



**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, 2012

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Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, our Long Range Program Plan (LRPP) for the Department of Children and Families is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2013-14 through Fiscal Year 2017-2018. This submission has been approved by David E. Wilkins. The following page includes a message from Secretary Wilkins.

Link to the plan from the Department web site: <http://www.dcf.state.fl.us/admin/publications/>

Sincerely,

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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 2013-2014 through 2017-2018. This plan provides an opportunity for the Department to outline where we are headed over the next five years.

In January 2011, we unveiled a bold strategic plan focused on community engagement, empowerment, efficiency and family accountability. Now we are in year two of implementing our plan and we have begun to see tremendous results.

Our efficiency initiatives have saved hundreds of millions of dollars that can be put back into front-line services for families and increased the number of front-line workers. We have built management scorecards in investigations, case management, domestic violence, mental health and more. Since implementing the scorecards, the performance of our community-based care partners in child welfare has improved by 15 percent.

We have empowered our employees and our communities and the families we seek to help every day. If you empower people to make decisions and to lead, you not only improve efficiency, you improve people's lives. We look forward in the next few years to completing our transformation of child protective investigations, turning the Florida Abuse Hotline into a true Command Center and revitalizing our ACCESS programs with upgraded technology.

We are working to help families be accountable and self-sufficient by partnering with community and faith-based providers to assist families with their needs before a crisis occurs. Community engagement is the single most significant cultural change we are pursuing in the child welfare system. What we are trying to do in community engagement is simply challenge others to realize their potential in contributing to the greater good.

Our Partners for Promise initiative is connecting more than 1,500 businesses, nonprofits and individuals who want to give their time, talent and resources to help those in need in their communities. Another new initiative, Fostering Florida's Future, will recruit, retain and support foster parents in order to provide better outcomes to children in foster care. We also plan a complete overhaul of our Independent Living program in order to give our young adults who age out of foster care every chance at future success.

We are making many amazing changes in the lives of children and families across this state and will continue on this path to success in the years ahead.

David E. Wilkins
Secretary

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Department of Children and Families

Long Range Program Plan

Fiscal Years 2013-2014 through 2017-2018

September 30, 2012



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Department Mission:

The mission of the Department of Children and Families is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

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.

Key Initiatives

- Child Protection Transformation

- ACCESS Redesign

- Substance Abuse and Mental Health Managing Entity Deployment

Goal 2: Effect Program Improvements

Objective

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

Key Initiatives

- Human Resources Strategy/Shared Services Deployment

- Agency Cost Takeout

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)

Key Initiatives

- Foster Care Education/Normalcy

- Fraud Prevention

- Awareness- Prescription Drug

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

Key Initiatives

- Community Based Care Accountability

- Partners for Promise

- Awareness- Human Trafficking

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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
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 Education**
- 6. Reduce Taxes**
- 7. Phase Out Florida's Corporate Income Tax**

Executive Summary

Introduction

The purpose of the Long Range Program Plan is to provide a road map of what the Department will accomplish over the next five years. The Department of Children and Families has the responsibility to produce a plan that is policy based, priority driven, accountable, and developed through careful examination and justification of all programs as outlined in Section 216.013, Florida Statutes. The plan starts with some background, then an explanation of the Department Goals and then moves into the Strategic Priorities. Once the priorities are discussed, a program-by-program review of their trends and conditions is featured.

Background



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
- More than 1,000 people move to our state every day
- Florida is the most populated urban and culturally diverse state in the South

Maintaining a healthy, productive society is a challenge. The fallout from the recession affects our citizens through unemployment, a collapsed housing industry (with Florida in the top five states in foreclosures), and a sluggish tourism industry. Both prescription drug-abuse and suicide now kills more than seven Floridians each day.

The fourth 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 program. Florida's priority on making sure children have safe and secure homes has made our state a national leader in adoption and reunification reforms, with the number of children in out-of-home care dropping from 30,000 to nearly 20,000 in five 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 public assistance has continued to grow and reinforce accuracy. Creative uses of the Internet and public information campaigns have 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 goal 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.

Department Goals

By focusing on key reforms over the next five 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.

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.

Strategic Priorities

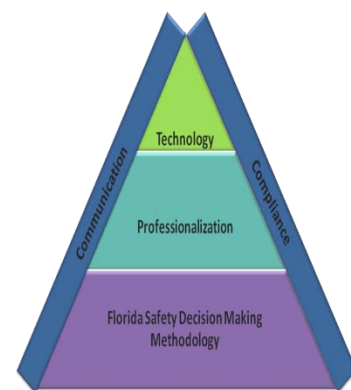
These are long range projects that support and cross Department goals. They have been in operation and will be continuing into the next five years.

Child Protection Transformation

Description:

Child Protection Transformation project will transform the role and practice of hotline, investigation and case management so that each component of the system works as an integrated unit, equipped to gather better information, relay information faster, conduct higher quality investigations, gather a more complete picture of the child and family, and offer a more effective engagement strategy to ensure the child's safety and family's independence.

Moreover, the front-line staff, supervisors and leadership will be highly qualified and empowered with the range of knowledge, skill, and expertise needed and will build strong partnerships with a broad array of community partners. Work 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 and family, and the technology will be aligned to support the work. The end result will be the right strategies and solutions to achieve lasting child safety, permanency and well-being.



Progress:

Incredible effort has already taken place by the Department and the community to ensure child safety; below is some of the system changes put in place:

- Introduced Career Ladder - Child Protective Investigator (CPI) and CPI Supervisor base compensation has been raised to competitively align with industry standards and create levels of expertise within the child protective investigative process.
- Issued Uniforms/Badges – A uniform dress code and identification badges for child protective investigation staff was implemented. The public will be able to easily identify DCF investigation staff to improve public confidence.
- Re-engineered the Hotline Business Process - An integrated Command Center process has been designed to provide higher quality information to initiate the child and adult investigation processes.
- Completed Command Center Transformation Software Design – Funding was obtained for technology upgrade and new Web based Web-reporting capability. The technology project is on schedule for implementation by the end of 2012.

Going Forward:

Below are the next major benchmarks for the project:

- Command Center Transformation - Deploy the integrated command center.
- Policies, Procedures, Rules, Quality Assurance, Performance Management, Pre-Service Curriculum - Align transformed business processes with significant revisions to supporting child protection resources.
- Florida Safe Families Network (FSFN) Enhancements - Implement enhancements to support new framework.
- Statewide Automated Child Welfare Information System - Implement federal requirements to our automated systems to achieve compliance.
- Sustainability - Sustain the goals and objectives of transformation to ensure continued high quality casework and better outcomes for children.

Community-Based Care Accountability

Description:

Community-based care agencies will be monitored to ensure they achieve performance standards that promote child safety and well-being. The information they receive and manage will be accurate, timely and present a more complete picture of the child and family needs that must be addressed. The end result will be enhanced and more efficient child safety, well-being and family stability.

Progress:

Created and posted on the Internet a Community-Based Care Scorecard for tracking provider performance (<http://www.myflfamilies.com/service-programs/community-based-care/monthly-cbc-lead-agency-scorecard>).

The scorecard has already noted significant improvement in provider performance with a third fewer poor performances by CBCs since the first card.

Scorecard Excerpt:

Community-Based Care Lead Agency Scorecard		Performance through July 2012			
Standard:		Safety		Family Preservation	
Weighting:		1. In-State Children Seen within 30 Days (In-Home & Out-of-Home) ↑	2. No Verified Maltreatment During In-Home Services or within 6 Months of Termination of Services (In-Home & Out-of-Home) ↓	3. Ratio of Children Receiving Family Preservation Services to Children with Verified Maltreatment ↓	4. Required Mother & Father Contacts: Child in Out-of-Home Care, Goal Reunification ↑
		99.5%	96.0%	2.00	50.0%
		1.0	1.5	1.0	1.0
Rank	Lead Agency Area Served CEO & Tenure Board Chair	July 2012	During In-Home Services: March - May 2012; Terminated: August - October 2011	July 31, 2012 Caseload; Monthly Average: March - May 2012 Verified Victims	July 2012
1	ChildNet Inc Southeast Region, Circuit 17 Emilio Benier, CEO 11/2007 Joseph Rogers, Chair	99.53%	97.4%	1.09	65.9%
2	Sarasota Safe Children Coalition Sun Coast Region, Circuit 12 Ed McBride, Vice President 7/2008 Ed Landrum, Chair	99.79%	97.2%	0.50	41.9%
3	Partnership for Strong Families Northeast Region, Circuits 3 & 5 Shawn Saunders, CEO/Pres. 2008 Dr. Michael Bowls, Chair	97.94%	95.1%	1.76	52.7%
4	Family Support Services North Fla NE Region, Circuit 4, Duval, Nassau E. Lee Kaye/ork CEO 2/2012 Dr. George Armstrong, Chair	99.83%	92.7%	2.20	56.5%
5	Families First Network Northwest Region, Circuit 1 Ann Harter, Director 12/2000 Brit Landrum, Chair	99.18%	95.3%	3.43	46.5%

- Created a new approach that emphasizes closer collaboration with partners, engaging families, spending more time in the field to best assess child safety and establishing standardized protocols for transferring a family from investigations to service delivery
- Planning a phased rollout that begins in March 2012 of a redesign that will achieve safer outcomes for children and bring family accountability to a renewed level of expectation
- Establishing a Child Protection Transformation Advisory Board composed exclusively of external experts to review and provide feedback on practice redesign
- Weekly tracking of medical care has driven improvement to 13 CBCs being over 90%
- Convened regional leadership comprising of Regional Management Directors, Managing Entities Directors, CBC CEOs to develop integrated approach for child welfare and Substance Abuse and Mental Health services
- Conducted baseline analysis of high removal rates and collaborated on review and going forward recommendations with CBC workgroup leads
- Established next steps for the Child Welfare Managed Care Specialty Care Plan
- IV-E waiver extended by federal government until 12/31/12; five year extension expected afterwards.

Going Forward:

The Department will continue to refine and publish the scorecard. The Department will work with the community-based care agencies to implement a performance management culture. Contracts and financial reports will be revised to increase transparency and accountability.

Foster Care Education/Normalcy

Description:

Educational achievement is the key to the future for foster children. Just like their peers, children in foster care do best when they receive support at home, at school and in the community to reach their educational goals. The Department has made the improvement of

educational outcomes from all children in foster care a priority. The project will take collaboration from Department staff, CBCs, the courts and other community partners.

Areas of Emphasis:

- Electronic data sharing with all 67 counties across the state
- Working with the Department of Education (DOE) to remain Family Educational Rights and Privacy Act (FERPA) compliant and propose legislation to change the statute around education data for foster children
- Develop domains to track the important outcomes for children for Early Learning (birth to 5 years of age), K-12 (5-17 years of age), and Post-Secondary (18-22 years of age)
- Redesign Education tab in FSFN to accept data electronically from school districts and track domains
- Analyze the data collected from the school districts and case management to design solutions to improve the educational outcomes for children in foster care

Progress:

- Developed FERPA compliance template in partnership with DOE for electronic data sharing between the school districts and the CBCs.
- Processed change to FSFN Legal Module to include 2 new legal actions, FERPA Order and FERPA release. Children's Legal Services is responsible for obtaining a court order or consent and documenting the order or consent in FSFN. This data will be extracted from FSFN and used to send the school districts a list of children under our supervision for which we should have access to education data. This will begin the process of electronically sharing the data with the local school districts.
- Developed the K-12 Report Card with 9 domains to track for children ages 5-17 to be entered every 30 days. Case management is responsible for getting information from the child's school, teachers, foster parent, etc to complete the report card. The report card data is entered by case management via Remote Data Capture (RDC) (laptop or blackberry) into the FSFN Business Objects Enterprise (BOE). The data is then displayed as a report on each child showing outcomes on each domain, improvement or decline in each domain, and overall progress. The Due/Overdue report has been created to help case management track submission of the report cards. The Summary report has been created to give data from a statewide level down to the CBC level on each domain to track overall progress.
- Workgroups to develop the domains to be tracked for Early Learning and Post-Secondary Education have been formed. They are charged to complete their work by November 2012

Going Forward:

The following are the next major steps:

- Finalize the domains to be tracked for Early Learning and Post Secondary Education
- Form a workgroup to redesign the education tab of FSFN to capture all the data that will be collected from the school districts and case management

- Work with each school district to execute the FERPA compliant agreement to share education data electronically and develop a pathway to upload the data collected directly into the redesigned FSFN Education tab
- Analyze all data collected to determine areas of weakness and design solutions to improve the educational outcomes of children in our care.

ACCESS Redesign

Description:

Automated Community Connection to Economic Self-Sufficiency (ACCESS) Florida is the service delivery model for public assistance eligibility determination and ongoing case management of food assistance, temporary cash assistance and Medicaid. It is based on streamlined workflows, policy simplification and technology innovations. ACCESS Florida provides enhanced access to services through a combination of Department staff and community providers. Recognized as a national model, this service delivery system offers eligible clients a self-directed path to economic services seven days a week, 24 hours a day through a web application and an integrated voice response system. This system makes it easier and faster for clients and potential clients to apply and access information about their accounts.

Progress:

DCF has refined processes and communication with clients through the following initiatives:

- A more user-friendly version of the online application which targets questions by program and adds options for special Medicaid programs for pregnant women, payment of Medicaid premiums and KidCare was developed and released
- Responsiveness of our toll-free number so that customers can check on the status of their benefits without having to talk to a customer call agent was improved
- Customers can now apply for benefits or recertify on www.myflorida.com/accessflorida, an electronic online interactive source of all their account information, including receipt of notices, status, recertification and benefit updates
- Internet availability to www.myflorida.com/accessflorida is provided through the expansion of our more than 3,000 ACCESS partner sites
- Automatic text, voice or email alerts within the Electronic Benefit Transfer system notify cardholders when a deposit is made to their account
- Required verification documents can now be uploaded directly into customer accounts indexed by individual, saving time for the eligibility staff

Going Forward:

The improvements will continue with a comprehensive redesign under way, including the following major initiatives:

- Development of a new eligibility system to replace the aging FLORIDA system with a projected \$90 million return on investment over five years
- Procurement of a new Electronic Benefit Transfer service with improved customer service and fraud prevention capacities

- Automated processing of changes and denials
- Automated data transfer between the web application and eligibility system
- Savings in benefit payments due to reduced fraud and administrative error
- Development of a more efficient document handling and indexing process for electronic and other mail using current technology such as optical character recognition or barcoding
- Acquisition and implementation of an Asset Verification Process to obtain financial data on deposit accounts to deter and detect Medicaid fraud
- Enhancing the interactive capacity of the online www.myflorida.com/accessflorida to notify customers in real time by text or email when new documents have been received or actions taken affecting their eligibility

Partners for Promise

Description:

Partners for Promise is a strategic volunteer initiative designed to strengthen Florida's communities by combining the efforts of government, business, non-profits and faith-based organizations to improve the lives of children and families in need. The need in every Florida community is great. Resources to meet those needs are continually stretched thin. No one government agency, church, business or provider can meet the need alone. However, combining the time, talent and resources of multiple public and private organizations can bring about meaningful change that transforms lives.

Progress:

In its first year of implementation, DCF's strategic community engagement initiative -- Partners for Promise -- is off to a successful start. With more than 1,500 organizations and individuals signed on as partners, DCF is doing more to improve the lives of Florida's children and families than it ever could alone. DCF has partnered with corporations, medical professionals, small businesses, churches, associations, non-profits and even individuals. For a current list of all partners, visit the Partners for Promise web site at www.FLPartnersForPromise.com.

Going Forward:

Over the next few years, Partners for Promise will focus on defining and achieving quality outcomes for Florida's most vulnerable. At the same time, DCF will work with its partners to develop a sustainable community engagement model that evolves and continues to thrive over time.

Substance Abuse and Mental Health Managing Entity Deployment

Description:

Managing entities consolidate all the substance abuse and mental health programs in an area of the state into one integrated system of care under the direction of a local not-for-profit board of community leaders and stakeholders. Under the board, the managing entities are responsible for a broad range of services, including planning, system of care development, utilization management, network/subcontract management, data

management and reporting, and financial management for all substance abuse and mental health services. This approach provides greater access to care at a lower administrative cost to the taxpayer.

Progress:

Currently there are five Managing Entities contracts; however, by February 2013 there will be two more bringing the total to seven Managing Entities (MEs) operating under seven separate contracts.

Current Managing Entities

Region	Managing Entity
Central	Central Florida Cares Health System
Northeast	Lutheran Services of Florida
Northwest	Access Behavioral Healthcare
Southern	South Florida Behavioral Health Network
SunCoast	Central Florida Behavioral Health Network

Two additional ME contracts are scheduled to be executed including Broward County, and the Palm Beach/Treasure Coast.

Going Forward:

Managing entities will implement a performance management culture. Contracts and financial reports will be revised to increase transparency and accountability.

Human Resources Strategy/Shared Services Deployment

Description:

In early 2011, Secretary Wilkins’ Strategic Vision challenged DCF’s administrative sections of human resources, budget, and information technology to significantly improve operational processes and practices in order to meet the objectives of empowering frontline staff and effecting program improvements. This resulted in the development of strategies focusing on consolidating administrative resources under a shared services model and standardizing core processes and practices. The timing of the project has been critical as the state continues to examine opportunities to be more fiscally responsible and reduce administrative costs.

Three principles guide the shared services effort:

- Increase the cost effectiveness of delivering administrative services and eliminate redundancies
- Standardize processes and practices
- Enhance organizational performance through implementation of world-class financial, technology, and human resource management systems.

Progress:

Financial, accounting and budgeting staffs have already converted to a shared services model, with human resources to follow. The consolidation of financial services generated a reduction of 25 staff positions. In addition, the initial steps to consolidate human resources yielded a reduction of 14 staff positions in July 2011, with eight more to be reduced in 2012, resulting in a net reduction of human resources staff by 25 percent.

Going Forward:

Creating a Human Capital Strategic Plan is one of DCF's priorities. The plan has been drafted and now begins the design and implementation stage, with eight initiatives to be implemented throughout FYs 2012/2013 and 2013/2014. Each initiative will be designed by a statewide, agency-wide workgroup.

The first three initiatives to be designed are:

- Identify performance measures
- Build a promotion, compensation, and reward system
- Build a performance management system

Workgroups will use survey feedback and all other available sources of "performance requirements" for each position to build a workflow picture of that position. Workflow pictures will illustrate inputs, high level processes, and outputs associated with each position and identify priorities within those.

Finally, workgroups will compare these 'pictures' against current performance standards to help ensure that our performance measures:

- measure all the important aspects of each position
- assess the levels of quality in inputs, processes, and products that are required for exceptional performance

Once gaps in performance measures are identified, the workgroups will develop measures to close the gaps

Agency Cost Takeout

Description:

In early 2011, Secretary Wilkins decided to pursue the formation of seven Managing Entities to oversee the provision of all community-based services for Substance Abuse and Mental Health. Up to that point in time, three Managing Entities had been formed but they lacked uniformity in how they conducted business - and the Department was managing itself another several hundred Provider Contracts. The Secretary saw that not only was their great opportunity to improve the quality and efficiency of services, but there was potential for significant cost take-outs (savings) in a Managing Entity System.

Secretary Wilkin's also directed a review of some key existing services contracts for possibility of re-negotiation resulting in meaningful cost take-out. Three of those projects related to a single Provider operating three of DCF's State Mental Health Facilities (SMHF).

Progress:

As of September 2012, two new Managing Entities (Northeast Region and Central Region) have been formed and one of the former existing Entities (Suncoast Region) has had a major contract amendment bringing uniformity into how all three operate. On August 15, 2012, contract amendments were executed on all three of the State Mental Health Facilities contracts resulting in a multi-million dollar a year savings in state funds.

Going Forward:

By February 2013, there will be two additional new Managing Entities (Broward County and Southeast Region) formed and the remaining two former Entities (Southern Region and Northwest Region) will have had a major contract amendment, bringing uniformity into how all seven Entities operate.

Fraud Prevention

Description:

The ACCESS Integrity Program is responsible for the prevention and detection of public assistance fraud. ACCESS Integrity staff receive referrals from various sources, including ACCESS eligibility staff and the public. Staff investigate cases prior to approval and monitor active cases to ensure the proper receipt of benefits. The Department contracts with the Department of Financial Services, Division of Public Assistance Fraud, who, along with the local States Attorney, prosecute individuals who receive or attempt to receive public assistance benefits to which they were not legally entitled.

Progress:

Secretary Wilkins established the Office of Public Benefits Integrity (OPBI) to enhance DCF's efforts to prevent, detect and recover public assistance and Medicaid Fraud. Since its creation in January 2011, the Office of Public Benefits Integrity has shown steady improvement in the prevention of public assistance fraud and collection of benefit over-payments. In calendar year 2011, fraud prevention savings increased by over 11% and dollars collected from benefit over-payments increased over 10%, from the previous calendar year.

Going Forward:

- As a result of an increase nationally in identity theft, the Department is currently developing an automated technology tool that will enhance our fraud detection capabilities related to ID verification at the time of application. This process will verify the identity of the individual applying for public assistance and ensure that the person is in fact who they say they are. As a result, we will also protect the misuse of our applicants' personal information and expedite the proper delivery of services in the process.

- The Department is in the process of procuring a vendor for the EBT system. The new EBT system will incorporate the latest technology available to combat fraud in the delivery of food assistance, TANF, and WIC dollars. We have included in our EBT procurement several fraud/detection services, including predictive analytics and enhanced monitoring reports.
- In addition, the Department is in the process of securing a vendor to replace the eligibility system which will incorporate extensive fraud prevention requirements.
- As the State of Florida transitions to Medicaid Managed Care, this will result in changes to the Medicaid system, from eligibility to claims payment. The Department will need to work closely with our partner agencies to stay abreast of changes and increase our awareness of the changing vulnerabilities and threats that this service delivery system may pose.
- Access to practical data and advanced technology tools, combined with strong domain expertise, can greatly improve the ability to detect fraud and abuse. OPBI will stay informed on the ever changing methods of utilizing technology to commit fraud. OPBI efforts will include such programs as monitoring social web sites to detect online solicitation sales of EBT cards, and reducing the trafficking of EBT cards by identifying clients who request multiple replacement cards.

Awareness- Prescription Drug

Description:

Misuse of prescription drugs is now the largest category of substance use disorders treated by DCF funded programs. Prescription drug abuse kills more than seven Floridians very day.

Progress:

The Department has implemented policies and programs that help to prevent prescription drug abuse before it ever begins. Florida's community anti-drug coalitions are vital in this process as they are uniquely situated to assess the particular risks and protective factors that impact the prescription-drug problems within their own communities.

Going Forward:

Prescription drug abuse is at a critical level in the state of Florida. We will establish measures to review prescription drug abuse treatment and prevention efforts and track the effectiveness of those programs. DCF will work closely with industry, community leaders and the Attorney General's Task Force on Prescription Drug Abuse to develop a public information campaign to encouraging Floridians to use prescription drugs as prescribed, and to take adequate precautions to store and dispose of unused medications.

Awareness- Human Trafficking

Description:

Human Trafficking is modern day slavery. Criminalized under both federal and Florida law, it is defined as the transporting, soliciting, recruiting, harboring, providing, or obtaining of another person for transport; for the purposes of forced labor, domestic servitude or sexual exploitation using force, fraud and/or coercion. This effort is centered on increasing public awareness that would result in people reporting cases of human trafficking.

Progress:

To date, the Department has been partnering with local, state, and federal law enforcement to raise awareness and collaborate on investigations involving children. The Department also provides technical support to all of the human trafficking task forces around the state, while partnering with local service providers to address the needs of human trafficking victims. A web page, <http://www.myflfamilies.com/service-programs/human-trafficking>, has been posted by the Department to provide information on human trafficking and how to report human trafficking to officials.

The Department co-hosted the "HUMAN TRAFFICKING SUMMIT," along with the Department of Juvenile Justice, under the Florida Children and Youth Cabinet on September 24, 2012. The Florida State University Center for the Advancement of Human Rights also sponsored the event, which was held at the Turnbull Center on the Florida State University Campus. For more information on the Human Trafficking Summit, please visit <http://www.flgov.com/humantraffickingsummit/>.

Going Forward:

The Department continues to raise awareness for human trafficking so that people will recognize the signs and report their suspicions to the Florida Abuse Hotline or local law enforcement. Hundreds of children are exploited for labor and sex each year in Florida and our agency will be on the front lines working with community partners to eradicate human trafficking. The Department is collaborating with the Department of Juvenile Justice, community partners and community-based care providers to develop programs to identify, intervene and provide services to children who are victims of human trafficking. The Department continues to work with law enforcement across the state to develop public awareness campaigns.

Trends and Conditions

The Department of Children and Families (DCF) has the responsibility of protecting Florida's most vulnerable citizens, as outlined in Section 20.19, Florida Statutes.

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

PROGRAM: FAMILY SAFETY

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, 19 community-based care lead agencies and six 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.

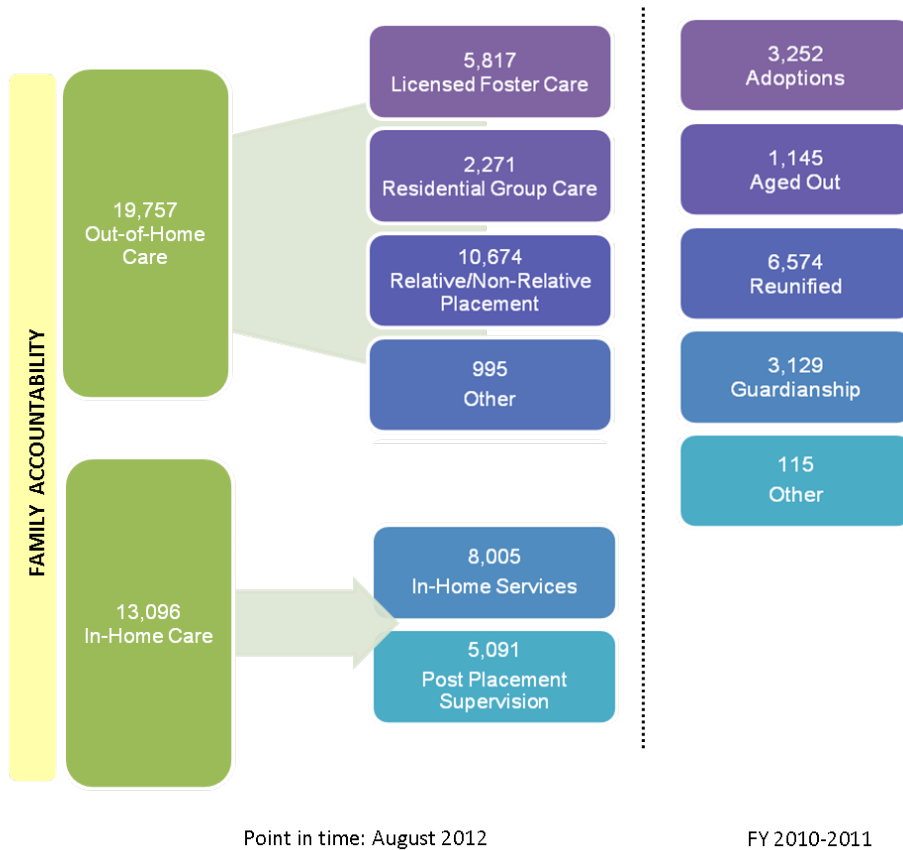


TOTAL SERVED
(SFY 2011-2012)
Unduplicated
Children: 61,976
Young Adults
(18+): 5,091

HB 803 became law on July 1, 2012 and makes changes to numerous provisions in Chapter 39, F.S., relating to the central abuse hotline, child protective investigations, and the dependency process. The bill redesigns the process of child protective services by strengthening the investigation process, streamlining activities, and providing a more focused framework for on-going services to be provided. The Department has provided written materials and training to the Child Protective Investigators and Supervisors, along with abuse hotline staff, to address implementation of the changes.

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.

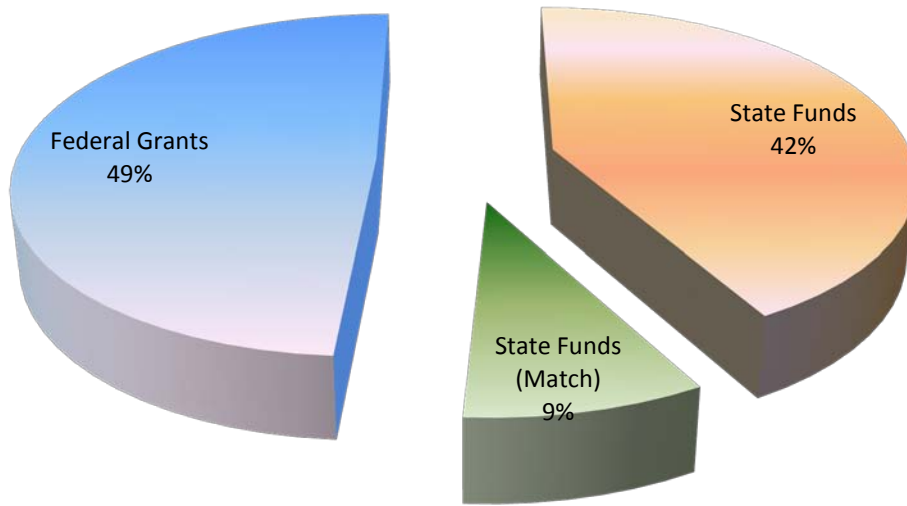


Office responsibilities to support federal and state requirements include:

1. Mandated annual reporting of the Federal Child and Family Services Plan.
2. Ongoing statewide agency Administrative Code 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.
- 6. Oversight of state obligations associated with IV-E Waiver, including, but not limited to, semi-annual progress reports.

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



Child Protective Investigations



In Florida, the Department conducts child protective investigations in 61 of the 67 counties, employing approximately 1,120 child protective investigators (CPIs) and 191 child protective investigator supervisors (CPIS). In the remaining six counties (Broward, Hillsborough, Manatee, Pasco, Pinellas and Seminole) each respective sheriff office receives funding to perform child protective investigations via a grant channeled through the Department.

The six sheriff offices employ 387 investigators and 75 supervisors. Investigators are responsible for two types of child protective investigations: in-home investigations for a child residing with their parent or caregiver, and

out-of-home investigations when allegations of abuse/neglect occur while a child is at a Department licensed facility, child care program, foster home or institution.

In Fiscal Year 2011-2012, CPI staff initiated 228,013 protective investigations on alleged child victims. 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 and what resources are necessary to remove a child from danger.

Child protective investigations are designed to ensure child safety. 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 interviews, evaluation and assessment of gathered and analyzed information, 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 have the removal sanctioned by the court within 24 hours. The CPI will explore placing a child in the home of a relative before seeking a foster care placement.

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

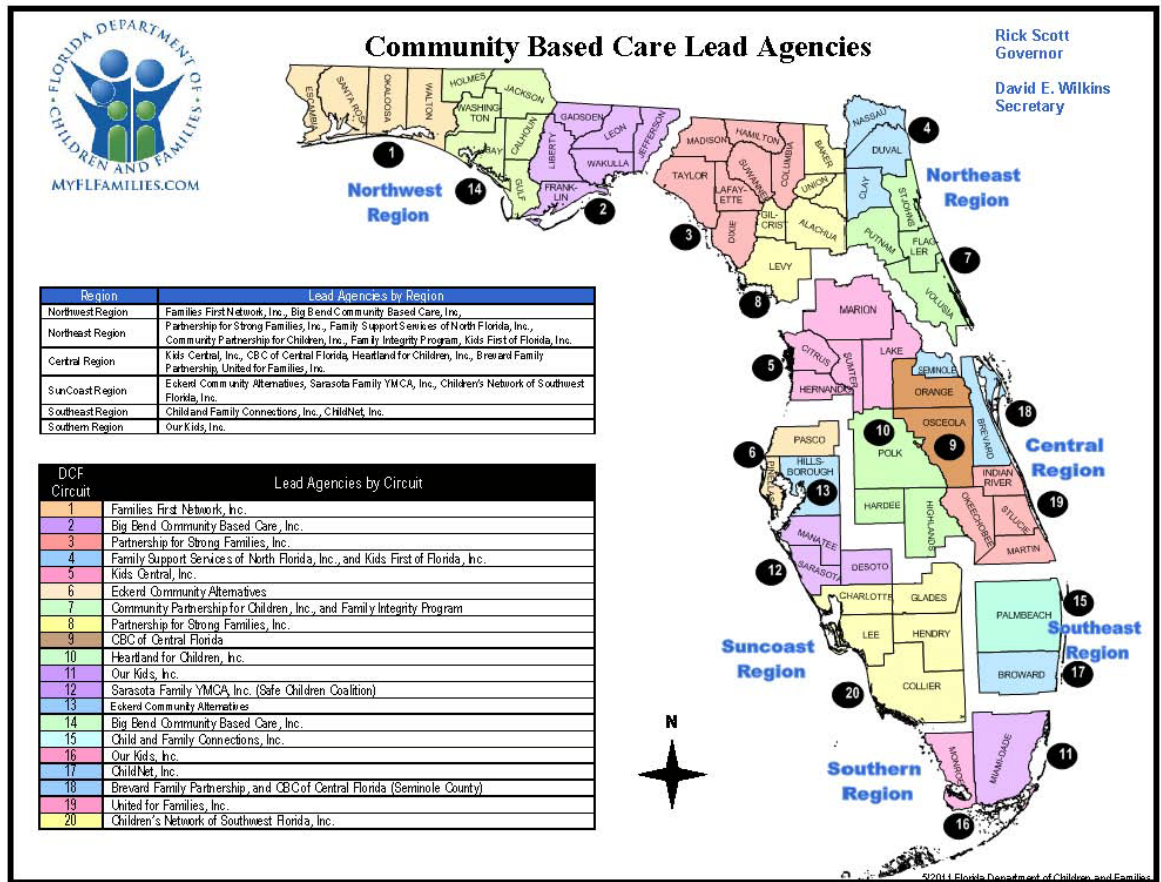
- No Indicators - there is no credible evidence to support the allegations of abuse, abandonment or neglect by a parent or caregiver.
- Not Substantiated - there is credible evidence, which does not meet the standard of being a preponderance, to support that the specific harm was the result of abuse, abandonment or neglect by a parent or caregiver.
- Verified - a preponderance of the credible evidence (above 50%) results in a determination that the specific harm was the result of abuse, abandonment or neglect by a parent or caregiver.

Prior to investigation completion, 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 determine and 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.

The 19 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 safety and 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 needed sustainable behavior change and 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.

Florida's FFY 2006-12 waiver demonstration project was designed to determine whether increased flexibility of Title IV-E funding would support changes in the state's service delivery model, maintain cost neutrality to the federal government, maintain safety, and improve permanency and well-being outcomes. Florida is negotiating for renewal of its waiver demonstration for an additional five years.

During the last five years, the child welfare system in Florida has made significant shifts in practice and policy through implementation of a community-based system of care. While significant progress has been made, the benefit of a statewide Title IV-E waiver cannot be fully realized in five years. By extending Florida's waiver for an additional five-year period, the Department and its CBC partners and stakeholders will be in a position to apply the lessons learned in the initial waiver period, and focus future flexible funding benefits on improving safety, permanency and well-being, including medical health, dental health, and education outcomes, better case management for parents, enhancing integration with domestic violence, and substance abuse and mental health services, and more consistently implementing evidence-based and promising practices throughout the state.

Child Welfare Collaborations

Florida is currently working in close partnership with nationally renowned 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 Department 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 Advisory Board, made up of skilled experts in the Florida child welfare community to provide input to 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 four of the Department's priorities:

Florida successfully completed the federally mandated Quality Improvement Plan (QIP) in December 2011. The ongoing partnership and collaboration with the courts, including the Florida Court Improvement Project, greatly contributed to the successful completion of the QIP. This partnership is often cited nationally as particularly effective in demonstrating meaningful collaboration and leading to improved outcomes for families and children.

In Federal Fiscal Year 2010, Florida exceeded the national standards for two of the four national standards for the Permanency Composite measures. The State ranked first in State Permanency Composite Scores in the area of Timeliness of Adoption and seventh in the Permanency for Child and Youth in Foster Care for Long Periods of Time.

The Governor's Office of Adoption and Child Abuse Prevention and its Permanency Advisory Council influences the priorities by providing direction, support and collaborated with the Department and other state agencies to establish a comprehensive statewide approach for the promotion of adoption, support of adoptive families and prevention of child abuse, abandonment and neglect.

The Independent Living Services Advisory Council plays a key role in the assessment and improvement of services to teens in care and older youth leaving foster care. A newly appointed advisory council and redesign of the independent living program, as well as direction from the legislature, will drive activities for continued program improvement.

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 Protection Transformation

The Department has embarked upon a multi-year Child Protection Transformation project. The vision is to transform Florida's child welfare system of care to work more effectively with children and families towards achieving child safety. We will do this by introducing a new, consistently applied safety decision-making methodology, professionalizing our workforce and enhancing our technology. The goal is to ensure that children and families are safer in addition to improving and measuring well-being outcomes.

Project Organization



1. Florida Safety Decision-Making: System of safety management. Major practice reform, from Hotline through ongoing services to improve child safety decision-making through analysis, consistent application of agency best practice, law, code, training and policy with the main goal to improve child safety outcomes across the spectrum of child welfare services by improving the quality of our work with families through enhanced business processes, new decision support instruments and tools, improved system navigation, standardized operating procedures and policy, quality training and field support, revised quality assurance with continuous quality improvement, and standardized agency

performance metrics.

2. Professionalization: Includes base salary increases for Child Protective Investigators and creation of a career ladder of opportunities, as well as the development of Florida Safety Decision-Making Methodology training
3. Technology: Command Center Transformation, all Florida Safe Families Network Updates and SACWIS Compliance
4. Compliance: Revision of all statute, rule, and operating procedures to align with our transformed business model
5. Communication and Change Management: Ensures delivery of all core project messages to all stakeholders.

WHAT ARE WE TRYING TO ACHIEVE?

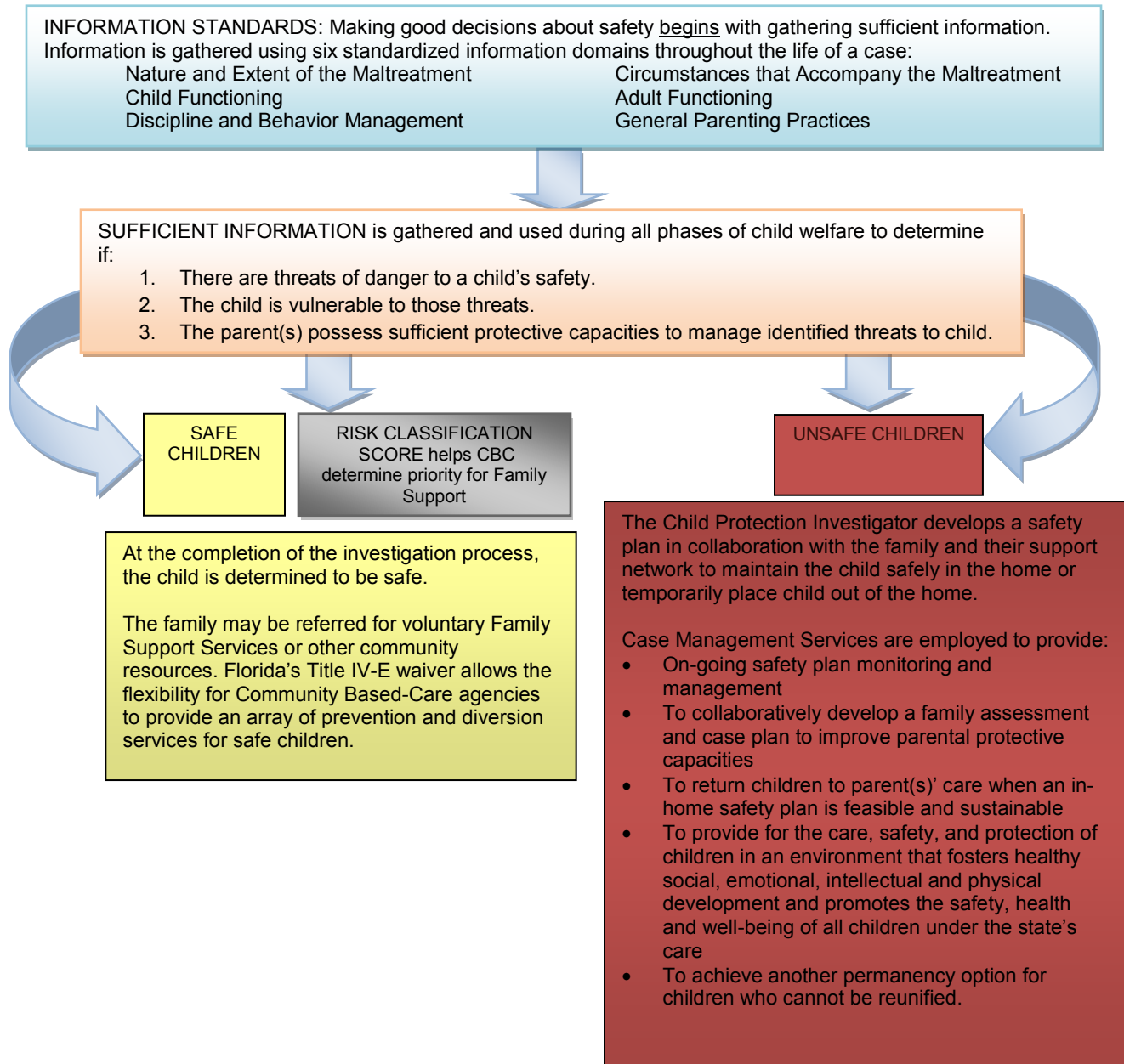
- Improved and permanently changed business practice and consistent safety decision making
- Reduced re-investigations and re-abuse
- Systems integration and technology improvements for efficiency
- Professionalized and stabilized work force
- Higher quality casework and better outcomes for children and families.

Desired practice 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 child safety, threats to child safety and risk of future maltreatment factors, establish relevant, functional safety plans, and arrange for appropriate services and interventions to address specific parental capacities and functioning.

The professionalization goals are 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; to establish proactive and effective recruitment, selection and hiring practices; and to develop a highly trained and experienced professional staff.

The Florida Safety Decision-Making Methodology

Intake through Case Closure



Prevention and Early Intervention

Child abuse prevention and early intervention are major initiatives of the Department and are partially supported with funds from the federal Child Abuse Prevention and Treatment Act. 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.

Through the Governor's Office of Adoption and Child Protection, the Department's efforts are supported and promoted through the development of a multi-faceted universal prevention strategy for the state of Florida through the *Florida Child Abuse Prevention and Permanency Plan: July 2010 – June 2015*. In addition to a state level plan, circuit level Local Planning Teams developed and are implementing local prevention plans that are included in 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 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.

First Lady Ann Scott has complimented the work of the Children & Youth Cabinet and encouraged the members to work collaboratively to ensure that Florida is better able to serve our children and youth in a holistic and integrated manner to improve the self-sufficiency, safety, economic stability, health and quality of life.

Secretary Wilkins, chair of the Cabinet, works closely with the Chief Child Advocate to advance Family Accountability by strengthening partnerships with other government agencies, as well as the non-profit and private sectors in our communities.

The "Promoting Safe and Stable Families" federal program allows the Department to develop, expand, and operate coordinated programs of community-based services.

Florida supports the hypothesis that expanded and improved prevention efforts and early intervention services contribute to a safe reduction in the number of children in the local dependency system while facilitating a more efficient and timely movement of children to permanency and preventing the reoccurrence of child abuse and neglect.

Through family support, family preservation, time-limited family reunification, and adoption services, Florida's system of care strives to:

- Prevent child maltreatment among families at risk through the provision of supportive family services;
- Assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively;
- Address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner in accordance with the Adoption and Safe Families Act of 1997; and
- Strengthen adoptive families by providing support services, as necessary, so that they can make a lifetime commitment to their children.

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

- Work collaboratively with the Governor's Office of Adoption and Child Protection and the Child Abuse Prevention and Permanency Advisory Council within the Executive Office of the Governor, with an orientation to action 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, the social and emotional competence and well-being of both children and families, along with the evidence-based protective factors.

Quality Management Model

Quality Assurance (QA) is a federal requirement for state funded child welfare systems. The Florida Child Welfare Quality Assurance (QA) / Continuous Quality Improvement (CQI) seeks to identify strengths in effective practices as well as areas that need further attention that are formalized in an ongoing plan for program improvement. QA/CQI processes critically examine the quality of assessments and information gathering throughout the child welfare system, including the Florida Abuse Hotline, Child Protective Investigations, and Case Management service delivery. The primary objectives for the QA/CQI program are to ensure:

- The delivery of consistent, high-quality services to children and families,
- The safety and well-being of children living in appropriate and permanent homes,
- The reduction in the possibility of adverse occurrences,
- The accomplishment of continuous improvement in the programs, processes, training, and policies required to achieve targeted outcomes.

In state FY 2012/2013, regional quality assurance staff will conduct a qualitative case review of one recently closed case per CPI Unit in every circuit within the region, each quarter. In addition, each region will randomly select one case per region in which the investigation case is currently open. A total of 792 CPI QA reviews will be conducted. The results of these reviews are used at the local level to develop quality improvement plans that address training and practice improvement.

The Child Welfare Quality Assurance Model was modified for state FY 2012/2013 to reflect a need for additional case reviews by CBCs. CBCs will conduct two Quality Service Reviews each quarter, along with 20-25 case reviews. A total of 1,500 case reviews and 160 Quality Service In-Depth Reviews will be conducted annually. In addition, 200 cases will be reviewed to assess performance in the areas of psychotropic medications, independent living, adoptions, and education. The results of CBC QA reviews are used at the local level to develop CQI activities, including quality improvement plans that address training and practice improvement.

Regions and CBC QA staff 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 through the Child Protective Transformation Project.

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: 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 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 was extended to end in September 2012 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 can negatively impact 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.

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 Regional Managing Directors, 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 FSFN 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 FSFN 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 FSFN 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 Department's 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.

The Adoption and Foster Care Analysis and Reporting System (AFCARS) collects case level information on all children in foster care for whom State and Tribal title IV-E agencies have responsibility for placement, care or supervision, and on children who are adopted under the auspices of the State and Tribal title IV-E agency. In February of this year, the Children's Bureau conducted an AFCARS Assessment Review of Florida's SACWIS System (FSFN). Their final report was released in August 2012 and requires Florida to develop an action plan to correct the issues identified during the review. Corrections will require changes to the extract and mapping code, and the FSFN application. Modifications to FSFN will be

coordinated with and completed within the broader context of work related to both the SACWIS Assessment Review Response (SARR) and the Department's Child Welfare Transformation Project.

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. 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 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 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.

The Department's 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 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.

Florida has made substantial progress on education, the K-12 Report Card, the plans for 67-counties' local agreements with Department of Education partners, and continued monitoring of the use of the report card statewide are each important steps forward. Florida's Center for Child Welfare provides information and support to child welfare professionals and other stakeholders. Information may be located at: <http://centerforchildwelfare.fmhi.usf.edu/kb/educsrc/Forms/AllItems.aspx>

K-12 Report Card. The Fostering Connections Act has provided a legal framework to provide children in child welfare with the right to a stable education. We know the importance of stability, but there is a lack of data to support this. Stability impacts well-being, graduation rates, absenteeism, truancy, career readiness for career, and participation in extra-curricular activities as well as efforts at reunification and adoption. Future qualitative and quantitative research will advance the work on educational stability and future child welfare outcomes to ensure that public and private investments reduce instability. The K-12 Report Card initiative will be an important source for data. Additionally, Florida will be developing a similar Report Card for ages 0 to 5.

Interagency Agreement. In an effort to ensure children served by Florida child welfare agencies receive educational and vocational services and supports, the Department of Children and Families, Department of Education, Department of Juvenile Justice, and Agency for Persons with Disabilities have entered into a five way Interagency Agreement. The agreement's purpose is to coordinate services and supports across agencies that are critical to positive educational and meaningful life outcomes for Florida's children.

Electronic Data Sharing Agreement. The Departments of Children and Families and Education have jointly developed and plan to disseminate an Electronic Data Sharing Agreement template for use of local CBC agencies and School Boards who desire to share student information electronically. The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that pertains to the release of and access to education records. The template is designed to address FERPA compliance issues.

Education Lifeskills Initiative. This initiative is designed to increase awareness of the issues by bringing the community together to develop a plan of action to remove the barriers to improving educational outcomes; emphasizing that adults should be involved in the educational process of a child, especially a child in foster care; focusing on reducing the amount of disruption a child experiences when moving into foster care by keeping them in the same school district zone; and emphasizing culture change and local collaboration. Another important part to improving educational outcomes is the Guardian Ad Litem focus on education through becoming educational surrogates.

Medicaid and Mental Health

The Department has increased the coordination of planning and collaboration with Children's Medical Services. 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 continue to explore 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 Department continues to work to ensure the integration of health care, including behavioral health and domestic violence services, throughout the child welfare continuum. In conjunction with the National Center on Child Protective Services and the Center for Children's Research, work has been undertaken to define the requirements for a comprehensive child assessment that begins with the Child Protective Investigator to inform placement matching and case planning, and supports the ongoing work performed by a Case Manager to ensure that a child in care receives all appropriate health and behavioral health services.

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

The Department 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 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. 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 will continue its participation in the Waiver Demonstration Project through September 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. In March 2012, the Department submitted its request for renewal of the IV-E waiver demonstration to the United States Department of Health and Human Services' Administration for Children and Families (ACF).

Implementation of a Medical Home for Children

A primary strategy of the Department has been the implementation of the concept of a medical home model for all children in out-of-home care. As a result, the Department has created the Health Care Management Plan. This plan addresses the key issues associated with the oversight and coordination of health care for children in foster care. The work includes close coordination with Medicaid, Children's Medical Services, and Substance Abuse and Mental Health, as well as implementation of the plan in local areas.

The Department continues its discussions throughout the state to determine the local “best practices” to provide health care services and coordination. Additionally, secondary research is continuously explored to determine recommended approaches and several other states were interviewed regarding their programs.

The Department is just beginning to fully implement this desired health care system; Data collection shows improvement in the number of children who see a physician and a dentist during the year.

The Quality Parenting Initiative (QPI) continued in 2011-2012 in this collaboration with foster parents, CBCs and Eckerd Family Foundation. CBCs continued their technical assistance contract with Youth Law Center and the Department provided travel and staff support to ensure continuation of this initiative through June 2012. This public/private partnership continues to focus on quality care for children in the state’s out-of-home care system, including normalcy. Partnership is the theme of this initiative and in the cooperative relationship between CBCs, the Department, and the communities. Secretary Wilkins kicked off Fostering Florida’s Future (www.fosteringflorida.com) at the June 2012 Florida State Foster Adoptive Parent Association Annual Education Conference with the enthusiastic support of foster families and QPI teams from across the state.

The Redesign of the Independent Living Program continues in 2012-2013. The Independent Living Services Advisory Council (ILSAC) is being redesigned with new membership. The focus will be education and jobs for young people served by the program.

Revise Florida Administrative Code - Revision of the following rules is planned for FY 2012-2013:

- 65C-13-Substitute Care of Children
- 65C-14 Group Care
- 65C-15 Child Placing Agencies
- 65C-16 Adoptions
- 65C-17-Master Trust
- 65C-28 Out-of-Home Care
- 65C-29 Protective Investigations
- 65C-30-General Provisions
- 65C-31 Services to Young Adults Formerly in the Custody of the Department

- 65C-33 Child Welfare Training-Repeal
- 65C-34 –Missing Children
- 65C-36 Staff Development and Training

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 advent of implementation of the Child Protection Transformation project has required revisions to the current practice model. The new model furthers family centered practice and family engagement, and overlays the new safety framework and Safety Decision Making Methodology. The new model remains strength based and focused on the importance of teaming.

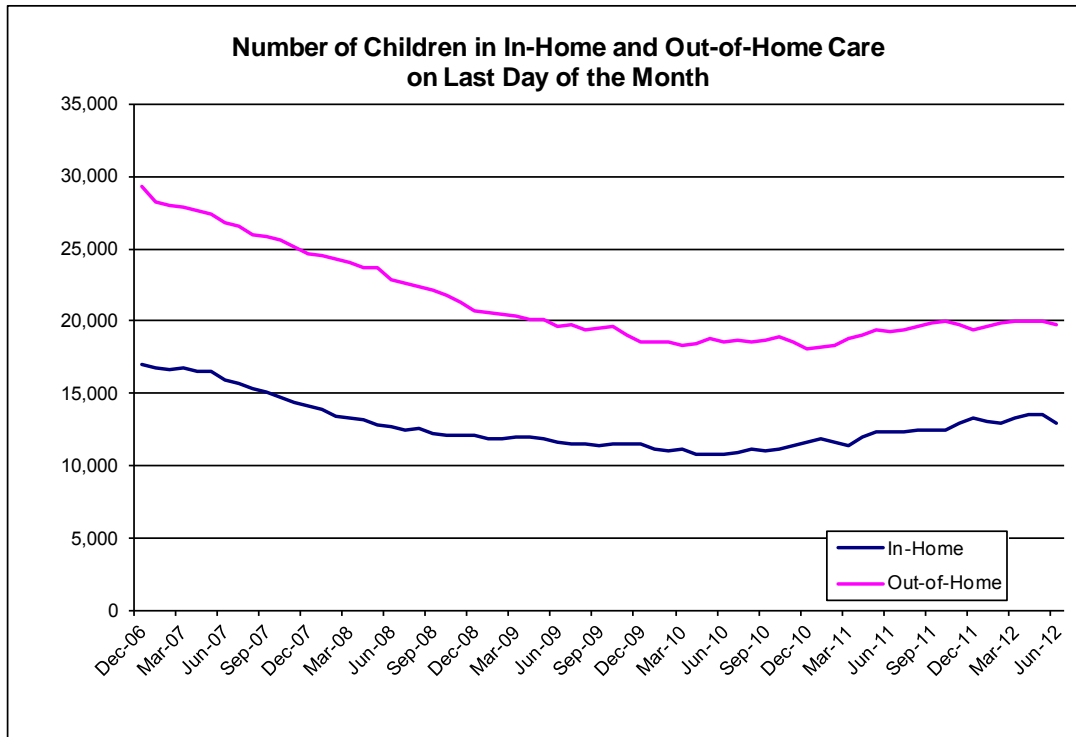
New pre-service curriculum will incorporate the new model, as will training courses developed for the Transformation project. In addition, the model aligns with the quality assurance process and will inform the new employee performance evaluation process.

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 CBC providers have been re-focusing efforts on strengthening families and safely reducing the foster care population. During the last five years, the child welfare system in Florida has made significant shifts in practice and policy through implementation of a community-based system of care. While significant progress has been made, the benefit of a statewide Title IV-E waiver cannot be fully realized in five years. By extending Florida's waiver for an additional five-year period, the Department and its CBC partners and stakeholders will be in a position to apply the lessons learned in the initial waiver period, and focus future flexible funding benefits on improving safety, permanency and well-being, including medical health, dental health, and education outcomes, better case management for parents, enhancing integration with domestic violence, and substance abuse and mental health services, and more consistently implementing evidence-based and promising practices throughout the state.

Additionally, the Department has embarked upon a multi-year Child Protection Transformation project. The vision is to transform Florida's Child Welfare system of care by

introducing a new Safety Decision-Making Methodology, professionalizing our workforce and enhancing our technology. The goal is to ensure that children and families are safer in addition to improving and measuring well-being outcomes.



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

A Department liaison, CBC staff, and Casey Family Programs staff continue to collaborate on the Permanency Roundtable Project in the three original CBC sites. The focus is on establishing a permanent connection to a caring adult before a youth exits foster care and thereby reducing the number of youth who have an APPLA goal, who age out with only themselves and who are at high risk for poor outcomes. Three new CBC sites were established during this past year, training was conducted and each new site was matched to one of the original sites who agreed to mentor the new site for one year. A quarterly newsletter and monthly performance measures were established, as well as three quarterly meetings being held that allowed the leads from the six sites to discuss systemic barriers, successes, and areas needing improvement.

- Trauma Informed Care Child Welfare

To promote systems of care that recognize 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.

The Department is also examining options for including trauma screening for both parents and children involved in the child welfare system.

The Department will further develop a continuum of care for child welfare professionals to address vicarious trauma.

Commercial Sexual Exploitation of Children (CSEC) victims are usually teenage girls that are displaying habitual runaway behavior and were first identified as CSEC victims around the age of 15. However, the average age of entry into the sex trade for these girls is usually much lower (between the ages of 12-13). Many of these girls have a past history of sexual abuse as well as ongoing substance abuse issues. Exploiters of these children usually lure them into the sex trade by initially posing as a boyfriend and then quickly (within several weeks) transition the relationship into that of exploiter/victim (pimp/prostitute). Exploiters use a variety of methods to “condition” their victims, including starvation, confinement, beatings, physical abuse, rape, gang rape, threats of violence to the victims and the victims’ families, forced drug use and the threat of shaming their victims by revealing their activities to their family and their families’ friends. Victims may also suffer from traumatic bonding – a form of coercive control in which the perpetrator instills in the victim fear as well as gratitude.

Psychological harms to victims may include mind/body separation/disassociated ego states, shame, grief, fear, distrust, hatred of men, self-hatred, suicide, and suicidal thoughts. Victims are at risk for Post-Traumatic Stress Disorder (PTSD) – acute anxiety, depression, insomnia, and physical hyper alertness, self-loathing that is long-lasting and resistant to change (complex-PTSD). Victims also face numerous health risks, including drug and alcohol addiction, physical injuries, traumatic brain injury, sexually transmitted diseases, sterility and miscarriages.

With the passage of the Safe Harbor bill during the 2012 legislative session, starting January 1, 2013, the Department will be allowed to license and place children that have been adjudicated dependent into specialized CSEC “Safe House” treatment facilities. These licensed family foster homes, residential child-caring agencies, or runaway youth centers by design will attempt to provide intensive onsite services (mental health, substance abuse, educational and life skills training) to identified victims of CSEC in an unsecure setting (not locked). No new funds were attached to Safe Harbor bill and it is estimated that at a

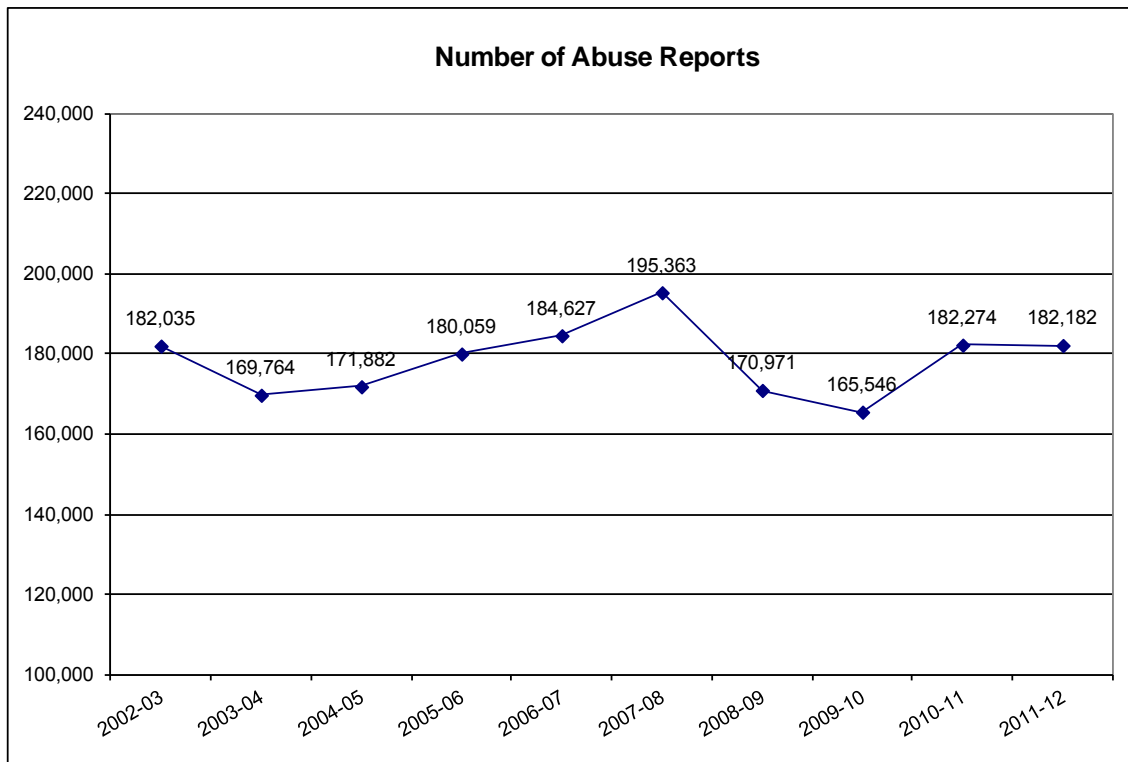
minimum an additional \$8,400,000 in funds will be needed on an annual basis to develop placements and deliver all of the required intensive services.

Trends and Conditions for Child Welfare Core Programs

At the 2012 Child Protection Summit “Realizing Change”, 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 Child Welfare had the opportunity to assess current performance and issues needing improvement, and to plan for future priorities.

Child Abuse and Neglect Investigation

The Child Protection Transformation project is changing the decision-making methodology and practices of the child protective investigator. As the new methodology is implemented, child protective investigators will focus on gathering sufficient information in six information domains to conclude if the child is safe or unsafe. The investigator will analyze child vulnerabilities, parent protective capacities, and threats of danger to the child. Children deemed “safe” but still are at risk, can receive voluntary services through the Title IV-E Waiver. Children who are “unsafe” will receive case management services aimed at building parental protective capacities.



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.

During the last five years, the child welfare system in Florida has made significant shifts in practice and policy through implementation of a community-based system of care. While significant progress has been made, the benefit of a statewide Title IV-E waiver cannot be fully realized in five years. By extending Florida's waiver for an additional five-year period, the Department and its CBC partners and stakeholders will be in a position to apply the lessons learned in the initial waiver period, and focus future flexible funding benefits on improving safety, permanency and well-being, including medical health, dental health, and education outcomes, better case management for parents, enhancing integration with domestic violence, and substance abuse and mental health services, and more consistently implementing evidence-based and promising practices throughout the state.

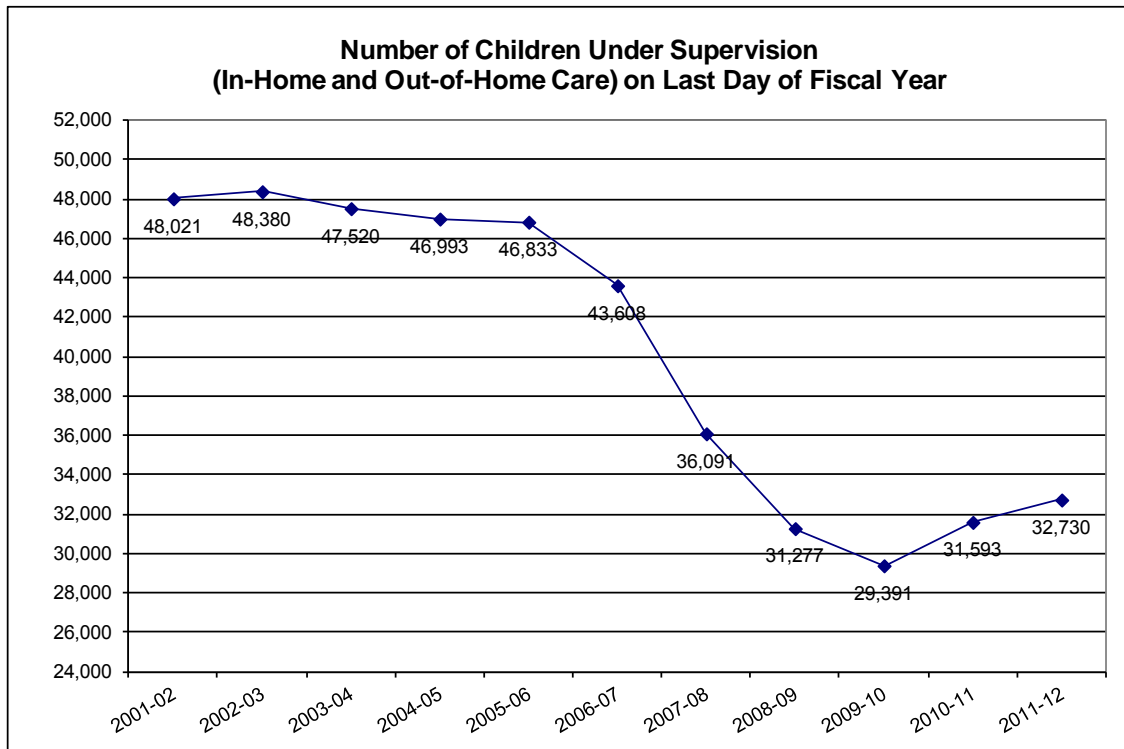
More importantly, the Department has embarked upon a multi-year Child Protection Transformation project. The vision is to transform Florida's Child Welfare system of care by introducing a new Safety Decision-Making Methodology, professionalizing our workforce and enhancing our technology. The goal is to ensure that children and families are safer in addition to improving and measuring well-being outcomes.

Fostering Florida's Future has five key components of which recruitment and retention of foster parents – A Family for Every Child – is a key element. To that end, we have established a collective statewide goal of licensing 1,200 new foster parents.

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 settings 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

The number of adoptions finalized in SFY 2011-2012 was 3,252. As the Department continues to reduce the number of children coming into foster care, and the community-based care agencies achieve more timely and safe reunifications, the number of children available for adoption will begin to plateau and eventually decline. The anticipated target for SFY 2011-2012 is 3,200 after negotiation with the community-based care agencies is completed.

The Office of Adoption and Child Protection provides a yearly report to the Legislature about the Department's adoption program. The adoption data and corresponding narratives are completed by the Department and will be available mid-November. The more recent of the two prior yearly reports are available on the www.adoptflorida.org website.

Adoption Subsidy

The Adoption Assistance and Child Welfare Act of 1980 required that states establish an adoption subsidy program (in Florida, termed "maintenance adoption subsidies"). Subsidy programs nationwide have proven to be a critical tool in the adoption of children from foster care. Subsidies enable a population of caring and experienced families to consider special needs adoption, especially foster parents and relatives. As a result, thousands of children have grown up in permanent and loving homes, not in foster care. In subsection 409.166, Florida Statutes, the Legislature recognized "the need for financial assistance for families that are adopting children who, because of their special needs, require additional supports that adoptive families 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."

Although over 3,000 adoptions have been completed each of the last six years, the level of funding available to support adoption subsidies has barely kept pace and continues to be questioned. Once an adoption is finalized, the journey has not ended, it has just begun for the child and the family. The program will continue to pursue funding for the maintenance adoption subsidies, as well as the necessary and ongoing supports for adoptive families who care daily for these older youth, large sibling groups and children with special needs.

Future Directions include:

- Continue to emphasize the need for continual Adoption Competency trainings for mental health professionals that are conducted by trainers certified by the Department;

- Continue to emphasize the need to develop local post adoption resources and supports for adoptive parents;
- Continue to provide two annual trainings for adoptive parents and adoption staff with a national adoption consultant/trainer;
- Advocate and focus on the establishment of post adoption services staff, a minimum of one full-time position per community-based care agency, to support adoptive families after finalization; and
- Continue to emphasize the continual need for Department staff to conduct all the functions of Florida's Reunion Registry.

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 become jobless, homeless and victims of crime.

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), Road to Independence financial support, and 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.

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.

Training

The training program is currently assisting with the implementation of the Child Protection Transformation project, including the coordination of the various trainings needed to adequately prepare staff for the new Safety Decision Making Methodology.

In addition, the training unit is reviewing all aspects of its child welfare training program, and is aiming to move to a comprehensive training system model. This includes pre-service curriculum based on new policy and a new practice model, continued implementation of a new child welfare staff certification program and a possible addition of a second program, enhancement of in-service and advanced training programs, response to emergent training needs, 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 training unit will also address how data, needs assessment, and the quality assurance reviews inform training needs.

Children's Legal Services (CLS)

Children's Legal Services (CLS) is the Department's law firm representing the State of Florida in child welfare matters. With over 250 attorneys throughout the state, CLS acts as Florida's legal authority on child welfare issues, with the goal of successfully advocating for the care, safety and protection of Florida's abused, abandoned and neglected children. The CLS attorneys, together with the community-based care lead agencies, case management providers and protective investigators, are charged with carrying out that responsibility. This function is conducted by Department lawyers, except in the 13th and 17th judicial circuits, where the Office of the Attorney General provides such representation on behalf of the state.

Children's Legal Services operates under the provisions of Chapter 39, Florida Statutes, Proceedings Relating to Children; Children's Legal Services is engaged when child protective investigators and community-based care case workers seek legal advice on whether the circumstances of a child's safety require judicial intervention. The removal of a child from a parent or legal custodian or mandated participation in services or treatment requires court action. Children's Legal Services maintains an active case as long as the court retains jurisdiction. However, the vast majority of the children and families served by protective investigations and community-based care systems do not require Children's Legal Services. This is because most child protection interventions do not rise to the level of requiring judicial intervention.

Children's Legal Services represents the State in circuit and appellate courts on legal matters. Their scope of services includes consultation with child protection professionals to determine whether court intervention is needed, providing legal representation from the beginning of judicial actions through all proceedings, including reunification, termination of parental rights, adoption and any other type of permanency outcome for a child.

In addition, CLS serves numerous other functions, such as:

- technical assistance to the state and regional Child Welfare Program Offices
- training to investigators and community-based care partners
- active participation and leadership on statewide initiatives in the area of psychotropic medications, education of foster care children and independent living.

Special Populations Supported by Child Welfare

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.

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. Budget constraints have limited the ability of APD to fund a designated number of children from a matched list of out-of-home care children who are also on the APD waiver waiting list (10 per month). The Agency, however, continues to be responsive to all who turn 18 and those whose permanency can be achieved on a time certain date if APD waiver funding is available.

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 with 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 law in 49 states and the District of Columbia. The ICAMA operates via a binding contract between the 50 member jurisdictions and ensures that children eligible for adoption assistance who are placed across state lines continue to receive Medicaid and other services. Member states use consistent forms and services 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' determination of adoption and medical assistance eligibility. There are ICAMA representatives in each state who are the contact for these services.

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.

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

New initiatives described above, as well as issues in the FY 2012-2013 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, 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, to support placements that best match the needs of children, and to care for victims of sexual exploitation.

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.

- Establish Foster Care Job Tax Credit to support the Governor's job creation and economic growth agenda by providing tax relief for Florida's businesses who hire children who were in the foster care system
- Provide for the allocation of community-based care funding according to a defined performance incentive model
- Address redesign of the Independent Living Program with the focus on accountability of young people and emphasis on academic supports for young people.

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 provide input to the Department through the major reengineering projects that will take place over the next couple of years. The group will stay informed on the Department's strategic priorities and provide community and expert input. 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

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. The renewal of Florida's IV-E waiver demonstration requires an evaluation of sufficient methodological rigor to allow for stronger inferences regarding the effects of waiver-funded programs and services on child and family outcomes.

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**

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).

The Florida Abuse Hotline has transitioned into the Command Center.

Children and vulnerable adults alleged to be at risk come to the attention of the Department 24 hours a day through reports to the Command Center- the central reporting center for allegations of abuse, neglect, abandonment and/or exploitation for all children and vulnerable adults in Florida. The Command Center receives information through the phone, fax, and Web-based reports from citizens and professionals.

Incoming Calls	
FY 2011-2012	
Telephone	381,153
Fax	24,620
WEB	4,908

Crime Intelligence Unit	
FY 2011-2012	
Telephone calls for criminal records checks (received from investigative staff and service workers)	101,654
Faxes (received from investigative staff and service workers)	19,460
Rechecks (checks completed after the initial check due to any new information received such as demographics, new household members, etc.)	92,637
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)	10,524

The Crime Unit is for the of rechecks, to, criminal checks for emergency

Emergency Placement (occurs when worker must remove a child within the next 72-hours and place with a relative or non-relative)	6,199
Total Reports	277,613
Total Persons Checked	767,072

Intelligence responsible completion in addition history planned and placements

(relative/non-relative).

Command Center Calls Received	Reports Accepted for Investigation	Criminal Background Checks Conducted
449,677	277,613	767,072

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 Command Center 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 Command Center’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 Command Center, including the efforts of many other services provided by the Command Center, 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 Command Center.

C. Priorities over the Next Five Years

The Command Center 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 Command Center. The Command Center also strives to be an action agent for the Department.

Strategy: Increase efficiency, productivity, and stakeholder satisfaction

Action Steps

Methods of Reporting:

The Command Center 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. The web reporting tool has been redesigned to better serve our professional reporters. 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 Command Center. The use of the web tool allows Command Center 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 Command Center is constantly seeking alternative technology to enhance customer service and efficiency. Due to the highly integrated environment, the Command Center 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 Command Center counselors, crime intelligence technicians, and supervisors occurs each fiscal year. The Command Center 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 Command Center 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):

Ongoing in-service training for crime intelligence technicians and analysts and supervisors occurs each fiscal year. The Command Center 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 Command Center 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 transitioned into 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 Command Center strives to meet a service level of 80 percent of calls answered within 60 seconds by FY 2013-2014. The current service level for FY 2011-2012 is 65.3 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 Command Center will struggle to meet this goal. Refocusing the Command Center 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 Command Center has a target of 85%, which was surpassed in 2006 with a measure of 89.3%. The Command Center is working with FSFN to restore the functionality and the Command Center 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 Command Center's budget requests for additional staff and resources. The Hotline's transformation from a call center to a Command Center required additional FTE's. This budget request was submitted for FY 2011-2012 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

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. Four programs operate in support of adult protective services:

Medicaid Waiver clients = 1,633
Comm. Care for Dis. Adults recipients = 249
Home Care for Dis. Adults Recipients = 1,016
Medicaid Waiver wait list = 3,718
FY 11-12 Budget = \$91,295,840

The Protective Supervision program provides intensive 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.

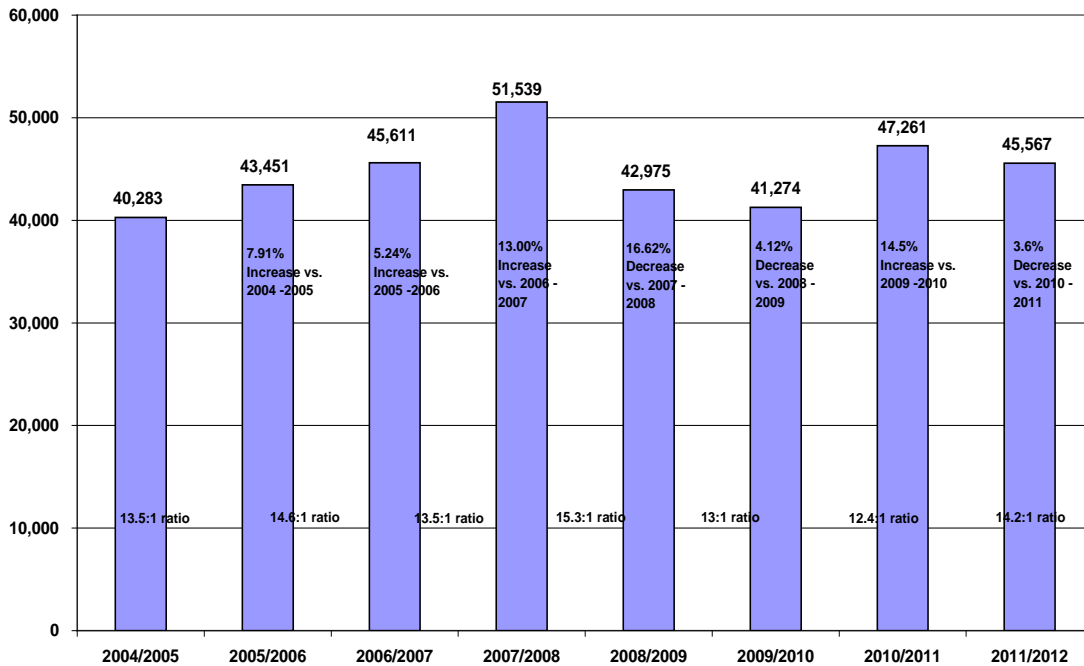
C. Addressing Our Priorities over the Next Five Years

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 45,567 reports of abuse, neglect, and/or exploitation of vulnerable adults during fiscal year 2011-2012 (see charts below). This represents a 3.5% decrease in reports from the previous fiscal year, while maintaining an overall increase over previous years. 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



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 2011-2012, the percentage of victims seen within the first 24 hours was 96.7%.

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 2010-2011, Adult Protective Services averaged closing the investigations within 60 days in 98.2% 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 2012-2013 workload of 14:1 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.

Adult Protective Services Quality Assurance

During fiscal year 2011-2012, the Adult Protective Services Program Office continued with 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.

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

None proposed

E. Justification of Final Projection for each Outcome

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

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

Outcome: The percent of investigations closed within 60 days

The statewide target is currently 99%. Trend data indicate that performance holds below this target, though early indicators from 2012-2013 monthly data indicate performance above 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

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 2011-2012, there were 4,033 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 2011-2012, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,521. In FY 2011-2012, the average care plan cost for an individual in the Community Care for Disabled Adults (CCDA) program was approximately \$8,600. 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 \$26,484 (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 4,600 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.

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

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 62 of 67 counties. The program protects the health and safety of more than 479,300 children in licensed facilities - such as pre-schools and child 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 accredited facilities that meet additional quality standards.

Training Activity FY 2011-12

<i>Mandated training</i>	<i>5,300 classes held</i>
<i>Number of students served</i>	74,774
<i>Competency exams</i>	126,963 administered
<i>Online course completions</i>	48,963 part 1 43,367 part 2 and in-service
<i>Credentials issued/renewed</i>	7,559

Several major initiatives continuing to impact the Child Care Program include the assumption of food hygiene inspections previously conducted by Department of Health, local licensing agencies returning licensing functions back to the Department, and budget cuts resulting in loss in staff.

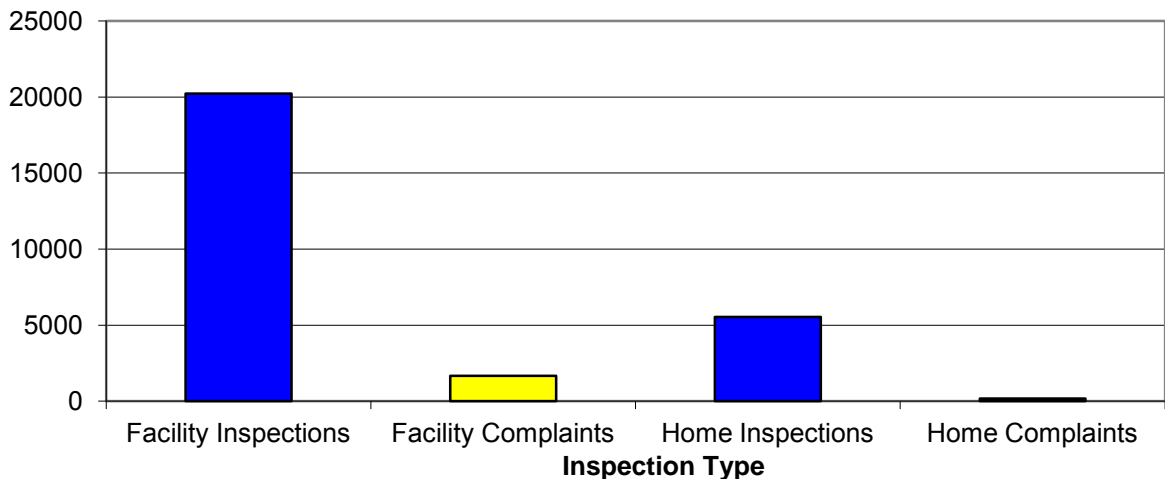
Beginning August 1, 2011, the Child Care Program began conducting food hygiene inspections for licensed child care facilities and Religious Exempt child care facilities serving food and participating in the federal USDA food program. The assumption of the food hygiene inspections came to the Department as an additional workload that is currently

being managed within reduced resources, which is the result of a \$1.05 million dollar budget reduction in FY 2011-2012.

Effective January 1, 2012, Brevard County relinquished their licensing authority resulting in the child care licensing functions reverting back to the Department. Upon return of the child care licensing functions, the Department inherited this additional workload associated with 175 child care facilities and 45 family day care homes, again within the existing resources.

The need to streamline the application process became an immediate necessity when the Child Care Program was required to eliminate all career service administrative support staff in the Regions due to budget cuts. The loss of these support staff, whose duties included processing religious exempt and registered family child care homes applications, required the program to divert this workload to a centralized statewide function managed at the program office level. The Child Care Program enhanced the Child Care Information System to allow the acceptance and processing of online applications and documents for Religious Exempt and registered family day care homes. The Child Care Program is working on expanding the acceptance of online applications for the remaining child care provider types regulated by the Department.

Licensing Inspections FY 2011/2012



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 62 of the 67 counties in Florida. Over 27,000 inspections were conducted in FY 2011-2012.

- *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 62 counties regulated by the Department and 5 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, Florida’s Office of Early Learning, 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 Florida’s Office of Early Learning 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 Florida's Office of Early Learning, 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 trained and 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, and industry growth (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. Standardize and ensure that performance requirements for on-site inspection of licensed child care arrangements are being met statewide
6. Manage educational material distribution through mail outs, social media outlets, and emails with regulatory updates and additional resource information from other agencies to child care providers statewide three times per year
7. Initiate “paperless” document management processes to eliminate physical storage needs and promote efficiencies
8. Continue to provide support and resources to nationally certify the state’s child care licensing staff.

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 by removing the authority from the Department of Health to conduct food hygiene inspections for child care facilities effective July 1, 2010. The passage of this bill has impacted and continues to impact 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 had 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 new legislative requirements and 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 food hygiene, indoor square footage, background screening, fire safety, planned activities, crib safety, in-service training 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.

The Department’s Child Care Information System is identified in statute as the hub of child care demographics, compliance and training, which requires statewide coordination with the Florida Office of Early Learning, Department of Education Office of Early Learning, and the Early Learning Coalitions. Also, the program released a new online course, Transportation Safety. The Transportation Safety course provides child care professionals

with information on licensing requirements and best practices designed to help keep children safe while passengers in child care program vehicles.

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 unannounced and 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.

The Department will be enhancing its Child Care Information System and partnering with not-for-profit organizations to expand professional development statewide. Enhancements will include an upfront assessment of training through electronic documentation that supports the training, experience and educational level of all child care personnel.

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 continue to effectively manage the program. In July 2002 Polk County, in November 2003 Leon County, in October 2007 Alachua County and in January 2012 Brevard 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 trend may continue, as two (2) of the remaining five (5) local licensing agencies have discussed returning jurisdiction to the Department.

Voluntary Pre-Kindergarten Workload – In an effort of partnership and collaboration, the Department has worked to mitigate duplication of services and create a seamless system, wherever possible, including the workload associated with the Voluntary Pre-Kindergarten (VPK) program. Recurring workloads include:

- **VPK Coordination** – Because the role of the Department in the implementation of the VPK Program is relatively small compared to that of Florida’s Office of Early Learning (FOEL) 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 the 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 (FOEL/DOE) that require additional staff time.

G. Policy Changes That Would Require Legislative Action

Not Applicable

H. Task Forces/Studies

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

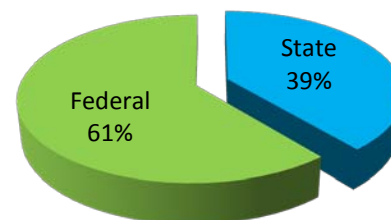
The Department's Domestic Violence Program operates as the central clearinghouse for state and federal funding initiatives for the prevention and intervention of domestic violence. Among the Program's primary responsibilities are the administration and oversight of federal and state funding designated to assist Florida's 42 certified domestic violence centers, the leading providers of domestic violence services. The Domestic Violence Program works closely with the Florida Coalition Against Domestic Violence (FCADV) to certify, monitor, and fund the centers as authorized in Chapter 39.903 F.S.

The Domestic Violence Program partners with the FCADV to work closely with law enforcement agencies, prosecutors, courts, and victim service providers to assist in the intervention of domestic violence, dating violence, and sexual assault crimes against women, men and children. Some of those partners include: the Office of State Courts Administrator, Office of the Attorney General, Florida Prosecuting Attorneys Association and local State Attorney's offices, Florida Council Against Sexual Violence, local law enforcement agencies, and numerous community-based victim and legal service agencies. Additionally, the Domestic Violence Program provides technical support through the development of policy and practice to support victims.

Domestic Violence Funding

Working in partnership with the coalition, the program coordinates and administers statewide funding and activities to address domestic violence crimes. Florida's \$31 million budget for domestic violence prevention and services is funded as described below.

Domestic Violence Funding
2012-2013 Fiscal Year



Domestic Violence Trust Fund

The primary source of state funding for domestic violence centers is the Domestic Violence Trust Fund. Funds provide for center operations and essential services such as emergency shelters, local hotlines, counseling and advocacy, immediate crisis response, and comprehensive support to help survivors rebuild their lives. These services are core to ending domestic violence. The source of funds is from fees of both marriage licenses and dissolution of marriages, and fines for specific domestic violence crime convictions.

Family Violence Prevention and Services (FVPSA) Grant Program

FVPSA is the first and only federal funding dedicated directly to domestic violence centers for operations and essential services. The Department receives the FVPSA grant, a federal formula grant, from the U.S. Department of Health and Human Services, each year. Through the allocation of these grant funds the Department supports the work of our primary partners, the Florida Coalition Against Domestic Violence and the state's 42 certified domestic violence centers.

Domestic Violence Diversion Program, Temporary Assistance for Needy Families (TANF)

Many victims of domestic violence depend on temporary economic assistance to enable their escape from an abusive relationship. However, compliance to program requirements, in some cases would make it more difficult for the victim to escape or may put them at risk for further violence. Recognizing that TANF program standards may unfairly penalize those who have been victimized by domestic violence, the legislature enacted the Domestic Violence Diversion Program. This program allows temporary suspension of work and training requirements when the victim is unable to comply due to safety considerations or the effects of past violence. The Diversion Program is modeled after federal law with the intent of providing the type of support that will allow a victim to ultimately enter the work force, but at the same time, provide for the transition from welfare to work in the safest manner.

The Domestic Violence Program provides TANF funding to the Department certified domestic violence centers for the provision of counseling and supportive services to TANF eligible victims. During the 2011-2012 fiscal year, centers provided these services to 47,062 adults and children.

Violence Against Women Act (VAWA) Grant Program

The Domestic Violence Program administers two grants under the federal Violence Against Women Act (VAWA) Grant Program from the U.S. Department of Justice. The grants include an annual formula grant, the STOP (Services, Training, Officers and Prosecution) grant, and a discretionary grant, Grants to Encourage Arrest.

The STOP Program promotes a coordinated multidisciplinary approach to enhancing advocacy and improving the response to violent crimes against women by the criminal justice system. Funding is distributed, as mandated by VAWA, to each discipline by percentages: 30% to victim services, 25% to law enforcement, 25% to prosecutors, 5% to courts, and 15% discretionary. The Domestic Violence Program generally applies discretionary funds to victim services. Federal regulations require the funding be allocated geographically based on identified needs and resources.

The Grants to Encourage Arrest is a competitive grant designed to encourage states and local governments to treat domestic violence, sexual assault, and dating violence as serious violations of criminal law. The program seeks to ensure that a coordinated community response is paramount to ensuring victim safety and perpetrator accountable for their crimes.

Domestic Violence Services

Domestic violence is a pattern of behaviors that individuals use against their intimate partners or former partners to establish power and control. In 2011, the Florida Department of Law Enforcement Uniform Crime Report indicated that 111,681 incidents of domestic violence were reported to law enforcement and 68,001 arrests were made for domestic violence offenses. In the same year, 192 individuals died as a result of domestic violence crimes, representing approximately 19.5% of all homicides in Florida. While most all other criminal offenses declined in 2011, domestic violence stalking is the notable exception, with simple stalking experiencing a 65.1% increase and aggravated stalking a 1.4% increase. The rate of domestic violence offenses was 590.7 per 100,000 population in 2011.

The state's 42 certified domestic violence centers answered over 98,763 crisis calls and provided safe housing to 15,997 victims and their children in 2011-2012, a 9% increase over the past four years. Children who fled the violence with their parent account for 47% of the shelter residents. This same year the centers turned away 3,471 victims and their children due to lack of available space, a 30% increase over the past three years. Centers also provided outreach services to 36,389 individuals; safety planning to 90,129 individuals; and counseling to 55,181 individuals.



A snapshot of Florida's domestic violence centers reveals that over 3,166 adults and children received assistance and services during a single 24-hour period (National Network to End Domestic Violence, 2011 National Census of Domestic Violence Services). Domestic violence services include emergency shelter, outreach programs, 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 local hotline calls, and offer community education and awareness.

B. Selection of Priorities

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

centered services; 2) coordination of systems to protect victims; and, 3) training for professionals who work with families experiencing domestic violence.

Several key initiatives have been identified by the Domestic Violence Program to address these themes. The following is descriptive information about specific initiatives planned to continue over the next five years.

C. Priorities over the Next Five Years:

Establish Quality Assurance Evaluations of Department-Certified Domestic Violence Centers

Direct victim-centered services have been identified as the most important priority by stakeholders and partners of the Domestic Violence Program, and are the core principles of the program's prevention and intervention efforts. To promote and support the accessibility and quality of services provided by Department-certified domestic violence centers, the program will continue to collaborate with the Florida Coalition Against Domestic Violence on enhanced certification and contract compliance functions.

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 program conducted their evaluation through monitoring for compliance with state minimum standards that the centers are subject to and required by s. 39.905, F.S. and Chapter 65H-1, F.A.C. The standards were developed to assist domestic violence centers in providing consistent quality services.

The coalition's evaluations were and continue to be conducted through subcontract compliance monitoring as part of the coalition's responsibility with the administration of the Department's domestic violence funding directed in ss. 39.903 and 39.905, F.S. A component of the coalition's monitoring absent from the program's monitoring was the incorporation of quality assurance reviews using a consultative methodology. This method of regulation, in conjunction with the coalition's education, training, technical assistance and support to the centers, has had a positive impact on center operations and services.

To eliminate duplicate activities and use resources more effectively, the program and coalition have worked together to harmonize the regulatory functions of certification and contract compliance. This successful collaboration has enhanced the evaluation of domestic violence centers by providing consistent directions and guidance to the centers. The 2012 Legislature supported this model and gave the coalition authority to conduct the annual certification monitoring of domestic violence centers and the Department to annually renew the certification upon receipt of a favorable monitoring report by the coalition.

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

Listening to the Voices of Domestic Violence Survivors

To further promote and support the accessibility and quality of services and determine the need and magnitude of domestic violence services, the Domestic Violence Program will continue to partner with the Florida Coalition Against Domestic Violence to conduct survivor focus groups.

The Survivor Listening Project was instituted to ensure the voices of survivors continue to guide standards and to inform the state's support and prevention efforts. Survivor listening groups are conducted on an annual basis to hear firsthand about current survivor experiences throughout the state. The focus groups are composed of shelter residents from a sampling of the 42 Department-certified domestic violence centers. A myriad of issues are discussed including, but not limited to, local system barriers that limit access to services; cultural and linguistically specific needs; and quality of services received. Information gleaned from the listening groups provide the program and coalition with critical information that help shape service provision and planning; guides updates to standards and other authorities; and points out areas of need.

The voices of over 100 domestic violence survivors, representing all ages in rural, urban, and suburban communities across the state have been heard. The program and coalition will continue to conduct the Listening Project to keep survivors' voices at the forefront of prevention efforts in Florida.

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

Domestic Violence Fatality Review

A coordinated community response was identified by the Department's stakeholders and partners as an important factor in successful interventions to prevent and address domestic violence. To promote and support our state's local communities in their coordination efforts, the Domestic Violence Program will continue to provide support to the Statewide Domestic Violence Fatality Review Team. The program will also provide resources to the Florida Coalition Against Domestic Violence to support existing and new community-based teams.

The Attorney General's Office, in collaboration with the Department and the coalition, established Florida's first statewide Domestic Violence Fatality Review Team in response to marked increases in domestic violence homicides and to support the work already begun by the community-based teams. The team is inclusive with representatives from all systems that may come in contact with victims and/or their abusers, including domestic violence centers, legal service providers, other direct service providers, government agencies, faith-

based organizations, probation, parole, corrections, law enforcement, health care, the military, the court system, prosecutors, the defense bar, and a survivor.

Domestic violence fatality review is an analytical process utilized to identify systemic gaps and create policy or procedural processes to address such, which can ultimately prevent domestic violence homicides.

Purpose: To improve systemic responses to domestic violence crimes.

Establish Partnerships Between Domestic Violence Centers and Child Protection Offices

Domestic violence not only compromises the safety and welfare of adult victims, but also has serious safety implications for their children. A cooperative relationship between domestic violence advocates and child protective professionals has the potential to remove the risks posed by domestic violence perpetrators and increase safety for adult and child victims of domestic violence. It can also reduce the number of children removed from their homes. To further support collaborative efforts, the program will continue to facilitate partnerships between domestic violence centers and child protection offices in partnership with the Florida Coalition Against Domestic Violence.

The current project is specific to five Sheriff's departments under contract with the Department to conduct child protective investigations (CPI). Domestic violence advocates from the local certified centers provide consultative support services to the Sheriff's CPI staff working with families experiencing domestic violence. In some instances, the advocates are co-located with the child protective investigators.

Another focus of the project is to build the capacity of local child protection professionals to better assess domestic violence. The goals of the project are to increase referrals to the certified domestic violence centers and to reduce the removal of children from the non-offending parent in child dependency cases while increasing batterer accountability through abuser focused case plans.

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.

Enhanced Training for Judges Working with Families Experiencing Domestic Violence

Judges are a critical member of a coordinated community response to domestic violence. Through the enforcement and interpretation of laws they can help protect victims and ensure batterer accountability. Judges are also able to establish policies and procedures that can enhance victim safety. To support the important work and responsibilities of our state's judges, the Domestic Violence Program, in collaboration with the Florida Supreme Court's Office of State Courts Administrator and Florida Coalition Against Domestic

Violence, will continue to support domestic violence training for family court judges and court personnel who work with families experiencing domestic violence.

The State Courts Administrator developed a virtual court online training with a virtual courtroom designed to introduce judges and court staff to issues and challenges that typically arise in civil domestic violence cases. Conflicting testimony, lack of counsel, paternity, child support, and allegations of violations are some of the challenges that often arise. This training program presents video scenarios and pertinent documents related to pro se parties engaged in a civil domestic violence injunction case.

The online training also provides a virtual classroom about domestic violence case management and presents video scenarios and pertinent documents related to the case manager's role in a civil domestic violence injunction case. After viewing the video segments and documents for each stage in a domestic violence case, the case manager in training is called upon to answer questions about his or her role in the process and appropriate procedures. Participants then receive feedback from the program which suggests why their answer may or may not have been the most appropriate.

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

Capital Improvements Grant Program for Domestic Violence Centers

During fiscal year 2011-2012, 3,471 victims were unable to receive immediate shelter due to lack of beds in the state's 42 certified domestic violence centers, a 30% increase over the past three years. Currently, emergency shelters range from small 14-bed facilities to larger 102-bed facilities, totaling 1,912 beds statewide for victims and their children. Additionally, hundreds of victims are sheltered in facilities already over capacity or forced to seek other means of shelter such as hotels.

Florida's certified domestic violence centers encompass shelter, outreach, and administrative facilities. Various centers also maintain transitional housing and childcare. The Capital Improvement Grant Program, established in 2000, has played a crucial role to ensuring that victims of domestic violence and their children have a place for refuge and safety in times of crisis. However, funding has not been appropriated for this program since FY 2008-2009.

An annual needs assessment is conducted by the Domestic Violence Program of the state's domestic violence centers to determine their capital improvement needs. Consistently, many of the domestic violence centers report they are in urgent need of additional bed space, renovations, and repairs. Others are inadequate and beyond repair, making it necessary for the center to build or purchase a newer, larger facility to meet the pressing needs. Transitional housing facilities have also been identified by centers as an urgent need.

Additionally, focus groups have been held with domestic violence survivors receiving shelter services by the Florida Coalition Against Domestic Violence, to determine their most urgent needs. The result of such was longer term affordable housing such as transitional housing. Current trending indicates survivors are staying in shelter longer due to the lack of affordable, long-term housing, thus reducing available beds for those in immediate crisis.

The Domestic Violence Program will continue to conduct an annual needs assessment to determine the urgent capital needs of the state's certified domestic violence centers and support the Capital Improvement Grant Program as funds are appropriated.

Purpose: Funding is necessary to ensure that the Department can sufficiently support the state's domestic violence centers and provide a reduction in the number of survivors and their children unable to access services, thereby decreasing risk to life and safety. In addition to increasing current emergency shelter bed capacity, the building or purchasing of transitional housing will also result in increased available emergency shelter beds.

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

Funds have not been appropriated for the Domestic Violence Capital Improvement Grant Program, as established in section 39.9055, F.S., since the 2008-2009 fiscal year. Funding will allow the Department to re-establish the funding of the program and expand the state's capacity to provide adequate shelter to domestic violence victims and their children.

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.

The statewide target is currently 97%. Trend data indicates that performance is consistently above this target.

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

Trends and Conditions

Program: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

The Department's Substance Abuse and Mental Health Program 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 illness and substance use disorders.

This office is recognized as the single state authority for substance abuse and mental health. It 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 agencies that serve youth and adults, health care). Initiatives include integration of trauma-informed care and development of co-occurring resources.

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."

Florida law 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."*

To achieve administrative efficiencies, in 2011 the Substance Abuse Program and the Mental Health Program merged into a single Substance Abuse and Mental Health (SAMH) Program Office. The office is managed by three Program Directors who report to the Assistant Secretary for Substance Abuse and Mental Health. The three programs include Substance Abuse and Mental Health Services, Treatment Facilities, and Performance Support Services.

In 2008, the Legislature authorized the Department to implement Behavioral Health Managing Entities (s. 394.9082, F.S.). 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).

A primary goal of contracting with managing entities is improving access to care, service continuity, and more efficient and effective delivery of substance abuse and mental health services, including the 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.

As of February 2013 there will be seven (7) Managing Entities (MEs) operating under seven separate contracts.

Current Managing Entities

Region	Managing Entity
Central	Central Florida Cares Health System
Northeast	Lutheran Services of Florida
Northwest	Access Behavioral Healthcare
Southern	South Florida Behavioral Health Network
SunCoast	Central Florida Behavioral Health Network

Two additional ME contracts are scheduled to be executed on or about February 2013 covering Broward County and the Palm Beach/Treasure Coast.

The 2011 Legislature established the statewide Office of Suicide Prevention for the Florida Suicide Prevention Coordinating Council in the Department. This office is responsible for collaborating 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.

Under direction of the Coordinating Council, the Department has:

- Incorporated suicide prevention information into the foster care training program
- Evaluated suicide prevention programs at the mental health treatment facilities
- Held a Suicide Prevention Awareness Day at the state Capitol in February 2012
- Infused suicide prevention into the Department’s federal System of Care grant and the federal Substance Abuse Prevention grants
- Produced a 2011 Annual Report which included 2011 epidemiological data on death by suicide in Florida. In the report, important trends were identified across age groups and geographic locations.

Noteworthy suicide prevention strategies currently underway include:

- Assessing drug overdose data and linkages to suicide
- Analyzing and disseminating information to appropriate community stakeholders and organizations for use in development of policies, practices, and programs.

The 2012 Legislature created the Task Force on Prescription Drug Abuse and Newborns, within the Department of Legal Affairs, to examine and analyze the emerging problem of Neonatal Withdrawal Syndrome (NWS) as it pertains to prescription drugs. The task force will research the impact of prescription drug use and neonatal withdrawal syndrome, evaluate effective strategies for treatment and prevention, and provide interim policy recommendations to the Legislature by January 15, 2013, with a final report due by January 15, 2015. The task force must identify federal, state, and local programs that provide services to pregnant women addicted to prescription drugs and newborns suffering from NWS. The task force must also evaluate methods to increase public awareness of the dangers associated with prescription drug abuse by pregnant women and the dangers posed to newborns as a result of maternal prescription drug abuse during pregnancy. Further, the legislation requires the Secretary of the Department of Children and Families to serve as a task force member. Decisions resulting from this effort will likely affect services offered by this program office.

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

A. Primary Responsibilities

Section 20.19, F.S., creates within the Department of Children and Families a Substance Abuse and Mental Health (SAMH) Program Office. The responsibilities of the SAMH Program Office encompass all substance abuse and mental health programs funded and/or regulated by the Department. The community-based services are provided in each of the Department's Regional Systems of Care (RSOC), their managing entities (ME) and networks of licensed and contracted service providers.

Substance Abuse

The Substance Abuse Program is 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, dependence 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, families, pregnant women, and other potentially high risk groups.

Treatment and Recovery Support Services include various levels of residential, outpatient and recovery support services which vary based upon the severity of the addiction. The SAMH program 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: 1) better post-treatment outcomes related to future abstinence, 2) reduced use, 3) less involvement in the criminal justice system, 4) reduced involvement in the child-protection system, 5) better employment, 6) increased earnings, and 7) better health.

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

Licensure and Monitoring Services are required to administer and maintain a comprehensive regulatory process to license service providers. Licensure is governed by Chapter 397, F.S., and Chapter 65D-30, Florida Administrative Code (F.A.C.), which provide minimum standards for the following program components: admissions 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.

Mental Health

The Mental Health Program is responsible for oversight of all mental health services contracted for by the Department:

Adult Community Mental Health Services are designed to reduce the occurrence, severity, duration, and disabling impact 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 supports 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. Children's Mental Health Services is committed to improving family inclusion and creating a system of care that is youth-guided and family-driven.

State Mental Health Treatment Facilities (also known as mental health institutions or state hospitals) provide services to individuals who meet the admission criteria set forth in either Chapter 394 (civil commitment) or Chapter 916 (forensic commitment), F.S. State mental health treatment facilities work in partnership with communities to enable individuals with severe and persistent mental illnesses to manage their symptoms and acquire and use the skills and supports necessary to return to the community so that they can be successful and

satisfied in the role and environment of their choice. For individuals in the forensic system who are incompetent to proceed, this includes achieving competency and returning to court in a timely manner.

The Sexually Violent Predator Program (SVPP) was established in 1998 and went into effect in 1999 to administer the provisions of Chapter 394, Part V, F.S., also known as the Involuntary Civil Commitment of Sexually Violent Predators Act. The program enhances the safety of Florida's communities by identifying and providing secure long-term care and treatment for Sexually Violent Predators.

B. Substance Abuse and Mental Health Trends

Substance Abuse

In recent years, Florida has seen a marked upsurge in prescription drug misuse/abuse, particularly of 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). Methamphetamine may be produced locally or trafficked into the state from elsewhere.

Alcohol continues to account for the highest percent of treatment admissions for adults (30%), followed by prescription drugs (28%) and other drugs (15%), including marijuana and cocaine/crack. Admissions where marijuana is listed as the primary substance has fallen from 15% to 14% and crack/cocaine admissions are down from 10% to 9%.

For adolescents, primary drug problems at the time of admission involve marijuana (47%), followed by alcohol (6%), and prescription and other drugs (39%). 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).

As noted the increase in prescription opiate and benzodiazepine abuse has created an added demand for medication-assisted detoxification programs and long-term treatment programs that specialize in the treatment of these addictions. Approximately 1,079 physicians and 67 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. While binge drinking and illicit and prescription drug abuse have not increased, 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. 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 2010-2011, 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 309,909 children in need of substance abuse services and 110,550 of those would seek services, if available. In Fiscal Year 2010-2011, 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.

Mental Health

Chapter 394.75, F.S., requires the Department, in consultation with the Agency for Health Care Administration, to implement a planning process for the provision of mental health services that includes 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 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 best practices.

Legislators and administrators face difficult decisions in terms of funding priorities. However, not funding mental health care appropriately generally does not save money, but all too often shifts costs into other systems and sectors that are inappropriate and ill-equipped to care for individuals with these illnesses and where the fiscal impact can be far greater (e.g., emergency departments, jails and prisons, foster care). Also, the consumer risks additional trauma by untrained staff at inappropriate placements, only escalating their mental health symptoms and causing greater fiscal strain. With proper investment in mental health services, Florida can expect greater rates of recovery and optimal functioning from people living with these chronic illnesses.

Research has identified priority populations in Florida who are in greatest need of services within the system of care. According to a January 2012 Report on the substance abuse and

mental health system in Florida, one in two Floridians will experience some form of mental illness in their lifetime.

In recent National Survey on Drug Use and Health (NSDUH) surveys, more than 1.4 million Florida children and adults indicated some level of psychological distress. It is estimated that there are 784,558 adults with serious mental illnesses and 330,989 children in Florida with serious emotional disturbances based on the SAMHSA methodology for estimating prevalence rates. We are currently meeting the needs of approximately 10% of children and 13% of adults in need of mental health care.

In FY 2011-2012 Florida served nearly 20,000 children in out-of-home care for abuse and neglect. Children in out-of-home care are among the highest users of behavioral health services. Some studies suggest that as many as 80% of youths involved with child welfare agencies have emotional or behavioral disorders, developmental delays, or other indications of need for behavioral health services. In Florida, the four most prevalent disorders among children who entered out-of-home care were (in rank order): attention deficit disorder, conduct disorder, post-traumatic stress disorder, and anxiety disorder. Research indicates that adverse childhood experiences impact physical health and are related to the development of mental health and substance use disorders later in life.

Florida has the third highest number of persons who are living on the streets or in emergency shelters in America. Daily, nearly 60,000 people live on the street or stay in shelters. Unfortunately, the count is most likely a gross underestimate of the actual number of Floridians without housing of their own. These numbers do not capture the “invisible homeless”, those who are forced to share the housing of others. This is especially true for families with children who have lost their homes.

Reflective of this growing family homelessness trend, Florida’s public schools identified over 49,000 children who were homeless during the 2009-2010 school year. Every school district in Florida identified homeless students. Of these homeless children, 75% were sharing the housing of other people, due to the loss of housing or economic hardship. The number of homeless children is in addition to the daily street count.

According to the 2011 report published by the Council on Homelessness, of the approximately 60,000 homeless individuals in Florida in 2011, nearly 31% have mental health disorders. Lack of affordable housing has been identified as the single 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. Thirteen percent of the homeless in Florida were military veterans, ranking Florida second in the country for the number or percent of homeless veterans.

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.

According to the Centers for Disease Control, Florida's suicide rate is higher than the national average at .5 per 100,000. On average, every 3 hours a dies by suicide; suicide is the second leading cause of death for persons ages 25-34. In 2009, the suicide rate in Florida was the highest it has been in the past 15 years; indeed, in 2009, more Floridians died of suicide than from homicides and HIV combined.

Community housing for adults with mental illnesses continues to be a concern. Since FY 2009-2010, there has been a 6.6% increase in adult crisis stabilization beds but a decrease of 9.7% in Short-Term Residential beds. The residential capacity of beds for state mental health treatment facilities has remained unchanged following the closure of 82 secure step-down beds on July 1, 2011. However, forensic commitments increased by 8.7% between FY 2010-2011 and FY 2011-2012 and are continuing to trend upward in early FY 2012-2013. Discharges from civil state mental health treatment facilities to the community are being delayed because of the lack of appropriate community treatment and recovery support alternatives. Discharges of competent individuals who are ready to return to court are also being delayed, as some counties are not picking them up promptly from the facilities.

In FY 2012-2013, the three state-operated mental health treatment facilities had a budget reduction of \$1,751,265 and 260 full time positions were eliminated, as various functions were transferred to contracted services.

C. Substance Abuse and Mental Health Priorities

These priorities emphasize the need for the investment in treatments and services with ample evidence of effectiveness, significant cost savings and improved health and social outcomes. They will align with treatments, interventions, and services with strong evidence of effectiveness in improving health outcomes and reducing costs.

Utilization of Evidence Based Practices (EBP)

In January 2009, the Substance Abuse (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 Mental Health unit is also initiating an Evidence-Based Practice survey of mental health providers to assess the extent of EBP proliferation across the state and to determine the technical assistance and training needs of community providers.

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 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 disease, stroke, or diabetes. In October 2010, six Florida SAMH providers received grant awards from Substance Abuse and Mental Health Services Administration (SAMHSA) to support and promote better primary care and behavioral health services for individuals with mental illnesses, 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 better 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 were 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 policy that a person in need of treatment for a mental illness should remain in the community whenever 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 communities. It is important that the entire system work together to ensure that people remain in these restrictive 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, i.e., Northeast Florida State Hospital (NEFSH), Florida State Hospital (FSH), South Florida State Hospital (SFSH), and West Florida Community Care (WFCCC), 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 2012 through June 2012 indicated that on average 235 people per month were awaiting discharge from the civil facilities to the community statewide; an average of 132 of those individuals were waiting over sixty days. The managing entities, community providers, circuits, and state mental health treatment facilities must all work in collaboration to ensure individuals are served in the least restrictive and most appropriate therapeutic setting to meet their individual needs.

An initial analysis of the data compiled for FY 2011-2012 indicates 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 indicates that a continued focus of discharge efforts should be Circuits 4, 5, 7, 8, and 9, since they had the highest number of individuals at NEFSH 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 consider solutions. Additionally, in 2011, treatment facility staff concentrated their efforts on individuals with a length of stay of more than 12 months. The focus was to identify these individuals' unique discharge barriers and to assist the circuits and providers in developing discharge options. 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 1.24 years in June 2011 to 1.05 years in June 2012.

The Department intends to utilize the legislative budget request process to secure budget authority to develop the necessary community resources to discharge 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 130 individuals at the civil state mental health treatment facilities. The funding amount is requested to provide services in the community for one year.

The Department will continue to focus on ways to reduce the number of people awaiting civil discharge over 60 days by working closely with the treatment facilities, circuits, providers and managing entities to increase discharges and increase awareness of the importance of this issue.

Modifying SAMH Data Systems

The Substance Abuse and Mental Health Information System (SAMHIS) is a web-based JAVA application with an Oracle 10g database that was developed in 2005. The application collects, maintains, and reports data on SAMH clients who are served in the state mental health treatment facilities and state-contracted community substance abuse and mental health provider agencies. This data includes socio-demographic and clinical characteristics; type, number, and outcome of services provided; and the profiles of the service provider agencies.

Data can be entered directly into SAMHIS or batch uploaded from service providers. On a monthly basis, the data is extracted and loaded into a data warehouse where it is then aggregated at state, circuit, and provider levels to report performance measures of key indicators. The report can be viewed on the DCF Dashboard located on the DCF internet website (<http://dashboard.dcf.state.fl.us>).

Due to recent changes in law, the services provided to SAMH clients are now under the oversight of managing entities (ME) who subcontract with providers. The MEs will be responsible for collecting and loading this data to DCF. DCF will interface with seven MEs rather than the 400 service providers as in the past.

The SAMH program office is in need of several significant enhancements to be made to SAMHIS. Specifically, new data interfaces and reporting capabilities are needed in order to better serve our clients, better monitor the services they are receiving and their status, and accurately access the performance of the ME's.

Improved access to data from four current sources: Temporary Assistance to Needy Families (TANF) is also needed, the Behavioral Health network (BNet), Medicaid, and Forensic Services. Other initiatives include enhancements to assist the ME's with their statutory reporting and performance requirements; and selection, installation and utilization of business intelligence software. All of these enhancements and features will enable the Department to meet statutory requirements for integration, accessibility, and dissemination of behavioral health data for planning and monitoring purposes, and for provision of data that are useful for the service delivery system, including the management and clinical care needs of the service providers and managing entities.

Trauma-Informed Care

Trauma occurs when an experience overwhelms an individual's ability to cope. It comes in situations of violence, abuse, neglect, war and other emotionally destructive experiences and has no boundaries with regard to age, race, ethnicity, economics, gender, and geography. 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. When parents and/or primary caregivers have trauma experiences, particularly childhood events, it appears to affect the youth's symptoms as well as the overall family functioning. Trauma-informed Family Peer Support Specialists are an important treatment component and have a positive effect on child/youth trauma symptoms, particularly in families experiencing intergenerational trauma.

Trauma-Informed Care (TIC) offers a new perspective: one in which those providing support and services shift from asking "What is wrong with you?" to "What has happened to you?" This change reduces the shame that some people experience when being labeled with symptoms and diagnoses; also builds an understanding of how the past impacts the present, which effectively makes connections that progress toward healing and recovery.

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 build 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 has developed a strategic plan for the implementation of TIC in the group's local community. 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 for alcohol and other drug consumption patterns and related consequences. Coalitions are partnerships of social, political, health, faith, education, law enforcement, and other relevant representatives from community sectors who work together to identify and respond to substance abuse problems within their community. Coalitions identify substance abuse problems, develop a community response, build community response capacity, mobilize the community and assess progress toward outcomes.

The Substance Abuse Program assists coalitions in examining 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 campaigns, media advocacy, media literacy, life skills training, family strengthening and other prevention practices.

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. 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 an effort to align with the Department’s mission to advance recovery and resiliency and align with the Department’s goals to effect program improvements and engage communities, the private and state-operated mental health treatment facilities have identified three priorities for fiscal year 2012-2013:

- Gaining Efficiencies: This entails three major activities:
 - Streamlining – Administrative consolidation among the state-operated mental health treatment facilities to become more efficient and generate savings

- Outsourcing – Negotiation of contracts to privatize housekeeping services, maintenance operations and/or food service operations in order to have a more efficient and cost effective operation and to enhance services
- Repurposing – Reevaluation of traditional services provided by the state mental health treatment facilities and undertaking new projects to better serve individuals with mental illnesses and local communities. Repurposing projects are designed to discharge complex residents, utilize vacant buildings and create employment opportunities.
 - Advancing Recovery – The Department will work to provide state funded services to individuals in the most fiscally efficient and responsible manner, and provide services to individuals in the least restrictive and therapeutic setting. This will be done by increasing community capacity, decreasing length of stay and monitoring readmission and recidivism.
 - Measuring Success – The Department will develop meaningful performance measures and indicators to describe outcomes, with input from state mental health treatment facilities and advocates.

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 % in FY 2005-2006; 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., increased by 8.7% from FY 2010-2011 to FY 2011-2012. Eighty-two secure forensic beds had been closed on July 1, 2011, as commitments had decreased in the preceding fiscal years (FY 2009-2010 and FY 2010-2011).

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 insures 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

- Working closely with community partners and the courts to divert those individuals who may not need to receive services in a secure forensic facility
- Evaluating legislative changes by reducing the timeframe for dismissing charges of individuals determined to be non-restorable from five years to three years for individuals charged with a crime other than a violent crime against persons. If the legislation passed as proposed, the timeframe would remain at five years for individuals charged with a violent crime against persons. Data for the past fourteen fiscal years (FY 1998-1999 to FY 2011-2012 and including a total of 14,328 individuals) shows that 99.6% of the individuals restored to competency in a state mental health treatment facility were restored in three years or less.

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, Northeast Florida State Hospital and North Florida Evaluation and Treatment Center
- Outsourcing of certain functions at Florida State Hospital - specifically Operations and Maintenance and possibly Food Services in the future
- 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.

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 placing them in a secure facility for long-term care and treatment. Since the inception of the program, there have been 44,384 referrals to the Sexually Violent Predator Program for commitment consideration.

The Florida Civil Commitment Center (FCCC) houses both committed residents and pre-trial detainees. While the census has remained largely stable with no significant change over the

past four fiscal years (census totals for FY 2008-2009 – FY 2011-2012: 674, 673, 677, 679), the percentage of persons housed at FCCC who are now committed as part of the Sexually Violent Predator Act has shown a steady increase (percentages for FY 2008-2009 – FY 2011-2012: 66%, 71%, 77%, 81%). The percentage of committed persons participating in treatment has also increased, reaching 77% by end of FY 2011-2012 (compared to 57% in FY 2008-09).

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 was expected to be more than 1.6 million by September 30, 2011. A 2008 RAND Corporation study, titled “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 substance abuse or mental health care.

In October 2009, the Department was awarded a federal grant, “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 has been chosen and was 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), U.S. Department of Housing and Urban Development Continuum of Care Supportive Housing Program funding, 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, helps with mental health and substance issues, and support veterans 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 60,000 homeless individuals (Annual Council on Homelessness Report 2010, DCF Office on Homelessness). Over 44% of all homeless persons reported a disabling condition in 2010; the primary conditions reported were physical disabilities (31.4%), drug or alcohol addiction (32.8%) and mental illnesses (30.7%). 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 housing and service providers. Local partnerships work 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 partnered with the Florida Mental Health Institute (FMHI) at the University of South Florida (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.

D. 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 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
- Gaining efficiencies by streamlining outsourcing and repurposing activities for state mental health treatment facilities
- Advancing opportunities for recovery for state mental health treatment facilities' consumers by increasing community capacity, decreasing length of stay at facilities and monitoring readmission and recidivism
- Measuring success for state mental health treatment facilities by developing meaningful performance measures and indicators to monitor outcomes
- 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: 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 130 persons in the civil State Mental Health Treatment Facilities 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.

Persons who are identified as no longer needing state treatment facility services will be offered services in a less restrictive environment. The state will be making strides to comply with the requirements based on the Olmstead decision and thereby decrease the risk of Department of Justice intervention. The Department will be working to ensure the rights of patients to live in the least restrictive setting are not violated.

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 who have severe emotional disturbances that regularly attend school and graduate from high school and post-secondary education through staff 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 quality indicators as the standard for system performance measurement and accountability.

Data pertaining to national outcome 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.

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-train substance abuse and mental health professionals, and develop 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: Align the Department's mission to gain efficiencies, advance recovery and measure success for individuals in state mental health treatment facilities and those awaiting community placements.

Initiative: Continue to monitor and administer Managing Entity contracts throughout the state to promote a more efficient, locally controlled, responsive system of care.

Initiative: Integrate data from other Department programs (e.g., Family Safety, ACCESS) with the Substance Abuse and Mental Health Information System (SAMHIS).

E. 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 "scorecard" 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.

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

F. 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 initiatives 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.

G. Changes Which Would Require Legislative Action

Distribution of Substance Abuse and Mental Health Funding

The Department is reviewing its funding models for all services and considering a transition to utilization-based funding for all services that are currently funded on a capacity basis. This review includes a workgroup to address the transition to utilization-based funding for crisis stabilization services, as mandated by the 2012 Legislature.

Involuntary Commitment of Individuals Adjudicated Incompetent to Proceed Pursuant to Chapter 916, F.S.

The Department is proposing amendments to Chapter 916, F.S., to improve the quality and efficiency of services provided to individuals involved in the forensic mental health system. The proposed revisions will enhance the personal recovery of individuals in a mental health treatment facility by allowing uninterrupted continuation of essential psychotherapeutic medications previously prescribed by the jail; by ensuring that individuals who no longer require treatment in a state mental health treatment facility are promptly returned to the court system for a hearing to address their legal charges; and by reducing the time individuals determined to be non-restorable must spend under a Chapter 916, F.S., commitment from five years to three years for non-violent offenses.

H. 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, four reviewers/trainers (plus one staff from DCF headquarters) were trained to conduct the reviews and to train the other trainers. The project was delayed during 2011-2012 due to budgetary issues, but will be resuming in the Fall of 2012. 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 2013.

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.

Sexually Violent Predator Program Recidivism Study

Authority: Section 394.931, Florida Statutes

Purpose: The Department is required by statute to implement a long-term study to determine the overall efficacy of the provisions of Chapter 394, Part V. This study will examine sex offense recidivism rates across multiple comparison groups of sex offenders released from confinement, including offenders who were committed but later released by the courts as no longer meeting criteria for commitment. The goal is to assess the effectiveness of the treatment program at the Florida Civil Commitment Center. A second goal is to assess the impact of conditional release agreements approved by the court; this will help the Department assess the likely impact of a more structured and formally supervised conditional release program for persons subject to Part V.

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 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.

The mission of the ACCESS Florida Program is to promote strong and economically self-sufficient communities by providing public assistance to individuals and families on the road to economic recovery through private, community, and interagency partnerships that promote self-sufficiency.

Supplemental Nutrition Assistance Program (SNAP or food assistance) helps individuals and families purchase nutritional foods needed to maintain and promote good health.

Temporary Cash Assistance program provides financial assistance to pregnant women in their third trimester and families with dependent children to assist in the payment of rent, utilities and other household expenses. This program includes financial assistance to families exercising parental care as a preventative measure for relative children who are at risk of being placed into state custody.

Medicaid provides medical assistance to individuals and families to cover or assist in the cost of services that are medically necessary.

Optional State Supplementation (OSS) is a state funded public assistance program that provides payments to supplement the income of indigent aged and disabled individuals who reside in community-based alternative living environments (assisted living facilities, adult family care homes, mental health residential treatment facilities). The OSS payment helps individuals pay for the cost of their care in their residence. These alternative living environments provide 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.

Refugee Assistance Program (RAP) provides financial and Medicaid benefits to refugees and entrants in Florida to help them become economically self-sufficient. The program is 100 percent federally-funded through the U.S. Department of Health and Human Services, Office of Refugee Resettlement.

Electronic Benefits Transfer (EBT) is the benefit payment system for ACCESS program benefits. Benefits are paid to eligible recipients using a magnetic strip debit card. EBT has been used to deliver ACCESS benefits since 1997.

The ACCESS Integrity Program (Fraud Prevention) is responsible for the prevention and detection of public assistance fraud. ACCESS Integrity staff receive referrals from various sources, including ACCESS eligibility staff and the public. Staff investigates cases prior to approval and monitor active cases to ensure the 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.

Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to client and agency error and fraud. Benefit Recovery staff receive referrals from a variety of sources, including ACCESS eligibility staff, the Department of Financial Services, Division of Public Assistance Fraud, and the public. Benefit Recovery claims and recoupment are managed using the Integrated Benefit Recovery System. This system also interfaces with the Florida On-Line Recipient Integrated Data Access (FLORIDA) system to implement recoupment of overpayments from active public assistance cases.

Customer Call Centers

Customer call centers link applicants and recipients of food assistance, cash assistance, and Medicaid with 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.

B. Selection of Priorities

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

- *Ensuring safety, well-being, and self-sufficiency for the people we serve.* The ACCESS Program primary goal is to promote the self-sufficiency of the Florida's most vulnerable citizens through the vehicle of programs geared towards breaking the cyclical existence of poverty and welfare.

1. *Community Partnerships* - The ACCESS Program continues to strengthen and develop our community partner network. Over 3,000 active statewide community partners provide supportive services to individuals seeking or receiving assistance.

2. *Increase Orientation to Action* – Recently the Secretary of the Department of Children and Families created an ACCESS Transformation Initiative designed to ensure program development by seeking innovative ways of doing business in a more cost effective and productive manner. These are client centered strategies and worker efficient applications resulting in improved service and program administration.

3. *Strengthen Oversight and Accountability* - Quality Assurance is an integral part of the ACCESS Program’s error rate reduction initiative designed to reduce the number and amount of public assistance benefit errors. The Office of Quality Management works in concert with circuit and regional staff to implement countermeasures on identified error trends through prevention and detection activities.

C. Addressing Our Priorities over the Next Five Years

The ACCESS Florida program’s current priorities were identified through strategic planning sessions with key stakeholders that included agency and non-agency staff, internal and external customer groups fully supporting the Department’s mission, and the Secretary’s priorities. These initiatives include:

- **Reduce processing time for public assistance applications** by reengineering current policies and procedures where applicable, and enhancing technology to achieve efficiencies, creating capacity to keep pace with rising caseloads.
- **Increase the percentage of food assistance application approvals processed within the applicable federal time standards** through process improvements and automation of certain tasks which reduce the need of worker intervention.
- **Increase food assistance participation and outreach** by employing mechanisms for customers to submit electronic applications for food assistance while applying for other services. The Department also obtained the expansion of federal demonstration projects that allow certain community partners to conduct interviews and continues to work to develop other creative outreach opportunities.
- **Increase the federal work participation rate requirements for TANF** through partnership and coordination with the Department of Economic Opportunity and local Regional Workforce Boards. The Department of Children and Families and the Department of Economic Opportunity are committed to increasing participation, and through a collaborative effort, have developed strategies to ensure the accuracy focused work participation activities and federal reporting.

- **Increase the capacity of the customer call centers to handle high call volume** through enhanced technology that increases call volume capacity, utilizes advanced caller options and provides the opportunity to self-serve without speaking with a representative.
- **Reengineer business process for efficiencies, fraud prevention and workload management** via the increased use of enhanced technology to automate processing and case maintenance tasks, centralize core functions, and develop streamlined processes. The major reengineering milestones include:
 - **ID Verification** - The Department is currently developing an automated technology solution that will enhance our fraud detection capabilities related to ID verification and authentication at the time of application. This tool will verify the identity of individuals applying for public assistance, resulting in the protection of the applicants' personal information and reducing risk for fraud. The tool will also authenticate the person applying is, in fact, who they claim to be, and will expedite the delivery of services.
 - **Electronic Benefits Transfer (EBT) system** - The Department is in the process of procuring a vendor for the EBT system. The new EBT system will incorporate the latest technology available to combat fraud in the delivery of food assistance, temporary cash assistance (TCA), and WIC dollars. The EBT procurement includes several fraud detection services such as predictive analytics and enhanced monitoring reports.
 - **Medicaid Managed Care** – State of Florida transitions to Medicaid Managed Care , results in changes to the Medicaid system, from eligibility to claims payment. The Department will work closely with partner agencies to stay abreast of changes and proactively anticipate and eradicate the changing vulnerabilities and threats that this service delivery system may pose.
 - **Expansion of Telephonic Signature initiative** - The Department of Elder Affairs obtained federal approval to accept food assistance applications from customers 60 years of age or older over the phone and use telephonic signature in lieu of an e-signature or paper application signature. The expansion would allow the Department to include telephonic signature for Medicaid applications as well in order to increase the outreach initiative to the elderly population.

Utilizing technology to keep pace with fraud - Access to practical data and advanced technology tools, combined with strong domain expertise, can greatly improve the ability to detect fraud and abuse. The Office of Public Benefits Integrity (OPBI) will stay informed on the ever changing methods of utilizing technology to commit fraud. OPBI efforts will include such programs as monitoring social web sites to detect online solicitation sales of EBT cards and reducing the trafficking of EBT cards by identifying clients who request excessive multiple replacement cards. In addition, OPBI is working to implement automated notification to individuals when their identity has been used to fraudulently obtain benefits. OPBI is enhancing the process of case data “alerts” which prevent inappropriate benefits

from being released on the case, which reduces the amount of benefit recovery claims in the future.

Accomplishments:

- Florida remains a national leader in food assistance payment accuracy and error rate reduction. Since 2007 the ACCESS Program has earned more than \$40 million in federal bonus money for food assistance payment accuracy. This year Florida ranked second in the nation and received an accuracy bonus of over \$9 million.
- Replaced the entire EBT card base with a more durable card. The new card has an expiration date comparable to commercial debit cards. This ensures automatic replacement every four years to reduce the number of key-entered transactions which is considered a potential benefit misuse indicator by USDA-FNS.
- Added wireless Point of Sale (POS) terminals for SNAP authorized Farmer's Markets.
- Enhanced the My ACCESS Account and Automated Response systems, giving customers greater accessibility to account information and enhanced interaction with the Department. There are currently over 4 million customers in the ACCESS program, with over 80% utilizing online accounts. Call volume exceeds 3 million per month with 55% of callers utilizing the automated response self-serve feature.
- Enhanced the ACCESS Management System to enable caseworkers to view customer entered data from the ACCESS web application and My ACCESS Account and match against data from FLORIDA. The caseworker is able to modify data entered by the customer and transfer the data into FLORIDA.
- Developed technology to post notice of case actions to customer's online accounts. This enhancement provides customers faster access to information regarding their application or benefits, allowing a faster response in returning requested information, which decreases the overall application processing times while reducing administrative and postal costs.
- Streamlined process for medical providers and pharmacies utilizing bar coding technology. This enhancement allows for faster processing of bills for individuals enrolled in the Medically Needy program. The individual's case information is automatically indexed to the case file eliminating the need for staff to manually scan and index the documentation.
- Created a centralized mail and scan center to streamline incoming mail/verification and increase document imaging production. The centralization of this function removes the administrative burden from the regions and increases production and efficiencies. The strategy allows the Department to allocate staffing resources previously dedicated to this function to other critical areas that affect application processing.

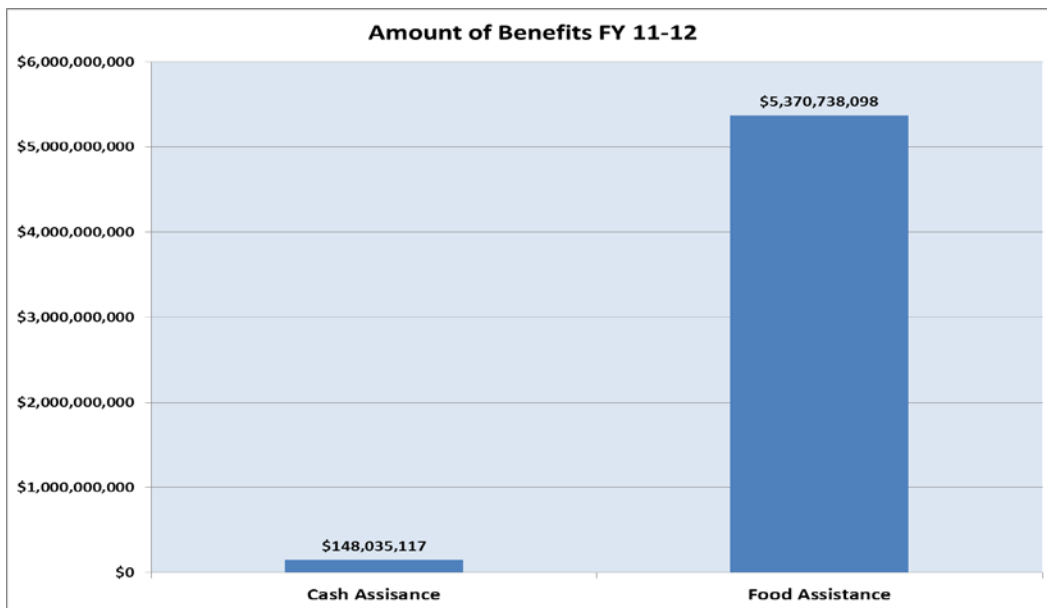
D. Justification of Revised or Proposed New Programs and/or Services

Initiatives described in section C and innovations indicated as accomplishments are aligned with the Governor's priorities, and fully support the Secretary's priorities as well. Since being directed by the Legislature in state fiscal year 2003 to achieve efficiencies in carrying out the eligibility determination activity, the Department implemented ACCESS Florida as the retooled public assistance service delivery system. 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. Despite unprecedented growth in Florida's public assistance caseload, individuals on food assistance grew by 233% in the nine (9) years from July 2003 to July 2012. ACCESS continues to operate with 2,900 fewer FTE. The 200+ expansion of the eligibility workforce over the past nine (9) years has been accomplished without the need for state dollars by leveraging both private and not-for-profit community partnership funds; thereby maintaining the \$83 million annual savings to the State.

Program Statistics

Compared to the previous year ACCESS Program experienced a 313,007 (7.8%) increase in the number of individuals receiving public assistance, resulting in 301,601 (9.5%) more food assistance recipients, and 175,783 (6.8%) more Medicaid recipients. The Temporary Cash Assistance program experienced a 1,769 (1.9%) decrease in individuals receiving financial assistance from the previous year.

The chart below reflects the amount of Cash and Food Assistance benefits issued to customers during FY 2011-2012.



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 2011-2012, 98.42% of all applications were completed timely, which is 2.4% above target.

This measure differs from the following two outcomes in that this measure (1) excludes 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 2010-2011, Florida had the second highest accuracy rate in the country of 99.13%. Florida was awarded a bonus payment of \$9,087,687 for this achievement.

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

The following Legislative proposals have been made: (1) Restricting Electronic Benefit (EBT) Cards Access. (2) Drug Felony Conviction Ineligibility for Food Assistance and Temporary Cash Assistance. (3) Alignment of Temporary Cash Assistance and Food Assistance Work Penalties. (4) Nursing Home Loopholes. (5) Addition of WIC benefits to EBT cards.

H. Task Forces and Studies in Progress

The program is involved in studies conducted by Mathematica, The Florida Legislature's Office of Program Policy Analysis and Government Accountability (OPPAGA) and the Urban Institute. These studies focus on modernization initiatives, costs, organizational structures, uses of technology, data capabilities, efficiency realization and performance improvement.

REFUGEE 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 FY2010:

New clients: 27,210

unduplicated count (alien number of individuals only counted once) of refugee arrivals to Florida that had a date of entry within FFY2010

Unduplicated clients: 67,588

unduplicated count of all clients served regardless of the client's date of entry

Types of Clients Served:

Refugees

- 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.

Advance Parolees

- 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.

Cuban/Haitian Entrants

- Cuban and Haitian nationals who enter the United States and are granted a parole upon entry, apply for asylum, or are in removal proceedings.

Asylees

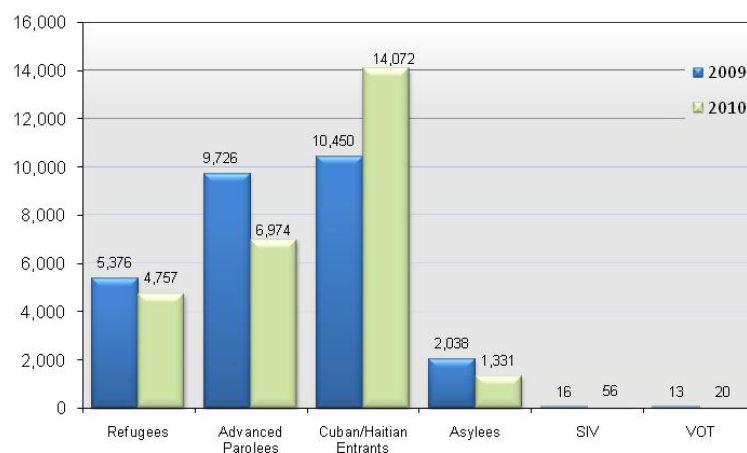
- Persons already in the United States who, due to persecution or a well-founded fear of persecution in their home country, apply for and are granted asylum by asylum officers or immigration judges in the United States.

Afghan and Iraqi Special Immigrants (SIV)

- Iraqi and Afghani nationals who worked with the U.S. military and who were granted special immigrant status.

Victims of Human Trafficking

- 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 among 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 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, the refugee admissions ceiling has remained at 80,000, but actual admissions have fluctuated from nearly 75,000 in 2009 to less than 57,000 in FY 2011.

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 overall arrivals continue at high levels. 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

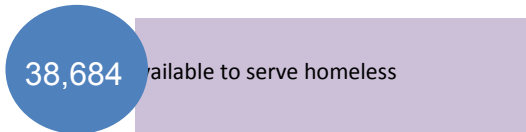
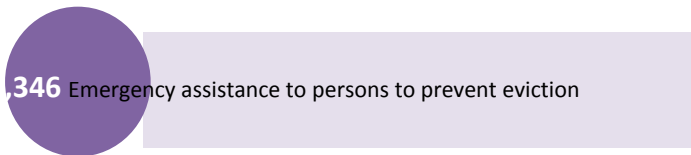
Refugee Services organizes a Refugee Task Force, consisting of community-based agencies, ethnic organizations, contracted providers, and federal, state and local government agencies in each community with a significant refugee population. This Refugee Task Force is accessible to the public, and can meet 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 among referrals and service providers.

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 2012, there were identified 54,300 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 56,680 school-age children who were homeless in the last school year. These children are not counted in the 54,300 homeless number.

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

Homeless Prevention

With available federal 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 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

Department of Children and Families

Long Range Program Plan

Fiscal Years 2013-2014 through 2017-2018

September 30, 2012

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 2012-13 (Words)	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Administrative cost as a percent of total agency costs ED (M0144)	0.33	0.33	0.33	0.33
Administrative cost as a percent of total agency costs Admin (M0147)	1.23	1.02	1.23	1.23
Administrative cost as a percent of total agency costs (M0363)	1.6	0.99	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 2012-13 (Words)	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	2.30	1.22	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 2012-13 (Words)	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	96.7	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	45,567	41,000	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	7,551	5,600	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	98.2	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	99.2	100	100
The rate of abuse/neglect per 1000 for elderly persons. (M0757)	1.5	0.07	1.5	1.5
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	1.5	0.07	1.5	1.5
Number of facilities and homes licensed (M0123)	6,868	6,581	6,868	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	67,488	63,019	63,019
Percent of licensed child care facilities inspected in accordance with program standards. (M04015)	95	99.8	95	95
Percent of licensed child care homes inspected in accordance with program standards (M05175)	95	99.8	95	95
Calls answered (M0070)	430,000	415,542	430,000	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	8.2	3	3
Number of calls to the hotline (M0300)	450,000	449,677	450,000	450,000
Per capita verified child abuse rate/1000 (M0736)	14	13.42	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	99	95	95
Number of children in families served (M0134)	122,937	NA	122,937	122,937
Number of families served in Healthy Families (M0294)	12,922	8,475	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	3,252	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	93.52	94.6	95
Number of children in out-of-home care (M0297)	20,771	20,099	20,771	20,771
Number of children receiving in-home services (M0774)		13,096		
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	68.31	65	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	53.66	40	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	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	37.07	33.6	34
Number of investigations (M0295)	180,000	187,997	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	86.8	87	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	97	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	98.6	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	2.11	3.05	3.05
Administrative cost as a percent of total agency costs (M0426)	1.21	0.88	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 2012-13 (Words)	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	31.3	40	40
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	178,524	136,480	136,480
Number of adults in mental health crisis served (M0017)	30,404	34,474	30,404	30,404
Number of adults with forensic involvement served (M0018)	3,328	3,947	3,328	3,328
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	16.88	24	24
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	6.45	8	8
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	94.19	90	90
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	67	80.77	67	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	86	93.14	86	86
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	7.92	8	8
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	91.91	86	86
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	75	73	75	75
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	61	50	50
Number of children served who are incompetent to proceed (M0030)	340	405	340	340
Number of SED children to be served (M0031)	46,000	58,975	46,000	46,000
Number of ED children to be served (M0032)	27,000	38,661	27,000	27,000
Number of at-risk children to be served (M0033)	4,330	2,144	4,330	4,330
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	62.46	64	64
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	65.56	65	65
Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)	95	98.43	95	95
Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)	93	97.87	93	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	96	93.67	96	96
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	105	125	125
Number of people on forensic admission waiting list over 15 days. (M0361)	0	0	0	0
Number of people in civil commitment, per Ch. 394, F.S., served (M0372)	1606	2000	1606	1,606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2320	2531	2320	2,320
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	81	67	67
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	66	40	40
Number of sexual predators assessed (M0283)	2879	2969	2879	2,879
Number of sexual predators served (detention and treatment). (M0379)	480	760	480	480
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	0.6	3	3
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	96	85	85
Number of residents receiving Mental Health treatment (M06001)	169	368	169	169
Administrative cost as a percent of total program costs (M0135)	4.87	2.2	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 2012-13 (Words)	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Number of adults served (M0063)	115,000	107,911	115,000	115,000
Percentage change in clients who are employed from admission to discharge. (M0753)	10	14	10	10
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)	14.6	(7.9)	14.6	14.6
Percent of adults who successfully complete substance abuse treatment services. (M0755)	51	62	51	51
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	83	94	94
Number of children with substance-abuse problems served (M0052)	50,000	47,423	50,000	50,000
Number of at-risk children served in targeted prevention (M0055)	4,500	5,281	4,500	4,500
Number of at risk children served in prevention services. (M0382)	150,000	181,950	150,000	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	70	48	48
Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)	19.6	(13.7)	19.6	19.6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	93	95	93	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	295	253	295	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	121	110	110
Administrative cost as a percent of total program costs (M0137)	5.0	3.44	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 2012-13 (Words)	Approved Prior Year Standard FY 2011-12 (Numbers)	Prior Year Actual FY 2011-12 (Numbers)	Approved Standards for FY 2012-13 (Numbers)	Requested FY 2013-14 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	379,563	296,826	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	33,062	70,394	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	91.4	95	95
Percentage of food assistance applications processed within 30 days (M0219)	95	88.7	95	95
Percent of food stamp benefits determined accurately (M0107)	94	99.6	94	94
Total number of applications processed (M0106)	5,000,000	12,268,449	5,000,000	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	97.3	96	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	21.9	47.17	21.9	21.9
Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate). (M0678)	34.2	48.4	34.2	34.2
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	99.7	98	98
Number of beds per day available for homeless clients (M0304)	1,500	2,474	1,500	1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	90.2	80	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	18,894,130	13,500,000	13,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	90.5	76.5	76.5
Number of fraud prevention investigations completed (M0112)	22,000	31,465	22,000	22,000
Number of refugee cases closed (M0104)	7,600	28,807	7,600	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	99.7	99.2	99.2
Number of refugee cases (M0362)	37,350	57,714	37,350	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	46.5	40	40
Administrative cost as a percent of total program costs (M0138)	7.93	10.24	7.93	7.93

Department of Children and Families

Long Range Program Plan

Fiscal Years 2013-2014 through 2017-2018

September 30, 2012

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

Rick Scott
Governor

David E. Wilkins
Secretary



LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Adult Protection

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100	99.2%	.08 under	.08%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

Current standard allows for no variance due to chance or external factors.

External Factors (check all that apply):

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: Continue training and quality assurance efforts centered on Protective Supervision. A modification of this target to 99.5 or 99% would be in order.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Adult Protection

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: M04017a Percent of adult victims seen 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
97%	96.2%	.8 Under	(.8%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Staff turnover in one Region had a downward effect on statewide measures. Existing staff had trouble managing caseload when short staffed. This issue continued over the course of six months.

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 Region in which the staff turnover issue occurred covers the largest land area of any of the Regions. Short staffing coupled with a massive area to cover made for many missed performance targets.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: Staffing has been returned to normal levels and staff has been trained on effective caseload and time management.

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	6581	(287)	-4.18%

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 as it does not have any recruitment funding, or legislative charge. The performance results are based on supply and demand for child care services.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: The Child Care Program has developed a data system that more accurately captures the number of provider types; however it is recommended that the number of facilities and homes "licensed" be replaced with number of facilities and homes "inspected."

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	8.2	+ 5.2	173%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- Personnel Factors Staff Capacity
 Competing Priorities Level of Training
 Previous Estimate Incorrect Other (Identify) – Not

Explanation:

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

External Factors (check all that apply):

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

Explanation: Abandonment rate may not represent the performance of the Hotline.

Callers may actually abandon a call through no fault of the Department. Service level will capture, not only that a call was answered, but answered within an appropriate amount of time.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

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

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Florida Abuse Hotline
 Service/Budget Entity: 60910310 Family Safety and Preservation Services
 Measure: 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	415,542	-14,458	-3.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

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

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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
450,000	449,677	-323	0.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

The calculation of this measure since established in 07/08 historically included calls received by our Crime Intelligence Unit/Protective Investigator Helpline. Starting FY 08/09 this 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.

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:

Service/Budget Entity: 60910310 Child Abuse Prevention and Intervention

Measure (M0134) Number of children in families 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
122,937	NA	NA	NA

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 no longer collected by the TEAM Florida Partnership. It would need to be defined and a target established in order to report on the measure.

External Factors (check all that apply):

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

Explanation: .

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

- Training Technology
- Personnel Other (Identify)

Recommendations:

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	93.52	(2.08)	-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:

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)	<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:

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: 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:

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	86.8%	(.2)	<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: 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	3252	(262) Under	-7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: 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	8,475	(4447) Under	(34)%

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. Decreased funding for the Healthy Families Program began in the FY 2008-09. The significant decrease has been sustained 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:

This significant decrease led to the reduction in the number of families served subsequently. According to the current contract, the # of duplicate and non-duplicate primary participants (families) is now 5,660. The measures for the future should be adjusted.

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 2012-13.

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 affect 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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
40	31.30	8.7	-21.75%

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) |

External Factors (check all that apply):

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

Explanation: 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):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> 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) Substance Abuse and Mental Health Program 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.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services

Measure: M0703 – Percent of adults with serious mental illness who are competitively employed.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
24	16.88	7.12	-29.66%

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) |

External Factors (check all that apply):

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

Explanation: The decline in the number of persons who are competitively employed also relates to the economic downturn and the high unemployment rate. When the economy is challenged with overall high unemployment, competition for even the lowest paid jobs has increased, making it even more challenging to find employment for individuals with mental illnesses.

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: Will continue to provide; (a) on-site training by Vocational Rehabilitation to increase supported employment for clients; (b) assist individuals in finding employment upon receipt of their GED by establishing linkages with Vocational Rehabilitation Services; (c) engage clients in temporary volunteer positions with the outlook to transition to some 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: M0033 – Number of at-risk children to be served.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
4330	1900	2430	-56.1%

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: 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):

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

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

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
64	62.46	1.54	-2.40%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: Staff turnover and lack of clinical training and standardization in the use of evidence-based practices (EBPs) as significant reason for not meeting this target.

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

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

Recommendations: With the advent of the managing entities throughout the regional system of care’s in Florida, evidence-based practices are able to be implemented and monitored to ensure fidelity through the following strategies: a) engage therapists in training and technical assistance related to evidence-based practices; (b) develop online reports to aid in tracking EBP’s being provided and functioning of children; and (c) ensure provider’s are continually monitored and provided assistance with maintaining fidelity of their EBP model.

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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
96	93.67	2.33	-2.43%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: 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):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> 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. Increase the availability and use of permanent supportive housing for families who have adults with mental health diagnoses in the home.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506

Measure: M0019 – Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing.

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
75%	73%	2% (Under)	-2%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: Outpatient provider reported they had a higher than usual number of youth being sent for competency training for a 2nd or 3rd time, even though it was already determined that the youth was non-restorable. They also noted several of their non-restorable cases were youth who were referred to the program just shy of their 19 birthday, so they did not have enough time to restore competency before the youth aged out of the program.

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: Provider will report these numbers more frequently throughout the year to help identify trends and determine if there are any specific training issues that need to be addressed.

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: M0063 Number of adults 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
115000	107,911	7,089	-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: All SA data has not been entered into the data system – there is likely to be an increase when the system is closed. Additionally, this number of persons served reported into the data system does not include those who are served through grant funding.

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:

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	47,423	2577	-5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: 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.

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 - 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	83.27	10.73	-11%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: 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):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> 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: M005092m Marijuana usage rate per 1,000 in grades 6-12.

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
110	121	11	10%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: Over the past 5 years, social norms regarding marijuana use have led to more favorable attitudes and less perception of harm. Due to limited resources, the program reaches a limited number of youth to permit impact on attitudes/perceptions of harm.

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: We request that the measure standard be reset to a more achievable number (126-129 per 1,000).

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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
70,394	33,062	(37,332)	-53%

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: We average 3,800 TANF applications with adults per month. About 75% of these have a work requirement. This results in just over 34,000 potential Workforce Board referrals per year.

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

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

Recommendations: Revise the Approved Standard to 34,500.

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%	88.72%	(6.27%)	6.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The number of households receiving food assistance has increased by 193% since January 2007, while staff processing applications has only risen by 3%. This workload increase makes it difficult to process applications timely.

External Factors (check all that apply):

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

Explanation:

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

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

Recommendations: Continue to develop and promote technological enhancements to obtain worker efficiencies and improve processing time for applications.

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%	91.38%	(3.62%)	3.8%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The number of households receiving food assistance has increased by 193% since January 2007, while staff processing applications has only risen by 3%. This workload increase makes it difficult to process applications timely.

External Factors (check all that apply):

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

Explanation:

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

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

Recommendations: Continue to develop and promote technological enhancements to obtain worker efficiencies and improve processing time for applications.

Department of Children and Families

Long Range Program Plan

Fiscal Years 2013-2014 through 2017-2018

September 30, 2012

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. 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:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of children removed within 12 months of a prior reunification. (M05178)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “Out-of-home care” means care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. A “removal episode” is the period that a child is removed from the child’s home, beginning with a removal date and ending with a discharge date. "Removal date" means the date a child is removed from the home. "Discharge date" means the date a child leaves out-of-home care, either by achieving permanency or other reason. “Reunified” means the discharge of a child from out-of-home care with a discharge reason of either: (1) reunification with parent(s) or other primary caretaker(s), (2) living with other relatives or (3) Guardianship. “Re-enter” means a subsequent removal episode following reunification. This measure is a percent. The denominator includes all children who were reunified during the same report period 12 months prior to the current report period (e.g. for report period 1/1/07 – 3/31/07 the cohort is children reunified 1/1/06 – 3/31/06) where the child’s primary worker was an agent of the provider. The numerator is the subset of children in the denominator who had a subsequent removal less than twelve months from the reunification date.</p> <p>If a child has multiple re-entries during any report period, only the first re-entry will be used for calculating performance on this measure. Data Source: Florida Safe Families Network (FSFN). Results from an ad hoc report from FSFN produced by Family Safety Data Reporting Unit are posted quarterly to the Performance Dashboard. Client level list data for local staff use is available to authorized users via Imaging Lite System on DCF Web Portal.</p>
Validity:	This is a measure of our success in maintaining children placed back with their parents.
Reliability:	Reliability is dependent on the completeness, accuracy and timeliness of removal data, including removal and discharge dates.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>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. (data displayed with this measure reflects “percent with reports”, the correct data will be inserted when available) (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. The federal numerator also limits the number to cases where the perpetrator was the substitute caregiver (foster parent, group home provider, etc.), the state measure does not impose this exclusion and counts all children in out of home care with a verified finding during the quarter and during the removal episode regardless of perpetrator relationship to the child. There is no FSFN report specific to the federal measure. 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:	<p>A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “Finalized adoption” means the legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law, and entitled to all the rights and privileges and subject to all the obligations of a child born to the adoptive parents in lawful wedlock. This measure is a count of the number of children in FSFN with a discharge reason of adoption and a discharge date within the reporting period, where either (1) the child’s courtesy worker on the discharge date (if there was a courtesy worker on the discharge date) was an agent of the provider; otherwise (2) where the child’s primary worker on the discharge date was an agent of the provider. Data Source: Florida Safe Families Network (FSFN). Results from FSFN report titled “Adoptions Finalized by Month and Cumulate for SFY” are posted monthly to the Performance Dashboard.</p>
Validity:	This is an output measure of the number of children achieving permanency through adoption.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of 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:	<p>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.</p>
Validity:	<p>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.</p>
Reliability:	<p>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.</p>

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.

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Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60900310</u>
Measure:	<u>Number of calls to the hotline (M0300)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The Florida Abuse Hotline receives: (1) calls from citizens who indicate through a telephone prompt that they wish to report concerns about child abuse or neglect or adult abuse, neglect or exploitation; (2) faxes from citizens with concerns about abuse, neglect or exploitation; and (3) calls from district DCF staff who require assistance. This measure is a number. It is a count of all calls and faxes received by the Florida Abuse Hotline's Automated Call Distribution System. Data Source: ACD System
Validity:	This is a process measure that indicates the workload of the Hotline.
Reliability:	Reliability of this measure is dependent on DCF, sheriff's and contract provider's staff compliance with data reporting requirements as well as a common understanding of those requirements. Data entry in HomeSafenet is the responsibility of district and provider direct services and supervisory staff. Periodic district reviews by program staff have indicated no major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.

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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

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independently. The measure does not take into account adults who are in school, participating in volunteer work, or in vocational training, although these activities may contribute toward successful living in the community.

Reliability:

The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and the department monitors compliance. Central office provides routine training on data reporting. District staff monitor the quality and accuracy of information submitted by their contracted providers.

Threats to reliability include self-reporting mistakes by clients as well as provider error.

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Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>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

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data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Adult Community Mental Health Services 60900506

Measure: Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)

Action: Backup for performance measure

Data Sources and Methodology:

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.

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.

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:	Adults with forensic involvement includes adults age 18 and over who meet the following criteria: <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. 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.
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

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district staff monitor the quality and accuracy of information submitted by their contracted providers.

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>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</p>

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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.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Number of SED children to be served (M0031)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:</p> <ol style="list-style-type: none">1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below.3. They currently receive SSI benefits for a psychiatric disability. <p>Served means that the individual received at least one service event during the time period. Measure is an unduplicated count of number of children whose first service of the fiscal year had a target population of children with serious emotional disturbance. Data Source: Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of children with SED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>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: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Children's Mental Health Services 60900506

Measure: Percent of children with emotional disturbances who improve their level of functioning (M0377)

Action: Backup for performance measure

Data Sources and Methodology:

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:

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.

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 most recent episode of care is used for the comparison. Episode of

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

care is defined as the time period between the date of admission to the date of discharge. If there is no discharge date, the case is considered open. A service event is the provision of service unit(s)(e.g.hours or days) to the individual, on a specific date and time. At the district and state levels, the comparison is done across all episodes of care. Data Source: Provider staff report the data based on the administration of CFARS by a certified rater.

Validity:

The validity of this measure to capture functioning level that is commensurate with level of care has been tested by the Florida Mental Health Institute.

Reliability:

The reliability of this measure is enhanced by the fact that CFARS is administered only by certified raters who must meet training criteria to become certified. Florida Mental Health Institute has performed inter-rater reliability studies to validate the administration of the tool.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: 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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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 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:	<p>Harmful events are "significant reportable events" or those that result in serious injury to staff or residents; any incidents that result in a client elopement; and any incidents that result in serious damage to the physical plant. Florida has only one facility for sexually violent predators, the Florida Civil Commitment Center at Arcadia. Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Residents are the individuals court order to the program. The sum of harmful events in the facility for the fiscal year (numerator), divided by the average daily resident census (denominator), multiplied by 100. Data Source: Contractor staff</p>
Validity:	<p>The reporting system is undergoing change from a resident-based report to a incident-based report. While the resident-based reporting system has fairly represented "significant reportable events," another category, "critical incidents" has been found to have been reported incorrectly or underreported. A quality assurance staff person at the facility and under separate contract to the department reviews reports to correct these errors.</p>
Reliability:	<p>A threat to consistency lies in differing interpretations of the differences between "significant reportable events" and "critical incidents." However, a recent test of these categories showed that "significant reportable events" are likely to be reported consistently across staff. QA review addresses any differences and requires correction. Reliability is aided by the small number of staff and clientele.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>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 60900604</u>
Measure:	<u>Percentage change in clients who are employed from admission to discharge. (M0753)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Employed is defined as part-time or fulltime employment, including active military duty, at the time of discharge from treatment. There are no minimum hour or wage requirements; the wages must be subject to income tax, however, so that welfare and nontaxable stipends are not considered employment. An adult is a person 18 years old and older. The measure is a percentage, calculated by taking the number of adults who, at the time of discharge, are employed fulltime, part-time or active military (numerator), divided by the number of adults discharged from treatment with any employment or unemployment codes. Persons who are retired or not in the labor force (students, persons with disabilities, homemakers and on leave of absence from a job) are not included in the denominator. Clients who died, were incarcerated, referred outside of the agency and did not complete episode of care or discharged for other reasons not elsewhere captured are excluded. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) data system discharges and service events.
Validity:	Research available from the Substance Abuse Program office has shown that higher employment rates are positively correlated with reduced substance use.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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
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 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 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 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 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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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 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:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Number of children with substance-abuse problems served (M0052)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	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 unduplicated count of participants.</p> <p>"Programs" are defined as a structured Schedule of Activities (by instructors and participants) designed so that participants will attain, so far as possible, certain educational and behavioral objectives. Total number of at risk children provided prevention services. Data Source: Alcohol, Drug Abuse, and Mental Health Data Warehouse (ADMDW) enrollment and placement data.</p>
Validity:	This workload measure represents the effort expended to serve at risk children with prevention services.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>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:	A refugee case is a client determined eligible to receive refugee cash and refugee medical assistance and services from a provider contracted by the DCF Refugee Services Program Office. The measure is an unduplicated of the total active client population, including those receiving refugee cash assistance, those receiving refugee medical assistance and those receiving services by contract. Data Source: Refugee cash and refugee medical assistance client data are reported by ACCESS Florida staff. Data about clients receiving contracted services are reported by the contracted providers.
Validity:	Threats to validity include errors in eligibility determination, case closure, as well as potential duplicated counts of clients receiving benefits from two different sources. The FLORIDA system contains the FLORIDA client identifier (PIN) and the Refugee Services client identifier (Alien Number), allowing the sorting out of duplicate entries by using Alien Number.
Reliability:	A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system. Ten to twelve weeks of training, of which 25-33% centers on the FLORIDA system, is provided to new public assistance workers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Refugees 60900708</u>
Measure:	<u>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:	<p>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.</p>
Reliability:	<p>Data reliability is dependent on ESS field staff coding the diversion payment accurately.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>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. 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.</p> <p>Denominator: The total number of cases which meet the error prone profiles that are referred for review.</p> <p>Numerator: The total number of cases which meet the error prone profiles that are referred for review that result in savings. Data Source: ESS Fraud Prevention staff</p>
Validity:	<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:	<p>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.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>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 2013-2014 through 2017-2018

September 30, 2012

**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 2012-13		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	Percent of licensed child care facilities inspected in accordance with program standards (M04015)		Number of facilities and homes licensed (M0123)
	Percent of licensed child care homes inspected in accordance with program standards (M05175)		Number of facilities and homes licensed (M0123)
6	Number of instructor hours provided to child care provider staff. (M0384)		Number of facilities and homes licensed (M0123)
8	Number of investigations (M0127)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
9	Number of people receiving protective supervision, and protective intervention services. (M0414)		Number of qualified disabled adults (ages 18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver
			Number of qualified disabled adults (ages 18 - 59) in the HCDA Program
10	Per capita abuse/neglect rate per 1,000 disabled adult and elderly. (M05166)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
11	Percent of adult investigations from an entry cohort completed within 60 days. (M04016)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
12	Percent of adult victims seen within the first 24 hours. (M04017a)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
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 people receiving protective supervision, and protective intervention services and number of investigations completed
			Number of people receiving protective supervision, and protective intervention services and number of investigations completed
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 with a goal of adoption who remain in out-of-home care after 24 months.
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 with a goal of adoption who remain in out-of-home care after 24 months.
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 with a goal of adoption who remain in out-of-home care after 24 months.
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 with a goal of adoption who remain in out-of-home care after 24 months.
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 with a goal of adoption who remain in out-of-home care after 24 months.
32	Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
33	Percent of children who age out of foster care with high school diploma or G.E.D. (M05085)	NA	Number of children with a goal of adoption who remain in out-of-home care after 24 months.

34	Percent of foster children who were subjects of reports of verified or indicated maltreatment. (M0385)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
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 with a goal of adoption who remain in out-of-home care after 24 months.
			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
48	Average annual days spent in the community for adults with severe and persistent mental illnesses. (M0001)		Number of adults served
49	Average annual days worked for pay for adults with severe and persistent mental illnesses (M0003)		Number of adults served
50	Median length of stay in CSU/Inpatient services for adults in mental health crisis (M0376)		Number of adults served
51	Number of adults in mental health crisis served (M0017)		Number of adults served
52	Number of adults with a serious and persistent mental illness in the community served (M0016)		Number of adults served
53	Number of adults with forensic involvement served (M0018)		Number of adults with forensic involvement served (M0018)
54	Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted. (M0009)		Number of adults with forensic involvement served (M0018)
55	Average annual days emotionally disturbed (ED) children (excluding those in juvenile justice facilities) spend in the community (M0025)		Number of children served
56	Average annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community (M0011)		Number of children served
57	Number of at-risk children to be served (M0033)		Number of children served
58	Number of children served who are incompetent to proceed (M0030)		Number of children served
59	Number of ED children to be served (M0032)		Number of children served
60	Number of SED children to be served (M0031)		Number of children served
61	Percent of children with emotional disturbances who improve their level of functioning (M0377)		Number of children served
62	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)		Number of children served
63	Percent of children with mental retardation restored to competency and recommended to proceed with a judicial hearing (M0020)		Number of children served
64	Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)		Number of children served
65	Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)		Number of children served
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 with substance abuse problems served
69	Number of at risk children served in prevention services. (M0382)		Number of children with substance abuse problems served
70	Number of at-risk children served in targeted prevention (M0055)		Number of children with substance abuse problems served
71	Number of children with substance-abuse problems served (M0052)		Number served

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 children with substance abuse problems served
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 with substance abuse problems served
74	Percent of children with substance abuse who are drug free during the 12 months following completion of treatment (M0046)		Number of children with substance abuse problems served
75	Percent of children with substance abuse who complete treatment (M0045)		Number of children with substance abuse problems served
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 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 adults provided detoxification and crisis supports (M0065)
79	Percent of adults employed upon discharge from substance abuse treatment services (M0058)		Number of adults provided detoxification and crisis supports (M0065)
80	Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)		Number of adults provided detoxification and crisis supports (M0065)
			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 adults provided detoxification and crisis supports (M0065)
82	Percent of adults who complete treatment (M0062)		Number of adults provided detoxification and crisis supports (M0065)
83	Percent of all applications for assistance processed within time standards. (M0105)		Number of cash assistance applications (M0305)
84	Total number of applications processed (M0106)		Number of cash assistance applications (M0305)
85	Percent of cash assistance benefits determined accurately (M0108)		Number of cash assistance applications (M0305)
86	Percent of food stamp benefits determined accurately (M0107)		Number of cash assistance applications (M0305)
87	Percent of Food Stamp applications processed in accordance with Federal high performance bonus criteria. (M05181)		Number of cash assistance applications (M0305)
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)		Return on investment from fraud prevention/benefit recovery
91	Dollars collected through benefit recovery (M0111)		Return on investment from fraud prevention/benefit recovery
92	Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)		Return on investment from fraud prevention/benefit recovery
93	Percent of Optional State Supplementation (OSS) applications processed within time standards (M0114)		Number of applications processed for Optional State Supplementation payments
94	Number of applications processed for Optional State Supplementation payments (M0115)		Number of applications processed for Optional State Supplementation payments
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)		Number of cash assistance applications (M0305)
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)		Number of cash assistance payments
99	Percent of customers who remain in employment (job retention). (M05141)		Number of cash assistance payments
100	Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)		Number of cash assistance payments
101	Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)		Number of cash assistance payments
102	Percent of TANF customers participating in work or work-related activities (M05088)		Number of cash assistance payments
103	Percent of work able food stamp customers participating in work or work-related activities (M05089)		Number of cash assistance payments
104	Number of refugee cases (M0362)		Number of refugee clients served
105	Number of refugee cases closed (M0104)		Number of refugee clients served
106	Percent of refugee assistance cases accurately closed at 8 months or less (M0103)		Number of refugee clients served
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)
112	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)		Number of adult victims, as head of family unit, leaving shelter at a certified domestic violence center after 72 hours with a family safety and security plan. (M0126)

CHILDREN AND FAMILIES, DEPARTMENT OF		FISCAL YEAR 2011-12			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		2,898,879,728		0	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		-79,082,007		0	
FINAL BUDGET FOR AGENCY		2,819,797,721		0	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					0
Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed		53,118	940.48	49,956,314	
Healthy Families * Number of families served in Healthy Families		8,475	2,334.61	19,785,835	
Protective Investigations * Number of investigations		187,997	995.01	187,059,763	
In-home Supports * Number of children under protective supervision (point in time)		7,914	9.32	73,782	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.		20,099	666.12	13,388,306	
Child Welfare Legal Services * Number of termination of parental rights petitions filed		2,418	21,312.83	51,534,426	
Emergency Shelter Supports * Number of adults with a safety plan upon leaving domestic violence shelter after 72 hours		6,518	4,438.39	28,929,424	
Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline		449,677	45.62	20,513,095	
Adoption Subsidies * Number of children receiving adoption subsidies		32,443	4,332.79	140,568,667	
Adoption Services * Children receiving adoptive services		5,984	103,106.77	616,990,886	
License Child Care Arrangements * Number of facilities and homes licensed		6,581	2,909.78	19,149,291	
Daily Living * Number of qualified disabled adults (ages 18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver		1,882	7,463.26	14,045,859	
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program		1,016	1,914.26	1,944,892	
Emergency Stabilization * Number of children served		9,122	2,423.70	22,109,017	
Emergency Stabilization * Number of adults served		41,240	2,174.97	89,695,558	
Provide Forensic Treatment * Number of adults in forensic commitment served		2,531	64,331.19	162,822,248	
Provide Civil Treatment * Number of people in civil commitment served		2,000	102,333.54	204,667,076	
Community Support Services * Number of children served		58,975	1,135.95	66,992,530	
Community Support Services * Number of adults with forensic involvement served.		3,947	50,770.32	200,390,460	
Assessment * Number of sexual predators assessed		2,969	10,313.58	30,621,008	
Detoxification * Number served		1,093	4,578.33	5,004,111	
Treatment And Aftercare * Number of children with substance-abuse problems served		40,171	1,663.84	66,838,169	
Detoxification * Number of adults provided detoxification and crisis supports		22,401	1,064.75	23,851,476	
Prevention * Number of at-risk adults provided prevention services		32,577	2,969.36	96,732,988	
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery		18,894,130	1.01	18,998,911	
Refugee Assistance * Number of refugee clients served		66,842	1,065.42	71,214,677	
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments		793	23,825.11	18,893,316	
Homeless Assistance * Number of beds per day available for homeless clients		2,474	2,605.33	6,445,578	
Eligibility Determination/Case Management * Number of cash assistance payments		822,419	371.59	305,602,221	
Issue Welfare Transition Program Payments * Total number of cash assistance applications		379,563	440.81	167,314,446	
TOTAL				2,722,134,330	
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER					
REVERSIONS				97,663,537	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,819,797,867	

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)