



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

Rick Scott
Governor

Esther Jacobo
Interim Secretary

LONG RANGE PROGRAM PLAN

Department of Children and Families
Tallahassee, Florida

September 30, 2013

Jerry L. McDaniel, Director
Office of Policy and Budget
Executive Office of the Governor
1701 Capitol
Tallahassee, Florida 32399-0001

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House Appropriations Committee
221 Capitol
Tallahassee, Florida 32399-1300

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Senate Budget Committee
201 Capitol
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, our Long Range Program Plan (LRPP) for the Department of Children and Families is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2014-15 through Fiscal Year 2018-2019. This submission has been approved by Esther Jacobo, Interim Secretary. The following page includes a message from Interim Secretary Jacobo.

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

Sincerely,

Ted Harrell
Planning & Performance Operations

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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

Department of Children and Families

Long Range Program Plan

Fiscal Years 2014-2015 through 2018-2019

September 30, 2013



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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 and Objectives

Goal 1: Protect the vulnerable people we serve.

Objective 1: Ensure children at risk of neglect or abuses are safe.

Objective 2: Ensure vulnerable adults are safe from neglect or abuse.

Objective 3: Decrease human trafficking.

Objective 4: Connect those we serve to health care.

Objective 5: Children in child care are safe.

Goal 2: Promote personal and economic self-sufficiency.

Objective 1: Provide basic resources and services to those in need.

Objective 2: Connect those we serve to employment and educational opportunities.

Objective 3: Support disadvantaged living in their own homes in the community.

Goal 3: Advance personal and family recovery and resiliency.

Objective 1: Maximize normalcy for our clients.

Objective 2: Increase overall functioning of those with mental health disabilities.

Objective 3: Reduce substance abuse.

Objective 4: Ensure housing for those with mental health disabilities.

Goal 4: Steward effectively and efficiently

Objective 1: Partner with local individuals, businesses and providers to maximize results for our clients.

Objective 2: Continue to develop, reward and recognize staff.

Objective 3: Leverage technology to support services and operations.

Objective 4: Minimize overhead costs

Service Outcomes and Performance Projection Tables

Goal 1: Protect the vulnerable people we serve.

Objectives

Objective 1: Ensure children at risk of neglect or abuses are safe.

Objective 2: Ensure vulnerable adults are safe from neglect or abuse.

Objective 3: Decrease human trafficking.

Objective 4: Connect those we serve to health care.

Objective 5: Children in child care are safe.

Outcome Projection Table

Outcome	Baseline	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
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 adult victims seen within the first 24 hours (AP4017a)	FY 2005-06 83%	95%	95%	95%	95%	95%
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%
Percent of assessments completed by the SVP program within 180 days of receipt of referral (MH5305)	FY 2008-09: 85%	85.01%	85.02%	85.03%	85.04%	88%
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%
Number of children in out-of-home care (FS297)	12/31/06 29,255	19,503	17,065	14,628	14,628	14,628

Goal 2: Promote personal and economic self-sufficiency.

Objectives

Objective 1: Provide basic resources and services to those in need.

Objective 2: Connect those we serve to employment and educational opportunities.

Objective 3: Support disadvantaged living in their own homes in the community.

Outcome Projection Table

Outcome	Baseline	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
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%	7.0%
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%	6.0%
Percent of adults with serious mental illness who are competitively employed (MH703)	FY 2007-08 24%	24%	24%	24%	24%	24%
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 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%

Goal 3: Advance personal and family recovery and resiliency.

Objectives

Objective 1: Maximize normalcy for our clients.

Objective 2: Increase overall functioning of those with mental health disabilities.

Objective 3: Reduce substance abuse.

Objective 4: Ensure housing for those with mental health disabilities.

Outcome Projection Table

Outcome	Baseline	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
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 adoptions finalized within 24 months of the latest removal (FS303)	FY 2007-08 44.1%	44%	44%	44%	44%	45%
Percent of children who successfully complete substance abuse treatment services (SA725)	FY 2007-08 48%	48.01%	48.02%	48.03%	48.04%	48%
Percent of adults who successfully complete substance abuse treatment services (SA755)	FY 2007-08 51%	51.01%	51.02%	51.03%	51.04%	51%

Goal 4: Steward effectively and efficiently

Objectives

Objective 1: Partner with local individuals, businesses and providers to maximize results for our clients.

Objective 2: Continue to develop, reward and recognize staff.

Objective 3: Leverage technology to support services and operations.

Objective 4: Minimize overhead costs

Outcome Projection Table

Outcome	Baseline	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Percentage Child Protection Investigator Turnover - Annualized	Jan thru Mar 2013 16.6%	16%	16%	16%	16%	16%
Average annual lease cost per FTE	May 2013 \$3,281	\$3,250	\$3,250	\$3,250	\$3,250	\$3,250
Percent of actual Child Protection Investigator Salary Expenditures compared with budget	Jul thru May 2013 -8%	-8%	-8%	-8%	-8%	-8%
Percent of actual Adult Protection Investigator Salary Expenditures compared with budget	Jul thru May 2013 -3.9%	-3.9%	-3.9%	-3.9%	-3.9%	-3.9%
Percent of payments processed & submitted timely	May 2013 98.4%	99%	99%	99%	99%	99%

Governor's Priorities

1. Improving Education

World Class Education

2. Economic Development and Job Creation

Focus on Job Growth and Retention

Reduce Taxes

Regulatory Reform

Phase out Florida's Corporate Income Tax

3. Maintaining Affordable Cost of Living in Florida

Accountability Budgeting

Reduce Government Spending

Reduce Taxes

Phase out Florida's Corporate Income Tax



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

Rick Scott
Governor

Esther Jacobo
Interim Secretary

Message from Interim Secretary Jacobo:

Dear Senate President Gaetz and Speaker Weatherford,

Enclosed you will find the Long Range Program Plan for the Department of Children and Families (DCF).

At DCF, child safety is always a key priority. I am heartened by the uncommon commitment and dedication demonstrated by Florida's child welfare professionals. Each of us truly wants to see the best possible outcomes for the children and families we serve. Working closely with our community-based care partners and providers, we put our best efforts forth each day with the same goal in mind, keeping Florida's children safe.

DCF's ACCESS program for public benefits administration has repeatedly earned accolades, and has been touted by the federal government as the most accurate in the nation. Earlier this year, DCF rolled out groundbreaking public assistance fraud fighting initiatives, making Florida the first in the nation to implement aggressive front-end fraud prevention technology to ensure benefits go to Floridians who are in need. In addition, the United States Department of Agriculture granted DCF a waiver allowing the implementation of first-of-its-kind technology to ensure that individuals applying for public assistance benefits online are who they say they are.

Each day, thousands of DCF employees throughout Florida focus their efforts on helping our most vulnerable neighbors. In coordination with a large network of partners, we continually strive to strengthen our relationships and improve the services we provide to make families stronger and more independent, while providing the best value to the taxpayer.

Sincerely,

Esther Jacobo
Interim Secretary

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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

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 Child Welfare 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 Office of Child Welfare works in partnership with six regions, 17 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, and the University of South Florida for website training standards; for professional child welfare training curriculum development, the office works with Florida State University Visitation Clearinghouse and others.



TOTAL SERVED
(SFY 2012-2013)
Unduplicated
Children: 87,354
Young Adults
(18+): 5,804

House Bill 215 was signed into law April 11, 2013, and became effective July 1, 2013. The bill promotes the concept that all dependent children in out-of-home care should have an opportunity to engage in normal childhood activities and experience a normal family-like upbringing.

The bill removes the "safety and normalcy balance" standard of decision making for licensed caregivers in considering participation of children in out-of-home care in age-appropriate activities. In its place, the bill imposes a "reasonable and prudent parent" standard for decision making. The standard is characterized by careful and sensible parental decisions that maintain the child's health, safety, and best interests while encouraging

emotional and developmental growth. A caregiver will not be held liable for injury to a child in out-of-home care resulting from a decision to permit the child to engage in an activity if the decision was made pursuant to the “reasonable and prudent parent” standard.

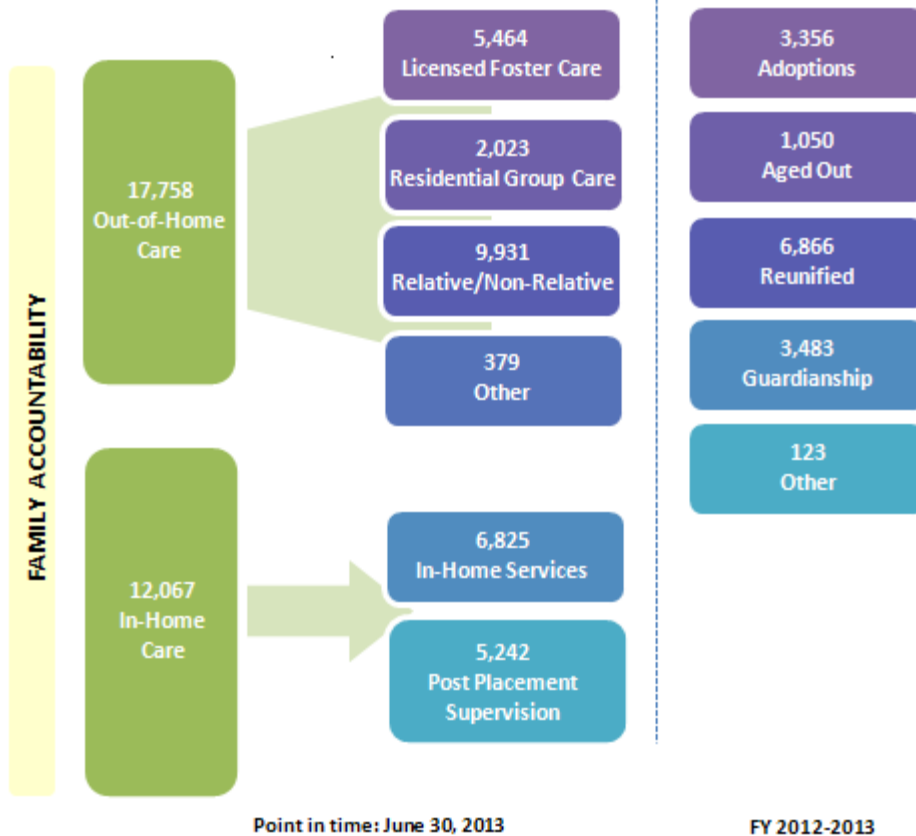
Senate Bill 1036, the Nancy C. Detert Common Sense and Compassion Independent Living Act," was signed into law on June 24, 2013. Effective January 1, 2014, current and former foster youth will have a variety of independent living services available to support their success. “My Future, My Choice” is the theme for this new program because it gives youth a variety of eligibility options which allow them to remain in foster care until age 21, or 22 if they have a documented disability. Extended Foster Care (EFC) will provide young adults with case management services, judicial oversight of their progress toward independency, room and board, as well other services they need to provide them with a sound platform for success as independent adults.

Postsecondary Education Supports and Services (PESS) are also available to young adults, whether they decide to enroll in extended foster care or not. A set rate of \$1,256.00 is available to all students enrolled in PESS to assist them with living expenses and to alleviate financial burdens while completing their higher education goals. Aftercare services are also available to those not enrolled in PESS or EFC. These services are temporary in nature and are designed to provide a safety net for Young Adults who find themselves in need of a helping hand.

This legislation was designed specifically to provide young adults with the flexibility they need to transition into adulthood at a pace that is most appropriate for their individual circumstances. The Department is working with child welfare professionals around the state and nation to provide guidance and training to the local community based agencies who are working to implement these 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.

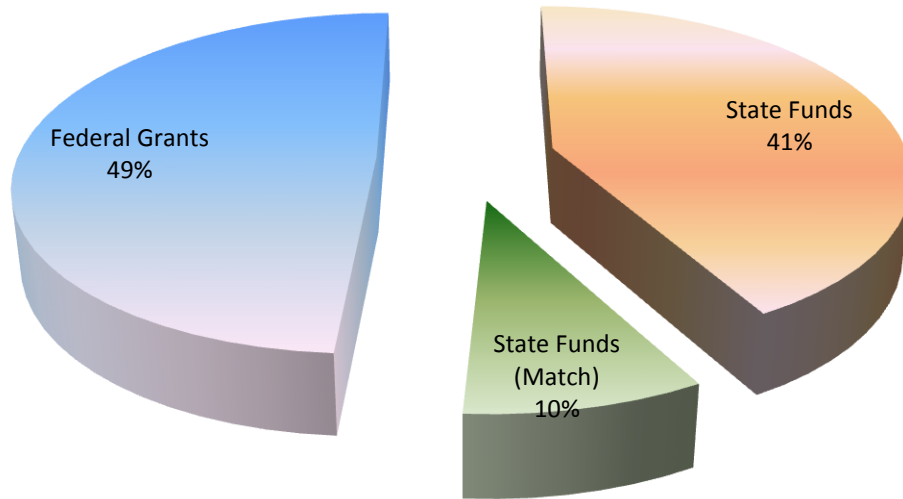
The Office of Child Welfare provides the central programmatic knowledge for services that support safety of children and family stability. In order to maintain the federal funding that supports these services, the office coordinates statewide compliance with federal and state law. The office also works 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.



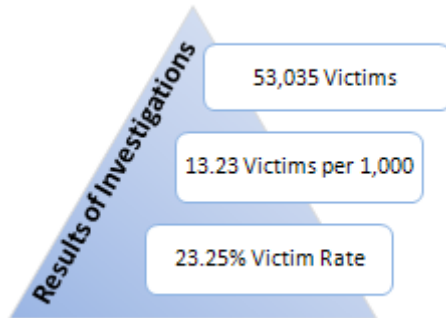
Office responsibilities to support federal and state requirements include the following:

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. Allot Federal funds through Title IV-E to lead agencies and periodically audit them as needed. Reviews include the following:
 - 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 \$759,590,729 budget is funded in the following proportions:
(General Appropriations Act for FY 12-13 total for the Community-Based Care category)



Child Protective Investigations



In Florida, the Department conducts child protective investigations in 61 of the 67 counties, employing approximately 1,160 child protective investigators (CPIs) and 196 child protective investigator supervisors (CPIS) along with 67 temporary child protective investigator positions (OPS) and 21 child protective field trainers. In the remaining six counties (Broward, Hillsborough, Manatee, Pasco, Pinellas and Seminole) each respective sheriff's office receives funding to perform child protective investigations via a grant channeled through the Department. The six sheriff's offices employ 387 civilian investigators and 70 supervisors. All investigators are responsible for two types of child protective investigations: in-home investigations for a child residing with his/her 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, or when a child is being cared for by an adult caregiver such as an adult sitter or relative care provider.

In Fiscal Year 2012-2013, 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 determine what resources are necessary should the child be removed 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 his or her own home when possible through a trauma-informed, family-centered approach. The investigative activities include interviews, evaluation and assessment of gathered and analyzed information, danger assessment, assessment of the family's functioning and family dynamics contributing to the abusive or neglectful situation and safety planning, and connecting families with supportive community services and collaborating with community providers to meet the family's basic needs.

If a child is in present or impending danger, and the provision of intensive in-home services cannot ensure a child's safety, the CPI will work with the family to identify responsible adult relatives or others who can serve as a safety resource for temporary out-of-home assistance, or with whom the Department may place the child. The CPI may legally remove the child and formally place the child out of the home with a relative, close friend or in an agency-licensed shelter and have the removal sanctioned by the court within 24 hours. The CPI is required to explore placing a child in the home of a relative before seeking foster care placement.

The CPI will also determine a finding for each of the maltreatments, alleged or determined during the course of an investigation 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. If a child is determined "unsafe," a robust safety plan is developed and the CPI transfers the case to the local community-based care agency for full safety management and case management services. If a child determined "safe" but an actuarial risk assessment determines the family household is "high" or "very high" risk for

future maltreatment when compared to other families with similar family dynamics and history, those cases will be reviewed to determine sufficiency of information and determined recommendations for voluntary prevention, family support and family preservation services, and are referred to the local community-based care agency to determine and oversee these prevention services.

Case Management Services through Community-Based Care

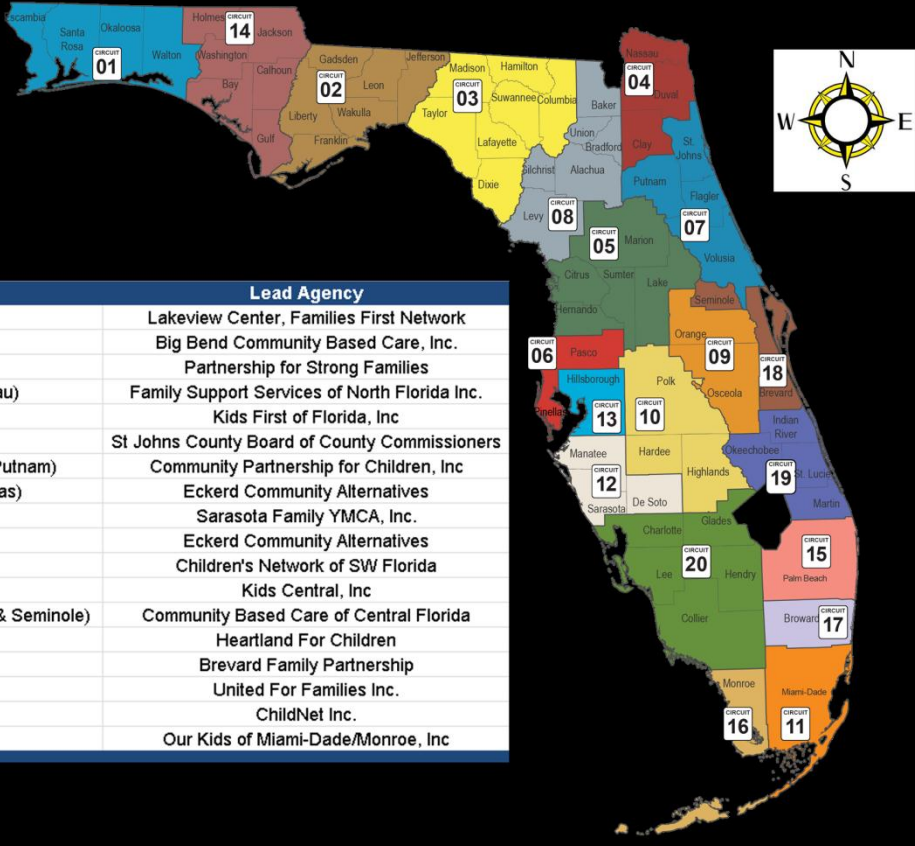
The 1998 Florida Legislature mandated the outsourcing of child welfare services to community-based care (CBC) lead agencies. The intent was to strengthen and focus the support and commitment of local communities toward the “reunification of families and care of children and their families.” Under this 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 CBCs 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 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 17 CBC providers 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.



Community Based Care Lead Agency Map



Circuit	Lead Agency
1	Lakeview Center, Families First Network
2, 14	Big Bend Community Based Care, Inc.
3 & 8	Partnership for Strong Families
4 (Duval, Nassau)	Family Support Services of North Florida Inc.
4 (Clay)	Kids First of Florida, Inc
7 (St. Johns)	St Johns County Board of County Commissioners
7 (Flagler, Volusia, Putnam)	Community Partnership for Children, Inc
6 (Pasco, Pinellas)	Eckerd Community Alternatives
12	Sarasota Family YMCA, Inc.
13	Eckerd Community Alternatives
20	Children's Network of SW Florida
5	Kids Central, Inc
9, 18 (Orange, Osceola & Seminole)	Community Based Care of Central Florida
10	Heartland For Children
18 (Brevard)	Brevard Family Partnership
19	United For Families Inc.
15, 17	ChildNet Inc.
11, 16	Our Kids of Miami-Dade/Monroe, Inc

**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. By using the Waiver for a wide variety of child welfare services, rather than being restricted to foster care, the funds will help achieve 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. The federal government has authorized short term extensions for Florida's project through December 2013 while concluding negotiations with the state on the renewal terms and conditions..

Florida's Federal Fiscal Year 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 significantly shifted in practice and policy 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 able 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 improve performance measures and the scorecard used for monitoring CBC success. 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 is also providing technical assistance around the state to assist with implementation of Florida's new Child Welfare Practice Model, which is a safe/unsafe and risk assessment approach to working with families who may need assistance from the Department.

B. Selection of Priorities

Embedded within the Secretary's priorities and consistent with the Governor's priorities to strengthen families and help the most vulnerable among us, below are priorities for the Office of Child Welfare. The priorities have been selected to reflect the role of the Office of Child Welfare 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.

External stakeholders also influence the selection of priorities. The Department has begun 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. We are in the Implementation phase of enhancing our practice model by improving the focus of the information gathered in order to make decisions. The end result will enhance child safety, well-being and permanency, by fostering positive assets in Florida's children and building a collaborative bridge to strong families and communities.

Last year the Department in coordination with its community partners found permanent homes for 3,352 children, up more than a hundred from the previous year. One hundred of these children had been in foster care for longer than five years.

For the fifth straight year, the Department received an award for going above and beyond to find permanent homes for children. As part of the Federal Adoption Award, the Department will receive an award for going above and beyond to find permanent homes for children. The award will be \$3,691,111.

The Governor's Office of Adoption and Child Abuse Prevention and its Permanency Advisory Council influences the priorities by providing direction, support and collaboration 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. The advisory

council and the new statutory redesign of the independent living program 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.

Florida Child Welfare Practice Model

The Department has embarked upon a multi-year project to improve performance and decision making in the area of child protection across the continuum of care from our Hotline to our community-based care organizations. The vision is to redesign Florida’s child welfare system of care to work more effectively with children and families toward achieving child safety. Over the next year, we will do this by implementing 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. Child Welfare Practice Model: 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: Last year included base salary increases for Child Protective Investigators and creation of a career ladder of opportunities, as well as the development of Child Welfare Practice Model training. This year starts the implementation phase of our work training for our workforce, applying the practice, and providing quality assurance and improvements to ensure that the model and constructs are applied with fidelity in order to best serve our population.

3. Technology: Command Center changes, all Florida Safe Families Network Updates and SACWIS Compliance

4. Compliance: Revision of all statutes, rules, 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.

6. Regional Implementation Plans: Regional teams have developed their own dynamic, inclusive implementation plans for coordinating training and communication of the safety methodology across their communities.

WHAT ARE WE TRYING TO ACHIEVE?

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

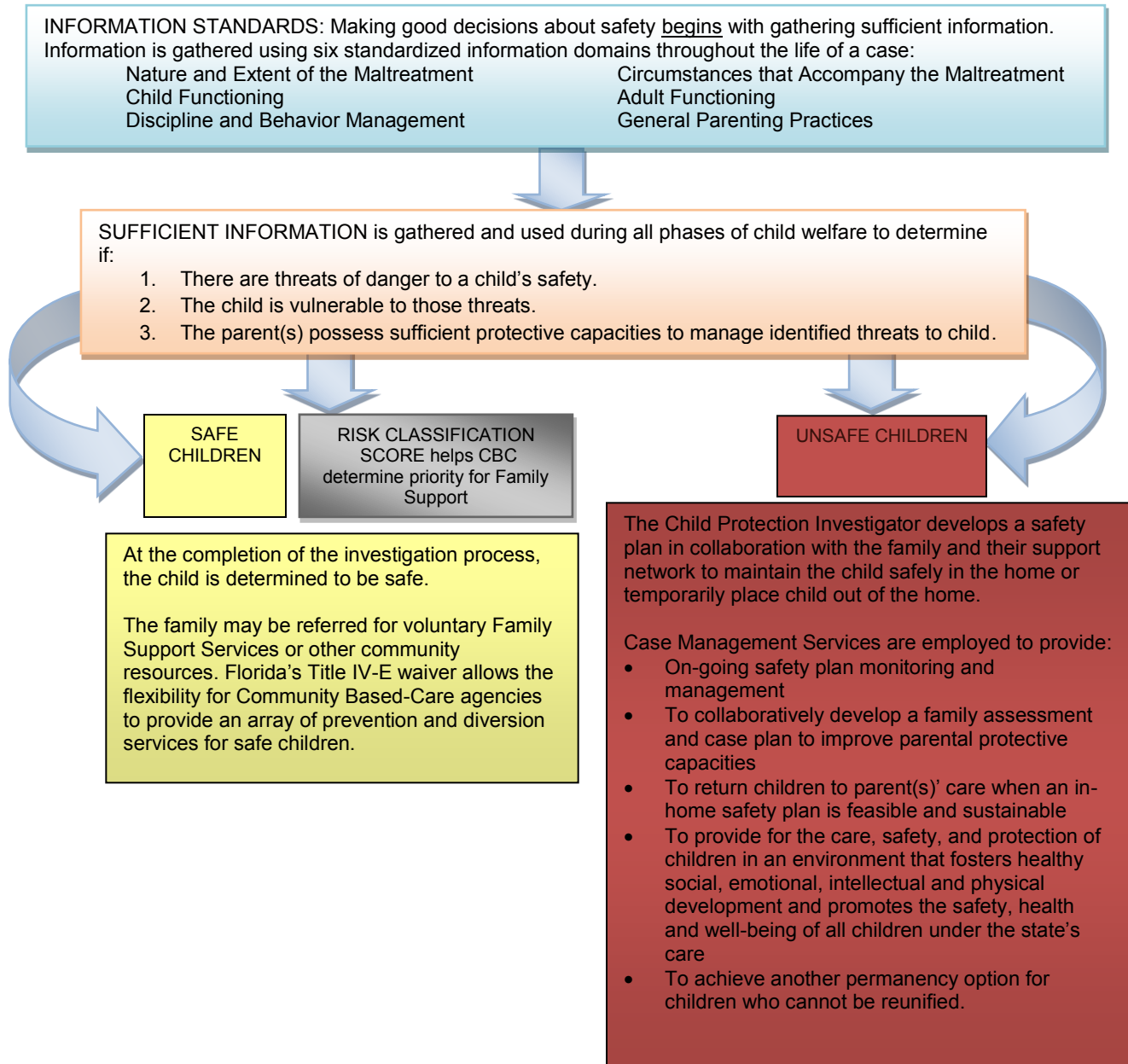
Desired practice focus for this effort is to ensure that child safety and risk of maltreatment are adequately understood and addressed prior to selection of interventions and completion of investigations. The investigations process will be changed to ensure that CPIs have the knowledge, skills, and supervisory 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 continue 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 Safety 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 federal funds such as Child Abuse Prevention and Treatment Act (CAPTA) and Tile IV-B's Promoting Safe and Stable Families (PSSF). 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 may be primary, secondary or tertiary in 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 preventing children from developing into adults who abuse or neglect their offspring.

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 implemented 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 protective factors in all of Florida's families and communities in order to equip them to better care for and nurture their children and build resiliency. 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 permanency, specifically adoption; and for the support of adoptive families.

Governor's Office of Adoption and Child Protection works in tandem with the Children & Youth Cabinet and serves the members as they work collaboratively to ensure that Florida is better able to serve our children and youth in a holistic and integrated manner to improve self-sufficiency, safety, economic stability, health and quality of life. The chair of the Cabinet works closely with the Chief Child Advocate in the Governor's Office of Adoption and Child Protection to advance Family Accountability by strengthening partnerships with other government agencies, and 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 recurrence 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 to prevent children from requiring costly 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 2013/2014, regional quality assurance staff will conduct a qualitative case review of one open case per CPI Unit in every circuit within the region on a quarterly basis. In addition, each region will randomly select one case per region in which the investigation was recently closed. A total of 792 CPI QA reviews will be conducted. The results of these reviews will be used at the local level to develop quality improvement plans that address training and practice improvement.

CBCs will conduct two Quality Service Reviews each quarter, along with 20-25 case reviews for a total of approximately 1,500 case reviews and 160 Quality Service In-Depth Reviews. 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 Safety Methodology Project.

Demonstrate the ability to earn federal funds at budgeted level

Federal funds comprise approximately 50% of the total resources available to Florida's child welfare program. The federal fund sources include the following: 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 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 December 2013, and Florida and the federal government conclude negotiations for a five-year extension.

Fiscal Monitoring:

Fiscal monitoring is an essential oversight component of Florida's 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 an automated electronic 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. In addition, a bi-weekly CBC Budget

Workgroup comprised of both program and budget staff is meeting regularly to track identified budget concerns, requests, and issues.

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 system 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.

Prompted by a SACWIS Assessment Review, and a need to support practice changes, Florida embarked on a major SACWIS redesign beginning in FFY 2011. The first phase of this redesign, which focused on consolidating the steps necessary to navigate FSFN, and improve the overall user experience was completed and deployed in July 2013. The next phase will be completed by June 2014, and will incorporate new modules, templates and documents to support Florida's new practice model; automate and connect many related activities; bring Florida into compliance with AFCARS requirements; and add additional capacity to document, track and make payments for services.

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. During Florida's 2012 legislative

session, lawmakers amended Florida Statutes to allow children to remain in foster care up to their 22nd birthday and updated requirements for Independent Living services such as Postsecondary Education and Support and Aftercare services. In addition to the previously mentioned SACWIS enhancements, Florida will be developing and deploying changes to FSFN by January 2014 to support these legislative changes.

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). Its 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 Practice Model.

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.

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. Additional information may be found at: <http://centerforchildwelfare.fmhi.usf.edu/kb/educsrc/Forms/AllItems.aspx>.

K-12 Report Card. The K-12 Report Card is a tool that the Department and its partner agencies use to monitor key education indicators in real time. This tool allows case managers to collect actionable data on school enrollment and attendance; student behavior, performance and participation in extra-curricular activities; as well as the learning environment that schools provide. Child welfare administrators and out-of-home caregivers use this information to ensure that children and youth have the support they need to succeed in school. The Department is developing a similar tool to collect information on school readiness for children ages 0 to 5. The K-12 Report Card and School Readiness are important initiatives that assure education stability for children and youth in care.

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 the 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 U.S. Departments of Education and Health and Human Services clarified the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974 that pertains to the release of and access to education records. As a result, the Departments of Children and Families and Education have jointly developed and plan to disseminate an Electronic Data Sharing Agreement template for use by local CBC agencies and School Boards who desire to share student information electronically.

Education Lifeskills Initiative. This initiative focuses on reducing the amount of disruption children experience when placed into foster care. Efforts should be made to keep children in the same school when it is safe to do so. 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.

Recently, the Department has collaborated with Children's Medical Health Services (CMS) to ensure that implementation of the "Let Kids Be Kids" legislation is meeting the unique needs of medically complex children in out-of-home care. Regions have also been encouraged to include recruitment of medical foster homes as part of their overall recruitment targets for FY 2013-2014.

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 - Early Periodic Screening, Diagnosis, and Treatment) 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, including: 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). The Department of Health recently issued a legal opinion that CBCs are eligible to obtain immunization information from the Florida SHOTS system, which will increase the ability of community-based care agencies to maintain health information and seek enhanced medical services for children in care.

Extend Title IV-E waiver for five years to September 30, 2016 - The Department will continue its participation in the Waiver Demonstration Project through December 2013. The state of Florida has begun discussions with its federal partners for the 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). The Department and federal government are negotiating the Terms and Conditions for the renewal of the IV-E waiver demonstration.

The Quality Parenting Initiative (QPI) continued in 2012-2013 in this collaboration with foster parents and CBCs. 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 2013, and have committed staff and resources again through June 2014. 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. In addition to quality and normalcy, QPI is developing training for foster parents on the normalcy and independent living legislation, including providing training on delivering life skills to youth ages 13 through 17.

The Redesign of the Independent Living Program continues in 2013-2014. 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.

The Nancy Detert "Common Sense and Compassion" Act will be in effect beginning January 1, 2014. This legislation revamps the current Independent Living benefits available to youth aging out of foster care. On their 18th birthday, youth who have been in foster care at least

six months prior to reaching adulthood, are eligible to enroll in Extended Foster Care (EFC) where they will receive life skills training and other services. Youth can remain in this program until their 21st birthday, if they remain in school, work a minimum of 80 hours per month, participate in a program designed to eliminate barriers to employment, or have a diagnosed and documented disability. Youth will have the option to continue to live with their foster parent, in their group home, or to move into a supervised independent living setting.

When the new programs begin on January 1, 2014, the current Independent Living participants will have the option to be grandfathered into the old program requirements and procedures. This option will allow those who wish to continue receiving RTI to do so without being forced to switch to the new program requirements and procedures. These grandfathered youth will always have the option to switch to a new Independent Living program that they are eligible for, but will forfeit the benefits of the old program entirely and begin following the new program's eligibility requirements from that point on.

Once young adults have earned their high school diploma, GED, or its equivalent, they become eligible for the Post-secondary Education Support and Services (PESS) Program. Through PESS, young adults will receive \$1,256 monthly toward their living expenses. The youth will receive a direct payment of the remainder of this stipend after housing and utilities are paid directly to the provider by the CBC. These benefits are available until the youth's 23rd birthday to ensure our youth do not face the crisis of homelessness and have the continuing stability to succeed as students. Any eligible youth can opt out and opt back into EFC and PESS as many times as they need, until the maximum program age is reached.

Revise Florida Administrative Code - Revision of the following rules is planned or continues for FY 2013-2014:

- 65C-13-Foster Home Licensing
- 65C-14-Group Care Licensing/65C-40 Group Care for Dependent Children
- 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

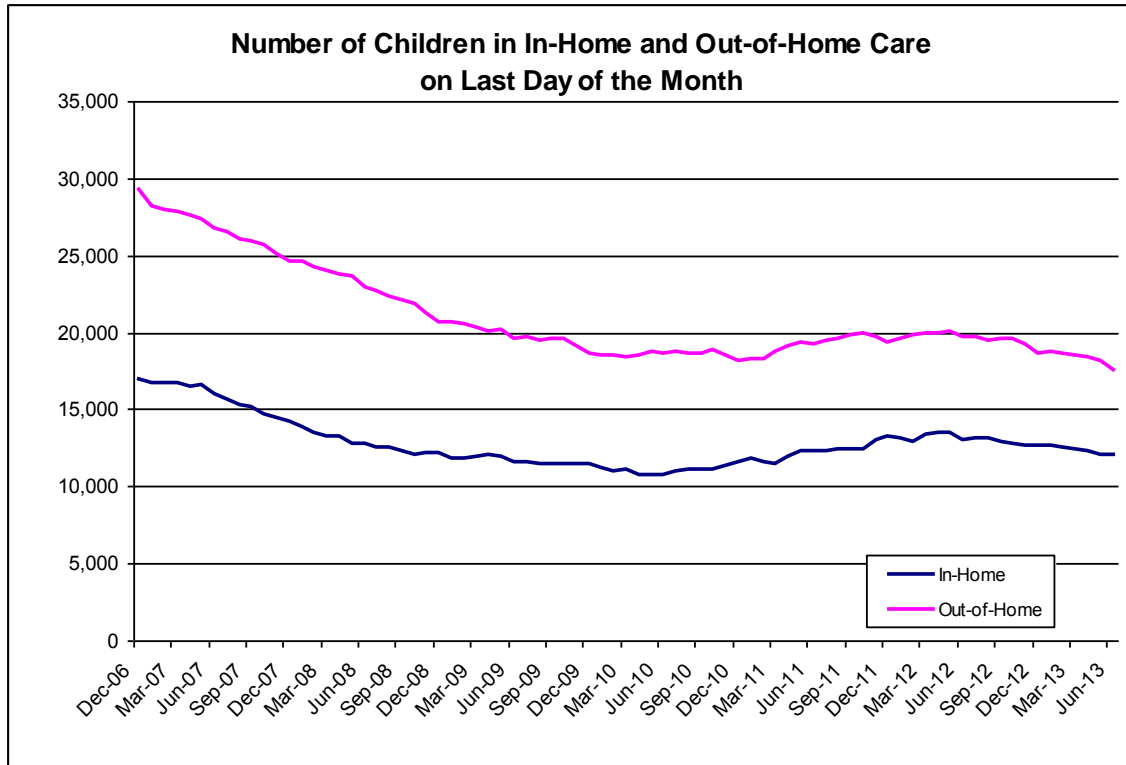
Continue to Develop and Implement Family-Centered Practice as the child welfare practice model that has been adopted in several states and has shown improved practice, case management, and attaining better outcomes for children and families. Several Interagency/organization workgroups are meeting regularly to determine available resources for children and families in need of services, and to facilitate collaboration among child-focused initiatives across the state. A report on results of the needs/resources assessment will be given at the October 2013 Children & Youth Cabinet Meeting.

The advent of implementation of the Child Welfare Practice Model 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 risk assessment. The new model remains strength based and focused on the importance of teaming.

New pre-service curriculum and training courses developed for the Child Welfare Practice Model will incorporate the new model. 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. The Title IV-E waiver has provided the Department with the flexibility to focus our resources in this area. Additionally, the Department is in the Implementation phase of the new Child Welfare Practice Model. Training has begun statewide to immerse our CPI, Sheriff, and case management staff in the new Safety Decision-Making Methodology. The goal is to ensure that children and families are safer in addition to improving and measuring well-being outcomes. The number of children in out-of-home care reached a decades-low point of approximately 17,000.



The Office of Child Welfare 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 long term efforts. These include:

- Another Planned Permanent Living Arrangement (APPLA) Project, in partnership with Casey Family Programs
- Wendy’s Wonderful Kids (Dave Thomas Foundation), in partnership with select Regions and CBCs

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, thereby reducing the number of youth who have an APPLA goal, or who age out with only themselves, and reducing the number of those 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 effects 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, and how to address trauma within families. The Florida Coalition against Sexual Violence, in coordination with Lauren's Kids, produced a Trauma-Informed Care Training series for foster parents to help prepare them for children who have been victims of sexual abuse.

The Department is also examining options for including trauma screening for both parents and children involved in the child welfare system. One possibility being considered is conducting Adverse Childhood Experiences studies on children and families who need services.

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, which went into effect January 1, 2013, the Department is now allowed to license and place children that

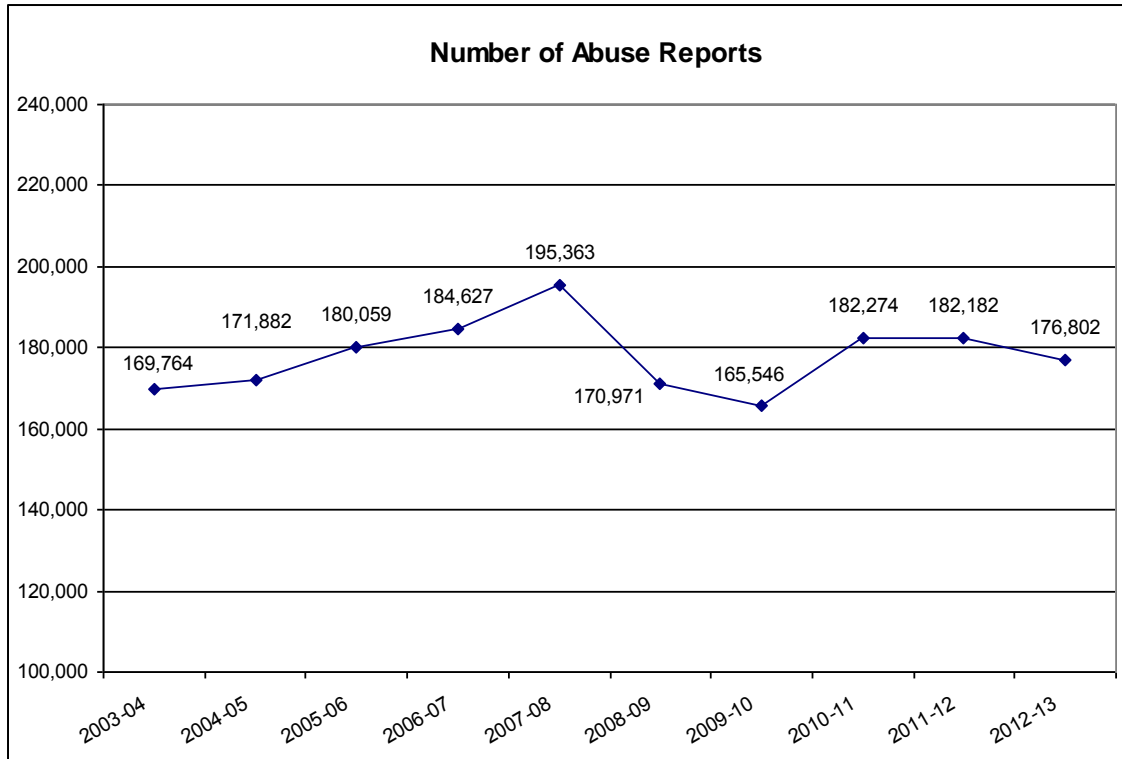
have been adjudicated dependent into specialized CSEC “Safe House” treatment facilities. These licensed family foster homes, residential child-caring agencies, or runaway youth centers by design will attempt to provide intensive onsite services (mental health, substance abuse, educational and life skills 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 2013 Child Protection Summit “Realizing Change,” more than 2,500 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 new Child Welfare Practice Model is changing the decision-making methodology and practices of the child protective investigator. As the new methodology is implemented, the hotline, child protective investigators, and case managers will focus on gathering sufficient information in six information domains. Investigators will 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 at risk of maltreatment given the score level on an actuarial risk assessment 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 and diminishing the threat of danger to a child.



The Department is required to investigate reports of child maltreatment to assess the safety 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 six counties statewide. In Pinellas, Seminole, Pasco, Broward, Hillsborough and Manatee Counties, the function is performed by non-deputized, civilian personnel in 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. Investigators 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

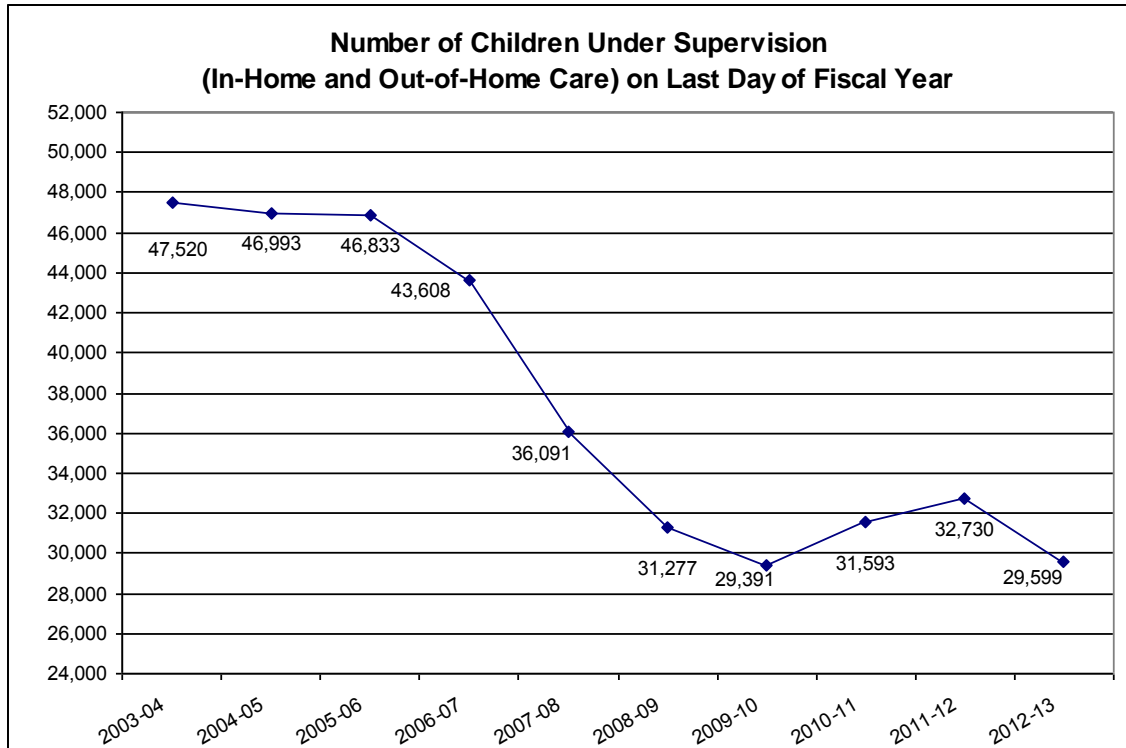
Protective investigators assess child safety and other factors and, in consultation with other experts, make recommendations on whether children can be safely maintained in their homes or must be removed and placed in an out-of-home care setting. Florida's new Child Welfare Practice Model will focus on engaging the family to identify the underlying reasons for abuse and neglect, rather than focusing on the incident that precipitated Department response. 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.

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 continues to drop, and there is a new focus on establishing quality guidelines for group care for dependent children. 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 SFY2012-2013 was 3,353. 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 SFY2013-2014 is 3,200 after negotiations with the CBCs are completed.

The Office of Adoption and Child Protection provides an annual 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 Title IV-E Adoption Assistance program was created through the Adoption Assistance and Child Welfare Act of 1980. The purpose of this initiative is to promote the adoption of special needs children and youth. 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 more than 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 need for support does not end. Post-adoptive services to children and families are essential to prevent failed adoptions and a return of children to the out-of-home care system. 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.
- Emphasize accurate entry of adoptable children’s information on the Department’s adoption website, and continue efforts to work with Heart Galleries.

Training

The training program is currently assisting with the implementation of the new Child Welfare Practice Model, including the coordination of the various trainings needed to adequately prepare staff for the new Safety and risk assessments.

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 more than 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, including the following:

- Providing technical assistance to the state and regional Child Welfare Program Offices
- Offering training to investigators and community-based care partners
- Actively participating or leading 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 children who have disabilities, children with chronic runaway behavior, children whose cases involve activity between Florida and other states, children who are victims of human trafficking, 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), depending 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 was 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, and ten children in the child welfare system on the APD waitlist began receiving waiver services each month beginning in June 2010. The Agency continues to be responsive to all who turn 18, and to those whose permanency can be achieved on a time certain date if APD waiver funding is available. The Department and APD are working closely to identify and prioritize these children.

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, approximately 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 Florida.

Collaboration with national partners to promote the replication of this system would eliminate the delay in mailing documents, reduce processing and storage costs, prevent misplaced documents, provide instant access to the content of documents for decision-making purposes, memorialize dates of action taken at each step of the process, record transmittal and receipt of documents, and allow collection of data on processing types of requests and time incurred for completion. 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 submitted a grant to the Children's Bureau for establishment of a national electronic ICPC system. The grant proposal was approved by the Children's Bureau with a preliminary award of \$1.25 million for a pilot program that will involve 5-10 states in the development of a system with a goal of sustainability for all 52 jurisdictions over time. Currently, the detailed application is awaiting approval by the Children's Bureau, and we are currently awaiting final approval to be able to move forward with this groundbreaking innovation.

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 serve as the contacts 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 populations 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 2013-2014 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 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, to increase safety and prevention services to support in-home safety plans, to 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, changes to Chapters 39, 409, 784, 402, 411, and a number of other chapters related to care/services for children are being explored by a collaborative legislative workgroup comprised of Department, House, and Senate staff.

- Provide adoption appeal process and establish attorney reasonable fees for adoptions.

- Provide changes to Chapter 39 in the areas of 1) paternity, 2) signing of a petition for termination of parental rights, 3) adjudication of dependency for a child when only one parent is available at the start of a case and the other parent is located later, and 4) resolving a conflict between rulings of the appellate courts as to what evidence is required to terminate parental rights for a child when a parent has committed egregious abuse (or killed) a sibling of the child.
- Creates a presumption in favor of issuance of a civil citation for dependent children in group homes before a child is arrested for a minor offense.

H. Task Forces and Studies in Progress

Children’s Justice Act Task Force

The Department is the designated agency responsible for administering the Children’s Justice Act grant for the state of Florida. Florida complies with Section 107(a) of the Child Abuse and Prevention Treatment Act (CAPTA) in order to continue its eligibility to receive the Children’s Justice Act (CJA) grant award. The Children’s Justice Act Task Force is a requirement of the Grant.

Purpose of Grant:

The purpose of the CJA grant is to develop, establish, and operate programs to improve:

- The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim;
- The handling of cases of suspected child abuse or neglect-related fatalities;
- The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and
- The handling of cases involving children who are victims of abuse and neglect who have disabilities or serious health-related problems who are victims of abuse and neglect.

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. Scorecard and performance measures are being revised by these task forces.

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

Authority: Per Subsection 409.17559(3)(b)5., F.S.,

Purpose: In conjunction with the Department of Children and Family Services, provide a summary to the Legislature by September 1 annually on the status of the program.

Florida Abuse Hotline

A. Primary Responsibilities

The Florida Abuse Hotline (hereafter referred to as Hotline) is the state's centralized operation responsible for receiving, analyzing, processing and assigning reports of alleged abuse, neglect, exploitation and special conditions of children and vulnerable adults as defined in Chapters 39 and 415, Florida Statute. The Hotline is further responsible for conducting criminal background checks on participants of reports and for placements.

The Hotline receives reported concerns and special conditions by telephone, fax and web-based communications 24 hours a day, 365 days a year. During FY 12-13 the Department received a total of 258,603 reports and conducted a total of 648,925 criminal background checks (by subject)

Florida Abuse Hotline Reports Received	Reports Accepted for Investigation	Criminal Background Checks Conducted
Calls: 429,585 Fax: 26,121 Web: 7,014	258,603	Total Subjects checked: 648,925

B. Selection of Priorities

The Hotline has a unique set of goals and objectives defined in a long-range plan (July 2011 through June 2016). The plan focuses on improving efficiency, productivity and stakeholder satisfaction.

The plan provides detailed set of guiding principles, goals, and strategies guiding the Hotline, including the efforts of many other services provided by the Hotline other than the answering of calls. The plan is consistent with these other planning approaches and provides a focused look at priorities specific to the Hotline.

C. Priorities over the Next Five Years

The Florida Abuse Hotline continues to focus on protecting the most vulnerable citizens of Florida and strives to be an action agent for the Department.

Strategy:

Increase efficiency, productivity, and stakeholder satisfaction by ensuring Accessibility, Appropriate Assessment, Accuracy, Extraordinary Customer Service, Quality, Transparency, Sense of Urgency and Empowerment of Staff.

Action Steps

Web Reporting:

The web reporting tool has been redesigned to better serve our professional reporters. Focus on educating the general public and our professional reporters of the availability of the web tool is projected to increase the use of our web reporting tool to provide the reporters with less wait time and increased access to the Hotline. The use of the web tool allows Hotline counselors to bypass talk time and immediately start the data input process. The web tool pushes the information into our systems, therefore decreasing the amount of data entry needed by the counselor.

Technology:

The Hotline actively seeks for ways to enhance customer service and efficiency. Due to the highly integrated environment, the Hotline continues to strive for a more seamless exchange between all of the technology systems used.

Resources:

Ongoing in-service training for Hotline counselors, crime intelligence technicians, and supervisors occurs each fiscal year. The Hotline seeks to ensure all staff receives ongoing training as often as possible, through various modes of delivery. Staffing software is used to determine scheduling to maximize efficiency, along with professional development to reduce employee turnover and to increase retention and satisfaction. The Hotline is currently utilizing alternative staffing schedules to increase productivity, employee retention, and increase the number of calls answered. Ongoing quality assurance analysis of the calls and documents to ensure excellence in assessment, documentation and customer service occurs in a three tier structure to identify areas of improvement.

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

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

E. Justification of the final projection for each outcome:

The Hotline's role in primary prevention aligns with the Department's goals of ensuring safety, well-being, and self-sufficiency.

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

None.

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

Addition of Service Level measure(s), 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

Child Care Regulation and Background Screening Program 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 Background Screening 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 Regulation and Background Screening Program in 62 of 67 counties. The program protects the health and safety of more than 482,600 children in licensed facilities - such as pre-schools, 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 Regulation and Background Screening 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 2012-13

<i>Mandated training</i>	<i>4,059 classes held</i>
<i>Number of students served</i>	64,413
<i>Competency exams</i>	113,338 administered
<i>Online course completions</i>	45,023 part 1 36,223 part 2 and in-service
<i>Credentials issued/renewed</i>	7,559

Several major initiatives continuing to impact the Child Care Regulation and Background Screening Program include the increase of screenings for Summer Camps, the new online training portal with increased security functions, and budget cuts resulting in loss in staff.

During the 2010 legislative session, screening requirements for all owners, operators, employees and volunteers working in summer day camps and summer 24-hour camps was raised to level 2 (fingerprinting for statewide criminal history through Department of Law Enforcement and national criminal history records check) screening pursuant to Chapter

435, F.S. standards. Because of this statutory change, the number of screenings received by the Department has dramatically increased. The Department averaged over 11,000 screenings per month until April 2013. Beginning in May 2013 the Department received over 20,000 screenings per month, which is an 82% increase that cannot be managed at the current staffing level.

In 2011, the Department began receiving complaints regarding summer camps. As public awareness grows the number of complaints drastically increase. The number of complaints received during 2012 doubled compared to 2011. The number of complaints received in 2013 exceeded the previous year's complaints within the first three weeks of summer camp operation.

Individuals associated with summer camp programs must be screened in a timely fashion to allow for their employment and for the protection of the children. The Department began processing these applications within 72 hours. Due to the increased volume, processing time was extended to 21 days.

In 2004, when the Child Care Regulation Program initially created the training transcript function within the Child Care Training Application, it was intended to provide child care licensing counselors a one-stop summary of staff who had and had not met the child care training requirement without looking through hard copies of training certificates. An enhancement included a "Yes/No" function at the top of the transcript to quickly ascertain who was in and who was not in compliance.

With the widespread availability of the on-line training transcript, child care providers statewide began using it to meet specific needs. This included directors and owners/operators accessing a current or prospective staff member's child care training transcript using the View Transcript login function at www.myflorida.com/childcare and the student ID or Social Security Number of the individual, obtained from either the individual or an application. Although the Child Care Regulation Program Office was made aware of these practices, the Program Office has never promoted them as the information was always intended for the individual student/personnel. Since the introduction of the child care training transcript function, web-based and other technologies have surfaced and escalated dramatically. These continued innovations, although productive in many ways, have allowed for the unauthorized electronic reproduction of many types of documents including documentation the Department uses to verify training and credential compliance, while increasing the vulnerability of student information.

Additionally, beginning in 2009-2010, the Child Care Regulation Program started receiving complaints from current and former child care staff that former employers were accessing their child care training records without their permission. Some alleged child care directors were using the credentials of former staff to meet license requirements. At that time, the Department did not have a way to provide an individual with a secure alternate login function since the primary indicators the Department used at the time were Social Security

Numbers – which generated the Student ID number provided to individuals registered in the Child Care Training Application. The Department engaged in a "security audit" which identified the use of Social Security Numbers as a barrier for a security rated system.

In an effort to secure the student's training and demographic information, the Child Care Regulation Program made the decision to stop using Social Security Numbers as a primary identity indicator and moved to an email address/unique password methodology with back-up indicators such as security questions, date of birth, and last 5 digits of the Social Security Number. This is similar to many systems and websites such as eBay, Amazon, etc. This enhancement was introduced on Tuesday, November 6, 2012. As a result, the authority and ownership of data on the training transcript is vested with the staff person as he or she continues in the child care industry in Florida. Although child care providers are required to ensure training compliance, the training and credential information maintained in the Child Care Training Application belongs to the individual staff person.

The Child Care Regulation Program is moving toward a web-based product by bridging our licensing and training databases. As a result of the Vendor Management Initiative, we identified the need to expedite this action to save and divert funding toward the web-based/merged product rather than continue to pay high monthly maintenance and licensing fees. The Department owns the database and continues to have database level access. The front-end application, utilized by field staff and state partners for administrative purposes and reporting, is impacted most.

On April 1st, 2012, Child Care Regulation staff began conducting inspections offline. The inspection reports are printed for providers and stored for future upload into the database. The process will result in a short-term delay in data collection that the Child Care Regulation Program feels will not result in any loss of data and/or integrity of its statutorily-mandated functions, particularly as our system is one of efficiency, not statutory.

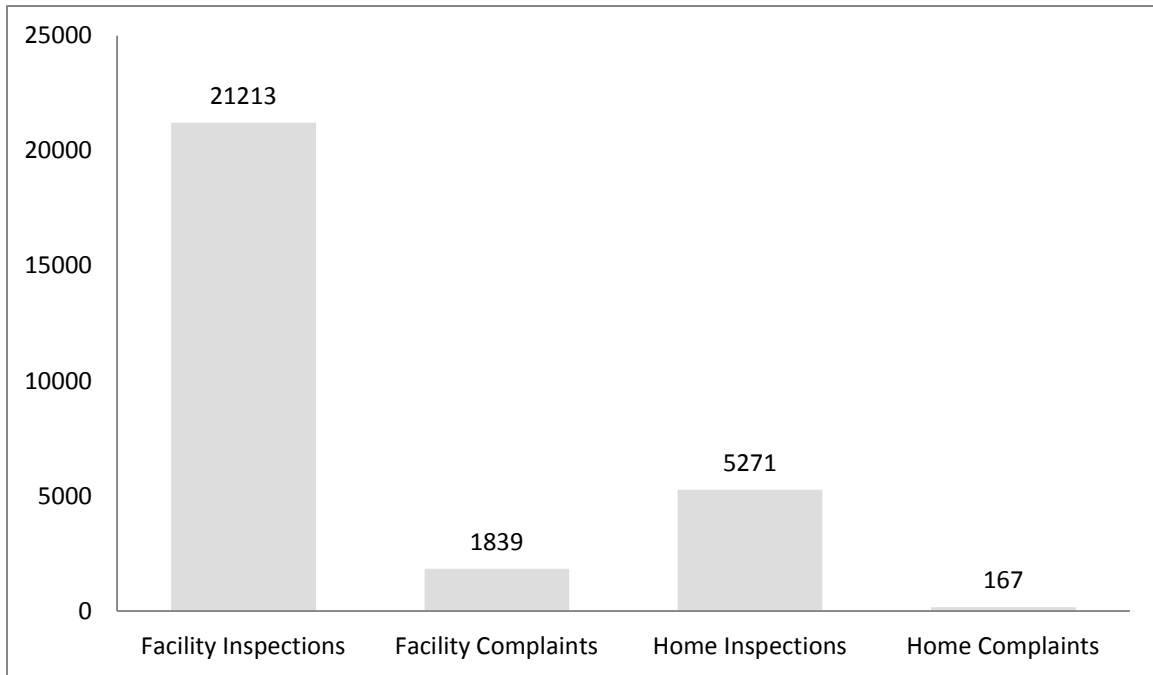
The following functionality is currently impacted and affected parties were informed:

- The public will have access to provider search for inspection prior to March 31. After that, the website information will be static and until data is uploaded reports will be created manually. The public may contact our local licensing offices or utilize the Community Resource and Referral Services as needed.
- Florida Law Enforcement agencies that access the Department's child care database for sexual predator searches will have data through March 31. Local protocols were established to provide them with information on newly opened or closed programs on a monthly basis, similar to the process prior to their database access.
- Five Local Licensing Counties continue to function as if the databases and applications for their county remain intact; however, they have opted to utilize the Department's new application, which is a viable option.
- Gold Seal Quality Care Program including administrative actions processed by the Child Care Regulation Program Central Office and the Florida Children's Forum

(contractor) are being tracked and processed manually until approximately September 1.

- The Department of Education Office of Early Learning is aware of our plans and lags in data and is supportive of this action. Any necessary data and reports for VPK and school readiness are provided on an individual basis.
- The SSRC worked hand in hand to facilitate the timely transition.

Licensing Inspections over 12 month period



Selection of Priorities

The Child Care Regulation and Background Screening Program works in partnership with public and private stakeholders 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 Regulation and Background Screening Program to establish the following priorities:

- *Child Care Regulation.* Child Care Regulation is the most important function of the Child Care Regulation and Background Screening Program. It 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 28,490 inspections were conducted in a 12 month period.

- *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, 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, supporting “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. They provide a 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. The Department of Education’s Office of Early Learning and Early Learning Coalitions utilize the Department’s information system to meet statutory requirements to publically display child care provider demographics and readiness rates for those children and providers participating in the VPK and SR programs Florida’s Office of Early Learning and Early Learning Coalitions collaborate 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.* Fourteen Training Coordinating Agencies administer a statutorily-mandated requirement of licensure to ensure well-trained and qualified child care personnel 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 Regulation 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 Regulation Program,

statewide, develops and distributes brochures, pamphlets and public awareness materials to inform the public and to promote quality child care activities. The Child Care Regulation Program Office collaborates with Florida's Office of Early Learning, the Department of Health and the Department of Education on mass mailings to all child care providers on critical child care issues. In addition, the Child Care Regulation Program sponsors annual health and safety training for family day care home operators, which is provided through the Florida Family Child Care Home Association. 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. Lastly, the Child Care Regulation and Background Screening Program developed and maintained social media accounts specific to our office. These platforms are used to further initiate contact with child care providers and alert them to critical issues and relevant news pertaining to child care. The Child Care Regulation and Background Screening Program's Facebook, Twitter and Pinterest presence allows providers to follow up and establish a dialogue with the Program Office.

- *Performance Improvement/Technical Assistance.* The Child Care Regulation and Background Screening Program's team of analysts' monitor child care licensing units, provide daily hands-on technical assistance support to licensing staff statewide and conduct data purification activities to ensure data integrity. These activities promote the uniform application of licensing standards, while identifying program deficiencies and staff training needs statewide.
- *Background Screening.* The Child Care Regulation and Background Screening Program is joining a Clearinghouse later this year comprised of seven other state agencies. The Clearinghouse is a result of changes in the 2012 legislative session and will allow for the sharing of state and national criminal history information among select agencies in order to prevent duplicate screenings. The **Care Provider Background Screening Clearinghouse** will be the hub of screening information and the shared database for the included state agencies.

The Florida Department of Law Enforcement and the Federal Bureau of Investigation have determined the state agencies below will be able to share information;

STATE AGENCIES:

- The Agency for Health Care Administration
- The Department of Children and Families
- The Agency for Persons with Disabilities
- The Department of Elder Affairs
- The Department of Health
- The Department of Juvenile Justice
- Vocational Rehabilitation

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, increase in background screenings for summer camps, 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. Continue “paperless” document management initiative and 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, a law was passed that further impacted the operational activities of the Child Care Regulation 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 impacts the services of the Child Care Regulation 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 Regulation 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 Regulation Program circulated rules effective August 1, 2013, 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 improving quality in child care programs and working with Challenging Children's Behavior.

Challenging Behaviors Awareness and Prevention (5-hour: Online) was developed to ensure that Florida's child care professionals are familiar with common examples of challenging behaviors exhibited by children, and causes of these behaviors and methods of prevention. Upon completion of the course, participants will be able to:

- Encourage children's development of self-esteem and positive self-image;
- Identify examples of challenging behaviors and their causes;
- Describe a variety of activities to reduce challenging behaviors.

Quality in Child Care Settings (3-hour: Online) was developed to provide principles and best practices that will enhance the growth and development of children in child care settings. Upon completion of this course participants will be able to apply specific best practices to obtain quality in these areas:

- Staff-Child Interaction
- Indoor/Outdoor Equipment and Space
- Health, Safety and Nutrition
- Program Operations

The Department's Child Care Information System continues to be identified in statute as the hub of child care demographics, compliance and training, which requires statewide coordination with the Department of Education Office of Early Learning and the Early Learning Coalitions.

E. Justification of the Final Projection for each Outcome

Objective: Staff 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 times annually, and family child care homes are inspected two times annually 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 Regulation and Background Screening Program coordinates the administration of instructor-led child care mandated training through Fourteen Training Coordinating Agencies and through online child-care courses, available on the Department's website: 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 of the remaining five 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 Department of Education's Office of Early Learning, at the time of passage, the Department did not request a position to serve 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. Recent legislation removed the “nationally recognized” requirement for accrediting agencies for “recognized” by the Department. The Department continues to work on rule development to outline Gold Seal Standards for accrediting agencies to ensure the true intent of the program as dictated by legislation in 1996 which was to recognize and reward those child care programs who have achieved and maintain a higher level of quality in their child care programs.

- **Child Care Credential** – 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.

Background Screening Workload

During the 2010 legislative session, screening requirements for all owners, operators, employees and volunteers working in summer day camps and summer 24-hour camps was raised to level 2 (fingerprinting for statewide criminal history through Department of Law Enforcement and national criminal history records check) screening pursuant to Chapter 435, F.S. standards. Because of this statutory change, the number of screenings received by the Department has dramatically increased. The Department averaged more than 11,000 per month until April 2013. Beginning in May 2013, the Department received more than 20,000 screenings per month which is an 82% increase that cannot be managed at the current staffing level.

G. Policy Changes That Would Require Legislative Action

Not Applicable

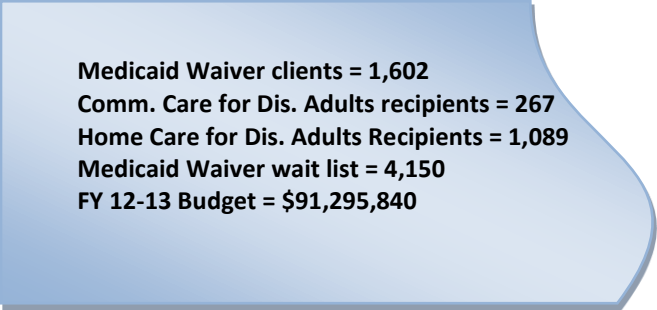
H. Task Forces/Studies

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



Medicaid Waiver clients = 1,602
Comm. Care for Dis. Adults recipients = 267
Home Care for Dis. Adults Recipients = 1,089
Medicaid Waiver wait list = 4,150
FY 12-13 Budget = \$91,295,840

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. The following four programs operate in support of adult protective services:

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 more than 61%). This increase will place an enormous workload on Adult Protective Investigations and, subsequently, Adult Protective Services. 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 or neglect.

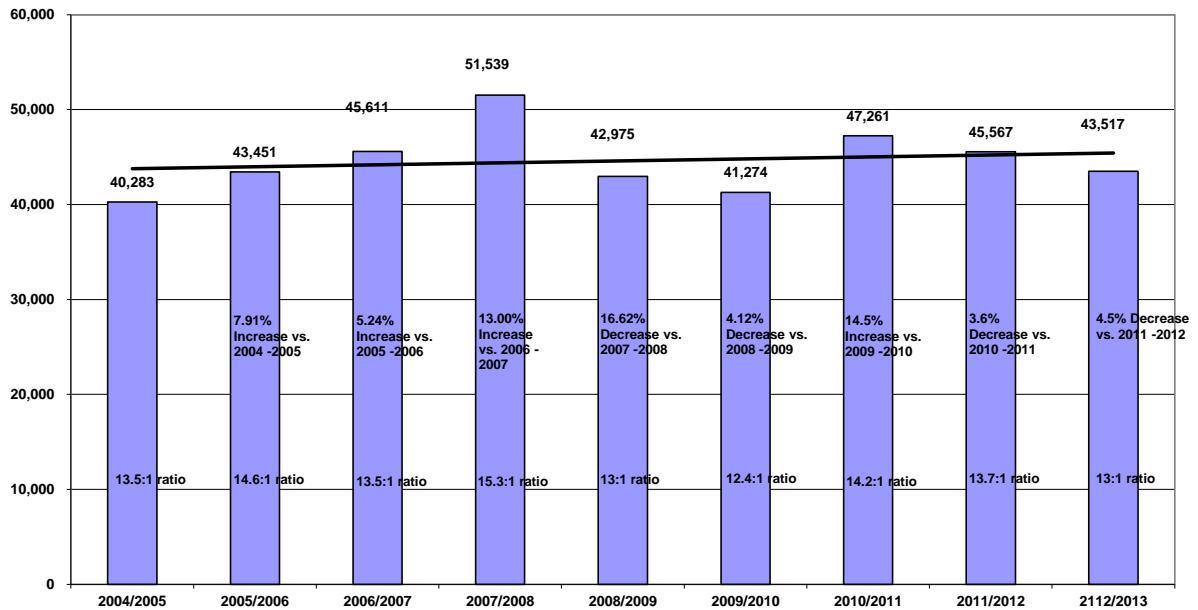
C. Addressing Our Priorities over the Next Five Years

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 43,517 reports of abuse, neglect, and/or exploitation of vulnerable adults during fiscal year 2012-2013 (see following charts). This represents a 4.5% decrease in reports from the previous fiscal year, while maintaining an upward trend during recent 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 reviewing 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 2012-2013, the percentage of victims seen within the first 24 hours was 96.9%.

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, and involvement of medical examiners and law enforcement. 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 2012-2013, Adult Protective Services averaged closing the investigations within 60 days in 99.6% of the cases statewide.

Adult Protective Services Quality Assurance

During fiscal year 2012-2013, 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 the 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 exceeds this target.

F. Potential Policy Changes Affecting the Agency Budget Request

Per statutory changes, the Aged and Disabled Adults Medicaid Waiver (ADA Waiver) program will be moved into the Managed Care model. The Department of Elder Affairs will manage the statewide wait lists for Managed Care and the Agency for Health Care Administration will manage all contracts. Transition of clients into Managed Care will occur over the course of FY 2013-2014, beginning August 1, 2013, and finishing April 30, 2014. After this time, DCF Adult Protective Services will no longer provide case management for ADA Waiver clients. Headquarters staff and program managers across the state will be able to address competing priorities in the adult protective services system of care by utilizing services staff for tasks to support other aspects of the Adult Protection process as clients are moved into Managed Care.

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 2012-2013, there were 3,875 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 long-term care 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 the rising costs of health care and other services, as these individuals age, their health-related needs and costs of care increase. For FY 2012-2013, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,502. In FY 2012-2013, the average care plan cost for an individual in the Community Care for Disabled Adults (CCDA) program was approximately \$8,041. 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 \$28,905 (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 continue providing services to new individuals requesting services from these programs. The in-home service programs have statewide waiting lists of 4,678 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 screening scores and the dates on which services are requested. 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

DOMESTIC VIOLENCE

Population Served: Children or Adults who have been abused, neglected, exploited or are at risk of abuse, neglect, exploitation and their families

A. Primary Responsibilities

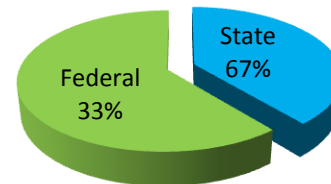
The Department's Domestic Violence Program operates as the central clearinghouse for state and federal funding initiatives for the prevention and intervention of domestic violence. Among the program's primary responsibilities are the administration and oversight of federal and state funding designated 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/coalition) to certify, monitor, and fund the centers as authorized in Chapter 39.903-9035, F.S.

The Domestic Violence Program also works with the FCADV to promote a coordinated, multidisciplinary approach to enhancing advocacy and improving the criminal justice system's response to domestic violence, dating violence, sexual assault, and stalking crimes. Various partners in this effort 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 FCADV, staff coordinates and administers statewide program funding and activities to address domestic violence crimes. Florida's \$44 million budget for domestic violence prevention and services is funded as described below.

Domestic Violence Funding
2013-2014 Fiscal Year



Capital Improvements Grant Program for Domestic Violence Centers

Recognizing the need for capital improvements for the states certified domestic violence centers, the 2000 Legislature created the Capital Improvement Grant Program. The program is a competitive grant that provides funds to Florida's certified domestic violence centers to construct, repair, improve, or upgrade systems, facilities or equipment as determined by an annual needs assessment. The grant is not consistently funded each 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.

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

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, and providing 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 2012-2013 fiscal year, centers provided services to 37,264 eligible 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 called 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 2012, the Florida Department of Law Enforcement Uniform Crime Report indicated that 108,046 incidents of domestic violence were reported to law enforcement and 65,107 arrests were made for domestic violence offenses. In the same year, 202 individuals died as a result of domestic violence crimes, representing approximately 20% of all homicides in Florida. While other criminal offenses declined in 2012, domestic violence murder and rape are the notable exceptions,

with murder experiencing a 6.1% increase and forcible rape a 3.5% increase. The rate of domestic violence offenses in 2011 was approximately 574 per 100,000 population.



The state's 42 certified domestic violence centers answered more than 90,000 crisis calls and provided safe housing to 15,677 victims and their children in 2012-2013. Children who fled the violence with their parent account for 46.3% of the shelter residents. This

same year, the centers turned away 2,162 victims and their children due to lack of available space. Centers also provided safety planning and counseling to 86,315 individuals, as well as nonresidential services to 35,219 individuals.

A snapshot of Florida's domestic violence centers reveals that more than 3,090 adults and children received assistance and services during a single 24-hour period (National Network to End Domestic Violence, 2012 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 the 42 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 FCADV performed the duplicative task of evaluating the certified 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 FCADV's evaluations are 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 FCADV 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 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 more than 200 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.

Service Integration of Domestic Violence, Child Welfare, Substance Abuse, and Mental Health

For the past 12 years, "family violence threatens child" is the second highest reported maltreatment next to 'substance misuse' in Florida. This dynamic poses added challenges to our work with families experiencing domestic violence. It is more important than ever that domestic violence advocates participate with child protective service professionals to help families involved in the child welfare system. Domestic violence and child welfare agencies must work together to effectively serve these families.

In State Fiscal Year 2012-13, the Department asked the Florida Coalition Against Domestic Violence to develop a plan for improved service integration of domestic violence centers, community-based care agencies (CBCs), child protection investigators (CPIs), and managing entities (MEs). Recommendations from this report discuss the need to continue along the current path for developing local community-based partnerships through cross-program training initiatives with the Department's CPIs, CBCs and MEs, and also continue co-locating domestic violence advocates in CPI offices around the state. Currently there are ten statewide projects sponsored by the Department and the FCADV that have co-located domestic violence advocates providing consultative services to CPI units. Our goal is to build on this best practice model. DCF headquarters staff meet monthly to discuss ways to enhance this model. Experts from child welfare, domestic violence, and substance abuse-mental health programs are continuing to collaborate with staff from FCADV to help ensure that these important issues do not fall between the cracks.

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.

Domestic Violence Fatality Review

The Department's stakeholders and partners identified coordinated community response 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, when available, 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 FCADV, 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, 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.

Capital Improvements Grant Program for Domestic Violence Centers

During fiscal year 2012-2013, 2,162 victims were unable to receive immediate shelter due to lack of beds in the state's 42 certified domestic violence centers. Currently, emergency shelters range from small 14-bed facilities to larger 132-bed facilities, totaling 1,942 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.

An annual needs assessment is conducted with the 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 sponsor 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: 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.

Justification of Revised or New Programs and/or Services

None

D. 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.

E. Potential Policy Changes Affecting the Budget Request

None

F. Changes Which Would Require Legislative Action

None

G. Task Forces and Studies in Progress

None

Office of Substance Abuse and Mental Health

The Office of Substance Abuse and Mental Health (SAMH) within the Department is comprised of two programs, community-based and institutional services. Within these broad service categories, each has its own statutory authority, target populations, and trends that impact implementation. SAMH is the legislatively-appointed state authority for mental health, substance abuse and methadone designation.

A. Organizational Structure

The office is led by the Assistant Secretary for Substance Abuse and Mental Health, who is supported by the Director for institutional services,¹ and the Director for community-based services.² These positions are based in Tallahassee. SAMH is supported and implemented by the Department's regional structure, and within each of the six regions, a SAMH Director works with the Regional Managing Director.

Responsibilities

At the state level, SAMH develops the standards for quality care in prevention, treatment, and recovery. SAMH is the state licensing authority for substance abuse treatment facilities, and designates public mental health emergency receiving facilities and addiction receiving facilities. In addition, the Department is the state methadone authority.

The core functions are comprised of the following basic roles:

- Fiscal oversight
- Utilization management
- Data collection
- Documentation
- Reporting
- Quality improvement

The Department's statewide functions are implemented regionally, by the Regional SAMH Director. The statewide goal of a system of care is built on a regional foundation of community involvement, and coordination with the Department.

The Department does not directly provide any community based behavioral health services, rather it contracts for such. To achieve an integrated system of substance abuse and mental health services, they are provided through seven managing entities, which are the primary contracting vehicle the Department has deployed.³ As of August 2013, the contracted managing entities are as follows:

¹ Institutional services include civil and forensic state mental health treatment facilities pursuant to s. 394.910, F.S., and ch. 916, F.S.

² Community-based services include oversight of community behavioral health services including Baker Act, Marchman Act, and implementation of federal grants.

³ See, s. 394.9082, F.S.

Northwest:	Big Bend Community Based Care
Northeast:	Lutheran Services Florida
Central:	Central Florida Cares Health System
SunCoast:	Central Florida Behavioral Health Network
Southeast:	Broward Behavioral Health Coalition
	Southeast Florida Behavioral Health Network
Southern:	South Florida Behavioral Health Network

The managing entity is implemented regionally to ensure it reflects the needs of each community.. The Regional SAMH Director, in concert with Tallahassee, ensures that the managing entity in each region meets the statewide goals, and is also responsive to the unique conditions in each community. The broad goals of the managing entity structure are to improve access to care, develop service continuity, and provide for more effective service delivery.

B. Selection of Priorities

In FY12-13, the Department received approximately \$120 million in community substance abuse and mental health block grant funding. The federal government, in return for funding Florida, requires certain assurances as to the expenditure of the block grants, and these assurances are an important consideration in the development of SAMH priorities. In addition to these federal requirements, Florida Statutes provide a broad framework for the Department to establish priorities. The Department has balanced the federal and Florida statutory framework for SAMH priorities, to be consistent with the Governor’s priorities of strengthening Florida’s families.

For FY14-15, the SAMH service priorities are as follows:

Services for adults with serious mental illness

SAMH will train and provide technical assistance to service providers, using evidence-based standards of care.

Youth development initiative

Through contract, SAMH will ensure children achieve success through enhancing and improving access to community behavioral supports.

Persons with or at risk of Human Immunodeficiency Virus (HIV)

As a federal requirement, SAMH will ensure that substance abuse services include the provision of HIV screening, and appropriate care coordination for those indicated.

Treatment and prevention services for pregnant women and women with dependent children

Through contract, SAMH will enhance access for women who are pregnant, or have dependent children to recovery-oriented evidence-based services, for them and their families.

Substance abuse prevention

Through contract, SAMH will implement strategies to decrease the diversion of prescription drugs, in conjunction with other state agencies.

C. Priorities over Next Five Years

In coordination with community stakeholders, the following long range priorities have been identified. The anticipated impact of these priorities will be to develop and maintain accountability, quality of service, and generate a positive return on the state's investment. These priorities include the following:

Expanding prevention, community outreach, and access to recovery-oriented treatment for Intravenous Drug Users (IDU)

- As a federal requirement, SAMH will collaborate with both service providers and the Department of Health to serve such individuals.

Increase the service quality of providers through training and technical assistance

- SAMH will implement evidence-based standards of care and technical assistance plan. An important component of such technical assistance is the development of culturally and linguistically appropriate treatment practices.

Develop community-based health promotion initiatives to support activities that promote recovery

- SAMH will encourage the development of initiatives that promote consumer choice, within the framework of behavioral and primary health integration.

D. Justification of Revised or New Programs and Services

As noted previously, the priorities identified in Section C, balance the requirements of both federal block grants and Florida Statutes with the Governor's priority of strengthening Florida's families.

E. Justification of Final Projection for each Outcome

For FY14-15, SAMH projects the following outcomes:

Goal	Target	Performance	Variance
Percent of children with serious emotional disturbance who improve their level of functioning.	65	66.5	1.5
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge.	8	5.93	2.07
Percent of adults with serious mental illness readmitted to a forensic state mental health facility within 180 days of discharge.	8	3.57	4.43
Percent of assessments completed by Sexual Violent Predator (SVP) program within 180 days of receipt of referral.	85	98	13
Percent of adults with a severe and persistent mental illness who live in a stable housing environment.	90	93.97	3.97
Percent of adults with serious mental illness who are competitively employed.	24	18.43	-5.57
Percent of children who successfully complete substance abuse treatment services.	48	60.91	12.91
Percent of adults who successfully complete substance abuse treatment services.	51	58.13	7.13

F. Potential Policy Changes Affecting the Budget Request

Healthcare reform has the potential to affect both policy and budget. The impact is largely unknown at this time.

G. Changes Which Would Require Legislative Action

The following sections of Florida Statutes are recommended to be repealed:

Section 14.2019, F.S., Statewide Office for Suicide Prevention.

- This requires the Department to establish a position designated as Suicide Prevention Coordinator, within existing resources.

Section 14.20195, F.S., Suicide Prevention Coordinating Council.

- This requires the Department oversee and fund a coordinating council within existing resources.

Section 394.4674, F.S., Plan and report.

- This requires the Department to complete a deinstitutionalization plan, and was enacted in 1980, and is obsolete after developments in federal law.

Section 394.4985, F.S., District-wide information and referral network; implementation.

- This requires the Department’s districts to develop and maintain an information and referral network that is duplicative of other requirements.

Section 394.499, F.S., Integrated children’s crisis stabilization unit/juvenile addiction receiving facility services.

- This required the Department to, in consultation with the Agency for Healthy Care Administration, to establish a pilot program that could be expanded after 2005.

Section 394. 657, F.S., County planning councils or committees.

- This section required requires each county to operate and fund a council, for which there is no enforcement mechanism.

Section 394.745, F.S., Annual report of compliance of providers under contract with department.

- This section is duplicative of other reporting requirements.

Section 394.9084, F.S., Florida self-directed care program.

- This section of law provided statutory authority for a pilot program that has been proven to be ineffective.

Section 397.331, F.S., Definitions, Legislative intent.

- This section of law provides definitions and legislative intent for the Drug Policy Advisory Council.

Section 397.333, F.S., Statewide drug policy advisory council.

- This provides for a council at the Department of Health. This is duplicative of other statewide efforts.

Section 397.801, F.S., Substance abuse impairment coordination.

- This section requires the Department to designate an Impairment Coordinator, however, is obsolete.

Section 397.811, F.S., Juvenile substance abuse impairment coordination; legislative findings and intent.

- This section is obsolete.

Section 397.821, F.S., Juvenile substance abuse impairment prevention and early intervention councils.

- This section is obsolete.

Section 397.901, F.S., Prototype juvenile addiction receiving facilities.

- This section provided for pilot programs, and is obsolete.

Section 397.93, F.S., Children’s substance abuse services, target populations.

- This section is duplicative of other statutory requirements.

Section 397.94, F.S., Children’s substance abuse services; information and referral network.

- This section is obsolete.

Section 397.951, F.S., Treatment and sanctions.

- This section is obsolete.

Section 397.97, F.S., Children's substance abuse services; demonstration models.

- This section of law provided for pilot programs, and is obsolete.

Proposed Amendments:

Section 394.4574, F.S., Department responsibilities for a mental health resident who resides in an assisted living facility that holds a limited mental health license.

- Currently, the Department does not have a role in licensing such facilities, as this role is statutorily assigned to the Agency for Healthcare Administration (AHCA). This function could occur as a part of the licensing process.

Section 394.4781, F.S., Residential care for psychotic and emotionally disturbed children.

- This requires the Department to administer a residential care program for children, and is currently operated by AHCA. The Department would propose to transfer the budget and statutory authority to AHCA.

Section 394.493, F.S., Target populations for child and adolescent mental health services funded through the department.

- This section of law sets the Department's priority population for child and adolescent mental health services. The reference to family income at 150% of the federal poverty guidelines needs to be updated.

Section 394.495, F.S., Child and adolescent mental health system of care; programs and services.

- This section of law outlines the framework for the child and adolescent mental health system of care. This could be updated to include references to the role of Medicaid, and to remove the reference to the Department of Education.

Section 394.67, F.S., Definitions.

- This section of law provides definitions that are outdated, to both other changes in Florida Statutes, or the practice of behavioral health.

Section 394.674, F.S., Eligibility for publicly funded substance abuse and mental health services; fee collection requirements.

- This section of law provides the Department's eligibility criteria for behavioral health services, and could be amended to reflect the

funding priorities of the federal block grants, recent changes to health care law, and the role of Medicaid.

Section 394.741, F.S., Accreditation requirements for providers of behavioral health care services.

- This section allows mental health providers to waive inspection in lieu of accreditation inspection. However, does not give the Department authority to accept an accrediting agency.

Section 394.75, F.S., State and district substance abuse and mental health plan.

- This section requires the submission of a state plan – which is duplicative of federal requirements. This section could be amended to remove obsolete language, and include the role of Medicaid.

Section 394.875, F.S., Crisis stabilization units, residential treatment facilities, and residential treatment centers for children and adolescents; authorized services; license required.

- This section of law provides a series of duties to the Department that, over time, have in effect transitioned to AHCA – as the mental health licensing agency. This section could be amended to reflect this.

Section 397.311, F.S., Definitions.

- This section provides definitions as to substance abuse services, and contains language that is out of date.

Section 397.411, F.S., Inspection; right of entry; records.

- This section allows substance abuse providers to waive Department inspection in lieu of accreditation inspection. However, does not give the department authority to accept an accrediting agency

Section 397.427, F.S., Medication assisted treatment service providers; rehabilitation programs; needs assessment and provision of services; persons authorized to takeout medication; unlawful operation; penalty.

- This section of law operates as a pseudo certificate of need for such providers, and should be amended.

H. Task Forces and Studies in Progress

Sober Homes. From the funds in Specific Appropriations 370 through 380, the Department shall develop a plan to determine whether to establish a licensure and registration process relating to residential facilities that provide managed and peer-supported, alcohol-free and drug-free living environments for persons recovering from drug and alcohol addiction, commonly referred to as sober homes. This plan

identifies the number of sober homes operating in Florida, identifies benefits and concerns in connection with the operation of sober homes, and the impact of sober homes on effective treatment of alcoholism and on sober house residents and surrounding neighborhoods. The plan will be submitted by October 1, 2013.

Informed Families of Florida (IFF). From the funds in Specific Appropriation 374, \$750,000 from the General Revenue Fund is provided for IFF for the purpose of providing a statewide program for the prevention of child and adolescent substance abuse. The Department will assess the effectiveness of these prevention efforts with the resources and services utilized throughout the state. The Department will submit the report by January 15, 2014.

Community Action Teams (CAT) teams. The Department shall develop a report that evaluates the effectiveness of CATs in meeting the goal of offering parents and caregivers of this target population a safe option for raising their child at home rather than utilizing more costly institutional placement, foster home care, or juvenile justice services. The report shall be provided to the Governor, the President of the Senate, and the Speaker of the House of Representatives no later than February 1, 2014.

Program: Economic Self-Sufficiency

Population Served: Families in Distress/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 created within the Department of Children and Families an "Economic Self-Sufficiency Services Program Office." The responsibilities of this office encompass all public assistance benefit 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 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 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 SNAP and cash assistance 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 which calculates and recovers public assistance dollars lost due to client and agency error or 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 Online 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 SNAP, cash assistance, and Medicaid with customer service representatives who answer questions, update recipient records and resolve concerns by phone. The three call centers located in Miami, Jacksonville and Tampa provide support statewide for recipients.

B. Selection of Priorities

Priorities for Economic Self-Sufficiency are established primarily through federal regulations. In addition, the program also prioritizes actions based on the following Department goals:

Goal 2: Promote personal and economic self-sufficiency.

Goal 3: Advance personal and family recovery and resiliency.

Goal 4: Steward effectively and efficiently

C. Addressing Our Priorities Over the Next Five Years

The Florida ACCESS 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 the following:

- **Implementing a compliant Affordable Care Act (ACA) Medicaid Eligibility System (MES).**

The passing of the federal Affordable Care Act in 2009 required states to implement significant mandatory changes in Medicaid. The Florida Legislature's last session approved funding and activities directly related to complying with the mandatory provisions of the law. The first phase of compliance is scheduled for January 1, 2014; subsequent phases are in development with final phases completed by December 2015. The MES design incorporates real-time data sharing with federal, state and other data sources resulting in greater program integrity and institutes real-time eligibility whenever possible thereby reducing administrative costs.

- **Conversion of the Electronic Benefit Transfer (EBT) system to a new vendor** resulting in more than \$20 million in savings to the state over the course of the new three-year contract, which also includes the Women Infants and Children program to be administered via EBT. FIS/eFunds has also offered the Department a significant "first in the nation" anti-fraud data analytics and dashboard package designed to trend and report EBT transaction anomalies to reduce fraud.

- **Standardization and maximization of business process and tools** to achieve efficiencies and leverage capacity to keep pace with the rise and unexpected sustaining caseload. The streamlined approach supports effective workload management and maintains the national level of leadership in program performance. These achievements have been realized by policy simplification, resource analysis and assessment, procedural standardization, increased data sharing and analytics with federal, state and partner agencies and technology enhancement designed to reduce the need for worker intervention. The results of success will reflect in the following major indicators:

- Reduce processing time, also known as Days to Process, for public assistance applications.
- Improve the percentage of SNAP application approvals processed within the applicable federal time standards, also known as Timeliness.
- Reduce high call volume to customer call centers.
- Sustained and continual improvement in program performance.

- **Increase the federal work participation rate requirements for Temporary Assistance to Needy Families (TANF)** through partnership and coordination with the Department of Economic Opportunity and local Regional Workforce Boards.
- **Utilize technology to keep pace with fraud** by providing access to practical data and advanced technology tools, combined with strong domain expertise, to greatly improve the ability to detect fraud and abuse. The Office of Public Benefits Integrity (OPBI) stays informed on the ever-changing methods of utilizing technology to commit fraud. OPBI efforts 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. OPBI is enhancing the process of case data “alerts” which prevent inappropriate benefits from being released, which in turn reduces the amount of benefit recovery claims in the future.
- **Re-procure outsourced benefit collections contract** to expand the toolkit available for benefit recovery collections, increase the collection rate (currently 59%), decrease overhead (currently 27%), and provide incentives to maximize recoveries. Expected collections increases are estimated to be \$1.5 - \$2 million annually.

Accomplishments:

- For the sixth year in a row, Florida remains the national leader in SNAP payment accuracy and error rate reduction. Since 2007 the ACCESS Program has achieved national recognition and earned more than \$47 million in federal bonus money for excellence in SNAP payment accuracy. This year Florida ranked first in the nation with an error rate less than 1% and received an accuracy bonus of over \$8 million.
- Florida is the first state in the nation to implement Customer Authentication, an identity discovery and authentication component embedded into its web application which prevents identity theft and streamlines the identity verification process. During the 105-day pilot in one region, this solution identified \$237,600 in cost avoidance for SNAP applications found to be identity theft. This solution is expected to save the state millions of benefit dollars annually and drive identity theft attempts down resulting in a reduction in administrative costs.
- Implemented the electronic Asset Verification System (AVS) designed to discover undisclosed assets of those who apply for or who are receiving SSI-related Medicaid. AVS seeks information from thousands of financial institutions nationwide to determine financial account ownership by those making application or who are on Medicaid assistance. AVS piloted in one region in October 2012 and rolled out to the entire state February 2013. The solution has resulted in more than \$29 million in Medicaid cost avoidance since pilot.
- Implemented the Department of Corrections (DOC) auto closure project which automatically closes any SNAP or TANF case when a person enters the DOC to ensure benefits do not continue to an institutionalized person. It also prevents incarcerated

individual identities from being fraudulently used to apply for assistance, and alerts the Department of such activity. The partnership between DCF and DOC and the automated solution began in June 2013 and has already resulted in \$549,682 in benefit cost avoidance.

- Procured new EBT vendor to administer the EBT payments system for SNAP, Temporary Cash Assistance and the Women, Infants and Children programs. This procurement will save the Department an estimated \$20 million during the three year contact period.
- Passed legislation, House Bill 701, restricting the use of EBT cards at adult entertainment establishments, pari-mutuel gaming facilities, internet cafes, commercial bingo facilities and liquor stores. The new EBT vendor implements the new law effective October 2013.
- Automated the PARIS Interstate match notification process eliminating the manual determination of duplicate issuance or benefit receipt in another state.
- Enhanced the My ACCESS Account system giving customers the ability to report address changes or request case closures without worker intervention.
- Enhanced the Automatic Response Unit (ARU) to customize the user experience, increase self-service capacity and reducing the need to call center agent intervention. As a result, the customer call center increased its capacity by 76%.
- Developed a database that identifies possible fraudulent online public assistance applications based on previously identified criteria of known identity fraud profiles. The database resulted in more than \$9 million in cost avoidance for the SNAP Program from October 2011 through September 2012.
- Executed contract to outsource the statewide mail and scan functions. This procurement removed the administrative burden from the Department and resulted in an estimated savings of \$583,575.00 over three years with a 5.7% annual return on investment. Contracting a vendor specialized in the industry increases production and efficiencies through faster production turnaround times.
- Launched new public awareness campaign to engage and educate the public about fraud in public assistance programs. A multi-faceted communications strategy was deployed with the strong message that if public assistance benefits are obtained illegally, “it’s not IF we will catch you but WHEN!”
- Executed contract to complete targeted processing of Benefit Recovery referral backlog and develop a tool for workflow prioritization which is expected to increase collections by more than 10%. Phase one of the backlog reduction project resulted in establishment of 1,011 overpayment claims with a total value of **\$840,036**. 50% of claims collected can provide a 138% return on investment.

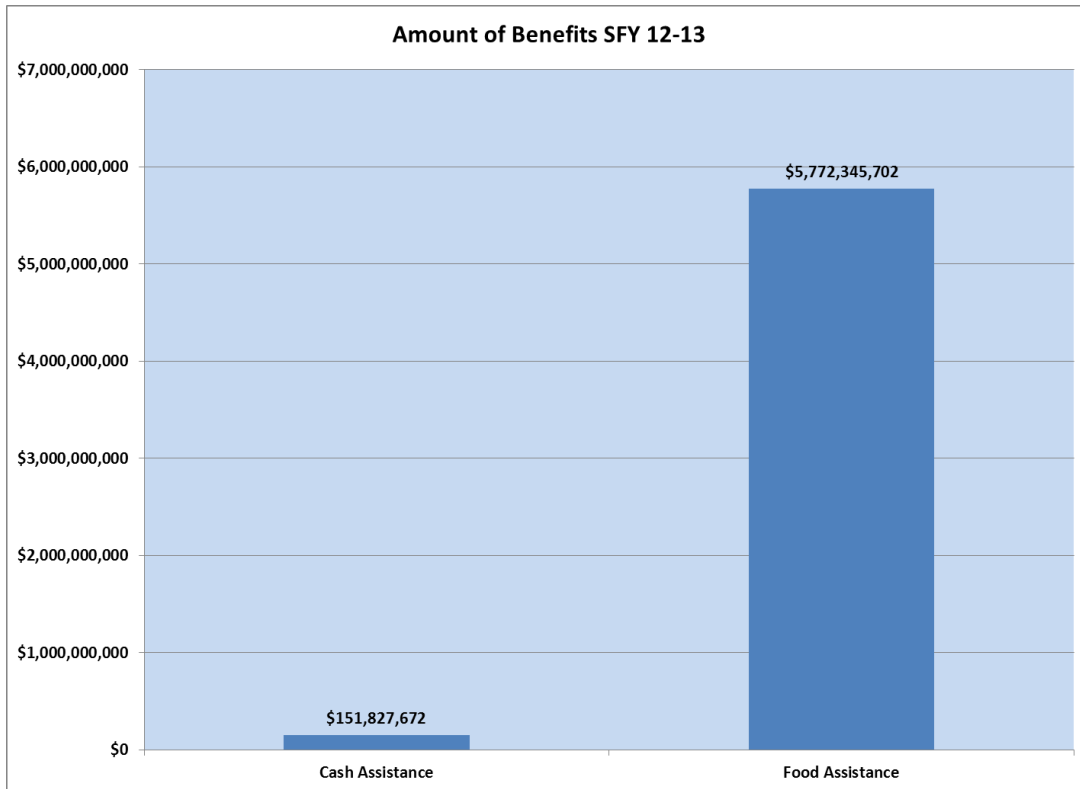
D. Justification of Revised or Proposed New Programs and/or Services

Initiatives described in section C and innovations indicated as accomplishments are aligned with the Governor's priorities, and fully support the Secretary's priorities. Since being directed by the Legislature in state fiscal year 2003 to achieve efficiencies in eligibility determination activity, the Department implemented ACCESS Florida as the retooled public assistance service delivery system. The program achieved a reduction of nearly 3,280 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 receiving SNAP grew by 239% in the 10 years from July 2003 to July 2013. ACCESS continues to operate with 3,075 fewer FTE. The 200+ expansion of the eligibility workforce over the past 10 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, the ACCESS Program experienced a 141,333 (3.3%) increase in the number of individuals receiving public assistance, resulting in 132,530 (3.8%) more SNAP recipients, and 81,292 (2.9%) more Medicaid recipients. The Temporary Cash Assistance program experienced a 1,268 (1.4%) decrease in individuals receiving financial assistance from the previous year.

The chart below reflects the amount of Cash and SNAP benefits issued to customers during FY 2012-2013.



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 2012-2013, 95.85% of all applications were completed timely, which is .85% above target.

Outcome: Percent of SNAP benefits determined accurately

Accuracy in the determination of eligibility for SNAP has been a primary goal of the Department for many years. The SNAP regulations address this topic and require a system for monitoring accuracy in determining eligibility for SNAP 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 2011-2012, Florida had the highest accuracy rate in the country of 99.23%. Florida was awarded a bonus payment of \$8,072,238 for this achievement.

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

The program is involved in studies conducted by Government Accountability Office, the USDA Food and Nutrition Study and the Urban Institute. These studies focus on Medicaid Long Term Care Eligibility, the Effectiveness of Community-Based Organizations in Supplemental Nutrition Assistance Programs and the evaluation of state benefit data and eligibility processes to validate Earned Income Tax Credit Payment accuracy and eligibility.

Refugee Services

Population Served: Eligible clients are refugees, asylees, Cuban and Haitian entrants, Amerasians, victims of human trafficking, special immigrants of Iraqi or Afghan nationality, and other aliens who have the appropriate documentation required by 45 CFR 400.43 and who qualify for program services.

A. Primary Responsibilities

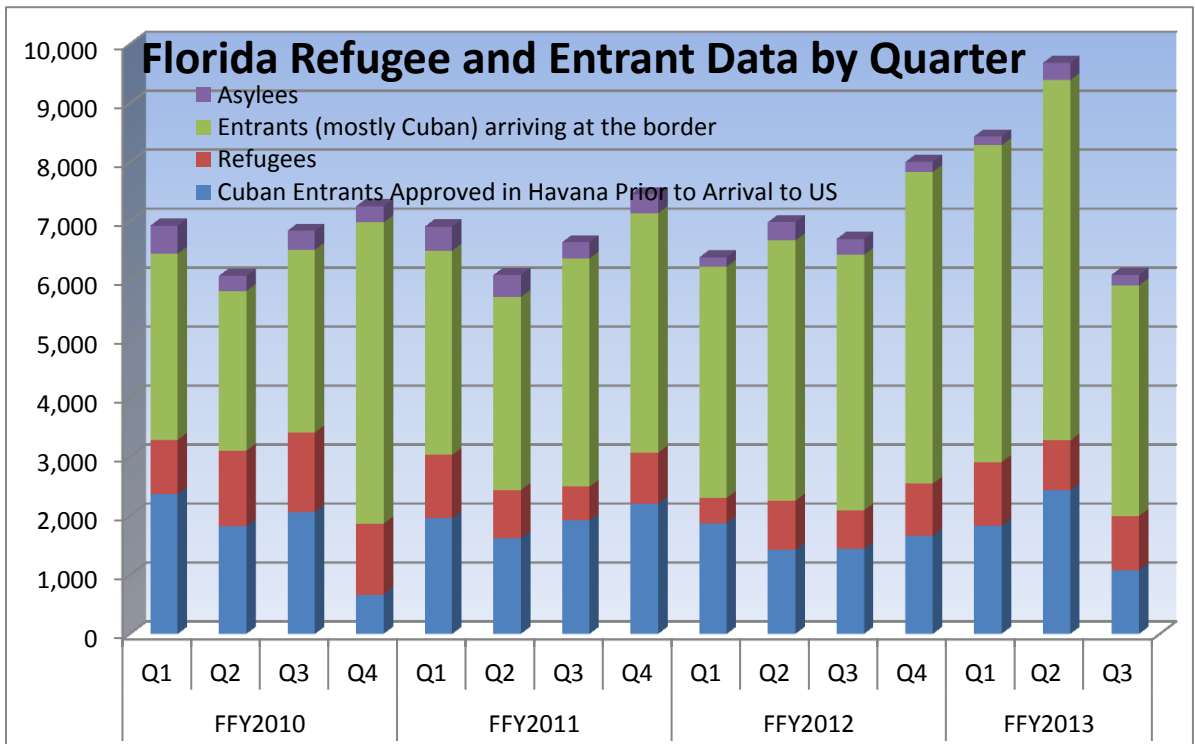
The fundamental responsibility of the program is to provide services refugees need to obtain economic self-sufficiency and successfully integrate into American society in the shortest time possible following their arrival to the United States.

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 grants. Services provided include: Employment; Adult Vocational and English Language Training; Child Care; Crime Prevention; Integration Assistance; Primary Health Care (Miami-Dade); Youth and Family Services; Epilepsy Case Management; and Unaccompanied Refugee Minors.

<i>Refugee Arrivals FFY2012</i>	
<i>Refugees.....</i>	<i>2,653</i>
<i>Advance Parolees.....</i>	<i>6,467</i>
<i>Cuban Haitian Entrant...</i>	<i>18,532</i>
<i>Asylees.....</i>	<i>1,038</i>
<i>SIV.....</i>	<i>59</i>
<i>Victims of Human Trafficking</i>	<i>13</i>

Types of Clients Served:

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



B. Selection of Priorities

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

C. Priorities over the Next Five Years

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

Several 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 73,293 in FFY2010 to only 58,179 in FFY 2012.

In addition to refugees, the program serves other populations, including Cuban and Haitian entrants. The number of individuals arriving from Cuba increased significantly from June 2012 through March, 2013. It is unclear whether arrival numbers are returning to normal patterns or will continue to fluctuate.

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

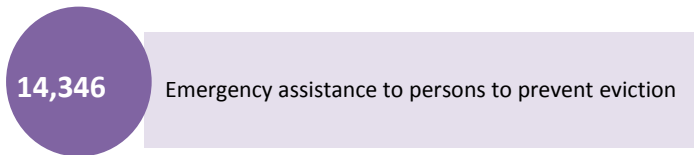
Refugee Services organizes a Refugee Task Force, consisting of community-based agencies, ethnic organizations, contracted providers, and federal, state and local government agencies, in each community with a significant refugee population. This Refugee Task Force is accessible to the public, and can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

Office on Homelessness

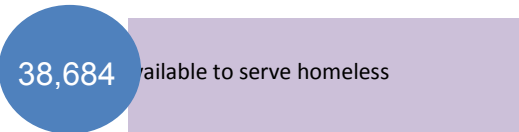
A. Primary Responsibilities

Homeless assistance is 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.

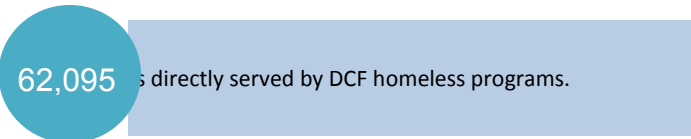
Created in 2001, the Office on Homelessness strengthens community partnerships with nonprofit service providers to help individuals who have become homeless. The office manages targeted state grants and federal resources to support the implementation of local homeless service plans. These local planning efforts are successfully receiving more than \$78 million in federal aid each year to house the homeless.



14,461 Emergency assistance to persons to prevent eviction



40,196 beds available to serve the homeless



65,464 persons directly served by DCF homeless programs

B. Selection of Priorities

In January 2013, there were 45,364 people identified 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, based on the 2012 count data.

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 more than 63,685 school-age children who were homeless in the 2011-2012 school year. These children are not counted in the 45,364 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

The Department awards federal grants to assist with operating costs for shelters and the provision of basic services of food, health and transportation to community providers of temporary housing and supportive services for those who have become homeless. Ensuring that the homeless are able to have a safe place to live is essential to enabling the person or family to regain 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 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 more than \$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 2014-2015 through 2018-2019

September 30, 2013

Performance Measures and Standards - LRPP Exhibit II

Rick Scott

Governor

Esther Jacobo

Interim 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 2013-14 (Words)	Approved Standard FY 2013-14 (Numbers)	Approved Prior Year Standard FY 2012-13 (Numbers)	Prior Year Actual FY 2012-13 (Numbers)	Requested FY 2014-15 Standard (Numbers)
Administrative cost as a percent of total agency costs ED (M0144)	0.33	0.33	0.31	0.31
Administrative cost as a percent of total agency costs Admin (M0147)	1.23	1.23	1.02	1.02
Administrative cost as a percent of total agency costs (M0363)	1.6	1.6	2.0	2

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 2013-14 (Words)	Approved Standard FY 2013-14 (Numbers)	Approved Prior Year Standard FY 2012-13 (Numbers)	Prior Year Actual FY 2012-13 (Numbers)	Requested FY 2014-15 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	2.30	2.30	1.22	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 2013-14 (Words)	Approved Standard FY 2013-14 (Numbers)	Approved Prior Year Standard FY 2012-13 (Numbers)	Prior Year Actual FY 2012-13 (Numbers)	Requested FY 2014-15 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	97	96.9	97
Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter. (M0126)	97	97	99	97
Number of investigations (M0127)	41,000	41,000	43,517	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	5,600	7,332	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	98	99.6	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	100	99.3	100
The rate of abuse/neglect per 1000 for elderly persons. (M0757)	1.5	1.5	0.07	1.5
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	1.5	1.5	0.07	1.5
Number of facilities and homes licensed (M0123)	6,868	6,868	6,640	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	63,019	57,769	63,019
Percent of licensed child care facilities inspected in accordance with program standards. (M04015)	95	95	99.8	95
Percent of licensed child care homes inspected in accordance with program standards (M05175)	95	95	99.8	95
Calls answered (M0070)	430,000	430,000	426,009	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	3	7.9	3
Number of calls to the hotline (M0300)	450,000	450,000	462,720	450,000
Per capita verified child abuse rate/1000 (M0736)	14	14	12.4	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	95	98.3	95
Number of children in families served (M0134)	122,937	122,937	NA	122,937
Number of families served in Healthy Families (M0294)	12,922	12,922	8,572	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	45	NA	45
Number of finalized adoptions (M0215)	3,514	3,514	3,354	3,514
Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)	94.6	94.6	93.49	94.6
Number of children in out-of-home care (M0297)	20,771	20,771	18,270	20,771
Number of children receiving in-home services (M0774)			12,067	
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	65	64.83	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	40	56.42	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	99.9	99.71	99.9
Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (M0671)	33.6	33.6	40.75	33.6
Number of investigations (M0295)	180,000	180,000	182,288	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	87	87.41	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	100	99.01	100
Percent of children removed within 12 months of a prior reunification. (M05178)	9.9	9.9	11.55	9.9
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	98	99.31	98
Percent of child investigations commenced within 24 hours. (M0368)	100	100	97	100
Administrative cost as a percent of total program costs (M0136)	3.05	3.05	1.69	3.05
Administrative cost as a percent of total agency costs (M0426)	1.21	1.21	0.7	1.21

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families		Department No.: 60		
Program: Mental Health Services		60910506		
Service/Budget Entity: Mental Health Services		60910506		
Approved Performance Measures for FY 2013-14 (Words)	Approved Standard FY 2013-14 (Numbers)	Approved Prior Year Standard FY 2012-13 (Numbers)	Prior Year Actual FY 2012-13 (Numbers)	Requested FY 2014-15 Standard (Numbers)
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	40	39.98	40
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	136,480	139,138	136,480
Number of adults in mental health crisis served (M0017)	30,404	30,404	25,632	30,404
Number of adults with forensic involvement served (M0018)	3,328	3,328	3,502	3,328
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	24	18.21	24
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	8	5.93	8
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	90	93.89	90
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	67	67	80.33	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	86	86	94.1	86
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	8	3.57	8
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	86	91.87	86
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	75	75	85	75
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	50	42	50
Number of children served who are incompetent to proceed (M0030)	340	340	404	340
Number of SED children to be served (M0031)	46,000	46,000	32,278	46,000
Number of ED children to be served (M0032)	27,000	27,000	21,811	27,000
Number of at-risk children to be served (M0033)	4,330	4,330	1,171	4,330
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	64	64.89	64
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	65	66.34	65
Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)	95	95	98.29	95
Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)	93	93	97.91	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	96	96	93.41	96
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	125	103	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	1606	1842	1606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2320	2320	2351	2320
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	67	79	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	40	60	40
Number of sexual predators assessed (M0283)	2879	2879	3187	2879
Number of sexual predators served (detention and treatment). (M0379)	480	480	718	480
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	3	0.6	3
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	85	98	85
Number of residents receiving Mental Health treatment (M06001)	169	169	387	169
Administrative cost as a percent of total program costs (M0135)	4.87	4.87	1.38	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 2013-14 (Words)	Approved Standard FY 2013-14 (Numbers)	Approved Prior Year Standard FY 2012-13 (Numbers)	Prior Year Actual FY 2012-13 (Numbers)	Requested FY 2014-15 Standard (Numbers)
Number of adults served (M0063)	115,000	115,000	107,911	115,000
Percentage change in clients who are employed from admission to discharge. (M0753)	10	10	14	10
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)	14.6	14.6	(7.9)	14.6
Percent of adults who successfully complete substance abuse treatment services. (M0755)	51	51	62	51
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	94	83	94
Number of children with substance-abuse problems served (M0052)	50,000	50,000	47,423	50,000
Number of at-risk children served in targeted prevention (M0055)	4,500	4,500	5,281	4,500
Number of at risk children served in prevention services. (M0382)	150,000	150,000	181,950	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	48	70	48
Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)	19.6	19.6	(13.7)	19.6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	93	93	95	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	295	295	253	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	110	121	110
Administrative cost as a percent of total program costs (M0137)	5.0	6.0	4.30	6.0

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 2013-14 (Words)	Approved Standard FY 2013-14 (Numbers)	Approved Prior Year Standard FY 2012-13 (Numbers)	Prior Year Actual FY 2012-13 (Numbers)	Requested FY 2014-15 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	296,826	477,504	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	70,394	49,263	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	95	94	95
Percentage of food assistance applications processed within 30 days (M0219)	95	95	95	95
Percent of food stamp benefits determined accurately (M0107)	94	94	99	94
Total number of applications processed (M0106)	5,000,000	5,000,000	12,520,140	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	96	96	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	21.9	21.9	43.87	21.9
Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate). (M0678)	34.2	34.2	46.7	34.2
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	98	99.71	98
Number of beds per day available for homeless clients (M0304)	1,500	1,500	2,092	1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	80	83.86	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	13,500,000	19,115,652	13,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	76.5	91.05	76.5
Number of fraud prevention investigations completed (M0112)	22,000	22,000	39,033	22,000
Number of refugee cases closed (M0104)	7,600	7,600	35,079	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	99.2	99.6	99.2
Number of refugee cases (M0362)	37,350	37,350	77,135	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	40	41	40
Administrative cost as a percent of total program costs (M0138)	7.93	7.93	7.57	7.93

Department of Children and Families

Long Range Program Plan

Fiscal Years 2014-2015 through 2018-2019

September 30, 2013

Assessment of Performance for Approved Performance
Measures - LRPP Exhibit III

Rick Scott
Governor

Esther Jacobo
Interim 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	99.3%	.7 under	.7%

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. A large portion of investigations worked by APS are for Self Neglect. When subjects have capacity, it is often impossible to change the behavior that leads to subsequent Verified reports

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%	96.9%	.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: Staff turnover in some areas had a sustained downward effect on statewide performance. Existing staff had trouble managing caseload when short staffed. This issue continued over the course of several months in two of the areas.

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: Program Office is submitting LBR in order to maintain OPS staffing pools in each Region so as to mitigate long periods of short-staffing.

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	7.9	+4.9	163.333%

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	426,009	-3991	-0.9%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

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

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: 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	6640	(228)	-3.32%

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: Child Care

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: - Number of instructor hours provided to CC staff(M0384)

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
63,019	57,769	(5250)	-8.33%

Factors accounting for the Difference: The influence of the performance of this measure is beyond the control of the Department. The measure is based on the number of child care personnel who need/ are required to complete the mandated training as a condition of employment. Outside factors influence the outcome of the performance measure; for example, the economic down turn has caused some programs to close and child care personnel are not leaving the field; therefore, new staff are not being hired and the need/request to deliver the training has declined. Also, the program transitioned to a new training application in November to increase security and track training information. The system transition period took over three weeks to complete which resulted in child care personnel not having access to the training during that period. The inaccessibility may have also resulted in the decline in performance.

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: 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):

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

Explanation: The Department does not have control of the number of new child care personnel 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 and training.

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

Training

Technology

Personnel

Other (Identify)

Recommendations: The Child Care Program's transition to the new training application is complete. With recent indications the economy is turning around more child care staff transitioning in and out of the field will result in an increased demand in delivery of the mandated training.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Child Protection and Permanency
 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	93.49	(1.11)	-1.2%

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 measure 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 investigations opened at the end of the period to complete and 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 the Office of Child Welfare 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	99.71	(.19)	<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 FSN has been requested and the Office of Child Welfare 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%	99.01	(-99%)	<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: 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 who were reunified within 12 months of the latest removal (M0389)

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
65%	64.83%	(.17%)	<1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

The difference is less than one percent and is statistically insignificant

External Factors (check all that apply):

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

Explanation: .

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

None

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3514	3354	(160) Under	-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:

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 standard 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	8,572	(4350) 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 standard 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 6210. The measures for the future should be adjusted. SF 2013-14 funding included additional non-recurring monies. However, it is unknown if this will remain constant.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

Adjust approved standard to correspond with funding for FY 2012-13 of 5660 the # of duplicate and non-duplicate primary participants (families) based on the trend in non-recurring funding amounts.

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%	97%	3% Under	(3%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Turnover has contributed to increased caseloads along with seasonal fluctuations in the number of reported cases.

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: Staffing is being addressed through the utilization of OPS. Once OPS staff are hired and trained, they become a ready workforce to move into a vacancy.

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%	11.55%	1.65%	-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: The Department is encountering more difficult children and families as fewer children are being removed.

External Factors (check all that apply):

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

Explanation: .

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

- Training Technology
 Personnel Other (Identify)

Recommendations: The Department is currently implementing the safety methodology initiative for 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(Under)	-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(Under)	-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(Under)	-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(Under)	-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(Under)	-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: 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 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
4330	1171	-3159	-72.95%

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 | |

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) |

Explanation: In years prior, the Department reported persons served by the following payor classes:

1. Medicare;
2. Medicare Health Maintenance Organization (HMO);
3. Medicaid;
4. Medicaid HMO;
5. Private-Pay Health Insurance;
6. Private-Pay HMO;
7. Private Preferred Provider Organization (PPO);
8. Department of Children and Families (DCF);
9. Other Government Programs;
10. Self Pay Patients; and
11. Charity Care

As such, the estimate for persons served in prior years may be incorrect as it likely included data from other payor classes that are not affiliated with Department funding. This may have resulted in the inclusion of persons not funded by the Department in the performance outcome.

The Department proposes deleting this measure as a General Appropriations Act performance outcome. The Department believes it is beneficial from a policy standpoint to present the overall outcome of treatment. Identifying numbers served does not have a cause-and-effect relationship with successful treatment outcomes. Numbers served in treatment would continue to be tracked by the Department and our Managing Entity partners and quality improvement activities would be focused on advancing the quality of clinical care and treatment outcomes.

Recommendations: Delete measure and continue to collect information regarding a child's long term prognosis through the Children's Functional Assessment Rating Scale (CFARS) to help monitor and respond to trends.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Mental Health Services
 Service/Budget Entity: 60910506 Mental Health Services
Measure: M0031 - Number of SED children to be served.

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
46000	32278	-13722	-29.83%

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 | |

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) |

Explanation: In years prior, the Department reported persons served by the following payor classes:

1. Medicare;
2. Medicare Health Maintenance Organization (HMO);
3. Medicaid;
4. Medicaid HMO;
5. Private-Pay Health Insurance;
6. Private-Pay HMO;
7. Private Preferred Provider Organization (PPO);
8. Department of Children and Families (DCF);
9. Other Government Programs;
10. Self Pay Patients; and
11. Charity Care

As such, the estimate for persons served in prior years may be incorrect as it likely included data from other payor classes that are not affiliated with Department funding. This may have resulted in the inclusion of persons not funded by the Department in the performance outcome.

The Department proposes deleting this measure as a General Appropriations Act performance outcome. The Department believes it is beneficial from a policy standpoint to present the overall outcome of treatment. Identifying numbers served does not have a cause-and-effect relationship with successful treatment outcomes. Numbers served in treatment would continue to be tracked by the Department and our Managing Entity partners and quality improvement activities would be focused on advancing the quality of clinical care and treatment outcomes.

Recommendations: Delete measure and continue to collect information regarding a child's long term prognosis through the Children's Functional Assessment Rating Scale (CFARS) to help monitor and respond to trends.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506

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

Action: Performance Assessment of Outcome Measure
 Revision of Measure Performance Assessment of Output Measure Deletion of Measure
 Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
34474	25632	8842 (Under)	-34%

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: In years prior, the Department reported persons served by the following payor classes:

1. Medicare;
2. Medicare Health Maintenance Organization (HMO);
3. Medicaid;
4. Medicaid HMO;
5. Private-Pay Health Insurance;
6. Private-Pay HMO;
7. Private Preferred Provider Organization (PPO);
8. Department of Children and Families (DCF);
9. Other Government Programs;
10. Self Pay Patients; and
11. Charity Care

As such, the estimate for persons served in prior years may be incorrect as it likely included data from other payor classes that are not affiliated with Department funding. This may have resulted in the inclusion of persons not funded by the Department in the performance outcome.

The Department proposes deleting this measure as a General Appropriations Act performance outcome. The Department believes it is beneficial from a policy standpoint to present the overall outcome of treatment. Identifying numbers served does not have a cause-and-effect relationship with successful treatment outcomes. Numbers served in treatment would continue to be tracked by the Department and our Managing Entity partners and quality improvement activities would be focused on advancing the quality of clinical care and treatment outcomes.

Recommendations: Delete measure and continue to collect information regarding a child's long term prognosis through the Children's Functional Assessment Rating Scale (CFARS) to help monitor and respond to trends.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506

Measure: M0020 – Percent of children with mental retardation or autism 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
61%	42%	19% (Under)	-19%

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:

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: 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):

- Training
- Personnel
- Technology
- 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	49,263	(21,131)	-30%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: We averaged just over 5,000 TANF applications per month with adults subject to a work requirement during SFY 12/13. This results in about 60,000 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.

Department of Children and Families

Long Range Program Plan

Fiscal Years 2014-2015 through 2018-2019

September 30, 2013

Performance Measure Validity and Reliability - LRPP
Exhibit IV

Rick Scott

Governor

Esther Jacobo

Interim 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>Number of people receiving protective supervision, and protective intervention services. (M0414)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Protective services include protective supervision and protective intervention (supportive services and placement services) cases.</p> <p>Protective supervision applies to services arranged or provided by the department to protect vulnerable adults from further occurrences of abuse, neglect, or exploitation.</p> <p>Supportive services are services that encourage and assist eligible vulnerable adults to remain in the least restrictive environment.</p> <p>Placement services assist in the physical relocation of a vulnerable adult, who can no longer live independently in his/her own home, into the most appropriate and cost-effective living arrangement in the least restrictive setting. Total number of persons in the protective supervision and protective intervention programs. Data Source: Human Services Counselors and Supervisors</p>
Validity:	This number is a direct count through the Adult Services Information System of persons receiving protective supervision and protective intervention services.
Reliability:	The data was verified as reliable during a special audit.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60900310</u>
Measure:	<u>Number of children in families served (M0134)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	. This measure is a count of the number of children in families receiving prevention services and other services funded by CBFRS, CAPTA and PSSF. It includes both children in families receiving direct services (including parent education, counseling, support groups, and home visiting) and the number receiving non-direct services. Data Source: Prevention providers' contract staff
Validity:	This is a workload measure that counts the number of children in families receiving prevention services and other services funded by CBFRS, CAPTA and PSSF.
Reliability:	The reliability of this measure is dependent on provider's compliance with data reporting requirements. Providers are required by contract to report performance data including number of clients served. The department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60900310</u>
Measure:	<u>Number of families served in Healthy Families (M0294)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Healthy Families Florida (HFF) is a child abuse prevention program modeled on the Healthy Families America model and provided through the Ounce of Prevention Fund. HFF provides home visitation services in high-risk neighborhoods. This is a count of the number of families served. Quarterly Report-Unduplicated of families served in the report quarter. Year-to-Date Report-Unduplicated count of families served fiscal year to date. Data Source: Healthy Families Florida program staff
Validity:	This count of the number of families served is an important measure of the size of the program.
Reliability:	Required in the contract with the Ounce of Prevention Fund

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60900310</u>
Measure:	<u>Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion. (M0393)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Healthy Families Florida (HFF) is a child abuse prevention program modeled on the Healthy Families America model and provided through the Ounce of Prevention Fund. HFF provides home visitation services in high-risk neighborhoods. The numerator is the number of children in families completing the HFF program who are not subjects of verified or indicated maltreatment within 12 months of program completion. The denominator is all children in families completing the HFF program during the reporting period. Data Source: Healthy Families Florida staff and Protective Investigators
Validity:	This is a measure of the HFF program's success in preventing or reducing child abuse and neglect. A threat to validity is the effect of other unmeasured factors in preventing or reducing child abuse and neglect, such as family influences, non-DCF services, or the absence of the abuser.
Reliability:	The HFF database has periodic data quality review by trained staff. A recent third party evaluation found this system to be satisfactory. Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</u>
Measure:	<u>Percent of licensed child care homes inspected in accordance with program standards (M05175)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child Care homes are also known as Family Day Care Homes. Family day care homes are occupied residences, whether or not operated for profit, in which care is regularly provided for children from at least two unrelated families and for which a payment, fee or grant is received for any of the children receiving care. Program standards for homes are in 65C-20, F.A.C. This measure is a percentage. The numerator is the total number of inspections completed. The denominator is the total number of inspections required during the same time period. Data Source: District licensing staff
Validity:	This measure reflects how well the department meets it required inspection standards.
Reliability:	Licensing staff are trained to conduct inspections; unit supervisors continue with on-the-job training. Quality assurance staff provide reinforcement training and technical assistance as needed.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</u>
Measure:	<u>Number of facilities and homes licensed (M0123)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Licensed child care facility includes any child care center or child care arrangement, whether or not operated for profit, which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated. Family day care homes are occupied residences, whether or not operated for profit, in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care. The legal authority for imposing penalties is s. 402.310, F.S. Guidelines for Class I violations are in Children and Families Operating Procedure 175-2. The total count of licensed facilities and homes at any given time. Data Source: Child Care Information System
Validity:	This workload measure represents the effort expended to licensed facilities and homes.
Reliability:	District Child Care Licensing staff are trained to compile and enter data into the Child Care Information System.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</u>
Measure:	<u>Number of instructor hours provided to child care provider staff. (M0384)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The total number of hours of instruction provided by trainers to child care personnel whether working in the industry or not. The total number of hours of instruction provided. Data Source: Child Care Training Report
Validity:	The training is provided by contractors for whom performance measures are included in the contract. Contract monitoring as well as system information monitoring by staff is done on a routine basis.
Reliability:	Fifteen contract providers coordinate training statewide and report categorically the total number of instructor hours provided on the Quarterly Child Care Training Report.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</u>
Measure:	<u>Percent of licensed child care facilities inspected in accordance with program standards. (M04015)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Licensed child care facility includes any child care center or child care arrangement, whether or not operated for profit, which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated. Program standards for facilities are in Ch. 65C-22, F.A.C. This measure is a percentage. The numerator is the total number of inspections completed. The denominator is the total number of inspections required during the same time period. Data Source: District licensing staff
Validity:	This measure reflects how well the department meets its required inspection schedule.
Reliability:	Licensing staff are trained to conduct inspections; unit supervisors continue with on-the-job training. Quality assurance staff provide reinforcement training and technical assistance as needed.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

Action: Backup for performance measure

Data Sources and Methodology:

A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. "Out-of-home care" means care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. A "removal episode" is the period that a child is removed from the child's home, beginning with a removal date and ending with a discharge date. "Removal date" means the date a child is removed from the home. "Discharge date" means the date a child leaves out-of-home care, either by achieving permanency or other reason. "Reunified" means the discharge of a child from out-of-home care with a discharge reason of either: (1) reunification with parent(s) or other primary caretaker(s), (2) living with other relatives or (3) Guardianship. "Re-enter" means a subsequent removal episode following reunification. This measure is a percent. The denominator includes all children who were reunified during the same report period 12 months prior to the current report period (e.g. for report period 1/1/07 – 3/31/07 the cohort is children reunified 1/1/06 – 3/31/06) where the child's primary worker was an agent of the provider. The numerator is the subset of children in the denominator who had a subsequent removal less than twelve months from the reunification date.

If a child has multiple re-entries during any report period, only the first re-entry will be used for calculating performance on this measure. Data Source: Florida Safe Families Network (FSFN). Results from an ad hoc report from FSFN produced by Family Safety Data Reporting Unit are posted quarterly to the Performance Dashboard. Client level list data for local staff use is available to authorized users via Imaging Lite System on DCF Web Portal.

Validity: This is a measure of our success in maintaining children placed back with their parents.

Reliability: Reliability is dependent on the completeness, accuracy and timeliness of removal data, including removal and discharge dates.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>The percentage of children in out-of-home care at least 8 days but less than 12 months who had two or fewer placement settings. (M05180)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “Out-of-home care” means care provided during a removal episode. A “removal episode” is the period that a child is removed from the child’s home, beginning with a removal date and ending with a discharge date. “Removal date” means the date a child is removed from the home. “Discharge date” means the date a child leaves out-of-home care, either by achieving permanency or other reason. “Placement setting” means a specific placement (e.g., individual shelter, foster home or group care facilities) during a removal episode. This measure is a percentage. The denominator includes all children in out-of-home care where the child’s primary worker was an agent of the provider, and who were in care: (1) at least one day during the reporting period (quarter, state fiscal year), and (2) at least eight days but less than 12 months in the most recent removal episode, as of the last day of the report period or the discharge date, if the child was discharged during the report period. If the child had primary workers from more than one lead agency during the reporting period, the most recent primary worker is used to determine the provider. The numerator is the subset of the denominator with no more than two placement settings.</p> <p>The following placements will not be counted when calculating performance on this measure: 1) Initial placement in a placement service category of Correctional Placement; 2) Any placement in the placement service categories of Routine Emergency/Mental, Routine Emergency Services, Routine Emergency/Medical, Visitation, Missing Child or Respite; 3) The initial placement after any of the placements in (2), if the child is returning to the placement that directly preceded the placement (e.g. going from Foster Home A to Missing Child and then back to Foster Home A would count as one total placement, Child going from Foster Home A to Missing Child to Foster Home B would count as 2 total placements); 4) Child has a change in placement service category, but has not changed physical location. Notes:1) All placements, regardless of the reason or length of time, must be documented in Florida Safe Families Network; 2) Once a child is in a removal episode for 8 or more consecutive days, placements are counted back to the removal date. Data Source: DCF, sheriffs office and CBC staff.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Validity:

This is a measure of our success in maintaining children in stable placements while they are in a removal episode. There are two problems with this approach. It counts all children in care less than one year, so their episodes are of varying duration (one day to one year), which can be misleading. It is also problematic as a contract measure, as children have typically had one or more shelter placements before the CBC assumes responsibility for the child. It is possible that the Cubic's first placement after shelter will be the child's third.

Reliability:

Reliability is dependent on the completeness, accuracy and timeliness of FSFN removal data, including removal and discharge dates, and placement. Completeness and accuracy are believed to be good, but timeliness is sometimes problematic.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (M0671)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. "Achieved permanency," means that the child was placed in a permanent living arrangement, defined as reunification with parents or primary caretakers, living with other relatives, guardianship, or adoption. "Out-of-home care" means care provided during a removal episode. A "removal episode" is the period that a child is removed from the child's home, beginning with a removal date and ending with a discharge date. "Removal date" means the date a child is removed from the home. "Discharge date" means the date a child leaves out-of-home care, either by achieving permanency or other reason. This measure is a percent. The denominator includes all children with an active removal episode on July 1 of the current state fiscal year with a duration of 24 months or longer, where the child's primary worker was an agent of the provider. The numerator is the subset of children in the denominator (1) whose discharge date is not later than June 30 of the same state fiscal year, (2) whose discharge date is not later than the child's 18th birthday and (3) whose discharge reason is reunification with parents or primary caretakers, living with other relatives, guardianship, or adoption. This measure tracks performance of children established on July 1. Due to this, performance will increase with each quarter, as more children in the cohort achieve the desired goal. Data Source: DCF and Sheriff's Office Protective Investigators and CBC Case Managers enter removal data (including removal date, discharge date and discharge reason) directly into the FSFN database.</p>
Validity:	This measure reflects how well the department finds long term foster children permanent homes before they become adults.
Reliability:	Reliability is dependent on the completeness, accuracy and timeliness of FSFN removal data, including removal and discharge dates, and placement. Completeness and accuracy are believed to be good, but timeliness is sometimes problematic.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0738)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child Welfare Supervision includes all adults who must comply with requirements set by Family Safety and the courts due to child abuse and dependency determinations. N: Number of adults identified as needing substance abuse treatment in protective services records who receive treatment. D: Number of adults identified as needing substance abuse treatment in protective services records. Data Source: SACWIS/ADM Data Warehouse
Validity:	National studies indicate 50-60 percent of families with child abuse and neglect have substance abuse as a contributing factor. Measure determines extent to which the parents follow through on treatment to reduce substance abuse problems.
Reliability:	Data are derived from uniform survey/record review format and is maintained independent of the substance abuse and protective services programs.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of children receiving in-home services. (M0774)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	
Validity:	
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 investigations reviewed by supervisors with 72 hours of report submission (M0079)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Reports of child abuse and neglect are investigated by child protective investigators. Protective investigators complete an initial safety assessment within 48 hours of the receipt of the report. The initial safety assessment includes a review of key safety factors by the child protective investigator to determine if there are immediate threats to the child's safety that require attention. This initial safety assessment must be reviewed by the supervisor within 72 hours of the submission by the protective investigator. The measure is a percent. The daily measure is based on the point-in-time open investigations each day. The numerator is the subset of the open investigations for which an initial safety assessment was reviewed by the supervisor within 72 hours of submission. The denominator is the total number of initial safety assessments that have been submitted for more than 72 hours plus the initial safety assessments that have been submitted less than 72 hours that have been reviewed. Year-to-date is the percent of all submitted initial safety assessments during the report period that were reviewed within 72 hours of submission. The numerator is the number of initial safety assessments submitted during the report period that were reviewed by the supervisor within 72 hours of submission. The denominator is the total number of initial safety assessments submitted during the report period. Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinellas and Seminole; department staff in remaining 62 counties)
Validity:	This is a measure of the timeliness designed to identify high risk investigations for further review and oversight. However, the department no longer has an early warning system.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Protective Investigators document findings of “verified,” “some indicators,” or “no indicators” in FSFN. Only children with “verified” are counted in this measure. This measure is a percent. The numerator is the subset of the number of children in the denominator who were not subjects of subsequent reports with findings of "verified" of maltreatment of abuse or neglect received during the 6 (formerly 12) month period following the receipt of the initial abuse report in the reporting period. The denominator is the number of children who were subjects of reports with findings of "verified" of maltreatment received during the reporting period. Data Source: Protective Investigations staff in Sheriffs' Offices in Broward, Citrus, Manatee, Seminole, Pinellas, and Pasco ; DCF staff in the remaining counties.
Validity:	This is an outcome measure of Florida's success in protecting abused and neglected children from recurrence of abuse and neglect.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>“Maltreatment” is a conclusion in a child protective investigation that resulted in a “verified” finding of abuse or neglect. “Out-of-home care” means care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. A “removal episode” is the period that a child is removed from the child’s home, beginning with a removal date and ending with a discharge date. A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. This measure is a percent. The denominator is the total number of children in out-of-home care at any time during the report period, regardless of the duration of the episode. The numerator is the subset of children in the denominator who had no abuse reports with maltreatment findings of “verified” with an incident date that is both during the quarter and during the removal episode. 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:	A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “Finalized adoption” means the legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law, and entitled to all the rights and privileges and subject to all the obligations of a child born to the adoptive parents in lawful wedlock. This measure is a count of the number of children in FSFN with a discharge reason of adoption and a discharge date within the reporting period, where either (1) the child’s courtesy worker on the discharge date (if there was a courtesy worker on the discharge date) was an agent of the provider; otherwise (2) where the child’s primary worker on the discharge date was an agent of the provider. Data Source: Florida Safe Families Network (FSFN). Results from FSFN report titled “Adoptions Finalized by Month and Cumulate for SFY” are posted monthly to the Performance Dashboard.
Validity:	This is an output measure of the number of children achieving permanency through adoption.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of investigations (M0295)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child protective investigations are conducted by the Department in most counties, sheriff's offices in others in response to citizens reporting known or suspected child abuse or neglect to the Florida Abuse Hotline. Count all Initial Reports and Additional Investigation Reports accepted by the Florida Abuse Hotline and entered into FSN 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 FSN 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 FSN. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of children in out-of-home care (M0297)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	"Out-of-home care" includes both children in board-paid foster care and those receiving protective supervision in the home of a relative or approved non-relative after a removal. Children under protective supervision in the home of a relative or approved non-relative after removal are considered "out-of-home," as they are entitled to the same safeguards as board-paid foster children. This measure is a count of the children in out-of-home care. Data Source: Direct services staff with DCF and contract providers.
Validity:	This measures workload for direct services staff. As a count, it is the denominator for several percentage measures: M0083, M0255, M0388, M0597. It should be considered jointly with percentage measures in order to understand whether the number represents small or large percentages of children who are in the total caseload of children under department care.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in FSFN is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of child investigations commenced within 24 hours. (M0368)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	An child investigation is one which has been received from the Abuse Hotline and assigned to an Child Protective Investigator. Commencement of an investigation means an on-site attempt to contact the subjects of an abuse report. This measure is a percent. The numerator is the number of child protective investigations (Initial and Additional Reports) received during the reporting period where the commencement date and time is within 24 hours of the received date and time. The denominator is the total number of child protective investigations (Initial and Additional Reports) received during the same reporting period as the numerator. Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Citrus, Manatee, Pasco, Pinellas and Seminole counties; DCF protective investigators in the remaining 61 counties)
Validity:	This is a timeliness measure that tracks staff compliance with the Ch. 39, F.S. requirement that all protective investigations be commenced immediately or within 24 hours. The law is intended to ensure children's safety. A percentage does not tell us whether the percentages are based on very small or large numbers of clients.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “Reunified” means the discharge of a child from out-of-home care with a discharge reason of either: (1) reunification with parent(s) or other primary caretaker(s), (2) living with other relatives or (3) Guardianship. This measure is a percent. The denominator includes all children reunified during the reporting period who had been in care eight days or longer, where the child’s primary worker was an agent of the provider, using data for the most recent discharge date during the period. The numerator is the subset of children in the denominator whose discharge date is less than twelve months from removal date of the same removal episode.</p> <p>If a child has multiple reunifications after removals of eight days or longer during any report period, only the last reunification will be used for calculating performance on this measure. Data Source: Florida Safe Families Network (FSFN). Results from an ad hoc report from FSFN produced by Family Safety Data Reporting Unit are posted quarterly to the Performance Dashboard. Client level list data for local staff use is available to authorized users via Imaging Lite System on DCF Web Portal.</p>
Validity:	This measure is a valid indicator of how fast the department can get children back to their family.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in FSFN is the responsibility of district and provider direct services and supervisory staff.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent adoptions finalized within 24 months of the latest removal. (M0391)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Adoption creates a legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law and entitled to all the rights and privileges and subject to all the obligations of a child born to such adoptive parents in lawful wedlock. Removal refers to taking a child into custody pursuant to s. 39.401, F.S. Finalized refers to children whose FSFN removal discharge reason is "adoption finalization." This measure is a percent. The denominator includes all children whose most recent episode ended during the reporting period with discharge reason of adoption, where the child's Courtesy worker was an agent of the provider. If no Courtesy worker assigned at discharge, then assignment will be to the agency of the Primary Worker. The numerator is the subset of children in the denominator whose discharge date is less than 24 months from removal date of the same removal episode. Data Source: Florida Safe Families Network (FSFN). Results from an ad hoc report from FSFN produced by Family Safety Data Reporting Unit are posted quarterly to the Performance Dashboard. Client level list data for local staff use is available to authorized users via Imaging Lite System on DCF Web Portal.
Validity:	This measure is a valid indicator of how fast the department can get children that can not go back to their family into a permanent home.
Reliability:	Reliability of this measure is dependent on department and provider staff compliance with data reporting requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of child investigations from an entry cohort completed within 60 days. (M0394)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Calls to the Florida Abuse Hotline to report child abuse or neglect trigger an investigation. A timely investigation commences within 24 hours of a call. The investigation duration is from the date of the call to the hotline to the date of final supervisor approval recorded in HSn Child Safety Assessment. This measure is a percent. The numerator is the number of child protective investigations from the demominator completed within 60 days from the date of the Hotline call. The denominator is the total number of child protective investigations opened during the reporting period and having been open 60 days. Data Source: Hotline staff and Protective Investigations staff in Sheriffs' Offices in Broward, Citrus, Manatee, Seminole, Pinellas, and Pasco; DCF staff in the remaining 61counties.
Validity:	This is a timeliness measure which tracks staff compliance with the Ch. 39, F.S. requirement that all protective investigations be completed within 60 days. That policy is intended to ensure the safety of children and to give families timely resolution of an investigation into the care their children are receiving. In order to know the magnitude of open investigations, it should be accompanied by a measure of the number of open investigations during the same time period.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60900310</u>
Measure:	<u>Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Citizens call the Florida Abuse Hotline to report abuse or neglect. Each caller hears a 180 second message about the hotline and the information required to make a report. If the caller hangs up after the 180 second message, but before the call is answered, the call is considered "abandoned." If the call is answered at any time, or the caller hangs up during the 180 second message, the call is not considered "abandoned." This measure is a percent. The numerator is a count of all calls of 180 seconds or more made to the Florida Abuse Hotline that are abandoned by the caller before they are answered by Hotline staff. The denominator is a count of all calls made to the Florida Abuse Hotline. The source of data is the Hotline's Automated Call Distribution System. Data Source: ACD System
Validity:	This is an outcome measure of the hotline's performance in timely response to calls made to the hotline.
Reliability:	The Automated Call Distribution (ACD) system is a sophisticated telephone system that handles and monitors processing of all calls. Data on number of calls received, answered and abandoned, the duration of calls and response time come directly from the telephone system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60900310</u>
Measure:	<u>Calls answered (M0070)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Citizens call the Florida Abuse Hotline to report abuse. Calls answered by a hotline counselor are considered answered. This measure is a number. It is a count of all calls made to the Florida Abuse Hotline that are answered by Hotline staff. It includes all calls on: (1) the lines to report abuse (voice and TDD), (2) fax lines and (3) the helpline for DCF staff. It does not include calls in which the caller hangs up before the call is answered. The source of data is the Hotline's Automated Call Distribution System. Data Source: ACD System
Validity:	This output is a process measure that indicates the workload of the Hotline.
Reliability:	The Automated Call Distribution (ACD) system is a sophisticated telephone system that handles and monitors processing of all calls. Data on number of calls received, answered and abandoned, the duration of calls and response time come directly from the telephone system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Family Safety 60900310</u>
Measure:	<u>Administrative cost as a percent of total agency costs (M0426)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. Administrative cost is divided by total agency costs (*100). Data Source: The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Family Safety 60900310</u>
Measure:	<u>Administrative cost as a percent of total program costs (M0136)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. Data Source: The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Average annual days worked for pay for adults with severe and persistent mental illness (M0003)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for adults with forensic involvement, and2. They have an International Classification Diagnosis, 9th edition (ICD-9) diagnosis of 295-299, or3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. <p>A day of work is defined as any time period within a calendar day that results in taxable income, whether or not such income is actually reported to the tax authorities.</p> <p>Adults who are in a state mental health treatment facility as of July 1 are excluded from the measure. Measure is an average of days worked for pay. The average is derived by:</p> <ol style="list-style-type: none">1) Selecting quarterly and discharge evaluations for each person served during the specified time period.2) Work days are totaled for each client and then divided by the total number of evaluations for that client to derive an average number of work days per client.3) The averages are then added together and divided by the number of clients who were evaluated during the specified time period.4) The average derived is then multiplied by 12.1667 to get the annual average days worked. <p>People over the age of 62 are excluded from the algorithm. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	Increased employment is an indication of a person's ability to live independently. The measure does not take into account adults who are in

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

school, participating in volunteer work, or in vocational training, although these activities may contribute toward successful living in the community.

Reliability:

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Percent of adults with serious mental illness who are competitively employed. (M0703)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Competitively employed is defined as a person whose employment status is full or part time any time during the fiscal year as reported in the Substance Abuse and Mental Health Information System (SAMHIS).</p> <p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria: 1. They do not meet the criteria for adults with forensic involvement, and 2. They have an ICD 9 diagnosis of 295-299, or 3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or 5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently.</p> <p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria: • They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed.</p> <p>Adults with mental health problems (MHP) are adults who have emotional issues that are impacting their day to day functioning, but these issues are transient and are not expected to develop into a chronic mental illness.</p> <p>Adults with serious and acute mental illness (SAMI) are adults with who met the criteria to be admitted into a Baker Act receiving facility. Served means an individual received at least one service event during the time period. The numerator is an unduplicated number of adults with SMI who are competitively employed full or part-time during the time period. The denominator is an unduplicated number of all the adults with SMI served regardless of their employment status (e.g.,. employed full or part-time, unemployed, not in the labor force such as those who are retired, sheltered employment, sheltered workshops, and other). Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

procedures for data submission are provided to all contractors.

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if an adult lives in stable housing environment.</p> <p>Adults with severe and persistent mental illness (SPMI) includes individuals age 18 and over who meet the following criteria: 1. They do not meet the criteria for adults with forensic involvement, and 2. They have an ICD 9 diagnosis of 295-299, or 3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or 5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. The numerator is the number of adults with SPMI served who live in stable housing environment during the time period. The denominator is all adults with SPMI served and living in any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Percent of adults in forensic involvement who live in stable housing environment. (M0743)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria: (a) have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed, and (b) have a mental health problem. The numerator will be the number of Adults with forensic involvement served who live in stable housing environment during the time period.. The denominator will be all Adults with forensic involvement served and living in any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Percent of adults in mental health crisis who live in stable housing environment. (M0744)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a person lives in stable housing environment.</p> <p>Adults in mental health crisis include two subgroups: (1) adults with mental health problems (MHP) are adults who have emotional issues that are impacting their day to day functioning, but these issues are transient and are not expected to develop into a chronic mental illness; and (2) Adults with serious and acute mental illness (SAMI) are adults who met the criteria to be admitted into a Baker Act receiving facility. Served means an individual received at least one service event during the time period. The numerator will be the number of adults in mental health crisis served who live in stable housing environment during the time period.. The denominator will be all adults in mental health crisis served and living in any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Number of adults with a serious and persistent mental illness in the community served (M0016)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for adults with forensic involvement, and2. They have an ICD 9 diagnosis of 295-299, or3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. <p>Served means an individual received at least one mental health service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of severe and persistent mental illness. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) Data System</p>
Validity:	This is a direct measure of the number of adults who receive treatment in the state mental health system.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Number of adults with forensic involvement served (M0018)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria:</p> <ul style="list-style-type: none">• They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed. <p>Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with forensic involvement. Data Source: Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of adults who receive treatment in the state mental health system.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:</p> <ol style="list-style-type: none">1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below.3. They currently receive SSI benefits for a psychiatric disability. <p>School days attended are the days on which a child's school was in session and the child attended school.</p> <p>Measure is a percent. First, an average of days available and an average of days attended is calculated for each client by separately summing the total days attended and the total days available reported on each record for each ssn and dividing those numbers by the total number of records reported for that ssn. This is done to weight the figures, so that an ssn who happens to have more outcome measure records reported does not skew that data. The numerator is created next by summing the average number of school days attended. The denominator is the sum of the average school days available. That result is multiplied to 100. Only post admission outcome measure records (purpose codes 2 and 3) are used, and the records must have occurred within the fiscal year. The child must have a valid children's mental health target population to be included and must have received a service event within the fiscal year. Children who are in the physical custody of DJJ are excluded. Data Source: Provider staff report the data based on client interview and records.</p>
Validity:	School attendance is a strong indicator of a child's future self-sufficiency and is an important aspect of overall functioning.
Reliability:	The reliability of this measure is dependent on client self reporting and/or the providers' ability to obtain attendance information from schools, as well as providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on data reporting, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with emotional disturbance (ED) who live in a stable housing environment (M0778)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Children with emotional disturbance (ED) includes persons under age eighteen, and in some cases persons between the ages of 18 and 21, who meet the following criteria: (1) Has an allowable Diagnostic and Statistical Manual (DSM-IV) diagnosis; and (2) Has a Children's Global Assessment Scale score of 51-60. The numerator will be the number of children with emotional disturbance served who live in stable housing environment during the time period.. The denominator will be all children with emotional disturbance served with any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with serious emotional disturbance (SED) who live in a stable housing environment (M0779)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Children with serious emotional disturbance (SED) includes persons under age eighteen, and in some cases persons between the ages of 18 and 21, who meet any of the following criteria: (1) They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder; (2) They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below; (3) They currently receive SSI benefits for a psychiatric disability. Served means that the individual received at least one service event during the time period. The numerator will be the number of children at risk of emotional disturbance served who live in stable housing environment during the time period.. The denominator will be all children with at risk of emotional disturbance served and living in any living situation, excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children at risk of emotional disturbance who live in a stable housing environment (M0780)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Children at risk of emotional disturbance include persons under age eighteen, and in some cases children between the ages of 18 and 21, who meet one of the following criteria: (1) Has a mental health presenting problem; or (2) Does not have a mental health diagnosis but has factors associated with an increased likelihood of developing an emotional disturbance (such as homelessness, family history of mental illness, abuse or neglect, domestic violence exposure, substance abuse, chronic physical illness, or multiple out-of-home placements). The numerator will be the number of children with serious emotional disturbance served who live in stable housing environment during the time period.. The denominator will be all children with serious emotional disturbance served with any living situation excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>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 or intellectually disabled. 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>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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 or intellectually disabled. 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>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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 or intellectually disabled. 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>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children who are intellectually disabled 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 intellectually disabled. 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 or intellectually disabled. This measure is a percentage. Numerator is number of children who are intellectually disabled who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children who are intellectually disabled 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 intellectual disability, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
Reliability:	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children who are intellectually disabled 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 intellectually disabled. 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 or intellectually disabled. This measure is a percentage. Numerator is number of children who are intellectually disabled who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children who are intellectually disabled 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 intellectual disability, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
Reliability:	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children who are intellectually disabled 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 intellectually disabled. 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 or intellectually disabled. This measure is a percentage. Numerator is number of children who are intellectually disabled who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children who are intellectually disabled 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 intellectual disability, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
Reliability:	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with emotional disturbances who improve their level of functioning (M0377)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with emotional disturbances (ED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for serious emotional disturbance (SED).2. They have an allowable mental health diagnosis as defined in the International Classification of Diseases, 9th edition (ICD-9) and listed in the DCF Pamphlet 155-2 for Substance Abuse and Mental Health Measurement and Data. <p>Improved functioning means that the current level of functioning is better than the level previously measured. This number is a percent and is based on the change between two assessments.</p> <p>The numerator is the number of children whose "most recent score" is less than their "previous assessment score". The scores are calculated by summing the score for the 16 questions per person captured on the Children's Functional Assessment Rating Scales (CFARS). A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The "most recent score" must occur within the reporting fiscal year and cannot be an admission assessment. The "previous assessment score" must have occurred within the 12 previous months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6 month mark (180 days) from the "most recent score" will be used.</p> <p>The denominator is all children with two assessments.</p> <p>To achieve the percentage of increase, the total number of children who improved is divided by the total number of children with two qualifying assessments.</p> <p>To be included in this measure, the child must have been served during the reporting fiscal year (must have at least one service event record) and must be enrolled in the specified target population. At the contract (provider) level, the most recent episode of care is used for the comparison. Episode of care is defined as the time period between the date of admission to the date of</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

on

the administration of CFARS by a certified rater.

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families
Program: MENTAL HEALTH SERVICES
Service/Budget Entity: Children's Mental Health Services 60900506
Measure: Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)

Action: Backup for performance measure

Data Sources and Methodology: Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:

1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.
2. They have an allowable mental health diagnosis as defined in the International Classification of Diseases, 9th edition (ICD-9) and listed in the DCF Pamphlet 155-2 for Substance Abuse and Mental Health Measurement and Data and have a C-GAS score of fifty or below.
3. They currently receive SSI benefits for a psychiatric disability.

Improved functioning means that the current level of functioning is better than the level previously measured.

This number is a percent and is based on the change between two assessments.

The numerator is the number of children whose "most recent score" is less than their "previous assessment score". The scores are calculated by summing the score for the 16 questions per person captured on the Children's Functional Assessment Rating Scales (CFARS). A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The "most recent score" must occur within the reporting fiscal year and cannot be an admission assessment. The "previous assessment score" must have occurred within the 12 previous months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6 month mark (180 days) from the "most recent score" will be used.

The denominator is all children with two assessments.

To achieve the percentage of increase, the total number of children who improved is divided by the total number of children with two qualifying assessments.

To be included in this measure, the child must have been served during the reporting fiscal year (must have at least one service event record) and must be enrolled in the specified target population. At the contract (provider) level, the

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

most recent episode of care is used for the comparison. Episode of care is defined as the time period between the date of admission to the date of discharge. If there is no discharge date, the case is considered open. A service event is the provision of service unit(s)(e.g.hours or days) to the individual, on a specific date and time. At the district and state levels, the comparison is done across all episodes of care.

Data Source: Provider staff report the data based on the administration of CFARS by a certified rater.

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

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

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

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

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

Action: Backup for performance measure

Data Sources and Methodology: The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. Data Source: The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.

Validity: This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.

Reliability: FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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</p>
Validity:	The measure captures the ability of the program to comply with the legislative mandate to complete all assessments within 180 days.
Reliability:	Program referral database is periodically reconciled with Department of Corrections and 10% sample is checked.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Number of residents receiving Mental Health treatment (M06001)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Residents refers to Sexually Violent Predators (an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment) court ordered and located in a treatment facility. Unduplicated count of residents receiving Mental Health treatment Data Source: Contractor Monthly Report
Validity:	This output measure addresses level of effort being given to treatment for the residents.
Reliability:	This measure is checked through annual contract monitoring.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Number of sexual predators assessed (M0283)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Most individuals are pending a release from a correctional facility. Assessment means a determination by the Multidisciplinary Team of whether a client suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. The assessment shall include a review of the person's institutional history and treatment record, if any, the person's criminal background, and any other factor that is relevant to the determination of whether such person is a sexually violent predator. Count the number of Assessments completed Data Source: Program Office Database
Validity:	Valid measure of the program's assessment workload and need for resources for this activity
Reliability:	Program database referral information is periodically reconciled with the Department of Corrections database

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Number of sexual predators served (detention and treatment). (M0379)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Unduplicated count of persons who are held in the SVPP's facilities at any time during the year Data Source: Census reports from facilities that are entered into the SVPP Access database
Validity:	Measures the demand for secure confinement and treatment resources
Reliability:	Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Harmful events are "significant reportable events" or those that result in serious injury to staff or residents; any incidents that result in a client elopement; and any incidents that result in serious damage to the physical plant. Florida has only one facility for sexually violent predators, the Florida Civil Commitment Center at Arcadia. Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Residents are the individuals court order to the program. The sum of harmful events in the facility for the fiscal year (numerator), divided by the average daily resident census (denominator), multiplied by 100. Data Source: Contractor staff
Validity:	The reporting system is undergoing change from a resident-based report to a incident-based report. While the resident-based reporting system has fairly represented "significant reportable events," another category, "critical incidents" has been found to have been reported incorrectly or underreported. A quality assurance staff person at the facility and under separate contract to the department reviews reports to correct these errors.
Reliability:	A threat to consistency lies in differing interpretations of the differences between "significant reportable events" and "critical incidents." However, a recent test of these categories showed that "significant reportable events" are likely to be reported consistently across staff. QA review addresses any differences and requires correction. Reliability is aided by the small number of staff and clientele.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Percent of adults in 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>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. (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 (ADMTYPE = 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:	<p>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</p> <p>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.</p>
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>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
Measure:	<u>Percentage change in clients who are employed from admission to discharge.</u> <u>(M0753)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Employed is defined as part-time or fulltime employment, including active military duty, at the time of discharge from treatment. There are no minimum hour or wage requirements; the wages must be subject to income tax, however, so that welfare and nontaxable stipends are not considered employment. An adult is a person 18 years old and older. The measure is a percentage, calculated by taking the number of adults who, at the time of discharge, are employed fulltime, part-time or active military (numerator), divided by the number of adults discharged from treatment with any employment or unemployment codes. Persons who are retired or not in the labor force (students, persons with disabilities, homemakers and on leave of absence from a job) are not included in the denominator. Clients who died, were incarcerated, referred outside of the agency and did not complete episode of care or discharged for other reasons not elsewhere captured are excluded. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) data system discharges and service events.
Validity:	Research available from the Substance Abuse Program office has shown that higher employment rates are positively correlated with reduced substance use.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
Measure:	<u>Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Having arrest means the client was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency.</p> <p>This measure focuses on adults discharged during the reporting period, who received services in at least one of the following treatment cost centers: 06= Day/Night; 08=In-home/On-site; 12=Medical Services; 14=Outpatient Individual; 18=Residential Level I; 19= Residential Level II; 20= Residential Level III; 21= Residential Level IV; 31=Behavioral Health Overlay; 35=Outpatient Group; 36=Room & Board Level I; 37=Room & Board Level II; 38=Room & Board Level III. Percent arrested prior to admission: the numerator is the number of adults who meet the following criteria: (a) the substance abuse admission record (Purpose = 1) indicates that the client was arrested at least once in the last 30 days prior to admission (Arrest > 0). The denominator is the total number of adults admitted (Purpose = 1).</p> <p>Percent arrested prior to discharge: the numerator is the number of adults who meet the following criteria: (a) the substance abuse discharge record (Purpose = 3) indicates that the client was arrested at least once in the last 30 days prior to discharge (Arrest > 0). The denominator is the total number of adults discharged (Purpose = 3).</p> <p>Percent change is the difference between the percent arrested prior to admission and the percent arrested prior to discharge. Data Source: Provider staff reports service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally.</p>
Validity:	Substance use and abuse have been shown in the research to be contributing factors to crime and delinquency. This measure is designed to evaluate the extent to which treatment facilitates reduced subsequent criminal activity.

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</u> <u>60900604</u>
Measure:	<u>Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes the following residential status: independent living (code = 01, 02, or 03); dependent living (code = 04 or 05); and other residential settings (codes = 06, 07, 08, 11 or 17).</p> <p>The client's residential status code at the time of discharge is used to determine if the client lives in stable housing environment.</p> <p>This measure only include adult clients who are discharged and received services in any of the following cost centers: 06= Day/Night; 08=In-home/On-site; 12=Medical Services; 14=Outpatient Individual; 18=Residential Level I; 19= Residential Level II; 20= Residential Level III; 21= Residential Level IV; 31=Behavioral Health Overlay; 35=Outpatient Group; 36=Room & Board Level I; 37=Room & Board Level II; 38=Room & Board Level III.. The numerator is the number of adults who meet the following conditions: (a) were discharged during the reporting period; (b) received services in at least one treatment cost center during the episode of care; and (c) their residential status at the time of discharge shows that they live in a stable housing environment.The denominator is the number of adults who meet the following conditions: (a) were discharged during the reporting period; and (b) received services in at least one treatment cost center during the episode of care. Data Source: Provider staff reports data in SAMHIS based on client interviews and local records.</p>
Validity:	This measure attempts to measure the success of clients who live independently with substance abuse problems and function as productive members of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0775)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child Welfare Supervision includes all adults who must comply with requirements set by Family Safety and the courts due to child abuse and dependency determinations. N: Number of adults identified as needing substance abuse treatment in protective services records who receive treatment. D: Number of adults identified as needing substance abuse treatment in protective services records. Data Source: SACWIS/ADM Data Warehouse
Validity:	National studies indicate 50-60 percent of families with child abuse and neglect have substance abuse as a contributing factor. Measure determines extent to which the parents follow through on treatment to reduce substance abuse problems.
Reliability:	Data are derived from uniform survey/record review format and is maintained independent of the substance abuse and protective services programs.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
Measure:	<u>Number of adults served (M0063)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Adults served in substance abuse treatment include persons enrolled in adult substance abuse priority populations and received services in any cost center under adult substance abuse program. Count of adults served in substance abuse program Data Source: Provider staff reports service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally.
Validity:	This workload measure represents the effort expended to serve at adults.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
Measure:	<u>Alcohol usage rate per 1,000 in grades 6-12. (M05092a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Under construction This is an annual measure extrapolated from the results of specific items contained in the annual Florida Youth Substance Abuse Survey. Data Source: The Florida Youth Substance Abuse Survey.
Validity:	The Florida Youth Substance Abuse Survey provides a comprehensive assessment of youth substance abuse attitudes and practices. This survey is completed annually and obtains information from more than 65,000 students statewide. This data is used to guide the state's substance abuse prevention efforts.
Reliability:	The University of Miami utilizes a number of statistical methods to increase the reliability and validity of survey results.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Marijuana usage rate per 1,000 in grades 6-12. (M05092m)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Under construction This is an annual measure extrapolated from the results of specific items contained in the annual Florida Youth Substance Abuse Survey. Data Source: The Florida Youth Substance Abuse Survey.
Validity:	The Florida Youth Substance Abuse Survey provides a comprehensive assessment of youth substance abuse attitudes and practices. This survey is completed annually and obtains information from more than 65,000 students statewide. This data is used to guide the state's substance abuse prevention efforts.
Reliability:	The University of Miami utilizes a number of statistical methods to increase the reliability and validity of survey results.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
Measure:	<u>Percent of children who successfully complete substance abuse treatment services. (M0725)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>The measure is a percentage. Successful completion of treatment include clients discharged during the reporting period who: (a) received services in any treatment cost centers (i.e., 06, 08, 12, 14, 18, 19, 20, 21, 31, 35, 36, 37, 38) and discharge reason code is 01, 10 or 13 and frequency of use for a declared drug is 1 (no past use in the last 30 days). The numerator is the number of children discharged who successfully completed treatment as defined above.</p> <p>The denominator is the number of children discharged during the reporting period (excluding immediate discharges) with discharge reason codes of 01, 02, 06, 10, 11, 13, 15, and 16. Data Source: Provider staff reports data in SAMHIS based on client interviews or information in local client records.</p>
Validity:	Research has shown that completion of treatment is correlated with higher rates of reduced substance use and related problems versus non-completion.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Having arrest means the client was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency.</p> <p>This measure focuses on children discharged during the reporting period, who received services in at least one of the following treatment cost centers: 06= Day/Night; 08=In-home/On-site; 12=Medical Services; 14=Outpatient Individual; 18=Residential Level I; 19= Residential Level II; 20= Residential Level III; 21= Residential Level IV; 31=Behavioral Health Overlay; 35=Outpatient Group; 36=Room & Board Level I; 37=Room & Board Level II; 38=Room & Board Level III. Percent arrested prior to admission: the numerator is the number of children who meet the following criteria: (a) the substance abuse admission record (Purpose = 1) indicates that the client was arrested at least once in the last 30 days prior to admission (Arrest > 0). The denominator is the total number of children admitted (Purpose = 1).</p> <p>Percent arrested prior to discharge: the numerator is the number of children who meet the following criteria: (a) the substance abuse discharge record (Purpose = 3) indicates that the client was arrested at least once in the last 30 days prior to discharge (Arrest > 0). The denominator is the total number of children discharged (Purpose = 3).</p> <p>Percent change is the difference between the percent arrested prior to admission and the percent arrested prior to discharge. Data Source: Provider staff reports service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally</p>
Validity:	Substance use and abuse have been shown in the research to be contributing factors to crime and delinquency. This measure is designed to evaluate the extent to which treatment facilitates reduced criminal activity.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

procedures for data submission are provided to all contractors

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families
Program: SUBSTANCE ABUSE SERVICES
Service/Budget Entity: Child Substance Abuse Prevention, Evaluation and Treatment Services
60900604

Measure: Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)

Action: Backup for performance measure

Data Sources and Methodology: 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).

The client's residential status code at the time of discharge is used to determine if the client lives in stable housing environment.

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.

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.

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).

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

Reliability: The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

Department: Department of Children and Families

Program: SUBSTANCE ABUSE SERVICES

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

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

Action: Backup for performance measure

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

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

Reliability: The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Number of at-risk children served in targeted prevention (M0055)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Targeted prevention includes programs designed to provide early assessment, brief counseling and/or education to children at risk of developing substance abuse problems due to low academic achievement and related problems. Children at risk are children identified as having a high potential for substance use (although not known to be using). Count of children served in selected/indicated (targeted) prevention services. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) data system service events.
Validity:	This workload measure represents the effort expended to serve at risk children.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Number of at risk children served in prevention services. (M0382)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Level 1 Prevention Programs include persons participating in Universal and Selective programs in cost center 16. Level 1 Prevention Programs address subgroups of the general population that are at a higher risk of substance abuse than the general population. The mission is to provide individuals with the information and skills necessary to prevent the abuse of substances. This is an unduplicated count of participants.</p> <p>Level 2 Prevention Programs include persons participating in Indicated programs in cost center 16 and all programs in cost center 17. Level 2 Prevention Programs are designed to prevent the onset of substance abuse in individuals who do not meet the DSM-IV criteria for addiction but who are showing early danger signs in the form of multiple risk factors. The mission of Level 2 Prevention Programs is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. This is an un-duplicated count of participants.</p> <p>"Programs" are defined as a structured Schedule of Activities (by instructors and participants) designed so that participants will attain, so far as possible, certain educational and behavioral objectives. Total number of at risk children provided prevention services. Data Source: Alcohol, Drug Abuse, and Mental Health Data Warehouse (ADMDW) enrollment and placement data.</p>
Validity:	This workload measure represents the effort expended to serve at risk children with prevention services.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Substance Abuse 60900604</u>
Measure:	<u>Administrative cost as a percent of total program costs (M0137)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. Data Source: The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - ESS 60900708</u>
Measure:	<u>Administrative cost as a percent of total program costs (M0138)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. Data Source: The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Refugees 60900708</u>
Measure:	<u>Percent of 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>Refugees 60900708</u>
Measure:	<u>Percent of refugee assistance cases accurately closed at 8 months or less (M0103)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A refugee assistance case is a client or family unit found eligible for refugee cash or refugee medical assistance. Accurately closed means that services have been terminated. The eight-month time frame is required by federal regulation and the Office of Refugee Resettlement, Department of Health and Human Services. The measure is a percentage, calculated by taking the number of refugee assistance cases closed at 8 months or less (numerator), divided by the total number of refugee assistance cases closed for the time period (denominator). Data Source: Economic Self Sufficiency (ESS) staff.
Validity:	The measure is based upon a requirement of 45 CFR 400.60, describing client eligibility. The department could be responsible for repayment should too many cases exceed 8 months.
Reliability:	Annual audits on the eligibility components of the FLORIDA System by the State Auditor General reduce the potential for errors in data entry. A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system. Ten to twelve weeks of training, of which 25-33% centers on the FLORIDA system, is provided to new public assistance workers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Refugees 60900708</u>
Measure:	<u>Number of refugee cases closed (M0104)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A refugee case is a client or family unit found eligible to receive refugee cash or refugee medical assistance. Closed means that the client has been terminated from receiving cash or medical assistance. The measure is a count of cases closed. Data Source: Economic self-sufficiency staff.
Validity:	Care in interpreting this measure must be taken as it is not a count of the total refugee assistance caseload, but only a count of cases closed within the time period measured.
Reliability:	A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Refugees 60900708</u>
Measure:	<u>Number of refugee cases (M0362)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A refugee case is a client determined eligible to receive refugee cash and refugee medical assistance and services from a provider contracted by the DCF Refugee Services Program Office. The measure is an unduplicated of the total active client population, including those receiving refugee cash assistance, those receiving refugee medical assistance and those receiving services by contract.</p> <p>Data Source: Refugee cash and refugee medical assistance client data are reported by ACCESS Florida staff. Data about clients receiving contracted services are reported by the contracted providers.</p>
Validity:	<p>Threats to validity include errors in eligibility determination, case closure, as well as potential duplicated counts of clients receiving benefits from two different sources. The FLORIDA system contains the FLORIDA client identifier (PIN) and the Refugee Services client identifier (Alien Number), allowing the sorting out of duplicate entries by using Alien Number.</p>
Reliability:	<p>A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system. Ten to twelve weeks of training, of which 25-33% centers on the FLORIDA system, is provided to new public assistance workers.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Diversion payments are defined as lump sum TANF monies issued in lieu of ongoing monthly benefits with an agreement that the recipient will not request regular monthly TANF for at least three months. This measure is the percent of those diversion recipients who do not receive regular TANF for 12 months after receipt of the diversion payment. Denominator: Count payees who received a TANF diversion payment 12 months ago.</p> <p>Numerator: Of the above, a count of payees who have not participated in TANF since the diversion payment. Data Source: Economic Self-Sufficiency staff.</p>
Validity:	This measure identifies success in diverting families from enrolling in a monthly assistance program, a strategy in the Department's Strategic Plan. This may be an indication that these clients have become more self sufficient.
Reliability:	Data reliability is dependent on ESS field staff coding the diversion payment accurately.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of All Family TANF customers participating in work or work-related activities (M05088)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Similar to the Federal Work Participation Rate, this measure calculates the percent of TANF adults with a work participation requirement who are meeting the required number of work participation hours each month. Denominator: The number of eligible TANF adults with a work participation requirement. Numerator: The number of those participating in allowable work activities for the required number of hours each month. Data Source: Regional Work Force Board field staff.
Validity:	This measure identifies success in increasing self sufficiency of TANF adults, a strategy intended to further the mission of the agency.
Reliability:	Data reliability is dependent on WFB staff accurately entering work and work related activities coding into the AWI OSST system and ESS field staff accurately recording work participation requirement code in FLORIDA.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate). (M0678)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Similar to the Federal Work Participation Rate, this measure calculates the percent of 2-parent TANF adults with a work participation requirement who are meeting the required number of work participation hours each month. Denominator: The number of eligible 2-parents TANF adults with a work participation requirement. Numerator: The number of those above participating in allowable work activities for the required number of hours each month. Data Source: Regional Work Force Board field staff.
Validity:	This measure identifies success in increasing self sufficiency of TANF adults, a strategy intended to further the mission of the agency.
Reliability:	Data reliability is dependent on WFB staff accurately entering work and work related activities coding into the AWI OSST system and ESS field staff accurately recording work participation requirement code in FLORIDA.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percentage of food assistance applications processed within 7 days (expedited) (M0733)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Application refers to electronic or paper forms submitted by individuals for Florida's Food Assistance Program. Time standards are measured from date of application to date of approval. For Expedited Food Assistance the approval is to be processed within 7 days. All other Food Assistance cases are to be approved within 30 days. There are no days excluded from the 7 day standard for non-agency delays. Total of all Food Assistance applications approved in the month, excluding Non-Expedited and disaster Food Assistance applications. Numerator: The number of these applications that do not exceed the 30 day time standard. Data Source: Economic Self Sufficiency field staff
Validity:	This measure is an indicator of the system's success in increasing the self sufficiency of food stamp recipient households.
Reliability:	Dependent on ESS field staff to recognize and code applications as expedited or regular.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of all applications for assistance processed within time standards. (M0105)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Application refers to electronic or paper forms submitted by individuals for cash assistance, Medicaid or Food Stamps. Processed/disposed is defined as approved or denied.</p> <p>Time standards are measured from date of application to date of disposition as follows:</p> <p>Cash Assistance: 45 days. Expedited Food Stamps: 7 days. Non-Expedited Food Stamps: 30 days. Medicaid without disability determination: 45 days. Medicaid with disability determination: 90 days.</p> <p>Excluded from days processed are days attributed to non-agency delays such as delays in information submittal by the applicant.</p> <p>Denominator: Total of all applications disposed in the month, excluding</p> <p>KidCare</p> <p>Medicaid, SUNCAP and disaster Food Stamp applications.</p> <p>Numerator: The number of these applications that do not exceed the defined time standards. Data Source: Applicants and Economic Self-Sufficiency staff.</p>
Validity:	This indicator measures the department's ability to respond timely to requests for assistance from families and individuals to help meet their basic needs. Basic needs include food, shelter and medical care.
Reliability:	Internal quality reviews are completed on a sample of applications. These reviews validate the dates reported in the system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Total number of applications processed (M0106)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The applications are for economic assistance e.g.. food stamps, Medicaid, cash assistance and others. Processed means that the person in need of economic assistance has been interviewed; his or her application has been analyzed by ESS staff; and the person's eligibility has been determined. This measure is an unduplicated count of applications approved and denied, extracted from the FLORIDA System. It is the denominator of M0105, percent of all applications processed within time standards. Data Source: FLORIDA System
Validity:	This measure counts the number of applications that go through the eligibility determination process. It is an input measure for calculating other measures related to processed applications. The goal intention to increase the number can misdirect the processing activity as an increase may encourage quantity over quality. Conversely, a decrease may improve the score on measures that are percentages of success.
Reliability:	Inconsistencies in processing applications can occur when staff interprets eligibility guidelines differently.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of food stamp benefits determined accurately (M0107)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Food stamps are public assistance benefits disbursed electronically to eligible clients. Accuracy rate is defined as a review of an household's eligibility determination to verify that the determination and correct amount of benefits have been authorized and received. It is verified by Food Stamp case reviews conducted by the DCF Office of Quality Control (QC). Florida uses the National Integrated Quality Control System to transmit Florida data from QC to the US Department of Agriculture, Food and Nutrition Service on a monthly basis. The QC internal web-based system is used to collect and store data. For the districts, the measure is a percentage, calculated by taking the total dollar value of food stamp benefits provided accurately (numerator) and dividing by the total dollar value of food stamp benefits provided (denominator). For the state, the accuracy rate is weighted based upon district stratification. Data Source: FLORIDA system, client interviews and collateral contacts to verify information.
Validity:	QC conducts reviews according to a plan approved by the Food and Nutrition Service of the US Department of Agriculture. If a state's food stamp accuracy rate is lower than the national tolerance level for two consecutive years, the state is subject to federal monetary penalties.
Reliability:	Accuracy is calculated on a statewide basis; although the error rate is not reliable on a district basis, stratified oversampling allows the district data to be used for indication of problem areas.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Suspected fraud cases are those meeting specific error prone profiles such as expenses continually exceeding available income. Once identified, these cases are referred to a fraud unit for review. Savings are defined as benefits that are not issued because of the detection of client misrepresentation.
Denominator:	The total number of cases which meet the error prone profiles that are referred for review. 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
Validity:	The intent of this measure is to ensure that significant effort is devoted to the proper use of taxpayer money to meet the needs of only those who are eligible. The threat to the validity of this measure is that the data is limited to only those cases that produce savings.
Reliability:	Central Office Quality Assurance and district staff both monitor local Fraud Units to validate that data is entered into the system correctly and accurately reflects individual employee and unit performance.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>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 2014-2015 through 2018-2019

September 30, 2013

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

Rick Scott
Governor

Esther Jacobo
Interim Secretary



LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2013-14		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)		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 2012-13			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		2,896,579,749		600,000	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		-36,555,603		10,000,000	
FINAL BUDGET FOR AGENCY		2,860,024,146		10,600,000	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					600,000
Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed		43,517	1,179.60	51,332.605	
Healthy Families * Number of families served in Healthy Families		8,572	194.39	1,666.308	
Protective Investigations * Number of investigations		182,288	1,115.23	203,293.608	
In-home Supports * Number of children under protective supervision (point in time)		12,067	6.10	73.656	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.		18,270	1,637.99	29,926.083	
Child Welfare Legal Services * Number of termination of parental rights petitions filed		4,209	12,484.86	52,548.755	
Emergency Shelter Supports * Number of adults with a safety plan upon leaving domestic violence shelter after 72 hours		6,437	4,863.68	31,307.540	10,000,000
Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline		426,009	56.29	23,980.921	
Adoption Subsidies * Number of children receiving adoption subsidies		33,599	4,454.35	149,661.827	
Adoption Services * Children receiving adoptive services		6,409	95,697.48	613,325.118	
License Child Care Arrangements * Number of facilities and homes licensed		6,640	2,825.66	18,762.410	
Daily Living * Number of qualified disabled adults (ages(18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver		1,850	12,339.85	22,828.720	
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program		1,131	1,603.01	1,813.009	
Emergency Stabilization * Number of children served		6,461	3,139.88	20,286.777	
Emergency Stabilization * Number of adults served		36,492	2,496.89	91,116.436	
Provide Forensic Treatment * Number of adults in forensic commitment served		2,351	66,145.83	155,508.856	
Provide Civil Treatment * Number of people in civil commitment served		1,842	111,414.61	205,225.717	
Community Support Services * Number of children served		32,278	2,194.41	70,831.162	
Community Support Services * Number of adults with forensic involvement served.		3,502	56,714.97	198,615.826	
Assessment * Number of sexual predators assessed		2,879	10,501.40	30,233.534	
Detoxification * Number served		754	6,692.49	5,046.140	
Treatment And Aftercare * Number of children with substance-abuse problems served		35,736	1,868.32	66,766.440	
Detoxification * Number of adults provided detoxification and crisis supports		20,669	5,401.21	111,637.562	
Prevention * Number of at-risk adults provided prevention services		32,577	166.27	5,416.422	
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery		19,115,648	0.86	16,403.807	
Refugee Assistance * Number of refugee clients served		77,135	1,001.67	77,263.530	
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments		2,591	7,141.39	18,503.336	
Homeless Assistance * Number of beds per day available for homeless clients		2,092	3,753.73	7,852.804	
Eligibility Determination/Case Management * Number of cash assistance payments		727,265	440.58	320,418.085	
Issue Welfare Transition Program Payments * Total number of cash assistance applications		477,504	365.29	174,426.056	
TOTAL				2,776,073,050	10,600,000
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER					
REVERSIONS				83,951,310	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,860,024,360	10,600,000

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.

CHILDREN AND FAMILIES, DEPARTMENT OF		FISCAL YEAR 2012-13			
		SECTION I: BUDGET		OPERATING	FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT				2,896,579,749	600,000
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)				-36,555,603	10,000,000
FINAL BUDGET FOR AGENCY				2,860,024,146	10,600,000
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					600,000
Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed		43,517	1,179.60	51,332.605	
Healthy Families * Number of families served in Healthy Families		8,572	194.39	1,666.308	
Protective Investigations * Number of investigations		182,288	1,115.23	203,293.608	
In-home Supports * Number of children under protective supervision (point in time)		12,067	6.10	73.656	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.		18,270	1,637.99	29,926.083	
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OTHER					
REVERSIONS				83,951,310	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,860,024,360	10,600,000

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

ACA: Affordable Care Act.

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)