process measure that indicates the workload of the Hotline.
Reliability:	The Automated Call Distribution (ACD) system is a sophisticated telephone system that handles and monitors processing of all calls. Data on number of calls received, answered and abandoned, the duration of calls and response time come directly from the telephone system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60910305</u>
Measure:	<u>Abuse or neglect calls to the hotline (M0605)</u>
Action:	Requesting new measure.
Data Sources and Methodology:	The Florida Abuse Hotline receives: (1) calls from citizens who indicate through a telephone prompt that they wish to report concerns about child abuse or neglect or adult abuse, neglect or exploitation; (2) faxes from citizens with concerns about abuse, neglect or exploitation. This measure does not include background checks. This measure is a number. It is a count of all calls and faxes received by the Florida Abuse Hotline's Automated Call Distribution System. ACD System
Validity:	This is a process measure that indicates the workload of the Hotline.
Reliability:	Reliability of this measure is dependent on DCF, sheriff's and contract provider's staff compliance with data reporting requirements as well as a common understanding of those requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. Periodic district reviews by program staff have indicated no major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60910305</u>
Measure:	<u>Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Citizens call the Florida Abuse Hotline to report abuse or neglect. Each caller hears a 180 second message about the hotline and the information required to make a report. If the caller hangs up after the 180 second message, but before the call is answered, the call is considered "abandoned." If the call is answered at any time, or the caller hangs up during the 180 second message, the call is not considered "abandoned." This measure is a percent. The numerator is a count of all calls of 180 seconds or more made to the Florida Abuse Hotline that are abandoned by the caller before they are answered by Hotline staff. The denominator is a count of all calls made to the Florida Abuse Hotline. The source of data is the Hotline's Automated Call Distribution System. ACD System
Validity:	This is an outcome measure of the hotline's performance in timely response to calls made to the hotline.
Reliability:	The Automated Call Distribution (ACD) system is a sophisticated telephone system that handles and monitors processing of all calls. Data on number of calls received, answered and abandoned, the duration of calls and response time come directly from the telephone system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60910305</u>
Measure:	<u>Calls answered (M0070)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Citizens call the Florida Abuse Hotline to report abuse. Calls answered by a hotline counselor are considered answered. This measure is a number. It is a count of all calls made to the Florida Abuse Hotline that are answered by Hotline staff. It includes all calls on: (1) the lines to report abuse (voice and TDD), (2) fax lines and (3) the helpline for DCF staff. It does not include calls in which the caller hangs up before the call is answered. The source of data is the Hotline's Automated Call Distribution System. ACD System
Validity:	This output is a process measure that indicates the workload of the Hotline.
Reliability:	The Automated Call Distribution (ACD) system is a sophisticated telephone system that handles and monitors processing of all calls. Data on number of calls received, answered and abandoned, the duration of calls and response time come directly from the telephone system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60910305</u>
Measure:	<u>Number of calls to the hotline (M0300)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The Florida Abuse Hotline receives: (1) calls from citizens who indicate through a telephone prompt that they wish to report concerns about child abuse or neglect or adult abuse, neglect or exploitation; (2) faxes from citizens with concerns about abuse, neglect or exploitation; and (3) calls from district DCF staff who require assistance. This measure is a number. It is a count of all calls and faxes received by the Florida Abuse Hotline's Automated Call Distribution System. ACD System
Validity:	This is a process measure that indicates the workload of the Hotline.
Reliability:	Reliability of this measure is dependent on DCF, sheriff's and contract provider's staff compliance with data reporting requirements as well as a common understanding of those requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. Periodic district reviews by program staff have indicated no major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Program Management and Compliance - Family Safety 60910307</u>
Measure:	<u>Administrative cost as a percent of total agency costs (M0426)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. Administrative cost is divided by total agency costs (*100). The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Family Safety Program</u>
Service/Budget Entity:	<u>Program Management and Compliance - Family Safety 60910307</u>
Measure:	<u>Administrative cost as a percent of total program costs (M0136)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60910502</u>
Measure:	<u>Average annual days spent in the community for adults with severe and persistent mental illnesses. (M0001)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for adults with forensic involvement, and2. They have an ICD 9 diagnosis of 295-299, or3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. <p>A “day in the community” includes all days NOT spent in jail/detention, crisis stabilization unit, homeless, short term residential treatment programs (SRT), psychiatric inpatient or any other state mental health treatment facility. For children days spent on runaway status, in a residential level one treatment facility, and in wilderness camps are also considered NOT in the community. Measure is an average. The first step is to generate an average score per client (only post-admission, purpose 2 & 3, assessments are used). This is done by dividing the total number of days the client was reported to spend in community (each observation reflects the 30 days prior) by the number of observations. The second step is to generate an average for all clients. The numerator is the sum of the above scores. The denominator is number of clients for whom days spent in community has been recorded on a post-admission assessments. This quotient is then converted to annual average by multiplying by 12.1667. All scores must occur within the fiscal year and any monthly score is year to date. Adults who are in a state mental health treatment facility as of 7/1 of the fiscal year are excluded from the measure. The target population of the adult for performance measure purposes is the target population associated with the first service of the fiscal year. Provider staff report the data based on client interview and records.</p>
Validity:	This measure identifies the amount of time spent in the least restrictive environment, which is aligned with both a recovery based approach for persons with mental illness and the mission of the Department.
Reliability:	The reliability of this measure is dependent on providers' compliance

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60910502</u>
Measure:	<u>Average annual days worked for pay for adults with severe and persistent mental illnesses (M0003)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for adults with forensic involvement, and2. They have an ICD 9 diagnosis of 295-299, or3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. <p>A day of work is defined as any time period within a calendar day that results in taxable income, whether or not such income is actually reported to the tax authorities. Measure is an average. The first step is to generate an average score per client (only post-admission, purpose 2 & 3, assessments are used). This is done by dividing the total number of days the client was reported to have spent working (each observation reflects the 30 days prior) by the number of observations. The second step is to generate an average for all clients. The numerator is the sum of the above scores. The denominator is number of clients for whom days working has been recorded on a post-admission assessments. This quotient is then converted to annual average by multiplying by 12.1667. All scores must occur within the fiscal year and any monthly score is year to date. Adults who are in a state mental health treatment facility as of 7/1 of the fiscal year are excluded from this measure. Adults who are age 62 and over are excluded from this measure. The target population of the adult for performance measure purposes is the target population associated with the first service of the fiscal year. Provider staff report the data based on client interview and records.</p>
Validity:	<p>Increased employment is an indication of a person's ability to live and participate in community, and is aligned with both a recovery based approach for persons with mental illness and the mission of the Department. The measure does not include adults who are in school or training; both these activities can contribute toward successful living in the community.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Reliability:

The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data. The Department monitors compliance. Central Office provides annual training on data reporting. District staff monitor the quality and accuracy of information submitted by the contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60910502</u>
Measure:	<u>Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted. (M0009)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>The Chapter 916, F.S., conditional release is a legal status that allows clients with mental illness who break the law to remain in a less restrictive setting (versus jail or an institution) as long as they abide by requirements determined by the court. This measure looks at the clients who do not abide by those requirements and are returned to jail to await admission to an institution.</p> <p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria:</p> <ul style="list-style-type: none">• They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed. <p>Measure is reported as percent. Numerator is number of clients who are recommitted to the department for involuntary hospitalization as a result of violations while on conditional release. This number is determined using the Forensic Institution Database maintained at the Central Office. Denominator is all community forensic clients served during fiscal year (based on the forensic number served performance output). Data sources for measure are clerk of circuit court records, as well as the provider staff, who report the "served" data based on client interview and records.</p>
Validity:	Measure is a direct indicator of desired outcome for people with mental health problems on conditional release to live in the community and avoid further involvement with both the legal system and state mental health treatment facilities.
Reliability:	A person cannot be admitted to state hospital unless a copy of court order is received by central office mental health program office. Forensic database has been in operation for more than ten years and no significant data accuracy problems have been identified.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60910502</u>
Measure:	<u>Average annual days spent in the community for adults with forensic involvement. (M0010)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria:</p> <ul style="list-style-type: none">• They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed. <p>A “day in the community” includes all days NOT spent in jail/detention, crisis stabilization unit, homeless, short term residential treatment programs (SRT), psychiatric inpatient or any other state mental health treatment facility. For children days spent on runaway status, in a residential level one treatment facility, and in wilderness camps are also considered NOT in the community. Measure is an average. The first step is to generate an average score per client (only post-admission, purpose 2 & 3, assessments are used). This is done by dividing the total number of days the client was reported to spend in community (each observation reflects the 30 days prior) by the number of observations. The second step is to generate an average for all clients. The numerator is the sum of the above scores. The denominator is number of clients for whom days spent in community has been recorded on a post-admission assessments. This quotient is then converted to annual average by multiplying by 12.1667. All scores must occur within the fiscal year and any monthly score is year to date. Adults who are in a state mental health treatment facility as of 7/1 of the fiscal year are excluded from the measure. The target population of the adult for performance measure purposes is the target population associated with the first service of the fiscal year. Provider staff report the data based on client interview and records.</p>
Validity:	This measure identifies the amount of time spent in the least restrictive environment, which is aligned with both a recovery based approach for persons with mental illness and the mission of the Department.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on data reporting, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60910502</u>
Measure:	<u>Number of adults with a serious and persistent mental illness in the community served (M0016)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria: <ol style="list-style-type: none">1. They do not meet the criteria for adults with forensic involvement, and2. They have an ICD 9 diagnosis of 295-299, or3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of severe and persistent mental illness. OneFamily Substance Abuse and Mental Health (SAMH) Data System
Validity:	This is a direct measure of the number of adults who receive treatment in the state mental health system.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60910502</u>
Measure:	<u>Number of adults in mental health crisis served (M0017)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults in mental health crisis includes adults age 18 and over who have a target population of adults with serious and acute mental illness (SAMI) OR adults with mental health problems (MHP).</p> <ol style="list-style-type: none">1. Adults with SAMI meet the criteria to be admitted into a Baker Act receiving facility. They do not meet the criteria for adults with forensic involvement or adults with severe and persistent mental illness.2. Adults with MHP have emotional issues that are impacting their day to day functioning. They do not meet the criteria for adults with forensic involvement, adults with severe and persistent mental illness, or adults with serious and acute mental illness <p>Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with serious and acute mental illness or adults with mental health problems. Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of adults who receive treatment in the state mental health system.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60910502</u>
Measure:	<u>Number of adults with forensic involvement served (M0018)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria:</p> <ul style="list-style-type: none">• They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed. <p>Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with forensic involvement. Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of adults who receive treatment in the state mental health system.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60910502</u>
Measure:	<u>Median length of stay in CSU/Inpatient services for adults in mental health crisis (M0376)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>The length of stay is the total number (sum) of days (units) a client spends in a CSU or inpatient cost center. The median is the number that falls in the middle of all of the length of stay values. Adults in mental health crisis includes adults age 18 and over who have a target population of adults with serious and acute mental illness (SAMI) OR adults with mental health problems (MHP).</p> <ol style="list-style-type: none">1. Adults with SAMI meet the criteria to be admitted into a Baker Act receiving facility. They do not meet the criteria for adults with forensic involvement or adults with severe and persistent mental illness.2. Adults with MHP have emotional issues that are impacting their day to day functioning. They do not meet the criteria for adults with forensic involvement, adults with severe and persistent mental illness, or adults with serious and acute mental illness. <p>The length of stay is calculated by summing the units for all crisis population group clients (includes person with serious and acute mental illness and persons with mental health problems) who are in inpatient or CSU during the fiscal year. The median is identified by ranking the lengths of stay in ascending order and using as the median, the length of stay of the middle client. Provider staff report the data based on client interview and records.</p>
Validity:	The measure serves to gauge the amount of time clients are spending in a restrictive environment, and the provider's commitment to placing them back into their communities
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on data reporting, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:</p> <ol style="list-style-type: none">1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below.3. They currently receive SSI benefits for a psychiatric disability. <p>Improve functioning means that their score on a functional assessment scale has increased. This number is a percent and is based on change between two assessments. The numerator is the number of children whose "most recent score" is less than their "previous assessment score". The scores are calculated by summing the 16 questions that are captured on the CFARS assessment. A decrease in scores from one assessment to the next indicates improvement on the CFARS. The "most recent score" must occur within the fiscal year and cannot be an admission assessment. The "previous assessment score" must occur within 12 months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6 month mark (180 days) from the "most recent score" will be used. The denominator is all children with two assessments. To be included in this measure, the child must have at least one service event in the fiscal year and a valid target population. At the contract (provider) level, the comparison is done within the most recent episode of care. At the district and state levels, the comparison is done across all episodes of care. Provider staff report the data based on client interview and records.</p>
Validity:	The measure captures the success of a provider's intervention through functional assessment. The instrument, the CFARS, has high validity when tested.
Reliability:	Reliability of measure is dependent on provider's compliance with data reporting. Providers are required by contract to report performance data including client outcomes. Department will monitor extent to which providers comply with these contractual requirements. The tool currently being used, the CFARS, has high test/retest and inter-rater reliability. All raters are required to be trained and certified before using the instrument.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Average annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community (M0011)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:</p> <ol style="list-style-type: none">1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below.3. They currently receive SSI benefits for a psychiatric disability. <p>A "day in the community" includes all days NOT spent in jail/detention, crisis stabilization unit, homeless, short term residential treatment programs (SRT), psychiatric inpatient or any other state mental health treatment facility. For children days spent on runaway status, in a residential level one treatment facility, and in wilderness camps are also considered NOT in the community. Measure is an average. The first step is to generate an average score per client (only post-admission, purpose 2 & 3, assessments are used). This is done by dividing the total number of days the client was reported to spend in community (each observation reflects the 30 days prior) by the number of observations. The second step is to generate an average for all clients. The numerator is the sum of the above scores. The denominator is number of clients for whom days spent in community has been recorded on a post-admission assessments. This quotient is then converted to annual average by multiplying by 12.1667. All scores must occur within the fiscal year and any monthly score is year to date. Children in physical custody of the Department of Juvenile Justice (legal status 1 or 5 on the outcome measure form) are excluded from this measure. The target population of the child for performance measure purposes is the target population associated with the first service of the fiscal year. Provider staff report the data based on client interview and records.</p>
Validity:	<p>Current literature on children's mental health indicates that the restrictiveness of a child's environment is an important factor in his or her overall functioning (Duchnowski, et al, 1993). Children committed to the Department of Juvenile Justice are not included because commitment and placement in a DJJ facility is dependent on legal status, rather than mental health treatment.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Reliability:

The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on data reporting, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:</p> <ol style="list-style-type: none">1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below.3. They currently receive SSI benefits for a psychiatric disability. <p>School days attended are the days on which a child's school was in session and the child attended school.</p> <p>Measure is a percent. First, an average of days available and an average of days attended is calculated for each client by separately summing the total days attended and the total days available reported on each record for each ssn and dividing those numbers by the total number of records reported for that ssn. This is done to weight the figures, so that an ssn who happens to have more outcome measure records reported does not skew that data. The numerator is created next by summing the average number of school days attended. The denominator is the sum of the average school days available. That result is multiplied to 100. Only post admission outcome measure records (purpose codes 1, 2 and 3) are used, and the records must have occurred within the fiscal year. The child must have a valid children's mental health target population to be included and must have received a service event within the fiscal year. Children who are in the physical custody of DJJ are excluded. Provider staff report the data based on client interview and records.</p>
Validity:	School attendance is a strong indicator of a child's future self-sufficiency and is an important aspect of overall functioning.
Reliability:	The reliability of this measure is dependent on client self reporting and/or the providers' ability to obtain attendance information from schools, as well as providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on data reporting, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Section 394.455, F.S. defines mental illness as an impairment in the emotional processes that exercise conscious control of one's actions to perceive or understand reality. Mental illness interferes with the ability to be competent to proceed to trial. These children require an DSM-IV AXIS 1 diagnosis that can be classified as a mental illness. Legal competency requires the defendant to have the capacity to understand the nature and the object of the legal proceedings, to consult with counsel and to assist in preparing his or her defense. Due process prevents the government from prosecuting a defendant who is legally incompetent to stand trial. The issue of competency is collateral to the defendant's present ability to consult with his attorney and to understand the proceedings against him. Age and immaturity in and of itself, without the presence of a mental illness as a primary factor to a juvenile's incompetence, are not grounds for commitment in Florida for state funded competency restoration services. This measure is a percentage. Numerator is number of children with mental illness who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children with mental illness who had competency reports submitted to the courts. Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.
Validity:	Measure is a direct indicator of the desired outcome that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's mental illness, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior mental health treatment. These factors are outside the scope of the provider's ability to restore competency.
Reliability:	Central office maintains an ACCESS data base that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Percent of children with mental retardation restored to competency and recommended to proceed with a judicial hearing (M0020)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Retardation means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly subaverage general intellectual functioning," for the purpose of this definition and as defined in 393.063, means performance which is two or more standard deviations from the mean score on a standardized intelligence test. These children require an DSM-IV AXIS II mental retardation diagnosis. Legal competency requires the defendant to have the capacity to understand the nature and the object of the legal proceedings, to consult with counsel and to assist in preparing his or her defense. Due process prevents the government from prosecuting a defendant who is legally incompetent to stand trial. The issue of competency is collateral to the defendant's present ability to consult with his attorney and to understand the proceedings against him. Age and immaturity in and of itself, without the presence of a mental retardation as a primary factor to a juvenile's incompetence, are not grounds for commitment in Florida for state funded competency restoration services. This measure is a percentage. Numerator is number of children with mental retardation who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children with mental retardation who had competency reports submitted to the court in the time period. Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.</p>
Validity:	<p>Measure is a direct indicator of the desired outcome that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's mental retardation, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
Reliability:	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Average annual days emotionally disturbed (ED) children (excluding those in juvenile justice facilities) spend in the community (M0025)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with emotional disturbance (ED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for the SED target population.2. They have a diagnosis of an allowable ICD 9 diagnosis. <p>A “day in the community” includes all days NOT spent in jail/detention, crisis stabilization unit, homeless, short term residential treatment programs (SRT), psychiatric inpatient or any other state mental health treatment facility. For children days spent on runaway status, in a residential level one treatment facility, and in wilderness camps are also considered NOT in the community. Measure is an average. The first step is to generate an average score per client (only post-admission, purpose 2 & 3, assessments are used). This is done by dividing the total number of days the client was reported to spend in community (each observation reflects the 30 days prior) by the number of observations. The second step is to generate an average for all clients. The numerator is the sum of the above scores. The denominator is number of clients for whom days spent in community has been recorded on a post-admission assessment. This quotient is then converted to annual average by multiplying by 12.1667. All scores must occur within the fiscal year and any monthly score is year to date. Children committed to the Department of Juvenile Justice (legal status 1 or 5 on the outcome measure form) are excluded from this measure. The target population of the child for performance measure purposes is the target population associated with the first service of the fiscal year. Provider staff report the data based on client interview and records.</p>
Validity:	<p>Current literature on children's mental health indicates that the restrictiveness of a child's environment is an important factor in his or her overall functioning (Duchnowski, et al, 1993). Children committed to the Department of Juvenile Justice are not included because commitment and placement in a DJJ facility is dependent on legal status, rather than mental health treatment.</p>
Reliability:	<p>The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on data reporting, and district</p>

staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Number of children served who are incompetent to proceed (M0030)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Children must be charged with a felony and found incompetent to proceed due to mental illness or mental retardation. This is an unduplicated count of all children served by the contracted provider at any time during the year. Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.
Validity:	This is a direct indicator of the goal to serve children who are incompetent to proceed to a juvenile justice process.
Reliability:	Additional separate reports have been cross referenced to validate the admission and discharge reporting.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Number of SED children to be served (M0031)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:</p> <ol style="list-style-type: none">1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below.3. They currently receive SSI benefits for a psychiatric disability. <p>Served means that the individual received at least one service event during the time period. Measure is an unduplicated count of number of children whose first service of the fiscal year had a target population of children with serious emotional disturbance. Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of children with SED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Number of ED children to be served (M0032)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with emotional disturbance (ED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for the SED target population.2. They have a diagnosis of an allowable ICD 9 diagnosis. <p>Served means that the individual received at least one service event during the time period. Measure is an unduplicated count of number of children whose first service of the fiscal year had a target population of children with emotional disturbance. Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of children with ED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on target population enrollment, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Number of at-risk children to be served (M0033)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children at risk of emotional disturbance (At Risk) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for SED or ED target populations.2. They have factors in their lives that place them at risk for emotional disturbance, such as referral to EH program in accordance IDEA, homelessness, family history of mental illness, have experienced or are experiencing abuse or neglect, exposure to domestic violence, substance abuse, chronic or serious physical illness, or multiple out-of-home placements. <p>Served means that the individual received at least one service event during the time period. Measure is an unduplicated count of the number of children whose first service of the fiscal year had a target population of children at risk of emotional disturbance. staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of children at risk of ED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60910503</u>
Measure:	<u>Percent of children with emotional disturbances who improve their level of functioning (M0377)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with emotional disturbance (ED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for the SED target population.2. They have a diagnosis of an allowable ICD 9 diagnosis. <p>Improve functioning means that their score on a functional assessment indicates an increased level of functioning. This number is a percent and is based on change between two assessments. The numerator is the number of children whose "most recent score" is less than their "previous assessment score". The scores are calculated by summing the 16 questions that are captured on the CFARS assessment. A decrease in scores from one assessment to the next indicates improvement on the CFARS. The "most recent score" must occur within the fiscal year and cannot be an admission assessment. The "previous assessment score" must occur within 12 months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6 month mark (180 days) from the "most recent score" will be used. The denominator is all children with two assessments. To be included in this measure, the child must have at least one service event in the fiscal year and a valid target population. At the contract (provider) level, the comparison is done within the most recent episode of care. At the district and state levels, the comparison is done across all episodes of care. Provider staff report the data based on client interview and records.</p>
Validity:	The measure captures the success of a provider's intervention through functional assessment. The instrument, the CFARS, has high validity when tested.
Reliability:	Reliability of measure is dependent on provider's compliance with data reporting. Providers are required by contract to report performance data including client outcomes. Department will monitor extent to which providers comply with these contractual requirements. The tool currently being used, the CFARS, has high test/retest and inter-rater reliability. All raters are required to be trained and certified before using the instrument.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Program Management and Compliance - Mental Health 60910505</u>
Measure:	<u>Administrative cost as a percent of total program costs (M0135)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60910501</u>
Measure:	<u>Number of sexual predators served (detention and treatment). (M0379)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Count of persons who are referred from DC, DJJ, DCF for assessment as potential sexually violent predators as provided in section 394 FS. and who are court-ordered into DCF custody for secure confinement and/or treatment. Unduplicated count of persons who are held in the SVPP's facilities at any time during the year Census reports from facilities that are entered into the SVPP Access
Validity:	Measures the demand for secure confinement and treatment resources
Reliability:	Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60910501</u>
Measure:	<u>Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Harmful events are "significant reportable events" or those that result in serious injury to staff or residents; any incidents that result in a client elopement; and any incidents that result in serious damage to the physical plant. Florida has only one facility for sexually violent predators, the Florida Civil Commitment Center at Arcadia. The sum of harmful events in the facility for the fiscal year (numerator), divided by the average annual resident census (denominator), multiplied by 100. Liberty Behavioral Health Corporation staff
Validity:	The reporting system is undergoing change from a resident-based report to an incident-based report. While the resident-based reporting system has fairly represented "significant reportable events," another category, "critical incidents" has been found to have been reported incorrectly or underreported. A quality assurance staffperson at the facility and under separate contract to the department reviews reports to correct these errors.
Reliability:	A threat to consistency lies in differing interpretations of the differences between "significant reportable events" and "critical incidents." However, a recent test of these categories showed that "significant reportable events" are likely to be reported consistently across staff. QA review addresses any differences and requires correction. Reliability is aided by the small number of staff and clientele.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60910501</u>
Measure:	<u>Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	SVP: Persons referred from DC, DJJ, DCF for assessment as potential sexually violent predators as provided in section 394.913, F.S. Number of referrals that were processed (decision made) within 180 days of receipt of referral from DC, DJJ, DCF. SVPP Access
Validity:	The measure captures the ability of the program to comply with the legislative mandate to complete all assessments within 180 days.
Reliability:	Program referral database is periodically reconciled with Department of Corrections

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60910501</u>
Measure:	<u>Number of residents receiving Mental Health treatment (M06001)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Number of residents receiving ongoing mental health treatment (psychotropic medication and/or psychotherapy), other than sex-offender specific treatment, for the symptoms and/or impairments due to mental illnesses, mental retardation, maladaptive behavior, or psychosocial stressors. This is a count of residents receiving treatment. SVPP Access database
Validity:	This output measure addresses level of effort being given to treatment for the residents.
Reliability:	This measure is checked through annual contract monitoring.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Mental Health Program</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60910501</u>
Measure:	<u>Number of sexual predators assessed (M0283)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	SVP: Persons referred from DC, DJJ, DCF for assessment as potential sexually violent predators as provided in section 394.913 assessed: compile and review all pertinent available records, conduct clinical evaluation, if necessary Number of referred files processed during the FY Program Office Database
Validity:	Valid measure of the program's assessment workload and need for resources for this activity
Reliability:	Should permit forecasting of need for assessment resources

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60910603</u>
Measure:	<u>Percent change in the number of clients with arrests within 6 months following discharge compared to number with arrests within 6 months prior to admission. (M0381)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Dates of arrests as identified by FDLE are compared to treatment admission and discharge dates. The numerator is the number of clients with arrests following discharge minus the number with arrests prior to admission; the denominator is the number of clients with arrests prior to admission. The result is then expressed as a percent. FDLE/OneFamily Substance Abuse Mental Health (SAMH) data system
Validity:	Substance use and abuse have been shown in the research to be contributing factors to crime and delinquency. This measure is designed to evaluate the extent to which treatment facilitates reduced subsequent criminal activity.
Reliability:	Definitions of arrests are consistent and controlled by FDLE. Data for this measure are only reliable to the extent that clients can be successfully matched to the FDLE database based on common client identifiers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60910603</u>
Measure:	<u>Percent of adults who are drug free during the 12 months following completion of treatment (M0057)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Drug-free means abstinence from illicit substance use (excluding alcohol) during the survey period, 335 to 365 days following treatment completion. Numerator: Number of adult clients responding to a survey who indicate abstinence within the last 30 days, 12 months after treatment completion. Denominator: Total number of adult clients responding to the survey. Florida State University/OneFamily Substance Abuse Mental Health data system
Validity:	Measure is designed to determine effectiveness of treatment and other support services in helping clients maintain abstinence following completion of services. It is accurate only to the extent that the respondents are truthful.
Reliability:	Reliance on self-report. Efforts are made to secure representative samples for treatment populations.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60910603</u>
Measure:	<u>Percent of adults employed upon discharge from substance abuse treatment services (M0058)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Employed is defined as part-time or fulltime employment, including active military duty, at the time of discharge from treatment. There are no minimum hour or wage requirements; the wages must be subject to income tax, however, so that welfare and nontaxable stipends are not considered employment. An adult is a person 18 years old and older. The measure is a percentage, calculated by taking the number of adults who, at the time of discharge, are employed fulltime, part-time or active military (numerator), divided by the number of adults discharged from treatment with any employment or unemployment codes. Persons who are retired or not in the labor force (students, persons with disabilities, homemakers and on leave of absence from a job) are not included in the denominator. Clients who died, were incarcerated, referred outside of the agency and did not complete episode of care or discharged for other reasons not elsewhere captured are excluded. OneFamily Substance Abuse and Mental Health (SAMH) data system discharges and service events.
Validity:	Research available from the Substance Abuse Program office has shown that higher employment rates are positively correlated with reduced substance use.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60910603</u>
Measure:	<u>Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child Welfare Supervision includes all adults who must comply with requirements set by Family Safety and the courts due to child abuse and dependency determinations. N: Number of adults identified as needing substance abuse treatment in protective services records who receive treatment. D: Number of adults identified as needing substance abuse treatment in protective services records. HomeSafeNet/OneFamily Substance Abuse Mental Health data system
Validity:	National studies indicate 50-60 percent of families with child abuse and neglect have substance abuse as a contributing factor. Measure determines extent to which the parents follow through on treatment to reduce substance abuse problems.
Reliability:	Data are derived from uniform survey/record review format and is maintained independent of the substance abuse and protective services programs.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60910603</u>
Measure:	<u>Percent of adults who complete treatment (M0062)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The measure is a percentage. The numerator is the number of adults successfully discharged from a completed episode of care which contains a treatment placement. The denominator includes all adults admitted into treatment who did not receive an immediate or neutral discharge. A neutral discharge includes arrest, incarceration, death or referral to another agency, episode of care not completed. Numerator: Number of adults discharged from a completed episode of care which contains a treatment placement. Denominator: all adults admitted into treatment who did not receive an immediate discharge. OneFamily Substance Abuse and Mental Health (SAMH) data system discharge data.
Validity:	Research has shown that completion of treatment is correlated with higher rates of reduced substance use and related problems versus non-completion.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60910603</u>
Measure:	<u>Number of adults served (M0063)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Served includes all adults served in either prevention, treatment/aftercare or detoxification services. These adults have used an illicit substance or at risk of, or have been assessed. Count of adults receiving substance abuse services. OneFamily Substance Abuse and Mental Health (SAMH) data system service events.
Validity:	N/A
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60910602</u>
Measure:	<u>Number of at risk children served in prevention services. (M0382)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Prevention includes selected, indicated and universal prevention programs designed to provide early assessment, brief counseling and/or education to children at risk of developing substance abuse problems due to low academic achievement and related problems. Total number of at risk children provided prevention services. Alcohol, Drug Abuse, and Mental Health Data Warehouse (ADMDW) enrollment and placement data.
Validity:	N/A
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60910602</u>
Measure:	<u>Substance usage rate per 1,000 in grades 6-12. (M05092)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	This measure identifies the rate of substance abuse usage per 1,000 children in Florida in grades 6-12 based upon the results of the Florida Youth Substance Abuse Survey. This is an annual measure extrapolated from the results of specific items contained in the annual Florida Youth Substance Abuse Survey. The Florida Youth Substance Abuse Survey.
Validity:	The Florida Youth Substance Abuse Survey provides a comprehensive assessment of youth substance abuse attitudes and practices. This survey is completed annually and obtains information from more than 65,000 students statewide. This data is used to guide the state's substance abuse prevention efforts.
Reliability:	The University of Miami utilizes a number of statistical methods to increase the reliability and validity of survey results.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60910602</u>
Measure:	<u>Average age of first substance abuse (M05093)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	This measure identifies the average age of first time usage of specified drugs based on the results of the Florida Youth Substance Abuse Survey. This is an annual measure extrapolated from the results of the Florida Youth Substance Abuse Survey. The Florida Youth Substance Abuse Survey.
Validity:	The Florida youth Substance Abuse Survey is administered annually and provides a comprehensive assessment of youth substance abuse attitudes and practices. This survey reflects the responses of more than 65,000 students statewide. The survey report is used to guide the state's prevention efforts.
Reliability:	The University of Miami develops and administers the Florida Youth Substance Abuse Survey and utilizes a number of statistical methods to assure the reliability and validity of survey items.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60910602</u>
Measure:	<u>Percent of children with substance abuse who complete treatment (M0045)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A child is a person under 18 years of age at the time of admission. Substance abuse is defined as a specific range of scores on the Patient Placement Criteria, the assessment instrument of the American Society of Addiction Medicine (ASAM). To be admitted to treatment, the child must evidence alcohol or drug abuse. Complete treatment is defined as fulfilling all the agency's requirements for discharge and no substance use 30 days prior to discharge. Fulfillment includes completion of levels of treatment and a urinalysis. The measure is a percentage. The numerator is the number of enrolled children successfully discharged from a completed episode of care which contains a treatment placement. The denominator includes all children discharged from treatment who did not receive an immediate or neutral discharge. A neutral discharge includes arrest, incarceration, death or referral to another agency, episode of care not completed.. OneFamily Substance Abuse and Mental Health (SAMH) data system.
Validity:	Research has shown that completion of treatment is correlated with higher rates of reduced substance use and related problems.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60910602</u>
Measure:	<u>Percent of children with substance abuse who are drug free during the 12 months following completion of treatment (M0046)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Drug-Free means abstinence from illicit substance use during the survey period, 335 to 365 days following treatment completion. Numerator: Number of child clients (or their parents/guardians) responding to a survey who indicate abstinence within the last 30 days, 12 months after treatment completion. Denominator: Number of clients (parents/guardians) responding to the survey. Florida State University/OneFamily Substance Abuse Mental Health (SAMH) data system
Validity:	Measure is an indicator of effectiveness of treatment and other support services in helping clients maintain abstinence following completion of services.
Reliability:	Reliance on self-report, however, efforts are made to secure representative samples for treatment populations.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60910602</u>
Measure:	<u>Percent of children with substance abuse under the supervision of the state receiving substance-abuse treatment who are not committed to the Department of Juvenile Justice during the 12 months following treatment completion (M0047)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Committed = court places child under supervision of DJJ due to commission of new offense or violation of prior court stipulations or places the child in DCF custody for dependency. These children are either DJJ or DCF dependent and have used an illicit substance. N: Number of children under the supervision of the state who are not committed to DJJ within 12 months after discharge from treatment. D: All children under the supervision of the state discharged from treatment. Department of Juvenile Justice/OneFamily Substance Abuse Mental Health (SAMH) data system
Validity:	Substance use and abuse have been shown in the research to be contributing factors to crime and delinquency. This measure is designed to evaluate the extent to which treatment facilitates reduced criminal activity.
Reliability:	Definition of commitment is consistent and controlled by DJJ. Data for this measure is only reliable to the extent that clients can be successfully matched to DJJ database based on identifying

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60910602</u>
Measure:	<u>Percent of children at risk of substance abuse who receive targeted prevention services who are not admitted to substance-abuse services during the 12 months after completion of prevention services (M0051)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Measure applies to children at risk who have completed targeted prevention and have not been admitted to outpatient or residential substance abuse treatment within a year thereafter. Children at risk are children identified as having a high potential for substance use. The numerator is the number of children completing targeted prevention who are not admitted to substance abuse services within 12 months. The denominator is all children completing targeted prevention. OneFamily Substance Abuse and Mental Health (SAMH) data system.
Validity:	Measure is an indicator of the effectiveness of targeted programs at preventing substance use or reducing the potential for substance abuse among youth.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60910602</u>
Measure:	<u>Number of children with substance-abuse problems served (M0052)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Served includes all children served in either prevention, treatment/aftercare or detoxification services. These children have used an illicit substance or at risk of or have been assessed. Count of children receiving a substance abuse service. OneFamily Substance Abuse and Mental Health (SAMH) data system.
Validity:	A direct measure with the number of children served in substance abuse.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60910602</u>
Measure:	<u>Number of at-risk children served in targeted prevention (M0055)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Targeted prevention includes programs designed to provide early assessment, brief counseling and/or education to children at risk of developing substance abuse problems due to low academic achievement and related problems. Children at risk are children identified as having a high potential for substance use (although not known to be using). Count of children served in selected/indicated (targeted) prevention services. OneFamily Substance Abuse and Mental Health (SAMH) data system service events.
Validity:	N/A
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Substance Abuse Program</u>
Service/Budget Entity:	<u>Program Management and Compliance - Substance Abuse 60910601</u>
Measure:	<u>Administrative cost as a percent of total program costs (M0137)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Support Services</u>
Service/Budget Entity:	<u>Assistant Secretary for Administration 60900203</u>
Measure:	<u>Administrative cost as a percent of total agency costs (M0147)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Administrative costs in this instance include all expenditures/appropriation in the Administrative Services budget entity. Numerator: Administrative Services budget entity. Denominator: Total Agency budget/expenditures (including Administrative Costs) Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Support Services</u>
Service/Budget Entity:	<u>District Administration 60900204</u>
Measure:	<u>Administrative cost as a percent of total agency costs (M0363)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Administrative costs in this instance include all expenditures/appropriation in the District Administration budget entity. Numerator: District Administration budget entity. Denominator: Total Agency budget/expenditures (including Administrative Costs) Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>Support Services</u>
Service/Budget Entity:	<u>Information Technology 60900202</u>
Measure:	<u>Information technology cost as a percent of total agency costs (M0145)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Administrative costs in this instance include all expenditures/appropriation in the Information Technology budget entity. Numerator: Information Technology budget entity. Denominator: Total Agency budget/expenditures (including Administrative Costs) Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR.
Validity:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.
Reliability:	This type of administrative measure is being tracked for all of the department's major administrative areas.