



**State of Florida
Department of Children and Families**

Charlie Crist
Governor

George H. Sheldon
Secretary

LONG RANGE PROGRAM PLAN

Department of Children and Families
Tallahassee, Florida

September 30, 2010

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Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, our Long Range Program Plan (LRPP) for the Department of Children and Families is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2011-12 through Fiscal Year 2015-2016. This submission has been approved by Secretary George H. Sheldon. The following page includes a message from Secretary Sheldon.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Ted Harrell', is written over a large, stylized blue scribble.

Ted Harrell
Department Planner

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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

Message from Secretary Sheldon

On behalf of the Florida Department of Children and Families, I am pleased to present our Long Range Program Plan for Fiscal Years 2011-2012 through 2015-2016. This plan provides an opportunity for the Department to review our progress and outline where we are headed.

Our vision is, with the help of our community partners, to become the best social service system in America. While we have much more to accomplish, I believe we are on the right track. We are committed to providing the highest quality of service possible and that quality cannot be less than what we would want for our own families. The front section reflects our strategic plan (this is a legislative requirement) and describes four important goals that will help our vision become reality.

First, children and adults should be free from abuse, neglect, violence or exploitation. When parents are suffering from addiction or mental illness, when the family system breaks down, when our children and citizens are abused and neglected, it is up to us to help put these families on a path to recovery. We must continue to work with other state agencies, the Governor's Office, and our community partners to educate Floridians about unsafe behaviors that lead to injuries and deaths. One example of collaboration is the Task Force on Fostering Success which has allowed us to benefit from various perspectives to identify gaps in Florida's child protection system.

Second, children and adults must have their basic needs of food, shelter, clothing and good health met. This year, the Department was nationally recognized for achieving the best payment accuracy rate in the country for food stamp benefits while serving 800,000 additional people. Florida is the largest state to hold the number one spot for accuracy since the federal bonus system went into place in 2003. However, we still have challenges due to the high ACCESS workload and process. The Department will also continue to partner with other agencies to promote low-cost health insurance for children through Florida KidCare.

Third, adults, children and families should be active, self-sufficient participants living in their own homes and communities. Our hope for all children in Florida is a safe, loving and permanent home that supports our youth as they transition into adulthood and self-sufficiency. One of our boldest initiatives is the goal of reducing the number of children in out-of-home care by 50 percent by 2012. So far, we have safely reduced the number of children in out-of-home care by 33 percent since January of 2007, and we look forward to continuing our progress. In doing so, we are especially committed to helping more children to remain safely with, or be reunited with, their own families. For children that remain in the foster care system, we must continue to find ways to assist youth aging out of care through initiatives such as Operation Full Employment and the Independent Living Program.

Finally, the Department must be an integrated, efficient, timely, accurate, effective, and transparent organization. In everything we do, we strive to apply common sense, a sense of urgency and a sense of community to improve the lives of the children and adults we serve. We are committed to integrity and transparency because, right or wrong, we are accountable for the quality of our decisions and our work. We hope Floridians will increasingly recognize and benefit from the great accomplishments of this agency.

George H. Sheldon
Secretary



Long Range Program Plan

Fiscal Years 2011-2012 through 2015-2016

**Florida Department of Children and Families
September 30, 2010**

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Strategic Plan

Department Mission:

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

Department Goals

Goal 1: Children and adults are free from abuse, neglect, violence or exploitation

Goal 2: The basic needs of food, shelter, clothing and health are met for children and adults

Goal 3: Adults, children and families are active self-sufficient participants living in their own homes/community

Goal 4: DCF is an integrated, efficient, timely, accurate, effective, and transparent organization

Department Priorities

- **Transparency**
- **Accountability**
- **Orientation to Action**
- **Focus on Building Community Partnerships**
- **Leadership**
- **Integrity**

Agency Objectives

Goal 1

Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.1

Reduce the number of child deaths and injuries in Florida related to abuse, neglect and abandonment (Family Safety)

Objective 1.2

Reduce domestic violence (Domestic Violence)

Objective 1.3

Reduce the number of adult deaths and injuries in Florida related to abuse, neglect and exploitation (Adult Protection Services)

Objective 1.4

Prevent sexually violent predators from engaging in repeat acts of predatory sexual violence (Mental Health)

Objective 1.5

Reduce the number of children harmed while in child care (Child Care)

Objective 1.6

Increase safety for children and adults (Hotline)

Goal 2

The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.1

More families will have the basic needs of food, shelter, clothing and health to maintain in their communities (ACCESS)

Objective 2.2

Fewer children and adults will be homeless (Homeless)

Objective 2.3

Promote effective resettlement of refugees and decrease human trafficking (Refugee)

Objective 2.4

More children and adults will experience less symptoms of mental illness (Mental Health)

Goal 3

Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.1

Increase the percent of persons with disabilities and vulnerable adults that remain in, or return to their home (Adult Protection Services)

Objective 3.2

More children, who are unable to remain in or return to their home, will achieve timely permanence through adoptions (Family Safety)

Objective 3.3

More children and young adults will be adequately prepared to achieve and maintain independence (Family Safety)

Objective 3.4

More children and adults will live in their own homes/communities free from substance abuse (Substance Abuse)

Objective 3.5

More children and adults with behavioral health problems will live in and be active successful participants in their own communities (Mental Health)

Goal 4

DCF is an integrated, efficient, timely, accurate, effective, and transparent organization

Objective 4.1

Increase integration, efficiency and transparency (Office of the Secretary)

Objective 4.2

Strengthen and streamline the contracting system to improve oversight of contracted services and the efficiency of contract administration (Contracted Client Services)

Objective 4.3

Enhance human resources (Human Resources)

Objective 4.4

Increase efficiency, accuracy and effectiveness through information management (Information Technology)

Objective 4.5

Ensure clients and workers are supported with administrative services and have a safe environment (Administrative Services)

Objective 4.6

Enhance effectiveness and efficiency of the Department through the provision of world class legal services by the Office of the General Counsel, the Department's law firm (Legal)

Major Issues and Champions of Change

FY 2010-16

Issue	Champion
1. Integrate and synchronize DCF services and practices (4.1.1)	Secretary Sheldon
2. Implement child welfare reform / Safely reduce of out-of-home care by 50% (1.1.1)	Don Winstead
3. Make education a priority for foster children (3.3.1)	Mary Cagle
4. Fully implement and expand the use of mobile technology for investigators and case managers in the field (4.4.1)	Ramin Kouzehkanani
5. Maintain national leadership in food stamp program (2.1.1)	Don Winstead
6. Transfer lessons learned from Task Forces into actual practice (1.1.2)	Pete Digre
7. Maximize document imaging (4.4.2)	Ramin Kouzehkanani
8. Enhance employee recognition and retention efforts (4.3.2)	Nancy Dreicer
9. Strengthen contract system (including contract compliance) (4.2.1)	Barbara Palmer
10. Enhance hospital management system (2.4.2)	Dave Sofferin
11. Implement the Child and Family Services Review Program Improvement Plan (3.2.1)	Pete Digre
12. Implement risk management and loss prevention (4.6.1)	Jerry Currington
13. Improve ACCESS process and workload (2.1.4)	John Cooper
14. Deploy innovative data mining and matching technologies to improve child protection, client service and program integrity (4.4.3)	Ramin Kouzehkanani
15. Modify ACCESS notices (2.1.3)	Jacqui Colyer
16. Implement Independent Living Reforms (3.3.1)	David Fairbanks
17. Enhance refugee services connectivity to mainstream service providers (2.3.1)	Hiram Ruiz / Jacqui Colyer
18. Deploy Hotline enhancements (1.6.1)	Walt Cook
19. Implement Adult Services enhancements (1.3.1)	David Fairbanks
20. Implement Benefit Bank Pilot Projects (4.4.4)	Ramin Kouzehkanani
21. Redesign DCF intranet homepage (4.1.3)	Jason Dimitris
22. Prevent prescription drugs abuse (3.4.1)	Stephenie Colston
23. Address Health Care Reform (2.1.2)	Don Winstead

24. Intervene in Families w/ Substance Abuse and Co-Occurring Disorders (3.4.2)	Stephenie Colston
25. Communicate with Communities (4.1.3)	Joe Follick
26. Develop Call Center Management (2.1.5)	Chris Pantaleon
27. Redesign the Benefit Recovery Program (2.1.6)	Ester Tibbs
28. Develop supervisor training, succession planning and employee orientation and development (4.3.1)	Dennise Parker
29. Deploy Trauma-informed Care (2.4.1)	Dave Sofferin
30. Review Hoteling and telecommuting model (4.5.1)	John Cooper / Nancy Dreicer
31. Address Department of Labor wage and hour issues (4.6.2)	Jerry Curington
32. Enhance CPI / API training (1.3.2)	David Fairbanks
33. Implement Quality Foster Parent Initiative (1.1.4)	Alan Abramowitz
34. Deploy FSFN enhancements (4.4.5)	Ramin Kouzehkanani
35. Acquire vehicles for the field (4.5.2)	John Cooper
36. Address Oil spill impact (4.5.3)	Chris Pantaleon
37. Develop Prevention Services (1.1.3)	David Fairbanks
38. Develop Veteran Services and Resources (3.5.1)	Steve Holmes

Agency Service Outcomes and Performance Projection Tables

Goal 1

Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.1

Reduce child deaths and injuries related to abuse, neglect and abandonment (Family Safety)

Initiative 1.1.1

Implement child welfare reform / safely reduce out-of-home care by 50% (MI: 2)

Initiative 1.1.2

Transfer lessons learned from Task Forces into actual practice (MI: 6)

Initiative 1.1.3

Develop Prevention Services (MI: 37)

Initiative 1.1.4

Implement Quality Foster Parent Initiative (MI: 33)

Initiative 1.1.5

Create Medical Home for children in Family Safety Program

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of child victims seen within the first 24 hours as reported in closed cases (FS104)	FY 2008-09 83%	85%	85%	85%	85%	85%
Percent of victims of verified or indicated maltreatment who were not subjects of subsequent reports with verified or indicated maltreatment within 6 months (FS100a)	FY 2008-09 94.6%	94.6%	94.6%	94.6%	94.6%	94.6%

Goal 1

Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.2

Reduce domestic violence (Domestic Violence)

Initiative 1.2.1

Domestic Violence (DV) & CPI Partnership Project

Initiative 1.2.2

Domestic Violence Fatality Review

Initiative 1.2.3

Listening to Domestic Violence Survivors Project

Initiative 1.2.4

Domestic Violence Center Evaluation

Initiative 1.2.5

Family Court Judges Domestic Violence Training

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of adult and child victims in shelter for 72 hours or more having a plan for family safety and security when they leave shelter (DV126)	FY 2008-09: 97%	97%	97%	97%	97%	97%

Goal 1

Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.3

Reduce the number of adult deaths and injuries in Florida related to abuse, neglect and exploitation (Adult Protection Services)

Initiative 1.3.1

Implement Adult Services enhancements (MI: 19)

Initiative 1.3.2

Enhance CPI / API training (MI: 32)

Initiative 1.3.3

Implement a Comprehensive Case Management System for Adult Protective Services

Initiative 1.3.4

Transition and implement Electronic Benefit Transfer from manual to automated system

Initiative 1.3.5

Emergency Services to Protect Vulnerable Adults

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of adult victims seen within the first 24 hours (AP4017a)	FY 2005-06 83%	95%	95%	95%	95%	95%
The rate of abuse/neglect per 1000 for elderly persons (AP757)	FY 2005-06 .35	.1	.1	.1	.1	.1
The rate of abuse/neglect per 1000 for adults with disabilities (AP735)	FY 2005-06 .35	.12	.12	.12	.12	.12
Percent of adult investigations from an entry cohort completed within 60 days (AP4016)	FY 2005-06 99%	99%	99%	99%	99%	99%

Goal 1

Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.4

Prevent sexually violent predators from engaging in repeat acts of predatory sexual violence (Mental Health)

Initiative 1.4.1

Modify Sexual Violent Predator (SVP) Program Statute

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of assessments completed by the SVP program within 180 days of receipt of referral (MH5305)	FY 2008-09: 85%	85%	85.01%	85.02%	85.03%	85.04%

Goal 1

Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.5

Protect the health and welfare of children in child care (Child Care)

Initiative 1.5.1

Promote efficiencies to the Child Care Information System through technological enhancements such as development of Health and Safety standards, a staff development registry, and licensing/training opportunities with community partners

Initiative 1.5.2

Secure sufficient staff to accommodate workload for on-site inspections of licensed child care arrangements

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of licensed child care facilities inspected in accordance with program standards (CC4015)	FY 2008-09 98.91	95%	95%	95%	95%	95%
Percent of licensed child care homes inspected in accordance with program standards (CC5175)	FY 2008-09 98.14	95%	95%	95%	95%	95%
Number of instructor hours provided to child care provider staff (CC384)	FY 2008-09 71,008	63,019	63,019	63,019	63,019	63,019

Goal 1

Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.6

Increase safety for children and adults (Hotline)

Initiative 1.6.1

Deploy Hotline enhancements (MI: 18)

Initiative 1.6.2

Increase the awareness of referral services, not only for reporting of abuse and neglect, but also for prevention and referral services, at the Hotline. For example, making the best use of the wait time for callers by listing services, referral numbers and other pertinent information while they wait to speak to a counselor

Initiative 1.6.3

Improve mandated reporter training resources to support circuits with their initiatives to educate communities on mandated reporting requirements

Initiative 1.6.4

Increase subject matter in-service training opportunities for Hotline Counselors

Initiative 1.6.5

Increase staff efficiency through technological enhancements and utilization of workforce management software

Initiative 1.6.6

Increase staffing levels for call center in order to increase number of calls we are able to answer and improve service levels

Initiative 1.6.7

Management Review Implementation

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of calls made to the Florida Abuse Hotline that were abandoned (HL069)	FY 2004-05 4.4%	4.0%	4.0%	4.0%	4.0%	4.0%

Goal 2

The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.1

More families will have the basic needs of food, shelter, clothing and health to maintain in their communities (ACCESS)

Initiative 2.1.1

Maintain national leadership in food stamp program (MI: 5)

Initiative 2.1.2

Modify ACCESS notices (MI:15)

Initiative 2.1.3

Address Health Care Reform (MI: 23)

Initiative 2.1.4

Improve ACCESS process and workload (MI: 13)

Initiative 2.1.5

Develop Call Center Management (MI: 26)

Initiative 2.1.6

Redesign the Benefit Recovery Program (MI: 27)

Initiative 2.1.7

Improve the coordination and integration of eligibility processes and community partnerships

Initiative 2.1.8

Speed access to benefits for eligible people and families

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of all applications for assistance processed within time standards (ES105)	FY 2005-06 98%	98%	98%	98%	98%	98%
Percentage of food assistance applications processed within 7 days (expedited) (ES733)	FY 2007-08 38%	60%	65%	70%	75%	80%
Percentage of food assistance applications processed within 30 days (ES219)	FY 2007-08 73%	80%	85%	90%	95%	95%
Percent of food stamp benefits determined accurately (ES107)	FY 2005-06 94%	98%	98%	98%	98%	98%

Goal 2

The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.2

Fewer children and adults will be homeless (Homeless)

Initiative 2.2.1

Analyze the 2010 Federal Strategic Plan to Prevent and End Homelessness to develop state policy directions to maximize federal resources

Initiative 2.2.2

Target veterans who are homeless or at risk of becoming homeless with Department services

Initiative 2.2.3

Increase prevention efforts to help individuals and families avoid substance abuse and homelessness

Initiative 2.2.4

Increase affordable housing for persons with mental illness, young adults transitioning out of foster care and veterans

Goal 2

The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.3

Promote effective resettlement of refugees and decrease human trafficking (Refugee)

Initiative 2.3.1

Enhance refugee services connectivity to mainstream service providers (MI: 17)

Initiative 2.3.2

Promote the successful resettlement and integration of refugees and respond to the needs of new resettlement communities and new refugee populations

Initiative 2.3.3

Increase refugees' awareness of services available to them and empower refugees to provide input to Refugee Services (RS) and community providers regarding their service needs through Refugee Advisory Panels (RAP)

Initiative 2.3.4

Advance successful adjustment and academic achievement of newly arrived refugee youth through implementation of new Refugee School Impact Grant

Initiative 2.3.5

Support the Department's efforts against human trafficking and enhance services to unaccompanied refugee minors

Initiative 2.3.6

Increase the mainstream community's awareness of refugees and available services

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of unemployed active caseload placed in employment (RF4040)	NA	40%	40%	40%	40%	40%
Percent of refugee assistance cases accurately closed at 8 months or less (RF103)	FY 2007-08 99.6%	99.6%	99.6%	99.6%	99.6%	99.6%

Goal 2

The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.4

More children and adults will experience less symptoms of mental illness (Mental Health)

Initiative 2.4.1

Deploy Trauma Informed Care (MI: 29)

Initiative 2.4.2

Enhance Hospital Management System (MI: 10)

Initiative 2.4.3

Improve the Quality and Increase the Efficiency of Civil Community Mental Health Services

Initiative 2.4.4

Develop Capacity for Use of Electronic Health Records

Initiative 2.4.5

Improve Capacity to Provide Early Childhood Mental Health Services

Initiative 2.4.6

Enhance Integration with Primary Healthcare

Initiative 2.4.7

Improve Access to Medications in Facilities

Initiative 2.4.8

Identify and Maximize Efficiencies in State Mental Health Treatment Program

Initiative 2.4.9

Increase Knowledge of Children and Adolescents with Attachment and Attachment Related Difficulties and Disorders Initiative

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (MH709)	FY 2009-10 7.3%	7.3%	7.3%	7.3%	7.3%	7.3%
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (MH777)	FY 2009-10 6.2%	6.2%	6.2%	6.2%	6.2%	6.2%

Percent of children with serious emotional disturbances who improve their level of functioning (MH378)	FY 2009-10 68%	65%	65%	65%	65%	65%
Average number of days to restore competency for adults in forensic commitment with targets of 125 days (MH015)	FY 2008-09 127	125	125	125	125	125

Goal 3

Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.1

Increase the percent of children, persons with disabilities and vulnerable adults that remain in, or return to their home (Adult Protection Services)

Initiative 3.1.1

Medicaid Waiver: Reduce Waiting List for Aged or Disabled Adults Home and Community Based Services Waiver

Initiative 3.1.2

HCDA: Reduce Waiting List for Home Care for Disabled Adults

Initiative 3.1.3

CCDA: Reduce Waiting List for Community Care for Disabled Adults

Goal 3

Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.2

More children, who are unable to remain in or return to their home, will achieve timely permanence through adoptions (Family Safety)

Initiative 3.2.1

Implement the Child and Family Services Review Program Improvement Plan (MI: 11)

Initiative 3.2.2

Ensure that every child’s case is managed with the goal that a sense of urgency and common sense will be the guiding principles for seeking a safe, loving and permanent home

Initiative 3.2.3

Reduce number of children in long term care via reducing Another Planned Permanent Living Arrangement goal

Initiative 3.2.4

Improve the support services for relative placements to reduce the potential for a placement move and lead the nation in the electronic processing of all “Interstate Compact on the Placement of Children” placements

Initiative 3.2.5

Maintenance Adoption Subsidy: Federal mandate for Title IV-E

Initiative 3.2.6

Post-adoption supports

Initiative 3.2.7

Fostering Connections Act/Foster Care Redesign (Shifting Relative Caregiver to Guardianship Assistance Program (GAP)); Restructuring licensing; extending foster care to age 21; court and caseworker costs; costs of raising payment to GAP, etc.

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Number of children in out-of-home care (FS297)	12/31/06 29,255	19,503	17,065	14,628	14,628	14,628
Percent adoptions finalized within 24 months of the latest removal (FS303)	FY 2007-08 44.1%	44%	44%	44%	44%	45%
The percentage of children in out-of-home care at least 8 days but less than 12 months who had two or fewer placement settings (FS306)	FY 2005-06 83%	85%	85%	85%	85%	85%

Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (FS671)	FY 2007-08 33.6%	33.6%	33.7%	33.8%	33.9%	34%
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Goal 3

Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.3

More children and young adults will be adequately prepared to achieve and maintain independence (Family Safety)

Initiative 3.3.1

Implement Independent Living Reforms (MI: 16)

Initiative 3.3.2

Make education a priority for foster children (MI: 3)

Initiative 3.3.3

Increase Foster Care to age 21

Goal 3

Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.4

More children and adults will live in their own homes/communities free from substance abuse (Substance Abuse)

Initiative 3.4.1

Prevent Prescription Drug Abuse (MI: 22)

Initiative 3.4.2

Intervene in Families with Substance Abuse (MI: 24)

Initiative 3.4.3

Measure System Performance

Initiative 3.4.4

Develop Capacity for Enrollment of Priority Populations into SAMH System

Initiative 3.4.5

Continue to Implement Screening, Brief Intervention, Referral, and Treatment (SBIRT), to Integrate Systems for Child Welfare Integration and Substance Abuse using Family Intervention Specialists and to Build Community Capacity for Evidenced-Based Services and Clinical Assessment

Initiative 3.4.6

Establish a Substance Abuse Response System

Initiative 3.4.7

Implement Rapid Cycle Change

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of children who successfully complete substance abuse treatment services (SA725)	FY 2007-08 48%	48%	48.01%	48.02%	48.03%	48.04%
Percent of adults who successfully complete substance abuse treatment services (SA755)	FY 2007-08 51%	51%	51.01%	51.02%	51.03%	51.04%
Percent of adults with substance abuse who live in stable housing environment at the time of discharge (SA756)	FY 2007-08 94%	94%	94%	94%	94%	94%

Goal 3

Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.5

More children and adults with behavioral health problems will live in and be active successful participants in their own communities (Mental Health)

Initiative 3.5.1

Develop Veteran’s Services and Resources (M1: 38)

Initiative 3.5.2

Conduct the Florida Assertive Community Treatment (FACT) Fidelity Project

Initiative 3.5.3

Implement Comprehensive Continuous Integrated System of Care (CCISC)

Initiative 3.5.4

Target Services to Veterans At-Risk for Criminal Justice Involvement

Initiative 3.5.5

Support Competitive Employment Opportunities for Individuals with Serious Mental Illnesses

Initiative 3.5.6

Increase Diversion of Individuals from the Criminal Justice System, including competitively procuring and overseeing implementation of the new CJSAMH Reinvestment Grants

Initiative 3.5.7

Implement Managing Entities

Initiative 3.5.8

Improve the Process for Transitioning Young Adults from the Children’s Mental Health to Adult Mental Health System

Initiative 3.5.9

Expand Housing Options for Consumers with Behavioral Health Issues

Initiative 3.5.10

Continue to Implement Self-Directed Care

Outcome Projection Table

Outcome	Baseline	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Percent of adults with severe persistent mental illness (SPMI) who live in a stable housing environment (MH742)	FY 2007-08 90%	90%	90%	90%	90%	90%
Percent of adults with serious mental illness who are competitively employed(MH703)	FY 2007-08 24%	24%	24%	24%	24%	24%

Percent of school days seriously emotionally disturbed (SED) children attended (MH404)	FY 2007-08 86%	86%	86.01%	86.02%	86.03%	86.04%
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Goal 4

DCF is an integrated, efficient, timely, accurate, effective, and transparent organization

Objective 4.1

Increase integration, efficiency and transparency (Office of the Secretary)

Initiative 4.1.1

Integration/synchronization of DCF services and practices (MI: 1)

Initiative 4.1.2

Communicate with Communities (MI: 25)

Initiative 4.1.3

Redesign DCF intranet homepage (MI: 21)

Goal 4

DCF is an integrated, efficient, timely, accurate, effective, and transparent organization

Objective 4.2

Strengthen and streamline the contracting system to improve oversight of contracted services and the efficiency of contract administration (Contracted Client Services)

Initiative 4.2.1

Strengthen contract system (including contract compliance) (MI: 9)

Initiative 4.2.2

Implement managing entity or comparable collaborative, accountable system in selected Department regions and circuits, in accordance with Chapter 394.9082, Florida Statutes

Initiative 4.2.3

Develop and Implement New Grants Management Program

Initiative 4.2.4

Increase General Counsel's Role in Contracting Activities

Initiative 4.2.5

External Review of Department Contracting Processes

Initiative 4.2.6

Implement Risk-Based Limited Scope Monitoring Initiative

Initiative 4.2.7

Maintain Continuous Quality Improvement Plan for Contracting System

Goal 4

DCF is an integrated, efficient, timely, accurate, effective, and transparent organization

Objective 4.3

Enhance human resources (Human Resources)

Initiative 4.3.1

Enhance employee recognition and retention efforts (MI: 8)

Initiative 4.3.2

Develop supervisor training, succession planning and employee orientation and development (MI: 28)

Initiative 4.3.3

Enhance supervisory training to insure cascading of the Department's mission, values and strategic priorities through the Department

Initiative 4.3.4

Continue and strengthen state-level and local coordination of educational services and sharing of information regarding education for employees

Initiative 4.3.5

Identify, train and nurture leaders and future leaders

Goal 4

DCF is an integrated, efficient, timely, accurate, effective, and transparent organization

Objective 4.4

Increase efficiency, accuracy and effectiveness through information management (Information Technology)

Initiative 4.4.1

Fully implement and expand the use of mobile technology for investigators and case managers in the field (MI: 4)

Initiative 4.4.2

Document Imaging (MI: 7)

Initiative 4.4.3

Deploy innovative data mining and matching technologies to improve child protection, client service and program integrity (MI: 14)

Initiative 4.4.4

Implement Benefit Bank Pilot Projects (MI: 20)

Initiative 4.4.5

Deploy FSFN enhancements (MI: 34)

Initiative 4.4.6

Implement an IT infrastructure which allows program offices and different business partners to exchange data

Initiative 4.4.7

Leverage GIS technologies to view, analyze, and advance our geographic service delivery framework and successfully implement remote data capturing devices

Initiative 4.4.8

Utilize tools, automation, and specialized software to capture and present better business information and assist decision-making

Initiative 4.4.9

Successfully implement remote data capturing devices

Goal 4

DCF is an integrated, efficient, timely, accurate, effective, and transparent organization

Objective 4.5

Ensure clients and workers are supported with administrative services and have a safe environment (Administrative Services)

Initiative 4.5.1

Review Hoteling and telecommuting model (MI: 30)

Initiative 4.5.2

Acquire vehicles for the field (MI: 35)

Initiative 4.5.3

Address Oil spill impact (MI: 36)

Goal 4

DCF is an integrated, efficient, timely, accurate, effective, and transparent organization

Objective 4.6

Enhance effectiveness and efficiency of the Department through the provision of world class legal services by the General Counsel's office, the Department's law firm (Legal)

Initiative 4.6.1

Implement risk management and loss prevention (MI: 12)

Initiative 4.6.2

Address Department of Labor wage and hour issues (MI: 31)

Initiative 4.6.3

Increase capacity in the legal function to enhance its involvement in the procurement, negotiation and drafting of contracts, and public records and meetings issues for the Department

Initiative 4.6.4

Implement lawyer training and recruitment programs to enhance and maintain the expertise of lawyers in the Office of General Counsel to service all program offices, regions, circuits and institutions

Initiative 4.6.5

Implement policy changes, training and other actions to reinforce and support the Secretary's transparency goals for the Department

Governor's Priorities

- 1. Protecting Our Communities**
- 2. Strengthening Florida's Families**
- 3. Keeping Florida's Economy Vibrant**
- 4. Success for Every Student**
- 5. Keeping Floridians Healthy**
- 6. Protecting Florida's Natural Resources**

Trends and Conditions

The Department of Children and Families (DCF) 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 WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES, WHETHER BIOLOGICAL, FOSTER OR ADOPTIVE

A. Primary Responsibilities

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

B. Selection of Priorities

Embedded within the Secretary's priorities and consistent with the Governor's priorities of strengthening families and helping the most vulnerable among us, below are priorities for the Family Safety program office. The priorities have been selected to reflect the role of the Family Safety program office in achieving the Department's goals related to the child welfare system.

- *Community Partnerships.* **Work with community partners so that each child is safe, has a permanent home and is developing to his/her full potential**
- *Ensuring safety, well-being, and self-sufficiency for the people we serve.* **Strive for the safety, permanency, and well-being of children by working in concert with the Governor's Office of Adoption and Child Protection**
- *Strengthen Oversight and Accountability.* **Continue refinement of the oversight and accountability systems**
- *Increase Orientation to Action.* **Establish effective child welfare practice, programming and services so children are protected from abuse and neglect while living in the best and most normal environment**

The selection of the priorities is also influenced by external stakeholders. The Task Force on Fostering Success, an interagency group chaired by former Secretary Robert A. Butterworth, has the stated mission to "...promote the

integration of mental health and substance abuse services into child welfare, promote information sharing between agencies and service providers and continue to identify gaps in Florida's child protection system which can be corrected by legislative, policy or procedural changes." The Task Force, through various subgroups and regular meetings, provides review and comment on child welfare issues. For example, the Safe Families Subcommittee was appointed to assess the status of the Department's efforts to achieve safe reductions in the number of children in out-of-home care. This included the review of Florida's child protection system, from Hotline calls, services provided to families, post adoption services and child death reviews. Results of the report include 33 recommendations for system improvements.

During FY 2008-09, the Administration for Children and Families completed the Child and Family Services Review (CFSR) of Florida's child welfare system. For 2009-10 and beyond, the results of this national review have provided, and will provide, significant influence in the selection of priorities and initiatives. Florida has developed and is implementing a Quality Improvement Plan (QIP) to address areas identified in the CFSR as needing improvement. The QIP provides a very detailed set of principles, goals, and strategies guiding the child welfare system in Florida. The selected priorities address the areas consistent with the findings of the CFSR and the QIP.

The Governor's Office of Adoption and Child Protection Child Abuse Prevention and its Permanency Advisory Council have also influenced the priorities by providing direction, support and collaborated with the Department and other state agencies, especially in the areas of child abuse prevention and adoption.

The Independent Living Services Advisory Council has played a key role in the assessment and improvement of services to teens in care and older youth leaving foster care. Its work on the redesign of the independent living programs, as well as direction from the legislature, will drive activities in the coming year.

The Gabriel Myers Workgroup on Psychotropic Medication was asked to conduct a full inquiry into the facts and circumstances surrounding the tragic death of 7-year-old Gabriel Myers in light of case management and judicial decisions, as well as determine the contributing effects of psychotropic drugs. This report provided 90 recommendations for system improvement, many of which are being addressed through the priority and activities designed to clarify policy and improve practice. The Gabriel Myers Work Group also addressed child-on-child sexual abuse and included children with sexual behavior problems. As a result of its work, 84 recommendations to effectively address child-on-child sexual abuse were provided.

C. Addressing Our Priorities over the Next Five Years

The following provides more descriptive information about priorities, activities and initiatives that will be the focus over the next five years. Most of the priorities reflect a continuation of initiatives where progress has been achieved, but the goal not yet reached, while some have just recently begun to form.

Work with community partners so that each child is safe, has a permanent home and is developing to his/her full potential

Community-Based Care (CBC) is the Florida Department of Children and Families' overarching strategy to build partnerships in the community, and to significantly impact, in innovative ways, the outcomes, quality, effectiveness, and efficiency of services in the community. Initiated by legislative action during FY 1996-97, Community-Based Care was fully implemented statewide in April 2005, with 22 service contracts under 20 lead agencies.

The Community-Based Care approach is maturing, and ongoing processes and supports continue to be refined under the direction of the Assistant Secretary for Programs and in concert with the Family Safety program office and other key stakeholders. CBC contract models and templates are updated annually or as conditions change. Communication will be enhanced through increased use of technology, such as the Center for the Advancement of Child Welfare Practice knowledge base and interactive web-enabled workgroup/training functionality.

The Department is continuing its efforts to build formal and informal opportunities to engage the CBC lead agencies to solicit ideas, feedback and effective practice initiatives. The membership of task forces, councils, workgroups and other groups that are charged to provide recommendations to the Department often includes representatives from the Community-Based Care lead agencies; e.g., the Task Force on Fostering Success, the Task Force on Children's Justice, Independent Living Service Advisory Council, the Gabriel Myers Workgroups on Psychotropic Medication and Child-on-Child Sexual Abuse, etc.

The Department and several Community-Based Care agencies jointly applied for two federal grants in the summer of 2010. The goal of one grant is to improve the permanency of children in care by reducing the number of children in foster care for long periods of time; and the second grant is designed to improve the recruitment, support and retention of families to care for the children in the care of the Department. If either or both grants are awarded to Florida, the opportunities to improve child welfare practice in full partnership with the CBC lead agencies will increase.

A statewide Policy and Practice Council was initiated, in August of 2010, to create a formal structure for the Family Safety program office, Department Regional Offices, Sheriff Offices, the CBC lead agencies, Children's Legal Services, contracted local providers, Florida's native tribes and participants in the child

welfare system (parents and children) to build consensus around the implementation of policy into practice across the program areas of child welfare, e.g., protective investigation, out of home care, adoption, licensing, etc.

Strive for the safety, permanency, and well-being of all children by working in concert with the Governor’s Office of Adoption and Child Protection

Prevention and Early Intervention

The Child Abuse Prevention and Permanency Advisory Council within the Executive Office of the Governor has made Florida’s highest priority that children are raised in a healthy, safe, stable, and nurturing family environment. Child abuse prevention is also a major initiative of the Department and is partially supported with funds from the federal Child Abuse Prevention and Treatment Act (CAPTA).

Through the Governor’s Office of Adoption and Child Protection, the Department’s efforts are supported and promoted through the development of a unified universal prevention strategy for the state of Florida. Local Planning Teams develop and implement local prevention plans that are infused into the state plan. The Florida Child Abuse Prevention and Permanency Plan was released in the spring of 2010, which identifies the primary goal of reducing the rate of child maltreatment and includes six strategies with 23 objectives. The six strategies are:

- Infuse the research-based five protective factors that keep children safe and families strong
 - Nurturing and attachment
 - Knowledge of parenting and child and youth development
 - Parental resilience
 - Social connections
 - Presence of supports for parents
- Strengthen Florida’s family support systems
- Provide information statewide
- Inform the education community
- Inform the law enforcement community
- Monitor and evaluate performance

The Department participates in child abuse prevention efforts through its on-going collaboration with community-based social services and other supportive and rehabilitative services. Services offered may be of a primary, secondary or tertiary nature.

Primary Prevention: educating the general public about recognizing, reporting and preventing the abuse or neglect of children, and assisting new families in preparing and raising children in safety, with awareness campaigns, such as child development information, safe sleep and pool safety.

Secondary Prevention: providing services to families that have been identified as at risk for abuse or neglect through referrals, assessment and follow-up to calls to the hotline under Parent Needs Assistance.

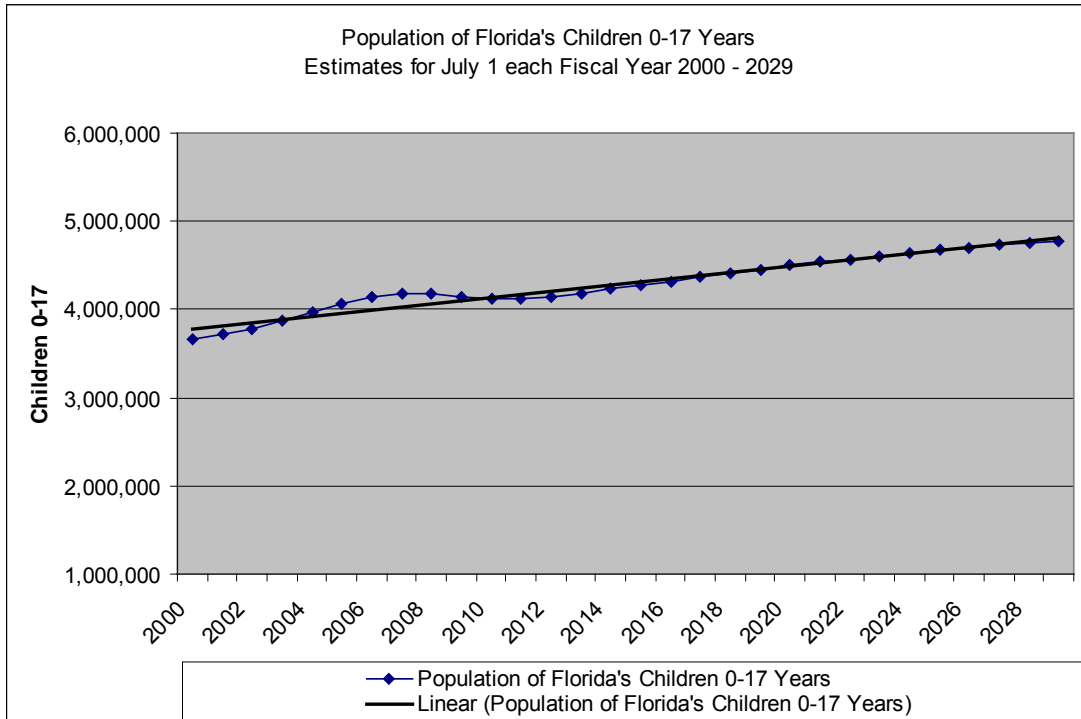
Tertiary Prevention: treating and serving abused or neglected children and their families in an effort to prevent recurrence of abuse or neglect, and to prevent the children developing into adults who abuse or neglect their children.

The Department continues to take a multi-faceted approach to this complex need through the following initiatives:

- Work collaboratively with the Governor's Office of Adoption and Child Protection and the Child Abuse Prevention and Permanency Advisory Council within the Executive Office of the Governor, with an orientation to action, for the children of Florida and their families;
- Collaborate and partner with social service agencies, both statewide and locally, in any child prevention effort;
- Strengthen a statewide prevention plan for primary prevention;
- Enhance local communities' efforts to provide secondary and tertiary prevention, to include early detection and intervention services to children and families so as to avoid children requiring high-end and high cost treatment;
- Develop and implement multiple prevention strategies that identify and address the challenges and strengths of each Florida community;
- Provide expanded and more appropriate alternatives to removing children from their homes that focus on prevention and early intervention;
- Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of the child protective service systems; and,
- Demonstrate program effectiveness through performance measurement and program evaluation.

Continued state funding is needed to address child and family risk factors, within the context of Florida's rapidly expanding population and the slowed economy. A strong commitment and long-term investment in a prevention-based agenda will avoid the more costly intervention-based services that are becoming increasingly difficult to fund. The prevention strategy is in sync with other aspects of the child welfare system in that it subscribes to a philosophy of family centered practices,

individualized community supports, in-home services, community building and the five evidence-based protective factors.



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

In 2009, the Department also collaborated extensively with the Chief Child Advocate, Office of Adoption and Child Protection within the Executive Office of the Governor. The Office aims to establish a comprehensive statewide approach to promoting adoption, supporting adoptive families and preventing child abuse, neglect and abandonment.

The “Explore Adoption” initiative was launched May 9, 2008 and continues to promote the benefits of public adoption. It appeals to families to consider creating or expanding their families by adopting a child who is older, disabled or part of a sibling group. The initiative has “put a new face on public adoption” by telling the stories of many families who have enriched their lives by adopting Florida’s children.

Continue refinement of the oversight and accountability systems

Regional Quality Management Model

A comprehensive regional quality management model was implemented throughout the state in July 2008. The model provides:

- Uniform performance standards that measure the quality of service delivery in the local systems of care;

- On-going assessment of progress towards meeting state and federal expectations for child safety, permanency, and well-being;
- Capacity to take immediate action as critical issues are identified;
- Quarterly reviews of a random sample of 100 cases per Community-Based Care agency per year;
- Regional discretion to select additional special populations or topics for review; and
- Placeholders for the Secretary of the Department to mandate statewide special reviews in a program component of his/her choice during the fiscal year.

Resources that are earmarked to conduct quality assurance activities are supervised and based within regions and Community-Based Care agencies. The Family Safety program office maintains seven positions that develop review protocols, lead reviews, aggregates and analyzes data, and provides technical assistance to the field on an ongoing basis.

Special Quality Assurance Reviews are requests for reviews that are performed beyond planned monitoring activities. These reviews may include high profile, high risk or critical cases. Included in these reviews are child deaths which are alleged to be the result of abuse or neglect, or child deaths that occur while a child is the subject of an open investigation or currently under supervision by the Department or its providers. The Quality Assurance unit supports a statewide child death review panel that is comprised of citizens.

Additionally, leadership and other stakeholders continue to work on improving the State's performance measurements system. This group will continue to provide methodological and technical assistance to Department and Community-Based Care agency staff during implementation of the Quality Improvement Plan.

Quality Improvement

One major component of continuous quality improvement is the way in which an organization communicates expectations, learns about the effects of its actions, and decides on new or modified activities to implement. One highly visible process that demonstrates leadership commitment is the series of monthly management meetings at which various performance and process topics are reviewed and discussed. Guidance that results from these meetings will play a significant role in driving the "plan do check act" cycle throughout the Quality Improvement Plan's timeframe.

Demonstrate the ability to earn federal funds at budgeted level

Federal funds comprise about 50% of the total resources available to Florida's child welfare program. Among the federal fund sources are: the Child Abuse

Prevention and Treatment Act (CAPTA); Promoting Safe and Stable Families Act grant funds (PSSF); Temporary Assistance for Needy Families (TANF); Title IV-E of the U.S. Social Security Act; and the Social Services Block Grant. Each of these fund sources has different requirements, and meeting these requirements is essential to maintaining this critical funding. State plans, annual updates of the plans, applications and reports are used to assure requirements are being met, in addition to periodic state and federal audits. Once approved in October 2006, Florida has implemented the Title IV-E federal demonstration waiver with success. The project is scheduled to end in 2011 and Florida has recently requested a five-year extension.

Florida's current budget situation has brought additional challenges to earning federal funds. When the Florida Legislature requires budget reductions in state funds, this negatively impacts the Department's ability to draw down matching federal funds in some cases. With the forecast of continuing declining state revenues, the ability to obtain federal funds may become more problematic for the next few years.

Fiscal Monitoring

Fiscal monitoring is an essential oversight component of the Florida privatized child welfare system because it enables the Department to identify and address financial and administrative problems before they result in the loss of funds or a lead agency reaching a state of crisis. The Department previously outsourced fiscal monitoring, but has recently brought this function back in-house.

The Department's Assistant Secretary for Administration has assumed responsibility for directing fiscal monitoring of the lead agencies. To carry out this function, the Department has undertaken revision of its lead agency risk assessments, which will be used to determine the depth and frequency of monitoring, and developing a fiscal monitoring tool to examine whether lead agencies use the proper funding sources for various services.

The Department has developed a system for collecting information and reviewing lead agency fiscal and program performance indicators on a quarterly basis. The central office now sends quarterly fiscal indicator reports to the Circuit Administrators, who review them with the lead agencies and report back on any problems that need to be addressed. The program indicators tracked in the reports are those that have been found to affect lead agency expenditures, including caseloads, the rate of children entering the community, rates of expenditure, etc.

Information Systems

Data is critical to make decisions and track the actions and performance of child welfare programs. The Florida Safe Families Network (FSFN) is Florida's Statewide Automated Child Welfare Information System (SACWIS) and fully

automates and supports Department, Community-Based Care and Sheriff's Offices child protection and child welfare related processes and practices, as well as federal and statutory requirements for data and reporting. FSFN is the Department's official system of record for documenting the child protective investigation and child welfare casework statewide, from the initial reporting of abuse and neglect, to foster care and adoptions case management and permanency planning.

Release 1 of the Florida Safe Families Network was piloted in July 2007. Release 1 replaced legacy child welfare systems functions supporting the capture and management of abuse calls received by the Florida Abuse Hotline, assignments and management of child and adult safety assessments and investigations, and the assignment and tracking of services. Release 2a of the Florida Safe Families Network was piloted in May 2008, with implementation and training occurring statewide from June through August 2008. This release provided additional functionality, including case planning, case file documentation and tracking, child welfare services, and provider management. Release 2b, which included eligibility, legal and licensing functionality, was deployed in August 2009. Release 2c, which included financial functionality, was deployed in December 2009. Community-Based Care agencies continue to parallel pilot financial activities, which includes completing all financial work in the Florida Safe Families Network to compare the results with the current Community-Based Care financial documentation. Full implementation of financial activities in the Florida Safe Families Network is planned to be completed by December 2010.

As part of SACWIS, National Youth in Transition Database (NYTD) is scheduled to be functional by October 2010. There are two parts to NYTD, (1) a survey containing questions for children in foster care (17-year-olds) and youth who have left foster care through age 22; and (2) a portion that documents services provided and is generated by data entry from case managers directly into FSFN. An enhancement addition to NYTD, the web-based survey tool will collect responses from youth ages 13 through 17 years about their experiences in foster care relating to education, planning, and other requirements outlined in Florida law. This system will greatly enhance, but builds upon, the current Independent Living Services Critical Checklist. Reporting capability is anticipated in the spring/summer of 2011. There are federal financial penalties to states that do not have a NYTD capability in their SACWIS systems.

In order to have optimal performance of FSFN, modifications to the system through change requests and ongoing training of users will need to occur.

Establish effective child welfare practice, programming and services so children are protected from abuse and neglect while living in the best and most normal environment

The Department has identified several key action-oriented initiatives to improve the child welfare system. The following provides more descriptive information about specific initiatives planned to continue over the next five years.

During FY 2008/09, the federal Administration for Children and Families conducted its second Child and Family Services Review (CFSR) of Florida's child welfare system. In response to the results of this national review, Florida has developed and is implementing a Quality Improvement Plan (QIP) to address areas identified in the CFSR as needing improvement, as well as other areas of concern to Florida's child welfare stakeholders. Specific goals and objectives of this plan are included within the Five Year Plan for federal fiscal years 2010-2014. Nearly all of the initiatives below are contained in the QIP or compliment it.

The Quality Improvement Plan (QIP) includes the following:

- Develop a Family Centered Practice Framework
- Implement Family Centered Practice in three innovation sites
- Improve and expand Family Centered Practice statewide
- Improve placement stability and foster parent recruitment and retention
- Improve appropriateness of permanency planning goals

The following is a brief description of key goals aligned with specific initiatives of the Department that are supported by the activities of the Family Safety program office:

Extend the IV-E Waiver Project, which has allowed flexible funding in federal child welfare funding and enabled the Department to safely reduce the number of children in out-of-home care by 35%, has been requested.

Implement the required Fostering Connections Act provisions on time regarding medical advocacy for youth leaving foster care, ensuring the child's education, etc.

Explore a Child Welfare Redesign for the benefits and cost neutrality of implementing the options provided to states through the federal Fostering Connections Act:

- Extend foster care for youth to age 21
- Implement a Guardianship Assistance Program and transition from the current Relative Caregiver Program
- Maximize funds through Title IV-E to assist relative guardians
- Extend Title IV-E waiver for five years to September 30, 2016

Expand the Quality Parenting Initiative to strengthen family foster care by strongly supporting foster parents, providing training and mentorship, engaging

them as full partners in the care of children, and ensuring that the responsibilities in their role of parents are understood and supported. Currently, 13 Community-Based Care agencies are participating. This initiative also promotes foster children having a more “normal” childhood by removing prohibitions of barriers to activities that most children experience, e.g., proms, sleep-overs, family vacations, etc.

Complete the Re-design of the Independent Living Program in collaboration with the Independent Living Services Advisory Council (ILSAC), the Florida Coalition for Children, youth, advocates, and child welfare service providers. From December 2009 through June 2010, the ILSAC convened a re-design working group to review state law and options in federal law and determine needed changes.

Recommendations to the statutory framework have been made and their adoption will be part of the rule-making process. Among other things, the structure is designed to promote accountability, demonstrated competencies on the part of the young adults, completing high school education in a timely manner, and continuing post-secondary education and training. In addition, the option of more short term supports will be offered to youth.

Revise Florida Administrative Code to align with existing law and establish clear child welfare policies and practices through program-specific committees under the Policy and Practice Council. Revision of the following has begun and is scheduled for completion during 2010-2011:

- 65C-28 Out-of-Home Care
- 65C-13 Substitute Care for Children
- 65C- 14 Group Care
- 65C-15 Child Placing Agencies
- 65C-16 Adoptions
- 65C-29 Protective Investigations
- 65C-30 General Child Welfare Revisions Provisions

The Family Safety program office held two public meetings in the summer of 2010 and continues to seek input from stakeholders to ensure the most effective language for inclusion in 65C-31, Florida Administrative Code, Services to Young Adults Formerly in Foster Care, which will align with the payment provisions of Section 4, HB 5305. An emergency rule is scheduled to be filed in late summer of 2010.

The Missing Children and Child Death Review rules are close to completion. The child welfare training and the administration of psychotropic medication rules were completed earlier in 2010 and are now in effect.

Fully Develop and Implement Family Centered Practice as the child welfare practice model that has been adopted in several states and has shown improved

practice, case management, and attaining better outcomes for children and families.

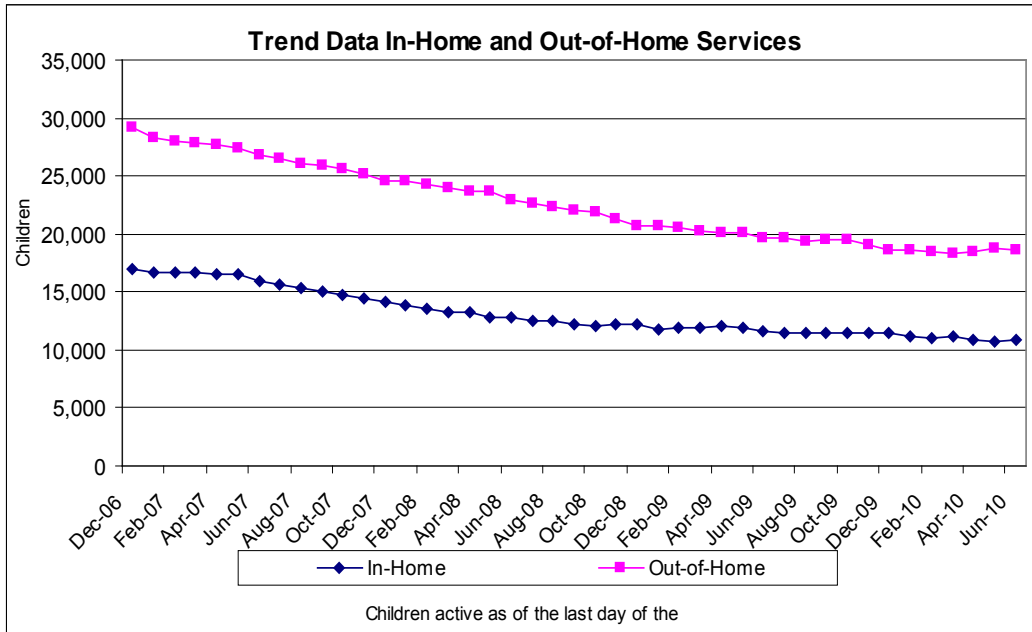
The Child and Family Services Review results directed Florida to adopt a child welfare practice model with a more strength-based practice approach. Several Community-Based Care agencies use variants of family team conferencing and others have emphasized the need for interdisciplinary teams.

Many systemic support activities will be required during the implementation of Family Centered Practice within the three statewide innovation sites. Currently, Florida Statutes provide sufficient authority for DCF to expand upon current family centered practice approaches.

The Department will continue to clarify family-centered philosophy and practice techniques, refine the roles and responsibilities of various partners, and ensure that policy, in the form of administrative rules and other official guidance, is consistent. Training for front-line staff (investigative and service), supervisors, managers, and Children's Legal Services, as well as information sharing for key partners, such as the judiciary, will be critical. The ability to understand, accept, and embed family centered practice attitudes and skills in daily work and throughout the system will take time to develop, but is fundamental to system change.

Improve the Service Array to reach standards of excellence, evidence-supported services, improved access to and availability of services, especially in rural areas. Case managers and protective investigators have an array of services to choose from when working with the child and family to identify services and supports needed to meet their unique needs. At the local level, Community-Based Care (CBC) has increased local community ownership and active involvement in developing an effective and responsive service delivery system and array of services.

Continue the 2012 Strategy: Safe Reduction of Children in Out-of-Home Care The Department and its Community-Based Care providers are re-focusing efforts on strengthening families and safely reducing the foster care population. The Department and a team of stakeholders are participating in a National Governors Association Policy Academy, "Safely Reducing the Foster Care Population." These initiatives are consistent with the broader national goal of the Annie E. Casey Foundation and Casey Family Services to safely reduce the number of children in foster care: The 2020 Vision for Foster Care.



The Family Safety program continues to focus on many other critical activities and developing strategies that will have a positive impact on a child’s well-being, safety and opportunity to have a permanent home. Some of these will have the greatest focus in the next one or two years, while others will be longer term efforts. These Include:

- The Another Planned Permanent Living Arrangement (APPLA) Project. Analysis of data regarding children in care who have this goal strongly suggested that attempts to find a permanent home or adult connection had stopped. Many of the children who were “aging out” of foster care and were accessing Independent Living Services also had this goal. The Project is designed to (1) reduce the number of children who are assigned this permanency goal; (2) for the children currently with the APPLA goal, find permanent homes if parental rights have been terminated; and (3) revisit whether or not there are family members or others who can care for the child and become their family. Disabled children and older teens are the most affected by the inappropriate use of this goal. Permanency Round Tables will also be used to reduce the number of children who have been in care too long.
- Trauma Informed Care. An interagency workgroup has been operating to promote systems of care that recognize the effects of trauma for the children and families served by the Department. In partnership with the University of South Florida’s Florida Mental Health Institute, the Florida Peer Network, Florida State University and Duke University, workshops and seminars have been held on trauma-informed care and related attachment disorders across the state for professionals, practitioners and

case managers in the fields of health, child welfare, mental health, substance abuse and juvenile justice. In addition to highly individual traumatic experiences, such as violence, crime, and abuse, Florida's families have been deeply affected by hurricanes, the downturn in the economy, and the Gulf oil spill.

- Implementation of a Medical Home for Children. The Department's Assistant Secretary for Programs has established a workgroup to address the Fostering Connections Act requirements regarding a system of primary health and dental care for foster children. For the next year this will be a high priority. Several sites have the medical home concept operating and these will form the basis for creating a plan for replication statewide. State and federal health care reforms will impact how the concept moves forward.
- Integration of Services. At the 2010 Dependency Summit the private and public sector leaders in the areas of child welfare, substance abuse, domestic violence and mental health developed an initial plan to ensure integration of services. While progress has been made at the local and state levels, commitment to a coordinated and holistic approach will increase the timeliness and effectiveness of interventions designed to protect and nurture children and strengthen their families.

Improve Education outcomes for children who the Department of Children and Families are responsible. The Department, with its Community-Based Care providers and interagency partners, aspire towards the goal that all children and young adults in foster care will receive appropriate and necessary education and job skills training to be adequately prepared to live independently and successfully as adults.

The Department currently assists local stake holders in creating working relationships with local schools, state colleges and universities, and the work force, through networking meetings that provide opportunities for self-education, data-sharing, self-assessment, and sharing effective practices. Additionally, the Department is committed to providing support and assistance to youth who are statutorily eligible for tuition waivers either through adoption or aging-out of foster care, to attain their educational goals.

Future efforts that support education include the implementation of the Fostering Connections Act and the Child Welfare Redesign, which will extend foster care for youth to age 21. Youth afforded the option to stay in foster care and graduate high school will create a more productive, educated, and self sufficient workforce.

The current Independent Living program provides educational and employment training supports for youth who have aged out of foster care to attend postsecondary school through Chafee grants, Education and Training Vouchers (ETV) and Road to Independence financial support, aftercare and transitional support services. A redesign of the Independent Living program, which is underway, will provide a stronger foundation for former foster youth to achieve positive outcomes. These outcomes include educational achievement and employment success in their transition to adulthood and self-sufficiency.

The Family Safety program will continue to work with its interagency partners to ensure that education is a priority and that all local Educational Interagency Agreements are signed by DCF and local school districts by January 31, 2011. The Children's Legal Services section of Family Safety (later described in Family Safety Core Programs) is the champion of the Department initiatives for both education and independent living.

Trends and Conditions for Family Safety Core Programs

At the 2010 Dependency Summit, over 2,000 participants representing the private and public sectors and across all Department programs attended training and met in statewide professional breakout sessions. Professionals from each of the program areas within the office of Family Safety had the opportunity to assess current performance and issues needing improvement, and to plan for future priorities. Data, policy and practice analyses occurred so that future direction will be based upon facts.

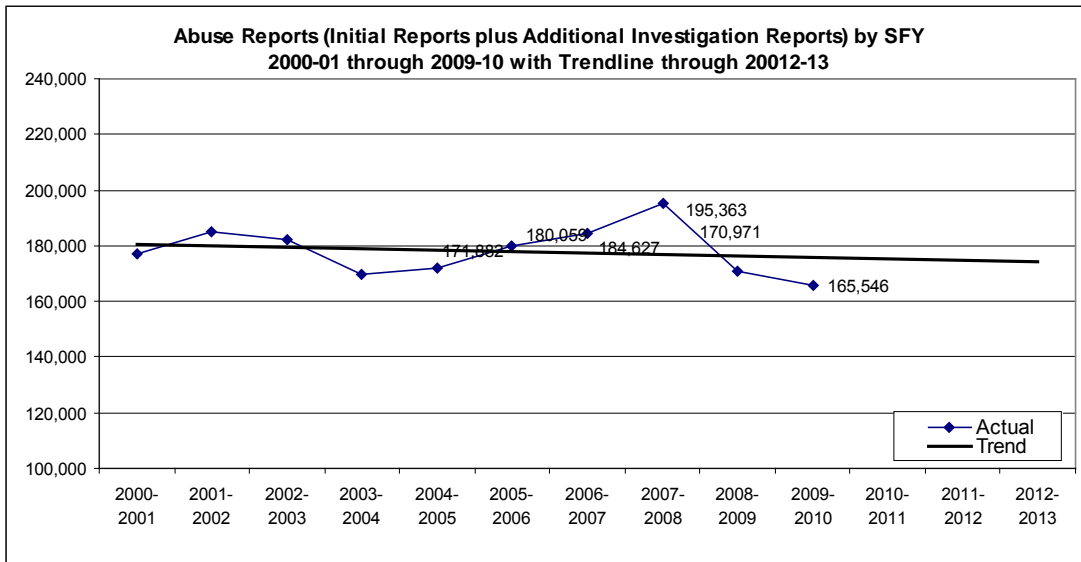
Prevention and Early Intervention

In addition to Family Safety's support of the Executive Office of the Governor, prevention is also a priority of the Community-Based Care agencies. The IV-E Waiver Demonstration Project has permitted investment in additional prevention and early intervention services. Under the waiver, the money follows the needs of the child and the family. It enables funds to be used for a wide variety of child welfare services, including prevention, intensive in-home services to prevent the removal of children from their homes by providing safe alternatives. Preliminary results show the waiver is supporting the desirable trend of fewer children remaining in out-of-home care, and a formal, independent evaluation is in the final stages of completion.

Community-Based Care agencies have used these flexible funds to create innovative services and supports in their communities to the benefit of children, families and Florida as a whole.

Child Abuse and Neglect Investigation

The incidence of child abuse and neglect is related to many societal factors. For example, high-profile cases can raise public awareness and cause reporting rates to rapidly increase, with an associated increase in the number of investigations. Economic downturns and natural disasters can also increase family stressors, resulting in increases in reports and new victims.



The Department is required to investigate reports of child maltreatment to assess the safety and well-being of children who are alleged to have been abused, neglected or abandoned. Children are removed 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 seven counties statewide. In Pinellas, Seminole, Pasco, Broward, Citrus, Hillsborough and Manatee Counties, the function is performed by the Sheriffs' Offices.

The primary task of child protective investigations 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 referrals to prevent family disruption by accessing short term services. The Department is taking the following actions to implement this critical child safety program:

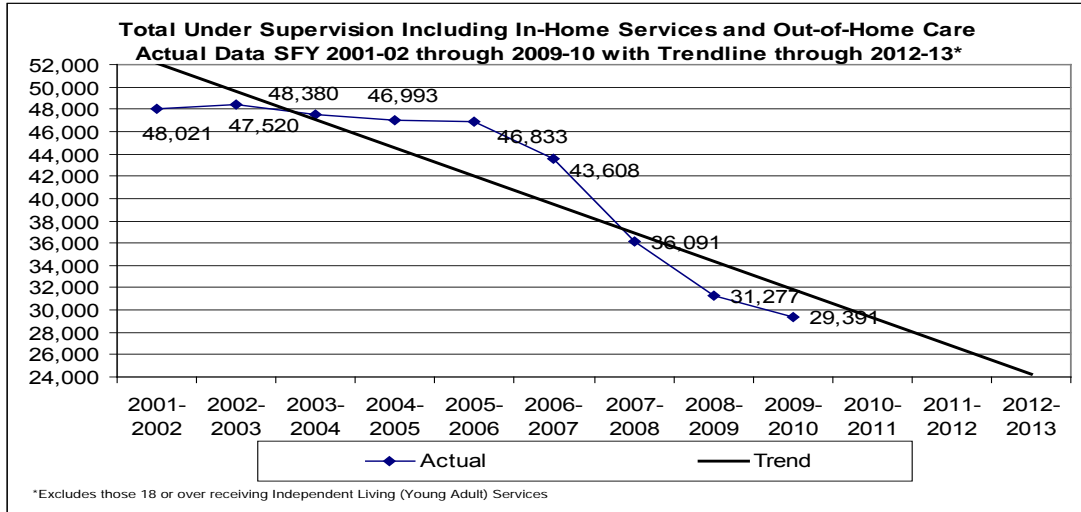
- The Department has modified the existing middle tier maltreatment finding from 'Some Indicators' to 'Not Substantiated.' This approach aligns with the Family Centered Practice model by reducing the stigma to families involved with the Department, while continuing to recognize concerns about established risk factors. The use of more neutral terminology helps orient both caseworker and family to identify a course of action leading to more positive outcomes.

- Development of regional training workshops on advanced interviewing and Family Centered Practice to improve decision making for protective investigators.
- Develop quality of practice standards for institutional investigations. Florida Statute 39.302 mandates the Department to conduct a child protective investigation of each report of institutional child abuse, abandonment, or neglect. Currently, the Department's Quality Assurance System does not provide specific review standards for institutional investigations. In order to provide optimum opportunity to identify problem areas, track important trends, and increase the potential to improve the quality of services provided to the children and families being served by institutional investigations, specific quality of practice standards are necessary.

Foster Care Placements

Protective investigators assess child safety and other factors and, in consultation with other experts, make recommendations on whether children can be safely maintained in their homes or must be removed and placed in an out-of-home care setting. Services include intervention and case management designed to 1) alleviate crises that might otherwise lead to out-of-home placement; 2) maintain the safety of children in their own homes; 3) support families preparing to reunify or adopt; and 4) assist families in obtaining services and other supports necessary to address multiple needs.

The Department and our Community-Based Care providers are re-focusing efforts on strengthening families and safely reducing the foster care population. The Secretary has established a target of a 50% reduction in the number of children in foster care by the year 2012. The Department and a team of senior stakeholders are participating in a National Governors Association Policy Academy, "Safely Reducing the Foster Care Population." These initiatives are consistent with the national child welfare program, Casey Foundation: 2020 Vision for Foster Care. As of the summer of 2010, a 35% reduction in out-of-home placements for children has been achieved.



When a child must be removed from his or her home and a fit parent or legal custodian to whom the child may be released is not available, in accordance with Subsection 39.401(2), Florida Statutes, the first option is to locate a responsible adult relative with whom the child may be safely placed.

There are also permanency options in Florida law to preserve family connections by giving children an opportunity to be raised within the context of the family's culture, values and history, thereby enhancing children's sense of purpose and belonging. For a number of children, guardianship or placement with relatives may be an appropriate permanency option, in accordance with federal and state provisions. An ongoing commitment is to support this option for children.

Licensed out-of-home placements (foster homes and residential group facilities) comprise less than half of the placement settings for children in out-of-home care. The number of children in shift care setting has dropped to less than 100 statewide. There are continuing challenges in Florida, as well as nationally. These include the recruitment and retention of appropriate foster homes; ensuring that the balance among safety, permanency, and well-being is maintained; providing placements that match children's characteristics and needs; and declining resources.

Adoption

With the commitment and focus of the Community-Based Care agencies, more than 12,000 children in Florida's foster care have been adopted since 2007. In fiscal year 2008-09, Florida set a new adoption record by finalizing 3,777 adoptions and received several million dollars in federal incentives. As the Department reduces the number of children coming into care, achieves more timely and safe reunification, and expedites the legal process for adoption, the number of children available for adoption will begin to decline. However, Florida finalized a total of 3,368 public adoptions for the fiscal year 2009-2010 and is eligible for another federal incentive award. The target for 2010-11 is still over 3,000 adoptions.

Adoption Subsidy

The Adoption Assistance and Child Welfare Act of 1980 requires that states 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. Subsidies enable a whole new population of families to consider special needs adoption. As a result, thousands of children have grown up in permanent homes, not state systems. In subsection 409.166, Florida Statutes, the Legislature has recognized the need for financial assistance for families that are adopting children who, because of their special needs, require additional supports that prospective adoptive families will need.

Federal requirements in sections 473(a)(1)(B)(ii) and 473(a)(3) of the Social Security Act provide that, although a state may experience difficulties in its ability to fund subsidies due to state budget shortfalls, such difficulties cannot relieve or alter the state’s obligation under Title IV-E to honor the adoption assistance agreements signed and approved by the Department by providing a monthly subsidy until a child is 18 years old.

The level of funding available to support adoption subsidies has barely kept pace with the significant number of adoptions that have been completed over the last four years. The program will continue to pursue funding that allows extraordinary performance in achieving adoptions, as well as providing the necessary and ongoing support for those families who care daily for these children with special needs. Funding for post-adoption supports has been requested for 2011-12. In the 2010 legislative session, the adoption incentive program for state employees to adopt was not funded.

Future Directions include:

- Continue to provide Adoption Competency training conducted by trainers certified by the Department for mental health and educational professionals
- Continue to develop and support adoptive parents
- Advocate the establishment of post adoption services counselors, a minimum of one full-time position per Community Based Care Agency, to support adoptive families after finalization, will be a focus of the Department

Independent Living

The provision of experiences that lead to developing basic life skills is the focus of independent living services. For many years, and still today to a lesser extent, children who left foster care at 18 years of age were not prepared to function in life without a family and, in many cases, without a high school education. Many quickly became jobless, homeless and victims of crime. The state child welfare system was not a very good parent.

State and federal legislation recognized that children in foster care need ongoing support to be successful in life, just as in any family. A focus of the legislation is to prepare youth, ages 13 years through 17 and who are in the custody of the state, for eventual departure from foster care.

Additionally, for young adults formerly in foster care, educational and employment training supports for attending postsecondary school now exist through Chafee grants, Education and Training Vouchers (ETV) and Road to Independence financial support, aftercare and transitional support services. Significant attention has been paid to this program in recent years and the Department continues to collaborate with stakeholders to improve services and focus efforts on youth transitioning out of foster care. Relationships with Florida's Children First, Youth SHINE, and Connected by 25, as well as an active Independent Living Service Advisory Council, provide the Department with expertise and advice for program improvement.

Resources have been strained by expanded eligibility, increases in the federal minimum wage (which increased the maximum Road to Independence award), and increased awareness of the services. The Department remains committed to working in partnership with the Florida Legislature, communities, recipients, and concerned individuals to increase the level of support available.

Future Directions. As of the summer 2010, multiple projects are underway impacting the delivery of independent living services to teens and young adults formerly in foster care. These are outlined earlier in this document under the priorities and associated activities and initiatives.

Training

The key elements of Florida's training program for child welfare personnel include pre-service and certification programs, in-service and advanced training programs, clinical supervision training, field-based coaching, professional development, technological enhancements to maximize performance, university and college partnerships, and recruitment and retention programs.

The Department continues to review and improve its child welfare training system. Recent improvements include the ongoing updating of curriculum materials to be consistent with the Department's strategic direction, Child and Family Services Review criteria, state law, needs identified in Florida's programs, and best practices across the country. Likewise, with the Department's implementation of the Florida Safe Families Network (FSFN), training has been integrated into the Department's standardized new-hire training curriculum. The Department also provides a variety of ongoing training opportunities, using both E-learning or online instructional approaches, or traditional classroom style training. The Florida Center for the Advancement of Child Welfare Practice functions as Florida's expert child welfare practice information resource for child

welfare and community-based partners; its website is <http://centerforchildwelfare.fmhi.usf.edu/Pages/Default.aspx>

The Department is committed to its role of providing technical assistance and training to enable all public child welfare services staff to meet child welfare education and training requirements, per Florida Statutes, subsection 402.40.

Future Directions: New training will be needed to have an informed and competent workforce regarding many of the priorities outlined in this document, e.g., Family Centered Practice, revisions to rules, the federal Fostering Connections Act, re-design of independent living services, the continuation of Integration of Services training, Trauma Informed Care, and the planning and delivery of the 2011 Dependency Summit.

Children's Legal Services (CLS)

Children's Legal Services represents the State of Florida, by and through the Department of Children and Families, to ensure the health and safety of children and the integrity of families. The State of Florida has the responsibility of protecting children who have been abused, abandoned and/or neglected by their parents. The CLS attorneys, together with the State's community-based care lead agencies, case management providers and protective investigators, are charged with carrying out that responsibility. Children's Legal Services (CLS) is the prosecution arm of the dependency system.

In 2010, Children's Legal Services began its "Year of Excellence." Quarterly meetings of the staff have brought statewide collaboration and innovation to the practice of dependency law. Nationally recognized trainers are improving the core advocacy skills of the trial attorneys. Monthly dashboard reports provide performance data to managers. Continuous improvement plans have targeted critical thinking skills, legal decision documentation and effective pleading. Children's Legal Services champions Department initiatives on education, independent living and appropriate permanency goals.

Special Populations Supported by Family Safety

There are certain groups within the child welfare program that need special focus. These include those with disabilities, children with chronic runaway behavior, children whose cases involve activity between Florida and other states, and those with Native American tribal connections.

Developmentally Delayed Children

The Department and the Agency for Persons with Disabilities (APD) continue to collaborate to improve the quality of services for children with developmental disabilities who are involved in the child welfare system. In 2006, Florida Statutes

393 was amended by the Florida Legislature to provide children in the child welfare system priority consideration for enrollment into the APD - Home and Community Based Waiver (APD Waiver) based on available funding. During 2006, all children involved in the child welfare system who were on the waitlist for APD Waiver services were enrolled into the waiver. Due to constraints on the APD budget, no additional child welfare children were enrolled into the APD waiver in 2007 - 2009, with the exception of those children who met the criteria of being in crisis as defined in the APD Waiver enrollment rule.

In 2010, the Department and APD began exploring strategies to ensure that children whose permanency could be achieved with the provision of waiver services would have the option to be enrolled into the APD waiver. Accordingly, APD is in the process of amending its Crisis Enrollment rule to allow children whose permanency will be achieved through adoption, reunification or permanent guardianship to be enrolled on a monthly basis subject to available funds.

A set of criteria has been adopted to place children on the waiver in relation to each child's permanency goal. In June 2010, ten more children in the child welfare system on the APD waitlist began receiving waiver services, and APD plans to continue enrolling approximately ten children per month, using the criteria as guidance in identifying children to enroll. As of August 2010, there were approximately 225 child welfare children on the APD Waiver, approximately 225 child welfare children on the waitlist for waiver services, and an additional 325 children whose APD eligibility and waitlist status was pending further review.

Additional efforts to improve the collaboration between the Department and APD have been supported by an interagency agreement, known as the "Champions Agreement," signed in 2008 between the Department, APD, Department of Health, Agency for Health Care Administration and the Department of Juvenile Justice. Features of the Champions Agreement include identification of local points of contact to support interagency collaboration, the identification of a Central Office "Rapid Response Team" comprised of high-level agency administrators to support and trouble-shoot child specific issues and challenges that cannot be addressed locally, and a commitment by each agency's Executive Leadership to provide the support necessary to ensure mutually served children are appropriately served.

Interstate Compact on the Placement of Children (ICPC) is law in all 50 states, the District of Columbia and the U.S. Virgin Islands. The ICPC operates via a binding contract between 52 member jurisdictions and establishes uniform legal and administrative procedures governing the safe and timely interstate placement of children. National data reported by the American Public Human Services Association in 2006 indicates that interstate placements comprise nearly 5.5

percent of all out-of-home residential arrangements, affecting about 43,000 children a year. Of these, about 61% of children placed in other states were placed with families who became permanent.

ICPC modernization converted the existing tracking system to a paperless file system. The process now scans all incoming and outgoing documents and creates various data entry screens to capture and store information on each case. The Interstate Compact System (ICS) database can be accessed by the courts, Community-Based Care lead agencies, Guardians ad Litem, and Department attorneys. These stakeholders can view the master ICPC file and determine case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

Collaboration with national partners to promote the replication of this system would eliminate the delay caused by mailing documents, losing documents, disagreements over the content of documents, and dates of receipt. With a means for national electronic transmission and an electronic tracking system, transparency in the ICPC process could provide uniform consideration of ICPC requests, more accountability, and quicker permanency for children across the nation.

Interstate Compact on Adoption and Medical Assistance (ICAMA) is a compact that was established to coordinate the interstate delivery of Medicaid services to adopted special needs children by preventing and overcoming barriers to such placements. ICAMA members agree to accept other member states' determinations of adoption and medical assistance eligibility.

The Indian Child Welfare Act (ICWA) provides federal protection to American Indian and Alaskan Native children who are members, or who are eligible for membership, in a federally recognized tribe. Florida has two federally recognized tribes with reservations in Florida, the Seminole Tribe of Florida and the Miccosukee Tribe of Indians of Florida. The Poarch Band of Creek Indians, a third federally recognized tribe with a reservation located in southern Alabama near the Florida-Alabama border, has a number of enrolled members residing in the Florida Panhandle. Florida has an enrolled membership of approximately 4,000 tribal members from the Seminole and Miccosukee tribes of Florida and nine federal reservations. Florida ranked 11th nationally in American Indian and Alaskan Native population in the 2000 United States Census. Many of the contacts with Native American children regarding child protection in Florida under the protection of the Indian Child Welfare Act are associated with tribes located in the other 49 states. Compliance with the mandates of the Act is required by Florida Statute and Florida Administrative Code. Eligibility for ICWA protections must be determined at the onset of each child protective investigation in Florida. An ICWA resource and information page is found on the Department's Center for the Advancement of Child Welfare Practice website.

Representatives of the Seminole Tribe, the Miccosukee Tribe and the Poarch Band of Creek have participated in the annual Florida Dependency Summit and have served on committees overseeing child welfare policy and practice in Florida. Negotiations are progressing with the Seminole Tribe of Florida toward a state-to-nation agreement. The Department of Children and Families currently provides child protective investigations and case management services to the Seminole reservations in Florida at the Seminole Tribe's request. The Miccosukee Tribe has internal, tribal investigative and case management processes on their reservations and maintain sovereign jurisdiction over those processes.

The Department's Family Safety Program Office has a statewide Indian Child Welfare Act Specialist and Tribal Liaison to provide technical assistance in matters related to compliance with the Indian Child Welfare Act and in developing and supporting ongoing collaboration with Florida's tribes. Each of the Department's six administrative regions has a Regional ICWA Specialist that acts as liaison to the state ICWA manager. Tribal members are encouraged to participate in the annual Dependency Summit and in other Department sponsored education and training. Florida's newly established statewide Family Safety Policy Council has representation from the Seminole, Miccosukee and the Poarch Band of Creek tribes. Leadership from the Seminole Tribe of Florida and the Department has scheduled a meeting during the 2010 Dependency Summit to discuss collaboration and key issues.

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

New initiatives described above, as well as issues in the FY 2011-12 Legislative Budget Request, are aligned with the Governor's priorities and support the Secretary's priorities.

E. 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 changes, limited resource bases, and extraordinary events. Florida has aligned the majority of the child welfare outcomes with federal performance measures, the Quality Improvement Plan and data trends.

F. Potential Policy Changes Affecting the Budget Request

The fiscal impact of priorities and goals, such as funds for post-adoption supports adoption subsidy, independent living 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, to care

for young adults leaving foster care and to support placements that best match the needs of children.

G. Changes Which Would Require Legislative Action

Using recommendations from task forces and workgroups, as well as federal law, the following will require changes to Chapters 39 and 409:

- Implementing recommendations from the Gabriel Myers Workgroup
- Redesign of Services to Young Adults Formerly in Foster Care
- Child Welfare Redesign to support the federal Fostering Connections Act
- Establishment of Paternity
- Adoption subsidy payments for special needs children to align with federal law.
- Specifying the procedure for use of the injunction statute, this provides additional tools for child protection without the necessity of removal of children
- Creating a differential response strategy to low risk Hotline calls to engage families in the provision of services at the earliest possible intervention point in order to prevent escalation of harm and the need for more costly, deeper-ended interventions in the future

H. Task Forces and Studies in Progress

Task Force on Fostering Success and Task Force on Children's Justice

This Task Force was re-established and expanded by Secretary Sheldon to continue to examine the gaps currently existing in the child welfare system, including efforts at reunification, stabilization and permanency during foster care and supervision, and to identify administrative, policy, legislative, education, and training efforts which must be undertaken to ensure the safety of Florida's children. This task force is in its fourth year and is the primary advisory group to the Children's Justice Act Grant.

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.

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 Services Advisory Council

Authority: Section 409.1451(7), Florida Statute (F.S.).

Purpose: Help formulate policy that focuses on improving the educational quality of all publicly funded school readiness programs for children in the Independent Living program.

Prevention 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.

IV-E Waiver Evaluation

Authority: This evaluation was a condition of receiving Federal approval to conduct a Title IV-E Waiver Demonstration Project in Florida.

Purpose: A program evaluation is required to document the positive or negative impact of the waiver on services to children in Florida.

One Church One Child

Per Subsection 409.17559(3)(b)5., F.S., provide, in conjunction with the Department of Children and Family Services, a summary to the Legislature by September 1 of each year on the status of **One Church One Child**.

CBC Pilot Evaluation

A Three Year **Pilot** Evaluation Program in **Miami-Dade, Monroe, and Broward Counties** to meet the requirements of ss. 409.1671(4) (a), F.S. This project began on July 1, 2006 and ended on June 30, 2009. A final report was due to the Florida Legislature on January 2010.

Uniform Standards for Supervised Visitation

Preliminary Report on **Recommendations for Uniform Standards for Supervised Visitation Programs** and Final Report of Recommendations for Uniform Standards and Certification and Monitoring for Supervised Visitation Programs in accordance with 753.03, F.S.

PROGRAM: ADULT PROTECTIVE SERVICES

SUB-POPULATION SERVED: ELDERLY AND ADULTS WITH DISABILITIES WHO ARE AT RISK OR ARE VICTIMS OF ABUSE, NEGLECT, SELF-NEGLECT OR EXPLOITATION AND ADULTS WITH DISABILITIES WHO NEED ASSISTANCE TO REMAIN IN THEIR OWN HOMES.

A. Primary Responsibilities

The Adult Protective Services Program serves two primary target groups, Chapter 415, F.S.:

- Vulnerable adults (elderly and disabled) who are victims of abuse, neglect, exploitation, or in need of service due to neglect by the vulnerable adult themselves
- Adults with Permanent Disabilities who need assistance to remain in their homes in the community

B. Selection of Priorities

Florida is predicted to undergo a population growth of 80% between the years 2000-2030. By 2030, the population of Floridians age 65 or older is expected to increase from its present level of 16.8% to 27.1% (an increase of over 61%). This increase will place an enormous workload on Adult Protective Investigations and, subsequently, Adult Protective Services. Further, history has shown that rising unemployment and economic downturns increase the demand for social services and also contribute to an increase in reports of abuse.

C. Addressing Our Priorities over the Next Five Years

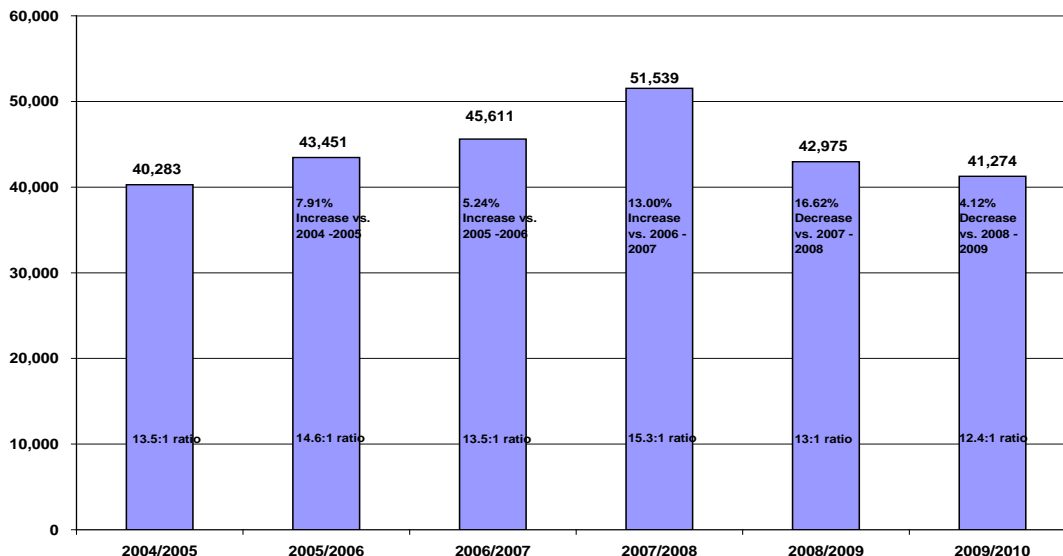
Agency Goal for Adult Protective Services: Adults are free from abuse, neglect, violence or exploitation

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

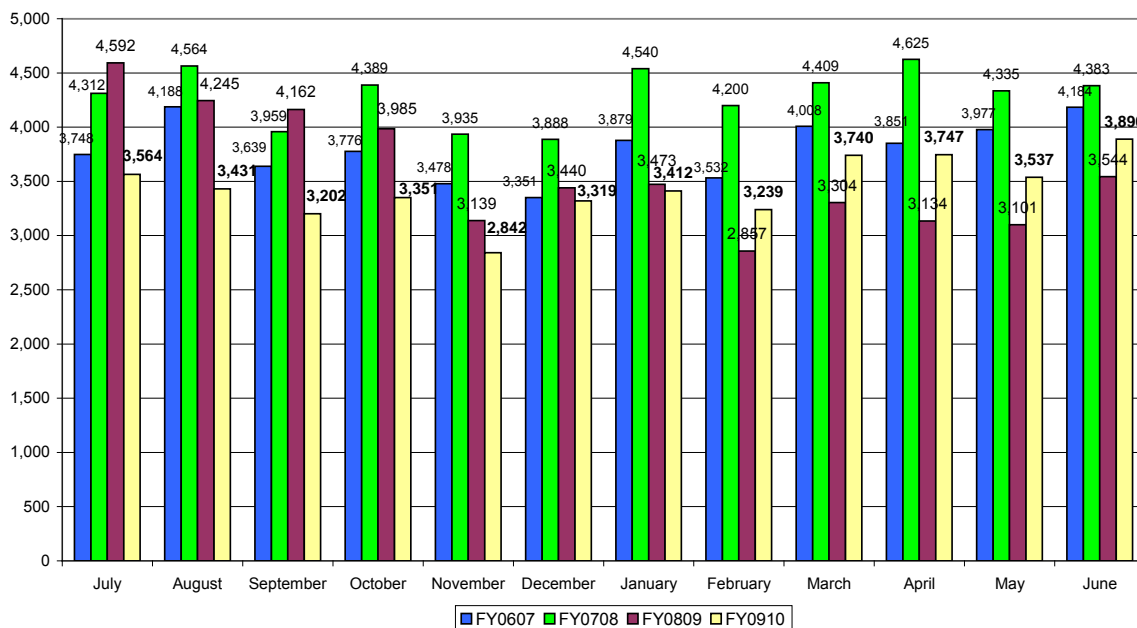
Action Steps:

1. The Department is taking proactive steps to prepare Adult Protective Investigators and other Adult Protective Service workers for the anticipated continued increase in caseloads. The Adult Protective Services Program received 41,274 reports of abuse, neglect, and/or exploitation of vulnerable adults during fiscal year 2009-10 (see Charts 1 & 2). While this represents a slight decrease in reports from the previous fiscal year, the overall trend indicates a continuing increase in reports that aligns with current state and national projections. The United States Census Bureau estimates that Florida's elderly population (aged 65 and older) will almost double by the year 2030, to 27% of the total population.

Statewide Totals - Adult Investigations Reports Received



Adult Investigations - Four Year Comparison of Initial and Additional Reports Received, by Month



2. In investigating these reports, the Department is mandated by policy to complete an initial face-to-face visit with the victim within 24 hours. This allows the protective investigator to evaluate the victim's situation

and safety, and begin the process of removing the individual from harm's way and/or providing needed services immediately.

3. The Department's statewide case management system enables Adult Protective Services management to have accessible information for better decision-making and serves to improve the programmatic reporting capability and accountability to the victims, their families, and the general public. During FY 2009-10, the percentage of victims seen within the first 24 hours was 97.53%.

4. The Department, pursuant to statutory mandate, strives to close investigations within 60 days, though not all investigations can be closed within 60 days. Closure timeliness can depend on factors such as: seriousness of the allegation, number of alleged victims and possible responsible persons, medical complexity, medical examiners' offices being involved, and law enforcement involvement. Edits in the statewide case management system require unit supervisors to review and evaluate each investigation after significant steps are completed by Protective Investigators. This provides for quality investigations, effective intervention strategies which promote the safety of victims of abuse, neglect, and exploitation, and the promptness of subsequent follow-up actions and services to victims. During FY 2009-10, Adult Protective Services averaged closing the investigations within 60 days in 99.69% of the cases statewide.

4. Keeping caseload ratios under control ensures that Adult Protective Investigators are able to meet statutory requirements and Department performance standards. The Department will continue to explore methods to reduce the projected FY 2010-11 workload of 15:1 to the national standard workload of 12:1. The continued focus will be on quality investigations and appropriate intervention in order to ensure that victims are not left at risk to suffer further harm or injury.

5. Department of Children and Families (then) Secretary Bob Butterworth formed the Select Advisory Panel on Adult Protective Services on August 30, 2007. The mission of the Select Advisory Panel on Adult Protective Services is to provide counsel and advice to the Department of Children and Families on issues relating to the abuse, neglect, and exploitation of elderly persons and persons with disabilities.

Former Secretary Butterworth's Charge to the Select Advisory Panel on Adult Protective Services is to:

- Provide advice and counsel to the Department's leadership on the provision of services, including guardianship, to Florida's adult population, especially our disabled and elderly;

- Provide advice and counsel to the Department’s leadership on issues relating to the abuse, neglect, and exploitation of adults, particularly the disabled and elderly;
- Identify statutory, policy, or procedural barriers to effective response and service provision and provide recommendations for improvement;
- Facilitate communication between the Department and the populations it serves; and,
- Identify special needs and services which should be provided by the Department to better accomplish its mission of service to our vulnerable citizens.

Issues/areas worked on by the Select Advisory Panel on Adult Protective Services to date are:

- Guardianship
- Statutory definitions of vulnerable adult and elderly persons, and consistency in language across statutes
- Adult Protective Investigator turnover rates/staff retention
- Adult Protective Services Community Satisfaction Survey (3rd iteration currently in progress)
- Language modernization in Adult Protective Services forms (i.e., Capacity to Consent, Risk Assessment)
- Adult Protective Services pre-service development team
- Interagency agreements
- Quality Assurance reviews
- Letters of support for guardianship, Governor’s budget
- Recommendations based on case studies
- Public awareness campaigns/mandatory reporting
- Support for and participation in the Adult Protective Services Training Event

1. The Adult Protective Services Program Office proposed the following Legislative changes for 2010, all of which were passed into law:

- Petition for Guardianship

The law authorizes the Department of Children and Families to file a petition to determine capacity in Adult Protection proceedings (under Section 744.3201, F.S.) and prohibits the Department from serving as the guardian or providing legal counsel to the victim.

- Department of Highway Safety and Motor Vehicles Records Access

The law provides the Department of Children and Families access to digital image and signature of licensees maintained in the Department of Highway Safety and Motor Vehicles Driver and Vehicle Information Database (DAVID) for purposes of conducting protective investigations. It allows for the use of driver's license records as an investigative tool, and assists in positive identification of victims and possible responsible persons in investigations of abuse, neglect, or exploitation. (Note: Child Protection Investigators were granted access to Motor Vehicle records in 2008 in HB 7077.)

2. Adult Protective Services Quality Assurance

During fiscal year 2009/10, the Adult Protective Services Program Office continued with standardization of its quality assurance process for protective investigations and protective supervision. Regions had historically conducted independent quality assurance reviews and had not compared or shared best practices across the Regions. The Department implemented a uniform process and deployed a standardized statewide tool. The statewide quality assurance reviews are scheduled annually for a randomly selected sample of protective investigation and protective supervision cases. Regional and statewide results, including findings, strengths, and opportunities for improvement, are published in quality assurance reports. Based on the findings and recommendations, Regions take action using Improvement Plans to improve the delivery of protective services.

3. Adult Protective Services Operating Procedures

Adult Protective Services Program Office staff, in coordination with field staff, completed a comprehensive rewrite and modernization of its operating procedures that deal with the work of Adult Protective Investigators, Human Services Counselors, and Registered Nurse Specialists. A statewide workgroup composed of Program and Operations staff developed each chapter. Additionally, a similarly constituted workgroup is currently undertaking the development of an operating procedure for Protective Intervention.

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

None proposed

E. Justification of Final Projection for each Outcome

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

The statewide target is currently 93%. Trend data indicate that performance holds significantly above this target.

Outcome: Percent of cases closed within 60 days.

The statewide target is currently 99%. Trend data indicate that performance holds at slightly above this target.

Outcome: Per capita abuse/neglect rate per 1,000 adults with disabilities and elderly.

Current rates stand at .07/1,000 for adults with disabilities and .07/1,000 for elderly persons.

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 PROTECTIVE SERVICES – IN-HOME SUPPORTS

SUB-POPULATION SERVED: ADULTS WITH DISABILITIES, AGE 18-59

A. Primary Responsibilities

Provide in-home supports and community-based services to adults with disabilities, 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, F. S.

B. Selection of Priorities

It is estimated that approximately 1,184,412 adults with disabilities (18 – 59 years of age) living in Florida have two 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. Many of these individuals may receive services from other programs of the Department and agencies of the State of Florida. However in FY 2009-10, there were 3,253 nursing-home eligible adults with disabilities who received services through the Home Care for Disabled Adults, Community Care for Disabled Adults, Aged or Disabled Adult (ADA) Home and Community-Based Services Medicaid Waiver, and Consumer Directed Care+ Medicaid Waiver programs. The services provided to individuals in these in-home 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 the community and avoid 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 in-home services programs suffer and because of the rising costs of health care and other services, as these individuals age, their health-related needs and costs of care increase. For FY 2009-10, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,440. In FY 2009-10, the average care plan cost for an individual in the Community Care for Disabled Adults (CCDA) program was approximately \$6,500. During the same fiscal year, the average care plan cost of an individual in the ADA Medicaid Waiver (including the Consumer

Directed Care+ Medicaid Waiver) program was \$25,000 (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 in-home service programs have statewide waiting lists of over 9,100 adults with disabilities who are seeking services, but are unable to receive them because of insufficient funding. The statewide waiting lists ensure more equity of service provision to individuals requesting services and better fiscal management.
3. Individuals in need of services are screened with a uniform instrument by Adult Protective 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 an in-home services program, 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.
4. During the FY 2010-11 legislative budget cycle, funds are being requested to reduce the Adult Protective Services programmatic waiting lists. The allocation of these funds will be based on a proposal to move one-third of the total number of individuals off the Medicaid Waiver wait list and completely vacate the HCDA and CCDA wait lists.

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 was collected in FY 1998-99 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%. FY 2008-09 year-end data indicate the success of these programs, as 98.35% of individuals receiving services during the year did not go into nursing home placement.

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

A. Primary Responsibilities

The Department's Domestic Violence Program serves as the clearinghouse for information relating to domestic violence and provides statewide leadership in domestic violence policy, program development and implementation, as outlined in section 39.903, F.S. Specific responsibilities include:

- **Prevention, Education and Training:** Provide supervision, direction, coordination, administration, and funding of statewide activities related to the prevention of domestic violence. (Sections 39.901, 39.903, F.S.)
- **Certification, Evaluation and Funding of Domestic Violence Centers:** Receive and approve or reject applications for certification, and perform annual evaluations. Domestic violence centers must meet minimum standards in order to qualify for state certification. The Florida Coalition Against Domestic Violence administers funding to certified centers through a contract with the Department. (Section 39.905, F.S.)
- **Certification and Monitoring of Batterer Intervention Programs:** Receive and approve or reject applications for certification, and perform annual monitoring. Batterer Intervention Programs must meet minimum standards and services in order to qualify for state certification. (Section 741.32, F.S.)
- **Domestic Violence Fatality Review Teams:** Provide information and technical assistance. (Section 741.316(7), F.S.)

B. Selection of Priorities

During the 2009-2010 fiscal year, 55,088 victims (14,667 in shelter and 40,421 in outreach) were provided domestic violence services by the state's 42 certified domestic violence centers. Additionally, over 101,000 hotline calls were received statewide. A snapshot of Florida's domestic violence centers reveals that over 3,097 adults and children received assistance and services during a single 24-hour period (National Network to End Domestic Violence, 2009 National Census of Domestic Violence Services). Domestic violence services include emergency shelter, transitional housing, individual support and advocacy, group support and advocacy, safety planning, and legal services, such as assistance with protection orders, divorce, and immigration issues. Centers provide a multitude of other services to help victims meet their immediate and future needs, including emergency food and clothes, rent assistance, arranging for childcare, finding housing, etc. Centers also answer hotline calls, and offer community education and outreach.

In 2009, Florida's law enforcement agencies received 116,547 reports of domestic violence crimes. However, studies show that this number may account for less than 50 percent of actual incidents (U.S. Department of Justice, Special Report, June 2009). Of the reported incidents, 232 were homicides, a 19.6 percent increase from the previous year. Florida's overall crime rate dropped by 12.9 percent in 2009; however, the number of reported domestic violence offenses increased by 3 percent. Domestic offenses accounted for 40.7 percent of comparably reported violent crimes.

To determine priorities and initiatives, the Domestic Violence Program Office solicits input from stakeholders and its many partners through surveys, needs assessments, workgroups, etc. Partners include public and private organizations, such as the Florida Coalition Against Domestic Violence, Florida Council Against Sexual Violence, certified domestic violence centers, certified batterer intervention programs, Office of the State Court Administrator, circuit and county courts, Florida Prosecuting Attorney's Association, state attorneys, law enforcement agencies and child protection professionals. Through the analysis of information collected, three themes emerged as priorities of our stakeholders and partners: 1) direct victim services, 2) community coordination, and 3) training.

The Domestic Violence Program Office is committed to addressing these themes and setting priorities and initiatives accordingly. However, we face the challenge of maintaining a consistent level of service delivery to victims and providing support to providers due to declining revenues.

D. Addressing our Priorities over the Next Five Years

Agency Goal: Safety

Objective: Reduce domestic violence.

Initiatives:

1. Quality Assurance Evaluation of Department-Certified Domestic Violence Centers

Direct victim services were identified as the most important priority by stakeholders and partners, and are core principles of our prevention and intervention efforts. The Domestic Violence Program will partner with the Florida Coalition Against Domestic Violence to evaluate the quality of services through the certification and contract monitoring of the 42 Department-certified domestic violence centers. In the past, the Domestic Violence Program Office and the Florida Coalition Against Domestic Violence performed the duplicative task of evaluating the 42 Department-certified

domestic violence centers. The Domestic Violence Program conducted their evaluation through monitoring for compliance with state minimum standards as required by statute and rule. The Coalition is responsible for administering Department funding, and evaluation is through subcontract compliance monitoring, which includes compliance with Coalition standards as well as state standards. An important ingredient of the Coalition's monitoring includes quality assurance reviews, which the Department does not perform. The Coalition has the expertise above and beyond the Department and uses a consultative review methodology to conduct their reviews and, thus, has had a positive impact on the quality of services provided to domestic violence survivors. This enhanced evaluation of domestic violence centers will provide additional information in the Department's approval process for the annual certification renewals for domestic violence centers.

Purpose: To enhance the quality of services provided by Department-certified domestic violence centers.

2. Listening to the Voices of Domestic Violence Survivors

To determine the need and magnitude of domestic violence services, the Domestic Violence Program will partner with the Florida Coalition Against Domestic Violence to conduct survivor focus groups. The focus groups will be composed of shelter residents from a sampling of the 42 Department-certified domestic violence centers. Through the sharing of their successes, challenges, and lessons learned, the Coalition will obtain information about current services, as well as service gaps and deficits.

Purpose: To enhance services provided to domestic violence survivors by identifying gaps and weaknesses in the delivery of domestic violence services.

3. Domestic Violence Fatality Review

The Domestic Violence Program Office will provide support and resources to the newly established Statewide Domestic Violence Fatality Review Team, as well as existing and new community-based teams. The team will conduct fatality reviews for the purpose of examining systemic interventions and identifying gaps.

Attorney General Bill McCollum, in collaboration with the Department and the Florida Coalition Against Domestic Violence, established Florida's first Statewide Domestic Violence Fatality Review Team in November 2009. The impetus was due to a 10 percent increase of domestic violence fatalities in

Florida during the first six months of 2009. (A total of 19.6 percent for the whole year.)

Purpose: To improve systemic responses to domestic violence crimes.

4. Enhanced Training for Judges Working with Families Experiencing Domestic Violence

The Domestic Violence Program, in collaboration with the Florida Supreme Court's Office of State Courts Administrator, will provide domestic violence training to family court judges and court personnel who work with families experiencing domestic violence. The training project includes two venues: 1) an online virtual court involving the injunction process, and 2) a three-day training seminar. This project will provide an essential foundation for new and experienced state court judges and judicial officers to enhance their skills in handling civil and criminal domestic violence cases in a variety of court contexts. The online virtual court training is currently up and running; however, this initiative will include modifications, with the addition of a participant evaluation. The three-day training, scheduled for October 2010, will be highlighted during the Governor's annual domestic violence awareness month activities.

Purpose: To increase the safety, well-being, and stability of domestic violence victims and their children by enhancing the criminal and civil justice systems' knowledge and response to domestic violence cases.

5. Domestic Violence and CPI Partnerships

This project is specific to the seven Sheriff's Departments under contract with the Department to conduct child protective investigations (CPI). The Domestic Violence Program, in collaboration with the Florida Coalition Against Domestic Violence, will facilitate partnerships between the seven Sheriffs' Departments and their local domestic violence centers. Domestic violence advocates will be provided to the Sheriff's Department to provide consultative services and training to the CPI staff on how to work with families experiencing domestic violence. In some instances, the advocates will be co-located with the sheriff protective investigators.

Purpose: To increase the safety, well-being, and stability of domestic violence victims and their children by enhancing the CPI staff's knowledge and skills in responding to domestic violence cases.

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 97 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: 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: FLORIDA ABUSE HOTLINE

POPULATION SERVED: CHILDREN OR VULNERABLE 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 Florida Abuse Hotline is to work in collaboration with local partners and communities to ensure the safety, timely permanency and well-being of children and vulnerable adults (Chapters 39 and 415, 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, well-being, and self-sufficiency for the people we serve.* For child welfare, safety, permanency, and well-being are the three major goals. Florida's program should meet or exceed all expectations.
- *Community-Partnerships.* Work with community-partners to ensure safety, permanency, and well-being for children and their families.
- *Increase Orientation to Action.* Increase prevention and early intervention services, resulting in fewer children needing to be removed from their homes, and promote family reunification through working in concert with the Governor's Office of Adoption and Child Protection.
- *Strengthen Oversight and Accountability.* Implement an oversight and accountability system to ensure the safety of the children we serve.

The Florida Abuse Hotline has a unique set of goals and objectives defined in a long-range plan. These are:

- *Florida Abuse Hotline's Long Range Plan: July 2011 through June 2016.*

The Hotline's Long Range Program Plan was developed to set priorities for long term planning. The priorities are aligned with the Department's and Governor's goals. The plan focuses on improving efficiency, productivity, and stakeholder satisfaction.

The plan provides a much more detailed set of guiding principles, goals, and strategies guiding the Florida Abuse Hotline, including the efforts of many other services provided by the Hotline, other than the answering of abuse and neglect calls. It is consistent with these other planning approaches and provides a focused look at priorities specific to the Department's Abuse Hotline.

C. Priorities over the Next Five Years

The Florida Abuse Hotline continues to focus on protecting the most vulnerable citizens of Florida. Many of the efforts involve technological improvements that will take time to obtain and fully deploy to the entire Hotline. The Hotline also strives to be an action agent for the Department.

Strategy: Increase efficiency, productivity, and stakeholder satisfaction.

Action Steps

Average Handling Time:

The Hotline seeks to decrease the average handling time; average handling time consists of average talk time plus average after call work time. To decrease average handling time, the Hotline is working to implement the opportunities for improvement identified by Accenture during a process performance review completed in July 2010. Average handling time is affected by many different variables; therefore, to address average handling time, the Hotline must also target the impact of other actions to see a decrease. These actions are identified below.

Methods of Reporting:

The Hotline functionality of web reporting, as a means for a reporter to submit abuse allegations, is a key factor in driving down the average handling time. Focus on educating the general public, along with our professional reporters, of the availability of the web tool is a projected project to increase the use of our web reporting tool to provide the reporters with less wait time and increased access to the Hotline. The use of the web tool allows Hotline counselors to by pass talk time and immediately start the data input process. The web tool pushes the information into our systems, therefore, decreasing the amount of data entry needed by the counselor. Web reporting marketing efforts have been delayed due to technological setbacks and increased volume apprehensions. These concerns are being addressed to move towards implementation.

Technology:

The Hotline is constantly seeking alternative technology to enhance customer service and efficiency. The integration of the SACWIS system, FSFN, and the Hotline's in house system, phoenIX, has proven to be a challenge. The ease of use for all of our systems will affect the average handling time. Due to the highly integrated environment, the Hotline is constantly striving for a more seamless exchange between all of the systems used throughout the course of the day.

Resources:

Ongoing in-service training for abuse registry counselors, crime intelligence technicians/analysts, and supervisors occurs each fiscal year. The Hotline seeks to ensure counselors receive ongoing training as often as possible, through various modes of delivery. Staffing software is used to determine scheduling to maximize

efficiency, along with professional development to reduce employee turnover and to increase retention and satisfaction. The Hotline is currently utilizing alternative staffing schedules to increase productivity, employee retention, and increase the number of calls answered. Ongoing quality assurance analysis of the calls and documents to ensure excellence in assessment, documentation and customer service occurs in a three tier structure to identify areas of improvement.

The Hotline has requested additional FTEs during FY 2010-2011 to meet the target service level of 95 percent of calls answered within 60 seconds. These additional FTEs will provide our customers with lower wait times, increased access to the Hotline, and increased safety of Florida's most vulnerable citizens.

Crime Intelligence Unit (CIU):

The Crime Intelligence Unit is piloting a project to allow the field to submit criminal history requests via fax. Eventually, the CIU would like to provide the field with a means to submit requests online. Currently, investigators and case workers call in subject information to submit for checks, which is time consuming and can lead to inaccurate data entry. Submitting subject information online can increase timeliness, while decreasing data entry errors and rework.

Ongoing in-service training for crime intelligence technicians and analysts and supervisors occurs each fiscal year. The Hotline seeks to ensure CIU employees are receiving ongoing training as often as possible through various modes of delivery. Ongoing quality assurance analysis of the calls and criminal history checks is performed to ensure excellence in performance, documentation and customer service.

D. Justification of revised or proposed new programs and/or services:

The Hotline taking a more active role in primary prevention efforts as a frontline attack on reducing costs aligns with the Governor's and Department's goals of ensuring safety, well-being, and self-sufficiency for the people we serve.

E. Justification of the final projection for each outcome:

Outcome: Service Level

The Hotline strives to meet a service level of 95 percent of calls answered within 60 seconds by FY 2012-2013. The current service level for FY 2009-2010 is 63.5 percent in 300 seconds. Service level is directly impacted by our average handling time, and the availability of our existing resources. Without the additional needed resources, the Hotline will struggle to meet this goal. Refocusing the Hotline on the identified actions above will help move the service level towards the target.

Outcome: The number of abuse reports assigned to the appropriate county within an hour of the call end time.

In 2007, with the inception of the Florida Safe Families Network (FSFN), the system did not capture the assignment time, as requested by the Department. The Hotline has a target of 85%, which was surpassed in 2006 with a measure of 89.3%. The Hotline is working with FSFN to restore the functionality and the Hotline expects to surpass this measure once again.

F. Potential policy changes affecting the agency budget request or Governor's Recommended Budget:

Future program policy changes can have an effect on the Hotline's budget requests for additional staff and resources. The Hotline's goal to improve the service level to answering 95 percent of calls within 60 seconds will require additional FTEs. This budget request was submitted for FY 2010-2011 legislative session.

G. Changes which would require legislative action, including the elimination of programs, services and/or activities:

Addition of Service Level measure
Deletion of other measures

H. List of all task forces, studies, etc., in progress:

- Federal SACWIS review of FSFN
- 508 compliance review of all systems
- System rewrite analysis
- Florida Safe Families Task Force
- Hotline Review from Accenture
- Child on Child Task Force
- Upgrade to Verint Scorecard
- Modernization of call routing switch

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 (Section 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.” Our vision is, “Every community will provide safe child care environments that promote the social, emotional, and intellectual development of children while in care.”

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. Analyses of the current environment, including strengths, weaknesses, opportunities, and challenges, led the Child Care Program to establish the following priorities:

- *Child Care Regulation.* Child Care regulation is the most important function of the Child Care Program, which 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 section 402.301-319, F.S., and rules adopted there-under in 61 of the 67 counties in Florida.
- *Child Care Information System (CCIS).* CCIS is comprised of two major components. The first is the child care licensing application, which supports onsite licensing inspections, a public web portal that allows licensing staff to display child care provider demographics and inspection reports publically, and a single statewide database supporting 61 counties regulated by the Department and 6 counties each regulated by a local licensing authority. The second is the child care training application, which supports training class scheduling, online registration for both classroom and online training classes, online payments, and a Training Transcript that tracks statutorily required training for personnel employed or seeking employment in the child care industry. Both applications are state-of-the-

art, utilizing hardware and software that are on the very high end of industry standards, support “real time” data and information availability, and are highly rated from a security perspective. Through the use of an upscale laptop, printer and software bundle, licensing staff conduct onsite regulatory inspections of child care arrangements, providing an inspection report at the time of the inspection, noting any noncompliance with licensing standards, corrective action requirements, as well as updated provider and staff demographic information. This includes background screening, training, credentialing, and service options, such as, Voluntary Prekindergarten (VPK) and School Readiness (SR) participation information. Of special significance is the Department of Education, Agency for Workforce Innovation, and Early Learning Coalitions utilization of the Department’s information system to meet their statutory requirements to publically display child care provider demographics and readiness rates for those children and providers participating in the VPK and SR programs. Further, the Agency for Workforce Innovation and Early Learning Coalitions are working in collaboration with the Department to utilize the CCIS inspection reports to verify that health and safety standards are being met by VPK and SR providers and to utilize the CCIS Training Transcript to verify educational qualifications for VPK instructors. These collaborative efforts allow parents of children in child care to find information related to quality care and education in one location and are excellent examples of resource maximization by state agencies.

- *Child Care Training and Credentialing.* A statutorily mandated requirement of licensure to ensure well-trained and qualified child care personnel is administered through fourteen Training Coordinating Agencies statewide. Online courses are also available to provider staff and are accessed through the training component of the Child Care Training Application. In order to successfully complete the required training, child care personnel must successfully pass competency exams developed for each course. Exam registration is completed online or by calling the Child Care Training Information Center. Professional guidance and technical support are administered through the statewide Child Care Training Information Center. Staff Credential, Florida Child Care Professional Credential (FCCPC), the Florida Director Credential and renewals 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 has responsibility and oversight for the Gold Seal Quality Care Initiative, which is a voluntary accreditation program that promotes higher standards for participating programs. In addition to reviewing and recognizing acceptable standards, the Department confers the Gold Seal Quality Designation on child care providers. The Child Care Program, statewide,

develops and distributes brochures, pamphlets and public awareness materials to inform the public and to promote quality child care activities. The Program Office also collaborates with the Agency for Workforce Innovation, the Department of Health and the Department of Education on mass mailings, to include the utilization of email, to all child care providers on critical child care issues. In addition, the Child Care Program sponsors health and safety training annually for family day care home operators, which is provided through the Florida Family Child Care Home Association. Lastly, the Department hosts a centralized call center, staffed with specialists who are equipped to answer general questions about state-mandated training and credentialing requirements, as well as have the capacity to update training records in the Child Care Training Application of the Child Care Information System.

- *Performance Improvement/Technical Assistance.* The Child Care Program's team of program analysts provides monitoring of child care licensing units, daily hands-on technical assistance support to licensing staff statewide, and conducts 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: Continue to ensure that children are safe while in out-of-home care; personalize and stabilize the child care program workforce; and create efficiencies within the program in order to maximize resources.

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. Ensure that performance requirements for on-site inspections of licensed child care programs are met, while reducing staff turnover by providing training and professional development for child care licensing staff and child care personnel.

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, food hygiene standards, industry growth, and county ordinances. Sufficient staff will help stabilize the workforce and reduce turnover, which is the 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 circuit and regional licensing staff.
5. Ensure that performance requirements for on-site inspection of licensed child care arrangements are being met statewide.
6. Manage mail outs and emails with regulatory updates and additional resource information from other agencies to child care providers statewide three times per year.
7. Initiate “paperless” processes to eliminate mailing costs and reduce physical storage needs.

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

During the 2010 Legislative Session, legislation was passed that further impacted the operational activities of the Child Care Program. House Bill 5311 removed the authority from the Department of Health to conduct food hygiene inspections for child care facilities effective July 1, 2010, which is impacting the services of the Child Care Program in the following ways:

- Substantially increases the workload placed on child care licensing staff without additional resources.
- Adds a dimension to the inspection process related to food hygiene that licensing staff have not been trained or certified to address.

The Child Care Program continues to develop and issue policy guidance, conduct training, revise and distribute public awareness materials to child care providers and child care staff, and revise/enhance the Child Care Information System to conform to and accommodate policy changes. These activities represent a substantial workload for headquarters staff.

The Child Care Program continues to promulgate rules to clarify licensing standard requirements and ensure the safety of children, such as strengthening the regulations related to fire safety and emergency preparedness of child care programs. Additionally, online training courses have been developed to provide child care personnel with training specifically related to noncompliance issues from on-site inspections.

SB 2014 also identifies the Department’s Child Care Information System as the hub of child care demographics, compliance and training, which requires statewide coordination with the Agency for Workforce Innovation, Department of Education Office of Early Learning, and the Early Learning Coalitions. Due to HB 1073, we will also be adding additional information in the state mandated training to include Autism and Downs Syndrome.

E. Justification of the Final Projection for each Outcome

Objective: Safety

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) and the number of instructor hours provided to child care provider staff to ensure the health and safety of children in care.

Child care facilities are inspected three (3) times per year, and family child care homes are inspected two (2) times per year to verify compliance with the health and safety requirements of sections 402.301-402.319, Florida Statutes, 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.

The Child Care Program coordinates the administration of instructor-led child care mandated training through 14 Training Coordinating Agencies, and through on-line child-care courses available on the Department's website at www.myflorida.com/childcare.

In concert with the Agency for Workforce Innovation, the Department will be enhancing its Child Care Information System to include a statewide professional development registry. This registry will support the training, experience and educational level of all child care personnel. Well trained staff helps to ensure the safety of children in care.

F. Potential Policy Changes Affecting the Budget Request

Licensing Workload - The assumption of county licensing jurisdictions without additional staff resources, changes to local ordinances requiring licensure rather than registration for family day care homes, and the passage of HB 5311, which added the responsibility to regulate food hygiene in child care facilities, will affect the Department's ability to effectively manage the program. In July 2002 Polk County, in November 2003 Leon County, and in October 2007 Alachua County, returned the 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 two (2) of the remaining six (6) 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.

Voluntary Pre-Kindergarten Workload - Voluntary Pre-Kindergarten (VPK) legislation resulted in unanticipated workload increases in the Child Care Program, which are recurring:

- **VPK Coordination** – Because the role of the Department in the implementation of the VPK Program is relatively small compared to that of the Agency for Workforce Innovation (AWI) and the Department of Education (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, these activities were limited due to the voluntary nature of the program; however, the VPK Program 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 (Florida Child Care Professional 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) that require additional staff time.

G. Policy Changes That Would Require Legislative Action

Not Applicable

H. Task Forces/Studies

A risk assessment of the Child Care Licensing Application was recently completed by the North Highland consulting firm. They assessed the CCLA security controls to determine the extent to which the controls are implemented correctly, operating as intended, and producing the desired outcome with respect to meeting the security requirements in the CCLA. This initiative completes five (5) of the six (6) Step National Institute Standards and Technology (NIST) Management Framework, and meets the best practices identified by the State Office of Information Security Risk Assessment Policy and Florida Information Resource Security Policies and Standards (F.A.C. – 60DD-2). The outcome of the assessment resulted in a plan of action and milestones to address minor improvements needed based on our risk assessment score of 93%. To our knowledge, no state agency has completed the risk assessment with a score that exceeds 80%.

The Office of Program Policy Analysis and Government Accountability (OPPAGA), in December 2009, completed a Research Memorandum titled Child Care

Services Placement Options for Legislative Consideration. OPPAGA reviewed the costs and feasibility of transferring the Child Care Services Program to another entity. The Research Memorandum provided information on the program's purpose, current organizational placement and agency responsibilities, resources, and performance. In summary, OPPAGA examined the advantages and disadvantages of several organizational options, which were provided to the Legislature for consideration without a specific recommendation.

In August 2010, the Department formed a statewide work group to look at improving the quality of care for children. A final report is anticipated by November 2010 to be used to facilitate legislative, administrative code and budget recommendations.

PROGRAM: MENTAL HEALTH

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

A. Primary Responsibilities

Florida Statutes (F.S.) requires that the state manage a system of care for persons with mental illnesses. Section 394.453, F.S., 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), F.S., 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 (SED), emotionally disturbed (ED), or at-risk of becoming emotionally disturbed, as defined in Section 394.492, F.S. 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.

State Mental Health Treatment Facilities (also known as mental health institutions or state hospitals) provide services to individuals who meet the admission criteria set forth in either Chapter 394 (civil commitment) or Chapter 916 (forensic commitment), F.S. State mental health treatment facilities work in partnership with communities to enable individuals with severe and persistent mental illnesses 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 1998 and went into effect in 1999 to administer the provisions of Chapter 394, Part V, F.S.,

also known as the Involuntary Civil Commitment of Sexually Violent Predators Act. The program enhances the safety of Florida's communities by identifying and providing secure long-term care and treatment for Sexually Violent Predators.

B. Selection of Priorities

Chapter 394.75, F.S., requires the Department, in consultation with the Agency for Health Care Administration, to implement a planning process that includes the input from various stakeholders. Through various mental health forums, the Department has listened to consumers, family members, and other partners to determine priorities for transforming its mental health system of care from one of maintenance to one of recovery. Through on-site visits to programs and services in the circuits/regions, as well as participating in the community meetings, individuals and families have offered their priorities for services. The First Annual Consumer Conference also provided a unique opportunity to listen to consumers, family members and other advocates about their priorities. Through this transformation, individuals, families, children, and the elderly will have a choice of services and the assurance that those services reflect the best practices.

In this plan, mental health service priorities were identified based on the following trends and conditions, which are dynamic and are subject to change. These priorities may change as the needs of those we serve change, as well as by external factors such as Legislative mandates:

Trauma-Informed Care

Trauma occurs when an experience overwhelms an individual's ability to cope. Examples include physical, emotional, and sexual abuse, military combat, accidental injuries, and exposure to substance abuse by other household members. Studies have shown that traumatic experiences during childhood increase the risk of negative outcomes during adulthood, including alcoholism, substance abuse, suicide attempts, severe obesity, depression, and hallucinations. Trauma-Informed Care (TIC) involves awareness of the impact of traumatic experiences and efforts to avoid re-traumatizing individuals receiving mental health and substance abuse services. During July and August 2010, the Department and the Florida Peer Network co-hosted six regional seminars entitled, "Building Capacity for Trauma-Informed Systems of Care." These events were funded by Federal grant monies received from the National Association of State Mental Health Program Directors. Nationally-recognized experts from the National Center for Trauma-Informed Care provided the presentations for these seminars. Over 2,000 individuals attended these seminars, with broad representation from mental health providers, community-based care providers, DCF personnel, and other state agencies. Each of these seminars was used as an opportunity to launch local TIC workgroups within the region. Workgroups represent a

single DCF circuit or multiple circuits, depending on local need. Workgroups include mental health provider staff, DCF staff, mental health consumers and family members, and other stakeholders in the mental health system. Each TIC Workgroup will develop a strategic plan for the implementation of TIC in the group's local community. Workgroups will provide recommendations to DCF that may be implemented at the state, regional, or circuit level.

Interface with Forensic System

An emergent priority domain for the Substance Abuse and Mental Health Program Office (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 felony offenses. Forensic commitments increased by 16.2 percent in Fiscal Year (FY) 2005-06. This produced a forensic waiting list of more than 300 individuals awaiting placement in late 2006. Because of this unprecedented increase, the Department requested and received additional funding to increase forensic residential capacity by 405 beds. This eliminated the forensic waiting list in May 2007 and has allowed the Department to continue to place individuals in state mental health treatment facility beds within the statutorily required 15 days since that date. The number of individuals committed to the Department pursuant to Chapter 916, F.S., decreased by three percent in FY 2009-10. This was the first decrease in commitments in the past two years.

The Department continues to explore options to provide additional beds in the community to serve individuals charged with non-violent felonies. Increasing additional community beds ensures that forensic mental health treatment facility beds are allocated to persons with the greatest need. By more effectively managing the forensic commitment process, the Department will avoid a return to a lengthy waiting list for forensic beds. Additional steps taken to better manage the forensic system include:

- Monitoring forensic referrals and forensic bed productivity;
- Where available, providing alternatives that include in-jail competency restoration, training for pre-admission incompetent individuals, and maintaining competency for individuals returned to jail as competent pending their hearing;
- Placing individuals on conditional release so they may participate in community-based programs, including community-based competency restoration programs; and
- Working closely with community partners and the courts to divert those individuals who may not need to receive services in a secure forensic facility.

Improvements to the Involuntary Civil Commitment of Sexually Violent Predators Act

In 1998 the Florida Legislature enacted the Involuntary Civil Commitment of Sexually Violent Predators Act. The intent of Chapter 394, Part V, F.S., is to find the “small but extremely dangerous number of sexually violent predators,” and place them in a secure facility for long-term care and treatment. Since the inception of the program there have been 38,636 referrals, which have led to over 625 persons committed to the Department as Sexually Violent Predators.

There are several opportunities for improvement related to the original Act. The Department is seeking changes to the law to address legal challenges that can result in potentially sexually violent persons avoiding civil commitment proceedings. For example, in 2008 the Supreme Court of Florida opined in *Larimore v. State of Florida* that a person “must be in lawful custody at the time any initial steps are taken in the commitment process.” In that case, an individual that was believed to be a Sexually Violent Predator was allowed to avoid civil commitment proceedings because of a statutory definition. The Department has proposed several changes to bring commitment eligibility more in line with legislative intent and to assist in prioritizing and processing referrals more effectively.

Reduction and Prevention of the Development of Serious Emotional Disturbances

Nationally, the prevalence of clinically significant emotional and behavioral disorders among young children ranges from four percent to ten percent. Several decades of research have shown that early interventions focused on young children and their caregivers can be effective in delaying or preventing the onset of mental, emotional and behavioral disorders. In recent years, growing research in the areas of prevention and early intervention, trauma in young children and the developing brain point to early childhood as a critical opportunity to positively impact a child’s future.

The Department’s Children’s Mental Health Program has been a leader in recognizing the vulnerability of infants and young children and the need to promote healthy physical, social and emotional development, while mitigating factors that increase risk for developing mental, emotional and behavioral disorders. Emphasis has been placed on young children and families served by the child welfare system and on providing young children intervention services and supports in natural environments such as early childhood educational settings. Children’s Mental Health is working in partnership with Florida State University’s Center for Prevention and Early Intervention and other major stakeholders to identify best practices, services

and supports, key systems partners and current funding sources that promote healthy early childhood development.

Recent research indicates that pre-kindergarten children are expelled at a rate more than three times that of their older peers in grades K to 12. Florida rates are four to seven expulsions per 1,000 pre-kindergarten students. Research also indicates that preschool children with persistent behavior disorders continue to have problems in school and develop more serious mental health issues as they mature.

Early childhood mental health consultation (ECMHC) is emerging as an effective strategy for promoting healthy social and emotional development in young children. Other states have been successful in developing early childhood consultation in their early child care settings and positive outcomes are being reported. However, Florida has no dedicated funding source and no one agency has the funds needed to ensure ECMHC consultation in child care settings is available statewide.

To promote the expansion of ECMHC in child care settings, Children's Mental Health contracted with the Center for Prevention and Early Intervention, to complete a statewide survey, hold a statewide summit with ECMHC providers and funders, and complete a final report with recommendations on how to move ECMHC in child care settings forward in Florida. Children's Mental Health will take the lead in disseminating the ECMHC Summit Report completed by the Center for Prevention and Early Intervention to key stakeholders in the ongoing effort to promote coordination across agencies and funding streams to expand ECMHC in Florida.

Successful Community Reintegration for Individuals at Civil State Mental Health Treatment Facilities

It is the Department's belief that people should remain in the community for as long and as often as possible. When admission to a civil state mental health treatment facility is necessary, the person should receive essential treatment and services needed to return the person successfully to their community roles. It is important that the entire system work together to ensure that people remain in these restrictive and costly facilities only as long as absolutely necessary.

Individual recovery and a timely return to the community for people receiving treatment in a civil state mental health treatment facility, such as Northeast Florida State Hospital (NEFSH), Florida State Hospital (FSH) and South Florida State Hospital (SFSH), is a priority of the Department. To that end, the state mental health treatment facilities monitor the number of

individuals who are ready to return to the community and such data are reported monthly to the Program Office and circuits. Data from May through July 2010 indicated a statewide average of 251 people per month was awaiting discharge from the civil facilities to the community. The community providers, circuits, and state mental health treatment facilities must all work in collaboration to ensure individuals are served in the least restrictive and appropriate therapeutic setting to meet their individual needs.

Mental Health Program Office staff members have been asked to provide leadership and support to the facilities and circuits regarding this effort. An analysis of the data indicated that NEFSH and its catchment area circuits contained the highest number of individuals on the Seeking Placement List for the longest period of time. There was an average of 106 individuals per month waiting an average of 172 days to return to the community. The NEFSH catchment area includes Circuits 3, 4, 5, 7, 8, 9, 10, and 18. Further stratification indicated that the initial focus of discharge efforts should be with Circuits 4, 7, 9, 10, and 18, since they had the highest number of individuals at NEFSH who had been awaiting community placement for 60 days or more.

Weekly conference calls have been held with the circuits, providers, state mental health treatment facility staff and Headquarters staff to help facilitate the discharge of individuals from a Seeking Placement List. The focus of the calls is to identify individual and common discharge barriers and brainstorm resolutions. Additionally, FSH and NEFSH have reviewed their internal processes to identify opportunities for improvement related to timely discharges and decreased length of stay for individuals they serve.

Recent actions have included the implementation of a utilization review team, increased use of data to drive performance, use of a barriers analysis methodology, earlier focus on discharge barriers and discharge plan development, and improved collaboration with the community. The civil facilities continue to focus efforts on increasing the number of people returning to the community, and decreasing the average length of stay of individuals residing in the facility. This initiative is consumer-focused and ensures individuals receive treatment in the most appropriate, least restrictive and least costly setting.

Reduction and Prevention of Seclusion and Restraint:

The National Association of State Mental Health Program Directors (NASMHPD) issued a position statement on seclusion and restraint which states, “...*The use of seclusion and restraint creates significant risks for people with psychiatric disabilities. These risks include serious injury or death, re-traumatization of people who have a history of trauma, and loss of*

dignity and other psychological harm. In light of these potential serious consequences, seclusion and restraint should be used only when there exists an imminent risk of danger to the individual or others, and no other safe and effective intervention is possible. It is NASMHPD's goal to prevent, reduce, and ultimately eliminate the use of seclusion and restraint, and to ensure that, when such interventions are necessary, they are administered in as safe and humane a manner as possible by appropriately trained personnel...."

The following are some major trends and conditions pertaining to reduction and prevention of seclusion and restraint events in Florida:

a. Chapters 2006-227 and 2006-195, Laws of Florida, passed during the 2006 Legislative session, required the Department to develop rules regarding seclusion and restraint use and data collection. On May 7, 2008, the Department promulgated revisions to Chapter 65E-5, Florida Mental Health Act, Florida Administrative Code, as directed by statute. This rule provides standards and regulations for the civil state mental health treatment facilities and community receiving facilities. On January 28, 2010, the Department promulgated revisions to Chapter 65E-20, Forensic Client Services Act, Florida Administrative Code, regarding reducing seclusion and restraint in the forensic state mental health treatment facilities. The Department worked closely with various stakeholders to develop the rule language consistent with national best practices on the reduction of seclusion and restraint use and Trauma-Informed Care.

The use of seclusion and restraint in state mental health treatment facilities has decreased since the facilities began to focus efforts on Trauma Informed Care and the reduction of seclusion and restraint. Over the past three fiscal years, the number of seclusion events has significantly decreased statewide. The number of restraint events has remained relatively stable with zero percent change, while the average duration of these events has been significantly reduced. The following table shows the percent decrease in number of seclusion events per 100 served and in the average duration of seclusion and restraint events. The state mental health treatment facilities served a total of 4,662 people in Fiscal Year 2007-2008 and 4,514 people in Fiscal Year 2009-2010.

Event Type	FY 2007-2008	FY 2009-2010	Percent Decrease
Seclusion per 100 persons served	27	3	89%
Average Duration of Seclusion	12 hours 14 minutes	2 hours 55 minutes	76%

Average Duration of Mechanical Restraint	5 hours 9 minutes	3 hours 19 minutes	36%
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b. The Department’s Mental Health Program Office conducts annual quality reviews of seclusion and restraint practices in each state treatment mental health treatment facility. Staff from the Mental Health Central Office and peer reviewers from other facilities serves as the Review Team. They examine facility specific data, operating procedures, and related processes regarding seclusion and restraint to identify best practices and opportunities for improvement.

c. The following are specific activities that contributed to the reduction of seclusion and restraint events using existing resources in each treatment facility:

- Provision of training from the National Association of State Mental Health Program Directors on Creating Violence-Free and Coercion-Free Environments;
- Offer internal training with an emphasis on personal safety and individual preferences and a focus on verbal de-escalation and behavioral triggers so seclusion and restraint can be avoided;
- Development of comprehensive action plans to achieve reductions of seclusion and restraints and create an environment consistent with Trauma Informed Care;
- Collection and use of data relative to seclusion and restraint practices; and
- Participation in the statewide inter-agency Trauma-Informed Care Workgroup.

Adherence to federal and state standards and Department operating procedure is assessed. Feedback and technical assistance is provided to the facilities regarding opportunities for improvement.

A recent action taken by the Department was to begin tracking and reviewing an additional restraint type, known as physical restraint. As of September 1, 2009, the facilities began reporting physical restraint events to the Department. These events are included for review during the Quality Review process. Another action under consideration is the development and SAMH Data Unit’s dissemination of monthly reports regarding seclusion and restraint events in the state mental health treatment facilities.

Strengthening the Management of Treatment Facilities

Secretary Sheldon recently appointed a Management Review Team to examine the operational effectiveness of state mental health treatment facilities. The workgroup is tasked with:

- Reviewing strategic plans and supporting documents employing forensic and civil outcome data for cost savings, efficiencies, and lessons learned;
- Ensuring that all facility operations are viewed from a statewide systems approach, rather than focused on the needs of an individual institution;
- Identifying essential financial and personnel resources, both direct care and administrative and support, necessary to effectively and efficiently operate mental health treatment facilities to achieve desired results;
- Ensuring adequate emergency preparedness at all mental health treatment facilities;
- Identifying best practices that can be systematically implemented elsewhere;
- Exploring the use of centralized management concepts to foster better acquisition and sharing of resources among facilities; and
- Utilizing private and public sector partnerships for enhanced problem resolution.

Other efficiency improvements at the state mental health treatment facilities include:

- All three state operated treatment facilities recently achieved CARF (Council for Accreditation of Rehabilitation Facilities) accreditation, which reflects superior standards of care and excellence in outcomes; and
- Implementing an electronic time-keeping and scheduling system, which is anticipated to increase efficiency and accountability.

The facilities will continue to research and identify additional opportunities for improving efficiencies and reducing costs. Implementation of an electronic health record is in the planning stages. This will improve the quality of care, documentation, and standardization across facilities by increasing access to information for providers and clinicians treating individuals in these facilities. The electronic health record will also facilitate continuity of care as persons transition from facility-based treatments to the community.

Use of Effective Psychotherapeutic Medications

The use of psychotherapeutic medications in the treatment of individuals diagnosed with severe and persistent mental illness is a vital component of evidence-based practice. Advancements in medication therapies have also expanded treatment options, and play a crucial role in acute treatment and stabilization for individuals with schizophrenia, bipolar disorder, and major

depression. The array of medications now in use can significantly improve an individual's quality of life and progress toward recovery.

Research shows that the dosing, efficacy, effects on cognitive functions, and side effects can vary by individual and disorder. However, without access to the psychotherapeutic medications currently available, the chance of medical complications and obstacles to successful recovery from mental illness would outweigh these factors. Loss of access to appropriate medications could increase total health care costs and result in longer hospital stays.

The state facilities have chosen to maintain an open formulary to help ensure the availability of the most effective treatment for each individual and to support a cost effective evidence-based treatment program. To offset costs associated with an open formulary, generic drugs are used whenever possible, and drug utilization reviews are performed to monitor medication costs, prescribing practices, and treatment outcomes.

The rapid development and availability of new psychotherapeutic medications has resulted in higher medication costs. Medication cost has also increased because of the aging population served and the increased treatment needs of individuals who also have serious medical conditions. The medication budget for the state facilities has historically been underfunded and the shortfall has increased due to rising costs of medications. Typically, medical budget shortfalls have been covered by transferring funds from the Salary and Benefits categories at the facilities.

Improving Access and Delivery of Services to Veterans

An emerging need across the country involves services for returning veterans. Florida has the second largest per capita veteran population in the nation, with more than 1.7 million veterans, and is actively working to determine how to best meet their vast, diverse and growing needs. A recent RAND Corporation study, entitled "Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans," found that an estimated 18.5% of all service members and veterans returning from the Gulf War experience Post Traumatic Stress Disorder (PTSD) or some form of major depression. Therefore, approximately 29,000 returning veterans in Florida may experience these conditions. The study also found that *"53% of returning troops who met criteria for PTSD or major depression sought help from a provider for these conditions in the past year,"* which calculates to nearly 14,000 of Florida's returning veterans who may not have sought proper care. Numerous federal agencies (e.g., Substance Abuse and Mental Health Services Administration and the National Institute for Drug Abuse) have concluded that PTSD and depression are both risk factors for substance abuse, and in too many cases, suicide. Finally, studies have also concluded

that homeless veterans are at a higher risk than the general population for mental illness, substance abuse, and suicide. Many individuals end up in the criminal justice system as a result of not getting the proper mental health care.

In October 2009, the Department was awarded a federal grant, entitled “Jail Diversion and Trauma Recovery-Priority to Veterans” from the Substance Abuse and Mental Health Services Administration (SAMHSA). This five year grant coordinates substance abuse and mental health services for veterans and their families, as well as strengthens jail diversion services for veterans, particularly with trauma-related disorders. Services for veterans and their families include screening, assessment, treatment, and recovery support through community-based services. The major goal of the grant is to reduce further criminal justice involvement. The grant also provides funding for development of a veteran's peer support specialist certification process, and allows for the implementation of two community-based pilot programs designed to increase identification, assessment, linkage, and access to services and supports. Veterans and their families may access trauma-related care and certified Veteran Peer Support Specialists. Hillsborough County, where there is an existing jail diversion program and a large population of veterans, has been selected as the first pilot area. A second pilot site will be selected and implemented in years four and five of the grant.

Affordable Housing for Homeless Individuals

Florida has made significant strides in addressing the service needs of its homeless population, primarily because of the federal Projects for Assistance in Transition from Homelessness (PATH) Grant Program. When PATH was first implemented in Florida, only eight areas of the state – those who had the highest concentration of homeless populations, participated. Today, there are 21 PATH Projects in the state, with at least one project located in each of the Department’s local service areas. This federal initiative is complemented by the Department’s Office on Homelessness and the local, grassroots collaboration that takes place between the Department and the homeless coalitions throughout the state. These two offices meet frequently and learn from one another about common issues. Both offices participate in the Florida Supportive Housing Coalition, a forum whose membership is broadly representative of housing and service providers. This group has been increasingly effective in promoting the expansion of housing resources and cross training of housing and service providers. Without this collaboration, Florida would not have an accurate estimate of its number of homeless people. Local partnerships ensure targeted efforts to access all available resources, as well as participation in the numerous Continuum of Care plans developed throughout the state. Even with this multi-faceted approach,

Florida continues to have a significant homeless population. However, due to limited financial resources, challenges such as transportation, poverty, and lack of employment remain.

Florida's housing market is not currently meeting the needs of individuals with extremely low incomes, and people with serious mental illnesses are over-represented in that group. Local standards for Fair Market Rent (FMR), established by the United States Department of Housing and Urban Development (HUD), provided guidance in determining the need for housing supplements annually. Florida's statewide average Fair Market Rent (FMR) for a two-bedroom apartment is \$842 per month. The lowest FMR is found in Baker, Dixie, Hamilton, Lafayette, Suwannee, and Washington Counties, at \$588 per month, and the highest is in Monroe County, at \$1,365 per month. Supplemental Security Income (SSI) is \$694.00 per month. Individuals spending most or all of their income on housing are unable to afford other basic needs, frequently leading to homelessness and/or criminal activity.

Many persons receiving services in the public mental health system have incomes far below the poverty level and are, therefore, "priced out" of Florida's housing market. Sharing a two bedroom apartment with a peer or significant other would reduce the rent burden by half, which still exceeds the 30 percent rule, if living on Social Security Income. The source of this data can be found at www.hud.gov/fmrs.

While much has been accomplished, there are still unmet needs in serving the homeless population. Florida has approximately 57,687 homeless individuals currently (Annual Report on Homeless Conditions in Florida 2009, DCF Office on Homelessness). Of that number, 6,577 have mental health disorders and 8,334 have substance abuse disorders. Local homeless coalitions clearly identified the availability of affordable housing as the singular, most pressing unmet need. The identification of unmet needs of the homeless is highlighted by the following issues, identified as common across the state:

- Need for more sheltering capacity;
- Need for greater funding for supportive services;
- Need for jobs at living wage levels;
- Need for more case management services;
- Need for medical and health services;
- Need for transportation assistance;
- Need for outreach teams; and
- Prevention assistance.

Employment Opportunities for Adults

During the 2009-2010 Fiscal Year, the Mental Health Program Office and the Department of Education's Division of Vocational Rehabilitation (VR) collaborated on how to improve the relationship between local DCF Substance Abuse and Mental Health staff, local mental health providers, and local VR staff. The purpose of improving collaboration was to increase supported employment opportunities for individuals served by both agencies.

Supported Employment programs facilitate the return to productive employment for individuals with serious mental illnesses. These services are community-based and take place in an integrated work setting, which provides regular contact with non-disabled co-workers or the public. A job coach provides long-term ongoing support for as long as needed to ensure the individual has every opportunity to maintain employment. This evidence-based practice is available statewide.

The Department's FY 2011-2012 Legislative Budget Request (LBR) includes a request for funding for the development and growth of vocational and employment opportunities for persons served. In addition, the Mental Health Program Office will continue to seek alternative funding sources for vocational rehabilitation through coordination with the Division of Vocational Rehabilitation (DVR), SAMH Circuit Offices, local providers, and local VR staff. Furthermore, the mental health staff will examine existing employment services funded by SAMH to determine the extent to which they comport with the Supported Employment Toolkit or other evidence-based models.

Capability for Electronic Health Records (EHR)

The Department has signed a license agreement to acquire the Web Infrastructure for Treatment Services (WITS), a web-based and open-source application, designed to meet the growing need to capture client treatment data and satisfy mandatory government reporting requirements for the planning, administration, and monitoring of Substance Abuse Treatment Programs. Sponsored by SAMHSA's Center for Substance Abuse Treatment (CSAT) and State Alcohol and Other Drugs (AOD) Agencies, WITS facilitates cooperation and collaboration among treatment providers by enabling the sharing of client treatment information via the web.

Although originally designed as a substance abuse treatment services data collection and management system, WITS has evolved as an advanced EHR to meet the growing needs of organizations and government institutions. As an EHR system, WITS is capable of handling multiple simultaneous users and thousands of patient's records. With a feature-rich set of tools, WITS can assist in creating and managing clients, staff, facilities and agencies collecting treatment data, complete with the safety and security of HIPAA compliant

software. Additional development will be required before introducing WITS for use in state mental health treatment facilities and to facilitate Health Information Exchanges (HIE) with other data systems in and outside the Department.

Section 394.674, F.S., (Senate Bill 2612) requires the Department to identify individuals who are eligible for publicly-funded substance abuse and mental health services, and to enroll these individuals into the state priority populations. This requires the SAMH Program Office to work with the Northwood Shared Resource Center (NSRC) to establish an integrated enrollment process that uses HIE adapters to interface with various agency data systems to capture the following information required by this legislation:

- Interface with the Department of Law Enforcement (FDLE) database to identify individuals in the SAMH system who are involved in the criminal justice system (e.g., arrest data) as part of the National Outcome Measures (NOMs) requirements;
- Interface with the Department of Juvenile Justice (DJJ) database to identify individuals involved in the juvenile justice system (e.g., detention data) as part of the National Outcome Measures (NOMs) requirements;
- Interface with the Agency for Health Care Administration (e.g., Florida Medicaid Management Information System) to identify individuals who are Medicaid-eligible and receive Medicaid billable services;
- Interface with the Child Welfare System (e.g., Florida Safe Families Network) for identifying individuals receiving SAMH services, including adults who put children at-risk or children under state supervision;
- Interface with Drug Courts and Mental Health Courts for identifying individuals ordered by the courts to receive substance abuse and mental health treatment;
- Interface with the Department of Education database(s) for identifying children who are suspended or expelled from schools as part of the National Outcome Measures (NOMs) requirements; and
- Interface with the National Health Information Network (NHIN-connect) to provide automated referral and electronic consent for release of confidential information within and between service provider agencies.

C. Addressing Our Priorities over the Next Five Years

As part of its ongoing program planning and budgeting processes, the Mental Health Program Office identifies the service system's strengths and weaknesses,

analyzes areas needing attention, and sets performance goals and priorities to address unmet service needs.

The trends and conditions described in the previous section of this plan identify a number of key mental health service priorities, including, but not limited to, the following:

- Improving the forensic system to divert individuals from forensic treatment facilities to structured community placements or services;
- Reducing and preventing serious emotional disturbances development among children;
- Enhancing integration of Child Welfare and Substance Abuse and Mental Health Services;
- Continuing to implement a Co-occurring System of Care;
- Reducing and preventing seclusion and restraint events;
- Enhancing the Involuntary Civil Commitment of Sexually Violent Predators Act;
- Providing affordable housing to the homeless, employment opportunities for adults, and adequate services to veterans;
- Strengthening the management of mental health treatment facilities and provide effective psychotherapeutic medications to persons served in these facilities; and
- Implementing a data system that is capable of supporting Electronic Health Records (EHR) functions.

Listed below are mental health goals, objectives and initiatives to meet these priorities over the next five years.

Goal 1

Children and adults are free from abuse, neglect, violence or exploitation

Objective: Improve the effectiveness of the Involuntary Civil Commitment of Sexually Violent Predators Act.

Initiative: The Department's Sexually Violent Predator Program is proposing revision to, and creation of, several sections of Chapter 394, Part V, to fully meet the Legislative intent of the Act. Proposed changes relate to commitment eligibility and statutory time-frames for prioritizing and processing referrals. Although technical in nature, the proposed changes address ambiguities in the statutory process that can contribute to

dangerous offenders avoiding commitment and being released to the community based on legal technicalities.

Goal 2

The basic needs of food, shelter, clothing and health are met for children and adults

Objective: Fewer children and adults will be homeless

Initiative: The Department will use the LBR process to seek funds to assist 6,000 persons with serious and persistent mental illnesses in meeting costs associated with community rental housing, which generally exceeds affordability standards set by Housing and Urban Development (HUD) for people receiving disability income.

Individuals in state mental health treatment facilities lose their disability income when they are admitted to these facilities or are applying for benefits for the first time upon discharge. It can take up to six months to have benefits reinstated or started. Even when benefits are secured, persons with serious mental illnesses receiving services in the public mental health system have incomes far below the poverty level and are, therefore, priced out of Florida's housing market. Local standards for Fair Market Rent (FMR) established by United States Department of Housing and Urban Development (HUD) provide guidance in determining the need for housing supplements. Florida's statewide average Fair Market Rent (FMR) for a two bedroom apartment is \$842 per month. Fair Market Rents are established by HUD on an annual basis. HUD also established the 30 percent rule, which means that for housing to be affordable, a person or family should expend no more than 30 percent of their monthly earned income toward housing. Sharing a two bedroom apartment with a peer or significant other would reduce monthly rent by half to \$421, but still exceeds the 30 percent rule if living on Supplemental Security Income (SSI). Individuals spending most or all of their income on housing are unable to afford other basic needs, such as medications and food, frequently leading to homelessness and/or criminal activity. Lack of housing is a frequently cited barrier to discharge from state mental health treatment facilities.

Funds requested in this issue will be specifically directed to three populations: (1) persons ready to be discharged from the state's civil treatment facilities (state hospitals) that, because they have been hospitalized, have lost their Supplemental Security Income (SSI) benefits and thus have no means of supporting themselves upon reentering the community; (2) individuals involved in or at risk for forensic involvement

under Chapter 916, F.S.; and (3) individuals with serious mental illnesses at risk of hospitalization or criminal justice involvement.

Goal 3

Adults, children and families are active self-sufficient participants living in their own homes/community

Objective: More children and adults will be adequately prepared to achieve and maintain independence

Initiative: Increase the number of foster children and children with severe emotional disturbances who regularly attend school and the number of foster youth graduating from high school and post-secondary education.

The Children's Mental Health Program will continue to collaborate with the Department of Education, Students with Emotional Disabilities Network (SEDNET), Family Safety and other key child-serving agencies to address the access of children and youth with mental health needs to mental health services and supports in their home, school, and communities that support school attendance and successful transition to post-secondary education. In addition, Children's Mental Health will continue to serve on the Department of Education's Statewide Transition Steering Committee and Dropout Prevention Subcommittee and focus on youth with mental health needs and those in foster care.

Initiative: Provide a system of care that supports and promotes competitive employment opportunities for adults with behavioral health needs.

The Department will use the LBR process to request funding for the development and growth of Mental Health Clubhouses. In addition, the Mental Health Program Office will continue to seek out alternative funding sources for clubhouse development through coordination with the Department of Vocational Rehabilitation (DVR), SAMH Circuit Offices, local providers, and local VR staff. Furthermore, the mental health staff will examine existing employment services funded by SAMH to determine the extent to which they comport with the Supported Employment Toolkit or other evidence-based models.

Objective: More children and adults will live in their own homes and communities free from substance abuse and with reduced symptoms of mental illness

Initiative: Implement the use of national outcome measures, evidence based practices and five system quality indicators as the standard for system performance measurement and accountability.

- Data pertaining to national outcomes measures for adult and children’s mental health will continue to be reported in the Substance Abuse and Mental Health Information System (SAMHIS) and the results will be posted regularly on the Department’s performance dashboard.

Initiative: Work with the Governor’s Office and Legislature to pass the Mental Health and Substance Abuse Treatment and Crime Reduction Act. Work with stakeholders, Governor’s Office and Legislative staff toward the acceptance and passage of this statutory language during the 2011 legislative session.

Initiative: Advance a system of care that sustains stable housing for adults and children with behavioral health disorders.

- The Mental Health Program will use the LBR process to obtain funding for Statewide Housing Rental Supplement Program to assist individuals who meet specific eligibility requirements for costs associated with community rental housing.
- Existing housing programs funded by SAMH will be reviewed to determine the extent to which they are currently operating within the framework of the Supportive Housing Model endorsed by the SAMHSA Center for Mental Health Service (CMHS).
- The Mental Health Program continues to increase the availability of SSI/SSDI Outreach Access and Recovery (SOAR) training across the state. Additionally, the Mental Health Program Office is working with circuit SAMH offices to build SOAR Community Initiatives in each circuit. While the make-up of the Community Initiative is being left to the circuit to develop, the Mental Health Program Office is offering technical assistance in moving this statewide initiative forward. The Mental Health Program Office continues to participate with the Florida Supportive Housing Coalition and the Office on Homelessness on issues related to homeless individuals with mental illnesses.

Objective: More children and adults with behavioral health problems will live in and be active and successful participants in their own communities

Initiative: Prioritize the integration of substance abuse and mental health services into the child welfare system.

- The Mental Health Program will use the LBR process to seek funds needed for substance abuse and mental health intervention, treatment, case management and recovery support services to families engaged in the child protection system who have been identified as needing intervention or treatment.

Initiative:

Create a behavioral health service delivery system, including co-occurring competent providers that use evidence based consumer and family-driven care.

- The Mental Health Program Office will develop a framework, which will allow both mental health and substance abuse systems individually and collectively to support the goal of developing respective capacities to meet the needs of individuals with co-occurring mental health and substance abuse disorders.

Goal 4

DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective: Decrease all processing errors and processing time.

Initiative: Integrate client and family data from Family Safety with the Substance Abuse and Mental Health Information System (SAMHIS)

- The current manual process for integrating the Child Welfare data into the SAMHIS database is tedious, time-consuming and very inefficient. SAMH Program Office will work with Northwood Shared Resource Center (NSRC) to automate this process by building an interface between the Florida Safe Families Network (FSFN) database and SAMHIS database.

Objective: Increase efficiency, accuracy and effectiveness through information management and health information exchange

Initiative: Strengthen operations by implementing technology standards and best practices, particularly in relational database technology.

- The SAMH Program Office will work with NSRC to develop interfaces between SAMHIS database and various agency data systems.
- The SAMH Program Office will use the LBR process to implement this initiative as part of the requirement for implementing a data system that is EHR capable.

Initiative: Facilitate inter and intra agency data processing integration to improve services to our citizens.

- The SAMH Program Office will work with NSRC to develop a standard process for unique identification of each person served across provider agencies.
- The SAMH Program Office will use the LBR process to implement this initiative as part of the requirements for implementing a data system that is EHR capable.

Initiative: Implement an information technology infrastructure which has EHR capability and allows program offices and different business partners to exchange data.

- SAMH Program Office will use the LBR process to seek funds needed to acquire and implement the EHR capable Web Infrastructure for Treatment Services.

Initiative: Utilize tools, automation, and specialized software to capture and present better business information and assist decision making.

- The SAMH Program Office will work with NSRC to establish an integrated enrollment process that uses HIE adapters to interface with agency data systems, both statewide and nationwide.

D. Justification of Final Projection for each Outcome

Each program office will be responsible for reviewing and analyzing performance at the state, circuit, 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 through regions and circuits and down to the provider level. These measures include items that are used as part of the National Outcome Measures (NOMs) and Evidence-Based Practices (EBP), as required by the Mental Health Block Grant. The GAA and NOMs measures are posted to the performance Dashboard.

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.

E. Potential Policy Changes Affecting the Budget Request

Healthcare reform is a major area of focus that has the potential to affect departmental policy and budget. Estimates on how healthcare reform will impact the Department is not known at this time, but it is likely that funding for particular services may need to be adjusted to meet the needs of an expanded client base.

The Department's Electronic Health Record initiative, along with efforts to improve the integration of Substance Abuse, Mental Health and Child Welfare,

discussed above, will prepare Florida for this major policy change. The Department's vision to have one client record that provides a comprehensive wellness and care history will improve service delivery and outcomes for the individuals served.

F. Changes Which Would Require Legislative Action

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

Civil Involuntary Commitment Law

The Department is proposing revisions to the Baker Act (Ch. 394, Part I). The protection of individual rights, while at the same time ensuring treatment and protecting public safety, continues to be of utmost importance when addressing involuntary examination and involuntary placement for mental health treatment in Florida. Changes in Ch. 394, Part I, known as Florida's Mental Health Act, or the Baker Act, are proposed to accomplish these goals.

Substantive changes are based upon previous recommendations by the Baker Act Workgroup, which met in 2006-2007, whose purpose included a review of current law and crisis system capacity issues and feedback received from numerous stakeholders statewide throughout the past year. Additionally, changes reflect recommendations from the 1999 Florida Supreme Court Commission on Fairness.

The proposed legislation will directly impact individuals served by the crisis response system. The proposed changes will assist by helping individuals in crisis receive the treatment and support they need in the safest and least restrictive environment possible. These changes will also assure that these individuals have adequate, timely representation by guardian advocates and attorneys who clearly understand their role. Moreover, the proposed legislation changes statutory language to reflect a "person first" paradigm, such as referring to persons receiving services under the Baker Act as "individuals" instead of "patients." Technical changes will also update definitions and strike obsolete language.

Mobile Crisis Teams

The Department of Children and Families is requesting funds to expand services provided by mobile crisis units (MCUs) in six areas of the state where they do not currently exist. MCUs provide emergency mental health evaluations by licensed clinical mental health professionals at the scene of a mental health crisis. MCUs provide immediate access to mental health professionals and can respond to residences, schools, nursing homes, Assisted Living Facilities, and jails, for example. By serving as first responders for mental health crisis, MCUs divert individuals from unnecessary involuntary examinations and costly psychiatric inpatient hospitalization,

when appropriate to do so. They also provide immediate assessment/screening and referral to the appropriate level of service. MCUs are dispatched by emergency dispatchers in lieu of, or concurrently with, law enforcement officers. In many areas of the state, first responders are generally Law Enforcement Officers (LEO) who are left by themselves to determine if someone appears to have a mental illness, is a danger to themselves or others, and if so, then transport individuals to receiving facilities for examination. MCUs can greatly assist law enforcement with this responsibility. MCUs currently operate in only 11 of the Department's 20 circuits (and usually only cover one county or smaller geographic area). The proposed expansion of MCU services will allow for more efficient use of resources and more appropriate treatment of individuals in mental health crisis.

Mental Health, Crime Reduction and Treatment Act

1. This is the most comprehensive change to statutes governing mental health treatment since the Baker Act of 1971. The legislation is based on recommendations in the fall 2007 Florida Supreme Court Report, "Constructing a Comprehensive and Competent Criminal Justice/Mental Health/Substance Abuse Treatment System." This legislation would allow Florida to invest in a redesigned system of care that: (a) ensures adequate prevention and treatment services in the community; (b) curtails unnecessary involvement of people with mental illnesses and/or substance use disorders in the criminal justice system; and (c) develops strong collaborations among substance abuse, mental health and other provider agencies to provide integrated delivery of services.

Pilot projects relying on demonstrated best practices will target individuals with mental illnesses and/or substance use disorders involved in, or at risk of becoming involved in, the criminal justice system. Financing will leverage federal resources and the incorporation of newly designed performance standards to ensure effective, high-quality services by qualified providers and communities. Communities will expand prevention and treatment capacity for juveniles and adults. Funding for mental health services will shift from expensive "deep end" treatment to early prevention, although substantial deep-end residential capability will have to be maintained.

Elements of the re-designed community mental health and substance abuse forensic treatment system include:

- Mental health courts
- Diversion programs
- Alternative prosecution and sentencing techniques
- Crisis intervention teams

- Specialized training for criminal justice, juvenile justice, and treatment services professionals
- Specialized probation officers at the state and county levels to serve individuals under correctional control in the community
- Collateral services such as supported, transitional, and permanent housing, and supported employment, and
- Reentry services to create or expand mental health and co-occurring treatment and supports for affected individuals.

Anticipated outcomes include lower demand for costly services in jails, detention centers, prisons, forensic facilities, emergency rooms, and other crisis settings; less crime; enhanced public safety; fewer injuries to law enforcement officers; decreased rates of chronic homelessness; more dignified and humane treatment; and lower costs to the state.

Forensic Services

The Department of Children and Families is proposing statutory language changes to Chapter 916 and Chapter 985, F.S., to improve the quality and efficiency of services provided to adults and children involved in the forensic mental health system. The proposed revisions include:

- Establish a time frame for an individual to be seen in circuit court when the court receives a report from the mental health treatment facility indicating that competency has been restored or that a decision has been made indicating the individual no longer meets commitment criteria. The hearing would be required within 30 days of receiving a report. This specific timeframe would apply to both individuals who have been adjudicated Incompetent to Proceed to Trial or Not Guilty by Reason of Insanity pursuant to Chapter 916, F.S.
- Require court appointed experts to take the forensic examiner training, in order to be placed on a registry of individuals who have had the training. The proposed language also establishes a five-year time period in which to retake the forensic examiner training, in order to remain on the registry. This revision applies to both Chapter 916 and s.985.19, F.S.
- Authorize the continuation of prescribed psychotherapeutic medication upon admission to a forensic facility under Chapter 916, F.S., that is essential to the well being of the individual until the facility can expeditiously obtain a circuit court order for psychotherapeutic medication treatment.
- Establish clinical protocols and procedures to be followed in the completion of competency evaluations reports by court appointed experts under s. 985.19, F.S.

The proposal will enhance personal recovery of individuals in mental health treatment facilities because it provides for the prompt return to court of individuals who are competent or no longer meet commitment criteria, thereby ensuring individuals are processed through the court system in a timely fashion. This legislative mandate would likely increase the number of people the Department can serve by ensuring that individuals who no longer require treatment in a state mental health treatment facility are returned to the court system to address their legal charges. This efficiency opportunity will enable the Department to admit individuals on the forensic waiting list as others are being returned to court for a hearing within 30 days of the court's receipt of the report. Additionally, the proposal will ensure that court appointed experts have received appropriate training to perform forensic evaluations and that retraining occurs every five years.

Revisions to Chapter 985, F.S., require an established clinical protocol to be followed by court appointed experts regarding their written findings in the competency evaluation report. This new approach will protect rights and dignity, ensure appropriate treatment, reduce cost of repeated competency reports that do not adequately address issues courts rely on to commit juveniles for competency training, and will assist in maintaining a quality of life that supports resiliency and long-term recovery.

Persons with Undocumented Presence

The Department of Children and Families is proposing statutory language changes to Chapter 916, F.S., and to Chapter 394, F.S., that improve efforts to identify citizenship status of persons who are committed to a state mental health treatment facility. The proposed language authorizes the release of confidential medical and clinical information to the Federal Immigration and Customs Enforcement Agency as necessary to determine an individual's citizenship status. The proposed revision will improve communication between Florida and the Federal Government.

In November 2009, the Office of Program Policy Analysis and Government Accountability (OPPAGA) conducted a review of persons with undocumented presence in Florida's Mental Health Treatment Facilities. The focus of the review was to identify options for reducing the state's cost associated with this population. The February 2010 report from OPPAGA suggested that the Department could institute a program similar to the Department of Corrections' Institutional Hearing Program in order to improve coordination with the federal government responsible for immigration issues. Under this program, the Department of Corrections identifies individuals suspected of being undocumented aliens and shares this information with Immigration

and Customs Enforcement. The federal government would begin conducting the citizenship verification process and the matter of repatriation is handled by the federal courts.

As of June 30, 2010, there were a total of 61 individuals with an undocumented presence receiving treatment and services in the state mental health treatment facilities. The total number of beds at the facilities (excluding the West Florida Community Care Center) is 2,618, so the number of individuals who are undocumented is relatively small and represents approximately two percent of the total beds. The approximate cost of serving this population in the facilities during FY 2009-2010 was \$6,519,161. However, there are significant concerns regarding these individuals when they are ready to return to the community. The significant barriers to discharge are the lack of benefits and funding for this population because they are not eligible to receive Social Security benefits or Medicare and Medicaid due to their immigration status. Without a funding source, the opportunities to receive the necessary treatment and services in the community are lacking. This contributes to a longer length of stay in the state treatment facility and increased costs for community providers once the person is discharged.

The Involuntary Civil Commitment of Sexually Violent Predators

The Department's Sexually Violent Predator Program is proposing revision to, and creation of, several sections of Chapter 394, Part V, the Involuntary Civil Commitment of Sexually Violent Predators Act. Proposed changes relate to commitment eligibility and statutory timeframes for prioritizing and processing referrals. Although technical in nature, the proposed changes address current ambiguities in the statutory process for sexually violent predator civil commitment that can contribute to dangerous offenders avoiding commitment and being released to the community based on legal technicalities.

The intent of Chapter 394, Part V, F.S., is to find the "small but extremely dangerous number of sexually violent predators," and place them in a secure facility for long-term care and treatment. The process is an intricate one, balancing the protection of the community and the rights of the individual. The original legislation is ten years old, and there are some modifications and additions that are needed to clarify the process by which individuals are referred to and assessed by the Department. The proposal:

- Modifies s. 394.912(9)(h) to specify that the "catch-all" commitment eligibility factor of "any sexually-motivated criminal offense" be limited to felonies. This is consistent with the Act's intent to identify the most dangerous sexual predators;

- Creates s. 394.913(3)(f) to provide that, once a referred individual is within one year of release from incarceration, the Department will prioritize assessments by release date rather than referral date. This will assist the Department to provide recommendations to the state attorneys as far in advance of the release date as possible; and
- Modifies s. 394.9135(2) & (3) to clarify the time periods for processing “immediate release” referrals. This will address confusion concerning precisely when the Department must provide its recommendation and when the state attorney must file the petition under s. 394.9135.

Special Risk Membership

In creating the Special Risk Class of membership within the Florida Retirement System (FRS), the Legislature recognized that persons employed in certain categories of law enforcement, firefighting, criminal detention, and emergency medical care positions must, as an essential function of their positions, perform work that is physically demanding or arduous, or work that requires extraordinary agility and mental acuity.

The Legislature further found that as persons in such positions age, they might not be able to continue performing their duties without posing a risk to the health and safety of themselves, the public, and their coworkers. In response, the Legislature established a special class to permit these employees to retire at an earlier age and with less service, without suffering economic deprivation compared to other members with normal retirement after 30 years of service or at age 62 and vested.

Section 121.0515, F.S., identifies the classes of positions and criteria for inclusion in Special Risk. Special Risk in the Department is currently limited to certain firefighter positions at Florida State Hospital, institutional security specialist positions at forensic facilities, and certain professional health positions whose duties include spending at least 75 percent of their time in contact with residents at a forensic facility. As a result, a small number of staff (mostly professional staff) at our forensic facilities are eligible for this benefit, while a large number of staff, including direct care workers, who spend the majority of their time working directly with the forensic residents, are not eligible. This identification of positions who meet the statutory criteria for Special Risk has impacted staff morale and withheld these benefits from the staff that are required to work with potentially violent residents on a daily basis. While the Department works diligently to provide a safe and affirming environment in which to treat their forensic residents, these same residents have involvement with the criminal justice system and all have felony offenses. The majority of these offenses involve crimes against persons. Department staff can be and have been injured on the job

when a resident or residents become violent, and are therefore deserving of the special risk classification.

The proposed legislation will change Section 121.0515, F. S., by adding 44 classes to the group of employees currently eligible for special risk retirement benefits.

G. Task Forces and Studies in Progress

Children's Transition Workgroup

Historically, transition from the children's to the adult mental health system has not always been smooth. As a first step in addressing this issue, the Adult and Children's Mental Health program offices polled the circuit adult and children's staff to identify challenges and effective practices and facilitated a follow-up statewide conference call to identify next steps. Over the next year, the Department's children's and adult mental health staff, in partnership with youth, parents, providers will identify effective transition practices, resources, and services that support effective and timely transition between the children's and adult mental health systems. Once the work group identifies effective practices, the work group will determine how best to disseminate this information to key stakeholders.

Trauma Informed Care Workgroups

Interagency Trauma-Informed Care Workgroup was formed and continues to meet on a quarterly basis. Within the Department, membership on the statewide workgroup includes staff from Adult, Facility, and Children's Mental Health, Substance Abuse, Family Safety, Adult Protective Services, Domestic Violence, and Refugee Services.

In addition to information shared at the quarterly meetings, approximately 100 individuals from various agencies and organizations throughout the state participate on an email list. The email list enables the sharing of resources, and information about training and best practices to be disseminated easily. The Interagency Workgroup also proposed a presentation to the Children and Youth Cabinet in July 2009 in order to enlist leadership support for the initiative.

Review of State Mental Health Treatment Facilities System Workgroup

This workgroup is charged with making recommendations concerning the management and operations of state forensic and civil mental health treatment facilities. The workgroup will look at all aspects of operations at the facilities to identify best practices that can be implemented by all mental health treatment facilities. It will also look at how to improve the efficiency and effectiveness of the state mental health treatment facility system.

PROGRAM: SUBSTANCE ABUSE

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

A. Primary Responsibilities

Florida Statutes (F.S.) require that the state manage a system of care for persons with or at-risk for developing substance abuse problems. Section 20.19(4), F.S., 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, F.S., is appropriated funding by the Legislature in three (3) primary program areas: **Children's Substance Abuse (CSA)**, **Adult Substance Abuse (ASA)** and **Executive Leadership and Support**. The CSA and ASA funding is used primarily to contract with community-based providers for direct provision of prevention, detoxification, treatment, continuing care, and recovery support services for children and adults. Executive Leadership and Support funding supports state and circuit program office staff responsible for administrative, planning, fiscal, and regulatory oversight of substance abuse services.

B. Selection of Priorities

Chapter 394.75, F.S., establishes the planning process for the state’s publicly-funded mental health and substance abuse service systems. Accordingly, the Department of Children and Families Mental Health and Substance Abuse Programs, in consultation with the Agency for Health Care Administration (AHCA), implements a formal planning process and solicits input from a range of internal and external stakeholders. This input is used to identify service needs and priorities on a statewide and local basis. Every three years the Department, in conjunction with AHCA, submits a master plan for the delivery and financing of the publicly-funded community-based substance abuse and mental health services throughout Florida. Additionally, the Department is required to identify service needs and priorities in the annual updates of the plan. The current plan covers FY 2010 through 2013 and is updated annually.

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 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, and the increasing use of detoxification treatment services.

Priorities for services have been identified 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, which has created an added demand for medically-assisted detoxification programs.

The State is now feeling the effects of sharp increases in methamphetamine use among certain adult populations in Central Florida (Lakeland/Tampa), Northwest Florida (rural counties between Pensacola and Tallahassee), and South Florida (Broward/Miami-Dade counties), primarily trafficked into the state from Southern California and Mexico.

Alcohol continues to account for the highest percent of treatment admissions for adults (33.61%) followed by marijuana (23.74%) and crack/cocaine (15%). Substance abuse admissions in Florida continue to show similar prevalence rates in presenting drug problems, with some exceptions. Adults continue to present with primary drug problems of alcohol, marijuana, and cocaine, followed by opiates, methamphetamines and benzodiazepines. Nearly 76 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, methamphetamines, and benzodiazepines (specifically Xanax).

In addition, the State Epidemiology Workgroup, working in conjunction with the Florida Substance Abuse Prevention Advisory Council, has identified underage alcohol use and adult binge drinking as priority areas of concern.

Marijuana accounts for the highest percent of adolescent admissions (75.58%), followed by alcohol (13.61%)

In 2009, alcohol continued to be the most prevalent substance found in drug-related deaths in Florida - 4,046, however, all opiates combined (excluding heroin) are found in 5,457 drug related deaths. This is followed by benzodiazepines - 3,379, and oxycodone – 1,948, which is up sharply, from 1,574 in 2008. The Florida Department of Law Enforcement noted an increase in methadone related deaths – 985 which are up from 936, in 2008, while cocaine related deaths are down to – 1,462, from 1,791 in 2008.

It should be noted that most drug-related deaths in Florida involved the use of two or more substances.

During SFY 2008-09, the Department served 20,199 adults and 2,412 adolescents through residential detoxification and addiction receiving facility services.

There were 3,737 involuntary admissions filed under the Marchman Act for assessment, stabilization and treatment during this timeframe.

Many of the acute effects of these issues are being felt by major metropolitan areas and the southeastern coast of Florida. However, the increase in methamphetamine use appears to be more prevalent in the Judicial Circuits 1, 10, 11, 13, 14, and 17.

The increase in prescription opiate and benzodiazepine abuse has created an added demand for medication-assisted treatment detoxification programs and long-term treatment programs that specialize in the treatment of these addictions. In October 2002, following twenty years of extensive research and clinical trials sponsored by the National Institute on Drug Abuse (NIDA), the Federal Drug Administration (FDA) approved two sublingual formulations of the Schedule III medication buprenorphine for treatment of opiate dependence and addiction. This medication is similar to methadone but has fewer side effects. In order to prescribe buprenorphine, physicians must complete specific training and obtain approval from the federal Substance Abuse and Mental Health Service Administration (SAMHSA). These physicians are limited to a caseload of 30 individuals, at any given time, unless the physician is affiliated with a Department of Children and Families-licensed opioid treatment program.

Approximately 954 physicians and 68 programs in the State of Florida are approved to prescribe buprenorphine for opioid addiction. This medication is also used as part of Medication and Methadone Maintenance Treatment programs, in accordance with Section 65D-30.014, Florida Administrative Code (F.A.C.), which are licensed by the Department of Children and Families.

According to the Florida Youth Substance Abuse Survey (FYSAS) and the State Epidemiology Workgroup, alcohol and other drug use among youth has generally declined since 2000. However, binge drinking and illicit and prescription drug abuse show marked increases and underage drinking continues to be a problem. In June 2009, the University of Miami's Health Economics Research Group, under contract with the Department, published *The Economic Costs of Underage Drinking in Florida*, which found that the statewide costs associated with underage drinking in 2007 was \$3.1 billion. Those costs were primarily associated with alcohol-related juvenile violent and property crime, motor vehicle crashes, injuries, and other consequences. Staff of the Substance Abuse Program actively participates on the Governor's Office of Drug Control's Underage Drinking Task Force. The Task Force works with colleges and universities throughout the state. The Department's Substance Abuse Response Center supports community anti-drug coalitions in developing local strategic plans for reducing county-level underage alcohol use and service providers in implementing evidence-based programs.

C. Addressing Our Priorities over the Next Five Years

Through its annual planning process, the Substance Abuse Program identifies key trends and conditions relating to substance abuse, service capacity, funding, and

systems management. Priorities for services and funding are then identified, based on areas of greatest need, either due to a gap in services, a critical need to serve the most vulnerable clientele, or a need to ensure effective/efficient service management. The statutorily mandated Substance Abuse and Mental Health 3-year plan directs 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; 2) the reduction of the demand for drugs; and 3) the reduction of human suffering, moral degradation, 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: increase the use of Evidence-Based Practices; implementation of Electronic Health Records; adopt the Comprehensive, Continuous Integrated System of Care for persons with co-occurring disorders; initiate a managing entity structure in our regions/circuits; expand the scope of services for existing managing entities (i.e., include both substance abuse and mental health services); develop alternative methods of payment for substance abuse services (e.g., case rates, vouchers); revise the current contracting system; implement uniform clinical assessment instrument and other evidence-based practices; develop and implement a statewide integrated performance management system to ensure alignment with federally-mandated National Outcome Measures (NOMs); and the use of evidence-based practices, intervention specialist and cross program experts to improve access and integrate services across DCF programs to care for all families in need of services.

Purpose: Reduce the number of adult deaths and injuries in Florida related to abuse, neglect and abandonment

Initiative:

Expand use of evidence-based screening, brief intervention, referral and treatment (SBIRT) through substance abuse service integration with primary health care, veterans' services, and the child welfare system.

Purpose: Fewer children and adults will be homeless

Initiative:

Target veterans who are homeless or at-risk of becoming homeless with Department services (mental health, substance abuse, domestic violence, etc).

Initiative:

Increase homelessness prevention efforts and expand supported transitional

housing options to help individuals and families avoid substance abuse and homelessness, including emergency aid to families to avoid evictions.

Purpose: More children and adults with mental health problems will live in their own homes or communities

Initiative:

Develop a comprehensive, integrated, and continuous system of care for parents and children requiring substance abuse and/or mental health services.

Initiative:

Develop statewide and local community service frameworks that promote a “no wrong door” approach to care for individuals and families affected by co-occurring substance use and mental disorders, cross-training substance abuse and mental health professionals, and protocols/policies that are welcoming and engaging for these individuals/families.

Initiative:

Propose legislative changes to ensure adequate mental health and substance abuse prevention and treatment services are available in the community, limit unnecessary involvement of people with mental illnesses and/or substance use disorders in the criminal justice system, and develop strong collaborations among mental health, substance abuse, and other provider agencies to provide integrated delivery of services.

Initiative

Increase the diversion of people with mental illnesses and or substance dependence who become involved with the criminal justice system through expanding cost-effective community-based treatment alternatives to incarceration and forensic hospitalization.

Purpose: Increase the percent of children and disabled adults who remain in, or return to their home

Initiative:

Propose legislative changes to Florida’s child protection statutes that emphasize family engagement practices when children can safely remain with families, and expanded use of Family Intervention Specialists for parents/caretakers identified as having substance abuse.

Initiative:

Integrate the service functions of Family Intervention Specialists and Case

Managers to ensure a seamless delivery system for families involved in substance abuse-mental health and child protection programs.

Initiative:

Develop comprehensive training processes and protocols for child welfare professionals to promote early identification of substance abuse within the family, as part of the Family Safety training curriculum for protective investigators, hotline staff, and case managers.

Purpose: More children and adults will be adequately prepared to achieve and maintain independence

Initiative:

Provide a system of care that supports and promotes competitive employment opportunities for adults with behavioral health needs.

Purpose: More children and adults will live in their own homes/communities free from substance abuse and with reduced symptoms of mental illness

Initiative:

Prioritize the access to substance abuse services for families involved with the child welfare system and promote cross program understanding of how to integrate services in a family-centered practice approach.

Initiative:

Implement the use of national outcome measures, evidence based practices and five system quality indicators as the standard for system performance measurement and accountability.

Initiative:

Sustain prevention and treatment funding during budgetary reductions due to Florida's economic situation.

Initiative:

Work with the Governor's Office and Legislature to pass the Mental Health and Substance Abuse Treatment and Crime Reduction Act. Work with stakeholders, Governor's Office and Legislative staff toward the acceptance and funding of the programming and statutory language during the 2010 legislative session.

Initiative:

Advance a system of care that sustains stable housing for adults and children with behavioral health disorders.

Initiative:

Initiate and support community substance abuse coalitions to determine the community conditions that allow substance abuse to negatively impact the health of the community and to coordinate an effective community response.

Initiative:

Conduct social marketing campaigns with substance abuse prevention messages targeting youth and their parents in Florida's largest media markets.

Initiative:

Implement evidence-based substance abuse treatment and prevention practices to improve care and to reduce risk of and build protection from substance abuse for all age groups.

Purpose: More children and adults with behavioral health problems will live in and be active successful participants in their own communities

Initiative:

Create a behavioral health service delivery system including co-occurring competent providers that use evidence based, consumer, and family-driven care.

Initiative:

Utilize state and county epidemiology and other data to inform strategic allocation of the Department's substance abuse prevention funds.

Initiative:

Develop and sustain community substance abuse coalitions to implement community-based, data-driven decision-making that will assist in determining the community conditions that allow substance abuse to negatively impact the health of the community and to coordinate an effective community response.

Purpose: Strengthen and streamline the contracting system to improve oversight of contracted services and the efficiency of contract administration

Initiative:

Implement managing entity or comparable collaborative, accountable system in Department regions and circuits, in accordance with Chapter 394.9082, Florida Statutes.

Purpose: Increase overall efficiency

Initiative:

Continue substance abuse program process improvement initiatives to ensure that systems of care and administrative oversight process operate efficiently and effectively.

Initiative:

Promote the adoption of additional substance abuse services through the Florida Medicaid Plan, working in collaboration with the Agency for Health Care Administration (AHCA) to expand screening, brief intervention and other effective, less costly practices.

Initiative:

Develop Electronic Health Records to facilitate “real-time” data capturing, develop vouchers for service recipients, sharing of service utilization across providers, and creation of a billing system that can reconcile against client service data.

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

Based on estimates of need, using the National Household Survey on Drug Use and Health, there are 1,253,917 adults in need of individualized substance abuse services in Florida. Of those in need, it is estimated that 33 percent, or 413,793 adults, would seek services, if available. In FY 2008-09, the Department provided services to 126,698 adults, leaving a treatment gap of 287,095 adults. There has been a waiting list of an average of 1,300 adults per month waiting for substance abuse services.

Based upon the results from the Florida Youth Substance Abuse Survey, there are 321,622 children in need of substance abuse services and 106,135 of those would seek services, if available. In Fiscal Year 2008-09, the Department served 53,783 children through individualized services, leaving a treatment gap of 52,352 children. Typically, averages of 200 children per month are on waiting lists for services.

Grant funded programs, such as the Brief Intervention and Treatment for Elders (BRITE), the Strategic Prevention Framework (SPF), are aimed at service improvement, quality management, and increased capacity for those populations most in need, including:

1. **Older adults** with substance abuse issues are most frequently encountered in primary health care settings, as opposed to traditional substances abuse programs where the average age of clients is between 20 and 35. Engagement of older adults in health care settings helps to prevent the need for deep-end care for individuals that otherwise go “undiagnosed” until the need for intensive treatment arises; this is often due to chronic substance abuse and legal problems, such as driving under the influence.

2. **Community Health and Wellness** (substance abuse prevention) initiatives allow the Substance Abuse Program to address conditions that underlie substance abuse problems. Community coalitions examine epidemiology data of alcohol and other drug consumption patterns and related consequences. The Substance Abuse Program assists coalitions to examine that data in light of current science on intervening variables such as availability, access, local policies, enforcement practices, community norms and risk and protective factors. This process creates community “buy-in” to support evidence-based prevention practices to change those conditions, including tailored messaging through social marketing campaigns and other environmental strategies, broad awareness and education, media advocacy, media literacy, life skills training, family strengthening and other prevention practices.
3. **Strategic Prevention** initiatives enable the Substance Abuse Program to concentrate efforts on areas of greatest need while involving the community through coalitions. The community “buy-in” of the need for prevention promotes collaboration across the school, legal, and criminal justice systems – children at highest risk for initiating substance use can be identified for individualized services and environments with high prevalence of substance abuse can be identified for broad-scale services (large group education).

E. Justification of Final Projection for Each Outcome

The Substance Abuse Program is responsible for managing key strategic performance measures at the state, region, circuit, and provider levels. This responsibility is accomplished through the implementation of a performance management system that includes: ongoing review of specified performance measures; analyses of the processes supporting the performance outcomes; licensure; and the 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 Federal Government, the State Legislature, the Department’s strategic planning process, and through the Substance Abuse and Mental Health statewide planning process. Data are collected on all critical measures and posted to the Department’s performance “Dashboard,” where performance data may be viewed at the state level and provider levels via the Department’s internet or intranet websites.

Like most states, Florida is transitioning to the National Outcome Measures (NOMs) due to SAMHSA transforming its two Block Grants (Mental Health and Substance Abuse) into performance-based programs. The NOMs are centered on 10 domains, and must be adopted by states in order to continue to receive Block Grant funds from SAMHSA.

Florida has developed state performance measures that mirror the NOMs, which will enable the state to meet federal reporting and funding requirements, as well as benchmark performance against other states utilizing similar measures. The Substance Abuse Program Office requested and received approval from the Legislature to make changes to the current state mandated measures. The changes will result in state alignment with the federal requirements and reduce duplicative reporting. The Substance Abuse Program's Performance Management Team (PMT) will review and assist with the implementation of the NOMs.

F. Potential Policy Changes Affecting the Budget Request

One of the major policy changes affecting the budget request is the statewide implementation of Electronic Health Records.

G. Policy Changes Which Would Require Legislative Action

The Department of Children and Families is proposing to modify ss.397.675 - 397.6977, F.S., to expand provisions for emergency assessment, stabilization and treatment for individuals at risk of harming themselves or others due to substance abuse impairment. Length of emergency assessment/stabilization would be expanded from 72 hours to allow commitments for stabilization and assessment for up to 120 hours. There is also additional proposed language to clarify the process for accessing Involuntary Stabilization, Assessment, and Treatment.

Stakeholder Recommendations. The Substance Abuse Program Office developed the proposed changes to the Marchman Act in response to stakeholder concerns: families having difficulties navigating the court system, fee structures, legal options, and service options; law enforcement officers defaulting to Baker Act placements due to better familiarity with the mental health involuntary stabilization laws; and variance in the types of courts in each jurisdiction handling involuntary placement orders. A statewide workgroup held public meetings across the State in 2010 to make recommendations for revision. The Substance Abuse Program Office will continue to work with consumers and families, the Office of Drug Control, the State Courts Administrator's Office, and other appropriate stakeholders throughout the 2011 Legislative Session.

H. Task Forces/Studies

Florida Substance Abuse Prevention Advisory Council

Authority: Federal Agreement with U.S. Department of Health and Human Services (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 with 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 with U.S. DHHS

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

12-Month Follow Up Study

Authority: General Appropriations Act (GAA) Required Measures (2)

Purpose: Contracted through the University of Florida to conduct post treatment assessment of abstinence from alcohol/drug use.

Florida Youth Substance Abuse Survey

Authority: Office of Drug Control/Substance Abuse Prevention and Treatment (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: Section 394.745, Florida Statutes

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

Methadone Assessment Report

Authority: Section 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.

Screening, Brief Intervention, Referral and Treatment (SBIRT) Evaluation

Authority: Federal Agreement with U.S. DHHS

Purpose: University of South Florida, Louis de la Parte, Florida Mental Health Institute, conducts annual process and outcome evaluations of the federal grant program targeting older adults (age 55 and older) through universal screening and brief therapies for individuals presenting at-risk for substance misuse/abuse through primary health care settings.

State/Circuit Mental Health and Substance Abuse Plans

Authority: Section 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.

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 Automated Community Connection to Economic Self-Sufficiency (ACCESS) Florida, the Department's modernized eligibility service delivery system (see Section D).

The mission of ACCESS is to promote self-sufficiency by assisting eligible individuals, including the working poor and needy, transition to 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 interagency partnerships that promote self-sufficiency.

Comprehensive eligibility determination is the process of determining technical, asset, and income eligibility and calculating benefits. These services include food assistance 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, cash recipients and certain populations of food assistance recipient customers can achieve self-sufficiency and move into a more stable situation. These support services ensure that the most vulnerable are 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 assistance, but others are ineligible for TANF because they do not have minor children. These customers may be eligible for federally-funded Refugee 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.

When a child is removed from a home and placed with a relative, that relative's household finances are affected immediately. It is important for the Relative Caregiver Program benefits to start immediately so that relatives – the best alternative to parents as caregivers in most cases, but not eligible for all the funds available to foster parents – are encouraged to take on this responsibility. The ACCESS program is also 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 circuit 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 ACCESS 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 On-Line Recipient Integrated Data Access (FLORIDA) system to implement recoupment of overpayments from active food assistance and Temporary Cash Assistance cases.

The ACCESS Integrity Program (Fraud Prevention Program) is another entity within ACCESS responsible for prevention of cash assistance and food assistance 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 2009-10, there was an increase in the clients receiving food assistance, Medicaid benefits and Temporary Cash Assistance. These changes are reflected in the following data:

- Unduplicated count of clients increased 19% to 3,567,045;
- Number of persons receiving food assistance increased over 29% from 2,109,102 to 2,726,167;
- Number of Medicaid clients increased 14% from 2,115,683 to 2,405,592; and
- Number of persons receiving Temporary Cash Assistance increased 3% from 100,098 to 102,827.

To ensure public assistance programs 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 customer 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: The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.1: Increase speedy access to food and public assistance when needed

Initiatives:

- Reduce the processing time for public assistance applications.

It is important that customers who apply for public assistance have their applications processed in a timely manner. The number of applications processed by the Department in state fiscal year 2010 increased by over 3,750,000 compared to 2009. This is a 56% increase. The Department is continually developing process and technology improvements to increase efficiency and keep pace with rising caseloads.

- Increase the percentage of food assistance application approvals processed within the applicable federal time standards.

The food assistance program has two time standards for processing applications. The regular food assistance program requires applications be processed within 30 days of receipt of the application, while expedited food assistance requires applications be processed within seven days of receipt. The Department is continually developing process and technology improvements to help reduce the time necessary to process applications for food assistance. In addition, a federal demonstration project was approved allowing Second Harvest Food Bank of Central Florida staff to conduct interviews and thereby speed the application process. Florida is seeking to expand the demonstration project subject to federal approval.

- Provide quicker access to benefits for families eligible for expedited food assistance.

In November 2009 Florida implemented a waiver to postpone the interview for families meeting expedited food assistance criteria when the agency had attempted but had not been able to contact the applicant. Since the middle of March 2010 the average number of days to process these applications has been 7 days or less.

Objective 2.2: More families will have the basic needs of food, shelter, clothing and health to maintain in their communities

Initiatives:

- Implement additional mechanisms for customers to submit electronic applications, such as through the Benefit Bank.

The Department has completed the programming necessary to allow third party vendors to receive applications for public assistance. In February 2009, ACCESS began receiving applications from partners using technology, such as the Solutions for Technology (application is the Benefit Bank) and R & B Receivables (application is called RAMP). 6,477 applications have been received through July 2010. The Department is prepared should these vendors expand to additional parts of the state. The Department is working with another company to expand access to the eligibility portal. Target date for implementation is September 2010.

- Through coordination with Workforce Florida, the Agency for Workforce Innovation and local Regional Workforce Boards assist in the achievement of Temporary Assistance for Needy Families (TANF) federal work participation requirements.

Both TANF partner agencies—Agency for Workforce Innovation (AWI) and the Department – are increasingly focused on improving the work participation rate. They are working jointly and individually on a variety of strategies. Staff members from both agencies are meeting regularly at the local and state level to analyze participation. This review by the partners assures that federal reports have captured hours of participation completely and correctly.

- Expansion of expedited food assistance pilot.

In February 2008 the Department developed and implemented two EBT card issuance options to speed delivery of food assistance benefits to expedited households. The two options were (1) on-site card issuance to expedited applicants interviewed and approved while in the office; and (2) express delivery of cards to expedited applicants interviewed by telephone and/or approved while not in the office. Six pilot sites were selected, with the first opening in February 2008. After evaluation of the initial pilot, the Department expanded to other sites in each Region.

- ACCESS process and workload.

ACCESS plans to continue to improve upon its technology used by both staff and customers. The next phase will enable caseworkers to view the customer entered data from the ACCESS web application and My Account and match against data from FLORIDA. The caseworker will be able to modify data entered by the customer and transfer the data into FLORIDA. There are several planned enhancements to the ACCESS document imaging system.

ACCESS also plans to expand the ability for customers to manage their public assistance case on-line. Customers will be able to view their case information on-line, make changes, apply for additional benefits, and complete their case review. In addition, we plan to add customer notices to their electronic record and allow them to attach documents to their Account.

Agency Goal: DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective 4.2: Decrease all processing errors and processing time

Initiatives:

- Maintain national leadership in the food assistance program.

In addition to improving food assistance accuracy, Florida remains a leader in the modernization of the public assistance eligibility process. Over 40 states have visited Florida to get a first hand look at the web application system, document imaging system, call centers and the overall modernization of Florida's eligibility system.

- Distribute work statewide: use technology to move work where production is more effective and efficient.
- Remain a national leader in low food assistance error rate, not only avoiding federal penalty, but qualifying for additional federal bonus funding.

For the third year in a row, the ACCESS program has received federal bonus money from the Food and Nutrition Service (FNS). This was the second year in a row that the award was for having the lowest payment error rate in the country. This year's payment accuracy bonus was \$7,754,744. Quality control statistics for food assistance accuracy are valid at the state level on an annual measurement basis and reported approximately four months following completion of the review by Quality Control. Circuits and regions 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.

Maintaining a low food assistance error rate continues to be a high priority. In addition, efforts to lower the negative food assistance error rate (denials and closures) have been enhanced by the review of denial actions on food assistance rejections through the addition of the Food Assistance Negative Review Sheet on the Quality Management System. This tool was developed to identify errors and take corrective actions. Economic Self-Sufficiency Supervisors (ESSS) are required to review five negative case reviews per Economic Self-Sufficiency Specialist 1 (ESS1) per month. As a result of these efforts, Florida received federal bonus money from FNS for having the most improved negative error rate for federal fiscal year 2008-09 and was awarded a bonus of \$3,797,503.

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

Continue implementation of ACCESS Florida: Since being directed by the Legislature in state fiscal year 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)**. The program achieved a reduction of nearly 3,100 Full Time Equivalent (FTE) positions in the Comprehensive Eligibility Budget entity and reduced recurring administrative costs 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. Community providers agree to serve as additional portals to ACCESS for customers mutually served by the partner agency and the Department.

With the recent economic downturn and increase in the number of Florida's public assistance applications and ongoing assistance, ACCESS is committed to exploring every available avenue to meet this demand and to become more efficient in the process. To meet these challenges, ACCESS plans to increase the use of technology to:

1. Provide customers with web-based access to more information about their application or ongoing case, ease ability to apply for additional benefits, submit documentation, complete reviews and report changes.
 2. Give caseworkers the ability to view information customers provided on the web application and match that with information in the FLORIDA system, rather than having to switch between multiple systems.
 3. Enhance the document imaging system and add customer notices to the electronic record.
- Expand outreach through partnerships and demonstration projects with third-party resources.

Desired outcomes:

- 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: The basic needs of food, shelter, clothing and health are met for children and adults

Outcome: Percent of all applications for assistance processed within time standards

This measure provides a way for the Department to monitor success in processing applications for public assistance in a timely manner. For state fiscal year 2009-10, 97.86% of all applications were completed timely, which is 1.86% above target.

This measure differs from the following two outcomes in that this measure (1) includes cases whose benefits are denied and (2) it does not count days the application is delayed because the applicant failed to take action or provide information timely.

Outcome: Percentage of food assistance applications processed within 30 days

Outcome: Percentage of food assistance applications processed within 7 days (expedited)

The Food and Nutrition Service (FNS) divides food assistance applications into two categories – regular food assistance and expedited food assistance. There are two time standards that correspond to these two categories. For regular food assistance, applications must be completed within 30 days of the date of application. For expedited food assistance, the applications must be completed within 7 days of the date of application. FNS standard for compliance is 95%.

Outcome: Percent of All Family TANF customers participating in work or work-related activities (All Family TANF Participation Rate)

Outcome: Percent of 2-Parent TANF customers participating in work or work-related activities (2-Parent TANF Participation Rate)

These two measures are the percent of TANF adults who participate in federally defined work-related activities divided by the total number of adults required to participate in such activities. Participation in work or work-related activities supports the Department's goal of assisting clients in transitioning to self-sufficiency. The goal

was set at 50%, based on the target mandated by federal legislation. A significant change has been the inclusion of two-parent families 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 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: DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Outcome: Percent of food assistance benefits determined accurately

Accuracy in the determination of eligibility for food assistance has been a primary goal of the Department for many years. The food assistance regulations address this topic and require a system for monitoring accuracy in determining eligibility for food assistance and in taking corrective action when necessary. The goal of 94% was established based on historical national averages and 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. This measure uses federal fiscal year data, rather than state fiscal year data. For federal fiscal year 2008-09, Florida had the highest accuracy rate in the country of 99.3%. Florida was awarded a bonus payment of \$7,754,744 for this achievement.

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: REFUGEE SERVICES

POPULATION SERVED: ELIGIBLE CLIENTS ARE REFUGEES, ASYLEES, CUBAN AND HAITIAN ENTRANTS, AMERASIANS, VICTIMS OF HUMAN TRAFFICKING, SPECIAL IMMIGRANTS OF IRAQI OR AFGHAN NATIONALITY, AND OTHER ALIENS WHO HAVE THE APPROPRIATE DOCUMENTATION REQUIRED BY 45 CFR 400.43 AND WHO QUALIFY FOR PROGRAM SERVICES.

A. Primary Responsibilities

The fundamental responsibility of the program is to provide the services refugees need to obtain economic self-sufficiency and successfully integrate into American society in the shortest time possible following their arrival to the United States.

B. Selection of Priorities

Priorities for Refugee Services are established primarily through federal regulations and terms of federal grants. The Department enters into contractual agreements with various organizations, typically voluntary agencies and local governments, to assist refugees in obtaining employment, learning English and integrating into Florida's communities.

C. Priorities over the Next Five Years

The Department's priority continues to be securing economic self-sufficiency amongst Florida's refugee population in a timely fashion. Priority services to promote self-sufficiency currently focus on providing orientation to U.S. employment, job development and matching, tracking employment retention, and career laddering. In addition to employment services, critical services to promote self-sufficiency and successful integration include English language and vocational training, child care, assistance in obtaining status and documentation, as well as youth and integration services.

Several changing trends in refugee admissions and arrivals of other Refugee Services-eligible populations may impact the provision of services in the next five years. On a national level, refugee admissions are increasing as a strategic component of U.S. foreign policy. Refugee admissions nationwide averaged less than 50,000 a year between FFY2004 and FFY2007, but increased to more than 60,000 in FFY2008. The Admission ceiling set for FFY2010 is 80,000 and FFY2011 is expected to continue at similar levels.

In addition to refugees, the program serves other populations, including Cuban and Haitian entrants. The number of advance permissions to enter the U.S. offered to Cubans has fluctuated in recent years, but began to increase in FFY2009, while the number of unanticipated arrivals continues at high levels.

Overall, Florida continues to be the largest refugee resettlement location in the country, with some 25,000 -29,000 new refugee clients each year.

The large number of refugee arrivals is occurring at the same time that Florida is experiencing unusually high unemployment, complicating the goal of rapid self-sufficiency. New arrivals, most with limited English skills, need assistance in obtaining employment at the same time that some refugees who arrived in recent years have lost employment due to the economy.

Recent data shows some signs of improvement in refugee job placement. Average monthly refugee placements increased more than 16% for the fourth quarter of SFY2010 compared to the first three quarters.

Refugee Services' primary objective will continue to be to assist these arriving populations to integrate into Florida's communities and become economically self-sufficient through the acquisition of employment, learning English and establishing secure families.

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

Refugee Services organizes a Refugee Task Force, consisting of community-based agencies, ethnic organizations, contracted providers, and federal, state and local government agencies, in each community with a significant refugee population. This Refugee Task Force is accessible to the public, and can meet monthly or bimonthly. The focus of such meetings include the assessment of refugee needs, distribution of state and federal policies, the creation of practical solutions to current problems, and instigating coordination amongst referrals and service providers.

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 begins with strategies to prevent homelessness, and includes outreach to the homeless to refer these persons to needed supportive services, as well as emergency sheltering, and 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 28 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 64 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: EXECUTIVE DIRECTION AND SUPPORT SERVICES

POPULATION SERVED: ALL PERSONS RECEIVING SERVICES FROM THE DEPARTMENT

A. Primary Responsibilities

Chapter 20, Section 20.19, F.S., states that the mission of the Department is to work in partnership with local communities to ensure the safety, well-being, and self-sufficiency of the people served. Executive direction and support services provide the direction and support to all programs within the Department in order to accomplish this mission.

Executive Direction

Section 20.05 and 20.055, F.S., directs all state agency heads as follows:

- Plan, direct, coordinate, and execute the powers, duties, and functions vested in that Department or vested in a division, bureau, or section of that Department; powers and duties assigned or transferred to a division, bureau, or section of the Department must not be construed to limit this authority and this responsibility.
- Have authority, without being relieved of responsibility, to execute any of the powers, duties, and functions vested in the Department, or in any administrative unit thereof, through administrative units and through assistants and deputies designated by the head of the Department from time to time, unless the head of the Department is explicitly required by law to perform the same without delegation.
- Compile annually a comprehensive program budget reporting all program and fiscal matters related to the operation of his or her Department, including each program, subprogram, and activity, and other matters, as required by law.
- Promote accountability, integrity, and efficiency in government.

Support Services provide support to the Department in its mission, as defined in Chapter 20.19, F.S. Generally, these services can be described as developing and protecting the assets of the Department and the State of Florida. Services are in the areas of:

- Safeguard and use efficiently the budgetary and financial resources
- Recruit and maintain a professional and trained workforce
- Provide information technology solutions and support
- Procure goods and services
- Protect and account for all state-owned tangible personal property, buildings and land

These services are governed by Florida Statutes Chapters 110, 215, 216, 217, 253, 255, 273 and 287.

B. Selection of Priorities

- **Reorganization of the Department**

As directed in Senate Bill 1394 during the 2007 Session, the Department began the process of:

- Reorganizing service districts along judicial circuits,
- Integrating substance abuse and mental health programs into the structure and priorities, and
- Establishing community partnerships and advisory groups.

- **Data Center Consolidation**

Senate Bill 1892 from the 2008 Session directed the Department to establish a workgroup for developing a plan for converting its data center located at Northwood Centre to a primary data center. The conversion plan will address organizational changes, personnel changes and cost allocation plan changes, and any other changes necessary to effectively convert to a primary state data center capable of providing computer services, as required by Florida Statute 282.201.

Effective July 1, 2009, the Northwood Shared Resource Center is established within the Department for administrative purposes only. The center is designated as a primary data center and shall be a separate budget entity that is not subject to control, supervision, or direction of the Department in any manner, including, but not limited to, purchasing, transactions involving real or personal property, personnel, or budgetary matters.

- **Recruit and retain a professional workforce**

The Department is changing its approach to recruitment and retention to be more in-line with the demographics of today's and tomorrow's workforce. All employers will lose their baby-boom generation employees over the next several years and the younger workforce is more diverse in race, gender and culture than in the past.

Specific targeting of critical class positions, such as medical professionals in the public mental health facilities, protective investigators for children and adults, and attorneys to represent children in state custody, will be the primary focus of recruiting efforts.

Proactive recruiting strategies to keep a constant flow of new talent into the Department rather than waiting for vacancies to occur will help reduce fluctuations in total workforce available in critical positions.

In today's tight budget world, retention strategies will focus on non-monetary methods in rewarding and keeping talent. In addition to the historic practices of flexible work schedules and telecommuting opportunities, the Department is working to increase its training capacity through leveraging technology based learning and targeted learning practices.

- **Provide world class training opportunities for staff.**

In today's increasingly knowledge-based environment, ongoing learning and skill development are essential for optimum organizational performance.

The training and development function at the Department is decentralized according to program office. Job skill training is handled by the specific program office responsible for delivering specific services. The Professional Development unit (HQ Training) is responsible for developing compliance training applicable for the entire Department. The Leadership Institute oversees and develops the Department's Supervising for Excellence (SFE) Program and the Certified Public Manager curriculum.

Started three years ago, the Leadership Institute has been recognized for its effectiveness in training supervisors and managers of the Department. The Institute has been responsive to adjust its delivery mechanism for SFE by increasing the number of classes offered throughout the state. This allows the Department to touch a significantly larger number of supervisors and managers more quickly than in the past. Curriculum is adjusted to reflect changes in the organization. As an example, a component was recently added on managing virtual (telecommuting) and hoteling employees. The Department is moving the transactional aspects of the SFE curriculum to an online format aimed to increase access to this information to more supervisors and managers as they need it.

A Professional Development unit is expanding its offering to include consultative services. Given the decentralized nature of training at the Department, there is a need to provide guidance and consultation on developing curriculum that is focused and drives performance. Recognizing how humans process information and consequently should be trained is the core benefit this unit brings to the various program training functions. This unit is also developing intra-state agency

collaborative projects in order to leverage state resources more efficiently for the greater good of the State of Florida. The Department will continue exploring ways to leverage technology for training purposes. For example, we recently signed a contract with an eLearning firm to provide a library of approximately 150 online management courses to Department employees. This opens up an opportunity for managers to begin tying skill deficiencies and training together in ways not previously offered by the Department.

- **Reduction of Greenhouse Gas Emissions**

Governor's Executive Order #2007-126 was signed on July 13, 2007 to establish climate change leadership by example. All agencies are directed to reduce current emissions 10% by 2012. Specifically;

- This applies to private leases for state operations in buildings meeting the Energy Star building standards.
- No contracts for meeting and conference space with hotels or conference facilities that have not received the Department of Environmental Protection Green Lodging Certification, except where no other viable alternative exists.
- Guaranteed Energy Performance Savings Contracts, as allowed under Florida Statute Chapter 489, Section 489.145, identify and implement energy conservation measures in all agency owned facilities that can reduce the amount of energy consumed and produce immediate and long-term savings.
- Promote the use of and request purchase of alternative fuel powered automobiles for use of employees to reduce carbon emissions and reduce costs. Department procedures will be updated to require employees to request hybrid vehicles when renting, subject to their availability. The Department will submit a legislative budget request to purchase hybrid vehicles for use by protective investigators across the state who travel a certain number of miles a year.
- Reduce leased office space 25% by 2011.

- **Efficient financial operations**

The Chief Financial Officer of the State of Florida requires a minimum 95% compliance with the state's prompt payment of invoices (F.S. 215.422) requirements. During the 2008 Session, the General Appropriations Act contained a 15% administrative cut in the Department's budget for fiscal year 2008/09. For the past several years, the Department's goal was to meet a 98% compliance with the prompt

payment of invoices. While the reductions in staff and budget will challenge the ability to achieve 98% compliance, the Department continues to strive toward this objective.

C. Addressing Our Priorities over the Next Five Years

Agency Goal: DCF is an integrated, efficient, timely, accurate, effective, and transparent organization

Objective 4.1: Increase integration, efficiency and transparency (Office of the Secretary)

Action Steps:

1. Continue to establish positive local relationships with judiciary, law enforcement, community partners and media by circuit administrators.
2. Continue the work of integrating mental health and substance abuse program areas into the local circuit in order to provide a more comprehensive approach to service delivery.
3. Submit reorganization package and legislative bill to update statutes for legislative approval during the 2011 Session.
4. Develop and implement a communication plan.
5. Continue community based department planning through community meetings in each circuit.

Objective 4.3: Enhance human resources (Human Resources)

Action Steps:

1. Establish relationships with law enforcement agencies and training academies to offer students and retiring law enforcement officers an alternative career path.
2. Increase college recruiting efforts, implementing internships in program offices and increasing internal promotion opportunities and succession planning.
3. Direct regional and hospital management to be more proactive in recruiting efforts.
4. Enhance employee recognition and retention efforts (MI: 8)
5. Develop supervisor training, succession planning and employee orientation and development (MI: 28)
6. Enhance supervisory training to insure cascading of the Department's mission, values and strategic priorities through the Department

7. Continue and strengthen state-level and local coordination of educational services and sharing of information regarding education for employees
8. Identify, train and nurture leaders and future leaders
9. Enhance employee recognition efforts

Objective 4.4: Increase efficiency, accuracy and effectiveness through information management (Information Technology)

Action Steps:

1. Fully implement and expand the use of mobile technology for investigators and case managers in the field (MI: 4)
2. Document Imaging (MI: 7)
3. Deploy innovative data mining and matching technologies to improve child protection, client service and program integrity (MI: 14)
4. Implement Benefit Bank Pilot Projects (MI: 20)
5. Deploy FSFN enhancements (MI: 34)
6. Implement an IT infrastructure which allows program offices and different business partners to exchange data
7. Leverage GIS technologies to view, analyze, and advance our geographic service delivery framework and successfully implement remote data capturing devices
8. Utilize tools, automation, and specialized software to capture and present better business information and assist decision-making
9. Successfully implement remote data capturing devices

Objective 4.5: Ensure clients and workers are supported with administrative services and have a safe environment (Administrative Services)

Action Steps:

1. Review Hoteling and telecommuting model (MI:30)
2. Acquire vehicles for the field (MI: 35)
3. Address oil spill impact (MI: 36)
4. Identify and initiate guaranteed energy savings contracts in Department owned facilities, such as mental health public facilities, where there is at least a cost neutral impact
5. Require employees to request hybrid fueled rental vehicles when traveling on state business

6. Require all Department lead conferences, meetings and trainings conducted in hotels or conference centers to be in certified green lodgings unless it is more costly to do so



DCF Long Range Program Plan
Fiscal Years 2011-2012 through 2015-2016

Performance Measure and Standards - LRPP
Exhibit II

Florida Department of Children and Families
September 30, 2010

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families	Department No.: 60
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Program: Administration	60900101
Service/Budget Entity: Executive Direction and Support Services	60900101

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2010-11	Approved Prior Year Standard FY 2009-10	Prior Year Actual FY 2009-10	Approved Standards for FY 2010-11	Requested FY 2011-12 Standard
Administrative cost as a percent of total agency costs ED (M0144)	0.33	0.33	0.33	0.33
Administrative cost as a percent of total agency costs Admin (M0147)	1.23	1.46	1.23	1.23
Administrative cost as a percent of total agency costs (M0363)	1.6	1.29	1.6	1.6

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families	Department No.: 60
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Program: Information Technology	60900200
Service/Budget Entity: Information Technology	60900202

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2010-11	Approved Prior Year Standard FY 2009-10	Prior Year Actual FY 2009-10	Approved Standards for FY 2010-11	Requested FY 2011-12 Standard
Information technology cost as a percent of total agency costs (M0145)	2.30	1.21	2.30	2.30

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families		Department No.: 60		
Program: Family Safety and Preservation Services		60910310		
Service/Budget Entity: Family Safety and Preservation Services		60910310		
NOTE: Approved primary service outcomes must be listed first.				
Approved Performance Measures for FY 2010-11	Approved Prior Year Standard FY 2009-10	Prior Year Actual FY 2009-10	Approved Standards for FY 2010-11	Requested FY 2011-12 Standard
Percent of adult victims seen within the first 24 hours. (M04017a)	97	97.5	97	97
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	97	97	97
Number of investigations (M0127)	41,000	41,274	41,000	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	5,660	5,600	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	99.7	98	98
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
The rate of abuse/neglect per 1000 for elderly persons. (M0757)	1.5	0.07	1.5	1.5
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	1.5	0.07	1.5	1.5
Number of facilities and homes licensed (M0123)	6,868	6,418	6,868	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	71,279	63,019	63,019
Percent of licensed child care facilities inspected in accordance with program standards. (M04015)	95	99.46	95	95
Percent of licensed child care homes inspected in accordance with program standards (M05175)	95	99.66	95	95
Calls answered (M0070)	430,000	337,619	430,000	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	13.5	3	3
Number of calls to the hotline (M0300)	450,000	396,713	450,000	450,000
Per capita verified child abuse rate/1000 (M0736)	14	12.06	14	14
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)	95	98.5	95	95
Number of children in families served (M0134)	122,937	NA	122,937	122,937
Number of families served in Healthy Families (M0294)	12,922	12,099	12,922	12,922
Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0738)	45	NA	45	45
Number of finalized adoptions (M0215)	3,514	3,368	3,514	3,514
Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)	94.6	NA	94.6	95
Number of children in out-of-home care (M0297)	20,771	18,731	20,771	20,771
Number of children receiving in-home services (M0774)		10,807		
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	65.5	65	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	42.5	40	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	NA	99.9	99.9
Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (M0671)	33.6	35.9	33.6	34
Number of investigations (M0295)	180,000	169,440	180,000	180,000
The percentage of children in out-of-home care at least 8 days but less than 12 months who had two or fewer placement settings. (M05180)	87	85.35	87	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	96.81	100	100
Percent of children removed within 12 months of a prior reunification. (M05178)	9.9	10.47	9.9	9.9
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	98.4	98	98
Percent of child investigations commenced within 24 hours. (M0368)	100	99	100	100
Administrative cost as a percent of total program costs (M0136)	3.05	3.02	3.05	3.05
Administrative cost as a percent of total agency costs (M0426)	1.21	1.2	1.21	1.21

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families		Department No.: 60		
Program: Mental Health Services		60910506		
Service/Budget Entity: Mental Health Services		60910506		
Approved Performance Measures for FY 2010-11	Approved Prior Year Standard FY 2009-10	Prior Year Actual FY 2009-10	Approved Standards for FY 2010-11	Requested FY 2011-12 Standard
Number of adults in mental health crisis served (M0017)	30,404	29,826	30,404	30,404
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	6.28	8	8
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	6.21	8	8
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	156,966	136,480	136,480
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	34.2	40	40
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	19.4	24	24
Number of adults with forensic involvement served (M0018)	3,328	3,608	3,328	3,328
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	67	74	67	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	86	93.6	86	86
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	95.7	90	90
Number of people on forensic admission waiting list over 15 days. (M0361)	0	0	0	0
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)	40	63.6	40	40
Number of people in civil commitment, per Ch. 394, F.S., served (M0372)	1606	1759	1606	1,606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2320	2780	2320	2,320
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	132	125	125
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	76	67	67
Number of sexual predators assessed (M0283)	2879	3393	2879	2,879
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	0.45	3	3
Number of residents receiving Mental Health treatment (M06001)	169	260	169	169
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	98	85	85
Number of sexual predators served (detention and treatment). (M0379)	480	757	480	480
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	64.9	64	64
Number of children served who are incompetent to proceed (M0030)	340	439	340	340
Number of ED children to be served (M0032)	27,000	35,641	27,000	27,000
Number of at-risk children to be served (M0033)	4,330	3,751	4,330	4,330
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	92	86	86
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	67.9	65	65
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	54	50	50
Number of SED children to be served (M0031)	46,000	52,870	46,000	46,000
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	75	86	75	75
Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)	95	99.7	95	95
Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)	93	98.8	93	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	96	95.4	96	96
Administrative cost as a percent of total program costs (M0135)	4.87	1.63	4.87	4.87

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families	Department No.: 60
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Program: Substance Abuse	60910604
Service/Budget Entity: Substance Abuse	60910604

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2010-11	Approved Prior Year Standard FY 2009-10	Prior Year Actual FY 2009-10	Approved Standards for FY 2010-11	Requested FY 2011-12 Standard
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	80	94	94
Percentage change in clients who are employed from admission to discharge. (M0753)	10	20	10	10
Number of adults served (M0063)	115,000	135,942	115,000	115,000
Percent of adults who successfully complete substance abuse treatment services. (M0755)	51	50	51	51
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)	14.6	35	14.6	14.6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	93	85	93	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	295	293	295	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	123	110	110
Number of at risk children served in prevention services. (M0382)	150,000	137,481	150,000	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	48	48	48
Number of at-risk children served in targeted prevention (M0055)	4,500	4,720	4,500	4,500
Number of children with substance-abuse problems served (M0052)	50,000	49,172	50,000	50,000
Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)	19.6	20.0	19.6	19.6
Administrative cost as a percent of total program costs (M0137)	5.0	4.93	5.0	5.0

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families	Department No.: 60
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Program: Economic Self Sufficiency Program	60910708
Service/Budget Entity: Economic Self Sufficiency Program	60910708

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2010-11	Approved Prior Year Standard FY 2009-10	Prior Year Actual FY 2009-10	Approved Standards for FY 2010-11	Requested FY 2011-12 Standard
Number of cash assistance applications (M0305)	296,826	524,619	296,826	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	58,217	70,394	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	70.62	95	95
Percentage of food assistance applications processed within 30 days (M0219)	95	81.6	95	95
Percent of food stamp benefits determined accurately (M0107)	94	99.3	94	94
Total number of applications processed (M0106)	5,000,000	10,400,211	5,000,000	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	97.9	96	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	21.9	46.8	21.9	21.9
Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate). (M0678)	34.2	48.7	34.2	34.2
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	99.7	98	98
Number of beds per day available for homeless clients (M0304)	1,500	2,729	1,500	1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	83.9	80	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	17,007,986	13,500,000	13,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	87.3	76.5	76.5
Number of fraud prevention investigations completed (M0112)	22,000	24,658	22,000	22,000
Number of refugee cases closed (M0104)	7,600	26,631	7,600	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	99.5	99.2	99.2
Number of refugee cases (M0362)	37,350	68,152	37,350	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	34.6	40	40
Administrative cost as a percent of total program costs (M0138)	7.93	4.49	7.93	7.93



DCF Long Range Program Plan Fiscal Years 2011-2012 through 2015-2016

Assessment of Performance for Approved Performance Measures - LRPP Exhibit III

Florida Department of Children and Families
September 30, 2010

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Child Protection and Permanency
Service/Budget Entity: 60910304
Measure: Number of investigations. (M0295)

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
180,000	169,440	(10,560)	(5.9)

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 abuse reports may correlate with the reduction in calls to the hotline which decreases the number of investigations. Recently, PIs have been responding earlier to families that need help (Parents in Need of Assistance referrals), and abuse investigations as defined in the current data base have thereby decreased, even though PIs may still be responding to the home to assess the risk of the child.

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:

This standard may need to be revised.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Family Safety
Service/Budget Entity: 60910304
Measure: Number of children in families served. (MO134)

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
122937	N/A	N/A	%

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 Department no longer collects these data except from the Healthy Families Program, (n=20,919 children in the Healthy Families Program). Other prevention type programs have not been required to report this output within the FSFN system since this is not a federally required measure.

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: Numbers served are better collected in individual program areas. Recommend measure be deleted.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

Revise or delete measure. If the measure is to continue, develop a baseline and target number based on current information available within FSFN and Healthy Families. Provide definitions as to which programs would be included in this reporting both internal and external to the child welfare system.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Family Safety and Preservation Services
Service/Budget Entity: 60910304 Family Safety and Preservation Service
Measure: Number of families served in Healthy Families (M0294)

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
12922	12099	(823) Under	(6.4)%

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 difference in numbers served which is not a significant trend. This program has no increase in base funding although operational costs have increased.

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:

Because funding for the FY 2010-11 has been significantly decreased for the Healthy Families Program, the measures for the future should be adjusted.
 Adjust target measures to correspond with funding for FY 2010-11

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Child Protection and Permanency

Service/Budget Entity: 60910304
Measure: Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0738)

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
45			

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 Family Safety Program Office (FSPO) is working with the Office of Substance Abuse and Mental Health (SAMH) to collect information on adults who receive substance abuse services. Current efforts are underway to cross match data from two separate systems (child welfare and SAMH) for reporting purposes.

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)

Continue to develop data and information systems between the two offices of FSPO and SAMH.

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety

Service/Budget Entity: 60910304

Measure: Number of children in families served. (M0134)

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
122937	N/A	N/A	%

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 Department no longer collects this data since there is no longer the Child and Family Services Reporting Tool. This information is currently not collected within FSFN and is not a federally required measure.

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: Numbers served are better collected in individual program areas.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

Recommend this measure be deleted.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Child Protection and Permanency

Service/Budget Entity: 60910304

Measure: Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)

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			

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 performance measure was changed previously to match federal performance standards. Current calculations are now the reverse in stating "**not** subjects" instead of "subjects" verified maltreatment (meaning that the number produced leads to believe that almost all children are being maltreated).

Additionally, this performance measures is reported on a quarterly basis, not for a full fiscal year. It is not possible to accurately calculate annual performance from the quarterly performance because some children may be counted more than once.

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

- Training Technology
 Personnel Other (Identify) Recruitment

A request to make changes in the production report that is generated by FSFN has been requested and Family Safety is awaiting this technical change.

Recommendations:

None. Measure will be reported on Dashboard upon report change.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Child Protection and Permanency

Service/Budget Entity: 60910304

Measure: Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)

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
95	94.5	(5)	.5%

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 performance measure was changed to meet the federal performance standard and replaces the former M0386. The system that reports out of FSFN must be changed in order to collect this data.

Additionally, this performance measures is reported on a quarterly basis, not for a full fiscal year. It is not possible to accurately calculate annual performance from the quarterly performance because some children could be counted more than once.

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

- Training Technology
 Personnel Other (Identify) Recruitment

A request to make changes in the production report that is generated by FSFN has been requested and Family Safety is awaiting this technical change.

Recommendations:

None. Measure will be reported on Dashboard upon report change.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Adult Protective Services

Service/Budget Entity: 60910304

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:

- 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%	N/A	-	-

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 not an appropriate gauge of the efficacy of this activity. PS cases can only be open for six months, per Program policy. Secondly, whether a report is received on a person is meaningless. All reports screened in through the Hotline must be investigated. A true safety measure gauges whether or not the safety activity was effective. Therefore, a subsequent report with verified findings would be the measure of success/failure.

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: see above

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

- Training Technology
 Personnel Other (Identify)

Recommendations: see above

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Child Care
Service/Budget Entity: 60910304
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	6418	(450)	-6.55%

Factors Accounting for the Difference: The performance measurement is not a true reflection of performance for the program as it is an output measure. The Child Care Program is charged with the regulation of child care arrangements, not with the recruitment or retention of such programs. The number of facilities and homes that choose to become licensed is dependent upon the need/demand for child care, and other factors; such as, financial costs to operate a program and the state of the economy. Since 2006, Child Care has continued to recommend that the measure be deleted as it is not an actual performance measure, but simply a reflection of the supply and demand need in the industry at any given time.

Internal Factors (check all that apply):

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

Explanation: As this figure is actually a hard number and not a standard for measurement, there are no internal factors affecting it.

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: Legislative change is needed to replace GAA measurement.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: Remove the performance measure “number of facilities and homes licensed.” The percentage of facilities and homes inspected was added as a performance measure in 2009-10, however, the “number of facilities and homes licensed” was not removed as a GAA measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Florida Abuse Hotline

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: Percent of Calls made to the Florida Abuse hotline that were abandoned. (M0069)

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	13.5	+ 10.5	3.5 %

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) – Not representative of Hotline performance.

Explanation:

The Hotline is requesting to move towards measuring Service Level. Service Level measures the percentage of incoming calls that an agent answers live in an established amount of time.

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: Abandonment rate does not represent the performance of the Hotline. Service level will capture, not only that a call was answered, but answered within an appropriate amount of time.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

Abandonment rate is not an adequate measure of the Florida Abuse Hotline's Performance. The Hotline is requesting a change from measuring abandonment rate to service level.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Florida Abuse Hotline

Service/Budget Entity: 60910310 Family Safety and Preservation Services

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	366,587	-63,413	14.7%

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:

The calculation of this measure since established in 07/08 historically included calls received by our Crime Intelligence Unit/Protective Investigator Helpline. Starting FY 08/09 this measure was updated to only include calls made to the Hotline for abuse and neglect, but the target was never updated. The Hotline has actually increased the number of calls answered by 5% since FY 07/08.

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: Hotline cannot control an absolute number of calls it receives; therefore, it cannot control an absolute number of calls answered.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

Delete measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Florida Abuse Hotline

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: Calls received by the 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	425,681	-24,319	5.4%

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 calculation of this measure since established in 07/08 historically included calls received by our Crime Intelligence Unit/Protective Investigator Helpline. Starting FY 08/09 this measures was updated to only include calls made to the Hotline for abuse and neglect, but the target was never updated. The Hotline has had an increase in the number of calls received by 15% since FY 07/08.

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: Hotline cannot control an absolute number of calls it receives.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

Delete measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services

Measure: Number of at-risk children to be served. (M0033)

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
4330	3751	579	-13.37%

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 type="checkbox"/> Other (Identify) |
|--|--|

Explanation

Children’s Mental Health receives Block Grant funds to serve only children with emotional disturbance (ED) and severe emotional disturbance (SED) who are not eligible for Medicaid. Block Grant funds cannot be used to serve children at risk of emotional disturbance. Limited General Revenue funds are used to purchase services for children at risk and children with ED and SED who have no other payment source for needed services.

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable
<input type="checkbox"/> Legal/Legislative Change
<input type="checkbox"/> Target Population Change
Downturn | <input type="checkbox"/> Technological Problems
<input type="checkbox"/> Natural Disaster
<input type="checkbox"/> Other (Identify) Economic |
|--|--|

Explanation

- 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):

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

Recommendations: Children’s Mental Health will continue to improve partnerships at the state and local levels to identify and utilize resources that promote outreach to children at risk of emotional disturbance. Technical assistance and assistance on resource gathering will also be provided.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services

Measure: Number of adults in mental health crisis served. (M0017)

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
30,404	29,826	758	-.02%

Factors Accounting for the Difference:

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 checked="" type="checkbox"/> Other (Identify) Target Population Definition |
|--|---|

Explanation:

The definition of this measure excludes persons with severe and persistent mental illness (SPMI) as well as those with forensic involvement. The performance target for persons served with SPMI was exceeded by 20,486 persons. It is likely that persons counted toward the SPMI target would have been counted toward the present target if they did not meet criteria for SPMI. Thus the shortfall on the present target reflects an issue of how individuals are categorized and not an issue of the actual number of persons served.

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: None.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services

Measure: Average number of days to restore competency of adults in forensic commitment (M0015)

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
125 days	131 days	6 days	4.8%

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

An increased number of individuals restored to competency while in longer term forensic step-down facilities contributed to the increased average days to restore. The 1264 individuals found competent to proceed in a secure forensic facility were restored on average in 122 days. When factoring in the 50 individuals restored to competency in a step-down facility, the average increased to 131 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:

Continue monitoring, and offer technical assistance to mental health treatment facilities. Modify the definition of the measure to only include individuals in forensic facilities as the majority of persons transferred to step-down facilities have severe and persistent mental illness and are often resistant or slow to respond to psychotherapeutic treatments. These persons do not represent the vast majority of persons served by the forensic mental health system.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services

Measure: Percent of children at risk of emotional disturbance who live in stable housing.
(M0780)

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
96%	95.23%	-.77	-.8%

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 type="checkbox"/> Other (Identify) |

Explanation

Children’s Mental Health receives Block Grant funds to serve only children with emotional disturbance (ED) and severe emotional disturbance (SED) who are not eligible for Medicaid. Block Grant funds cannot be used to serve children at risk of emotional disturbance. Limited General Revenue funds are used to purchase services for children at risk and children with ED and SED who have no other payment source for needed services.

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) Economic |

Downturn

- This Program/Service Cannot Fix The Problem
 Current Laws Are Working Against The Agency Mission

Explanation:

The economic climate has proven threatening to the most stable housing environments and Florida has one of highest home foreclosure rates in the nation. The economic downturn has impacted stable housing and employment for many families, especially those with vulnerabilities resulting in increased risk factors for their children.

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: Children’s Mental Health will continue to improve partnerships at the state and local levels to identify and utilize resources that promote outreach to children at risk of emotional disturbance who live in unstable living environments. Technical assistance and assistance on resource gathering will also be provided.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Mental Health Services
Service/Budget Entity: 60910506 Mental Health Services
Measure: Average annual days worked for pay (M0003)

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
40	34.2	5.8	-14%

Factors Accounting for the Difference:

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 checked="" type="checkbox"/> Other (Identify) Economy |
|--|--|

Explanation:

The Florida economy has been greatly impacted by the recession and then further by the oil spill. The Florida unemployment rate has been over 10% for the past two years. This impacts the ability for all individuals to find employment, but especially impacts those with a serious mental illness who may not have the resources or job skills necessary in a very competitive environment.

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: None.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services

Measure: Percent Adults Competitively Employed (M0703)

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
24	19.4	4.6	19%

Factors Accounting for the Difference:

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 checked="" type="checkbox"/> Other (Identify) Economy |
|--|--|

Explanation:

The Florida economy has been greatly impacted by the recession and then further by the oil spill. The Florida unemployment rate has been over 10% for the past two years. This impacts the ability for all individuals to find employment, but especially impacts those with a serious mental illness who may not have the resources or job skills necessary in a very competitive environment.

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: None.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Program

Service/Budget Entity: 60910604

Measure: Number of at risk children served in prevention services. (M0382)

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
150,000 served	137,481 served	12,519	8.3%

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: The difference may be due to incomplete provider data entry. The database closing date was extended through August 31, 2010.

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 program office is changing the criteria for selecting target populations and programs. This may reflect an increase in the portion of funding used in the application of environmental strategies, which counts effect in terms of reach instead of service, e.g., social marketing of prevention messages.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: Assess event data from 2009-10 to determine impact of new selection criteria and data entry delays to identify training and TA opportunities and possible adjustments to this measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Program

Service/Budget Entity: 60910604

Measure: Marijuana usage rate per 1,000 in grades 6-12. (M05092m)

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
110 per 1,000	123 per 1,000	13 per 1,000	+11.8%

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: Until 2010, youth use of marijuana was declining (since 2000). This was the first up-tick in this indicator. The Substance Abuse Program Office has been focusing its current resources mostly on underage drinking, with some attention paid to issues of the elderly population and generic community health and wellness.

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: As noted above the behavior of a priority target population changed.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: Conduct a state epidemiology study of marijuana consumption behaviors and related consequences to identify conditions that underlie this problem behavior problem. This will allow the department to determine most effective prevention messages and resource utilization/capacity gaps.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Program

Service/Budget Entity: 60910604

Measure: Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)

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
94%	80%	-14 percentage points	14.9

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:

The volatility of the housing market and the economy has negatively impacted the availability of housing.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Program

Service/Budget Entity: 60910604

Measure: Number of children with substance-abuse problems served (M0052)

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
50,000	49,172	-828	1.7%

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:

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:

Admission documentation of children served not submitted by substance abuse treatment providers.

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

- Training Technology
 Personnel Other (Identify)

Programming changes are being implemented by January 2011 to prevent accepting services for children without admission documentation.

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Program

Service/Budget Entity: 60910604

Measure: Percent of adults who successfully complete substance abuse treatment services. (MO755)

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
51	50	1	2.0

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 checked="" type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) |

Explanation:

Training scheduled for FY 2010-2011

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:

Training medium changed from face-to-face to video conferencing and/or webinars due to travel restrictions.

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:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percentage of food assistance applications processed within 7 days (M0733)

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
95%	70.62%	(24.38%)	24.38%

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 type="checkbox"/> Other (Identify) |

Explanation: For the first five months of the fiscal year (until November 23) all applicants had to be interviewed before the case could be approved. The inability to interview applicants timely is one of the main factors in not meeting this 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 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: The food assistance caseload grew by nearly 29% during the fiscal year.

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

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

The program was granted a waiver to postpone the required interview if attempts to interview the customer were unsuccessful. Initial data show that the percentage processed timely has improved. We are also requesting additional call center staff to be used in interviewing customers for public assistance.

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)

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
70,394	48,949	(21,445)	(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 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: The standard (over 70,000) is greater than the total number of families receiving cash assistance (under 60,000). A referral can only be made on work eligible adults of whom there are only about 20,000 currently receiving benefits. The majority of cases are for children only.

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 2007 LRPP target was 36,600. We recommended this measure be reduced to 45,000.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percentage of food assistance applications processed within 30 days (M0219)

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
95%	81.64%	(13.36%)	14%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The food assistance caseload has grown by 126% since April 2007, while staff processing applications has only risen by 2%. This workload increase makes it difficult to process applications timely.

External Factors (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Resources Unavailable
<input type="checkbox"/> Legal/Legislative Change
<input checked="" 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: The food assistance caseload grew by nearly 29% during the past fiscal year.

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

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

The program added 56 provider-funded positions for FY2011. The program tracks performance using automated tracking tools to prioritize case processing and assure optimum use of staff resources. The program is requesting from the Legislative Budget Commission permission to use part of the Food Stamp Program Quality Control bonus money for overtime. In addition, a budget request was submitted asking for an additional 92 processing staff to support the workload associated with the increased number of applicants and eligible recipients of food assistance.

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency/Refugee

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percent of unemployed active caseload placed in employment (MO4040)

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
40%	34.6%	(5.4%)	13.5%

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 | x Other (Identify) |
| This Program/Service Cannot Fix The Problem | |
| Current Laws Are Working Against The Agency Mission | |

Explanation: Refugee client placement in employment has dropped in a direct relationship to the increase in the state's unemployment rate as refugee clients, nearly all of whom speak little or no English, are forced to compete with more experienced citizens for available entry-level positions.

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

- | | |
|-----------|--------------------|
| Training | Technology |
| Personnel | x Other (Identify) |

Recommendations: Refugee Services has provided training to employment providers on job placement strategies for refugees and developed short-term targeted training for entry-level positions. Placements for the period of March through June show significant improvement.



DCF Long Range Program Plan
Fiscal Years 2011-2012 through 2015-2016
Performance Measure Validity and Reliability -
LRPP Exhibit IV

Florida Department of Children and Families
September 30, 2010

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>EXECUTIVE DIR/SUPPORT SVCS</u>
Service/Budget Entity:	<u>Assistant Secretary for Administration 60900101</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) Data Source: 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>EXECUTIVE DIR/SUPPORT SVCS</u>
Service/Budget Entity:	<u>District Administration 60900101</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) Data Source: 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>EXECUTIVE DIR/SUPPORT SVCS</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) Data Source: 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>INFORMATION TECHNOLOGY</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) Data Source: 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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</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. The measure is a percentage. The denominator is the total number of adult victims seen for the period. The numerator is the number of those victims seen within 24 hours for the period. This measure includes only those victims that are seen and does not include victims that are never seen. Data Source: Adult Protective Investigators and Supervisors.
Validity:	This is an important measure that is intended to evaluate victim safety within 24 hours. This measure could be improved by including all victims, including those never seen for legitimate reasons.
Reliability:	Program staff monitor investigative records on a routine basis. In 2006 Districts 1 and 2 conducted individual record reviews to validate data as recorded by central office.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</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. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Number of investigations (M0127)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Investigations are on-site assessments of facts and evidence to either support or refute allegations of abuse, neglect, or exploitation of vulnerable adults. A count of investigations as defined above. Data Source: Protective Investigators.
Validity:	The measure indicates the workload involved in protecting adults with disabilities and frail elderly.
Reliability:	The measure uses data from the statewide abuse and neglect information system. The data was determined reliable by auditors during a special audit. 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Number of people receiving protective supervision, and protective intervention services. (M0414)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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. Data Source: Human Services Counselors and Supervisors</p>
Validity:	This number is a direct count through the Adult Services Information System of persons receiving protective supervision and protective intervention services.
Reliability:	The data was verified as reliable during a special audit.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</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:	Investigations are on-site assessments of facts and evidence to either support or refute allegations of abuse, neglect, or exploitation of vulnerable adults. Entry cohort is defined as cases open during the period being measured. Completed is defined as those cases for which the statutory or procedurally required elements (such as Medical Examiner's report) have been completed. Days are calendar days. The measure is a percentage measuring the proportion of cases that are closed within the statutorily mandated timelimits. The denominator is the total number of cases received during the time period. The numerator is the number of investigations closed within 60 days. Data Source: Adult Protective Investigators and Supervisors.
Validity:	Statutory requirement. s. 415.104(4), F.S. This measure is important to ensure that cases are closed in a timely fashion. This is important to ensure client safety and well-being and reduce the risk of further abuse, neglect or exploitation.
Reliability:	The measure uses data from the statewide abuse and neglect reporting system. The data was determined reliable by auditors during a special audit. Periodic district reviews by program staff have not indicated major reliability issues. This data is monitored on a daily basis by central office and district staff.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</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 reported to the department's abuse hotline resulting in some indication of verified findings. Measure is a percent. The denominator is a sample of the total number of protective supervision cases that are currently receiving case management, services, and referrals (from beginning of protective supervision for a maximum of 1 year). The numerator is the number from the above cases where no subsequent report alleging abuse, neglect, or exploitation is received with some indication or verified findings of abuse. Data Source: Protective Supervision Counselors, witnesses and potentially abused clients.
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 statewide abuse and neglect reporting system and the Adult Services Information System. The data was verified as reliable by auditors during a special audit. One threat to the validity of the measure is the limited number of reported instances of abuse and neglect may make the results spurious.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>The rate of abuse/neglect per 1000 for elderly persons. (M0757)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Frail elderly is defined as an adult over 60 suffering from the infirmities of aging. Abuse is defined as a willful act or threatened act or omission by a relative caregiver or household member that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental or emotional health. 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 have been verified a victim of at least one maltreatment. The denominator is the number of disabled or frail elderly adults over the age of 18 in the state divided by 1,000. Data Source: Abuse Hotline Counselors, Adult Protective Investigators and Supervisors, Department of Elder Affairs, US Social Security Administration, and the US Census Bureau.
Validity:	This measure is a rough indicator of the incidence of adult maltreatment in Florida.
Reliability:	The measure is not precise. It includes only adult 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>The rate of abuse/neglect per 1000 for adults with disabilities (M0735)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	An adult is a person 18 years of age or over with a physical, mental or emotional disability. Abuse is defined as a willful act or threatened act or omission by a relative caregiver or household member that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental or emotional health. 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 have been verified a victim of at least one maltreatment. The denominator is the number of disabled or frail elderly adults over the age of 18 in the state divided by 1,000. Data Source: Abuse Hotline Counselors, Adult Protective Investigators and Supervisors, Department of Elder Affairs, US Social Security Administration, and the US Census Bureau.
Validity:	This measure is a rough indicator of the incidence of adult maltreatment in Florida.
Reliability:	The measure is not precise. It includes only adult 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60900310</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. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60900310</u>
Measure:	<u>Number of families served in Healthy Families (M0294)</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. This is a count of the number of families served. Quarterly Report-Unduplicated of families served in the report quarter. Year-to-Date Report-Unduplicated count of families served fiscal year to date. Data Source: Healthy Families Florida program staff
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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60900310</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. Data Source: 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: Department of Children and Families

Program: FAMILY SAFETY AND PRESERVATION SERVICES

Service/Budget Entity: Child Abuse Prevention and Intervention 60900310

Measure: Per capita verified child abuse rate/1000 (M0736)

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. 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. Data Source: 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.

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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</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. Data Source: Child Care Information System
Validity:	This workload measure represents the effort expended to licensed facilities and homes.
Reliability:	District Child Care Licensing staff are trained to compile and enter data into the Child Care Information System.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</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 whether working in the industry or not. The total number of hours of instruction provided. Data Source: Child Care Training Report
Validity:	The training is provided by contractors for whom performance measures are included in the contract. Contract monitoring as well as system information monitoring by staff is done on a routine basis.
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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</u>
Measure:	<u>Percent of licensed child care facilities inspected in accordance with program standards. (M04015)</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. 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. Data Source: District licensing staff
Validity:	This measure reflects how well the department meets its required inspection schedule.
Reliability:	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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</u>
Measure:	<u>Percent of licensed child care homes inspected in accordance with program standards (M05175)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child Care homes are also known as Family Day Care Homes. Family day care homes are occupied residences, whether or not operated for profit, in which care is regularly provided for children from at least two unrelated families and for which a payment, fee or grant is received 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. Data Source: District licensing staff
Validity:	This measure reflects how well the department meets it required inspection standards.
Reliability:	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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of children removed within 12 months of a prior reunification. (M05178)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. "Out-of-home care" means care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. A "removal episode" is the period that a child is removed from the child's home, beginning with a removal date and ending with a discharge date. "Removal date" means the date a child is removed from the home. "Discharge date" means the date a child leaves out-of-home care, either by achieving permanency or other reason. "Reunified" means the discharge of a child from out-of-home care with a discharge reason of either: (1) reunification with parent(s) or other primary caretaker(s), (2) living with other relatives or (3) Guardianship. "Re-enter" means a subsequent removal episode following reunification. This measure is a percent. The denominator includes all children who were reunified during the same report period 12 months prior to the current report period (e.g. for report period 1/1/07 – 3/31/07 the cohort is children reunified 1/1/06 – 3/31/06) where the child's primary worker was an agent of the provider. The numerator is the subset of children in the denominator who had a subsequent removal less than twelve months from the reunification date.</p> <p>If a child has multiple re-entries during any report period, only the first re-entry will be used for calculating performance on this measure. Data Source: Florida Safe Families Network (FSFN). Results from an ad hoc report from FSFN produced by Family Safety Data Reporting Unit are posted quarterly to the Performance Dashboard. Client level list data for local staff use is available to authorized users via Imaging Lite System on DCF Web Portal.</p>
Validity:	This is a measure of our success in maintaining children placed back with their parents.
Reliability:	Reliability is dependent on the completeness, accuracy and timeliness of removal data, including removal and discharge dates.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</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. Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinellas 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of finalized adoptions (M0215)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “Finalized adoption” means the 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 the adoptive parents in lawful wedlock. This measure is a count of the number of children in FSFN with a discharge reason of adoption and a discharge date within the reporting period, where either (1) the child’s courtesy worker on the discharge date (if there was a courtesy worker on the discharge date) was an agent of the provider; otherwise (2) where the child’s primary worker on the discharge date was an agent of the provider. Data Source: Florida Safe Families Network (FSFN). Results from FSFN report titled “Adoptions Finalized by Month and Cumulate for SFY” are posted monthly to the Performance Dashboard.</p>
Validity:	This is an output measure of the number of children achieving permanency through adoption.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</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) Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)</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" 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" 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" of maltreatment received during the reporting period. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>“Maltreatment” is a conclusion in a child protective investigation that resulted in a “verified” finding of abuse or neglect. “Out-of-home care” means care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. A “removal episode” is the period that a child is removed from the child’s home, beginning with a removal date and ending with a discharge date. A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. This measure is a percent. The denominator is the total number of children in out-of-home care at any time during the report period, regardless of the duration of the episode. The numerator is the subset of children in the denominator who had no abuse reports with maltreatment findings of “verified” with an incident date that is both during the quarter and during the removal episode, and where the perpetrator was the substitute caregiver (foster parent, group home provider, etc.) Data Source: Florida Safe Families Network (FSFN). Results of the FSFN report titled “Abuse During Services by Perpetrator” are posted quarterly to the Performance Dashboard.</p>
Validity:	This is an outcome measure of Florida's success in protecting foster children from abuse and neglect while they are in care.
Reliability:	Reliability of this measure is dependent on Department and Sheriff's Office staff compliance with data entry requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families

Program: FAMILY SAFETY AND PRESERVATION SERVICES

Service/Budget Entity: Child Protection and Permanency 60900310

Measure: The percentage of children in out-of-home care at least 8 days but less than 12 months who had two or fewer placement settings. (M05180)

Action: Backup for performance measure

Data Sources and Methodology:

A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. "Out-of-home care" means care provided during a removal episode. A "removal episode" is the period that a child is removed from the child's home, beginning with a removal date and ending with a discharge date. "Removal date" means the date a child is removed from the home. "Discharge date" means the date a child leaves out-of-home care, either by achieving permanency or other reason. "Placement setting" means a specific placement (e.g., individual shelter, foster home or group care facilities) during a removal episode. This measure is a percentage. The denominator includes all children in out-of-home care where the child's primary worker was an agent of the provider, and who were in care: (1) at least one day during the reporting period (quarter, state fiscal year), and (2) at least eight days but less than 12 months in the most recent removal episode, as of the last day of the report period or the discharge date, if the child was discharged during the report period. If the child had primary workers from more than one lead agency during the reporting period, the most recent primary worker is used to determine the provider. The numerator is the subset of the denominator with no more than two placement settings.

The following placements will not be counted when calculating performance on this measure: 1) Initial placement in a placement service category of Correctional Placement; 2) Any placement in the placement service categories of Routine Emergency/Mental, Routine Emergency Services, Routine Emergency/Medical, Visitation, Missing Child or Respite; 3) The initial placement after any of the placements in (2), if the child is returning to the placement that directly preceded the placement (e.g. going from Foster Home A to Missing Child and then back to Foster Home A would count as one total placement, Child going from Foster Home A to Missing Child to Foster Home B would count as 2 total placements); 4) Child has a change in placement service category, but has not changed physical location. Notes:1) All placements, regardless of the reason or length of time, must be documented in Florida Safe Families Network; 2) Once a child is in a removal episode for 8 or more consecutive days, placements are counted back to the removal date. Data Source: DCF, sheriffs office and CBC staff.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

- Validity:** This is a measure of our success in maintaining children in stable placements while they are in a removal episode. There are two problems with this approach. It counts all children in care less than one year, so their episodes are of varying duration (one day to one year), which can be misleading. It is also problematic as a contract measure, as children have typically had one or more shelter placements before the CBC assumes responsibility for the child. It is possible that the Cubic's first placement after shelter will be the child's third.
- Reliability:** Reliability is dependent on the completeness, accuracy and timeliness of FSFN removal data, including removal and discharge dates, and placement. Completeness and accuracy are believed to be good, but timeliness is sometimes problematic.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent adoptions finalized within 24 months of the latest removal. (M0391)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	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 FSFN removal discharge reason is "adoption finalization." This measure is a percent. The denominator includes all children whose most recent episode ended during the reporting period with discharge reason of adoption, where the child's Courtesy worker was an agent of the provider. If no Courtesy worker assigned at discharge, then assignment will be to the agency of the Primary Worker. The numerator is the subset of children in the denominator whose discharge date is less than 24 months from removal date of the same removal episode. Data Source: Florida Safe Families Network (FSFN). Results from an ad hoc report from FSFN produced by Family Safety Data Reporting Unit are posted quarterly to the Performance Dashboard. Client level list data for local staff use is available to authorized users via Imaging Lite System on DCF Web Portal.
Validity:	This measure is a valid indicator of how fast the department can get children that can not go back to their family into a permanent home.
Reliability:	Reliability of this measure is dependent on department and provider staff compliance with data reporting requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0738)</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. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</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:	<p>A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “Reunified” means the discharge of a child from out-of-home care with a discharge reason of either: (1) reunification with parent(s) or other primary caretaker(s), (2) living with other relatives or (3) Guardianship. This measure is a percent. The denominator includes all children reunified during the reporting period who had been in care eight days or longer, where the child’s primary worker was an agent of the provider, using data for the most recent discharge date during the period. The numerator is the subset of children in the denominator whose discharge date is less than twelve months from removal date of the same removal episode.</p> <p>If a child has multiple reunifications after removals of eight days or longer during any report period, only the last reunification will be used for calculating performance on this measure. Data Source: Florida Safe Families Network (FSFN). Results from an ad hoc report from FSFN produced by Family Safety Data Reporting Unit are posted quarterly to the Performance Dashboard. Client level list data for local staff use is available to authorized users via Imaging Lite System on DCF Web Portal.</p>
Validity:	This measure is a valid indicator of how fast the department can get children back to their family.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in FSFN is the responsibility of district and provider direct services and supervisory staff.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</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. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (M0671)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. "Achieved permanency," means that the child was placed in a permanent living arrangement, defined as reunification with parents or primary caretakers, living with other relatives, guardianship, or adoption. "Out-of-home care" means care provided during a removal episode. A "removal episode" is the period that a child is removed from the child's home, beginning with a removal date and ending with a discharge date. "Removal date" means the date a child is removed from the home. "Discharge date" means the date a child leaves out-of-home care, either by achieving permanency or other reason. This measure is a percent. The denominator includes all children with an active removal episode on July 1 of the current state fiscal year with a duration of 24 months or longer, where the child's primary worker was an agent of the provider. The numerator is the subset of children in the denominator (1) whose discharge date is not later than June 30 of the same state fiscal year, (2) whose discharge date is not later than the child's 18th birthday and (3) whose discharge reason is reunification with parents or primary caretakers, living with other relatives, guardianship, or adoption. This measure tracks performance of children established on July 1. Due to this, performance will increase with each quarter, as more children in the cohort achieve the desired goal. Data Source: DCF and Sheriff's Office Protective Investigators and CBC Case Managers enter removal data (including removal date, discharge date and discharge reason) directly into the FSFN database.</p>
Validity:	This measure reflects how well the department finds long term foster children permanent homes before they become adults.
Reliability:	Reliability is dependent on the completeness, accuracy and timeliness of FSFN removal data, including removal and discharge dates, and placement. Completeness and accuracy are believed to be good, but timeliness is sometimes problematic.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</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. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</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. Data Source: 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 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</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 demominator 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. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60900310</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. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60900310</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. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60900310</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. Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Family Safety 60900310</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). Data Source: 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 AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Family Safety 60900310</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.. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if an adult lives in stable housing environment.</p> <p>Adults with severe and persistent mental illness (SPMI) includes individuals age 18 and over who meet the following criteria: 1. They do not meet the criteria for adults with forensic involvement, and 2. They have an ICD 9 diagnosis of 295-299, or 3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. 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, or 5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. The numerator is the number of adults with SPMI served who live in stable housing environment during the time period. The denominator is all adults with SPMI served and living in any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Percent of adults in forensic involvement who live in stable housing environment. (M0743)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria: (a) have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed, and (b) have a mental health problem. The numerator will be the number of Adults with forensic involvement served who live in stable housing environment during the time period.. The denominator will be all Adults with forensic involvement served and living in any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Percent of adults in mental health crisis who live in stable housing environment. (M0744)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a person lives in stable housing environment.</p> <p>Adults in mental health crisis include two subgroups: (1) adults with mental health problems (MHP) are adults who have emotional issues that are impacting their day to day functioning, but these issues are transient and are not expected to develop into a chronic mental illness; and (2) Adults with serious and acute mental illness (SAMI) are adults who met the criteria to be admitted into a Baker Act receiving facility. Served means an individual received at least one service event during the time period. The numerator will be the number of adults in mental health crisis served who live in stable housing environment during the time period.. The denominator will be all adults in mental health crisis served and living in any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Average annual days worked for pay for adults with severe and persistent mental illness (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 International Classification Diagnosis, 9th edition (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.</p> <p>Adults who are in a state mental health treatment facility as of July 1 are excluded from the measure. Measure is an average of days worked for pay. The average is derived by:</p> <ol style="list-style-type: none">1) Selecting quarterly and discharge evaluations for each person served during the specified time period.2) Work days are totaled for each client and then divided by the total number of evaluations for that client to derive an average number of work days per client.3) The averages are then added together and divided by the number of clients who were evaluated during the specified time period.4) The average derived is then multiplied by 12.1667 to get the annual average days worked. <p>People over the age of 62 are excluded from the algorithm. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	Increased employment is an indication of a person's ability to live independently. The measure does not take into account adults who are in

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

school, participating in volunteer work, or in vocational training, although these activities may contribute toward successful living in the community.

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 monitors compliance. Central office provides routine training on data reporting. District staff monitor the quality and accuracy of information submitted by their contracted providers.

Threats to reliability include self-reporting mistakes by clients as well as provider error.

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Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</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> <p>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.</p> <p>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> <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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</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:	<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>Served means an individual received at least one mental health 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. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) Data System</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 SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</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. Data Source: 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.

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Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Percent of adults with serious mental illness who are competitively employed. (M0703)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Competitively employed is defined as a person whose employment status is full or part time any time during the fiscal year as reported in the Substance Abuse and Mental Health Information System (SAMHIS).</p> <p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria: 1. They do not meet the criteria for adults with forensic involvement, and 2. They have an ICD 9 diagnosis of 295-299, or 3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. 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, or 5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently.</p> <p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria: • They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed.</p> <p>Adults with mental health problems (MHP) are adults who have emotional issues that are impacting their day to day functioning, but these issues are transient and are not expected to develop into a chronic mental illness.</p> <p>Adults with serious and acute mental illness (SAMI) are adults with who met the criteria to be admitted into a Baker Act receiving facility. Served means an individual received at least one service event during the time period. The numerator is an unduplicated number of adults with SMI who are competitively employed full or part-time during the time period. The denominator is an unduplicated number of all the adults with SMI served regardless of their employment status (e.g., employed full or part-time, unemployed, not in the labor force such as those who are retired, sheltered employment, sheltered workshops, and other). Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</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 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. Data Source: 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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

providers.

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</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. Data Source: 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.

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Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</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, or autism. This is an unduplicated count of all children served by the contracted provider at any time during the year. Data Source: 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.

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Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</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 disturbances (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 serious emotional disturbance (SED).2. They have an allowable mental health diagnosis as defined in the International Classification of Diseases, 9th edition (ICD-9) and listed in the DCF Pamphlet 155-2 for Substance Abuse and Mental Health Measurement and Data. <p>Improved functioning means that the current level of functioning is better than the level previously measured. This number is a percent and is based on the change between two assessments.</p> <p>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 score for the 16 questions per person captured on the Children's Functional Assessment Rating Scales (CFARS). A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The "most recent score" must occur within the reporting fiscal year and cannot be an admission assessment. The "previous assessment score" must have occurred within the 12 previous 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.</p> <p>The denominator is all children with two assessments.</p> <p>To achieve the percentage of increase, the total number of children who improved is divided by the total number of children with two qualifying assessments.</p> <p>To be included in this measure, the child must have been served during the reporting fiscal year (must have at least one service event record) and must be enrolled in the specified target population. At the contract (provider) level, the most recent episode of care is used for the comparison. Episode of care is defined as the time period between the date of admission to the date of</p>

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discharge. If there is no discharge date, the case is considered open. A service event is the provision of service unit(s)(e.g.hours or days) to the individual, on a specific date and time. At the district and state levels, the comparison is done across all episodes of care. Data Source: Provider staff report the data based on the administration of CFARS by a certified rater.

Validity:

The validity of this measure to capture functioning level that is commensurate with level of care has been tested by the Florida Mental Health Institute.

Reliability:

The reliability of this measure is enhanced by the fact that CFARS is administered only by certified raters who must meet training criteria to become certified. Florida Mental Health Institute has performed inter-rater reliability studies to validate the administration of the tool.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</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:	<p>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 I 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. Data Source: 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 not a true indicator of the desired outcome (see also comment section) 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.</p>
Reliability:	<p>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</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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 SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with mental retardation or autism 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 sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly sub average 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 or autism 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 or autism 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. Data Source: 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 not a true indicator of the desired outcome (see comment section) 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 or autism, 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:	Central office maintains an access database program that tracks major events

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Children's Mental Health Services 60900506

Measure: Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)

Action: Backup for performance measure

Data Sources and Methodology:

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:

1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.
2. They have an allowable mental health diagnosis as defined in the International Classification of Diseases, 9th edition (ICD-9) and listed in the DCF Pamphlet 155-2 for Substance Abuse and Mental Health Measurement and Data and have a C-GAS score of fifty or below.
3. They currently receive SSI benefits for a psychiatric disability.

Improved functioning means that the current level of functioning is better than the level previously measured.

This number is a percent and is based on the 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 score for the 16 questions per person captured on the Children's Functional Assessment Rating Scales (CFARS). A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The "most recent score" must occur within the reporting fiscal year and cannot be an admission assessment. The "previous assessment score" must have occurred within the 12 previous 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 achieve the percentage of increase, the total number of children who improved is divided by the total number of children with two qualifying assessments.

To be included in this measure, the child must have been served during the reporting fiscal year (must have at least one service event record) and must be enrolled in the specified target population. At the contract (provider) level, the

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

most recent episode of care is used for the comparison. Episode of care is defined as the time period between the date of admission to the date of discharge. If there is no discharge date, the case is considered open. A service event is the provision of service unit(s)(e.g.hours or days) to the individual, on a specific date and time. At the district and state levels, the comparison is done across all episodes of care.

Data Source: Provider staff report the data based on the administration of CFARS by a certified rater.

Validity: The validity of this measure to capture functioning level that is commensurate with level of care has been tested by the Florida Mental Health Institute.

Reliability: The reliability of this measure is enhanced by the fact that CFARS is administered only by certified raters who must meet training criteria to become certified. Florida Mental Health Institute has performed inter-rater reliability studies to validate the administration of the tool.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with emotional disturbance (ED) who live in a stable housing environment (M0778)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Children with emotional disturbance (ED) includes persons under age eighteen, and in some cases persons between the ages of 18 and 21, who meet the following criteria: (1) Has an allowable Diagnostic and Statistical Manual (DSM-IV) diagnosis; and (2) Has a Children's Global Assessment Scale score of 51-60. The numerator will be the number of children with emotional disturbance served who live in stable housing environment during the time period.. The denominator will be all children with emotional disturbance served with any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with serious emotional disturbance (SED) who live in a stable housing environment (M0779)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Children with serious emotional disturbance (SED) includes persons under age eighteen, and in some cases persons between the ages of 18 and 21, who meet any of the following criteria: (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. Served means that the individual received at least one service event during the time period. The numerator will be the number of children at risk of emotional disturbance served who live in stable housing environment during the time period.. The denominator will be all children with at risk of emotional disturbance served and living in any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children at risk of emotional disturbance who live in a stable housing environment (M0780)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Children at risk of emotional disturbance include persons under age eighteen, and in some cases children between the ages of 18 and 21, who meet one of the following criteria: (1) Has a mental health presenting problem; or (2) Does not have a mental health diagnosis but has factors associated with an increased likelihood of developing an emotional disturbance (such as homelessness, family history of mental illness, abuse or neglect, domestic violence exposure, substance abuse, chronic physical illness, or multiple out-of-home placements). The numerator will be the number of children with serious emotional disturbance served who live in stable housing environment during the time period.. The denominator will be all children with serious emotional disturbance served with any living situation excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Mental Health 60900506</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.. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</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:	<p>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. Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Residents are the individuals court order to the program. The sum of harmful events in the facility for the fiscal year (numerator), divided by the average daily resident census (denominator), multiplied by 100. Data Source: Contractor staff</p>
Validity:	<p>The reporting system is undergoing change from a resident-based report to a 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 staff person at the facility and under separate contract to the department reviews reports to correct these errors.</p>
Reliability:	<p>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.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Number of residents receiving Mental Health treatment (M06001)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Residents refers to Sexually Violent Predators (an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment) court ordered and located in a treatment facility. Unduplicated count of residents receiving Mental Health treatment Data Source: Contractor Monthly Report
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 SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Number of sexual predators assessed (M0283)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Most individuals are pending a release from a correctional facility. Assessment means a determination by the Multidisciplinary Team of whether a client suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. The assessment shall include a review of the person's institutional history and treatment record, if any, the person's criminal background, and any other factor that is relevant to the determination of whether such person is a sexually violent predator. Count the number of Assessments completed Data Source: Program Office Database</p>
Validity:	Valid measure of the program's assessment workload and need for resources for this activity
Reliability:	Program database referral information is periodically reconciled with the Department of Corrections database

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Number of sexual predators served (detention and treatment). (M0379)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Unduplicated count of persons who are held in the SVPP's facilities at any time during the year Data Source: Census reports from facilities that are entered into the SVPP Access database
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 SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</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 or Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Most individuals are pending a release from a correctional facility. Assessment means a determination by the Multidisciplinary Team of whether a client suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. The assessment shall include a review of the person's institutional history and treatment record, if any, the person's criminal background, and any other factor that is relevant to the determination of whether such person is a sexually violent predator. Days refer to calendar days. Receipt of referral means the date referral received by department staff. The count of all completed assessments are divided into the number of assessments completed within 180 days of receipt multiplied by 100. Data Source: SVPP Access database
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 and 10% sample is checked.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Number of people on forensic admission waiting list over 15 days. (M0361)</u>
Action:	Backup for performance 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. Data Source: 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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</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 Source: 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: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Adult Mental Health Treatment Facilities 60900506

Measure: Average number of days to restore competency for adults in forensic commitment. (M0015)

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. Data Source: 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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</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 Source: 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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</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 Source: 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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</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 Source: 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>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>(1) Readmission within 180 days means that a person in forensic commitment was discharged from a state mental health treatment facility and returned to a forensic state treatment facility within 180 days following the previous discharge date.</p> <p>(2) Persons in forensic commitment are individuals with serious mental illness committed to a state mental health treatment facility as Not Guilty by Reason of Insanity (NGI) under Section 916.15, Florida Statutes, or as Incompetent to Proceed ITP) under Section 916.13, Florida Statutes. (1) The numerator is the distinct number of persons in forensic commitment, who were discharged as specified below in the denominator and were readmitted within 180 days following the discharge date and had a forensic commitment at the time of readmission (COMMITYPE = 4, 5 or 6) and had a readmission type other than transfer between hospitals or status change (ADMITYPE = 01, 02, 03, 04, or 10).</p> <p>(2) The denominator is the distinct number of persons in forensic commitment status (most recent COMMITYPE = 4, 5 or 6), who were discharged during the reporting fiscal year and the discharge reason was not one of the following: (a) transfer between hospitals (DREASON = 02, 03, 04); (b) death (DREASON = 10 or 11); or (c) status change (DREASON = 16, 17 or 18). Data Source: Staff in State Mental Health Treatment Facilities reports the data daily, weekly, or monthly in the Substance Abuse and Mental Health Information System (SAMHIS)</p>
Validity:	This measure attempts to measure the success of persons with serious mental illness to live independently or in less restrictive environment in community and to function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with DCF data reporting requirements. DCF validates data submitted for accuracy and logic errors. All the state mental health treatment facilities use uniform procedures and requirement specifications for data definition, validation and submission into the SAMHIS database.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>(1) Readmission within 180 days means that a person in civil commitment was discharged from a state mental health treatment facility and returned to any facility (civil or forensic) within 180 days following the previous discharge date.</p> <p>(2) Persons in civil commitment are individuals with serious mental illness committed to a state mental health treatment facility as Voluntary Admission under Section 394.4625, Florida Statutes, or as Involuntary Admission under Section 394.467, Florida Statutes.. (1) The numerator is the number of persons in civil commitment who were discharged as specified below in the denominator and were readmitted within 180 days following the discharge date and had a forensic or civil commitment at the time of readmission (COMMITYPE = 1 through 9) and had a readmission type other than transfer between hospitals or status change (ADMTYPE = 01, 02, 03, 04, or 10).</p> <p>(2) The denominator is the total number of persons in civil commitment status (most recent COMMITYPE = 1, 2, 3, 7, 8, or 9), who were discharged during the reporting fiscal year and the discharge reason was not one of the following: (a) transfer between hospitals (DREASON = 02, 03, 04); (b) death (DREASON = 10 or 11); or (c) status change (DREASON = 16, 17 or 18).. Data Source: Staff in State Mental Health Treatment Facilities reports the data daily, weekly, or monthly in the Substance Abuse and Mental Health Information System (SAMHIS).</p>
Validity:	This measure attempts to measure the success of persons with serious mental illness to live independently or in less restrictive environment in community and to function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF validates data submitted for accuracy and logic errors. All the state mental health treatment facilities use uniform procedures and requirement specifications for data definition, validation and submission into the SAMHIS database.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percentage change in clients who are employed from admission to discharge. (M0753)</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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</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. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) data system service events.
Validity:	This workload measure represents the effort expended to serve at adults.
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 SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)</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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of adults who successfully complete substance abuse treatment services. (M0755)</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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)</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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0775)</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. Data Source: 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>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Alcohol usage rate per 1,000 in grades 6-12. (M05092a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Under construction This is an annual measure extrapolated from the results of specific items contained in the annual Florida Youth Substance Abuse Survey. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Marijuana usage rate per 1,000 in grades 6-12. (M05092m)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Under construction This is an annual measure extrapolated from the results of specific items contained in the annual Florida Youth Substance Abuse Survey. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Number of at risk children served in prevention services. (M0382)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Level 1 Prevention Programs include persons participating in Universal and Selective programs in cost center 16. Level 1 Prevention Programs address subgroups of the general population that are at a higher risk of substance abuse than the general population. The mission is to provide individuals with the information and skills necessary to prevent the abuse of substances. This is an unduplicated count of participants.</p> <p>Level 2 Prevention Programs include persons participating in Indicated programs in cost center 16 and all programs in cost center 17. Level 2 Prevention Programs are designed to prevent the onset of substance abuse in individuals who do not meet the DSM-IV criteria for addiction but who are showing early danger signs in the form of multiple risk factors. The mission of Level 2 Prevention Programs is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. This is an unduplicated count of participants.</p> <p>"Programs" are defined as a structured Schedule of Activities (by instructors and participants) designed so that participants will attain, so far as possible, certain educational and behavioral objectives. Total number of at risk children provided prevention services. Data Source: Alcohol, Drug Abuse, and Mental Health Data Warehouse (ADMDW) enrollment and placement data.</p>
Validity:	This workload measure represents the effort expended to serve at risk children with prevention services.
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 SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</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. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) data system service events.
Validity:	This workload measure represents the effort expended to serve at risk children.
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 SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)</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. Data Source: 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 information.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)</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. Data Source: 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 information.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
Measure:	<u>Percent of children who successfully complete substance abuse treatment services. (M0725)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The measure is a percentage. The numerator is the number of children successfully discharged from a completed episode of care which contains a treatment placement. The denominator includes all children 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 children discharged from a completed episode of care which contains a treatment placement. Denominator: all children admitted into treatment who did not receive an immediate discharge. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Substance Abuse 60900604</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.. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - ESS 60900708</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.. Data Source: 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: Department of Children and Families

Program: ECONOMIC SELF SUFFICIENCY SERVICES

Service/Budget Entity: Refugees 60900708

Measure: Number of refugee cases (M0362)

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 of the total active client population, including those receiving refugee cash assistance, those receiving refugee medical assistance and those receiving services by contract. Data Source: Refugee cash and refugee medical assistance client data are reported by ACCESS Florida staff. Data about clients receiving contracted services are reported by the contracted providers.

Validity: Threats to validity include errors in eligibility determination, 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 (Alien Number), allowing the sorting out of duplicate entries by using Alien Number.

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 SERVICES</u>
Service/Budget Entity:	<u>Refugees 60900708</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 or family unit 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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Refugees 60900708</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 or family unit found eligible for refugee cash and refugee medical assistance. Accurately closed means that services have been terminated. The eight-month time frame is 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). Data Source: Economic Self Sufficiency (ESS) staff.
Validity:	The measure is based upon a requirement of 45 CFR 400.60, describing client eligibility. The department could be responsible for repayment should too many cases exceed 8 months.
Reliability:	Annual audits on the eligibility components of the FLORIDA System by the State Auditor General reduce the potential for errors in data entry. 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 SERVICES</u>
Service/Budget Entity:	<u>Refugees 60900708</u>
Measure:	<u>Percent of unemployed active caseload placed in employment. (M04040)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Unemployed active caseload includes all eligible employment services clients for whom a case record is open and no active placement exists. Caseload is defined as a single unduplicated client count. The measure is a percentage calculated by taking the total number of clients placed who were in the unemployed active caseload for the quarter (numerator), divided by the total number in the unemployed active caseload (denominator). Data Source: Contracted provider staff
Validity:	Threats to validity include errors in eligibility determination, placement information, and case closure.
Reliability:	Threats to consistency include the potential for different interpretations of eligibility standards, the contracted service provider's staff turnover, level of data entry skills and training.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of all applications for assistance processed within time standards. (M0105)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Application refers to electronic or paper forms submitted by individuals for cash assistance, Medicaid or Food Stamps. Processed/disposed is defined as approved or denied.</p> <p>Time standards are measured from date of application to date of disposition as follows:</p> <p>Cash Assistance: 45 days. Expedited Food Stamps: 7 days. Non-Expedited Food Stamps: 30 days. Medicaid without disability determination: 45 days. Medicaid with disability determination: 90 days.</p> <p>Excluded from days processed are days attributed to non-agency delays such as delays in information submittal by the applicant.</p> <p>Denominator: Total of all applications disposed in the month, excluding KidCare Medicaid, SUNCAP and disaster Food Stamp applications.</p> <p>Numerator: The number of these applications that do not exceed the defined time standards. Data Source: Applicants and Economic Self-Sufficiency staff.</p>
Validity:	<p>This indicator measures the department's ability to respond timely to requests for assistance from families and individuals to help meet their basic needs. Basic needs include food, shelter and medical care.</p>
Reliability:	<p>Internal quality reviews are completed on a sample of applications. These reviews validate the dates reported in the system.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of All Family 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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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. Data Source: 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>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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 electronically to eligible clients. Accuracy rate is defined as a review of an household's eligibility determination to verify that the determination and correct amount of benefits have been authorized and received. It is verified by Food Stamp case reviews conducted by the DCF Office of Quality Control (QC). Florida uses the National Integrated Quality Control System to transmit Florida data from QC to the US Department of Agriculture, Food and Nutrition Service on a monthly basis. The QC internal web-based system is used to collect and store data. 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. Data Source: FLORIDA system, client interviews and collateral contacts to verify information.
Validity:	QC conducts reviews according to a plan approved by the Food and Nutrition Service of the US Department of Agriculture. If a state's food stamp accuracy rate is lower than the national tolerance level for two consecutive years, 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 SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percentage of food assistance applications processed within 30 days (M0219)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Application refers to electronic or paper forms submitted by individuals for Florida's Food Assistance Program. Time standards are measured from date of application to date of approval. For Food Assistance the approval is to be processed within 30 days for all Non-Expedited Food Assistance cases. There are no days excluded from the 30 day standard for non-agency delays. Total of all Food Assistance applications approved in the month, excluding Non-Expedited and disaster Food Assistance applications. Numerator: The number of these applications that do not exceed the 30 day time standard. Data Source: Economic Self Sufficiency field staff
Validity:	This measure is an indicator of the system's success in increasing the self sufficiency of food stamp recipient households.
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 SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percentage of food assistance applications processed within 7 days (expedited) (M0733)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Application refers to electronic or paper forms submitted by individuals for Florida's Food Assistance Program. Time standards are measured from date of application to date of approval. For Expedited Food Assistance the approval is to be processed within 7 days. All other Food Assistance cases are to be approved within 30 days. There are no days excluded from the 7 day standard for non-agency delays. Total of all Food Assistance applications approved in the month, excluding Non-Expedited and disaster Food Assistance applications. Numerator: The number of these applications that do not exceed the 30 day time standard. Data Source: Economic Self Sufficiency field staff
Validity:	This measure is an indicator of the system's success in increasing the self sufficiency of food stamp recipient households.
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 SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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:	<p>Suspected fraud cases are those meeting specific error prone profiles such as expenses continually exceeding available income. Once identified, these cases are referred to a fraud unit for review. Savings are defined as benefits that are not issued because of the detection of client misrepresentation.</p> <p>Denominator: The total number of cases which meet the error prone profiles that are referred for review.</p> <p>Numerator: The total number of cases which meet the error prone profiles that are referred for review that result in savings. Data Source: ESS Fraud Prevention staff</p>
Validity:	The intent of this measure is to ensure that significant effort is devoted to the proper use of taxpayer money to meet the needs of only those who are eligible. The threat to the validity of this measure is that the data is limited to only those cases that produce savings.
Reliability:	Central Office Quality Assurance and district staff both monitor local Fraud Units to validate that data is entered into the system correctly and accurately reflects individual employee and unit performance.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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. Data Source: Departmental eligibility staff.
Validity:	This measure shows the public that an effort is being made to prevent ineligible individuals from receiving benefits to which they are not entitled.
Reliability:	Departmental staff are provided with training and written guidance in identifying possible fraudulent statements on an application for assistance. In addition, the department has established error prone profiles which are part of the modernized system. Applications meeting those identified criteria are referred to ACCESS Integrity staff for review and possible investigation. QA staff at the state level monitor each district's system annually.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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 through client misrepresentation or department/client error. The measure is a count, the sum of the dollar value collected on established benefit recovery claims. Data Source: Benefit Recovery System (interfaces with FLORIDA)
Validity:	This measure shows the public that the department recoups the value of benefits issued in error.
Reliability:	The department's Benefit Recovery staff monitor the data in the Benefit Recovery System (BRS) on a routine basis.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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 defined as 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. Denominator: Count payees who received a TANF diversion payment 12 months ago.</p> <p>Numerator: Of the above, a count of payees who have not participated in TANF since the diversion payment. Data Source: 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. This may be an indication that these clients have become more self sufficient.
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 SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate). (M0678)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Similar to the Federal Work Participation Rate, this measure calculates the percent of 2-parent TANF adults with a work participation requirement who are meeting the required number of work participation hours each month. Denominator: The number of eligible 2-parents TANF adults with a work participation requirement. Numerator: The number of those above participating in allowable work activities for the required number of hours each month. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Number of cash assistance applications (M0305)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Cash assistance application is defined as an electronic or paper request for public assistance benefits to provide financial assistance to eligible individuals. This is a count of applications processed to the point of determination of eligibility. Data Source: Economic Self Sufficiency staff
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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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 Development Boards are defined as local employment service providers. Cash assistance participants are defined as participants receiving TANF who have a work requirement as a condition of receipt of benefits. It is the total number of cash assistance participants referred to the regional workforce development boards. Data Source: Departmental staff.
Validity:	This measure indicates the number of people referred to the Regional Workforce Development Boards for employment assistance.
Reliability:	Departmental staff monitor the FLORIDA system, training new public assistance workers in its use.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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. Data Source: 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 SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</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 a fixed regular or adequate night-time residence. Assisted bed means any bed assisted by an Emergency Shelter Grants or a Housing Assistance Grant. An actual physical count of number of beds done once a year when grants are awarded. Data Source: Paper copies of Grant Applications submitted annually to the Office of Homelessness in DCF.
Validity:	Measures effective use of state or federal funds used to develop beds for the homeless.
Reliability:	Twenty-seven continuums report this information to the Office of Homelessness each year in grant applications received in hard or electronic copy from eligible applicants.



DCF Long Range Program Plan Fiscal Years 2011-2012 through 2015-2016

Associated Activities Contributing to Performance Measures - LRPP Exhibit IV

**Florida Department of Children and Families
September 30, 2010**

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
1	Administrative cost as a percent of total agency costs (M0144)		
2	Information technology cost as a percent of total agency costs (M0145)		
3	Administrative cost as a percent of total agency costs (M0147)		
4	Administrative cost as a percent of total agency costs (M0363)		
5	Number of facilities and homes licensed (M0123)		Number of facilities and homes licensed (M0123)
6	Number of instructor hours provided to child care provider staff. (M0384)		The total number of hours of instruction to child care personnel whether working in the industry or not.
7	Percent of licensed child care facilities inspected in accordance with program standards (M04015)		Percent of licensed child care facilities inspected in accordance with program standards (M04015)
	Percent of licensed child care homes inspected in accordance with program standards (M05175)		Percent of licensed child care homes inspected in accordance with program standards (M05175)
8	Number of investigations (M0127)		Number of investigations (M0127)
9	Number of people receiving protective supervision, and protective intervention services. (M0414)		Number of people receiving protective services (M0317)
10	Per capita abuse/neglect rate per 1,000 disabled adult and elderly. (M05166)		Number of families served (supervised visitation) (M0293) This is two separate measures (M0735 and M0757)
11	Percent of adult investigations from an entry cohort completed within 60 days. (M04016)		Number of investigations (M0127)
12	Percent of adult victims seen within the first 24 hours. (M04017a)		Number of investigations (M0127)
13	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)		Number of qualified disabled adults (ages 18 - 59) provided case management (M0448)
			Number of qualified disabled adults (ages 18 - 59) in the CCDA and ADA Medicaid Waiver Programs (M0450)
14	Number of children in families served (M0134)		Number of families served in Healthy Families (M0294)
15	Number of families served in Healthy Families (M0294)		Number of families served in Healthy Families (M0294)
16	Per capita child abuse rate/1000 (M0133)		Number of families served in Healthy Families (M0294)
17	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)		Number of families served in Healthy Families (M0294)
18	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)		Number of families served in Healthy Families (M0294)
19	Children receiving adoptive services (M0073)		Children receiving adoptive services (M0073)
20	Number of children in out-of-home care (M0297)		Number of children in out-of-home care (M0297)
21	Number of children receiving adoption subsidies (M0074)		Number of children receiving adoption subsidies (M0074)
22	Number of children remaining in out-of-home care more than 12 months. (M0388)		Number of children in out-of-home care (M0297)
23	Number of children under protective supervision (point in time) (M0296)		Number of children under protective supervision (point in time) (M0296)
24	Number of children with a goal of adoption who remain in out-of-home care after 24 months (M0392)		Number of children in out-of-home care (M0297)
25	Number of investigations (M0295)		Number of investigations (M0295)
26	Number of investigations not completed after 60 days (M0387)		Number of investigations (M0295)
27	Percent adoptions finalized within 24 months of the latest removal. (M0391)		Number of children in out-of-home care (M0297)
28	Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment. (M04026)		Number of children in out-of-home care (M0297)

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2009-10 (Words)	Associated Activities Title
29	Percent of child investigations commenced within 24 hours. (M0368)	Number of investigations (M0295)
30	Percent of child investigations from an entry cohort completed within 60 days. (M0394)	Number of investigations (M0295)
31	Percent of children entering out-of-home care who re-entered within 12 months of a prior episode. (M0390)	Number of children in out-of-home care (M0297)
32	Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	Number of children in out-of-home care (M0297)
33	Percent of children who age out of foster care with high school diploma or G.E.D. (M05085)	Number of children in out-of-home care (M0297)
34	Percent of foster children who were subjects of reports of verified or indicated maltreatment. (M0385)	Number of children in out-of-home care (M0297)
35	Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	Number of investigations (M0295)
36	Percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months. (M0386)	Number of children in out-of-home care (M0297)
		Number of investigations (M0295)
		Number of termination of parental rights petitions filed (M0298)
37	Calls answered (M0070)	Number of calls to the hotline (M0300)
38	Number of calls to the hotline (M0300)	Number of calls to the hotline (M0300)
39	Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	Number of calls to the hotline (M0300)
40	Administrative cost as a percent of total agency costs (M0426)	
41	Administrative cost as a percent of total program costs (M0136)	
42	Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	Number of individuals served (treatment) (M0318)
43	Number of residents receiving Mental Health treatment (M06001)	Number of individuals served (treatment) (M0318)
44	Number of sexual predators assessed (M0283)	Number of sexual predators assessed (M0283)
45	Number of sexual predators served (detention and treatment). (M0379)	Number of individuals served (treatment) (M0318)
46	Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	Number of sexual predators assessed (M0283)
47	Average annual days spent in the community for adults with forensic involvement. (M0010)	Number of adults served (case management) (M0273)
		Number of adults served (residential) (M0272)
		Number of adults served (outpatient services) (M0274)
		Number of adults served (community support services) (M0275)
48	Average annual days spent in the community for adults with severe and persistent mental illnesses. (M0001)	Number of adults served (case management) (M0273)
		Number of adults served (residential) (M0272)
		Number of adults served (outpatient services) (M0274)
		Number of adults served (community support services) (M0275)
49	Average annual days worked for pay for adults with severe and persistent mental illnesses (M0003)	Number of adults served (case management) (M0273)
		Number of adults served (ACT Teams) (M0276)
50	Median length of stay in CSU/Inpatient services for adults in mental health crisis (M0376)	Number of adults served (emergency stabilization) (M0271)
51	Number of adults in mental health crisis served (M0017)	Number of adults served (emergency stabilization) (M0271)
		Number of adults served (outpatient services) (M0274)

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2009-10 (Words)	Associated Activities Title
52	Number of adults with a serious and persistent mental illness in the community served (M0016)	Number of adults served (case management) (M0273) Number of adults served (residential) (M0272) Number of adults served (outpatient services) (M0274) Number of adults served (community support services) (M0275) Number of adults served (ACT Teams) (M0276)
53	Number of adults with forensic involvement served (M0018)	Number of adults served (case management) (M0273) Number of adults served (residential) (M0272) Number of adults served (outpatient services) (M0274) Number of adults served (community support services) (M0275) Number of adults served (ACT Teams) (M0276)
54	Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted. (M0009)	Number of adults served (case management) (M0273)
55	Average annual days emotionally disturbed (ED) children (excluding those in juvenile justice facilities) spend in the community (M0025)	Number of children served (residential care) (M0278) Number of children served (case management) (M0279) Number of children served (outpatient services) (M0280) Number of children served (community support services) (M0281)
56	Average annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community (M0011)	Number of children served (residential care) (M0278) Number of children served (case management) (M0279) Number of children served (outpatient services) (M0280) Number of children served (community support services) (M0281)
57	Number of at-risk children to be served (M0033)	Number of children served (outpatient services) (M0280)
58	Number of children served who are incompetent to proceed (M0030)	Number of children served who are incompetent to proceed (M0030)
59	Number of ED children to be served (M0032)	Number of children served (residential care) (M0278) Number of children served (case management) (M0279) Number of children served (outpatient services) (M0280) Number of children served (community support services) (M0281) Number of children served (emergency stabilization supports) (M0277)
60	Number of SED children to be served (M0031)	Number of children served (residential care) (M0278) Number of children served (case management) (M0279) Number of children served (outpatient services) (M0280) Number of children served (community support services) (M0281) Number of children served (emergency stabilization supports) (M0277)
61	Percent of children with emotional disturbances who improve their level of functioning (M0377)	Number of children served (residential care) (M0278) Number of children served (case management) (M0279) Number of children served (outpatient services) (M0280) Number of children served (community support services) (M0281) Number of children served (emergency stabilization supports) (M0277)
62	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	Number of children served who are incompetent to proceed (M0030)
63	Percent of children with mental retardation restored to competency and recommended to proceed with a judicial hearing (M0020)	Number of children served who are incompetent to proceed (M0030)

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2009-10 (Words)	Associated Activities Title
64	Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	Number of children served (residential care) (M0278)
		Number of children served (case management) (M0279)
		Number of children served (outpatient services) (M0280)
		Number of children served (community support services) (M0281)
		Number of children served (emergency stabilization supports) (M0277)
65	Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	Number of children served (case management) (M0279)
66	Administrative cost as a percent of total program costs (M0137)	
67	Administrative cost as a percent of total program costs (M0135)	
68	Average age of first substance abuse (M05093)	Number of children receiving aftercare/follow-up (M0054)
69	Number of at risk children served in prevention services. (M0382)	Number of at-risk children served in targeted prevention (M0055)
70	Number of at-risk children served in targeted prevention (M0055)	Number of at-risk children served in targeted prevention (M0055)
71	Number of children with substance-abuse problems served (M0052)	Number of children receiving aftercare/follow-up (M0054)
		Number served [detoxification] (M0301)
72	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)	Number of at-risk children served in targeted prevention (M0055)
73	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)	Number of children receiving aftercare/follow-up (M0054)
74	Percent of children with substance abuse who are drug free during the 12 months following completion of treatment (M0046)	Number of children receiving aftercare/follow-up (M0054)
75	Percent of children with substance abuse who complete treatment (M0045)	Number of children receiving aftercare/follow-up (M0054)
76	Substance usage rate per 1,000 in grades 6-12. (M05092)	Number of at-risk children served in targeted prevention (M0055)
77	Number of adults served (M0063)	Number of clients who complete treatment (M0177)
		Number of adults provided detoxification and crisis supports (M0065)
78	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)	Number of clients who complete treatment (M0177)
		Number of adults provided detoxification and crisis supports (M0065)
79	Percent of adults employed upon discharge from substance abuse treatment services (M0058)	Number of clients who complete treatment (M0177)
80	Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)	Number of clients who complete treatment (M0177)
		Number of at-risk adults provided prevention services (M0066)
81	Percent of adults who are drug free during the 12 months following completion of treatment (M0057)	Number of clients who complete treatment (M0177)
82	Percent of adults who complete treatment (M0062)	Number of clients who complete treatment (M0177)
83	Percent of all applications for assistance processed within time standards. (M0105)	Total number of applications processed (M0106)
84	Total number of applications processed (M0106)	Total number of applications processed (M0106)
85	Percent of cash assistance benefits determined accurately (M0108)	Total number of applications processed (M0106)
86	Percent of food stamp benefits determined accurately (M0107)	Total number of applications processed (M0106)

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
87	Percent of Food Stamp applications processed in accordance with Federal high performance bonus criteria. (M05181)		Total number of applications processed (M0106)
88	Administrative cost as a percent of total program costs (M0138)		
89	Return on investment from fraud prevention/benefit recovery (M0369)		Dollars collected through benefit recovery (M0111)
90	Number of fraud prevention investigations completed (M0112)		Dollars collected through benefit recovery (M0111)
91	Dollars collected through benefit recovery (M0111)		Dollars collected through benefit recovery (M0111)
92	Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)		Dollars collected through benefit recovery (M0111)
93	Percent of Optional State Supplementation (OSS) applications processed within time standards (M0114)		Total number of applications processed (M0106)
94	Number of applications processed for Optional State Supplementation payments (M0115)		Total number of applications processed (M0106)
95	Number of beds per day available for homeless clients (M0304)		Number of beds per day available for homeless clients (M0304)
96	Number of cash assistance applications (M0305)		Total number of applications processed (M0106)
97	Number of cash assistance participants referred to the regional workforce development boards (M0119)		Total number of applications processed (M0106)
98	Percent of customers who have employment entry. (M05090)		Total number of applications processed (M0106)
99	Percent of customers who remain in employment (job retention). (M05141)		Total number of applications processed (M0106)
100	Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)		Total number of applications processed (M0106)
101	Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)		Total number of applications processed (M0106)
102	Percent of TANF customers participating in work or work-related activities (M05088)		Total number of applications processed (M0106)
103	Percent of work able food stamp customers participating in work or work-related activities (M05089)		Total number of applications processed (M0106)
104	Number of refugee cases (M0362)		
105	Number of refugee cases closed (M0104)		
106	Percent of refugee assistance cases accurately closed at 8 months or less (M0103)		
107	Average number of days to restore competency for adults in forensic commitment. (M0015)		Number of adults in forensic commitment served (M0044)
108	Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)		Number of adults in forensic commitment served (M0044)
109	Number of people in civil commitment, per Ch. 394, F.S., served (M0372)		Number of people in civil commitment served (M0041)
110	Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)		Number of people in civil commitment served (M0041)
111	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)		Number of adults in forensic commitment served (M0044)

CHILDREN AND FAMILY SERVICES, DEPARTMENT OF		FISCAL YEAR 2009-10			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		2,988,870,994		0	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		31,913,841		0	
FINAL BUDGET FOR AGENCY		3,020,784,835		0	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					0
Protective Investigations * Number of investigations.		41,274	768.62	31,724,085	
Protective Services * Healthy Families *		5,660	3,952.42	22,370,723	
Protective Investigations * Number of investigations		12,099	151.30	1,830,568	
In-home Supports * Number of children under protective supervision (point in time)		169,440	1,126.41	190,859,561	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.		6,851	8.33	57,035	
Child Welfare Legal Services * Percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months.		18,731	2,394.85	44,857,878	
Emergency Shelter Supports * Number of individuals counseled.		2,542	21,333.69	54,230,236	
Prevention Grants * Number of grants received		55,088	397.26	21,884,522	
Report Intake, Assessment And Referral * Number of calls to the hotline		42	227,453.93	9,553,065	
Adoption Subsidies * Number of children receiving adoption subsidies		396,713	52.88	20,977,547	
Adoption Services * Children receiving adoptive services		29,648	4,144.54	122,877,386	
License Child Care Arrangements * Number of facilities and homes licensed		5,685	109,288.94	621,307,615	
Case Management * 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).		6,418	3,040.62	19,514,690	
Daily Living * Number of qualified disabled adults (ages(18 - 59) in the CCDA abd ADA Medicaid Waiver Program		6,204	416.40	2,583,341	
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program.		1,634	2,084.63	3,406,282	
Emergency Stabilization * Number of children with serious disturbances who improve thir level of fuctioning.		1,619	1,273.94	2,062,502	
Emergency Stabilization * Number of adults in mental health crisis served		15,023	1,473.49	22,136,301	
Provide Forensic Treatment * Average number of days to restore competency for adults in forensic commitment.		67,318	1,329.75	89,515,814	
Provide Civil Treatment * Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level.		2,780	67,957.93	188,923,059	
Community Support Services * Number of SED children to be served		1,759	137,091.49	241,143,925	
Community Support Services * Number of adults with forensic involvement served.		95,310	652.36	62,176,227	
Assessment * Number of sexual predators assessed		178,023	1,141.71	203,251,148	
Detoxification * Number of children with substance-abuse problems served		3,393	8,916.58	30,253,957	
Prevention Services * 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.		2,562	2,220.41	5,688,698	
Treatment And Aftercare * Number of children with substance-abuse problems served		2,174	10,448.89	22,715,897	
Detoxification * Number of adults served		42,157	1,061.62	44,754,576	
Prevention * Number of at-risk adults provided prevention services		22,289	1,071.29	23,877,988	
Treatment And Aftercare * Percent of adults who are drug free during the 12 months following completion of treatment.		264	20,423.49	5,391,802	
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery		32,979	2,804.55	92,491,339	
Refugee Assistance * Number of refugee cases		17,007,986	1.08	18,443,980	
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments		68,152	1,234.83	84,156,038	
Homeless Assistance * Number of beds per day available for homeless clients		1,196	13,249.31	15,846,173	
Eligibility Determination/Case Management * Number of cash assistance payments		2,729	8,604.28	23,481,078	
Issue Welfare Transition Program Payments * Total number of cash assistance payments		10,400,201	32.32	336,098,563	
TOTAL		524,619	358.18	187,909,141	
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER					
REVERSIONS					152,432,205
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)					3,020,784,945

SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.

(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.

(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.

(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

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 unit of work which has identifiable starting and ending points, consumes resources, and produces outputs. 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

AFSP: American Foundation for Suicide Prevention

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

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 or DC: 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.

EBP: Evidence Based Practice

FAC: Florida Administrative Code

FACT: Florida Assertive Community Treatment Team

FADAA: Florida Alcohol and 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

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: Means the process of contracting with a vendor(s) to provide a service or an activity and there is a transfer of management responsibility for the delivery of resources and the performance of those resources. 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 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.

Primary Service Outcome Measure: The service outcome measure which is approved as the performance measure which best reflects and measures the intended outcome of a service. Generally, there is only one primary service outcome measure for each agency service.

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.

WAGES - Work and Gain Economic Stability (Agency for Workforce Innovation)

WAN - Wide Area Network (Information Technology)