



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

Rick Scott
Governor

David E. Wilkins
Secretary

LONG RANGE PROGRAM PLAN

Department of Children and Families
Tallahassee, Florida

September 30, 2011

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Office of Policy and Budget
Executive Office of the Governor
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Tallahassee, Florida 32399-0001

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House Appropriations Committee
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Tallahassee, Florida 32399-1300

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Senate Budget Committee
201 Capitol
Tallahassee, Florida 32399-1300

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 2012-13 through Fiscal Year 2016-2017. This submission has been approved by David E. Wilkins. The following page includes a message from Secretary Wilkins.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ted Harrell', is written over a large, stylized, circular graphic element.

Ted Harrell
Department Planning and Project Management

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



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Message from Secretary Wilkins

On behalf of the Florida Department of Children and Families, I am pleased to present our Long Range Program Plan for Fiscal Years 2012-2013 through 2016-2017. This plan provides an opportunity for the Department to outline where we are headed over the next four years.

Our vision is, with the help of our community partners, to become a world-class child protection system: While we have much more to accomplish, I believe we are on the right track. We are making great strides on our child welfare transformation project. This project began after the tragic death of Nubia Barahona and will substantially revamp the safety system for children in state care. The front section reflects our strategic vision and describes four important goals that will help our vision become reality.

Empower Front-line Staff: Our first responders to families in crisis need to be empowered to respond in a timely and intelligent manner, unfettered by bureaucratic policies that stand in the way of quality work. Front-line professionals possess distinctive competencies to address those most in need. We must provide proper support and tools so they are positioned to deliver world-class standards of excellence in service.

Effect Program Improvements: Citizens of Florida demand and desire a state government that operates in the most efficient means possible. This will be accomplished through the deliberate consolidation of administrative functions that occur both in regional offices and at headquarters. Leveraging technology, implementing a shared services model, and eliminating non-value added reviews and management structures will result in a transformative model of public governance with business sensibilities that have traditionally operated in isolation.

Enable Family Accountability: Every resident desires and deserves to reclaim their right to prosper and to raise their children responsibly. It requires a fundamental shift in both the method and goal for people to achieve a new independence. Our social service responses need to be planned and delivered in a manner that addresses the true needs of our families and positions them to achieve independence from government assistance when possible so that they, too, can achieve the American Dream.

Engage Communities: Positioning local communities to be their own change agents is essential to the success of shaping a new future that better serves the public today - and more importantly - is faithful to our shared commitment to the power of public-private partnerships. Our communities have the knowledge and advantage in lobbying and advocating for local needs and should hold the first solution to help our challenged families without deep-end bureaucratic responses.

A handwritten signature in black ink, appearing to read 'David E. Wilkins'. The signature is written in a cursive style with a large, prominent 'D' and 'W'.

David E. Wilkins
Secretary

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Department of Children and Families

Long Range Program Plan

Fiscal Years 2012-2013 through 2016-2017

September 30, 2011



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Department Mission:

The mission of the Department of Children and Family Services is to work in partnership with local communities to ensure the safety, well-being and self-sufficiency of the people served.

Department Goals

Goal 1: Empower Front-line Staff

Goal 2: Effect Program Improvements

Goal 3: Enable Family Accountability

Goal 4: Engage Communities

Agency Objectives

Goal 1: Empower Front-line Staff

Objective

Those who are closest to the customer will be armed with the authority to exercise discretion and decision-making within the parameters of safety, integrity and fiscal considerations.

Initiatives

- Welfare Eligibility Redesign
- Florida Hotline Transformation
- Child Protective Investigations Redesign
- Case Manager Accountability and Information Management

Goal 2: Effect Program Improvements

Objective

Apply proven best practices in the private sector to our overall governance and operational models at DCF.

Initiatives

- Shared Services Implementation
- Integration of Substance Abuse and Mental Health Services
- State Treatment Facility Improvements
- Civil and Forensic Redesign
- Public Assistance Fraud
- Refugee Services Integration
- Human Resources Strategy

Goal 3: Enable Family Accountability

Objective

Provide reasonable efforts that help families regain control of their lives. (The linchpin of child safety and well-being hinges on holding parents accountable)

Initiatives

- Achieving Family Accountability
- Florida's Children Youth Cabinet
- Children's Services Councils of Florida
- Preparing our Children and Youth for Success
- Quality Parenting Initiative
- Drug Testing
- Prevention and Diversion
- Interagency Relations

Goal 4: Engage Communities

Objective

The Department will serve as the catalyst for the development of prevention and diversion services in an effort to reduce and eliminate government solutions so long as the vulnerable are not at risk of harm

Initiatives

- Community Empowerment Programs
- Promising Prevention Programs
- Child Welfare and Community-Based Care
- Economic Self-Sufficiency and Community Partnerships
- Substance Abuse, Mental Health and Regional Systems of Care
- Advancing Community Engagement

Service Outcomes and Performance Projection Tables

Goal 1: Empower Front-line Staff

Objective

Those who are closest to the customer will be armed with the authority to exercise discretion and decision-making within the parameters of safety, integrity and fiscal considerations.

Initiatives

Welfare Eligibility Redesign

Florida Hotline Transformation

Child Protective Investigations Redesign

Case Manager Accountability and Information Management

Outcome Projection Table

Outcome	Baseline	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
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 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%
Percent of all applications for assistance processed within time standards (ES105)	FY 2005-06 98%	98%	98%	98%	98%	98%
Percent of food stamp benefits determined accurately (ES107)	FY 2005-06 94%	98%	98%	98%	98%	98%
Percent of adult victims seen within the first 24 hours (AP4017a)	FY 2005-06 83%	95%	95%	95%	95%	95%

Goal 2: Effect Program Improvements

Objective

Apply proven best practices in the private sector to our overall governance and operational models at DCF.

Initiatives

Shared Services Implementation

Integration of Substance Abuse and Mental Health Services

State Treatment Facility Improvements

Civil and Forensic Redesign

Public Assistance Fraud

Refugee Services Integration

Human Resources Strategy

Outcome Projection Table

Outcome	Baseline	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
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 adoptions finalized within 24 months of the latest removal (FS303)	FY 2007-08 44.1%	44%	44%	44%	44%	45%
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%
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 3: Enable Family Accountability

Objective

Provide reasonable efforts that help families regain control of their lives. (The linchpin of child safety and well-being hinges on holding parents accountable)

Initiatives

- Achieving Family Accountability
- Florida’s Children Youth Cabinet
- Children’s Services Councils of Florida
- Preparing our Children and Youth for Success
- Quality Parenting Initiative
- Drug Testing
- Prevention and Diversion
- Interagency Relations

Outcome Projection Table

Outcome	Baseline	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
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 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%
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 4: Engage Communities

Objective

The Department will serve as the catalyst for the development of prevention and diversion services in an effort to reduce and eliminate government solutions so long as the vulnerable are not at risk of harm

Initiatives

Community Empowerment Programs

Promising Prevention Programs

Child Welfare and Community-Based Care

Economic Self-Sufficiency and Community Partnerships

Substance Abuse, Mental Health and Regional Systems of Care

Advancing Community Engagement

Outcome Projection Table

Outcome	Baseline	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Percent of children with serious emotional disturbances who improve their level of functioning (MH378)	FY 2009-10 68%	65%	65%	65%	65%	65%
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 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%

Governor's Priorities

- 1. Accountability Budgeting**
- 2. Reduce Government Spending**
- 3. Regulatory Reform**
- 4. Focus on Job Growth and Retention**
- 5. World Class Universities**
- 6. Reduce Property Taxes**
- 7. Eliminate Florida's Corporate Income Tax Over Seven Years**

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.

Overview



No state symbolizes our country's greatness and challenges as much as Florida. Its climate, stable cost of living, and business-friendly atmosphere make it a bellwether for our nation. With world-class universities, low tax rates that encourage pursuit of the American dream and internationally-favored tourist destinations, our state demographics include:

- Largest percentage of people over age 65. Veterans represent 15 percent of its population; second highest in the U.S.
- More than 1,000 people move to our state every day
- Florida is the most populated urban and culturally diverse state in the South
- Florida receives more refugees annually than any other state.

Maintaining a healthy, productive society is a challenge. The fallout from the recession affects our citizens through unemployment, a collapsed housing industry (with Florida leading the nation in foreclosures), a sluggish tourism industry and unprecedented deaths by prescription drug overdose and suicide.

Soon to be the third most populous state in America, Florida's social welfare system has become a model for the nation. Florida has the only statewide privatized child welfare system that emphasizes community-based work rather than top-to-bottom decision-making. Despite economic challenges, Florida has the nation's most efficient food assistance programs. And Florida's priority on making sure children have safe and secure homes have made our state a national leader in adoption reforms with the number of children in out-of-home care dropping from 30,000 to nearly 18,000 in four years.

These successes are supported by an increasingly-efficient management structure that prioritizes front-line decision-making by workers interacting with families and children with the backing of training and technological support. The Department has streamlined its operations while maintaining critical accountability with data-driven standards. Handheld technology has made supervision of children in foster care much more thorough. The use of online systems to accommodate requests for assistance has continued to grow and reinforce accuracy. Creative use of the Internet and public information campaigns has transformed the image of transparency and accountability. With a budget of nearly \$3 billion, more than 12,000 employees and more than 5,000 subcontractors and volunteers, efficiency is more important than ever.

With any large business, evolution never stops and success is never final. When the health and safety of families – and the future of this state – is the measurable outcome, change must be a constant and critical goal.

This work cannot stop. When he took office in January 2011, Governor Rick Scott made a pledge to the citizens of Florida that their hopes and dreams deserve the moral and diligent power of our collective assistance. Under the leadership of Secretary David E. Wilkins, this Strategic Plan sets a plan to not just meet the true spirit of the law governing Florida’s Department of Children and Families, but the right of every Floridian and American to have the opportunity to pursue this country’s greatest achievement of hope.

By focusing on key reforms over the next three years, this agency will work in partnership with our valued partners at the state and local levels to improve the way we do business and improve the future of this state. These achievements will be shaped by the following goals:



Empower Front-line Staff: *Our first responders to families in crisis need to be empowered to respond in a timely and intelligent manner, unfettered by bureaucratic policies that stand in the way of quality work.* Front-line professionals possess distinctive competencies to address those most in need. We must provide proper support and tools so they are positioned to deliver world-class standards of excellence in service.

Effect Program Improvements: *Citizens of Florida demand and desire a state government that operates in the most efficient means possible.* This will be accomplished through the deliberate consolidation of administrative functions that occur both in regional offices and at headquarters. Leveraging technology, implementing a shared services model and eliminating non-value added reviews and management structures will be a transformative

model of public governance with business sensibilities that have traditionally operated in isolation.

Enable Family Accountability: *Every resident desires and deserves to reclaim their right to prosper and to raise their children responsibly.* It requires a fundamental shift in both the method and goal for people to achieve a new independence. Our social service responses need to be planned and delivered in a manner that addresses the true needs of our families and positions them to achieve independence from government assistance when possible so that they, too, can achieve the American Dream.

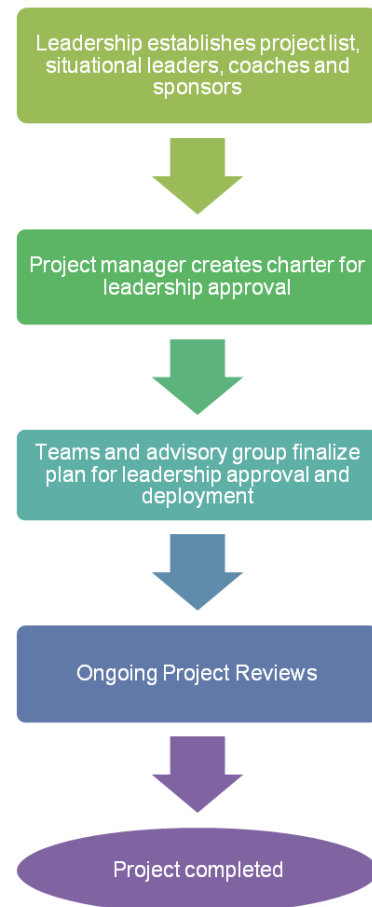
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Strategic Plan Governance Structure

A Project Management Office has been established within existing resources to support the goals of this plan.

Activities include:

- Creating detailed project definitions for all facets of the Strategic Plan, detailing project scope, approach, direction and resource requirements
- Tracking projects to measure progress and alert leadership to potential risks
- Developing a reporting system to routinely update key stakeholders
- Assigning project managers to clearly define ownership and to lead teams to complete the work.



A description of our path to transform the Department of Children and Families into a world-class social services organization for each goal introduced in the Executive Summary follows. The central theme is simple: An overall quality of life for our children, families, staff, providers and communities.

An overview of the nine program offices that currently comprise the Department, with some key data on clients served and services, are also provided. The final section is a description of the eight foundational supports, known as “back office functions,” that are critical to program success.

VISION

In partnership with local communities and providers, the Department of Children and Families will emerge as a world-class organization that protects the vulnerable and serves as stewards of the people to shape paths to independence for all Floridians.

STRATEGIC PLAN

Strategic planning is a concept widely used in private enterprise with proven success in shaping organizational culture change to reach desired outcomes. Current business processes and practices are analyzed, strategies for significant improvement are designed and progress made in reaching the end goal is measured and evaluated on an ongoing basis.



For each goal, a series of objectives are articulated to frame the issue that requires action to be taken. The metrics identify what measures will be used so that we will know that we are making progress and performance standards describe our desired outcomes. This administration will collaborate with local partners to achieve a model of excellence in the delivery of social services to citizens.

Several major initiatives in this plan related to our child welfare system are informed, in part, by the tragic death of Nubia Barahona, a 10-year-old whose adoptive parents were charged with her murder in February 2011. A very thorough analysis of the role and actions of professionals in this case was conducted by an independent investigative panel, as well as an internal review. The findings illustrated systemic bureaucratic failures. To address these problems, initiatives that have already begun prior to the publication of this strategic plan, include:

- Re-engineering of child protective investigations processes
- Redesign of the state central Hotline
- Case manager accountability and information management.

Empower Frontline Staff

In corporate America, there is recognition that the frontline is the window into any business organization. Wise CEOs have a keen understanding that a company's success is established and sustained through empowering frontline staff with the authority and tools to exercise professional judgment. Frontline workers in both the public and privatized arenas possess distinctive social welfare skills and need the ability to execute their jobs with intelligence, unfettered by bureaucratic checklists and policies that stand in the way of direct, high-quality work.

As one state legislator remarked years ago during a committee meeting about child protective investigations, "...our front-line staff has lost the ability to practice discernment." This wise observation, still applicable today, was descriptive of the practice of seeking legislative changes to set a precise set of actions for child protective investigators and case managers. The well-intended elimination of "gray" areas for interpreting law through the detailed management of casework activities has significantly stifled professional development of the skills of investigators and case managers. The bureaucratic specificity with which our front-line staff is expected to perform their highly specialized duties has evolved into practice governed overwhelmingly by checklist-compliance rather than a casework approach that is a creative and comprehensive assessment of children and families served.

Those who are closest to the customer should be armed with the authority to exercise discretion and decision-making within the parameters of safety, integrity and fiscal considerations. Secretary Wilkins has established initiatives that will empower frontline staff through the redesign of:

- Food and cash assistance processes
- Central abuse registry call center

- Child protective investigations
- Case management services.

Empowering front-line staff arms the bedrock of our business with the authority to construct meaningful solutions that are responsive to the scenario at hand, eliminating immediate harm to the vulnerable and enabling responsible and smart reactions. Successful businesses train front-line staff to have the autonomy to adjust guidelines that make sense in the context of the situation and employees are armed with technology that supports decision-making.

Empowering front-line staff will be achieved in tandem with a significant realignment and organization of our technology office to achieve state-of-the-art solutions for staff and the public we serve.

Historically, the Information Technology (IT) office of the Department was primarily focused on data center management and the post-implementation support of large-scale systems and statewide technologies. Minimal controls, standards, and processes have been established for coordination and approval of technology procurements and numerous cross-agency workgroups have been assembled to define IT standards through collaboration.

Major initiatives, such as the development and implementation of our public assistance and Medicaid eligibility system and the statewide child welfare case management system, have been the responsibility of program offices for development and gradual transfer to IT for maintenance. Within program offices, however, numerous smaller technology projects have developed over time but without an enterprise-wide solution, such as a case-tracking system for electronic transfer of approval records when children move across state lines, quality assurance databases, child death inventories and other discrete systems.

Welfare Eligibility Redesign

The ACCESS program, a national model in performance, needs to create further administrative efficiencies in its service delivery model. By helping customers better utilize existing and upcoming technology to its fullest extent, ACCESS will be able to continue to deliver exceptional services at a lower cost. Our goals are to:

- Maximize automation and technology to perform functions that do not require staffing. Develop a marketing plan and materials with



consistent messaging, and more training on use of technology.

- Centralize mail and scanning functions to one Mail and Scanning Center as an outsourced service contract. This will increase efficiency, while making it easier for customers to know where to report information.
- Department contractors who perform direct services to low-income persons will be required to become ACCESS Community Partners as a condition of receiving continued funding.
- Further increase registrations and use of MyACCESS Account. Reduce the number of phones in storefronts and lobbies and increase the number of computers and scanners to encourage use of MyACCESS Account.

Early business plan changes include:

- Establish Office of Public Benefits Integrity
- 90 percent MyACCESS Account registration
- 75 percent of processors telecommuting
- Regionalize specialty functions
- Centralize and outsource mail and scanning functions
- Reduce information-only calls to the call centers through self-service

Future program improvements include:

- Replace the FLORIDA system:
 - assure long-term viability and efficiency
 - assure national leadership and integrity
 - ease activity for reprogramming future changes
- Move interview function to call center environment
- Transfer change processing to case maintenance units
- Create single-sign-on capability for systems
- Automate some eligibility functions
- Conduct feasibility study on automation of:
 - benefit calculations
 - processing of data exchanges and alerts
 - customer notices for documentation

Florida Hotline Transformation

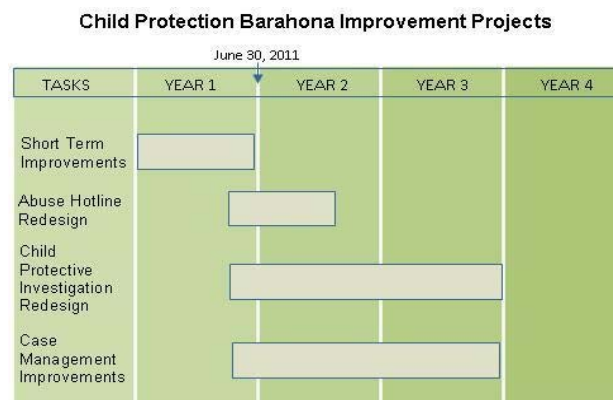
Transformation of the Florida Abuse Hotline into a Command Center will be supported by a number of strategic technology initiatives, including the following:

- Implement integrated Web-based abuse reporting for professional reporters or report capture and entry directly into the statewide child welfare system and extend automated notification capabilities for capture, distribution and action tracking and management.
- Create new Hotline staff training materials to further professionalize their information-gathering and assessment skills when interviewing reporters alleging abuse or neglect of a child or vulnerable adult.
- Reengineer and implement a consolidated investigative assignment business process and streamline investigator operational responsibilities for increased attention to child protection and risk response.
- Deploy an automated reporting, performance and monitoring environment for the Abuse Hotline and operational, command center response and management monitoring.

Child Protective Investigations Redesign

Transformation of the Child Protective Investigation process will be supported by a number of strategic technology initiatives, including the following:

- Eliminate non-core activities currently conducted by investigators.
- Streamline assignment, approval, and case management workflow functions within the statewide system to eliminate duplication and increase efficiency across the life cycle of child protective investigations.
- Simplify administrative requirements to free both investigators and supervisors from bureaucratic functions that take valuable time that should instead be spent with families.
- Implement two-way child safety and risk information identification to enable integration and collaborative involvement of community partners, including schools, law enforcement, medical and other professionals.
- Integrate and streamline access to data and technologies to enhance efficiency and access to information that can enable a CPI to complete the investigation process.



Case Manager Accountability and Information Management

Transformation of Case Management processes will be supported by a number of technology initiatives, including the following:

- Develop enhanced alert and notification processes and workflow in the statewide system that properly categorizes, escalates and manages the presentation of alerts to workers and managers based on level of child safety and risk.
- Design two-way child safety and critical information identification, notification, and access function within the statewide system to integrate involvement of community partners, including schools, law enforcement, medical, guardian ad litem, court and other professionals involved in the decision-making and assessments pertaining to the well-being of a child.

Goal: Empower Frontline Staff



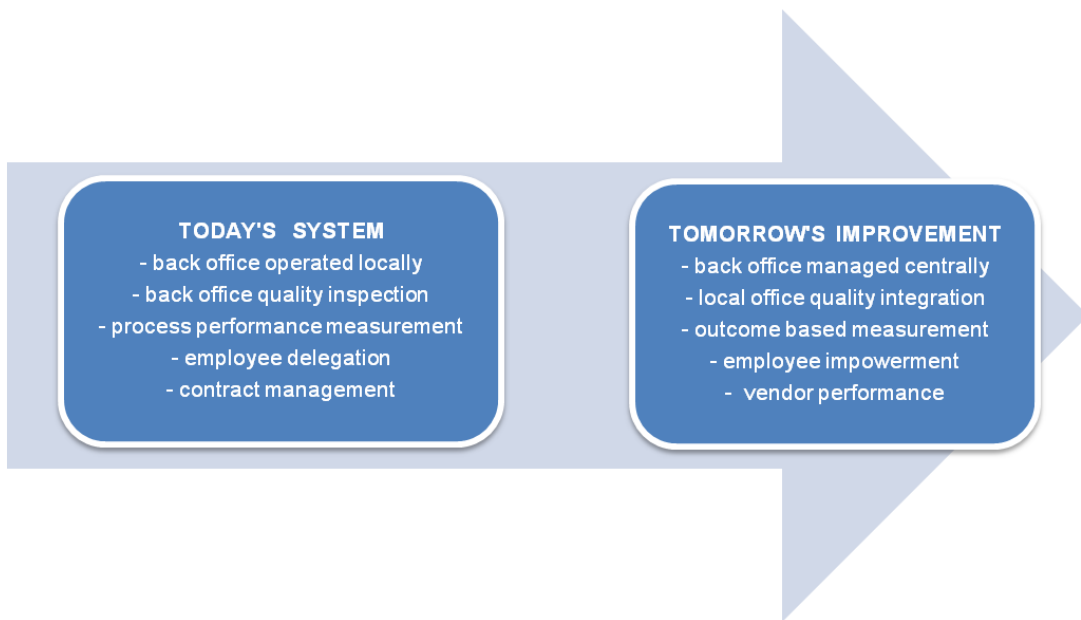
<p>Public Assistance Eligibility Redesign</p>	<ul style="list-style-type: none"> •Technology transformation will increase customer self-service and use. •The consolidation and outsourcing of certain administrative functions will reduce government. 	<ul style="list-style-type: none"> •The public will experience an automated system for eligibility determination that is streamlined and user-friendly. •Cost savings are realized through staff efficiencies.
<p>Florida Hotline Transformation</p>	<ul style="list-style-type: none"> •Hotline staff professional development and technology improvements will enable staff to effectively assess and prepare thorough background for calls that meet the statutory requirement. 	<ul style="list-style-type: none"> •Citizens who make calls to the hotline will experience a prompt and professional response.

<p>Child Protective Investigations Redesign</p>	<ul style="list-style-type: none"> •A reduction in staff turnover will be achieved through improved career model, elimination of non-core activities, and better decision-making supports. 	<ul style="list-style-type: none"> •Investigative responses will be proportionate to the need. •Manageable caseloads will help ensure that only those families that warrant an intervention will receive an investigative response and services to improve a child’s safety and well-being.
<p>Case Management Redesign</p>	<ul style="list-style-type: none"> •Case managers will realize enhanced child and family safety assessment capabilities and efficiencies in time management through the development of alerts and information-sharing. •Case managers and stakeholders will improve their communication through processes that identify the need to escalate case reviews for child safety issues. 	<ul style="list-style-type: none"> •Children will receive optimal supervision by case managers and stakeholders through improved technology that urges the communication and convening of professionals when risk factors are high and safety concerns are identified.



Effect Program Improvements

Effecting Program Improvements is drawn from the premise that the citizens of Florida demand and desire a state government that operates in the most efficient means possible, utilizing the resources provided to it. This will be achieved by applying proven best practices in the private sector to our overall governance and operational models at DCF. There are five key principles that will drive this change over the coming years as depicted below.



Shared Services Implementation

The Department operates in a two-tiered organizational model – headquarters to set policy and operational expectations and six regional offices to implement requirements and achieve desired outcomes. While great emphasis has been placed on maintaining a strong and fairly autonomous regional leadership model, there remains a counter-productive tension between headquarter desires for *uniformity* in conduct and regional necessities for *differences* in conduct. Currently in place is a system of service delivery that

Shared Services involves bringing together a set of back-office or front-office services common to multiple organizations. These services tend to share relatively standard end-to-end process and associated enabling technology. The relevant parts of these services are placed into a single delivery structure that is customer focused and performance managed.

-IBM Business Consulting Services, 2005,
Shared Services: Raising the Game in the Public Sector

distributes the bulk of the operational responsibility to the regions. Although there are numerous benefits to this approach, over time this has created redundant processes and oversight of business practices. Moreover it has created distractions to the front-line of service delivery by offsetting valuable focus of our key leadership to service those as needed by the time and cost commitment to primarily back office operations.

We have focused on lowering the portion of our budget allocated to administrative costs to 4 percent by 2013.

A shared services organization at many companies is the primary method through which human resources, finance, general services, technology and other support functions are performed. Shared services is not just centralization and cost reduction. It is also about quality improvement in service delivery. These changes will be accomplished through:

- Centralized customer focus
- Dedicated organizational mission focus
- Streamlined business
- Improved use of technology
- Increased service delivery outcomes
- Ability to leverage scale.

The shared services model will first be implemented through a significant reorganization of administrative functions that reduce bureaucratic processes that are developed when a strict centralization or regional model of fiscal governance is in place. Overhead costs associated with administrative staff needed to support ongoing budget, finance and contractual duties will be decreased.

Integration of Substance Abuse and Mental Health Services

This is an exciting time to achieve meaningful reforms in the delivery of services that capture local community investment and reduces expensive out-of-home services while building community supports that lead to lasting change. To facilitate these reforms, the Substance Abuse Program Office and the Mental Health Program Office have combined at the headquarters level, thereby reducing duplicative administrative overhead. The SAMH Program Office will be primarily a functional organization with:

- Performance support (data, finance, and contracts),
- State treatment facilities, and
- Policy, performance/quality improvement, substance abuse services, and mental health services units.

The circuits will be regionalized and aligned with the functional organization of headquarters.

State Treatment Facility Improvements

The Department operates or contracts for the operation of seven mental health treatment facilities. Their mission is to provide the highest quality treatment, services, and supports to empower individuals to be actively involved in their recovery and to ensure their timely and successful return to the community or courts.

State Operated

- Florida State Hospital
- Northeast Florida State Hospital
- North Florida Evaluation and Treatment Center

Contracted

- Florida Civil Commitment Center
- South Florida State Hospital
- South Florida Evaluation and Treatment Center
- Treasure Coast Forensic Treatment Center

Four key actions have been identified by the state-operated facilities to improve cost efficiencies:

- Centralize administration

- Outsource/privatize certain support functions which could result in cost savings
- Establish partnerships with the Department of Corrections to implement reciprocity of resource use, such as medical care of residents, use of inmate labor, etc.
- Optimize staff-to-resident ratio.

Civil and Forensic Redesign

The Substance Abuse and Mental Health (SAMH) Office will develop a system to benchmark progress toward sustained recovery for all individuals and work with providers and other stakeholders to serve target populations in justice, health care and mental health treatment systems. To achieve a community-based system of care, the Department will work with the Legislature and our providers to:

- Transfer resources from mental health treatment facilities to community- based care
- Create an electronic health record for individuals receiving behavioral health services in order to improve individual outcomes and support resource planning and allocation

Public Assistance Fraud

The Office of Public Benefit Integrity (PBI) has been created to enhance the Department's efforts to prevent, detect and recover public assistance and Medicaid fraud. Technological advancements within the ACCESS Program are significant but need further improvements and enhancements. Beginning with a review of the Department's existing systems, PBI will:

- Seek innovations in information technology, including the prevention of identification theft
- Develop changes designed to more effectively combat fraud and loss
- Increase the recovery of improperly paid benefits.

Throughout its planning and operations, PBI also will focus on the successful development of clients and their advancement toward economic self-sufficiency by promoting their exposure to job opportunities through the application of information technology and innovation. PBI has been tasked with implementing the 2011 Florida law requiring drug testing for temporary cash recipients (TANF), as well as serving as Secretary Wilkins' designee to the Florida Medicaid and Public Assistance Abuse Strike Force. In addition to the above, management of the two DCF divisions currently performing fraud prevention and recovery - ACCESS Integrity and Benefit Recovery - are being centralized within PBI.

Isolated from the overall ACCESS program, these functions are being analyzed for greater efficiency and opportunities for improvement.

Refugee Services Integration

The goal of Refugee Services is to assist newly-arrived refugees to become self-sufficient and integrate into Florida's communities. To achieve this, the program manages multiple contracts in each region of the state with a large refugee population, with each contract covering a distinct type of service.

Secretary Wilkins has called for the implementation of a pilot project in Orange County to shift from seven contracts for services into one contract that enables the provider to tailor services to the specific needs of individual families. The shift will:

- Help clients by streamlining the intake and assessment processes
- Operate more efficiently through the reduction of procurement and contract functions
- Helps providers by providing more flexibility to customize service delivery to particular needs of clients and families.

Human Resources Strategy

One of the greatest strengths of a Department charged with serving people is that the workforce is generally filled with people who feel an internal calling to serve others in need. Like law enforcement, medical, therapeutic and teaching communities, social service attracts people whose goal is to have a direct and positive effect on others. Over time, the Department has become a highly specialized workforce, but when professional development paths are not seen as a priority for the organization, it threatens the passion and optimism essential to this line of work. The striking turnover rate of child protection investigators – more than 30 percent annually - significantly harms the business with financial and personnel burdens of continually training new staff. A continual influx of professionals who change careers just as they are developing their expertise undermines the state's need for seasoned employees whose contribution potential is significant.

Under the design of Secretary Wilkins, a human resources strategy will be implemented to invest in our staff through:

- Institutionalized career management process
- Succession planning
- Leadership training
- Restructuring job classifications

- Performance reviews that are continual and meaningful
- Emphasizing health at work and at home.

Goal: Effect Program Improvements



Back-office Services	<ul style="list-style-type: none"> The Department will significantly reduce overhead costs and improve quality associated with staff needed to support functions through consolidation and outsourcing of administrative duties. 	<ul style="list-style-type: none"> Cost for service reductions. Improve business performance through satisfaction surveys.
Human Resources	<ul style="list-style-type: none"> Professional development and leadership training will enable employees to broaden their expertise and diversify their contribution to the mission of the Department. 	<ul style="list-style-type: none"> Reduced employee turnover. Improved job satisfaction.
State Treatment Facility Improvements	<ul style="list-style-type: none"> Cost efficiencies will be realized by centralizing the administration of state-operated facilities and the establishment of shared services with other state agencies. 	<ul style="list-style-type: none"> Improved cost efficiency. Improved quality of care.
Public Assistance Fraud	<ul style="list-style-type: none"> Through the establishment of the Public Benefits Integrity Office, the Department will increase the recovery of improperly paid benefits and more effectively combat fraud and loss. 	<ul style="list-style-type: none"> Increased identification and enforcement of public assistance fraud.
Refugee Services	<ul style="list-style-type: none"> Combining seven discrete services into one contract will be a cost saving in procurement and oversight functions. 	<ul style="list-style-type: none"> Reduced cost of operating and increase in services performed.

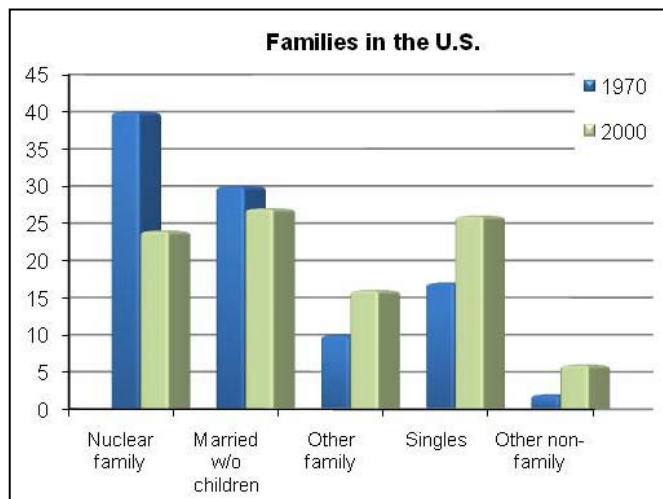
Many requirements that govern the daily behavior of employees with the Department, lead agencies and providers who deliver social services do so with outdated, cumbersome systems and processes that are counterproductive to quality performance or the intelligent use of funding. To implement improvements, this administration will establish standards of excellence that emphasizes:

- Quality over compliance
- Fiscal integrity over chronic budget shortfalls
- Uniformity in systems operations over proprietary preferences that create barriers to data-sharing.

Enable Family Accountability From Entitlement to Empowerment

Today's family does not resemble the traditional composition of the family when Florida's social service agency was founded in 1968. Modern times have seen the progressive breakdown and redefining of what was once typically referred to as the "nuclear family" – a two-parent home where children were nurtured by a father and mother who teamed to lay the foundation for generational progress and happiness. Extended family and local community

members provided crucial supports – ranging from sharing child care responsibilities and reinforcing accepted values and norms. Central to the success of the family unit was an implicit and explicit understanding of accountability. Parents embraced the expectation of raising a responsible generation by modeling gainful employment and service to community as a pathway to achieving the American Dream. Society expected children to become mature, productive adult citizens.



Source: Wikipedia; www.wikipedia.com

This image and model, in part based in reality and in part idealized by memory, has changed regardless of interpretation. Today, our nation continues to thrive under the emergence of a broader set of definition for "family." Our armed forces, workplaces and academic institutions have strengthened and flourished as a result of diversity in gender and race. We have accepted and welcomed a new definition of family – couples with no children; blended families; children in households with one adult; the adoptive parent; as

well as grandparents or relatives who are raising the children of their kin. Society's acceptance has accomplished an important goal of eliminating the stigmas of changes outside the perceived norms of only a generation ago.

Despite variations on family composition and cultural nuances, our society still maintains an expectation that parents will be accountable to their children by equipping them with a work ethic and a moral fortitude that benefits society. Whatever societal changes come and go, the American Dream should be within reach of every child in our country.

These significant shifts, including the loss of extended family support systems as a result of our highly mobile society, have come at a cost that is prominently borne by today's delivery of social services. We have seen the gradual evolution of government-created services to shore up fragmentation of the family.

Today, most single parents honorably do their best to raise their children but often require federally-supported programs for food and housing because of an absentee parent or temporary family crisis. Grandparents find themselves playing a repeat role as parents to offspring of their own children who lack the protective capacities to care for their own.

US Bureau of Labor Statistics 2010	
Families with children who had an employed parent	87 percent
Single Parent Households Headed by a Female Mothers were employed	67 percent
Single Parent Households Headed by a Male Fathers were employed	76 percent
Married Couple Families with Children Both parents in workforce	59 percent

Today's workforce has changed dramatically compared with 30 years ago. Many families are struggling to balance family and work while providing their children with quality care. Working parents with young children are experiencing increased work-family conflict. Today's jobs not only consume more time, they also consume more physical and emotional energy and increase dramatically the need for quality child care to support families in the new millennium.

The Department is mandated to intervene in families to protect those who cannot protect themselves. We are in the business of determining eligibility and providing temporary assistance, including critical links to food, cash, medical, mental health and treatment resources. In addition to the administrative and regulatory functions associated with managing a nearly \$2.9 billion budget, we work in local partnerships to provide a safety net and to help individuals and families make the most of support and resources. We should retreat once an individual or family unit is stabilized. But if we operate a system that provides support and services without expecting personal accountability, we perpetuate the role of government as a crutch and send a message to adults that we accept less than their best effort to achieve self-sufficiency. We send a message to children that relying upon government is a part of their childhood experience and we fail to nurture their innate quest for independence and advancement.

What we do now
for
individuals or families in crisis



Where we need to be
for
individuals or families in crisis

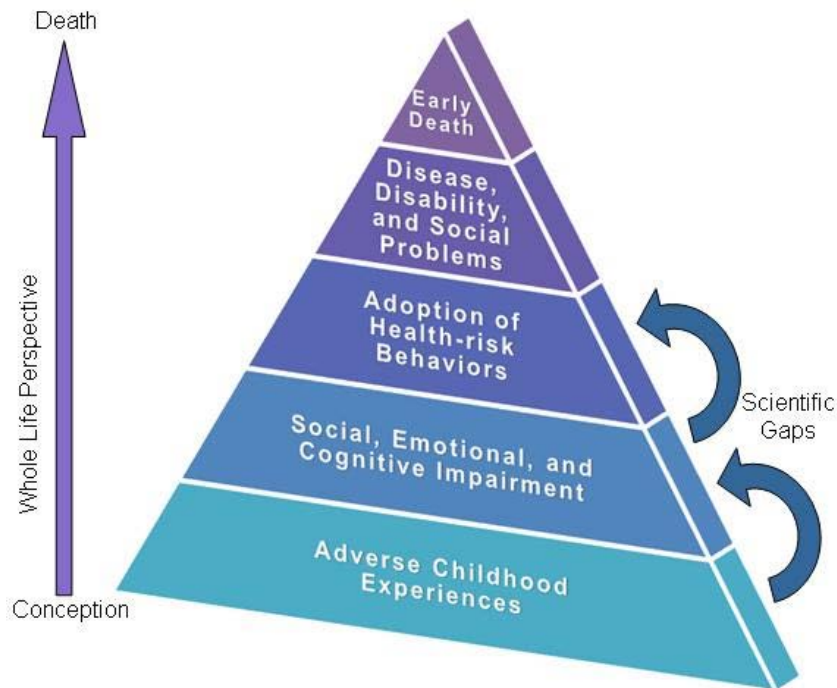


When the Department intervenes in a family due to allegations that a child may be abused or neglected, an investigation may reveal the need for temporary support, or a child may need to be placed in out-of-home care for a certain period of time. Many of our families who receive social service interventions today endured troubled childhoods. Major studies, such as those conducted by the Centers for

Disease Control and Prevention, show certain early experiences are major risk factors for illnesses, including mental disorders, addiction and poor physical health. Recent research has identified the long-term physical and mental conditions associated with childhood experiences such as physical abuse, sexual abuse and neglect. These experiences naturally result in increased rates of teen pregnancy, depression, substance abuse and a host of unhealthy and potentially life-threatening conditions.

The Florida Child Abuse Prevention and Permanency Plan issued by the Executive Office of the Governor in July 2010 identified the Adverse Childhood Experiences (ACE) Study as the basic tenet of its prevention plan. The ACE Study analyzes the relationship between multiple categories of childhood trauma with health and behavioral outcomes later in life. The following are among the categories addressed:

- physical, sexual or emotional abuse or neglect
- alcohol and/or drug abuser in the household
- an incarcerated household member
- mother who is treated violently
- chronic mental illness of a household member
- one or no parents in the home.



The cycle must stop. The linchpin of child safety and well-being hinges on holding parents accountable. When we hold families accountable for making significant, positive life changes, we are responsible for providing reasonable efforts to help families regain control of their lives. “Reasonable efforts” are concepts in both federal and Florida law that must be provided before children can be temporarily or permanently removed from their family. There is a growing body of evidence on the most effective ways of helping families achieve changes and independence. Utilizing these new approaches, the prospects for achieving family accountability have never been greater.

ACHIEVING FAMILY ACCOUNTABILITY

Integrating and streamlining government programs and local community services alike is the key ingredient to helping citizens achieve independence. This administration has the good fortune of being able to access a variety of effective forums and initiatives that will advance our goals.

Florida’s Children and Youth Cabinet

In 2007, the Florida Legislature established the Children and Youth Cabinet in the Executive Office of the Governor. The vision of the cabinet is to ensure that all children in Florida grow up safe, healthy, educated and prepared to join the workforce and aligns with the goal for Family Accountability by ensuring that parents are capably meeting the needs of their children by:

- Following all routine medical check-ups
- Preparing children to learn and succeed in school
- Providing a stable and nurturing home environment.

Governor Scott has complimented the work of the cabinet and their early successes in creating information sharing systems across agencies and establishing measures to track the well-being of children. Teaming with Governor Scott to continue the momentum of the Cabinet will be First Lady Ann Scott, who has been asked to serve as Florida’s Chief Child Advocate.

Secretary Wilkins, chair of the Cabinet, will work closely with the First Lady to advance Family Accountability by strengthening partnerships with other government agencies, as well as the non-profit and private sectors in our communities.

Children’s Services Councils of Florida

Florida is one of the only states in the nation to have a law that enables local communities to create a special district for the purpose of investing in children’s services. Children’s Services Councils (CSCs) provide funding for primary prevention and early intervention programs that promote positive family functioning. Through collaborative efforts with agencies, officials and service providers, councils work to improve young lives by making strategic investments in the well-being of Florida’s children. In its mission to promote policies that build effective prevention and early intervention systems, they focus on four key areas:

- Advocacy – Advance a prevention and early intervention agenda for children at state and national levels
- Awareness – Educate local communities, policymakers, businesses, community leaders and organizations about the work and worth of CSCs
- Relationships – Build productive partnerships with individuals and organizations interested in making smart, strategic investments in Florida’s children and their families
- Expansion – Help communities to maximize their return on investment by establishing a children’s services council in every Florida county.

Local counties can be encouraged to pursue the establishment of councils, either as a funding source through local referendum or as a conduit to coordinate community services that have the power to affect Family Accountability.

Preparing our Children and Youth for Success

Familiarizing oneself with the ages of children available for adoption reveals that many are teens and this population is close to becoming the majority of children in out-of-home care. Just as we should demand Family Accountability to residents who need aid, we must demand that same accountability for children who are in the care of the state. For the sake of the future of our young adults, we can no longer afford to allow them to “age out” of foster care with few incentives and insufficient support to master the daily financial, social, educational and employment requirements that lead to productivity and pride in personal accomplishment. We have not set forth a uniform expectation to sustain a targeted recruitment for potential adoptive homes or reassessing potential relatives or providing suitable mentors or interveners for this population in our care.

A recent comparative analysis of aggregate educational data between children in foster care and the general population reveals:

- Children ages 7-18 are much less likely to be in an age-appropriate grade-level compared to the general population
- Our foster care children are much more likely to have a disability, experience multiple, disruptive school changes and drop out
- While 83 percent of 12th graders will graduate with a standard diploma, this is true for only 47 percent of our foster care 12th graders.

Florida currently offers three Independent Living Programs to support young adults transitioning from foster care. A blend of state and federal dollars allocated to these programs is used for the continued support while these young adults pursue academic or career choices.

Aftercare Support Services are available to assist young adults who were formerly in foster care to continue to develop the skills and abilities necessary for independent living. The aftercare services available include mentoring and tutoring; mental health and substance abuse counseling; life skills classes, including credit management and preventive health activities; parenting classes; job and career skills training; counselor consultations; temporary financial assistance; and financial literacy training.

Transitional Support Services include appropriate short-term (three months) funding and services, such as financial, housing, counseling, employment, education, mental health, disability, and other services. To qualify, the young adult must demonstrate that the services are a critical component of their efforts to achieve self-sufficiency and to develop a personal support system.

The Road to Independence Program (RTI) is intended to help eligible students who are former foster children receive the educational and vocational training needed to achieve independence. RTI provides direct stipends to young people based on their living and educational needs up to the amount of earnings that the student would have been eligible to earn working a 40-hour-a-week federal minimum wage job.

Road to Independence (RTI) Recipients

Age	February 2011 Count
18	774
19	652
20	467
21	352
22	271
TOTAL	2,516

While 78 percent of those aging out of foster care will initially receive RTI funds, the attrition rate for the same population is as follows:

- at age 19 – only 51 percent are still receiving benefits
- at age 20 – participation is reduced to 38 percent.

Many of these young adults experienced setbacks in obtaining high school diplomas during their time in foster care and they transition into living environments that are funded through the program with minimal expectations and insufficient adult role-model supports to set them up for success. This population can benefit from a new approach that incorporates principles of family accountability. It is worth analyzing circumstances surrounding the young adults who complete - and those who drop out - of RTI and the role of meaningful mentor or other supports each group experienced.

This administration will be working with our lead agencies and the Legislature to improve the programs and services we can provide to this at-risk group of teens and young adults. In business, we learn to identify major problem areas and focus, focus, focus on the issues until creative solutions can be found. We are not suggesting “throwing money at the problem” but rather engaging the best minds to design the master plan for a statewide solution available to all of our young adults in care. One method which can offer these outcomes is the implementation of enhancements to the Independent Living Program. Appropriate changes could discourage protracted time frames for young adults to receive their high school diploma or GED and emphasize academic and employment expectations. We can also employ a more aggressive search to match youth with stable and healthy relatives, adoptive parents or community mentors. No youth should age out of care without the types of supports and parental-like guidance that other young adults are able to lean upon as they take on the challenges of adulthood.

Everybody’s a Teacher is an exciting statewide approach to harnessing the energy and talent in each community to bring about significant reform in the academic outcomes for our youth and teens in care. Established in December 2010, the “Everybody’s a Teacher “ campaign brings together key stakeholders in the local school systems to collaborate with

community based system of care to plan the support, mentoring and success of children in care. A Web page has been established on the Department Internet site to share best practices in driving this initiative forward. The goal is to have a completed action plan for every circuit by September 2011 that includes how local communities are going to measure the improvement in educational outcomes over the next school year.

Quality Parenting Initiative

The Quality Parenting Initiative is a joint project of the Youth Law Center, Florida's Department of Children and Families, 15 community-based care agencies and the Eckerd Family Foundation. The project goal is to ensure that every child removed from his or her home because of abandonment, abuse or neglect is cared for by a family that provides skilled and nurturing parenting, helps him or her maintain connections with his or her family and is a respected partner with participants in the child welfare system including the agencies, caseworkers, courts, attorneys and others. This successful initiative focuses on helping community based care lead agencies provide an array of supports for foster parenting for their community. By wisely establishing a child-centric approach to reforming local practice, parents, foster and adoptive parents and other caretakers are looked to as the experts in creating systems of change. Among the many accomplishments of the initiative, a "Just in Time" web based training has been launched so that skill training is available for families on topics as they need it - when they need it.

Drug Testing

The Department has acted swiftly to implement the law passed by the 2011 Florida Legislature requiring drug testing for new Temporary Assistance for Needy Families (TANF) cash assistance applicants. Temporary cash assistance is separate from the food assistance program. It is intended to support the clothing, food or shelter needs of a child. All recipients are notified at the time of application that they have a responsibility to use the cash assistance for the benefit of a child. They are not required to verify how the benefits are used, but are cautioned that improper use could result in a fine, time in jail or both. The deployment of the TANF drug testing policy creates an environment that excludes illegal drug use for the population of individuals who apply for cash assistance. Those enrolled in the TANF program will be required to obtain a drug screen as a condition of their continued eligibility. If a client produces a positive drug test result, they will be able to identify a family member to serve as the recipient of the assistance on behalf of the child. The Department will ensure that available self-help programs and treatment services are communicated to the applicant. Those whose drug screen is negative for illegal drug use are reimbursed for the cost of the test through their TANF payment. The overall goal enacted by the legislature aligns with the principle of accountability; to greatly increase the chance for recovery - economically, physically and spiritually.

Prevention and Diversion

Prevention and diversion services are the cornerstone of the Department's mission to strengthen families and assist them in becoming responsible and self-sufficient. The agency's aim is to reduce the likelihood of homelessness, domestic violence, abuse, neglect or suicide by preventing childhood trauma to children. The burden of these societal ills, coupled with the enormous cost of these problems to taxpayers makes them a pressing concern for all. The Department's investment in prevention and diversion is most visible in the development of systems of care for child welfare through community-based lead agencies – where more than \$750 million annually is directed to the creation of neighborhood networks of service providers whose job it is to ensure child safety.

Interagency Relations

Governor Scott has required all agencies to conduct a thorough critique of agency functions with the expectation that there will be sweeping regulatory reforms, reduction in spending and government accountability to tax payers. This mandate will result in a new way of communication and collaboration among the agencies. Through the appropriate exchange of information on individuals and families served, we will achieve new standards for the effective and efficient integration of services. Moreover, it will create the platform to expand the Family Accountability agenda to our partners at the Agency for Workforce Innovation, Department of Juvenile Justice, Agency for Health Care Administration, Department of Health and the Department of Education.

Goal: Enable Family Accountability



<p>Transformative Family-Centered Training</p>	<ul style="list-style-type: none"> The Hotline will experience a decrease in the repeat calls to the Hotline and decreased investigations on the same caregiver. 	<ul style="list-style-type: none"> Families will experience meaningful engagement and assistance in keeping children safe through the sweeping changes to training and supervision of child protective investigators and case managers.
<p>Youth Aging Out of Care and Youth Success in Career Preparation</p>	<ul style="list-style-type: none"> Fewer youth will age out of care without a permanent family or strong community mentor supports and community engagement experiences. 	<ul style="list-style-type: none"> Reduce number of children aging out of care and increase academic success and job placements.
<p>Road to Independence</p>	<ul style="list-style-type: none"> ACCESS will experience reductions in the length of time individuals and families are enrolled due to new emphasis on temporary nature of food and temporary cash assistance. Substance abuse and mental health providers will report an increase in clients who successfully complete evidence-based treatment programs. Employers will engage in hiring more community members. 	<ul style="list-style-type: none"> Individuals and families who are eligible for assistance will be linked to employment potentials with the goal of eliminating their reliance on government help. Crime/Recidivism will decrease. Communities will be healthier and stronger when parents can safely and independently raise their children in their own homes.

The Department of Children and Families intends to promote a Family Accountability movement in all of our program areas. This will require a culture change to reach a new level of maturity in our ability to help people realize their quest for a purposeful life. It will be accomplished through:

- Focusing on long-term cost-saving plans like prevention, early intervention and support through the continued expansion of programs such as Healthy Families Florida,

Head Start, community-based substance abuse and mental health services, particularly focused on community health and wellness indicators

- Targeting individuals and families receiving ongoing food or cash assistance who are at risk of requiring deep-end services
- Delivering parenting and mentoring resources to youth at risk of aging out of care without a permanent family connection
- Managing systems of care for substance abuse and mental health disorders that focus on increasing youth and family engagement in prevention treatment and recovery support.

Engage Communities **From Invention to Industrialization**

People take personal responsibility when they understand they are in charge of their future. This is a founding tenet for Family Accountability and why it is essential for our system to become a path for personal independence. Communities function better when they are not dependent upon services provided by outsiders. In the bestselling book, “Reinventing Government,” the authors promote a community-owned government that builds upon the American tradition of creating self-help organizations. Key elements that make the strong business case for the Department to serve as the community incubator of ideas are founded on these principles with themes parallel to the concept of family accountability:

- Communities understand their problems better than government
- Government offers “services” while communities offer “care”
- Communities are more creative and flexible
- Communities enforce positive social norms more effectively than bureaucracies.

Community-offered services and resources are located where the need is great; they are easy to apply for and affordable or at no cost. The Department has enabled this through the creation of community based care, substance abuse and mental health community programs and the deployment of ACCESS partnerships to simplify enrollment for food assistance and Medicaid. Providers typically create a supportive environment for families to be receptive to assistance. Elegant in their simplicity, community programs also have the significant advantage of aiding individuals and families in need with minimal or no government intrusion.

The movement from an era of “invention” to “industrialization” in our delivery of social services empowers, promotes and integrates communities. We have experienced a time of great invention and are on the vanguard nationally for our establishment of community-

based care entities to deliver child welfare services. By applying the principles of industrialization in a social context, we seek the replication and, importantly, standardization of optimal performing programs and practices with demonstrated success. Industrial advancements for societies are the result of highly developed philosophies or processes matched with the intelligent use of resources and technology. Our lead agencies are poised to industrialize their best practices and reach a new level of outstanding responsiveness to community needs. Industrializing high performance programs means leveling the playing field to ensure that all citizens in our state can access needed supports. Our state can be the world class model of a system of communities that:

- Advances child well-being
- Promotes community integration
- Builds permanent connections for youth.

Community Empowerment Programs

Florida has experienced successes through public-private partnerships and faith-based outreach. Many programs are considered replication models to build upon throughout our state. Following are some of the wonderful examples of communities bringing together their talents and use of resources to create caring environments that add to the quality of life and forge partnerships with volunteers and businesses.

Jacksonville Neighborhood Centers

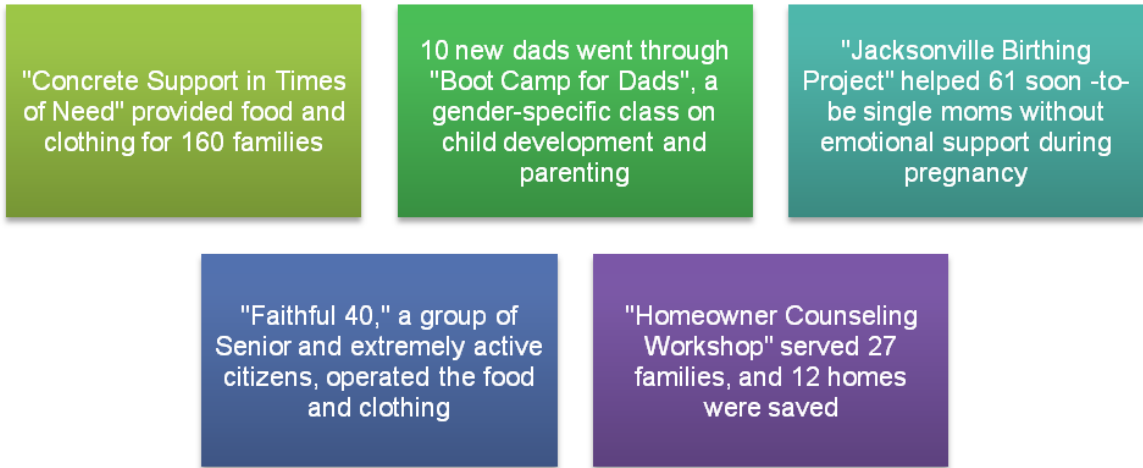
The Neighborhood Center Concept has been proven to be an extremely useful primary prevention tool for communities and families in this area. The Neighborhood Centers are located within neighborhoods so services are within walking distance and easily accessible.

Today, there are three Neighborhood Centers available: Cassat House, the Family and Children Intervention Program to assist these residents with the goal of preventing child maltreatment from occurring, and the Schell-Sweet Community Resource Center.

- Cassat House provides an after-school tutorial program for neighborhood children and several successful Family Fun Days where residents can access benefits, food distribution, resource referrals and much more.
- The Family and Children Intervention Program is a faith-based initiative that has served more than 300 families over the past three years. The program provides counseling, intensive case management, life skills training and parenting classes, and other services. It engages the entire family, helping them turn their lives around with self-sufficiency as the underlying goal.

- The Schell-Sweet Community Resources Center is an inter-generation approach to community care in a unique partnership with Family Support Services, the lead community based care agency; Edward Waters College and the City of Jacksonville. More than 1,800 people have been served by the community clothing and food distribution at this site in nine months. The food distribution is provided through a partnership with Second Harvest Food Bank.

The neighborhood centers have also brought to the community in May 2011:



Miami Children’s Initiative

The Miami Children’s Initiative is a 10-year community development project to provide the children and families of Liberty City with educational opportunities, accessible health care, after-school and summer programs, and eventually, employment. The program is modeled after the successful Harlem Children's Zone in New York. The priority for the Miami Children’s Initiative is to define and implement strategies to ensure that parents and children/youth remain engaged and actively involved in stimulating educational environments from pre-school through successful high school completion. Their community events in early 2011 include:

- Publix hired a nurse and nutritionist to serve as educators on nutrition and food, conduct cooking demonstrations, instruct on how to read labels, etc.
- The parks and recreation department invited parents to children’s events and local star athletes participated in activities at the parks.

Library Partnership in Gainesville

In June of 2009 a cooperative effort from Casey Family Programs, the Department of Children and Families, the Partnership for Strong Families, and the Alachua County Library District opened the Library Partnership-Neighborhood Resource Center in a vulnerable neighborhood with high rates of child maltreatment. The goal was to strengthen families by offering help and resources in times of crisis. It was conceived and planned as a collaboration to boost primary and secondary child abuse prevention efforts. With more than 25 agencies offering services, this partnership is the only one in Florida of its kind and has drawn national attention and awards. The Library Partnership serves an average of 800 people monthly and has been recognized by the Harvard Kennedy School with a Bright Ideas Award for Innovations in American Government.

One Voice for Volusia

One of the most compelling community innovations in substance abuse is the development over the last decade of community coalitions. One Voice for Volusia is the focal point of the community and builds the collaboration necessary to integrate substance abuse prevention, treatment and recovery into child welfare, public health, criminal justice and primary care. It is one of more than 50 community coalitions operating in Florida and actively engaged with the Department's Substance Abuse and Mental Health Program Office. One Voice for Volusia uses a data-driven community planning model to mobilize their community to create awareness, improve resource utilization and monitor outcomes for children and families. It is a nationally recognized model used by other coalitions in Florida and around the nation.

Business Partnership in Orlando

Winter Park residents and Panera franchise owners Gavin and Annette Ford own 31 Central Florida Panera cafes. In partnership with the Department and the Foundation for Foster Children (serving Orange, Osceola and Seminole counties), they developed an employment/recruitment program for foster youth. More than 45 foster children have worked in Central Florida Panera restaurants during the last two years. In May, Panera also teamed with the Orlando Magic to raise money for the Foundation.

Unite Escambia's Poverty Solution Team

The goal of Unite Escambia's Poverty Solution Team is to reduce poverty. This effort works to fight poverty at both community and individual levels. It focuses on educating the community on the causes and effects of poverty, including training all child welfare staff on the effects of poverty on families. Its Bridges to Circles program, which is led by Catholic Charities, provides financial and resource training to individuals, helps them develop a plan to lift themselves out of poverty and then provides support and encouragement through community volunteers who act as family "allies." Team accomplishments include helping

families purchase homes, financially supporting people to enroll in college, matching people with jobs and even starting their own business.

Forensic Alternative Center

An example of a successful community forensic program is the Miami-Dade Forensic Alternative Center, a 10-bed forensic commitment facility. This program has contributed to a reduction in the number of individuals from Miami-Dade County committed to the Department for placement in a secure treatment facility.

Promising Prevention Programs

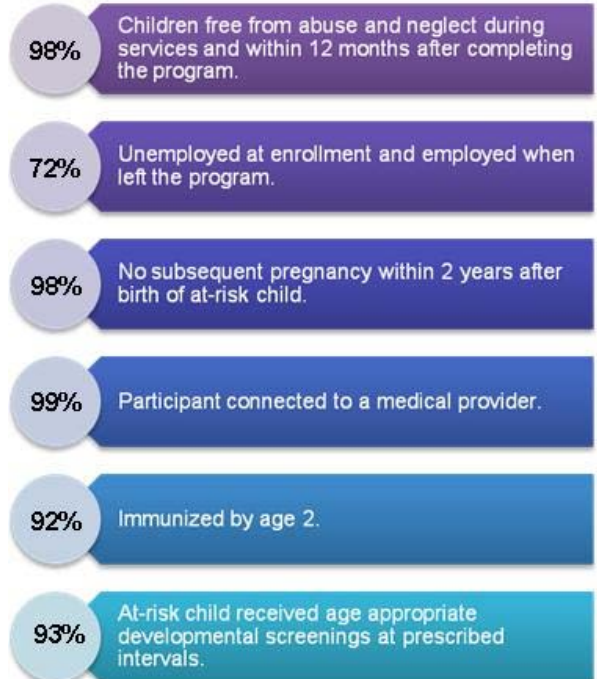
Housed under the Ounce of Prevention Fund of Florida, Healthy Families Florida is the Department's largest contracted provider for prevention services. This nationally accredited, community-based home-visiting program contributes to the economic prosperity of this state by preventing child abuse and neglect, promoting healthy child development and improving family self-sufficiency. A rigorous five-year independent evaluation and follow-up study prove the program prevents child abuse and neglect.

The program statistics featured here are based on tracking of families for a 12-month period after Healthy Families Florida has terminated services. It demonstrates strong success in connecting parents to their communities through employment and medical care. In addition, and most importantly, the vast majority of children served do not come to the attention of the Abuse Hotline within 12 months after completing the program.

The most common risk factors shared by Healthy Families participants include:

- 84 percent are single parents
- 46 percent experienced abuse as a child
- 50 percent have no GED or diploma
- 34 percent had an addicted parent
- 32 percent had prior system involvement

Healthy Families Florida 2010



Whole Child Florida connects parents to community resources that promote the well-being of children from birth to 5 years of age by focusing on the quality of milestone experiences

for these early years. Whole Child uses Web-based technology called the "Whole Child Connection" to:

- Assist families in identifying the needs of their young children
- Connect families with appropriate service providers
- Encourage and enable service providers to build collaborative networks
- Enable communities to identify gaps in service and assess their progress in ensuring that all children thrive.

The Lawton Chiles Foundation provides seed money for Whole Child Florida, which offers designated communities the leadership and guidance to reach their goals for young children. Whole Child Florida helps link technology partners with statewide organizations such as the Florida Children and Youth Cabinet, Children’s Services Councils, the Florida Association of Early Learning Coalitions and the Florida Association of Healthy Start Coalitions Whole Child Florida.

Florida’s Head Start is the only comprehensive preschool program to provide services to the most vulnerable of the population. Head Start provides education, health and social services to eligible families with the goal of ensuring the children enrolled are ready to start school. Education includes pre-school education to nationally set standards that have become the de-facto standards for pre-school in the U.S. Health services include screenings, health check-ups and dental check-ups. Social services provide family advocates to work with parents and assist them in accessing community resources. The core values of Head Start are:

- All children should reach their full potential
- Every child can succeed
- We can impact the success of "at risk" children
- Quality early education fundamentally transforms children and families.

Child Welfare and Community-Based Care

The Florida Legislature privatized child welfare functions traditionally conducted by the Department. By July 1, 2005, all foster care, adoption and related protective supervision services were contracted out to lead agencies around the state. Also during this time, the Department



evolved from a headquarters-driven organization to a regional structure created and designed to achieve decentralization of functions.

On the national child welfare scene, Florida is distinguished for its statewide implementation of privatization of foster care and adoption services through the model of community-based care. We have the distinct privilege of being the first state to enter into a full waiver of Title IV-E federal funding, which frees us from antiquated, bureaucratic barriers to providing services to children and their families. We have achieved record-setting adoptions and received financial incentive awards. We have the distinct reputation of successfully contracting out child protection investigative responsibilities in seven law enforcement jurisdictions. Our deliberate efforts to significantly and safely reduce the number of children in out-of-home care have been very successful.

In partnership with our community-based care agencies, an Efficiency Initiative has been created with the goal of bringing about competent and effective processes for both the Department and providers. The seven areas of focus are:

- Quality
- Prevention / Diversion Reporting and Automation
- Child Well-being: Health, Education, Post-Adoption Services
- Community Integration
- Community Foster Youth whose permanency goal is Another Planned Permanent Living Arrangement (APPLA)
- Procurement redesign
- Statewide Automated Child Welfare Information System (SACWIS) compliance and consistent use of Florida Safe Families Network (FSFN).

Economic Self-Sufficiency and Community Partnerships

Our ACCESS (Automated Community Connection to Economic Self-Sufficiency) program offices throughout the state have established 3,397 community partnerships - 367 of which are faith-based - to provide outreach services and enroll qualified persons for food and temporary cash assistance and Medicaid. The new Office of External Affairs will engage communities to assist with the longer-term goal of reaching a state of personal independence. The goodwill and sustained presence of these community partnerships should be engaged as agents of hope by also linking qualified persons with employment opportunities.

Substance Abuse, Mental Health and Regional Systems of Care

The Department is establishing Regional Systems of Care by contracting with a single organization representing local providers and their community. These use data-driven, outcome-focused decision-making to ensure their community-based services improve access, quality and successful outcomes. With two such regional systems of care currently in operation, the Department's goal is to achieve statewide implementation of systems of care over the coming year.

The Department integrates its services with child welfare, justice, education and primary care. Its major initiatives include trauma-informed care integration; community mobilization; Screening, Brief Intervention and Treatment Referral for primary care settings; and establishment of an Electronic Health Record to improve service delivery and positive outcomes for those it serves.

The Department's regional Substance Abuse and Mental Health Program Offices routinely engage communities and their community stakeholders, including children and families served. The Department continues to strengthen its work by assuring that:

- Prevention and diversion services developed by local communities invite and encourage individuals and families to seek help in an effort to reduce and eliminate government solutions so long as the vulnerable are not at risk of harm
- Faith-based and private organizations continue to be engaged.

ADVANCING COMMUNITY ENGAGEMENT

Now is the time to engage our community partners to achieve a fully developed system that places communities at the heart of designing and offering solutions to the complex challenges in their neighborhoods. Our communities can be positioned to provide individualized support for struggling families so the involvement of the Department is the last defense between crisis.

This administration will dedicate existing resources to revitalize and elevate the community-sponsored ground work that has been laid in child welfare, substance abuse and mental health treatment and our food assistance, cash and Medicaid eligibility programs.

We will engage more organizations in our privatization initiatives. Through Secretary Wilkins' establishment of the Office of External Affairs, our stewardship in developing local private-public partnerships will lead to a greater success in steering citizens to non-governmental, locally-designed solutions for citizens. Key initiatives of this newly established office are:

Breaking the Cycle Initiative

The disproportionate representation of African-American children in Florida’s child welfare system has been studied and analyzed in recent years, without a statewide approach to solutions. Almost 40 percent of the children in out-of-home care are black, and 37 percent of the children who are living with their parents under protective supervision are black. Research indicates that black children remain in foster care longer and receive fewer services. Foster care youth commit a disproportionate percentage of juvenile crime and are more likely to be involved in the criminal justice system. Teens that age out of our foster care system are at increased risk for becoming parents than other teens. Children born to teens are significantly more likely to enter the foster care system. The sons of teen mothers are two times more likely to end up in prison.

Under this administration, Secretary Wilkins has established a movement to educate and empower communities to reinforce family accountability and reduce system dependency. This initiative will succeed through the development of community partnerships, such as the Urban Leagues, to address risk factors associated with disproportionality through:

- Community education workshops on abuse and neglect prevention
- Marketing and media campaigns to promote parental responsibility
- Interactive cultural awareness training for providers.

Camps for Champions Initiative



Serving as a change agent to help communities start programs for youth, the Office of External Affairs has several exciting initiatives underway. Regional Camps for Champions have been established throughout the state, offering a wide variety of personal achievement opportunities for youth served through our community-based care organizations. We have enlisted the talent of superstar athletes who are eager to give back to their communities through mentoring and wellness camps. Myron Rolle, Dwight Howard, Corey Simon, Derrick Brooks and Shannon Miller are among the top athletes who have signed on to develop day camps that provide leadership training, personal responsibility coaching, team-building and spiritual development for our youth. We plan to expand our invitation to “rock stars” in many areas of professional achievement, including the corporate, academic and cultural arts world, as this initiative grows.

Faith Based Program Expansion

Through the Office of External Affairs, the Department will organize efforts to build and support partnerships with faith-based and community organizations in order to better serve individuals, families and communities in need. Just as the Federal Government has in recent years adopted a new attitude to honor, accept and empower faith-based and

community initiatives, the Department will serve as a catalyst to further the groundwork laid in our state with faith-based organizations.

Full ownership of social services at the local level must be clearly articulated and fully supported by the administration. With the exception of federal or state reporting requirements to justify the use of taxpayer dollars, our communities need to be the architects of their local systems of response. Our lead agencies are now established enterprises with varying degrees of sophistication in the development and offering of diversion services. It is time to raise the bar of expectation that true community-based care will be optimally achieved when the energy, enthusiasm and expertise in serving citizens rests at the town square.

Goal: Engage Communities



<p>Prevention and Intervention Initiatives</p>	<ul style="list-style-type: none"> • Lead agencies and private partners will demonstrate effective delivery of supports to individuals and families through documentation in FSFN and other data bases that are capable of measuring effectiveness and validating success. 	<ul style="list-style-type: none"> • Communities will provide a broad array of individual and family-oriented supports that are designed to address urgent needs without compromising safety and well-being of those served.
<p>Managing Entities for all Substance Abuse and Mental Health Services</p>	<ul style="list-style-type: none"> • A reduction in the staff requirements for procurement of services, contract management and quality control will occur with the transfer of oversight of substance abuse and mental health services to local communities. 	<ul style="list-style-type: none"> • Through the statewide implementation of managing entities, individuals and families will experience a locally controlled and evaluated delivery and quality of treatment services.
<p>Community Empowerment Initiatives</p>	<ul style="list-style-type: none"> • Communities will be provided structures and incentives for taking leadership in developing awareness campaigns that promote individual and family accountability. 	<ul style="list-style-type: none"> • Individuals and families will be marketed to participate in a rich variety of locally-designed empowerment resources that enrich their lives through prevention initiatives.

Many of the strong public-private partnerships flourishing in local communities today are optional, leaving gaps in the delivery of critical functions designed to achieve independence of government. During this administration, concerted effort will be made to eliminate the patch-work location of creative, successful community models of serving those in need. The Department will solidify a systemic community outreach effort with a clearly articulated plan of action and targeted goals:

- The Department will serve as the catalyst for the development of prevention and diversion services in an effort to reduce and eliminate government solutions so long as the vulnerable are not at risk of harm
- New approaches for leveraging the resources in faith-based organizations and private businesses will be realized through dedicated focus on matching the needs of children, individuals and families with the resources and abilities of local leaders
- Administration of funding for treatment and mental health services to a provider community model through the statewide implementation of managing entities.

The Department is comprised of the following major programs, each with its own statutory authority, target populations, and trends and conditions impacting the program.

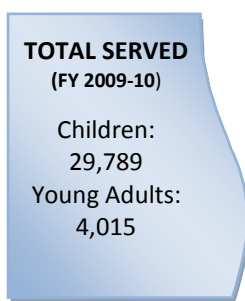
PROGRAM: FAMILY SAFETY

Child Welfare

A. Primary Responsibilities

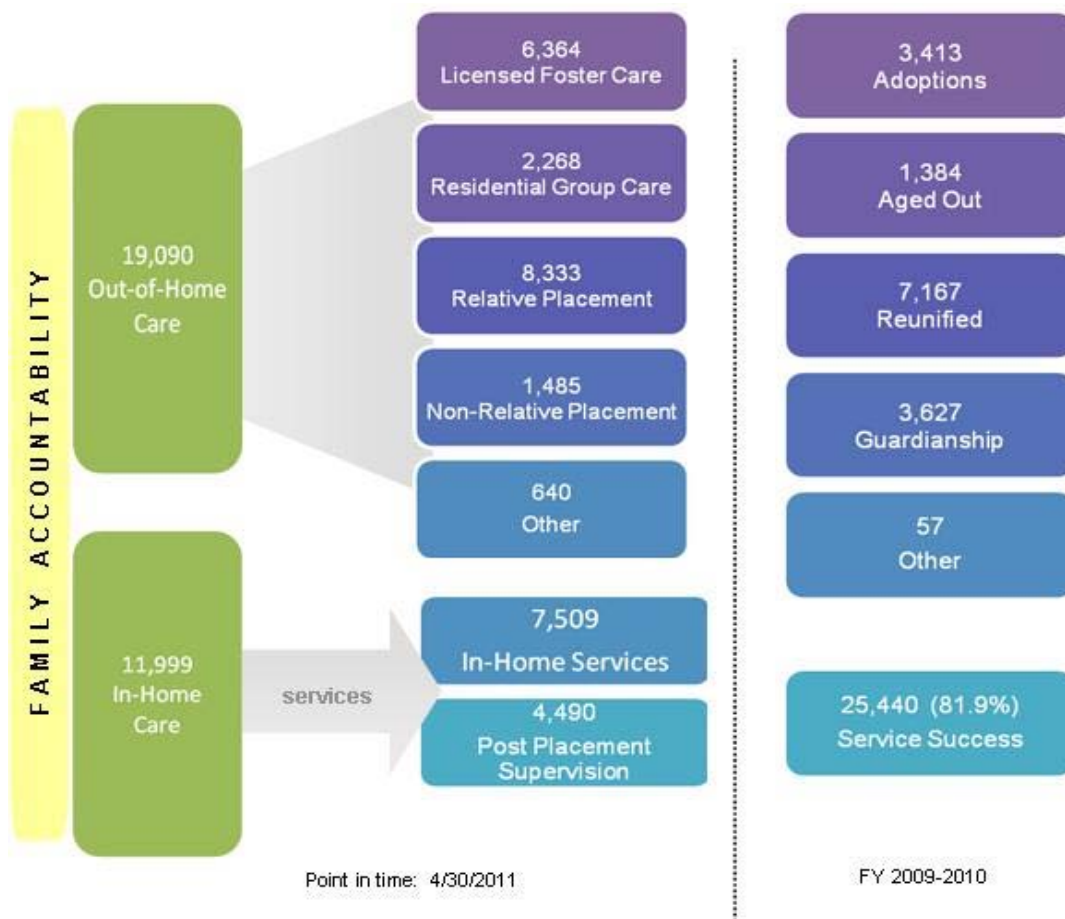
The primary responsibility of the Family Safety program is to work in collaboration with local partners and communities to ensure safety, well-being and timely permanency (a permanent home) for children (Chapters 39 and 409, Florida Statutes).

The Child Welfare Program Office works in partnership with six regions, 20 community-based care lead agencies and seven sheriff's offices to develop and oversee policy and practice requirements for child protective investigations and case management services. The office is responsible for complying with state and federal reporting requirements linked to financial awards and performance expectations. All contracts with lead agencies are developed and monitored by staff. In addition, the office manages contracts with Healthy Families Florida, One Church One Child, the University of South Florida for website and training standards, Florida International University for professional child welfare training curriculum development, Florida State University Visitation Clearinghouse and others.



TOTAL SERVED (FY 2009-10)	
Children:	29,789
Young Adults:	4,015

When parents or guardians can't, don't or won't protect their children, the Department quickly steps in to help, providing a full spectrum of services, from in-home supervision services to referrals for parenting classes and child care, to foster care placement in a licensed home or placement with a relative. The goal is to keep children safe in their own families when possible.



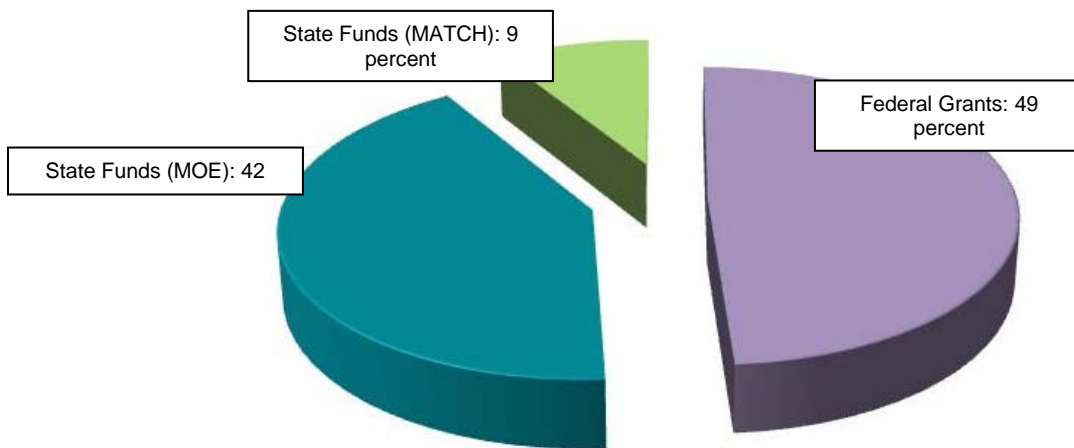
The Child Welfare Program Office provides the central programmatic knowledge for services that support safety of children and family stability. In order to maintain the federal funding that supports these services, the office coordinates statewide compliance with federal and state law. The office also works closely with community-based care agencies to develop policy for frontline services. The following graphic illustrates the population of families served both while children remain in homes with parents and those who are placed in out-of-home care.

Office responsibilities to support federal and state requirements include:

1. Mandated annual reporting of the Federal Child and Family Services Plan.
2. Ongoing statewide agency rule development and oversight of the child welfare system.
3. Federal Child and Family Services Reviews that link performance with funding.
4. Federal funds through Title IV-E that are allotted to lead agencies and are periodically audited. Reviews include:

- a. Coordination of annual state auditor general audits of IV-E eligibility;
 - b. Coordination of periodic federal reviews of IV-E eligibility;
 - c. Coordination and reporting on the federally mandated improvement and plans resulting from the IV-E eligibility reviews;
 - d. Oversight of Maintenance of Effort (MOE) requirements to align Florida's financial investment in child welfare services with federal funding.
5. Oversight of state activities associated with federal laws for which Florida receives federal funding.

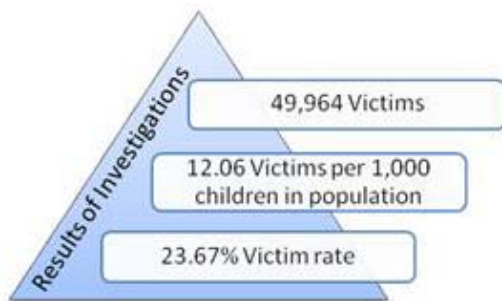
Florida's \$762.8 million budget is funded in the following proportions:



Fiscal year 2010/11 figures

Child Protective Investigations

In Florida, the Department conducts child protective investigations in 60 of the 67 counties, employing approximately 1,070 child protective investigators (CPIs). Sheriff offices perform investigations under contract with the Department in seven counties:



Broward, Citrus, Hillsborough, Manatee, Pasco, Pinellas, and Seminole. The seven Sheriff offices employ approximately 380 CPIs. Investigators are responsible for two types of child protective investigations: in-home investigations for a child residing with their parent or caregiver, and investigations when allegations of abuse/neglect occur while a child is at a facility, child care program, school, foster home or institution.

In Fiscal Year 2009-10, CPI staff initiated 150,325 protective investigations. During the course of an investigation, the primary role of the CPI is to assess the safety of children in the household and, if abuse or neglect is found, to identify who is responsible.

Child protective investigations are designed to ensure child safety and increase a family's protective capacities. Federal and state law requires that these activities are designed to safely maintain a child in their own home when possible through a family centered approach. The investigative activities include safety assessment and safety planning, connecting families with supportive community services and collaborating with community providers to meet the family's basic needs.

If a child is in immediate danger and the provision of in-home services cannot ensure a child's safety, the CPI may place the child with a relative, close friend, or in an agency-licensed shelter and seek the approval of a judge if the child must stay away from home longer than 24 hours. The CPI will explore placing a child in the home of a relative before seeking a foster care placement.

The CPI will determine a finding for each of the maltreatments alleged as follows:

- No Indicators - there is no credible evidence to support the allegations
- Not Substantiated - when there is credible evidence that does not meet the standard of specific harm
- Verified - when a preponderance of the credible evidence results in a determination that there was specific harm.

Prior to case closure, the CPI must determine whether the family needs ongoing services and supports. Cases needing ongoing services are referred to the local community-based care agency to oversee services.

Case Management Services through Community-Based Care

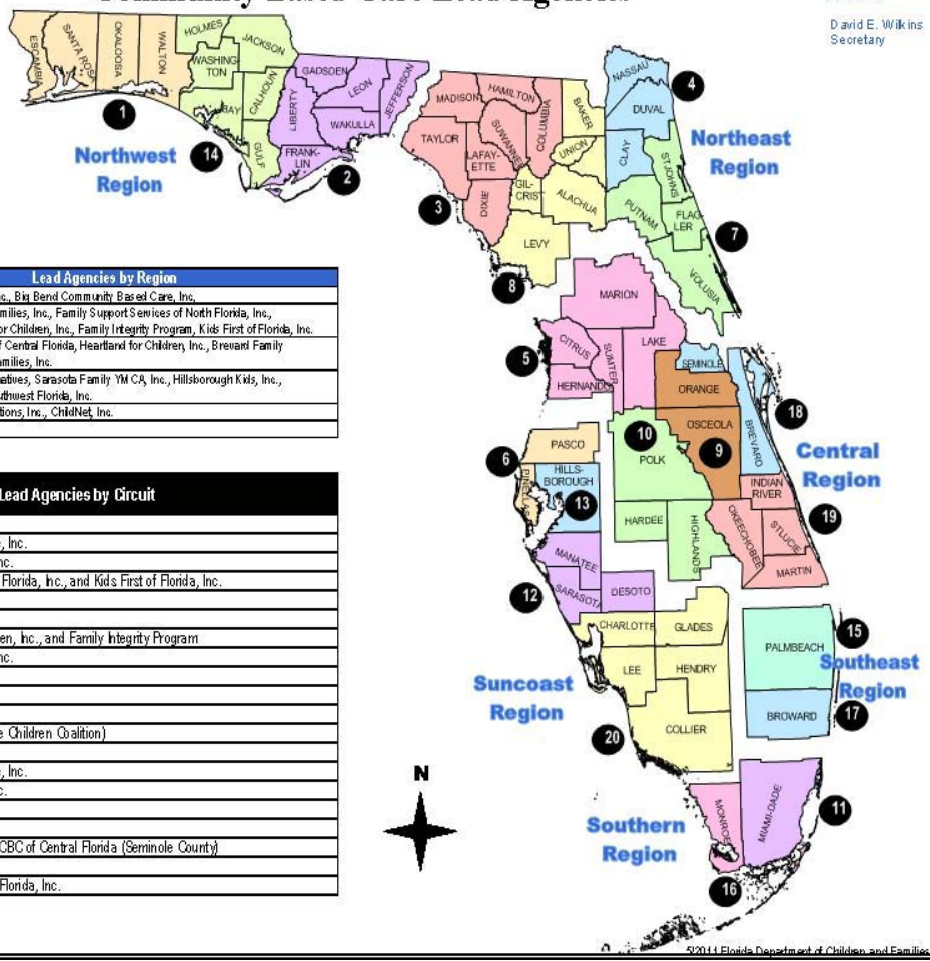
The 1998 Florida Legislature mandated the outsourcing of child welfare services to community-based care (CBC) lead agencies. The intent was to strengthen and focus the support and commitment of local communities toward the "reunification of families and care of children and their families." Under this system, lead agencies are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency case work, out-of-home care, emergency shelter, independent living services and adoption. Most contract with subcontractors for case management and direct care services to children and their families. This innovative system allows local agencies to engage community partners in designing their local system of care in a way that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings.



Community Based Care Lead Agencies

Rick Scott
Governor

David E. Wilkins
Secretary



Region	Lead Agencies by Region
Northwest Region	Families First Network, Inc. Big Bend Community Based Care, Inc.
Northeast Region	Partnership for Strong Families, Inc., Family Support Services of North Florida, Inc., Community Partnership for Children, Inc., Family Integrity Program, Kids First of Florida, Inc.
Central Region	Kids Central, Inc., CBC of Central Florida, Heartland for Children, Inc., Brevard Family Partnership, United for Families, Inc.
SunCoast Region	Eckerd Community Alternatives, Sarasota Family YMCA, Inc., Hillsborough Kids, Inc., Children's Network of Southwest Florida, Inc.
Southeast Region	Child and Family Connections, Inc., ChildNet, Inc.
Southern Region	Our Kids, Inc.

DCF Circuit	Lead Agencies by Circuit
1	Families First Network, Inc.
2	Big Bend Community Based Care, Inc.
3	Partnership for Strong Families, Inc.
4	Family Support Services of North Florida, Inc., and Kids First of Florida, Inc.
5	Kids Central, Inc.
6	Eckerd Community Alternatives
7	Community Partnership for Children, Inc., and Family Integrity Program
8	Partnership for Strong Families, Inc.
9	CBC of Central Florida
10	Heartland for Children, Inc.
11	Our Kids, Inc.
12	Sarasota Family YMCA, Inc. (Safe Children Coalition)
13	Hillsborough Kids, Inc.
14	Big Bend Community Based Care, Inc.
15	Child and Family Connections, Inc.
16	Our Kids, Inc.
17	ChildNet, Inc.
18	Brevard Family Partnership, and CBC of Central Florida (Seminole County)
19	United for Families, Inc.
20	Children's Network of Southwest Florida, Inc.

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The 20 CBCs have successfully created, designed, and implemented innovative intervention strategies that can become models for others in the state. The freedom to develop unique plans and share them with others is the hallmark of this system.

Florida emphasizes the involvement and participation of family members in all aspects of case planning so services are tailored to best address the family's needs and strengths. It includes the family members' recommendations regarding the types of services that will be most helpful to them, timelines for achieving the plan, and expected outcomes for the child and family. Case planning requires frequent updates based on the caseworker's and family's assessment of progress toward goals.

Federal Funds: Title IV-E Waiver

A five-year child welfare Title IV-E Foster Care Waiver Demonstration Project was

authorized by Congress and implemented statewide in October 2006. The purpose of the Waiver is to demonstrate that allowing federal Title IV-E foster care funds to be used for a wide variety of child welfare services rather than being restricted to foster care will result in improved outcomes for children and families. Florida's Title IV-E Waiver provides the flexibility to promote child safety, prevent entry into the system and placement into foster care, and expedite permanent solutions for families in need. As a result of the Title IV-E Waiver, Florida has reinvested millions of dollars resulting from reductions in foster care costs to create and expand needed capacity of child welfare services and agency improvements. An extension for Florida's project was authorized by the federal government in September 2010.

Child Welfare Collaborations

Florida is currently working in close partnership with **Casey Family Programs** to safely reduce the number of children in foster care. Casey is the nation's largest foundation focused entirely on foster care and improving the child welfare system. As champions for change, they are committed to our 2020 Strategy for America's Children – a goal to safely reduce the number of children in foster care and improve the lives of those who remain in care. **Casey Family Programs** has provided technical assistance around the state to establish Permanency Roundtables to focus on finding permanent homes for teens in out-of-home care and has provided pilot project funding to Jacksonville and Gainesville to develop community partnership initiatives.

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.

- *Empower Frontline Staff.* Provide the support and tools employees need to deliver world class service to Floridians.
- *Effect Program Improvements.* Apply proven best practices to maximize efficiencies and outcomes.
- *Enable Family Accountability.* Help Floridians move from entitlement to empowerment.
- *Engage Communities.* Seek partnerships that promote local programs designed to strengthen families.

The selection of the priorities is also influenced by external stakeholders. The Florida Department of Children and Families has embarked upon a major reengineering project that will change the culture of the organization and redesign the way the Department and

its community providers and stakeholders operate under a shared and common vision of integration and collaboration. Secretary David Wilkins has formed the Child Protection Transformation Board, made up of skilled experts in the Florida child welfare community to help advise and guide the Department throughout this transformation process. The end result will be to enhance child safety, well-being and permanency, by fostering positive assets in Florida children and building a collaborative bridge to strong families and communities.

The Advisory Board will review three of the Department's priorities:

1. Case Development, Investigation, and Decision Making

Analyze the discrete processes and protocols experienced by today's child protection investigators, child protection teams, children's legal services lawyers and judges that are used in determining safety issues for children. Identify duplication of case review, gaps in case review and determine whether human resources, business processes and technology improvements have been sufficiently addressed by the applicable Projects.

2. Community Information Exchange, Partnerships and Collaboration

Review milestone events in a case prompting the exchange of information between professionals involved in a case. Develop information exchange requirements and describe how they define why today's child welfare system fails children. Analyze whether human resources, business processes and technology improvements have been sufficiently addressed by the applicable Projects.

3. Workforce Development, Accountability and Processes.

Analyze issues involving workforce development, training, supervision, and recommend ways to ensure respect in the community, quality and retention. Catalog the various quality assurance, peer review, continual quality improvement, contract oversight and accountability processes that function today at the Department, our lead agencies, contracted providers, child protection teams, law enforcement entities, guardians ad Litem and treatment providers. Identify the extent to which this wealth of performance information is shared between all stakeholders. Analyze whether human resources, business processes and technology improvements have been sufficiently addressed by the applicable Projects.

During FY 2008-09, the Administration for Children and Families completed the Child and Family Services Review (CFSR) of Florida's child welfare system. Since 2009 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.

Other Collaborative Partnerships:

The Governor's Office of Adoption and 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 continue to drive activities in the coming year.

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 revision of program area practice as well as a continuation of select initiatives where progress has been achieved.

Child Protective Investigation Redesign and Implementation

The scope of this project will be to redesign child protective investigation business processes; redefine human resource issues of qualifications, recruitment, selection, professional development, including supervision, and career paths; and identify and implement needed technology support.

The investigative process begins at the Hotline and is built upon by the Investigator and further developed and managed through Case Management services, as needed. As the role of the CPI often involves the support and/or expertise of other professionals, this project will involve collaboration with community-based care agencies, law enforcement, child protection teams, schools, substance abuse, and domestic violence providers and other professions relied upon to ensure the integrity of investigative decisions.

The project will examine various tools and approaches in use today.

- Phase I was to determine the scope, activities, and persons responsible
- Phase II will focus on the design of the requirements and establish implementation alternatives and cost estimates, including legislative changes.
- Phase III will consist of the full human resources, technology and business policy and practice implementation.

Desired focus for this project is to ensure that child safety and risk of maltreatment are adequately understood and addressed prior to selection of interventions and completion of investigations. The investigations process will be changed to ensure that CPIs have the knowledge, skills, and supervisory support necessary to engage in teamwork with other professionals required to adequately assess and understand safety and risk of

maltreatment factors, establish relevant, functional safety plans, and arrange for appropriate services and interventions to address specific parental capacities and functioning.

The goal is to hire and maintain long term, highly qualified child protective professionals, supervisors, and leadership. Investigative units will have a range of expertise needed or available and strong partnerships with a broad array of community partners. Investigations will be conducted using the right core business practices that allow for professional discernment and flexibility to deal with the unique challenges associated with each child/family, and the technology to properly support the work. This project seeks to create a professional workforce that is fairly compensated and provides advancement opportunities; establish proactive and effective recruitment, selection and hiring practices; and develop a highly trained and experienced professional staff.

Prevention and Early Intervention

Child abuse prevention and early intervention are major initiatives of the Department and is partially supported with funds from the federal Child Abuse Prevention and Treatment Act (CAPTA). As the single state agency tasked with the full continuum of child abuse prevention efforts, the Department participates in child abuse prevention efforts through its on-going collaboration with multiple agencies, community-based social services and other supportive and rehabilitative services and programs. 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 water safety. Safe Sleep practices and water safety are two of the top leading causes of child abuse and neglect related deaths in Florida.
- Secondary Prevention: providing services to families that have been identified as potentially at risk for abuse or neglect through referrals, assessment and follow-up to calls to the Florida Abuse Hotline under Parent Needs Assistance Initiative.
- 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 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.

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 central focus of the *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015* is to build resilience in all of Florida’s families and communities in order to equip them to better care for and nurture their children. In accordance with the State law (§39.001, Florida Statutes), this five-year prevention and permanency plan provides for primary and secondary prevention efforts toward child abuse, abandonment and neglect; promotion of adoption; and for the support of adoptive families.

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 in primary and secondary prevention efforts, 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 evidence-based practices, to include appropriate messaging , 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 and promote protective 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.

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. This campaign continues in partnership

with the Heart Gallery of Florida and 15 local heart gallery organizations throughout Florida.

Regional Quality Management Model

The Regional Quality Assurance (QA) Model rolled out in July 2008 was dismantled at the end of Fiscal Year 2010 – 2011. The Department’s designated QA staffs around the state were cut by 50%. Instead of continuing a partnership with CBCs to review case management practices, their current directive is to focus on quality of practice in Child Protective Investigations (CPI). During the first quarter of the current fiscal year, QA staff will conduct CPI case reviews using two different protocols to determine which provides the most effective means to view practice and identify areas needing improvement.

CBCs are now accountable for all internal quality assurance and quality control oversight. Along with the change in structure, the process by which CBCs will review local case work practice was also significantly modified. Beginning FY 2011-2012 CBCs have implemented the Quality Services Review (QSR) protocol which is a nationally recognized system of review that not only provides data analyses but includes real-life stories about the children and families being served. It includes quarterly case file reviews and extensive interviewing of case participants to assess child and family indicators and practice indicators. The minimum number of required reviews varies according to the size of the population served per CBC.

Regions and CBC QA staffs continue to receive requests for special reviews 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 Office of Child Welfare also supports a statewide child death review panel.

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 the upcoming year. .

Quality Improvement

The Office of Child Welfare recognizes a 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. Ongoing conference calls, technical assistance and quarterly meetings with CBC and Regional Quality Assurance staffs are conducted to discuss trends, issues, barriers, and

ways in which to improve practice. Effective communication allows staff to play a significant role in continuing the “plan do check act” process.

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. Full implementation of financial activities in the Florida Safe Families Network was completed in September 2011.

As part of SACWIS, the National Youth in Transition Database (NYTD) was fully 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, collects 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 improved upon the Departments prior Independent Living Services Critical Checklist and Florida has been recognized as a national leader for our efforts to collect and report information about children in Independent Living.

In order to have optimal performance of FSFN, modifications to the system through change requests and ongoing training of users will need to occur. In addition, several efforts are underway to better align information systems and technologies to meet the needs of child welfare professionals throughout the state, to collect more comprehensive information about services provided to children, and to provide enterprise-wide data reporting.

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 2010-14. 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:

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

A directive was issued on the new policy under the Patient Protection and Affordable Care Act, P.L. 111-148, regarding the importance of educating and informing youth in out-of-home care about the importance of having a health care power of attorney or health care proxy or other similar document. The effective date for the new requirements was October 1, 2010. As case plans and transition plans are developed or updated, case managers must ensure that youth in out-of-home care receiving independent living services and youth who age out of care are given information about the importance of designating another person to make health care treatment decisions on their behalf should the youth or young adult become unable to make these decisions and the young person does not want a relative to make these decisions. It is also incumbent upon case managers to inform youth in care and youth who age out of care about options for health insurance. Attached is a sample medical power of attorney document for local use in developing your area's medical power of attorney. Each judicial review and social summary report (JRSSR) for youth in out of home care is to include a status on the delivery of this information.

The Department of Children and Families issued directions on the development of a transition plan during the 90 day period before an older youth's 18th birthday. Effective October 1, 2010, case managers must assist and support youth in developing a transition plan as he/she ages out of foster care. Case managers must provide the older youth with

assistance and support in developing a transition plan during the 90 day period before the older youth's 18th birthday. The youth and, as appropriate, other representative(s) of the youth, must be part of the team creating the transition plan.

Department of Children and Families' new "Everybody's a Teacher" initiative is designed to encourage individuals and communities to become involved in the education of children and youth in foster care and address issues that often stand in the way of their doing well in school. The message the Department of Children and Families and others hope to convey: "Everybody's a Teacher." Many professionals in our local communities understand these issues, and our hope is to use this initiative to bring judges, guardians, care managers, advocates, teachers and school administrators, and others together to develop an action plan that will improve educational outcomes for children.

- 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.

Key Florida stakeholders convened to discuss the 2008 Federal Fostering Connections legislation. These stakeholders identified the need to consider redesign of the "Road to Independence Program" (RTI) to better meet the needs of youth in the foster care system and to promote better and more successful outcomes for those youth. A workgroup was convened through a joint invitation from the Department of Children and Families, the Florida Coalition for Children and the Independent Living Services Advisory Council (ILSAC), and consisted of a wide and diverse group of providers, advocates, and youth, who were charged with considering and recommending changes for the necessary services and supports for 18 to 21 year old youth. The group was asked to consider the optional provisions of extending foster care, guardian assistance, and adoption subsidies under the Fostering Connections to Success and Increasing Adoption Act. The group was able to reach a consensus, and in July 2010 submitted their proposal to the Department of Children and Families.

The Department of Children and Families has increased the coordination of planning and collaboration with Children's Medical Services. During the onsite visits and regional meetings, the local areas are being encouraged to strengthen their working relationships with Children's Medical Services and ensure that eligible children are referred on a timely basis. Also, the Regional Directors have been asked to investigate the opportunities offered by Federally Qualified Health Care Centers to establish medical homes for children and their families. Many of the Federally Qualified Health Care Centers are part of the Children's Medical Services network, providing the opportunity for continuity of care for the child's special health care needs within a comprehensive medical home.

The Integration of Services initiative was expanded during this reporting period. The Department of Children and Families has established Steering and Leadership committees, including local and state level representatives of health care and domestic violence. The purpose is to ensure that integration of health care, including behavioral health and domestic violence services, are integrated throughout the Family Centered Practice framework. In conjunction with the National Center on Substance Abuse and Child Welfare, work has begun on the completion of an Integration of Services Capacity Assessment Instrument. When completed, this instrument will be used in the local areas to determine the perceived level of integration of services. The results will be used as a basis for discussion to improve the integration of health care services within the Family Centered Practice framework.

The Department of Children and Families, its community-based partners and Children's Medical Services have been working to establish stronger communication and coordination of medical care for foster children during the past year. The goal was to further understand what communities are doing and to build upon existing practices to establish a medical home for foster children.

The Department of Children and Families still relies on the Medicaid funded Child Health Check-Up (EPSDT) and the Comprehensive Behavioral Health Assessment (CBHA) to complete the physical screening and the behavioral health assessments. The CBHA also provides a screening for developmental issues, including social and emotional development. During this reporting period, the Department of Children and Families reviewed resource materials regarding the medical home concept and constructs for children in foster care, including best practices in the list of key components addressed in the onsite visits discussion guides. Three onsite visits have been completed, including one in Ft. Myers, Jacksonville and Sarasota. Best practices have been identified, such as: the use of nurse case managers, coordination and referral of children to Children's Medical Services, coordination with Federally Qualified Health Care Centers, integrated review and interpretation of the medical and behavioral information and use of electronic information to identify prior medical providers and health care plans, as well as electronic information on immunizations (the Florida SHOTS system).

Extend Title IV-E waiver for five years to September 30, 2016

The Department of Children and Families will continue its participation in the Waiver Demonstration Project through July 2012, as currently authorized. The state of Florida has begun discussions with its federal partners for the potential extension of the waiver. All indications are that the waiver continues to be successful in meeting goals and safely reducing the number of children in out-of-home care. In September 2010, the United States Department of Health and Human Services' Administration for Children and Families (ACF) approved a 10 month extension of the Waiver demonstration, until July 31, 2012: This allows time for Florida to submit its evaluation and financial reports, and for ACF to determine whether to extend the project for another 5 years.

The Quality Parenting Initiative was expanded in 2010-11 to 16 community-based care (CBC) agencies. Since April 2011, CBC Seminole and Family Services Metro Orlando merged into one lead agency, CBC of Central Florida. Due to the phase out of the philanthropic organization, Eckerd Family Foundation, and loss of funding from them in 2012, most of the participating CBCs drew up a technical assistance contract with Youth Law Center to ensure continuation of this initiative, at least through June 2012. This public/private partnership (CBC, Eckerd, and DCF) continues to focus on quality care for children in the states out-of-home care system, including normalcy. Partnership is the theme of this initiative and in the cooperative relationship between CBCs, DCF, and the communities.

The Redesign of the Independent Living Program continues in 2011-12. A bill was sponsored by the Senate Committee on Children, Families, and Elder Affairs, but did not pass during the 2011 Legislative session. The Independent Living Services Advisory Council (ILSAC) is coordinating the redesign effort this year. Through a series of weekly conference calls in the summer of 2011, stakeholders reviewed and developed a set of common goals and consensus items. When some members determined they could not support a specific recommendation agreed on by the larger group, these comments were included in the talking points disseminated at the August 3, 2011 ILSAC meeting. The focus remains education for young people and taking advantage of the options in the federal Fostering Connections legislation.

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 rules continues as Executive Order #11-01 temporarily suspended revision of rules and subsequent Order #11-72 required all agencies to review all rules and prioritize needed changes. Changes to the following rules are scheduled for completion during 2011-12:

- 65C- 14 Group Care
- 65C-15 Child Placing Agencies
- 65C-16 Adoptions
- 65C-30 General Child Welfare Revisions Provisions
- 65C-31 Independent Living
- 65C-33 Training
- 65C-34 Missing Children
- 65C-35 Child Death Review.

Emergency rules addressing Independent Living were promulgated but expired December 2010 and the proposed permanent rules were tolled because of the issuance of Executive Orders #11-01 and #11-72.

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 was 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.

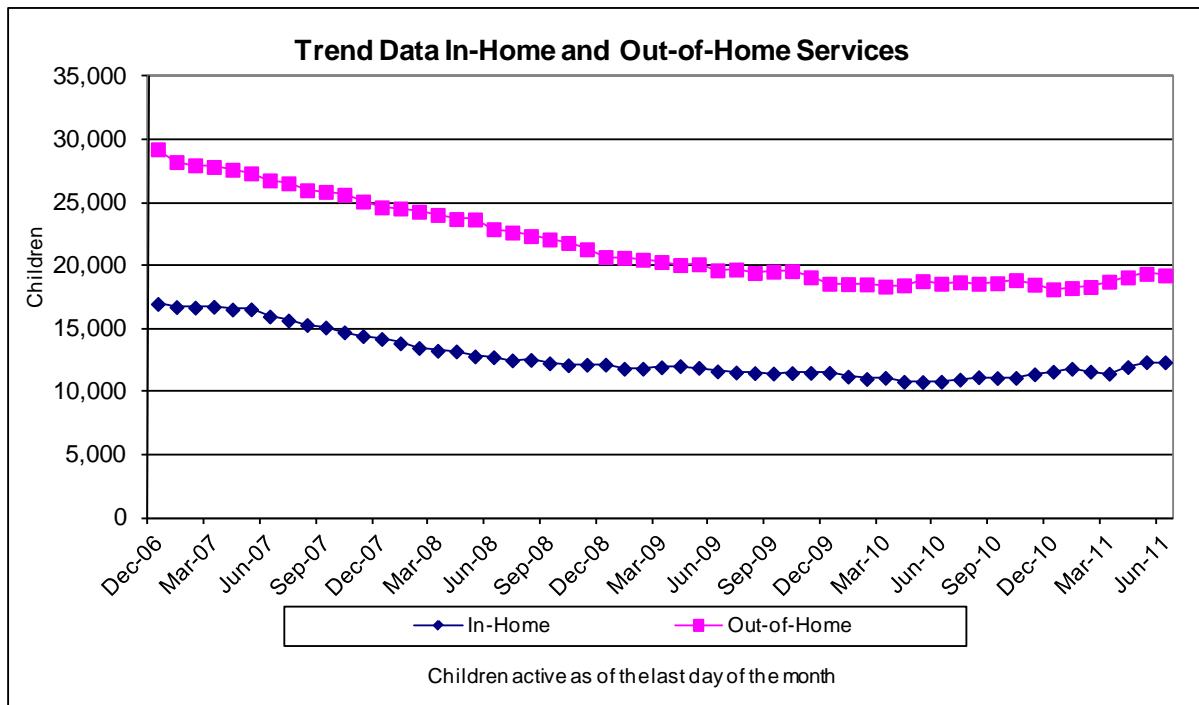
Continue to Develop and Implement Family Centered Practice as the child welfare practice model that has been adopted in several states and has shown improved practice, case management, and attaining better outcomes for children and families.

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.

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 to Safely Reduce Children in Out-of-Home Care. The Department and its community-based care providers have been 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, in partnership with Casey Family Programs. Analyses of data regarding children in care that 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. This pilot program, which began with two sites, has added three additional sites for FY 2011-12.

- Trauma Informed Care Child Welfare

To promote systems of care that recognizes the affects of trauma for the children and families served by the Department. 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. Local social services communities are developing

plans to engage and train on trauma and its effects, as well as how to address trauma within families.

Additionally, the Department has developed a Trauma Informed Child Welfare Strategy that provides recommendations and suggested resources to assist the Child Welfare community to be a trauma responsive system. This strategy addresses the education and training for all system staff and caregivers, as to the impact of trauma to both children and those that work in the system with children and staff.

- **Implementation of a Medical Home for Children.**

This past year, the Department's Deputy Secretary has identified health care for all children in out-of-home care as a high priority. One of the primary strategies has been the implementation of the concept of a medical home model for all children in out-of-home care. This initiative strives to address the Fostering Connections Act requirements regarding a comprehensive system of primary health and dental care for foster children. The Department is partnering with the Department of Health, Children's Medical Services (CMS) to provide high-quality, accessible, and comprehensive, culturally sensitive health and dental care for children and adolescents in foster care in Florida. The goal is to tap the CMS primary care physicians', dental care and specialty care networks and nurse case management services to provide and track the health care needs of children.

The six regions within the Department of Children and Families have made progress in establishing the components/hallmarks of a medical home concept and the needed local partnerships with CMS. Consultation and local meetings have been held to outline the current processes, barriers and solutions for ensuring good health and dental care. The Secretaries of the Departments of Health and Children and Families have signed an interagency agreement that establishes a work plan for achieving clear roles, responsibilities and implementation steps. Statewide replication is expected to be achieved in 2012.

- **Integration of Services.** At the 2011 Pathway to Independence Summit the private and public sector continues to join in promotion of the integration of services in the areas of child welfare, substance abuse, domestic violence and mental health. 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. Everybody is a teacher. 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 stakeholders 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 Department will continue to work with its interagency partners to ensure that education is a priority and that all local Educational Interagency Agreements are signed. 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 2011 Pathway to Independence 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.

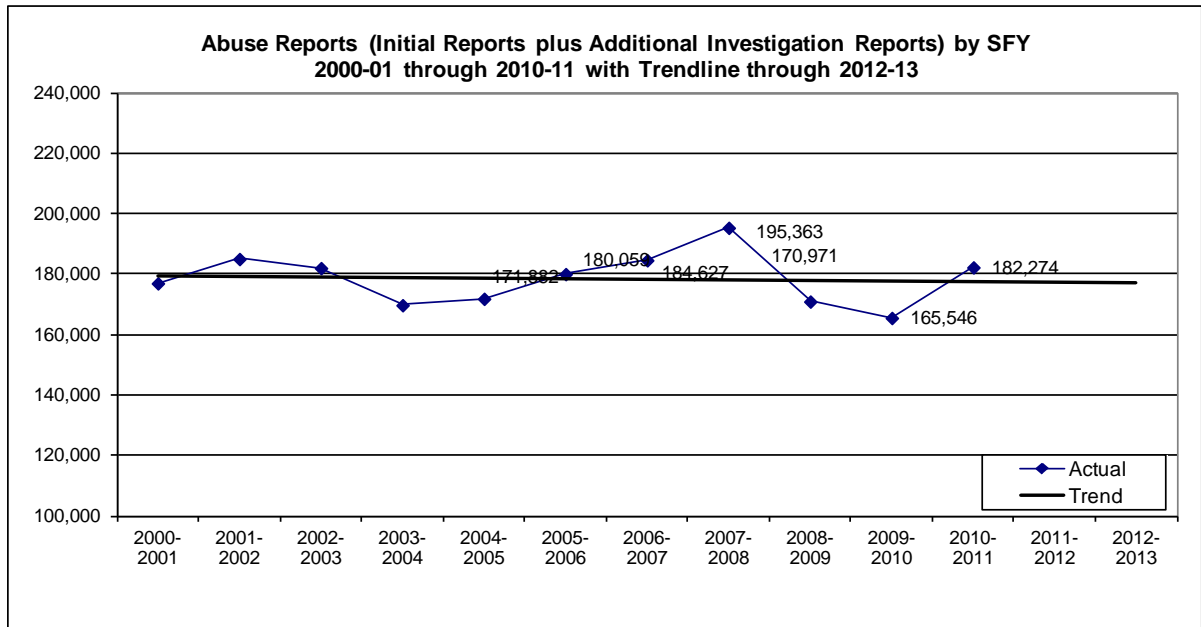
Prevention and Early Intervention

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.



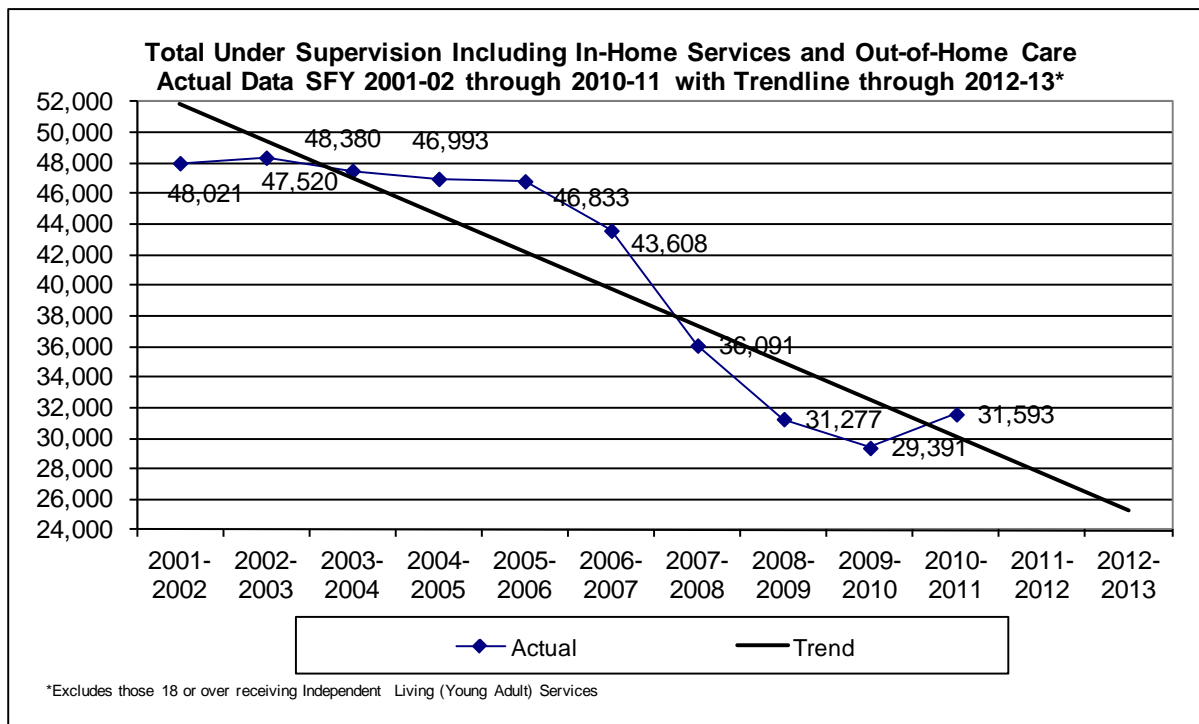
The Department is required to investigate reports of child maltreatment to assess the safety and well-being of children who are alleged to have been abused, neglected or abandoned. Children are removed only when they cannot be protected in their own homes. Investigations are conducted in coordination 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 implement immediate safety actions as needed. In addition, protective investigators begin the process of identifying underlying conditions contributing to the maltreatment. Investigator's assess for family protective capacities and child vulnerabilities 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:

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 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, the adoption of children in foster care continues at high levels. In fiscal year 2010-11, Florida finalized 3,009 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. The target for 2011-12 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.

A focus of state and federal 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: The Department seeks to partner with the Independent Living Services Advisory Council in providing a peer-mentoring model of technical assistance, increase data collection results for all age groups to build stronger accountability measures, and ensure stable education for 13-17 year olds in an attempt to better prepare the older teenagers in foster care for adult life.

Training

As a result of a recent high-profile child death, the state of Florida is currently reviewing all aspects of its child welfare training program. This includes revisions to pre-service curriculum, creation of a new child welfare staff certification program(s), enhancement of in-service and advanced training

programs, increased supervisory and field-based coaching, and development and strengthening of on-going professional development through improved relationships with university and college partnerships for recruitment and retention of qualified staff.

The most noteworthy areas of improvement involve: (1) implementation of Florida House Bill 279, which establishes professional credentialing of child welfare staff by a third party entity (or entities) using nationally recognized standards and professional requirements to evaluate an individual's capability to meet the high standards of the profession; (2) the redesign of the child protective investigation component to include an emphasis on increasing supervisory and coaching aspects of field-based instruction and assessment ; (3) review of standard law enforcement curriculum (Florida Department of Law Enforcement) for possible use during child protective investigation pre-service and in-service training, and; (4) development of a professional career path to enhance retention of the most qualified child protection staff.

Future Directions: To guide the development of the above initiatives and ensure integration of new material that is consistent with Family Centered Practice, Trauma Informed Care, and other key elements of current practice the Department will need to implement an annual *Training Needs Assessment* to identify gaps in training activities and content.

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 or guardians. 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 2011, Children's Legal Services continues its focus on strategic planning, accountability and performance improvement. Quarterly meetings of circuit managing attorneys have brought statewide collaboration and innovation to the practice of dependency law. Technology has been leveraged to monitor legal performance on a state, regional, circuit and individual attorney level through the Florida Safe Families Network. Daily tracking reports are now directly accessible to both management and line staff. Ongoing improvement plans target 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 – 2010, 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 contingent upon available funding.

A set of criteria has been adopted to identify children who are served by both DCF/CBC and who are on the APD waiver waiting list 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, contingent upon available funds, using the criteria as guidance in identifying children to enroll. As of August 2011, there were approximately 161 child welfare children on the APD waiver, approximately 245 child welfare children on the waitlist for waiver services, and an additional 108 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. Working the American Public Human Services Association, Florida ICPC and the Association of Administrators of the Interstate Compact on the Placement of Children are seeking funding through the Children's Bureau for establishment of a national electronic ICPC system.

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. The 2010 United States Census reported the American Indian and Alaskan Native population in Florida increased by 33.5% over the previous census and comprises 0.4 % of the state's population. 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 Training Summit and in other Department sponsored education and training. Tribal staff often co-leads training alongside state staff when providing technical assistance relating to Indian child welfare. 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 met during the 2010 Dependency Summit to discuss collaboration and key issues and have since established a work group to develop a state-tribal agreement. At the 2011 Summit, members of the Seminole Tribe presented a work shop and co-hosted a meeting and reception with the Department to discuss progress over the past year and plans for the coming year.

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

New initiatives described above, as well as issues in the FY 2012-13 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 continues to undergo 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 changes to Chapters 39, 409, 784, and 402 are required.

- Clearly define the children eligible for, and timeframes for paying, maintenance adoption subsidies pursuant to federal laws; establish standards for child placing agencies involved in international adoptions; and provide guidance in determining reasonable costs for adoptions
- Provide for the allocation of community-based care funding according to a defined performance incentive model
- Clarify statutory language, revise insurance requirements to match insurance market and provide revised insurance requirements and limits of liability for community based care lead agencies (CBCs), their subcontractors and the Department of Children and Families
- Address redesign of child protective investigation system by strengthening the investigation process, streamlining activities, and providing a more focused framework for on-going services to be provided; increase penalties against a person who commits certain crimes against the Department of Children and Family Services Protective Investigator; and address jurisdictional and due process issues with Chapter 39 injunctions.

Note: The Redesign of the Independent Living Program continues in 2011-12. A bill was sponsored by the Senate Committee on Children, Families, and Elder Affairs but did not pass during the 2011 Legislative Session. The Independent Living Services Advisory Council (ILSAC) is coordinating the redesign effort this year. The focus remains education for young people and taking advantage of the options in the federal Fostering Connections legislation.

H. Task Forces and Studies in Progress

Child Protection Transformation Board and Children's Justice Act Task Force

A new Child Protection Transformation Board established by Secretary Wilkins will advise and guide the Department through the major reengineering projects that will take place over the next couple of years. The group will examine the gaps currently existing in the child welfare system, identify administrative, policy, legislative, education, training and practice change which must be undertaken to ensure the safety of Florida's children. This task force is the primary advisory group to the federal 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**

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.

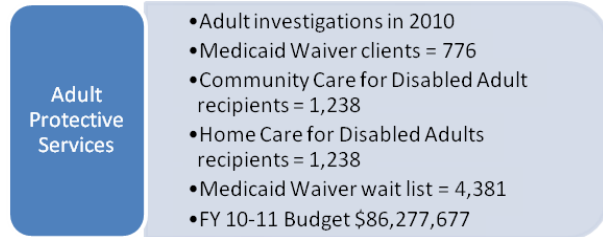
PROGRAM: ADULT PROTECTIVE SERVICES

A. Primary Responsibilities

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

1. 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
2. Adults with permanent disabilities who need assistance to remain in their homes in the community

The statutory charge of the Adult Protective Services Program is to investigate allegations of abuse, neglect or exploitation of vulnerable or disabled adults. In addition to conducting protective investigations for allegations made to the Hotline, the program also supports adults (ages 18 to 59) with disabilities who need assistance to remain in their homes or in other living arrangements other than more costly residential or nursing home settings. Three programs operate in support of adult protective services:



The Protective Supervision program provides services to protect vulnerable adults from being harmed from further abuse, neglect, exploitation or self-neglect. These services may include in-home services such as home health care, Meals On Wheels and personal care. Other services may include placement into a facility which provides the least restrictive environment to maintain the vulnerable adult's safety and care.

The Medicaid Waiver program assists permanently disabled adults (18 through 59 years of age) who are at risk of being placed in long-term care facilities. It allows disabled adults to be cared for in their homes, preserving their independence and ties to family and friends. To be eligible to receive services, the individual must meet Medicaid financial eligibility and level of care for nursing home placement.

The Community Care for Disabled Adults program assists adults who have a permanent physical or mental disability that restricts their ability to perform one or more activities of daily living and impedes their capacity to live independently. Services include but are not limited to: adult day care, case management, transportation services, homemaker service, and personal care.

The Home Care for Disabled Adults program provides case management services and a small subsidy to approved caregivers providing in-home care to adult persons aged 18 through 59 with disabilities who would otherwise be placed in nursing homes or institutions. Subsidy payments, though limited in amount, are intended to help offset the cost of housing, food, clothing, and incidentals, as well as those expenses related to

medical, pharmaceutical, and dental services not covered by Medicare, Medicaid, or other insurance.

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 17.7% 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.

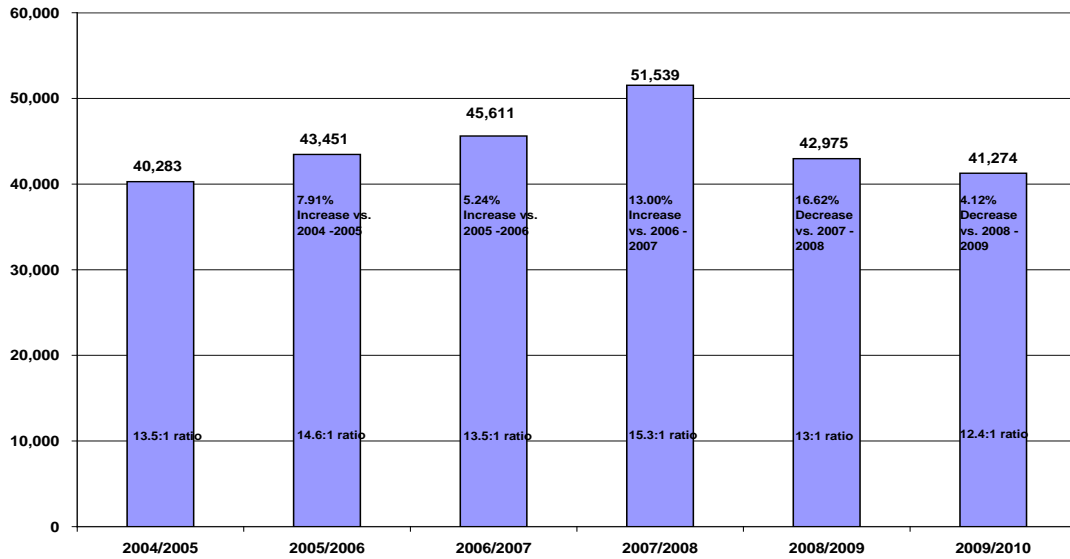
C. Addressing Our Priorities over the Next Five Years

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

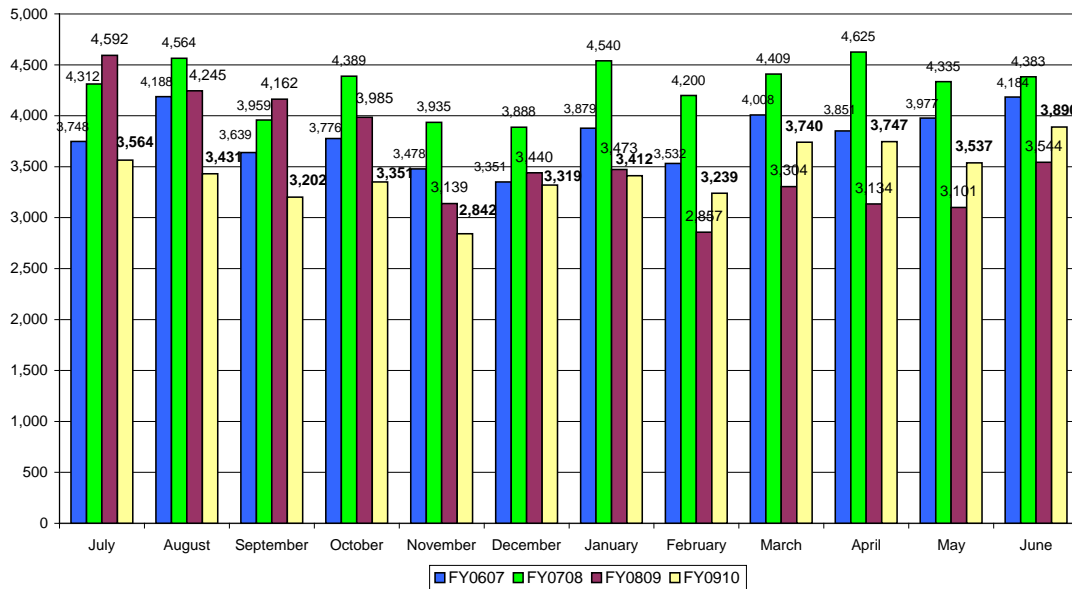
Action Steps:

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 47,261 reports of abuse, neglect, and/or exploitation of vulnerable adults during fiscal year 2010-11 (see charts below). This represents a 14.5% increase 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 2010-11, the percentage of victims seen within the first 24 hours was 97%.

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 2010-11, Adult Protective Services averaged closing the investigations within 60 days in 99.4% of the cases statewide.

5. 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 2011-12 workload of 16:1 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.

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.

Adult Protective Services Quality Assurance

During fiscal year 2010-11, 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.

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.

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 2010-11, there were 2,817 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

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 2010-11, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,440. In FY 2010-11, 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 8,000 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. For FY 2011-12, the Department received an additional \$16,000,000 in General Revenue funds for the Aged and Disabled (ADA) Medicaid Waiver. With Federal match funds, this represents a total of \$36 million in new funds, raising the Department's budget for this program to \$49 million dollars. (FY 2010-11 total budget was – \$12,960,016; \$4,984,422 GR, \$7,975,594 Federal Match, FY 2011-12 total budget is \$49,274,133; \$21,710,183 GR, \$27,563,950 Federal Match).

This is a much needed funding increase that will provide needed in-home services for people with disabilities to allow them to live in their home and community instead of a more restrictive and costly long term care alternative. This accomplishment will greatly enhance the quality of life of the people we serve. It will allow the Department to reduce the statewide waiting list for the ADA Medicaid Waiver program.

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

Not applicable

E. Justification of Final Projection for each Outcome

Not applicable

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.)

The Domestic Violence Program operates as the primary clearinghouse for state and federal funding initiatives that provide services to adult victims of domestic violence and their children.

Domestic violence is a pattern of behaviors that individuals use against their intimate partners or former partners to establish power and control. In 2010, there were 113,378 incidents of domestic violence reported to the Florida Department of Law Enforcement.

FY09-10	
Emergency Shelters	15,076
Safety Plans	71,610
Counseling and Advocacy	56,006
Child Assessments	6,866
Outreach Services	42,196
DV Hotline Calls	100,342

Working in partnership with the Florida Coalition Against Domestic Violence, the program supports research, training and prevention initiatives to address domestic violence crimes. The Domestic Violence Program also works closely with the Coalition to certify Florida’s 42 domestic violence centers, the leading providers of domestic violence services.

Other partners of the program include the Office of the State Courts Administration, the office of the Attorney General, the Florida Prosecuting Attorneys Association and local State Attorney's offices, the Florida Council Against Sexual Violence, local law enforcement agencies, and various other state and local agencies. Additionally, the program provides technical support to regional and circuit offices through specialized training initiatives and the development of policy and practice to support victims.

B. Selection of Priorities

During the 2009-10 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

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 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

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

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).

Children and vulnerable adults alleged to be at risk come to the attention of the Department 24 hours a day through reports to the Florida Abuse Hotline - the central reporting center for allegations of abuse, neglect, abandonment and/or exploitation for all children and vulnerable adults in Florida. The Hotline receives information through the phone, fax, and Web-based reports from citizens and professionals. The Hotline assesses the report provided by the caller and determines whether the information meets criteria for the Department to conduct an investigation.

Incoming Calls	
FY2010-11	
Telephone	377,814
Fax	26,253
WEB	2,991

The Crime Intelligence Unit (CIU) completes a criminal history check of all persons in a report. Checks are completed through The National Crime Information Center, Florida Crime Information Center, Department of Juvenile Justice Record Information System, Department of Corrections and the Florida Department of Law Enforcement Sexual Predator Database.

In addition, criminal history checks for planned and emergency placements (relative/non-relative) are made.

Crime Intelligence Unit	
FY2009-10	
Telephone calls for criminal records checks (received from investigative staff and service workers)	127,391
Rechecks (checks completed after the initial check due to any new information received such as demographics, new household members, etc.)	88,385
Planned Placement (records check that is completed when the worker has made future plans to place a child in a home of a relative or non-relative)	12,509
Emergency Placement (occurs when worker must remove a child within the next 72-hours and place with a relative or non-relative)	4,458
Total Reports	254,382
Total Persons Checked	749,612

Hotline Calls Received	Reports Accepted for Investigation	Criminal Background Checks Conducted
388,459	275,215	791,488

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:

- *Empower Frontline Staff.* Provide the support and tools employees need to deliver world class service to Floridians.
- *Effect Program Improvements.* Apply proven best practices to maximize efficiencies and outcomes.
- *Enable Family Accountability.* Help Floridians move from entitlement to empowerment.
- *Engage Communities.* Seek partnerships that promote local programs designed to strengthen families.

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

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 bypass 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.

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:

The Hotline is transferring to the Command Center to align with the Department's goals of ensuring safety, well-being, and self-sufficiency for the people we serve.

Outcome: Service Level

The Hotline strives to meet a service level of 99 percent of calls answered within 60 seconds by FY 2012-13. The current service level for FY 2010-11 is 76.8 percent in 60 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. (new)

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 transformation from a call center to a Command Center will require additional FTE's. This budget request was submitted for FY 2011-12 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 – Schedule IV-B/Feasibility Study
- Long Term Redesign

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.”

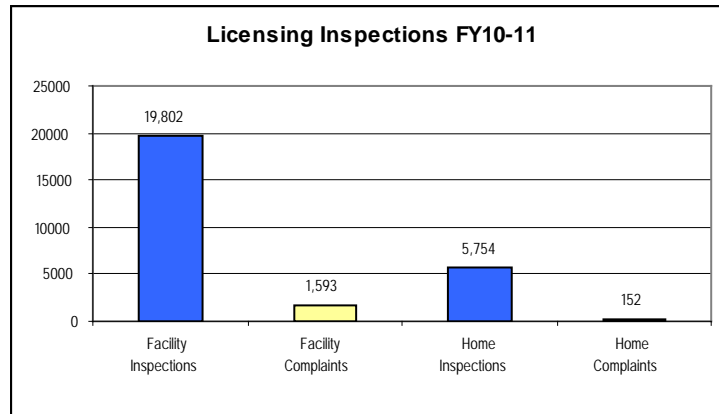
The health, safety and well-being of children in the daily care of licensed facilities are overseen by the Child Care Program in 61 of 67 counties. The program protects the health and safety of more than 454,000 children in licensed facilities - such as pre-schools and day care facilities - and family day care homes through onsite inspections. Required training is offered online and in classroom settings to child care providers to enhance safety and quality of care. The Child Care Program is also responsible for the administration of the Gold Seal Quality Care Program that recognizes facilities that meet additional quality standards.

Two major initiatives are currently affecting the Child Care Program. Beginning August 1, 2011, the Child Care Program began conducting food hygiene inspections for licensed child care facilities and Religious exempt child care facilities serving food and participating in the federal USDA food program. The assumption of the food hygiene inspections came to the Department as an additional workload that will have to be managed within existing resources.

Additionally, early childhood advocacy groups are petitioning for county ordinances requiring the licensure of family day care homes. In FY 2010-11, Hernando, Manatee and Pasco Counties passed ordinances requiring the licensure of family day care homes in their county in lieu of registration. The Child Care Program will be responsible for the licensure of these homes to include onsite inspections. These licensure activities will result in an increased workload that will have to be assumed within current resources.

TRAINING ACTIVITY FY 2010-11

Mandated training	5,229 classes held
Number of students served	78,348
Competency exams	133,089 administered
Online course completions	47,652 (part I of exam) 52,782 (part II & In-Service)
Credentials issued/renewed	6,578



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

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, added additional information in the state mandated training to include Autism and Downs Syndrome. Also, we released two new online courses, Playground Safety and Supporting Children with Developmental Disabilities. The Playground Safety course provides information about licensing requirements, design standards and best practices developed by recognized authorities that help make playgrounds safer. The Supporting Children with Developmental Disabilities course provides child care professionals with best practices to help them provide quality care to children with brain-based developmental disabilities.

E. Justification of the Final Projection for each Outcome

Objective: Those who are closest to the customer will be armed with the authority to exercise discretion and decision-making within the parameters of safety, integrity and fiscal considerations.

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, has impacted 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%. Incremental improvements are still being made to further enhance the security of the system, most recently new log-in procedures to further protect confidential information such as social security numbers.

In August 2010, the Department formed a statewide work group to look at improving the quality of care for children. The final report was released in January 2010 to assist in facilitating legislative, administrative code and budget recommendations.

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.

Created in 2001, the Office on Homelessness strengthens community partnerships with nonprofit service providers to help individuals who have become homeless. The office manages targeted state grants and federal resources to support the implementation of local homeless service plans. These local planning efforts are successfully receiving more than \$70 million in federal aid each year to house the homeless.



B. Selection of Priorities

In January 2011, there were identified 56,771 people living on the streets or staying in emergency homeless shelters in Florida. The 28 local homeless coalitions counted these individuals on a single day in time. Our state ranks third in the nation in the number of homeless persons daily.

Not included in this number are those who have lost their own place to live, and are having to share the housing of family or friends. Using this expanded definition of homeless, Florida's public school districts identified over 49,000 school-age children who were homeless in the last school year. These children are not counted in the 56,771 homeless number.

To respond to the need, the Department targets resources to the following priority activities.

Homeless Prevention

With available federal and state money, the Department assists families and individuals with short-term financial aid to pay overdue rent to help avoid eviction. The ability to help keep a family of three from becoming homeless saves an estimated \$12,000 in costs required to shelter and serve the family until they can once again sustain their own housing.

Housing the Homeless

To partner with community providers of temporary housing and supportive services for those who have become homeless, the Department awards state and federal grants to assist with operating costs for shelters and the provision of basic services of food, health and transportation. Ensuring that the homeless are able to have a safe place to live is essential to enabling the person or family to regain their self-sufficiency.

Strengthen Community Partners

The provision of essential services to the homeless is done locally, not by state agencies. The community sets the direction and plans for programs to meet unique local needs. The local homeless coalitions lead this effort to create the homeless assistance plan, and find the resources to implement that vision. The Department provides financial support for essential professional staff in these local homeless coalitions. This aid helps to ensure that data on the homeless is captured to meet federal mandates, and that the planning supports competitive federal grants. This investment into these community partner agencies is critical to ensure that over \$100 million in federal grants, and a like amount of private contributions are received to address homeless needs in our state every year.

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

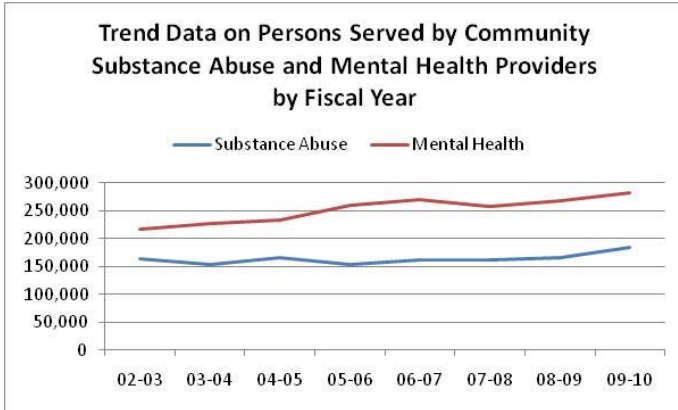
H. Task Forces and Studies in Progress

None

Program: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

The Department’s substance abuse and mental health program office offers a broad range of prevention, treatment and recovery support services. These services are provided by

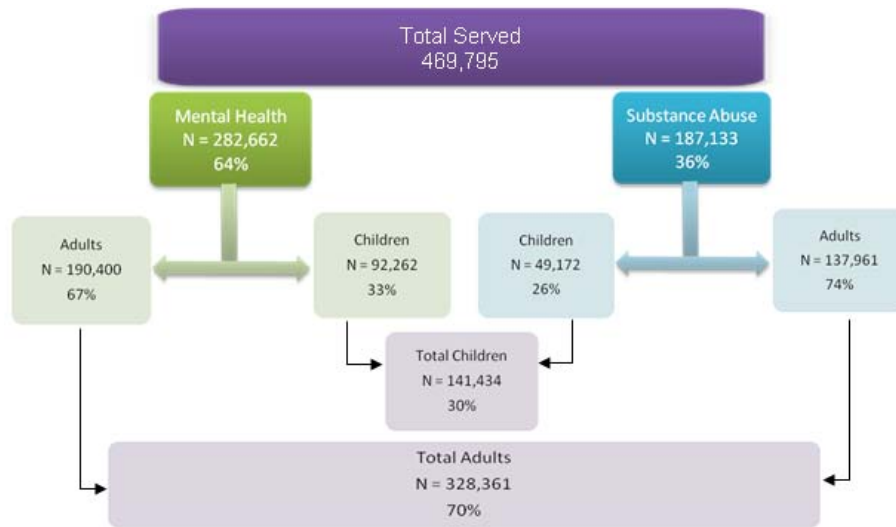
licensed or certified providers who work within a variety of contexts to support recovery from mental and substance use disorders.



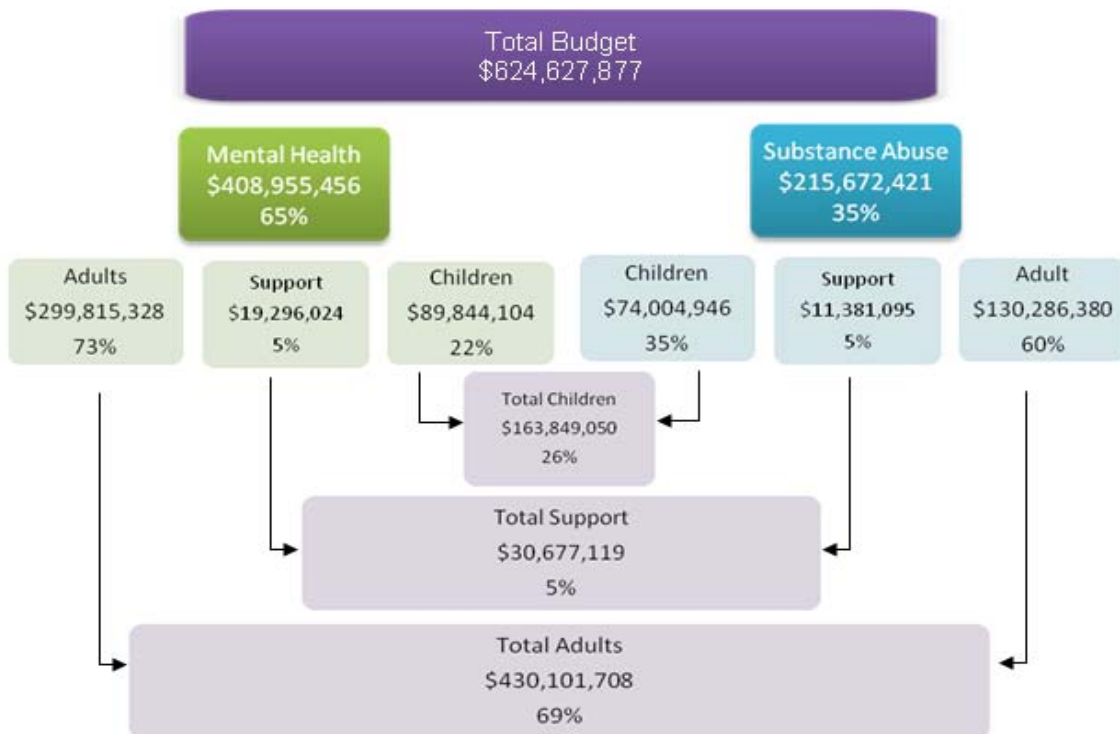
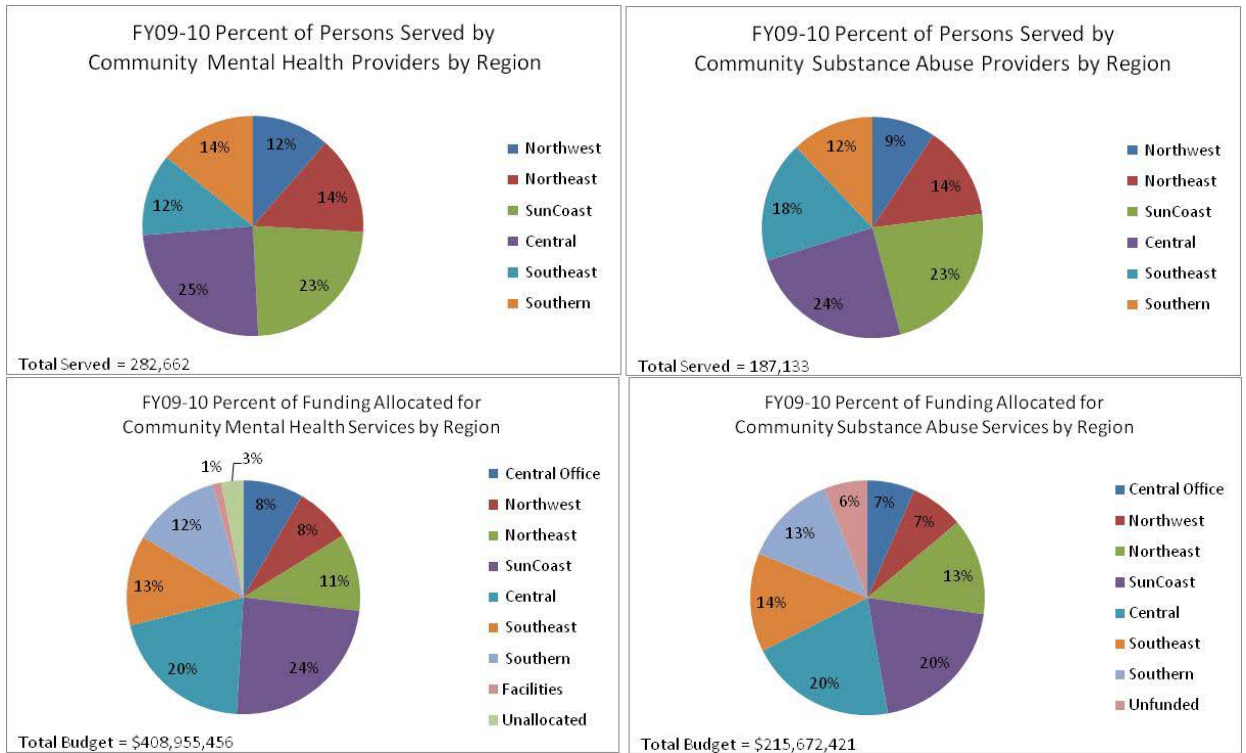
This office is recognized as the single state authority for mental health and substance abuse and develops standards for quality of care across its array of services and within the multiple other state agencies that need to provide this care (i.e., child

welfare, justice-involved youth and adults, health care). Initiatives include integration of trauma-informed care, development of co-occurring resources, use of an electronic health record to track outcomes, systems planning and performance improvement.

Percent and Number of Persons Served in Community Substance Abuse and Mental Health Programs Fiscal Year 2009-2010



Percent and Actual Budget Allocations for Community Substance Abuse and Mental Health Programs
Fiscal Year 2009-2010



The 2011 Legislature established the statewide Office of Suicide Prevention and support for the Florida Suicide Prevention Coordinating Council in the Department. This office will collaborate with the Council to develop mechanisms for implementing the *Florida Suicide Prevention Strategy*, providing oversight, building capacity, creating policy, and mobilizing communities, with the overall goal of lowering the number of suicides and improving quality of life.

PROGRAM: SUBSTANCE ABUSE AND MENTAL HEALTH (SAMH) PROGRAM OFFICE

A. Primary Responsibilities

Mental Health

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 and supports are designed to enable children to live in the least restrictive setting possible and assist them to live successfully with their family in their community. 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, acquire and use the skills and supports necessary to return to the community so that they can 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.

Substance Abuse

Section 397.305(2), F.S., directs the development of a system of care to “prevent and remediate the consequences of substance abuse to persons with substance abuse problems through the provision of a comprehensive continuum of accessible and quality substance abuse prevention, intervention, and treatment services in the least restrictive environment of optimum care.” Section 20.19(4), F.S., creates within the Department of Children and Families a “Substance Abuse Program Office.” The responsibilities of this office encompass all substance abuse programs funded and/or regulated by the Department. These community-based services are provided in each of the Department’s Regional Systems of Care (RSOC), their managing entities (ME) and network of licensed services providers.

The Substance Abuse Program Office is also responsible for oversight of the licensure and regulation of all substance abuse providers in the state. Licensure functions are implemented by staff of SAMH Program Offices at the local levels throughout the state. The system of care provides services to children and adults with or at-risk of substance misuse/abuse problems or co-occurring substance abuse and mental health problems through the following prevention, treatment and recovery services:

Prevention Services include activities and strategies designed to preclude the development of substance abuse problems by addressing the risk factors known to contribute to substance use. In the case of children, these services may be provided in school-based settings and include parental participation. Prevention services for adults include activities and strategies that target the workplace, parents, pregnant women, and other potentially high risk groups.

Treatment and Recovery Support Services include various levels of residential, outpatient treatment, and recovery support services which vary based upon the severity of the addiction. The SAMH is placing increasing emphasis on the use of evidence-based practices in order to improve client outcomes. Research indicates that persons who successfully complete substance abuse treatment have better post-treatment outcomes related to future abstinence, reduced use, less involvement in the criminal justice system, reduced involvement in the child-protection system, employment, increased earnings, and better health.

Detoxification Services focus on eliminating substance use. Specifically, detoxification services utilize medical and clinical procedures to assist individuals and adults as they withdraw from the physiological and psychological effects of substance abuse. Detoxification may occur in either a residential or outpatient setting, depending on needs of the individual.

Licensure Services are required to administer and maintain a comprehensive regulatory process to license service providers and professionals who provide substance abuse services to individuals and families who are at risk of or challenged by substance abuse. This licensure process is governed and regulated by Chapter 397, F.S., and Chapter 65D-30, Florida Administrative Code (F.A.C.). Minimum standards for licensure are specified for the following program components: addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, intervention, prevention, and medication and methadone maintenance treatment. Specific criteria must be met in order for an agency to receive a license for any of these program components.

To achieve operations efficiencies, the Substance Abuse Program Office and the Mental Health Program Office have integrated management and operate as one Substance Abuse and Mental Health (SAMH) Program Office. The office is managed by the program Director, Stephenie Colston, who reports to the Assistant Secretary for Substance Abuse and Mental Health. In addition, the Department continues to select Managing Entities which will provide structured oversight of the mental health and substance abuse funds; more efficient and effective use of limited resources; and a comprehensive, continuous, and integrated system of care in a defined geographic area. The goal is to allow for a more flexible and innovative form of management that will, in turn, allow the Department to assume a broader planning, training, and systems development role.

Current Status

- In the past, DCF has managed as many as 535 Community Provider Contracts
- Today, there are three Managing Entities (MEs) operating. DCF manages three (3) contracts instead of 172:
 - Suncoast - - 1 contract / \$138M (Pasco, Pinellas, Desoto, Manatee, Sarasota, Hillsborough, Charlotte, Collier, Glades, Hendry, & Lee county)
 - Southern - - 1 contract / \$75M (Miami-Dade, & Monroe county)
 - Circuit 1 - - 1 contract / \$52M (Escambia, Okaloosa, Santa Rosa, & Walton county)
- There are four (4) Regions without MEs totaling 265 contracts / \$324M. Contracts for each of these areas will be implemented by January 1, 2012.

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. The current plan covers FY 2010 through 2013 and is updated annually. 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 annual Consumer Conference also provides a unique opportunity to listen to consumers, family members and other advocates about their priorities. Through this transformation, individuals, families, children, and the elderly have a choice of services and the assurance that those services reflect the best practices.

Mental Health

According to SAMHSA's National Survey on Drug Use and Health (NSDUH) 2008-09 survey, in Florida there were 115,000 youth ages 12-17 that had at least one major depressive episode. The same survey found that there were 898,000 adults that had at least one major depressive episode and 660,000 adults with serious mental illnesses in Florida. We are currently meeting the needs of approximately 10% of children and 13% of adults in need of mental health care.

Of the approximately 57,643 homeless individuals in Florida, an estimated 5,499 have mental health disorders. Lack of affordable housing has been identified as the singular, most pressing unmet need by homeless coalitions. In addition, the Department of Corrections releases approximately 29,000 individuals each year. Of that number, 9.3% are individuals with mental disorders.

Preliminary 2010 data indicates that more than 7 people a day die by suicide in Florida. That is a rate of 14.5 per 100,000 individuals. While the number of deaths have declined, the number of deaths among the very young (10-14) and the aged population (85+) has increased.

There continues to be a decline in the number of students identified as requiring exceptional student education services, including those with emotional and behavioral disorders (EBD). During 2009 – 2010, 8% of students were identified as having emotional and behavioral disorders. The dropout rate of students with emotional and behavioral disorders is among one of the highest for students with disabilities.

Residential capacity for adults with mental illnesses continues to decrease. Since FY 2006-07, there has been a 5% decreasing in adult crisis stabilization beds and a decrease of 17% in Short-Term Residential Treatment beds. The overall residential capacity of beds for state mental health treatment facilities is unchanged. However, utilization between civil commitment beds and forensic step-down beds in civil facilities recently changed as the result of demand. On July 1, 2010, 77 forensic step-down beds were converted to civil commitment beds in response to increased demand for civil beds. For the 2011-12 fiscal year, the three state operated mental health treatment facilities had a budget reduction of \$23,872,652, a loss of 82 forensic beds and a loss of 497 full time positions. These reductions occurred during the 2011 Legislative Session.

Substance Abuse

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 (33.32%), followed by opiates (18.46%) and prescription drugs (18.00%), this is followed by marijuana and cocaine/crack. Admissions where marijuana is listed as the primary substance has fallen from 23.74% to 15.41% and crack/cocaine admissions are down from 15% to 10.29%.

For adolescents, primary drug problems at the time of admission involve marijuana (82.41%), followed by alcohol (9.84%) then other drugs (3.73%). 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).

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. Approximately 1,056 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.

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 2010-11, the Department provided services to 143,698 adults, leaving a treatment gap of 270,095 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 335,000 children in need of substance abuse services and 110,550 of those would seek services, if available. In Fiscal Year 2010-11, the Department served 44,622 children through individualized services, leaving a treatment gap of 65,928 children. Typically, averages of 200 children per month are on waiting lists for services.

Substance Abuse and Mental Health Priorities

Utilization of Evidence Based Practices (EBP)

In January 2009, the SA Program Office began the EBP Initiative to assess the current use of EBPs by prevention and treatment providers across the state and to discuss issues around implementation of EBPs. The initiative was also designed to assist our office in identifying mechanisms to measure the fidelity of evidence-based programs/practices utilized within the Florida system of care.

The goal of the EBP Initiative is to invest in “what works” in an effort to demonstrate more positive outcomes and more efficient utilization of limited community resources. Current contracts require that all substance abuse prevention utilize only EBP by July 2012 and that all other substance abuse treatment contracts do the same by July 2013. The initiative will expand to also include all mental health services by July 2013 as well. To ensure adequate fidelity to the approved models of care during program implementation, SAMH will continue to provide training, technical assistance, and a peer review support process to monitor progress.

Screening, Brief Treatment, and Integration with Primary Healthcare

People with mental illness and substance abuse are at increased risk of premature death due to a physical illness, including cardiovascular, stroke, or diabetes. In October 2010, six Florida SAMH providers received grant awards from SAMHSA to support and promote better primary care and behavioral health services for individuals with mental illnesses. This is the highest number of any state. As part of the grant requirements, most providers are partnering with local Federally Qualified Health Centers to improve integration of care. Better coordination and integration of primary and behavioral health care should lead to outcomes such as improved access to primary care services; improved prevention, early identification and intervention to avoid serious health issues including chronic diseases; enhanced capacity to holistically serve those with mental and/or substance use disorders; and better overall health status of clients.

Individuals with substance abuse and mental health issues are most frequently encountered in primary health care settings, as opposed to traditional treatment programs. The State is an early adapter of Screening, Brief Intervention, Referral and Treatment (SBIRT) and has developed effective relationships with primary care providers.

Engagement of older adults, veterans, and youth in health care settings using the SBIRT model helps to prevent the need for deep-end care for individuals that otherwise go “undiagnosed” until the need for intensive treatment arises, typically due to chronic substance abuse and legal problems, such as driving under the influence.

The strategy of brief alcohol interventions for patients who drink excessively has been designated as one of the top 10 prevention priorities for the U.S. The low rates of substance abuse screening and intervention in many health care settings are associated with increased risk of injury, illness, disability and death. Brief interventions following an initial positive screen for substance abuse, on the other hand, are associated with reductions in drinking, hazardous patterns of substance use, traffic fatalities and drugged- or drunk-driving, injuries and illnesses, and use of emergency services and hospital inpatient services. Both the hazardous alcohol use screening and brief intervention measures have the potential for tremendous impact across many health care settings, including primary care and specialty care ambulatory practice, hospital inpatient and emergency services, and on the health care and disability costs of employers and public purchasers of health care.

SAMH Program received a 5-year grant in 2006 for the Screening, Brief Intervention, Referral and Treatment (SBIRT) program. One of the program’s key target populations included veterans receiving primary care services through federal Veterans’ Affairs hospitals and outpatient clinics throughout Florida. Over the course of the grant the Florida SBIRT program served more than 8,000 veterans, filling gaps in the VA service system by providing brief intervention and brief treatment services following an initial health screening being conducted by VA staff – veterans in need of more intensive substance abuse and/or mental health services could be referred back into the VA’s behavioral health system for further treatment.

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 January 2011 through June 2011 indicated that on average 252 people per month were awaiting discharge from the civil facilities to the community statewide; an average of 138 of those individuals were waiting over sixty days. 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.

An initial analysis of the data completed in 2010 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. 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.

Monthly conference calls continue to be 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. While the number of people seeking to return to the community has remained relatively constant, NEFSH has been successful in reducing their median length of stay from 3.11 years in September 2010 to 1.24 years in June 2011. The Department continues to focus on efforts to reduce the number of people awaiting civil discharge over 60 days by working closely with the treatment facilities, circuits and providers to increase discharges and increase awareness of the importance of this issue.

A legislative budget request was submitted by the department for fiscal year 2012-13 requesting funds to develop the necessary community resources to discharge the people who have been awaiting placement for over 60 days. Funding would be provided to the regions so they may develop the identified placements, treatments, and services necessary to discharge approximately 152 individuals at the civil State Mental Health Treatment Facilities. The funding amount is requested to provide services in the community for one year.

Modifying SAMH Data Systems – SAMHIS and FSAMS

The Department is working to ensure its data systems are compliant with State and Federal standards for Electronic Health Records and Health Information Exchange. Being in compliance will enable the Department to enhance client care, increase efficiency, and

improve data analysis for evaluation and planning. Managing Entities are contractually required to have experience and capacities necessary to maintain an Electronic Health Record (EHR) system, including but not limited to standardized screening and assessment instruments; automated referral and electronic consent; integrated intake, admission, discharge and follow-up processes; treatment plans, progress notes and encounters; ability to generate Medicaid billing and payment; service recipient financial and clinical eligibility, and invoice payment and claims adjudication and treatment authorization management.

In December 2009, SAMHSA developed and issued the “Behavioral Health Administrator’s Guide to Electronic Health Records (EHRs)” for state mental health and substance abuse administrators and service providers contemplating the acquisition of an EHR system. The guide describes the functions and features of several EHR software systems and, for each system, it provides valuable information that may help in the decision making process.

In August 2010, the Department of Children and Families (DCF) signed a license agreement with FEI, Inc. to acquire the Infrastructure for Treatment Services (WITS), an open-source application in the public domain, which is one of the EHR systems listed in the SAMHSA guide previously described. The major goal of the contract was to develop and deploy the WITS Voucher Management System (VMS) specifically designed to manage the Access-to-Recovery (ATR) grant program. This agreement granted the department a free, non-exclusive perpetual license to use the software in executable form, together with any and all related documentation, manuals or instructions. In November 2010, the Department contracted with a third-party IT vendor to configure, maintain, and host the WITS system during the period from November 2010 through June 2013. After evaluation of the system’s capabilities and costs for enhancements, the Department decided to deploy only the WITS VMS data modules and to use existing resources for the development and implementation of a Financial and Service Accountability and Management System (FSAMS) to replace the existing Substance Abuse and Mental Health Information System (SAMHIS).

This combination of data from these new systems will be used by the Department for statewide management of the substance abuse and mental health system of care. The systems will track costs (revenues and expenditures), utilization, quality of care, access to services, individuals served, and service outcomes within the network of subcontractors under various Managing Entities.

Managing Entities (ME)

In 2008, the Legislature authorized the Department to implement Behavioral Health Managing Entities (394.9082, FS). These entities are defined as Florida corporations exempt from taxation under s. 501(c)(3) that contract with the Department to manage the daily delivery of behavioral health services (i.e. substance abuse and mental health services).

The Department continues to select Managing Entities which will provide structured oversight of the mental health and substance abuse funds; more efficient and effective use of limited resources; and a comprehensive, continuous, and integrated system of care in a defined geographic area. The goal is to allow for a more flexible and innovative form of management that will, in turn, allow the Department to assume a broader planning, training, and systems development role. There are currently three managing entities: Lakeview Center, Inc., which provides services in Circuit 1, Central Florida Behavioral Health, Inc, which provides services in the SunCoast Region, and South Florida Behavioral Health, Inc, which provides services in the Southern Region. In these three area, the Department now only manages the 3 ME contracts instead of the 172 separate provider contracts that were under the Departments management. The Department is soliciting additional ME contracts in the Northeast, Central, and Southeast Regions. It is anticipated that these contracts will be in place by December 1, 2011.

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 childhood and adulthood, including an increased risk of 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. Local TIC workgroups formed in 2010 continue to meet within the regions to create a local trauma informed system of care that builds on community empowerment to address local needs and utilize resources. 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 and child welfare 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. The statewide interagency Trauma-Informed Care workgroup formed in 2009 continues to meet on a quarterly basis in Tallahassee.

Development and Implementation of Prevention and Early Intervention Services

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.

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).

In addition to prevention activities, the Department has a strong focus on early intervention services. 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 SAMH 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. In an effort to promote child well-being and prevent emotional and behavioral disorders, emphasis is being 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.

SAMH continues to work in partnership with Florida State University’s Center for Prevention and Early Intervention, major stakeholders and key systems partners to identify and promote the use of best practices and services and supports that promote healthy early childhood development through the effective utilization of current funding sources across agencies and programs that serve young children and their families. During 2011, statewide webinars to promote early interventions and a one day summit highlighting the return on investment were supported by SAMH.

The SAMH Program Office will continue to coordinate with key partners and stakeholders to promote the use of effective and developmentally appropriate interventions and to emphasize protective factors that foster positive development.

Strengthening the Management of Treatment Facilities

In response to recommendations from the Facilities Management Review Team, changes have been and continue to be made to strengthen the management of the treatment facilities, including:

- The appointment of a Director of Mental Health Facilities, as a result of reorganization of the Substance Abuse and Mental Health Program Office
- The streamlining/reduction of administrative positions in the three state operated facilities
- Consolidation of Revenue Management functions for Florida State Hospital and Northeast Florida State Hospital at one facility (Northeast Florida State Hospital)
- Exploration of outsourcing of certain functions at Florida State Hospital - specifically Operations, Maintenance and Food Services
- Increased Focus on Performance Management across the state facilities
- Continued exploration of consolidation of functions for several facilities at one facility (one facility having "lead").

The facilities 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 people transition from facility-based treatments to the community by allowing their treatment records to seamlessly follow them to their local providers.

Interface with Forensic System

A priority domain for the SAMH Program Office is the interface between mental illness and the criminal court 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. Since then the Department has continued to place individuals in state mental health treatment facility beds within the statutorily required 15 days. The number of individuals committed to the Department pursuant to Chapter 916, F.S., has decreased for the past two fiscal years (a three percent decrease in FY 2009-10 and a 2.8 percent decrease in FY 2010-11). Eighty-two secure forensic beds were closed on July 1, 2011.

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 pending their hearing
- Placing individuals on conditional release so they may participate in community-based programs, including community-based competency restoration programs
- 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 protect the public by identifying a “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 41,592 referrals, which have led to over 772 persons committed to the Department as Sexually Violent Predators.

The Florida Civil Commitment Center (FCCC) houses both committed residents and pre-trial detainees. While the census has remained stable with no significant change over the past three fiscal years (census totals for FY 2008/09 – FY 2010-11: 674, 673, 677), the percentage of persons housed at FCCC who are now committed as part of the Sexually Violent Predator Act has shown steady increase (percentages for FY 2008-9 – FY 2010-11: 66%, 71%, 77%).

Improving Access and Delivery of Services to Veterans

According to the Veteran Population model of the United States Department of Veterans Affairs (VetPop2007), the population of veterans in Florida is expected to be more than 1.6 million by September 30, 2011. A 2008 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. Based on those data, 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 more than 14,000 of Florida’s returning veterans who may not have sought proper care. Given the current and projected needs of veterans in Florida, the Department is engaged in several projects designed to meet these needs.

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, titled "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. In December 2010, Florida's Jail Diversion and Trauma Recovery (JDTR) project began implementation of a pilot diversion program in Hillsborough County. Northside Mental Health Center is the pilot site provider, serving estimated 240 persons over the course of the grant. Veterans involved with the criminal justice system who are experiencing ongoing difficulties with trauma are eligible for the program. Services include: Peer-to-Peer Support, case management, Family-to-Family Support, facilitated access to psychiatric services, substance abuse treatment, vocational resources, housing, and linkage to VA services as appropriate. A second pilot site will be chosen in September 2011 and implemented starting in September 2012.

Recovery Peer Specialist-Veteran:

One unique aspect of the JDTR grant is Florida's creation and implementation of a new state-level Veteran Peer Support Specialist credential. This certification is the result of the Department's ongoing partnership with the Florida Certification Board. Certification of trained veterans will professionalize the veteran mentorship process in that trained veterans will be assisting other returning veterans adjust to their home and community. The Certified Recovery Peer Specialist-Veteran (CRPS-V) credential was completed in the Spring of 2011 and began accepting applicants in June 2011.

Homelessness-Veterans:

Victory Village is a twelve unit permanent affordable rental housing cluster of three quadplexes occupied by homeless, disabled veterans. The project is located on a two-acre parcel in Titusville. The completion of the 12 units provides a seamless outlet for participants who have completed all required elements of the transitional housing program to advance to permanent rental housing, further increasing their self-sufficiency. This program includes comprehensive case management, drug/alcohol addiction counseling, provision of transportation, referral to mental health and medical treatment and other services as needed by individual participants. Funding was secured through Brevard County's Housing and Human Services Department (HUD HOME Investment Partnership Program entitlement grant funding), US Department of Housing and Urban Development Continuum of Care Supportive Housing Program funding and the Florida Department of Children and Families Homeless Housing Assistance Grant Program and generous donations from local civic organizations, local church networks, and local veteran groups.

In June 2011, The Department of Children and Families announced federal funding from the U.S. Department of Housing and Urban Development for two projects to assist community homeless programs in the Northwest Region. One of the programs, the Okaloosa/Walton Continuum of Care "Opportunity Inc," was awarded \$33,167 for a project

for a Veterans Housing Program. This grant offers more beds for permanent housing, help with mental health and substance issues, and support in obtaining employment. HUD's Continuum of Care grants fund a wide range of transitional and permanent housing programs as well as supportive services such as job training, case management, mental health counseling, substance abuse treatment and child care.

Homelessness

Florida currently has approximately 57,643 homeless individuals (Annual Report on Homeless Conditions in Florida 2010, DCF Office on Homelessness). Over 36% of all homeless persons reported a disabling condition in 2010. The primary conditions reported were physical disabilities (40%), drug or alcohol addiction (27.1%) and mental illnesses (26%). Local homeless coalitions clearly identified the availability of affordable housing as the singular, most pressing unmet need.

Additionally, 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. 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.

Despite the hurdles, the Department continues to work towards ending homelessness for persons with mental illnesses. Instrumental to that effort is the federal program called "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 22 PATH projects in the state, with at least one project located in each of the Department's local service areas.

The Department has also partnered with the Supportive Housing Coalition to assist in developing local partnerships between housing authority staff, financing agencies, mental health/substance abuse providers, and others interested in housing development projects that would be sites for permanent supportive housing (PSH), an evidenced-based practice. This group has been increasingly effective in promoting the expansion of housing resources and cross training of housing and service providers. 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. In addition, the Department has also partnered with the Florida Mental Health Institute (FMHI) at USF to provide webinars and on-site regional training across the state in 2011-2012 on PSH. FMHI will also work with providers who already are implementing this evidenced-based practice to evaluate for fidelity to the model.

C. Addressing Our Priorities over the Next Five Years

Through its annual planning process, the SAMH Program Office identifies key trends and conditions relating to substance abuse and mental health, 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.

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

- Improving outcomes for children, youth and adults with mental health and substance abuse needs through the implementation of evidenced-based practices and data driven decision making
- Improving service collaboration and integration with primary care
- Improving services for individuals with co-occurring disorders through the integration of substance abuse and mental health assessment, treatment and recovery support services, and data/financing systems
- Reintegrating individuals from the civil state mental health treatment facilities into the community, when appropriate
- Improving the quality and use of data for advocacy and management purposes in order to achieve positive systemic and consumer outcomes
- Developing an infrastructure to support Electronic Health Records (EHR) that conform to State and Federal privacy, confidentiality, and data standards
- Developing health and recovery oriented service systems of care for individuals with or in recovery from mental health and substance use disorders
- Improving the forensic system to divert individuals from forensic treatment facilities to structured community placements or services
- Reducing the prevalence of underage drinking
- Preventing the development and reducing the impact of serious emotional disturbance and substance abuse among children
- Enhancing integration of Child Welfare and Substance Abuse and Mental Health Services
- Reducing prescription drug misuse and abuse
- Improving access to clinical treatment and recovery support services for veterans and their family members

Listed below are substance abuse and mental health initiatives to meet these priorities over the next five years.

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. Changes also relate to prohibiting dangerous contraband on the grounds of facilities housing sexually violent predators; and giving courts the flexibility to dispose of federal deportation detainees. Although largely 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. Changes will also enhance safety and security at the facilities housing persons subject to this part, by prohibiting firearms and other dangerous items from being introduced into or removed from commitment facilities. Statutory changes allowing flexibility in the disposition of federal immigration detainees are expected to save the state the expense of providing long-term care and treatment for persons who can be successfully deported without endangering the public.

Initiative: The Department seeks to establish a structured, conditional release/community surveillance program for persons released from the secure, sexually violent predator treatment facility. A conditional release program will afford the opportunity for those residents who have reached maximum therapeutic benefit of treatment to gradually transition back into the ordinary demands of society. More importantly, it will allow for supervision and surveillance of released sexually violent predators, thereby protecting all Floridians.

To date, more than 30 individuals formerly committed to the facility as sexually violent predators have been released by the courts in the final phase of treatment. Presently, there is no formal mechanism or authority to supervise sexually violent predators released from commitment, nor is there any statutory mechanism to ensure they receive outpatient treatment after their release to minimize the threat they pose to the community. This program will enable courts to impose mandatory supervision/surveillance and outpatient sex offender treatment, as well as other conditions, once an individual is released from the sexually violent predator facility. These provisions will add a community supervision component to the existing statute, which will provide safeguards for the community at large. This will help to protect Floridians from the possibility of released individuals committing new offenses and will maximize the likelihood of offenders successfully re-entering the community.

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.

Initiative: The Department will use the LBR process to seek funds to assist over 150 persons in the civil State Mental Health Treatment Facilities (SMHTF) who have been determined ready for community placement for 60 days or longer to be successfully reintegrated back into the community with appropriate treatment and necessary services. The funding will be utilized to develop the needed community resources to serve this population in the community for one year.

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.

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.

Initiative: Increase the number of children in the community and foster care system affected by severe emotional disturbances who regularly attend school and graduate from high school and post-secondary education through participation on the Department of Education statewide steering committee and dropout prevention subcommittee.

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

The SAMH Program Office will continue to seek out alternative funding sources for clubhouse development through coordination with the Department of Vocational Rehabilitation (DVR), DCF Regional Offices, local providers, and local VR staff. Furthermore, the mental health staff will examine existing employment services funded by SAMH Program Office to determine the fidelity with the Supported Employment Toolkit and other evidence-based models.

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 behavioral 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.

SAMH is also participating in a national benchmarking project that will compare the treatment costs and outcomes across providers. This will assist in the identification of best practices and policy development.

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

The SAMH Program continues to increase the availability of SSI/SSDI Outreach Access and Recovery (SOAR) training across the state. Additionally, the SAMH Program Office is working with Regional SAMH offices and the Managing Entities to build SOAR Community Initiatives in each region.

Existing housing programs funded by SAMH Program Office 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).

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.

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

Initiative: Serve an increased number of civil and forensic individuals in the community who would otherwise be served in a state mental health treatment facility.

- Redesign the civil and forensic mental health system by developing community resources to serve civil individuals currently in a state mental health treatment facility awaiting return to the community. This may be accomplished through requesting additional funds via the legislative budget request process and by evaluating options to transfer funds from the facilities budget to the community budget to accommodate the need.
- Develop a plan for creating services, placements, and treatment for individuals who can be successfully diverted from admission to a civil or forensic state mental health treatment facility. The department is proposing legislation that would authorize

development and creation of additional forensic community services to assist with this initiative.

Initiative: Continue to develop Managing Entity contracts throughout the state to promote a more efficient, locally controlled, responsive system of care. Managing Entities are currently under contract in Circuit 1, the SunCoast and Southern Regions. An Invitation to Negotiate (ITN) has been released in the Northeast, Central, and Southeast regions. It is anticipated that these contracts will be in place by December 1, 2011.

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. The 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.

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 continue to work to improve its current data system and Managing Entity contracted agencies' data systems to ensure they are 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 continue to work to improve its current data systems system and Managing Entity contracted agencies' data systems to ensure they are EHR capable.

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

- The SAMH Program Office will continue to work to improve its current data systems system and Managing Entity contracted agencies' data systems to ensure they are EHR capable.

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 Health Information Exchange (HIE) adapters to interface with agency data systems, both statewide and nationwide.

D. Justification of Final Projection for each Outcome

The Program office is responsible for reviewing and analyzing performance at the state, 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 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 Substance Abuse and Mental Health Block Grants. The GAA and NOMs measures are posted to the performance Dashboard.

Like most states, Florida has transitioned 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 are required to be collected by states in order to continue to receive Block Grant funds from SAMHSA.

Regional managers and managing entities are responsible for ensuring the Department reaches each outcome.

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 system redesign, including initiative to enhance its data systems, adoption of evidence based practices, utilization of Managing Entities, and the SBIRT approach to integration with primary care, 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.

F. Changes Which Would Require Legislative Action

Distribution of Substance Abuse and Mental Health Funding

The Department is proposing amendment to s. 394.908, FS, to remove and revise provisions related to the distribution of appropriations for alcohol, drug abuse and mental health services. It also changes the factors DCF should consider when distributing funding from an equity basis to determination of need bases on national and state epidemiological data, level of funding, and funding capacity. It also adds a requirement for an annual report on a per capita spending.

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.

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; creation of rules prohibiting dangerous contraband at commitment facilities; giving courts the flexibility to allow disposition of federal deportation detainers; and creating a conditional release program for persons found to no longer meet confinement but who continue to need treatment. These changes enhance public safety by ensuring that the sexually violent predators do not escape commitment for technical reasons; that firearms and other dangerous items are not brought onto the grounds of commitment facilities; that courts have the flexibility to allow disposition of detainers in cases where non-citizens can be successfully and safely deported; and that released persons receive necessary supervision and continued outpatient treatment for disorders related to sexual violence.

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 twelve years old, and there are some modifications and additions that are needed to clarify the process to enhance safety, security and consistency with legislative intent. These proposals:

- 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.
- 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.
- Create ss. 394.9265 to establish rules prohibiting the introduction of firearms and other dangerous contraband onto the grounds of any facility that provides secure confinement and treatment for persons detained or committed under this part. These rules would be similar to those already used by correctional and state mental health treatment facilities in the state of Florida and would further enhance safety and security at facilities housing sexually violent predators.
- Modify s. 394.917(2) in order to facilitate the deportation of persons with undocumented immigration status who are detained or committed at facilities designated by the Department for the control, care, and treatment of persons detained under this part. Courts would retain the flexibility to proceed with commitment for persons unlikely to be successfully deported. This would save the state the expense of providing long-term care and treatment for persons whose deportation will not pose a threat to the public.
- Modify s. 394.918(3) and create s. 394.9181-8 to establish a community surveillance/conditional release option and structure for persons determined to no longer meet criteria for confinement despite continuing to need treatment for mental abnormality. This will enhance public safety by ensuring the formerly committed violent sexual predators continue to participate in treatment while receiving ongoing supervision and monitoring by release supervisors.

G. Task Forces and Studies in Progress

Florida Assertive Community Treatment Teams Fidelity Reviews

Authority: *F.S. 394.67(15), F.S.*

Purpose: The DCF mental health leadership partnered with the Louis de la Parte Florida Mental Health Institute (FMHI) to assist in evaluating the performance of the 31 Florida Assertive Community Treatment (FACT) teams in the state. The evaluation objectives are three-fold: evaluate the model fidelity; analyze program outcomes; and, suggest possible enhancements. Fidelity reviews commenced in February 2010. Initially 4 reviewers/trainers (plus one staff from DCF headquarters) were trained to conduct the reviews and to train the other trainers. To date, 14 teams have been reviewed and the

four initial trainees have begun to teach the next cohort how to review teams. Reviews are ongoing and expected to be completed by Spring 2012.

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: 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.

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 Based Fidelity Review Process-

Authority: SAPT Block Grant

Purpose: The 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. In order to meet these

requirements, the state has implemented a process improvement model that utilizes change teams, peer mentors, and coaches to achieve, sustain, and spread improvements through rapid cycle process improvements. Critical to this process is the use of a self-assessment tool that assists agencies to identify and track progress toward measurable objectives that improve fidelity of implementation of evidence based programs and practices.

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 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.

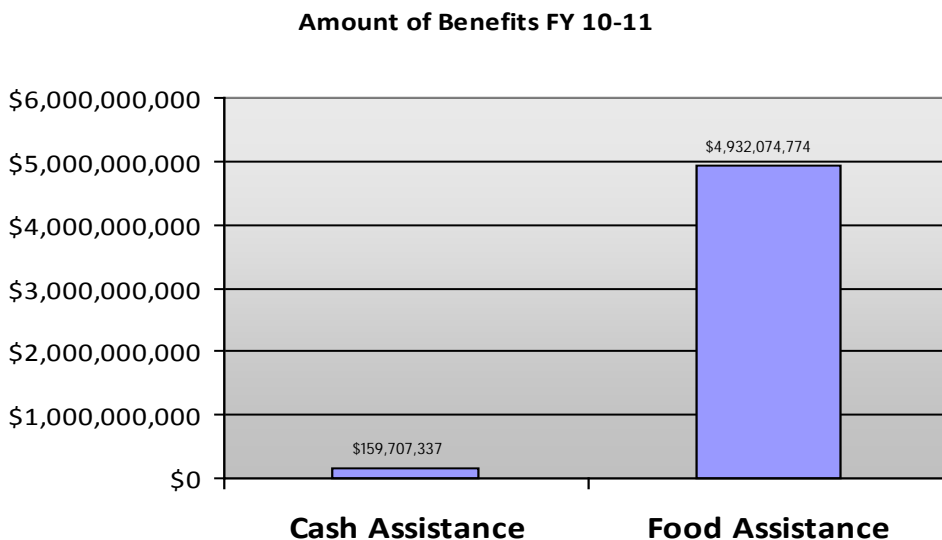
Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to client and agency error, including fraud. Benefit Recovery staff receive referrals from a variety of sources, including ACCESS eligibility staff, Public Assistance Fraud staff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

The Automated Community Connection to Economic Self-Sufficiency (ACCESS) Program is responsible for public assistance eligibility determination and ongoing case management of the federally-funded Supplemental Nutrition Assistance Program, (SNAP or food assistance); Temporary Assistance for Needy Families (TANF); and Medicaid.

Floridians can go online to complete an application for services, report a change in circumstances or complete a review. Clients can also visit a Department service center or one of more than 3,000 community partners located throughout the state. Florida has gained national recognition for modernizing its eligibility system with nearly every state sending representatives to tour service centers and learn about new technologies.

Since 2007, Florida has earned more than \$24 million in federal bonus money for Food Assistance payment accuracy. Again this year, Florida led the nation and received a nearly \$7 million bonus.

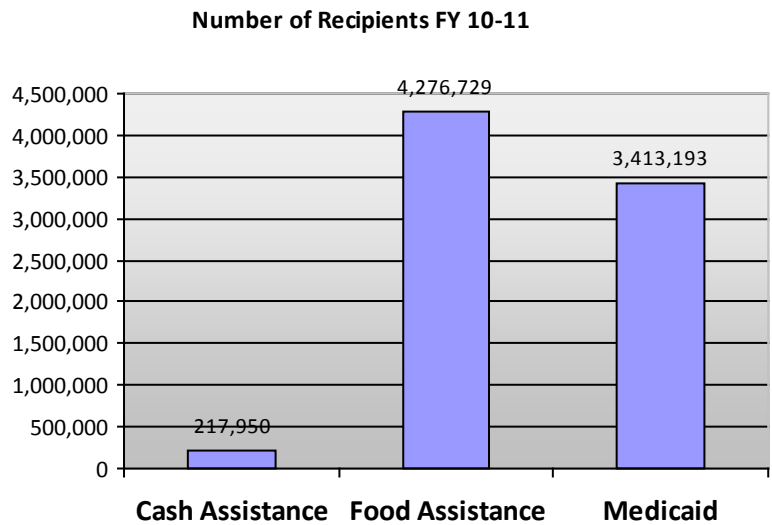


Temporary Cash Assistance benefits are intended for the support of the minor child in the assistance group. All recipients are notified at the time of application

that they have a responsibility to use the cash assistance for the benefit of the children. They are not required to verify how the benefits are used, but are cautioned that improper use could result in a fine, time in jail or both.

ACCESS call centers link the recipients of cash assistance, food assistance, and Medicaid with responsive customer service representatives who answer questions, update customer records and resolve concerns by phone. The three call centers - located in Miami, Jacksonville and Tampa - provide support statewide for customers.

There are currently more than 4.1 million clients in the ACCESS Program. Call volume exceeds three million per month. About 27% are assisted through the automated self-service system.



Available call agents are able to speak with about 10%. The remainder ring busy when transferred out of the Automated Response Unit or are abandoned. The Department is working to improve this response rate by

encouraging technology and adding some temporary staff. About 70% of customers are now registered for My ACCESS Account where they can receive web based information on the status of their benefits and other information.

The chart below provides data from January 2011 on calls received and transferred to call agents.

ACCESS Call Center Location	Number of Calls Handled by Agents
Jacksonville	60,828
Miami	119,667
Tampa	114,422
TOTAL	294,917

Internet access is increasingly important to the public and access to DCF services and information through Websites and online communication continues to improve daily. Floridians may now apply for public benefits and check on their cases via computer through the *My ACCESS Account* site (www.myflorida.com/accessflorida).

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 2010-11,

there was an increase in the clients receiving food assistance and Medicaid benefits. The Temporary Cash Assistance caseload dropped. These changes are reflected in the following data:

- Unduplicated count of clients increased 11% from 3,684,525 to 4,071,715
- Number of persons receiving food assistance increased 14% from 2,794,233 to 3,172,914
- Number of Medicaid clients increased 7% from 2,428,236 to 2,596,816
- Number of persons receiving Temporary Cash Assistance decreased 10% from 102,824 to 93,143.

To ensure public assistance programs provide opportunity for self-sufficiency and appropriate transition services to Florida's people, 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 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 initiatives reflect those priorities identified as yielding the greatest impact on all programs:

- 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 2011 increased by over 1,400,000 compared to 2010. This is a 12% 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 expanded allowing

some community partners to conduct interviews and thereby speed the application process.

Initiatives:

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

In State Fiscal Year 2010-11, 6451 applications were received through electronic interfaces with local organizations and hospitals. While the Benefit Bank and the City of Miami discontinued their project, we do still have an electronic application interface with R & B Receivables, which is used by the Tenet Hospitals in Broward County. We have also built an interface with Emdeon, who has yet to begin submitting applications. We also anticipate beginning work with a group of social service agencies from Palm Beach County who will be using an application built by Social Interest Solutions.

- 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 focused on improving the work participation rate. They are working jointly and individually on a variety of strategies. Staff members from both agencies meet 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.

These pilots concluded in June 2010 as part of the business plan for managing workload when federal recovery funds ended.

- ACCESS process and workload.

ACCESS continuously improves upon technology used by both staff and customers. The next phase of the ACCESS Management system, the Application Entry module, 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.

The Document Imaging System used by ACCESS was modified so as to allow staff to index documents at the individual level rather than at a case level.

In addition, during this fiscal year, ACCESS continued to build upon their self-service model with the following system enhancements:

- Added the ability for customers to upload documents to their My ACCESS Account;
- In Fall of 2011, customers' notices will be added to their My ACCESS Account; and
- The on-line web application is being modified to allow customers to select the types of benefits they would like to apply for while only asking questions required for the program(s) selected; programs that currently use a paper application are being added as an option (Simplified Eligibility for Pregnant Women and the Medicare Beneficiary programs); a link to needed forms are being added, and the overall application has gone through a plain language exercise.

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 firsthand 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 fourth year in a row, the ACCESS program has received federal bonus money from the Food and Nutrition Service (FNS). This was the third year in a row that Florida achieved the lowest payment error rate in the country. This year's payment accuracy bonus was \$6,083,577. 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.

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:

- Enhance outreach through partnerships and demonstration projects with third-party resources
- 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

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 2010-11, 98.42% of all applications were completed timely, which is 2.42% 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: 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 2009-10, Florida had the highest accuracy rate in the country of 99.2%. Florida was awarded a bonus payment of \$6,083,577 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

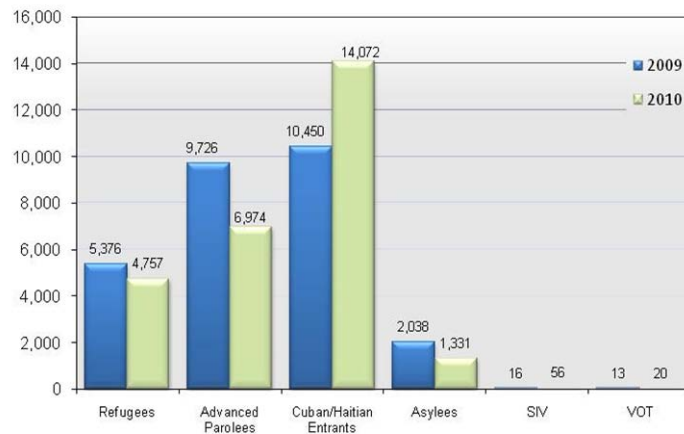
The fundamental responsibility of the program is to provide the services refugees need to obtain economic self-sufficiency and successfully integrate into American society in the shortest time possible following their arrival to the United States.

The Refugee Services Program is a fully federally-funded program that assists recently-arrived eligible refugee clients in obtaining employment, learning English, acquiring job skills and overcoming legal or medical difficulties for employment purposes. The program is 100 percent federally-funded through the U.S. Department of Health and Human Services, Office of Refugee Resettlement, through various grant application processes. Services provided include: Employment; Adult Education/Vocational Training, including English Language; Child Care; Crime Prevention; Integration Assistance; Primary Health Care (Miami-Dade); Youth and Family Services; Epilepsy Case Management; and Unaccompanied Refugee Minors.

Clients Served FY 2010
New Clients 27,210
Unduplicated clients: 72,689

Types of Clients Served:

Refugees <ul style="list-style-type: none">Individuals who have been forced to flee their home country due to persecution or a well-founded fear of persecution. Refugees are granted status before they arrive in the United States.	Asylees <ul style="list-style-type: none">Persons already in the United States who, due to persecution or a well-founded fear of persecution in their home country, apply for and are granted asylum by asylum officers or immigration judges in the United States.
Advance Parolees <ul style="list-style-type: none">Cuban nationals who are granted advance permission to enter the United States through the parole authority of the Department of Homeland Security as agreed in the U.S. - Cuba Accords.	Afghan and Iraqi Special Immigrants (SIV) <ul style="list-style-type: none">Iraqi and Afghani nationals who worked with the U.S. military and who were granted special immigrant status.
Cuban/Haitian Entrants <ul style="list-style-type: none">Cuban and Haitian nationals who enter the United States and are granted a parole upon entry, apply for asylum, or are in removal proceedings.	Victims of Human Trafficking <ul style="list-style-type: none">Individuals who, through the use of force, fraud, or coercion, have been forced to perform a commercial sex act, or have been subjected to involuntary servitude, peonage, debt bondage, or slavery.



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, local non-profits, 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, job placement, 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 employment authorization, 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 at a similar level.

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.

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 known at this time.

G. Changes Which Would Require Legislative Action

None known at this time.

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.

Department of Children and Families

Long Range Program Plan

Fiscal Years 2012-2013 through 2016-2017

September 30, 2011

Performance Measures and Standards - LRPP Exhibit II

Rick Scott

Governor

David E. Wilkins

Secretary



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 2011-12 (Words)	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Approved Standards for FY 2011-12 (Numbers)	Requested FY 2012-13 Standard (Numbers)
Administrative cost as a percent of total agency costs ED (M0144)	0.33	0.38	0.33	0.33
Administrative cost as a percent of total agency costs Admin (M0147)	1.23	1.15	1.23	1.23
Administrative cost as a percent of total agency costs (M0363)	1.6	1.26	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 2011-12 (Words)	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Approved Standards for FY 2011-12 (Numbers)	Requested FY 2012-13 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	2.30	1.28	2.30	2.30

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families	Department No.: 60
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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 2011-12 (Words)	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Approved Standards for FY 2011-12 (Numbers)	Requested FY 2012-13 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	97	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	99	97	97
Number of investigations (M0127)	41,000	47,261	41,000	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	6,223	5,600	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	99.4	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	0.08	1.5	1.5
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	1.5	0.08	1.5	1.5
Number of facilities and homes licensed (M0123)	6,868	6,311	6,868	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	71,834	63,019	63,019
Percent of licensed child care facilities inspected in accordance with program standards. (M04015)	95	99.5	95	95
Percent of licensed child care homes inspected in accordance with program standards (M05175)	95	99.6	95	95
Calls answered (M0070)	430,000	407,058	430,000	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	6.1	3	3
Number of calls to the hotline (M0300)	450,000	433,395	450,000	450,000
Per capita verified child abuse rate/1000 (M0736)	14	12.51	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	98.3	95	95
Number of children in families served (M0134)	122,937	15,596	122,937	122,937
Number of families served in Healthy Families (M0294)	12,922	8,861	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	3,009	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	2nd Qtrr 92.58%	94.6	95
Number of children in out-of-home care (M0297)	20,771	19,404	20,771	20,771
Number of children receiving in-home services (M0774)		12,348		
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	68	65	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	50.9	40	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	4th Qtrr 99.63%	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	33.77	33.6	34
Number of investigations (M0295)	180,000	188,528	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	86	87	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	94	100	100
Percent of children removed within 12 months of a prior reunification. (M05178)	9.9	11	9.9	9.9
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	98	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	2.74	3.05	3.05
Administrative cost as a percent of total agency costs (M0426)	1.21	1.11	1.21	1.21

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families	Department No.: 60
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Program: Mental Health Services	60910506			
Service/Budget Entity: Mental Health Services	60910506			
Approved Performance Measures for FY 2011-12 (Words)	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Approved Standards for FY 2011-12 (Numbers)	Requested FY 2012-13 Standard (Numbers)
Number of adults in mental health crisis served (M0017)	30,404	29,093	30,404	30,404
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	8.9	8	8
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	4.76	8	8
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	161,251	136,480	136,480
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	32.82	40	40
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	18.25	24	24
Number of adults with forensic involvement served (M0018)	3,328	3,582	3,328	3,328
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	67	76.79	67	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	86	93.73	86	86
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	95.03	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	69	40	40
Number of people in civil commitment, per Ch. 394, F.S., served (M0372)	1606	1901	1606	1,606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2320	2563	2320	2,320
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	121	125	125
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	78	67	67
Number of sexual predators assessed (M0283)	2879	3032	2879	2,879
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	2.88	3	3
Number of residents receiving Mental Health treatment (M06001)	169	362	169	169
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	97	85	85
Number of sexual predators served (detention and treatment). (M0379)	480	741	480	480
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	60.03	64	64
Number of children served who are incompetent to proceed (M0030)	340	412	340	340
Number of ED children to be served (M0032)	27,000	36,017	27,000	27,000
Number of at-risk children to be served (M0033)	4,330	2,243	4,330	4,330
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	91.24	86	86
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	65	65	65
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	50	50	50
Number of SED children to be served (M0031)	46,000	53,141	46,000	46,000
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	75	75	75	75
Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)	95	99.79	95	95
Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)	93	98.88	93	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	96	92.96	96	96
Administrative cost as a percent of total program costs (M0135)	4.87	1.99	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 2011-12 (Words)	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Approved Standards for FY 2011-12 (Numbers)	Requested FY 2012-13 Standard (Numbers)
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	86	94	94
Percentage change in clients who are employed from admission to discharge. (M0753)	10	14	10	10
Number of adults served (M0063)	115,000	143,825	115,000	115,000
Percent of adults who successfully complete substance abuse treatment services. (M0755)	51	63.68	51	51
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)	14.6	11	14.6	14.6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	93	96	93	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	295	288	295	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	130	110	110
Number of at risk children served in prevention services. (M0382)	150,000	117,694	150,000	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	70.47	48	48
Number of at-risk children served in targeted prevention (M0055)	4,500	4,768	4,500	4,500
Number of children with substance-abuse problems served (M0052)	50,000	44,622	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	28.0	19.6	19.6
Administrative cost as a percent of total program costs (M0137)	5.0	3.4	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 2011-12 (Words)	Approved Prior Year Standard FY 2010-11 (Numbers)	Prior Year Actual FY 2010-11 (Numbers)	Approved Standards for FY 2011-12 (Numbers)	Requested FY 2012-13 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	542,099	296,826	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	49,752	70,394	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	88.84	95	95
Percentage of food assistance applications processed within 30 days (M0219)	95	89.29	95	95
Percent of food stamp benefits determined accurately (M0107)	94	99.22	94	94
Total number of applications processed (M0106)	5,000,000	11,871,922	5,000,000	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	98.42	96	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	21.9	45.98	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	49.14	34.2	34.2
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	99.72	98	98
Number of beds per day available for homeless clients (M0304)	1,500	2,338	1,500	1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	88.49	80	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	18,757,166	13,500,000	13,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	89.57	76.5	76.5
Number of fraud prevention investigations completed (M0112)	22,000	25,034	22,000	22,000
Number of refugee cases closed (M0104)	7,600	32,100	7,600	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	99.6	99.2	99.2
Number of refugee cases (M0362)	37,350	72,689	37,350	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	45.1	40	40
Administrative cost as a percent of total program costs (M0138)	7.93	9.13	7.93	7.93

Department of Children and Families

Long Range Program Plan

Fiscal Years 2012-2013 through 2016-2017

September 30, 2011

**Assessment of Performance for Approved Performance
Measures - LRPP Exhibit III**

Rick Scott
Governor

David E. Wilkins
Secretary



LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
 Program: Child Protection and Permanency

Service/Budget Entity: 60910310

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

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
94.6	92.58		

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 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.

Additionally, the reporting of this measure occurs approximately 8 months out (6 months after original report and another 2 months for data to be reported within the system)

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: 60910310

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
99.9	99.63	(.27)	

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 difference is statistically insignificant. 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: 60910310
 Measure: (M0738) Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services

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	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 performance measure is not collected at this time due to the fact that that it involves two separate reporting systems.

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:
 Future revisions of FSN may address the collection of this data set.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program:

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure 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:

- 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
87	86.19%	(.81)	-1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

.Explanation:

The difference is less than one percent and is statistically insignificant

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:

None

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Family Safety

Service/Budget Entity: 60910310

Measure: MO394 Percent of child investigations from an entry cohort completed within 60 days.

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%	93.80	(6.2%)	-6%

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: There will always be a number of cases that should appropriately remain open beyond 60 days – such as reports involving child deaths wherein a final Medical Examiner’s report containing toxicology and other laboratory results critical to determining the appropriate finding in the report (i.e., verified, some indication, or no findings of abuse or neglect) - are typically not available within 60 days.

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:

Reduce the standard.

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

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	6.1	+ 3.1	200 %

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input checked="" type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) – Not |

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):

- | | |
|--|---|
| <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: 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):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Training | <input checked="" type="checkbox"/> Technology |
| <input checked="" type="checkbox"/> Personnel | <input type="checkbox"/> 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: M0070 Calls answered

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	407,058	-22,942	-5.3%

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 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.

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: M0300 Calls received by the Hotline

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
450,000	433,395	-16,605	3.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

The 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.

External Factors (check all that apply):

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

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

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:

Delete measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Child Care

Service/Budget Entity: 60910310 Family Safety and Preservation Services

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	6311	(557)	-8.11%

Factors Accounting for the Difference: The original approved standard was based upon data collected by an electronic management system in its infancy. Since 2006, Child Care continues to recommend that the measure be revised after data purification efforts and system enhancements created percentage decreases. Additionally, the economic down turn has caused some programs to close.

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
 Competing Priorities Level of Training
 Previous Estimate Incorrect 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 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 Department does not have control of the number of new applicants or the number of facility/home closures. The performance results are based on the demand for child care services. Legislative change is needed to replace GAA measurement.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: Replace number of facilities and homes "licensed" with number of facilities and homes "inspected."

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program:

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure (M0124) 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)

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 standard is not reported. Adult Protective Services has requested that the standard be removed.

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:

Eliminate this standard

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program:

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure 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:

- 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
87	86.19%	(.81)	-1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

The difference is less than one percent and is statistically insignificant

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:

None

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Family Safety
 Service/Budget Entity: 60910310 Family Safety and Preservation Services
 Measure: Number of Finalized Adoptions (M0215)

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
3514	3009	(505) Under	-14%

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: With a reduction in the numbers of children in out-of-home care, the number of children available for adoptions decreases. The children remaining in foster care will need new strategies and specialized efforts to ensure a permanent family.

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

- Training Technology
 Personnel Other (Identify) New strategies have been developed

Recommendations:

Revise measure to account for the reductions in out-of-home care.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Family Safety and Preservation Services
 Service/Budget Entity: 60910310 Family Safety and Preservation Service
 Measure: M0294 Number of families served in Healthy Families

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	8,861	(4061) Under	(31)%

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 program has had a decrease in base funding which has resulted in reduced services. Funding for the FY 2010-11 has been significantly decreased for the Healthy Families Program and the measures for the future should be adjusted.

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:

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: 60910310

Measure: M0368 Percent of investigations commenced within 24 hours).

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99%	1 Under	(1%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

The Department continues to have turnover in Child Protective Investigation positions and with inexperienced Protective Investigators this may be a factor into the percentage decrease.

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:

Continue retention and supervisory support to new staff.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program:

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure (M05178) Percent of children removed within 12 months of a prior reunification

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
9.9	11.33	1.43%	-14%

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:

As the results of the high profile Barahona Case in February 2011, policy changes may have had effect on the numbers and percent of children being removed who had previously been reunified.

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:

The Department is currently redesigning Child Protection Investigations which may effect future change within this outcome 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: M003 – Average annual days worked for pay for adults with severe and persistent mental illness.

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	33	7	-17.5%

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)

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 decline in the average annual days worked in Fiscal Year 2010-11 is primarily due to the economic downturn and the high unemployment rate.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: Florida has continued to strive toward the goal of ensuring that adults with SMI and SMPI are able to participate in supported employment opportunities using the following strategies: a) Mental Health office has continued to coordinate with the Department of Vocational Rehabilitation to foster closer working relationships between SAMH Regional Offices, local providers, and local VR staff; b) the Program Office has purchased training from the International Center for Clubhouse Development (ICCD) and national ICCD training centers in order to promote Clubhouse (an employment model) development in Florida; and c) existing employment services funded by SAMH will be examined to determine the extent to which they comport with the Supported Employment Toolkit or other evidence-based models.

type of paid employment; (d) increase full-time staff positions in Vocational Department to increase opportunities for gainful employment by referring individuals to Work Source and (e) increase case managers' involvement in family and staff member communication regarding employment.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Mental Health Services
 Service/Budget Entity: 60910506 Mental Health Services
 Measure: M0017 Number of adults in mental health crisis served.

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
30404	29093	1311	-4.31%

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:

Not meeting this target is not a bad thing. In this case, it could mean that crises are diverted and so individuals do not need to go to Crisis Stabilization Units for services. However, there is not a way to absolutely determine the cause of reduction.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

Continue to offer Crisis Services

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Mental Health Services
 Service/Budget Entity: 60910506 Mental Health Services
 Measure: M0033 – Number of at-risk children to be served.

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	2243	2087	-48.2%

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: Children at risk of SED or ED can only be funded by using state general revenue. Therefore, the ability to serve this population is limited by the availability of general revenue funds. The number of children served has been trending down as a result of AHCA contracted managed care organizations not submitting data into SAMHIS. We are requesting the target to be reduced, in anticipation of this trend continuing, however, the target will be revisited upon an agreement with AHCA to provide data to SAMHIS on those children served under managed care contracts.

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: Children at risk of SED or ED can only be funded by using state general revenue.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: The Department is requesting the target to be reduced, in anticipation of this trend continuing, however, the target will be revisited upon an agreement with AHCA to provide data to SAMHIS on those children served under managed care contracts. The Department will collaborate more effectively with other child serving agencies that provide services to at-risk children. Additionally, the

Department has created a new OCA for this measure that included a wide range of community mental health services. SAMHSA is also considering policy changes that will provide an opportunity for more funding in the future.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Mental Health Services
 Service/Budget Entity: 60910506 Mental Health Services
 Measure: M0377 – Percent of children with emotional disturbances who improve their level of functioning.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
64	60	4	-6.3%

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:

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: Staff turnover and lack of clinical training and standardization in the use of the Department’s clinical instruments (Children Functional Assessment Rating Scales – CFARS and Children Global Assessment Scales - CGAS) as significant reasons for not meeting these targets.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: a) engage therapists in intensive CFARS re-training; (b) update CFARS and CGAS training for clinical staff, including treatment case managers; (c) implement new policies, with persons responsible for improving CFARS performance

outcomes; (d) develop online reports to aid in tracking medication-only clients, and (e) work with SAMH contract managers to review and set more realistic standard targets, as needed, to account for children served in medication-only programs.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Mental Health Services
 Service/Budget Entity: 60910506 Mental Health Services
 Measure: M0780 Percent of children at risk of emotional disturbance who live in stable housing environment

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
96	93	3	-3.12%

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 current economic downturn created the following issues for children at-risk of emotional disturbance living in stable housing; many families lost jobs, had difficulty finding employment, or became homeless.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: Assist families with housing, partner with other community housing organizations and increase case managers' involvement in family and staff member communication regarding employment.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services Measure: M0709 – Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge

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
8	8.9	.9 (Under)	-11%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation:

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

- Training Technology
 Personnel Other (Identify)

Recommendations: The increase in the percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge is due to lack of additional community resources to divert consumers who are discharged from the State treatment facilities.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Services

Service/Budget Entity: 60910604 Substance Abuse Services - Adult Substance Abuse Prevention, Evaluation and Treatment Services.

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
94	86	8	-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: With the weakness of Florida's economy and lack of viable employment options for many of our clients, the ability of clients to move from a dependent living environment to an independent living environment was impacted significantly.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: We anticipate improvement of this measure with improvements in employment/economy in Florida.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Substance Abuse Services
 Service/Budget Entity: 60910604 Substance Abuse Services - Children's Substance Abuse
 Measure: M0052 Number of children with substance-abuse problems served.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
50000	44622	5378	-11%

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: Previous estimate was based on two factors: more substance abuse resources being available and the number of youth served in individualized prevention services. Cuts to children's special project programs and a shift in our prevention focus from individual services to community strategies resulted in fewer children/adolescents being served in FY 10/11.

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: Target should be reset to actual performance for FY 10-11 (44,622) as no additional resources are anticipated in the future.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Services

Service/Budget Entity: 60910604 Substance Abuse Services - Children's Substance Abuse

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
150000	117694	32306	22%

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: Children's prevention services are almost entirely funded by the federal government which has shifted its prevention emphasis to community strategies, away from direct services to youth. 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 measure should be deleted as we anticipate movement to more community strategies in the future and it will no longer measure what it was originally intended to.

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	49,752	(20,642)	-29%

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 55,000). A referral can only be made on work eligible adults of whom there are only about 15,000 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: Percent of food assistance applications processed within 30 days (MO219)

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%	89.29%	(5.71%)	6%

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 food assistance caseload has grown by 159% since April 2007, while staff processing applications has only risen by 7.5%. This workload increase makes it difficult to process applications timely.

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 food assistance caseload grew just over 16% this past fiscal year.

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

- Training Technology
- Personnel Other (Identify)

Recommendations: A corrective action plan was put in place including activities aimed at increasing application processing timeliness.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percent of food assistance applications processed within 7 days (MO733)

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%	89.29%	(5.71%)	6%

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 food assistance caseload has grown by 159% since April 2007, while staff processing applications has only risen by 7.5%. This workload increase makes it difficult to process applications timely.

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 food assistance caseload grew just over 16% this past fiscal year.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: A corrective action plan was put in place including activities aimed at increasing application processing timeliness.

Department of Children and Families

Long Range Program Plan

Fiscal Years 2012-2013 through 2016-2017

September 30, 2011

Performance Measure Validity and Reliability - LRPP
Exhibit IV

Rick Scott

Governor

David E. Wilkins

Secretary



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>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>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>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>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>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 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>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.</p> <p>Protective supervision applies to services arranged or provided by the department to protect vulnerable adults from further occurrences of abuse, neglect, or exploitation.</p> <p>Supportive services are services that encourage and assist eligible vulnerable adults to remain in the least restrictive environment.</p> <p>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>Child Abuse Prevention and Intervention 60900310</u>
Measure:	<u>Per capita verified child abuse rate/1000 (M0736)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A child is any unmarried person under age 18 who has not been emancipated by court order. Abuse is defined as maltreatment, which includes both actual harm and threatened harm. This measure is a rate. The numerator is the number of unduplicated victims of child abuse and neglect as reported to the hotline and determined after investigation to be verified or have some indication of maltreatment. The denominator is number of children under the age of 18 in the state divided by 1,000. The YTD report for the first 11 months of the fiscal year represents a projection of the actual abuse per 1,000 children per fiscal year. This projection is calculated by summing the number of verified/indicated abuse cases during the report period, then "annualizing" that figure by multiplying that number by 12, then dividing by the total number of months in the report period (YTD). This number is then divided by the denominator, the number of children under 18 in the state divided by 1,000, to create the projection. Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Citrus, Manatee, Pasco, Pinellas and Seminole; department staff in remaining 61 counties). The source for the Florida population estimates and projections is the Florida Legislature, Office of Economic and Demographic Research, Demographic Estimating Conference Database.</p>
Validity:	This measure is a rough indicator of the incidence of child maltreatment in Florida.
Reliability:	The measure is not precise. It includes only child maltreatment that is: (1) known or suspected, and (2) reported to and accepted by the hotline for investigation, and (3) substantiated by an investigator during the reporting period. Periods of increasing backlog can drive the number up; when the department aggressively pursues backlog reduction, the number goes down. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY 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:	<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 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: Department of Children and Families
Program: FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity: Child Protection and Permanency 60900310
Measure: Percent of children removed within 12 months of a prior reunification. (M05178)

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, 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.

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.

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>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)</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. 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.</p> <p>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.</p>

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 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>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 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>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 FSFN. 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 not 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, Citrus, Manatee, Seminole, Pinellas, and Pasco ; DCF staff in the remaining 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:	<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:	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.
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 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 FSFN for investigation by protective investigators during the report period. Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Citrus, Manatee, Pasco, Pinellas and Seminole counties; DCF protective investigators in the remaining 61 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>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 FSFN 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 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 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 FSFN 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 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>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, Citrus, Manatee, Pasco, Pinellas and Seminole counties; DCF protective investigators in the remaining 61 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 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>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 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, Citrus, Manatee, Seminole, Pinellas, and Pasco; DCF staff in the remaining 61counties.
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>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>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:	<p>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</p>
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>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>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>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 school, participating in volunteer work, or in vocational training, although these

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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>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

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procedures for data submission are provided to all contractors.

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.

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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 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.

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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 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.

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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 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.

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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> <ol style="list-style-type: none">1. Adults with SAMI meet the criteria to be admitted into a Baker Act receiving facility. They do not meet the criteria for adults with forensic involvement or adults with severe and persistent mental illness.2. Adults with MHP have emotional issues that are impacting their day to day functioning. They do not meet the criteria for adults with forensic involvement, adults with severe and persistent mental illness, or adults with serious and acute mental illness <p>Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with serious and acute mental illness or adults with mental health problems. 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>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>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 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>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.

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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>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.

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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>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.

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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>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>The principle of law to ensure a defendant's due process right to a fair trial has been codified into Florida Rules of Juvenile Procedure and is cited as being "whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings. In addition, under Florida statute a youth can only be committed to the department for competency training if the basis of the incompetency is mental illness, retardation or autism. 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 ensure information coincides with the providers monthly reports.</p>

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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>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. The principle of law to ensure a defendant's due process right to a fair trial has been codified into Florida Rules of Juvenile Procedure and is cited as being "whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings. In addition, under Florida statute a youth can only be committed to the department for competency training if the basis of the incompetency is mental illness, retardation or autism. 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:	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site</p>

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monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.

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 a 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 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.

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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 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.

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>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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: 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.

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Program Management and Compliance - Mental Health 60900506

Measure: Administrative cost as a percent of total program costs (M0135)

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>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>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:	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
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>Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Harmful events are "significant reportable events" or those that result in serious injury to staff or residents; any incidents that result in a client elopement; and any incidents that result in serious damage to the physical plant. Florida has only one facility for sexually violent predators, the Florida Civil Commitment Center at Arcadia. 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
Validity:	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.
Reliability:	A threat to consistency lies in differing interpretations of the differences between "significant reportable events" and "critical incidents." However, a recent test of these categories showed that "significant reportable events" are likely to be reported consistently across staff. QA review addresses any differences and requires correction. Reliability is aided by the small number of staff and clientele.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH 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 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>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>Average number of days to restore competency for adults in forensic commitment. (M0015)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The average number of days to restore to competency is the period between admission and the date the competency report to the court is completed. This measure uses a trimmed mean procedure. The days to restore is calculated for each client by subtracting the admission date from the date the competency report was sent to the court. The days to restore are then ranked, and the top 5 percent and the bottom 5 percent of cases are removed (for a total of 10%). The sum of those days, after the total of 10 percent is trimmed, is the numerator. The denominator is the total number of clients remaining after the trim for whom days to restore to competency has been calculated. 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 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>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>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>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:	<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</u> <u>60900604</u>
Measure:	<u>Percentage change in clients who are employed from admission to discharge.</u> <u>(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</u> <u>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:	<p>Having arrest means the client was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency.</p> <p>This measure focuses on adults discharged during the reporting period, who received services in at least one of the following treatment cost centers: 06= Day/Night; 08=In-home/On-site; 12=Medical Services; 14=Outpatient Individual; 18=Residential Level I; 19= Residential Level II; 20= Residential Level III; 21= Residential Level IV; 31=Behavioral Health Overlay; 35=Outpatient Group; 36=Room & Board Level I; 37=Room & Board Level II; 38=Room & Board Level III. Percent arrested prior to admission: the numerator is the number of adults who meet the following criteria: (a) the substance abuse admission record (Purpose = 1) indicates that the client was arrested at least once in the last 30 days prior to admission (Arrest > 0). The denominator is the total number of adults admitted (Purpose = 1).</p> <p>Percent arrested prior to discharge: the numerator is the number of adults who meet the following criteria: (a) the substance abuse discharge record (Purpose = 3) indicates that the client was arrested at least once in the last 30 days prior to discharge (Arrest > 0). The denominator is the total number of adults discharged (Purpose = 3).</p> <p>Percent change is the difference between the percent arrested prior to admission and the percent arrested prior to discharge. Data Source: Provider staff reports service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally.</p>
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:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

procedures for data submission are provided to all contractors

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:	<p>The measure is a percentage. Successful completion of treatment include clients discharged during the reporting period who: (a) received services in any treatment cost centers (i.e., 06, 08, 12, 14, 18, 19, 20, 21, 31, 35, 36, 37, 38) and discharge reason code is 01, 10 or 13 and frequency of use for a declared drug is 1 (no past use in the last 30 days. The numerator is the number of adults discharged who successfully completed treatment as defined above.</p> <p>The denominator is the number of adults discharged during the reporting period (excluding immediate discharges) with discharge reason codes of 01, 02, 06, 10, 11, 13, 15, and 16. Data Source: Provider staff reports data in SAMHIS based on client interviews or information in local client records.</p>
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</u> <u>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:	<p>Stable housing environment includes the following residential status: independent living (code = 01, 02, or 03); dependent living (code = 04 or 05); and other residential settings (codes = 06, 07, 08, 11 or 17).</p> <p>The client's residential status code at the time of discharge is used to determine if the client lives in stable housing environment.</p> <p>This measure only include adult clients who are discharged and received services in any of the following cost centers: 06= Day/Night; 08=In-home/On-site; 12=Medical Services; 14=Outpatient Individual; 18=Residential Level I; 19= Residential Level II; 20= Residential Level III; 21= Residential Level IV; 31=Behavioral Health Overlay; 35=Outpatient Group; 36=Room & Board Level I; 37=Room & Board Level II; 38=Room & Board Level III.. The numerator is the number of adults who meet the following conditions: (a) were discharged during the reporting period; (b) received services in at least one treatment cost center during the episode of care; and (c) their residential status at the time of discharge shows that they live in a stable housing environment. The denominator is the number of adults who meet the following conditions: (a) were discharged during the reporting period; and (b) received services in at least one treatment cost center during the episode of care. Data Source: Provider staff reports data in SAMHIS based on client interviews and local records.</p>
Validity:	This measure attempts to measure the success of clients who live independently with substance abuse problems and function as productive members 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>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>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>Adult Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
Measure:	<u>Number of adults served (M0063)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Adults served in substance abuse treatment include persons enrolled in adult substance abuse priority populations and received services in any cost center under adult substance abuse program. Count of adults served in substance abuse program Data Source: Provider staff reports service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally.
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>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</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:	<p>The measure is a percentage. Successful completion of treatment include clients discharged during the reporting period who: (a) received services in any treatment cost centers (i.e., 06, 08, 12, 14, 18, 19, 20, 21, 31, 35, 36, 37, 38) and discharge reason code is 01, 10 or 13 and frequency of use for a declared drug is 1 (no past use in the last 30 days). The numerator is the number of children discharged who successfully completed treatment as defined above.</p> <p>The denominator is the number of children discharged during the reporting period (excluding immediate discharges) with discharge reason codes of 01, 02, 06, 10, 11, 13, 15, and 16. Data Source: Provider staff reports data in SAMHIS based on client interviews or information in local client records.</p>
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>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:	<p>Having arrest means the client was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency.</p> <p>This measure focuses on children discharged during the reporting period, who received services in at least one of the following treatment cost centers: 06= Day/Night; 08=In-home/On-site; 12=Medical Services; 14=Outpatient Individual; 18=Residential Level I; 19= Residential Level II; 20= Residential Level III; 21= Residential Level IV; 31=Behavioral Health Overlay; 35=Outpatient Group; 36=Room & Board Level I; 37=Room & Board Level II; 38=Room & Board Level III. Percent arrested prior to admission: the numerator is the number of children who meet the following criteria: (a) the substance abuse admission record (Purpose = 1) indicates that the client was arrested at least once in the last 30 days prior to admission (Arrest > 0). The denominator is the total number of children admitted (Purpose = 1).</p> <p>Percent arrested prior to discharge: the numerator is the number of children who meet the following criteria: (a) the substance abuse discharge record (Purpose = 3) indicates that the client was arrested at least once in the last 30 days prior to discharge (Arrest > 0). The denominator is the total number of children discharged (Purpose = 3).</p> <p>Percent change is the difference between the percent arrested prior to admission and the percent arrested prior to discharge. Data Source: Provider staff reports service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally</p>
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:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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 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:	<p>Stable housing environment includes the following residential status: independent living (code = 01, 02, or 03); dependent living (code = 04 or 05); and other residential settings (codes = 06, 07, 08, 11 or 17).</p> <p>The client's residential status code at the time of discharge is used to determine if the client lives in stable housing environment.</p> <p>This measure only include children who are discharged and received services in any of the following cost centers: 06= Day/Night; 08=In-home/On-site; 12=Medical Services; 14=Outpatient Individual; 18=Residential Level I; 19= Residential Level II; 20= Residential Level III; 21= Residential Level IV; 31=Behavioral Health Overlay; 35=Outpatient Group; 36=Room & Board Level I; 37=Room & Board Level II; 38=Room & Board Level III.. The numerator is the number of children who meet the following conditions: (a) were discharged during the reporting period; (b) received services in at least one treatment cost center during the episode of care; and (c) their residential status at the time of discharge shows that they live in a stable housing environment.</p> <p>The denominator is the number of children who meet the following conditions: (a) were discharged during the reporting period; and (b) received services in at least one treatment cost center during the episode of care.</p> <p>Percent arrested prior to discharge: the numerator is the number of adults who meet the following criteria: (a) the substance abuse discharge record (Purpose = 3) indicates that the client was arrested at least once in the last 30 days prior to discharge (Arrest > 0). The denominator is the total number of adults discharged (Purpose = 3).</p> <p>Percent change is the difference between the percent arrested prior to admission and the percent arrested prior to discharge. Data Source: Provider staff reports data in SAMHIS based on client interviews and local records.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Validity: This measure attempts to measure the success of clients with substance abuse problems who live independently and function as a productive members 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.

Department: Department of Children and Families

Program: SUBSTANCE ABUSE SERVICES

Service/Budget Entity: Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604

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

Action: Backup for performance measure

Data Sources and Methodology: Children served in substance abuse treatment include persons enrolled in child substance abuse priority populations and received services in any treatment and non-treatment cost center under children substance abuse programs. Count of children served in substance abuse treatment Data Source: Provider staff reports service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally.

Validity: This output measure represents the effort to evaluate the number of persons served

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 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 un-duplicated 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>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:	<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 or 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>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>Number of refugee cases (M0362)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p>
Validity:	<p>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.</p>
Reliability:	<p>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.</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>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 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 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>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>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 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:	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.
Reliability:	Internal quality reviews are completed on a sample of applications. These reviews validate the dates reported in the 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>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 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>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. 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:	<p>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.</p>
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>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>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>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>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>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.

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>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.

Department of Children and Families

Long Range Program Plan

Fiscal Years 2012-2013 through 2016-2017

September 30, 2011

**Associated Activities Contributing to Performance
Measures - LRPP Exhibit V**

Rick Scott
Governor

David E. Wilkins
Secretary



LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2011-12		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)		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)
6	Number of instructor hours provided to child care provider staff. (M0384)		Number of training certificates issued to child care provider staff (M0289)
7	Percent of licensed child care facilities and homes with no Class 1 (serious) violations during their licensure year (M0122)		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)
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)
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)
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)
			Number of adults served (ACT Teams) (M0276)
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)
			Number of adults served (ACT Teams) (M0276)
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)
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)
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)
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 2010-11		
		OPERATING		FIXED CAPITAL OUTLAY
SECTION I: BUDGET				
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			2,946,108,794	0
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			46,222,952	0
FINAL BUDGET FOR AGENCY			2,992,331,746	0
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)
Executive Direction, Administrative Support and Information Technology (2)				0
Protective Investigations * Number of investigations		47,261	674.61	31,882,842
Protective Services * Number of people receiving protective services		6,223	3,475.87	21,630,350
Healthy Families * Number of families served in Healthy Families		8,861	190.05	1,684,040
Protective Investigations * Number of investigations		188,528	1,027.77	193,763,205
In-home Supports * Number of children under protective supervision (point in time)		7,883	8.64	68,100
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.		18,731	1,982.59	37,135,933
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		2,542	20,796.84	52,865,577
Emergency Shelter Supports * Number of individuals counseled		60,628	371.12	22,500,055
Prevention Grants * Number of grants received		63	134,509.30	8,474,086
Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline		529,164	40.51	21,436,011
Adoption Subsidies * Number of children receiving adoption subsidies		31,748	4,162.57	132,153,278
Adoption Services * Children receiving adoptive services		5,554	111,929.11	621,654,253
License Child Care Arrangements * Number of facilities and homes licensed		6,311	3,361.90	21,216,964
Daily Living * Number of qualified disabled adults (ages(18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver		1,383	4,767.49	6,593,444
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program		1,434	1,406.98	2,017,603
Emergency Stabilization * Number of children served		11,658	1,905.77	22,217,495
Emergency Stabilization * Number of adults served		29,093	3,095.54	90,058,605
Provide Forensic Treatment * Number of adults in forensic commitment served		2,563	73,812.12	189,180,452
Provide Civil Treatment * Number of people in civil commitment served		1,139	200,981.01	228,917,374
Community Support Services * Number of children served		53,141	1,219.98	64,830,781
Community Support Services * Number of adults with forensic involvement served.		3,582	56,459.24	202,237,010
Assessment * Number of sexual predators assessed		3,032	9,704.95	29,425,406
Detoxification * Number served		2,441	2,160.57	5,273,943
Treatment And Aftercare * Number of children with substance-abuse problems served		44,622	1,530.61	68,298,848
Detoxification * Number of adults provided detoxification and crisis supports		21,543	1,106.32	23,833,404
Prevention * Number of at-risk adults provided prevention services		26,897	3,689.36	99,232,663
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery		18,757,167	0.99	18,656,748
Refugee Assistance * Number of refugee clients served		72,689	1,053.46	76,575,229
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments		1,028	16,124.53	16,576,013
Homeless Assistance * Number of beds per day available for homeless clients		2,388	9,319.72	22,255,482
Eligibility Determination/Case Management * Number of cash assistance payments		11,871,922	28.37	336,848,902
Issue Welfare Transition Program Payments * Total number of cash assistance applications		542,099	329.07	178,391,002
TOTAL				2,847,885,098
SECTION III: RECONCILIATION TO BUDGET				
PASS THROUGHS				
TRANSFER - STATE AGENCIES				
AID TO LOCAL GOVERNMENTS				
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				
OTHER				
REVERSIONS				144,446,756
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,992,331,854

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)