



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

Rick Scott
Governor

Mike Carroll
Interim Secretary

LONG RANGE PROGRAM PLAN

Department of Children and Families
Tallahassee, Florida

September 30, 2014

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Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, our Long Range Program Plan (LRPP) for the Department of Children and Families is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2015-16 through Fiscal Year 2019-2020. This submission has been approved by Mike Carroll, Interim Secretary. The following page includes a message from Interim Secretary Carroll.

Link to the plan from the Department web site: <http://www.myflfamilies.com/general-information/publications/LRPPs-LBRs>

Sincerely,

Ted Harrell
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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 2015-2016 through 2019-2020

September 30, 2014



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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.

Vision Statement

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

The department will:

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

Values

Integrity

Quality

Accountability

Urgency

Responsiveness

Choice

Innovation

Empowerment

Personal Responsibility

Collaboration

Transparency

- **Department Goals and Objectives Matrix**

Goal 1: Protect the vulnerable people we serve.

Objective
Objective 1a: Ensure vulnerable children are safe
Objective 1b: Ensure vulnerable adults are safe from neglect or abuse.
Objective 1c: Reduce/Eliminate human trafficking and missing children
Objective 1d: Improve the overall wellbeing of those served by DCF and its contract partners.

Goal 2: Promote personal and economic self-sufficiency.

Objective
Objective 2a: Provide basic resources and services to those in need to allow them to live as independently as possible in their communities.
Objective 2b: Provide pathways out of poverty by connecting those we serve to employment and educational opportunities.
Objective 2c: Support disadvantaged living in their own homes in the community.
Objective 2d: Ensure the successful transition of young adults from foster care into adulthood

Goal 3: Advance personal and family recovery and resiliency.

Objective
Objective 3a: Maximize normalcy for those served by DCF and its contracted partners.
Objective 3b: Improve the overall functioning of those with mental health disabilities.
Objective 3c: Reduce substance abuse.

Goal 4: Steward effectively and efficiently

Objective
Objective 4a: Leverage technology to support services and operations.
Objective 4b: Minimize overhead costs and eliminate waste
Objective 4c: Provide excellent programs and services both externally and internally.
Objective 4d: Ensure the public benefits through accurate eligibility determination, identity verification and prevention of waste, fraud, and abuse.
Objective 4f: Gather input from stakeholders when formulating plans and budget requests

Goal 5: Acquire, develop and maintain a talented successful workforce to advance DCF's mission and strategic plan

Objective
Objective 5a: Work collaboratively with colleges, universities, workforce boards, and associations to recruit top talent
Objective 5b: Provide opportunities for professional development across the Department
Objective 5c: Develop and train staff to achieve maximum productivity in meeting the Department mission
Objective 5d: Improve the stability and expertise of the Child Protective Investigator workforce.

Goal 6: Engage local communities to ensure the safety and well-being of children and adults.

Objective
Objective 6a: Educate families and communities about most common threats to child safety and well-being.

Objective 6b: Leverage the support and resources of community organizations to ensure the safety and well-being of children and adults.

Service Outcomes and Performance Projection Tables

Goal 1: Protect the vulnerable people we serve.

Objectives

Objective 1a: Ensure vulnerable children are safe

Objective 1b: Ensure vulnerable adults are safe from neglect or abuse.

Objective 1c: Reduce/Eliminate human trafficking and missing children

Objective 1d: Improve the overall wellbeing of those served by DCF and its contract partners.

Outcome Projection Table

Outcome	Baseline	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
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%	94%	94.5%	94.5%	95%	95%
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 2a: Provide basic resources and services to those in need to allow them to live as independently as possible in their communities.

Objective 2b: Provide pathways out of poverty by connecting those we serve to employment and educational opportunities.

Objective 2c: Support disadvantaged living in their own homes in the community.

Objective 2d: Ensure the successful transition of young adults from foster care into adulthood

Outcome Projection Table

Outcome	Baseline	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (MH709)	FY 2009-10 7.3%	5%	4.95%	4.90%	4.85%	4.80%
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%	3%	2.97%	2.94%	2.91%	2.88%
Percent of adults with serious mental illness who are competitively employed (MH703)	FY 2007-08 24%	24%	24.5%	25%	25.5%	26%
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 3a: Maximize normalcy for those served by DCF and its contracted partners.

Objective 3b: Improve the overall functioning of those with mental health disabilities.

Objective 3c: Reduce substance abuse.

Outcome Projection Table

Outcome	Baseline	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Percent of children with serious emotional disturbances who improve their level of functioning (MH378)	FY 2009-10 68%	65%	65.2%	65.4%	65.6%	66%
Percent of adults with severe persistent mental illness (SPMI) who live in a stable housing environment (MH742)	FY 2007-08 90%	90%	90.5%	91%	91.5%	92%
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%	48.1%	48.2%	48.3%	49%
Percent of adults who successfully complete substance abuse treatment services (SA755)	FY 2007-08 51%	51%	51.2%	51.4%	51.6%	52%

Goal 4: Steward effectively and efficiently

Objectives

Objective 4a: Leverage technology to support services and operations.

Objective 4b: Minimize overhead costs and eliminate waste

Objective 4c: Provide excellent programs and services both externally and internally.

Objective 4d: Ensure the public benefits through accurate eligibility determination, identity verification and prevention of waste, fraud, and abuse.

Objective 4f: Gather input from stakeholders when formulating plans and budget requests

Outcome Projection Table

Outcome	Baseline	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Percentage Child Protection Investigator Turnover - Annualized	Jan thru Mar 2013 16.6%	16%	15.5%	15%	14.5%	14%
Average annual lease cost per FTE	May 2013 \$3,281	\$3,250	\$3,250	\$3,250	\$3,250	\$3,250
Percent of payments processed & submitted timely	May 2013 98.4%	99%	99%	99%	99%	99%

Goal 5: Acquire, develop and maintain a talented successful workforce to advance DCF’s mission and strategic plan

Objectives

Objective 5a: Work collaboratively with colleges, universities, workforce boards, and associations to recruit top talent

Objective 5b: Provide opportunities for professional development across the Department

Objective 5c: Develop and train staff to achieve maximum productivity in meeting the Department mission

Objective 5d: Improve the stability and expertise of the Child Protective Investigator workforce.

Goal 6: Engage local communities to ensure the safety and well-being of children and adults.

Objectives

Objective 6a: Educate families and communities about most common threats to child safety and well-being.

Objective 6b: Leverage the support and resources of community organizations to ensure the safety and well-being of children and adults.

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

Message from Interim Secretary Carroll:

Dear Senate President Gaetz and Speaker Weatherford,

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

Everything we do at the Florida Department of Children and Families focuses on helping our most vulnerable citizens get back on their feet. From ensuring families facing hard times can put food on their table to helping victims of abuse and neglect – of all ages – get the services they need to recover, we are committed to building strong families and strong communities.

This is a pivotal time for the department. Because of the support of Governor Scott and the Legislature, we are implementing much-needed improvements and new initiatives.

We are hiring, training, and deploying new child protective investigative staff which will reduce average caseloads to 10, giving our frontline employees more time to better evaluate each case. We launched a Child Fatality Prevention Website that will serve as a catalyst for better understanding of systems issues and improved prevention strategies at a community level. We continue to work toward integration of substance abuse and mental health services within the child welfare system for a more holistic service approach.

At the same time, the department continues to win accolades for the efficiency and effectiveness of our Medicaid eligibility system, including recent enhancements made to align with new federal eligibility mandates. In recognition of that successful project, the department was awarded the 2014 Government Computer News Honorable Mention award for IT achievement. In addition, the department's electronic system used for streamlining placement of children across state lines is being used as the model in a national pilot project for future use across the country. The system will benefit states that work together to facilitate placements. Additionally, Florida was recognized for accuracy in processing food assistance applications, winning a \$7 million bonus – the highest this year – from the U.S. Department of Agriculture for ensuring taxpayer dollars are spent quickly and efficiently to help individuals, children and families in need.

We look forward to continuing to work with you to ensure that we are providing the highest level of services to those looking to us for the help they need to build their best future.

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 Office of Child Welfare 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, prevention 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 both regional and central office staff. In addition, the office manages contracts with Ounce of Prevention Fund of Florida, One Church One Child, and the University of South Florida for website training standards and professional child welfare training curriculum development. Additionally, the Office works with Florida State University Visitation Clearinghouse and others.



During the 2014 legislative session, several key pieces of legislation that were passed impact child welfare. Senate Bill 1666 was signed into law June 23, 2014, and became effective July 1, 2014. This bipartisan legislation strengthens current child welfare laws and increases resources to protect children from abuse and neglect. The bill creates a new Assistant Secretary for Child Welfare; amends and creates new definitions in Chapter 39; codifies the Department's Safety Practice; expands services to medically complex children; creates hiring preferences for child protective investigators; and provides other child welfare

specific guidance and instruction specific to the delivery of child welfare and child protection services.

House Bill 977, “Keys to Independence” was signed into law on June 23, 2014, and became effective July 1, 2014. This bill serves as a continued emphasis on normalcy. Eight hundred thousand dollars of recurring funds was appropriated to operate a statewide, three year pilot for youth in licensed care to gain access to vehicle insurance, funds to support driver education, and assistance with securing driver licenses and learner permits. The provisions of the law extend to all eligible youth in licensed care to include those young adults in Extended Foster Care up to the availability of funding from year to year.

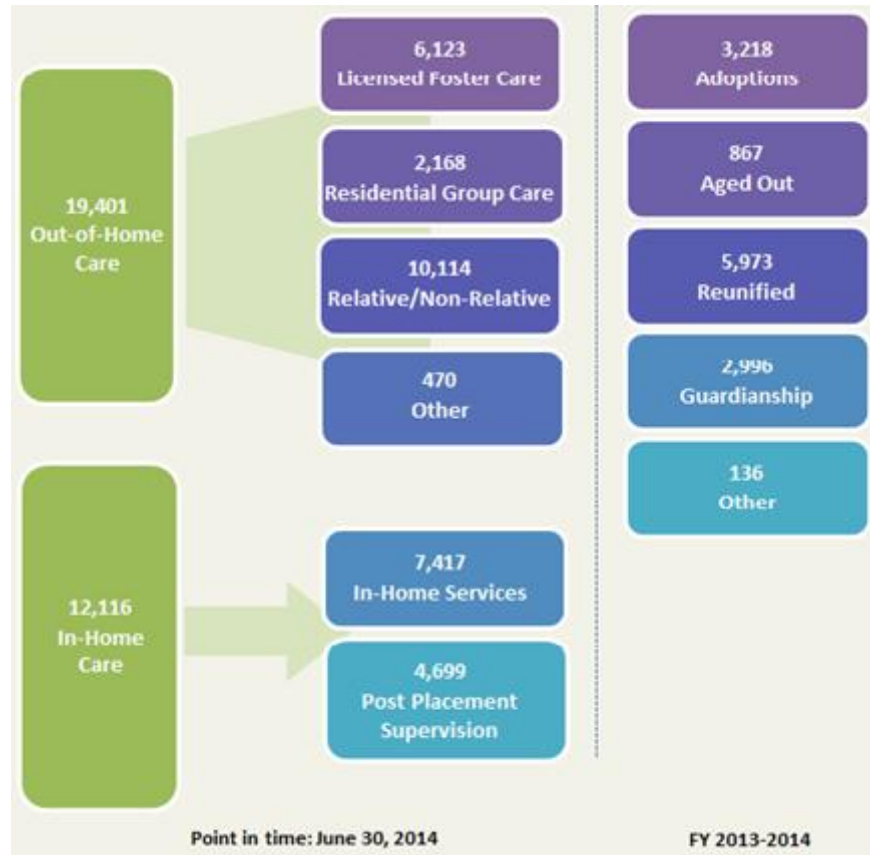
House Bill 561, Attorneys for Dependent Children, was signed into law on June 25, 2014. This legislation requires the appointment of an attorney to represent dependent children who have special needs, unless a pro bono attorney represents the child. To ensure potentially eligible children’s access to an attorney, the Department was tasked with identifying all dependent children who: reside in a skilled nursing facility or is being considered for placement in a skilled nursing home; is prescribed a psychotropic medication but declines assent to the medication; has a diagnosis of a developmental disability as defined in law; is being placed in a residential treatment center or being considered for placement in a residential treatment center; or is a victim of human trafficking. This bill further appropriated \$800,000 to the Justice Commission to cover associated fees resulting from the appointment of an attorney when a pro bono attorney is not available.

In addition to the landmark pieces of legislation already addressed, there were two significant human trafficking related bills passed during the 2014 legislative session. House Bills 989 and 7141 were each signed on June 17, 2014. House Bill 989 is intended to increase the criminal prosecution of human trafficking criminals, while House Bill 7141 enhances training requirements for child welfare and juvenile justice staff who work with victims of human trafficking, create certification requirements for safe houses and safe foster homes; and mandates use of an assessment tool to ensure the identification of the appropriate services to help victims of human trafficking. House Bill 7141 also appropriated \$3 million to enhance the services array for victims while also establishing the Statewide Council on Human Trafficking.

When parents or guardians can't, don't or won't protect their children, the Department quickly steps in to help through its community-based care partners, who provide 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 homes with their own families when possible.

The Office of Child Welfare provides the central programmatic knowledge for services that support child safety 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 and advocacy

groups to develop policy for frontline services. The following graphic illustrates the population of families served while children remain in homes with parents and those who are placed in out-of-home care.

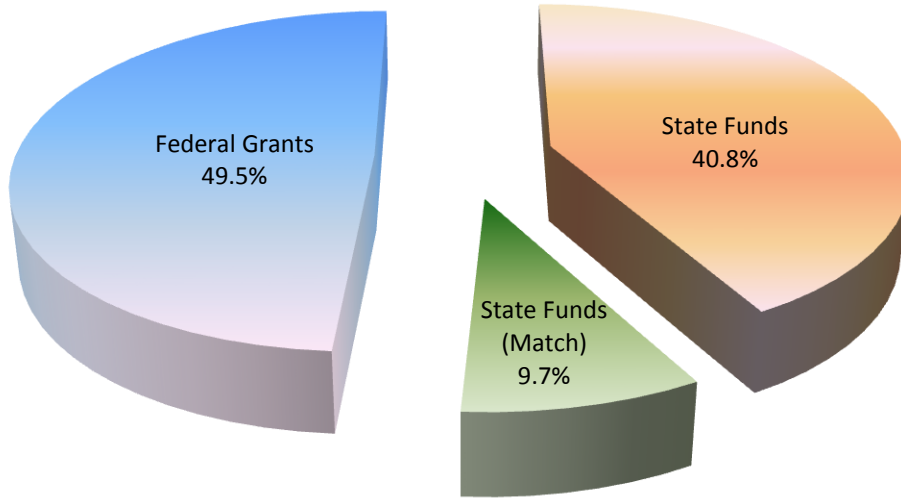


Office responsibilities to support federal and state requirements include the following:

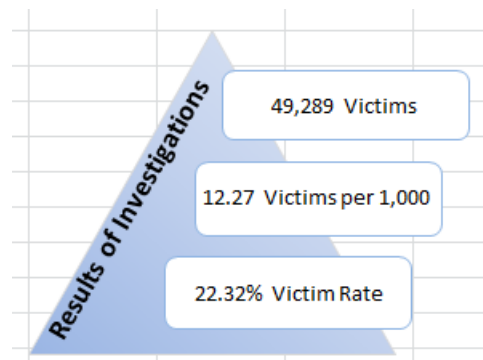
- Mandated annual reporting of the Federal Child and Family Services Plan
- Ongoing statewide agency Administrative Code rule development and oversight of the child welfare system
- Federal Child and Family Services Reviews that link performance with funding
- Oversight of state activities associated with federal laws for which Florida receives federal funding
- Oversight of state obligations associated with IV-E Waiver, including, but not limited to, semi-annual progress reports.
- Allotment of Federal funds through Title IV-E to lead agencies and periodically audit them as needed for the following:
 - Coordination of annual state auditor general audits of IV-E eligibility
 - Coordination of periodic federal reviews of IV-E eligibility

- Coordination and reporting on the federally mandated improvement and plans resulting from the IV-E eligibility reviews
- Oversight of Maintenance of Effort (MOE) requirements to align Florida’s financial investment in child welfare services with federal funding

Florida’s \$781,885,000 budget is funded in the following proportions:
 (General Appropriations Act for FY 13-14 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 1,340 child protective investigators (CPIs) and 229 child protective investigator supervisors (CPIS) along with 88 temporary child protective investigator

positions (OPS) and 58 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 75 supervisors. Investigators are responsible for three types of child protective investigations: (1) in-home investigations alleging maltreatment of a child residing with his/her parent or caregiver, (2) in-home investigations alleging maltreatment of a child who is being supervised by an adult sitter or adult relative not residing in the child's household, and (3) out-of-home investigations which allege abuse/neglect on a child residing in or attending a Department-licensed facility, child care program, foster home or public or private school, or in an institutional setting.

In Fiscal Year 2013-2014, CPI staff initiated 183,872 protective investigations on alleged child victims. During the course of an investigation, the primary role of the CPI is to assess the safety and risk of children in the household and, if abuse or neglect is found, to identify who is responsible and determine what resources is 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.

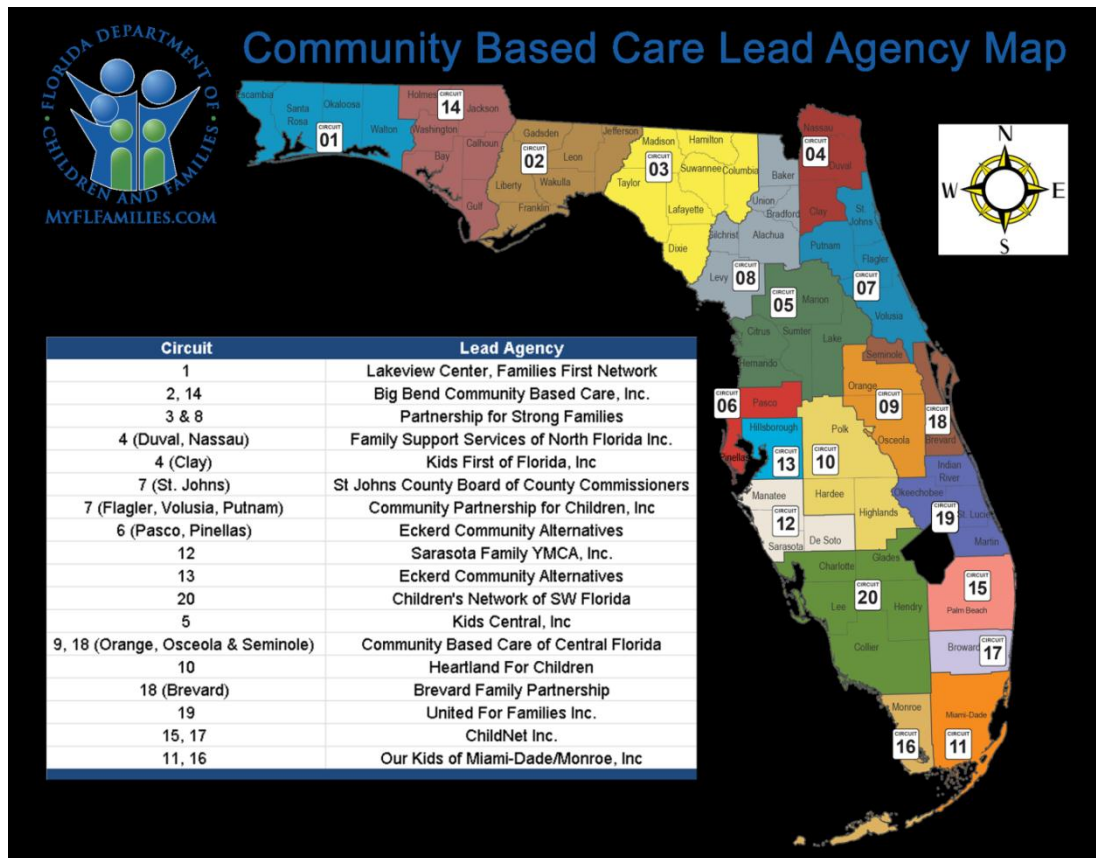
Prior to investigation completion, the CPI must determine whether the family needs ongoing services and supports. If a child is determined to be “unsafe,” a robust safety plan is developed and the CPI transfers the case to the local community-based care agency for full safety management and case management services. If a child is 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 prevention, family support 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 prevention and diversion, dependency case work, out-of-home care, in-home services, 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.



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 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 Department was authorized to continue its participation in the Waiver Demonstration Project through September 2018.

During the last five years, the child welfare system in Florida has significantly shifted in practice and policy to a community-based system of care. While significant progress has been made, the benefit of a statewide Title IV-E waiver could not 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.

The first five years of the Waiver demonstration shows a complex picture that includes some positive and optimistic trends, such as the shift in expenditures from out-of-home care to prevention and in-home services, and improving child outcomes related to permanency, safety, and well-being. However, many challenges persist regarding child well-being indicators and at the practice level. These remaining challenges at the practice level are not surprising, given that child welfare systems present a challenging environment in which to implement best or innovative practices, due to their organizational complexity and the varying needs of children and families served in these systems (Aarons & Palinkas, 2007). Refer to the IV-E Waiver Demonstration Evaluation Final Evaluation Report located at: <http://centerforchildwelfare.fmhi.usf.edu/Datareports/IVERReport.shtml>

As many studies have demonstrated, the development and validation of evidence-based practices in mental health, substance abuse, and child welfare has not been matched by effective implementation of these practices in community settings (Aarons, 2005; Simpson, 2002). These persistent barriers pointed to the need for Waiver renewal, with a focus on the process of implementation of evidence-based and promising practices during child protective investigations and child welfare case management practice and services. Florida's flexible Title IV-E funds will allow the Department and its partner lead agencies to create a more responsive array of community-based services and supports for children and families. This funding supports child welfare practice, program, and system improvements that will continue to promote child safety, prevent out-of-home placement, expedite permanency and improve child and family well-being.

This strategic use of the funds will allow community-based lead agencies to implement individualized approaches that emphasize both family engagement and child-centered interventions. The Waiver demonstration project has and will continue to serve as a catalyst for systemic improvement efforts.

While changes in and an expansion of the community-based service array have occurred, adequate capacity and accessibility does not exist across the entire state specifically related to in-home services for families diverted from out-of-home care and adult and child specific community services and supports that help to promote the safety and well-being of families. See Florida's Child Welfare Services Gap Analysis Report.

The Waiver extension focuses on aspects of well-being that are crucial to child and family development. Florida will test the hypothesis that capacity building, system integration and leveraging the involvement of community resources and partners yield improvements in the lives of children and their families.

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.

- *Ensure vulnerable children are safe.*
 - Reduce/Eliminate preventable child deaths
 - Develop and provide training around high risk circumstances
 - Increase the availability of quality and safe child care

- *Educate families and communities about most common threats to child safety and well-being.*
 - Assist communities to establish prevention programs that reduce preventable child deaths
 - Identify resource networks that can assist communities in their efforts to raise awareness about common causes of child fatalities

- *Improve the stability and expertise of the child protective investigator workforce.*
 - Increase the percentage of child protective investigators with social work degrees to at least 50%
 - Develop and implement a training academy for child protection investigators and case managers, including a pre-service and in-service training curriculum

- *Reduce/Eliminate human trafficking and missing children.*
 - Develop safe house certification process
 - Identify gaps in services for child victims of commercial sexual exploitation and enhance the existing service array

External stakeholders also influence the selection of priorities. The Department continues to shift practice to a focus on safety while managing the culture change of the organization as 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 3,218 children. More than one hundred forty of these children were 16 or 17 years old at the time of their adoption.

For the past five straight years, the Department has received an award for going above and beyond to find permanent homes for children. During that same period, as a part of the Federal Adoption Award, the Department has received \$25,738,151 for the practice of going above and beyond in finding these permanent homes. The Department is currently awaiting re-authorization of the Federal Adoption Award for the previous federal fiscal year.

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 that are 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 the Abuse Hotline to the community-based care organizations under contract with the Department. The vision is to redesign Florida's child welfare system of care to work more effectively with

children and families toward achieving child safety. The goal is to ensure that children and families are safer, while improving and measuring well-being outcomes.

Consistency in the application of the practice model requires a 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 being to improve child safety outcomes across the spectrum of child welfare services by improving the quality of the Department's 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. Additionally, technology enhances are needed to include Florida Safe Families Network Updates and SACWIS Compliance, and the revision of all statutes, rules, and operating procedures to align with the Department's transformed business model.

Regional teams have been developed to execute regional specific implementation plans that incorporate each region's specific dynamics related to implementation, training, communication and coordination of the practice model changes across the regional communities to ensure delivery of all core project messages to all internal and external stakeholders.

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

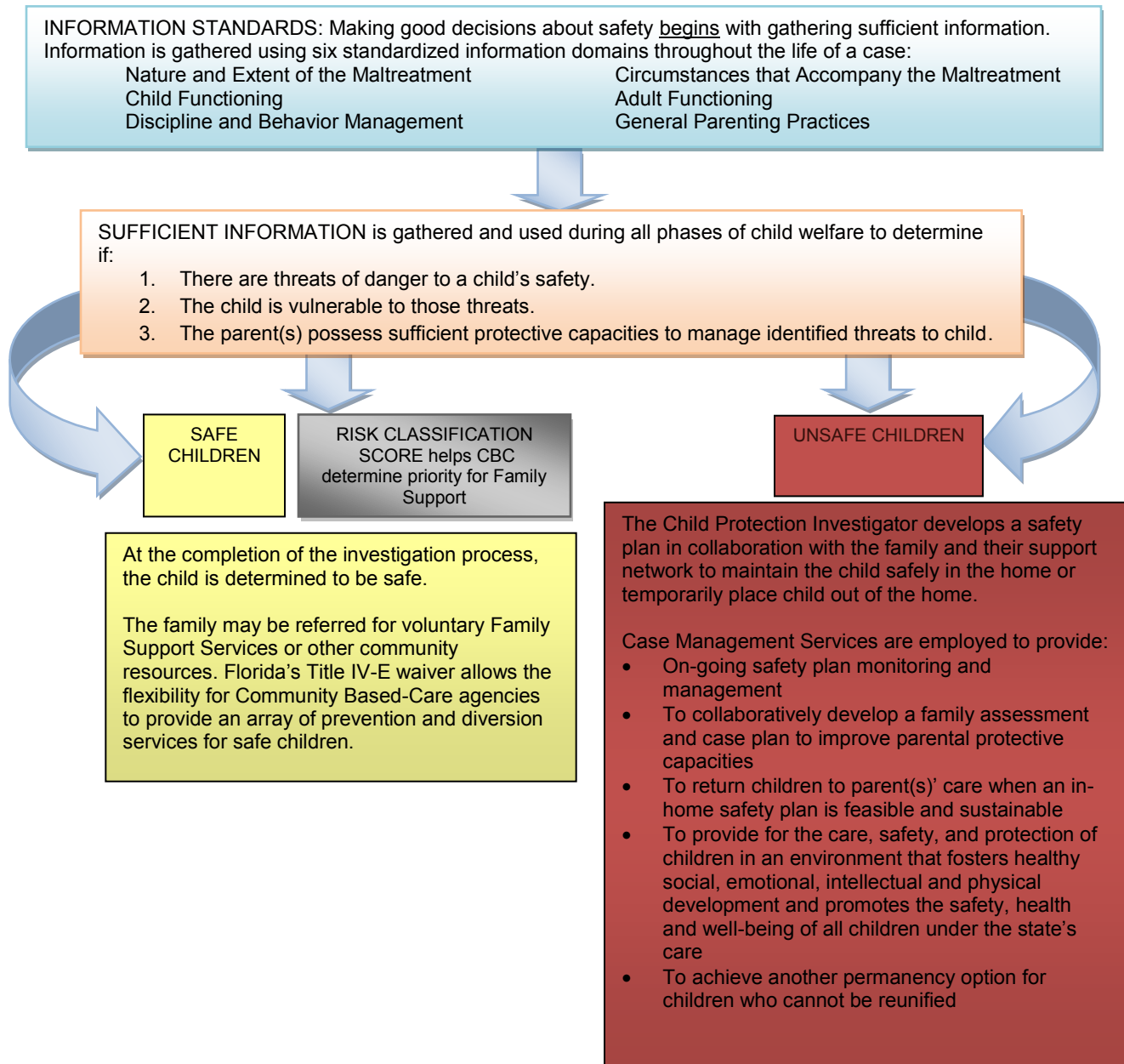
Desired practice focus for this effort is to ensure that child safety and risk of maltreatment are adequately understood and addressed prior to selection of interventions and completion of investigations. The investigations process has been changed to ensure that CPIs have the knowledge, skills, and 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 focus is to continue to hire and maintain long-term, highly-qualified child protective professionals, supervisors, and leadership. Investigative units are building a strong range of expertise, as well as collaborative partnerships with a broad array of community partners. As a result, 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 supports the professional workforce that is fairly compensated and provides advancement opportunities; to establish proactive and effective recruitment, selection and hiring practices; and to develop 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 the Title IV-B's Promoting Safe and Stable Families (PSSF and Stephanie Tubbs Jones Child Welfare Services). 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, infant safe sleep and water safety. Infant 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 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.

The Office of Adoption and Child Protection works in tandem with the Children and 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.

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. Both the “Promoting Safe and Stable Families” and Stephanie Tubbs Jones Child Welfare Services federal programs allows the Department to develop, expand, and operate coordinated programs of community-based services.

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;
- Strengthen adoptive families by providing support services, as necessary, so that they can make a lifetime commitment to their children;
- Prevent the neglect, abuse or exploitation of children; and
- Provide training, professional development and support to ensure a well-qualified workforce.

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

- Work collaboratively with the 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.

To address child and family risk factors and promote a protective factor approach, within the context of Florida’s rapidly expanding population and demographics, a strong commitment to 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 promotion of 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) program seeks to stimulate critical thinking with CPIs’, case managers’, and supervisors’ strengths in effective practices as well as areas that need further attention that are formalized in an ongoing program improvement plans. QA/CQI processes critically examine case practice related to safety, permanency, and well-being.

QA reviews focus on six federal and state outcome measures:

1. Children are safely maintained in their homes whenever possible and appropriate;
2. Children have permanency and stability in their living situations;
3. The continuity of family relationships and connections is preserved for children;
4. Families have enhanced capacity to provide for their children’s needs;
5. Children receive appropriate services to meet their educational needs; and
6. Children receive adequate services to meet their physical and mental health needs.

The primary objectives for the QA/CQI program are to ensure:

- Delivery of consistent, high-quality services to children and families;
- The safety and well-being of children living in appropriate and permanent homes;
- Reduction in the possibility of adverse occurrences; and

- Accomplishment of continuous improvement in the programs, processes, training, and policies required to achieve targeted outcomes.

In state FY 2014/2015, regional quality assurance staff will conduct Rapid Safety Feedback QA reviews of open child protective investigation cases. Rapid Safety Feedback reviewers flag key risk factors in open investigations of children age four and under. This is a major shift from looking at investigations retrospectively to looking at them in “real time” so that practice can be impacted while an investigation is open. The key component of Rapid Safety Feedback is the case consultation between the QA reviewer and the CPI or case manager and supervisor. The case consultation engages the CPI or case manager in a dialog about critical decisions made in the case. Infants are the highest risk children and when combined with other risk factors are prioritized for a Rapid Safety Feedback review. The target population is children age four and under with the case review stratified as follows:

- At least one prior report on the child victim, another child victim in the home, or the alleged caregiver responsible
- Cases open 25-35 days
- All children under 12 months of age with family violence threaten child and substance misuse maltreatment
- All children under 12 months of age with family violence threaten child or substance misuse maltreatment
- All children under 12 months of age with physical injury maltreatment
- All children under 12 months regardless of maltreatment
- All children 12 months of age but less than 5 years of age with family violence threatens child and substance misuse maltreatment
- All children 12 months of age but less than 5 years of age with family violence threatens child or substance misuse maltreatment

CBC lead agencies will conduct Rapid Safety Feedback on open in-home services cases. In addition, they will conduct Rapid Permanency Feedback and Rapid Well-being feedback on children in out-of-home care.

Regions and CBC QA staff continue to receive requests for special reviews beyond planned QA activities. These reviews include high profile, high risk or critical cases. In January 2015, the Department will implement the Critical Incident Response Team to conduct immediate onsite investigations of all child deaths reported to the Department if the child or another child in his or her family was the subject of a verified report of suspected abuse or neglect during the previous months. An investigation shall be initiated as soon as possible, but not later than 2 business days after the case is reported to the Department.

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: Title IV-B, Subpart 1 (Child Welfare Services- Stephanie Tubbs Jones and Caseworker Visits with Child) and Subpart 2 (Promoting Safe and Stable Families); the Child Abuse Prevention and Treatment Act (CAPTA); the Chafee Independent Living Program and Educational Training Voucher (ETV) Program; and the Title IV-B/IV-E Training Plan 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 implemented the Title IV-E federal demonstration waiver with success. The project was extended to December 2013, and Florida and the federal government concluded 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 meets 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 was completed in November 2013, activating DCF's Safety Decision Making Methodology, including new assessment tools to significantly enhance Florida's child welfare practice model. In December 2013, an additional release was implemented, including enhancements to the Financial Reimbursement and Federal Reporting modules within FSFN. The third phase of the redesign was implemented in June 2014. This release included enhancements to the Financial module in FSFN in order to support the Community Based Care business practices, implementation of an FSFN/DJJ Interface and continued the Department's efforts to meet the federally required SACWIS compliance standards.

The FSFN team has structured their release schedule to align with Quarterly builds. The 2014 SFY Quarter 1 build will focus on defect resolution and the SFY Quarter 2 release for FSFN is scheduled for December 2014 and will include enhancements to support those federal funding eligibility functions for children in care, including the appropriate system interfaces. These enhancements are expected to bring user efficiencies and ensure the integrity of the eligibility determination process. Moreover, these enhancements further solidify the State's change in approach to designate FSFN as the State's Title IV-E eligibility system of record. The implementation of the enhancements to support the federal funding eligibility functions for children in care, including the appropriate system interfaces will bring to closure a two-year period of major enhancements to FSFN.

Also 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 December 2013, new FSFN functionality was deployed to support the Nancy C. Detert Common Sense and Compassion Independent Living Act; SB 1036.

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 2012, 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. The youth should be empowered to address strategies concerning their educational attainment, employability, housing needs, healthcare planning and the development of a strong positive adult support system.

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 can 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.

Florida Administrative Code Chapter 65C-28 - The Department is in the process of revising Chapter 65C-28, F.A.C., Out-of-Home Care. Included in the proposed revisions to code is a new section titled "Meeting the Child's Educational Needs," which would require CBCs to document information about the current school or educational setting of the child, all schools or educational settings the child has attended since the date the child has been in the custody of the Department, and the length of time the child has spent in each school or educational setting. In addition, information captured on each child would include:

- The number of high school credits each child 14 years of age or older has earned
- The child's surrogate parent, if one has been appointed
- The reason for any change in the child's educational setting
- Information regarding the child's educational records, such as:
 - Report cards
 - Transcripts
 - Individual Education Plans
 - A 504 plan, developed under the provisions of Section 504 of the Rehabilitation Act of 1973

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

Although all families have the right to choose their managed care plan, a major change for SFY 2014 – 2015 is that the majority of children in out-of-home care will be served by Sunshine Healthcare Plan, which is the Medicaid primary health insurance plan for child welfare. This plan ensures CBC lead agencies, case management, parents, and foster parents are actively involved in health care and behavioral health provider and service decisions. Sunshine Health is required to:

- Develop and maintain provider/physician networks
- Develop and maintain behavioral provider/practitioner networks
- Authorize health care treatment and pay claims
- Authorize behavioral health treatment and pay claims
- Provide medication management
- Operate call centers and help line (e.g., Nurse Wise)
- Perform quality assurance

The Medicaid primary insurance plan for child welfare began rolling out by region on May 1, 2014, and full roll out is scheduled by September 2014.

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 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 and CBCs have also been engaged to partner in targeted recruitment of medical foster homes as part of CMS' Statewide Operational Plan.

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 continuity of care and case coordination for behavioral health care services is another area of focus. Case reviews many times note an abundance of services being provided to a child and family but should consider coordination of services or communication between service providers. The Department's Substance Abuse and Mental Health (SAMH) Program Office has made the integration of child welfare services and SAMH services a priority in their 2014-2016 strategic plan. The SAMH Program will provide content expertise on prescription drug treatment and prevention, Family Intervention Specialists (FIS), and child welfare issues related to substance abuse and mental health. The SAMH Program is also partnering with the Florida Alcohol and Drug Abuse Association to develop and deliver seven webinars to train Child Protective investigators and Family Intervention IS staff in the recognition and assessment of behavioral health disorders.

A critical part of the child welfare/behavioral health integration process is the role of FIS. As appropriate, child welfare policies and procedures have been revised to include the FIS services. Further, FIS protocols have been developed which delineate the service delivery process to this population. It is significant to note that FIS are co-located with the child welfare staff to promote communication, easy access and improved continuity of care.

The Department, its community-based partners and Children's Medical Services worked 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.

There are a number of statutory and administrative code requirements that establish the policy for, and provide the direction of, medical care services for children in out of home care. Florida Statute (s. 39.407, F.S.) and Florida Administrative Code (59G-4.080-Child Health Check-up, 65C-29.008 -Initial Health Care Assessment and Medical Examination of Children alleged to be abused, neglected or abandoned, and 65C-28.003-Medical Treatment) govern Health Care Services within the Child Welfare System.

Section 39.407, Florida Statutes, authorizes the Department to provide medical screenings and follow up treatment for children removed from their homes and maintained in out-of-home placements. 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. These assessments provide recommendations for further medical, dental, and behavioral health treatment the child may need.

A child's physical health needs must be assessed within 72 hours of removal from their home. To be reimbursed by Medicaid, the provider must assess and document in the child's medical record all the required components of the Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) known in Florida as the Child Health Check-Up. The components are as follows:

- Comprehensive health and developmental history (including assessment of both physical and mental health development)
- Comprehensive unclothed physical exam
- Appropriate immunizations (according to the schedule established by the Advisory Committee on Immunization Practices (ACIP) for pediatric vaccines)
- Laboratory tests (including blood level assessments appropriate for age and risk factors)
- Anticipatory Guidance/Health Education. Health education is a required component of screening services and includes anticipatory guidance. At the outset, the physical and/or dental screening provides the initial context for providing health education. Health education and counseling to both parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child's development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.
- Vision Screening. Vision should be assessed at each screening. In infants, the history and subjective findings of the ability to regard and reach for objects, the ability to demonstrate an appropriate social smile, and to have age appropriate interaction with the examiner is sufficient. At ages four and above, objective measurement using the age-appropriate Snellen Chart, Goodlite Test, or Titmus Test should be done and recorded. If needed, a referral should be made to an ophthalmologist or optometrist.
- Dental Screening. A general assessment of the dental condition (teeth and/or gums) is obtained on all children. As indicated and beginning at age 2 years old a referral should be made to a dentist.

- **Hearing Screening.** A hearing test is required appropriate to the child’s age and educational level. For the child under age four, hearing is determined by whatever method is normally used by a provider, including, but not limited to, a hearing kit.

The Agency for Healthcare Administration has placed the 72 hour screening requirement in all contracts for Medicaid Managed Assistance (e.g., Sunshine Health and other plans). Effective 7/1/14, the 72 hour screening was a requirement in Florida statutes.

The Comprehensive Behavioral Health Assessment (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.

The Quality Parenting Initiative (QPI) continued in 2013-2014 in its collaboration between foster parents and the community-based care (CBC) agencies. To help address retention of foster parents and strengthen the partnership between child placing agencies and foster homes, the 2013 Florida Legislature passed and Governor Rick Scott signed legislative changes¹ in support of the QPI. QPI provides training and strategies to improve child safety, permanency and well-being for children who are placed in Florida’s out-of-home care system. It is designed to ensure that children residing in an out-of-home care setting are placed with a caregiver who has the ability to care for the child, is willing to accept responsibility for providing care, and is willing and able to learn about and be respectful of the child’s culture, religion and ethnicity, special physical or psychological needs, any circumstances unique to the child, and family relationships.

The 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 2014, and again have committed staff and resources through June 2015. The CBCs and other agencies provide prospective caregivers with all available information necessary to assist the caregiver in determining whether he or she is able to care appropriately for a particular child. Such careful attention to placement-matching details improves the ability of caregivers to provide the right support and parenting to children

¹In section 409.145, F.S.

placed with them. Mentoring and coaching from foster parents to birth parents is encouraged as a “best practice” through QPI trainings. In addition, QPI is also designed to promote the participation and engagement of foster parents in the planning, case management, and delivery of services for children residing in Florida’s out-of-home care system, which increases positive outcomes for children and families.

The major successes of the project have been in systems changes and improved relationships. QPI sites also have reported measurable improvement in outcomes such as:

- Reduced unplanned placement changes
- Reduced use of group care
- Reduced sibling separations
- Increased successful reunifications

Over the next five years, the Department will continue to refine and expand QPI across the state through ongoing training and tools offered on-site at CBCs, as well as through the QPI information portal of the Center for Child Welfare, particularly the “Just-in-Time Training” offerings. (<http://qipiflorida.cbcs.usf.edu/index.html>)

The Redesign of the Independent Living Program continues in 2014-2015. 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.

The Nancy Detert “Common Sense and Compassion” Act went into 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.

Independent Living participants in the new program 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, have enrolled in a postsecondary educational institution and submitted a free application for Federal Student Aid (FAFSA), 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. If the young adult maintains good academic standing in their post-secondary institution, the young adult 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 young adult's 23rd birthday to ensure the young adult does not face the crisis of homelessness and have the continuing stability to succeed as a student. Any eligible young adult can opt out and opt back into EFC and PESS as many times as they need, until the maximum program age is reached.

To provide a bridge of assistance for the young adult that may have barriers qualifying for the EFC or PESS Program, the legislation made it possible to provide services through the Aftercare program. This program gives the CBC's the ability to assist the young adult with a wide array of support and services, such as: rental assistance, mentoring, tutoring, parenting classes, mental health and substance abuse counseling, immediate homeless relief, job and career training.

Within the format of this legislation is a strong focus on assisting the youth to achieve their personal levels of success, in educational attainment, employment, healthcare, housing and developing a strong support structure. Therefore the ongoing Independent Living service provisions will be focused on:

- Increasing young adult's accessibility to post-secondary educational options
- Increasing the young adult access and the availability of employability training and job attainment
- Increasing the young adults' access and the availability of affordable housing options
- Educating, embracing and empowering young adults to utilize their existing healthcare options

- Educating, embracing and empowering young adults to develop strong adult support structures.

Revise Florida Administrative Code - Revision of the following rules is planned or continues for FY 2014-2015:

- 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-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-37-Staff Development and Training
- 65C-38 - Background Checks for the Placement of Children using the State Automated Child Welfare System (SACWIS)
- 65C-41 – Extended Foster Care
- 65C-42 – Road to Independence

Continue to Develop and Implement Family-Centered Practice - The development of an overarching model of practice was a core improvement strategy in Florida’s Quality Improvement Plan (QIP, Goal 1: Develop and Phase-In Family Centered Practice) to address the second round CFSR results for child well-being. The Office of Child Welfare continues to use the “Family Centered Practice Model” to undergird all child welfare rules, policy, training, quality assurance and contract requirements.

The practice model has been further refined to incorporate and integrate “Safety Methodology” constructs which were developed by statewide workgroups for child protection investigations and case management. The workgroups developed the “Safety Methodology with extensive technical assistance from Action for Child Protection, Inc. and the Children’s Research Center. The model updates include criteria for:

- Interviewing protocols for investigators
- Determination of “Safe” or “Unsafe” child (new definitions for danger threats, vulnerable child, caregiver protective capacities)

- Assessment of present and impending danger
- Assessment of family risk score
- Safety planning
- Intervention standards for case managers
- Case management on-going Family Functioning Assessments
- Case planning for behavioral changes

Information and resources about the updated Family Centered Practice Model has been posted on the Florida Center for the Advancement of Child Welfare Practice site at: [http://centerforchildwelfare.fmhi.usf.edu/horizontaltab/eventsannouncements.shtml#](http://centerforchildwelfare.fmhi.usf.edu/horizontaltab/eventsannouncements.shtml#under%20%22Hot%20Topics,%22%20%22Safety%20Methodology.%22) under “Hot Topics,” “Safety Methodology.”

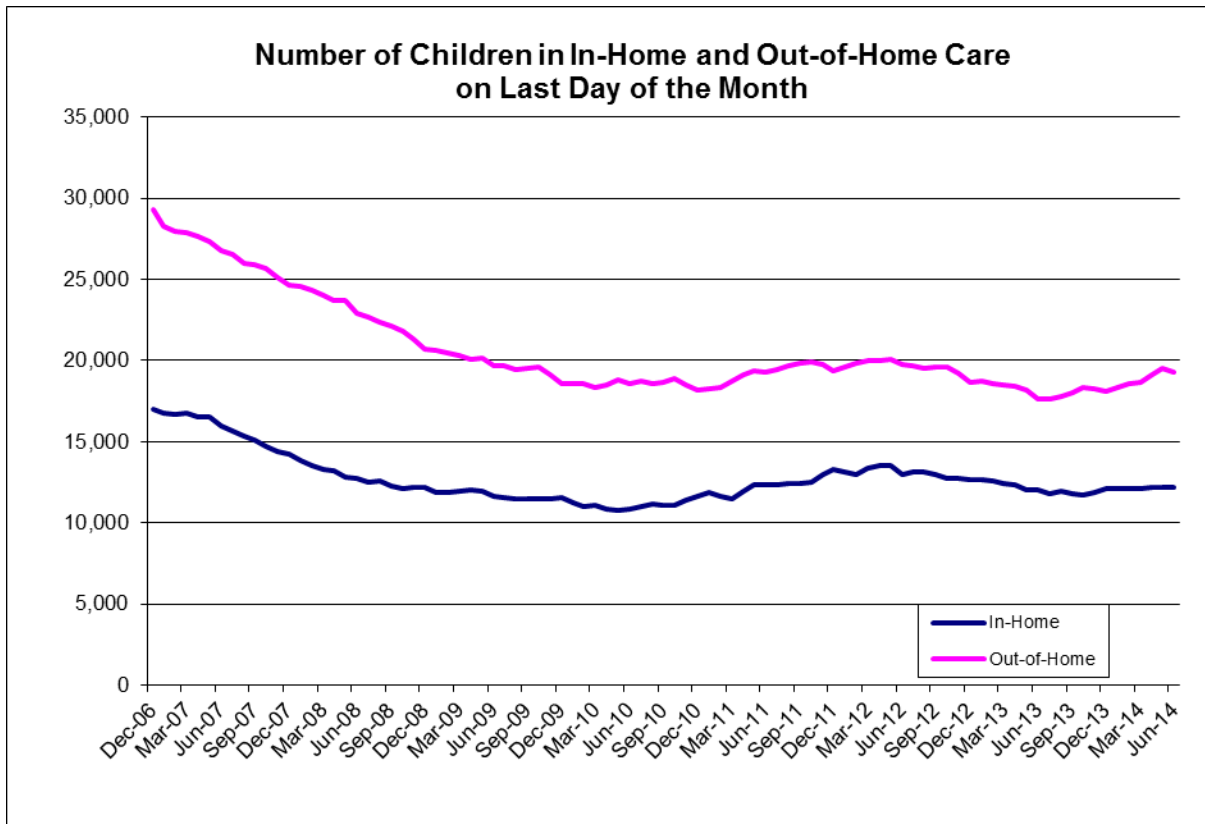
The updated practice model guides what investigators and case managers need to learn about children and families in order to assess child safety, build adequate safety plans, and ultimately co-construct relevant case plans with families that strengthen caregiver protective capacities. The transformation project determined early on in its work that there are critical family-centered investigative and case management practices that are needed to know how to assess child and family dynamics and to set the stage for meaningful family involvement and accountability for change. The transformation project resulted in the following activities to reinforce the expectation that the family centered practice model would remain the core foundation for practice:

- Updating of the practice model components to integrate the new safety framework
- Significant new functionality and tools in FSFN have been developed and released to support the updated practice model
- An eight-day mandatory in-service curriculum about the new practice model has been developed that all staff are in the process of receiving
- Advanced practice model experts have been developed and are supporting implementation
- There is a statewide oversight Steering Committee and a local steering committee in each region that oversees implementation
- Each region has a detailed plan for local implementation of the new practice model
- Pre-service curricula for all staff are being completely updated to fully integrate the new practice model

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 prevention and case management 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, the Department and the community-based care lead agencies (CBC) partner for increased local community ownership and active involvement in developing an effective and responsive service delivery system and array of services for Florida’s families. Services offered are diverse and tailored to meet family needs. Examples of services include but are not limited to: Assessment and Evaluation, Child Care, Counseling, Home Maintenance, Housekeeping, In-Home Family Support, Information and Referral, Legal Services, Post Placement Services, Respite, Transportation, and Temporary Housing Assistance. The Office of Child Welfare is working with the Casey Family Programs to conduct a research analysis as to gaps in community service arrays, as well as a future analysis of the current service provisions as they relate to outcomes and recidivism rates.

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 continuing in the Implementation phase of Safety Methodology as the new Child Welfare Practice Model. Training continues statewide to immerse CPI, Sheriff and case management staff in the new practice model. The goal is to ensure that children and families are safer in addition to improving and measuring well-being outcomes.



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 trauma.

Commercial Sexual Exploitation of Children (CSEC) is the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act in which the person induced to perform such act has not attained 18 years of age. Domestic

minor sex trafficking occurs when U.S. citizen or lawful permanent resident minors (under the age of 18) are commercially sexually exploited. Children can be commercially sexually exploited through prostitution, pornography, and/or erotic entertainment. The phrase “commercial sex act” is defined by the federal Trafficking Victims Protection Act as the giving or receiving of anything of value (money, drugs, shelter, food, clothes, etc.) to any person in exchange for a sex act. The average age a child in the United States is first exploited through prostitution is 13-years-old, but in the state of Florida, children often are first identified as CSEC victims around the age of 15.

Children who are targeted for exploitation often have a history of habitual runaway behavior or are deemed “throw away” children. The term refers to a child who is thrown out of his home by a caregiver and who is not reported missing when he runs away. These children often are required to seek out their own shelter, food, and other basic necessities. Many of these children have a past history of sexual abuse and may have substance abuse issues.

With the passage of the Safe Harbor bill during the 2012 legislative session (effective January 1, 2013), the Department was able to license and place children who have been adjudicated dependent into specialized CSEC “Safe House” facilities. These licensed family foster homes, residential child-caring agencies, or runaway youth centers were designed to provide intensive onsite services (mental health, substance abuse, educational and life skills training) to identified victims of CSEC in a dependency setting rather than a delinquency setting. The Legislature appropriated \$1.5 million to the Community-Based Care Lead Agencies for the placement and services delivery to victims of CSEC who had been adjudicated dependent. Approximately 20 beds were created in 2012–2013 for victims of CSEC. The number of beds would fluctuate based on the intensity of services needed by children within the safe houses, which could influence the number of children that placement could effectively provide services for at any given time. During the 2013–2014 timeframe, two more facilities opened with an additional eight beds potentially available to victims of CSEC.

Since mid-September 2013, the Department has reviewed daily the Florida Safe Families Network (FSFN) in an effort to determine the number of current foster children who are at risk of becoming victims of commercial sexual exploitation. The FSFN data has indicated that on any given day, there are approximately 185 Florida children in the foster care system who display at least one of three data elements that may place them at risk of becoming a commercial sexual exploitation victim. These FSFN data elements are:

- FSFN Person Management Page Out-of-Home Care Placed Human Trafficking Possible/Confirmed CSEC Involvement;

- FSFN Foster Care System Missing Child Report Form “Possibly Involved in Prostitution” Radial Button; and
- FSFN Verified findings of Human Trafficking that occurred prior to October 1, 2012.

These data elements allow Community-Based Care lead agencies and services providers to estimate the potential number of CSEC victims in the foster care system based on past and current observed behaviors and findings.

The Legislature also passed legislation during the 2014 session with multiple changes aimed at strengthening the statewide response to child victims of commercial sexual exploitation. In part, the legislation requires the Department to:

- Develop or adopt one or more initial screening and assessment instruments for the identification, service planning, and placement of sexually exploited children;
- Conduct specialized, intensive training of child protective investigators and case managers working with sexually exploited children; and
- Establish certification requirements and service requirements for “safe houses” and “safe foster homes.”

Trends and Conditions for Child Welfare Core Programs

At the 2014 Child Protection Summit, just under 2,700 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. The Summit was designed to renew child welfare professionals’ faith in the work they do, and in collaborative partnerships and the power we each have when working together.

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 focuses 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. The Office of Child Welfare is in the process of implementing Non-relative Caregiver Payments, which were established by the 2014 Legislature, and went into effect July 1, 2014.

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. A targeted recruitment initiative has been launched to recruit foster homes for children who have special needs, and another targeted recruitment campaign focused on finding homes for teens and youth opting to remain in Extended Foster Care are planned during SFY 2014-2015.

Adoption

The number of adoptions finalized in SFY 2013-2014 was 3,218. As the Department continues to reduce the number of children entering foster care, and the community-based care agencies achieve more timely and safe reunifications, the number of children available for adoption will begin to plateau and eventually decline. The anticipated target for SFY 2014-2015 is 3,117; this number is prior to the completion of negotiations with the CBCs.

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."

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.

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
- 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 goal of Florida's child welfare system is that every child in Florida thrives in a safe, stable and permanent home, sustained by nurturing relationships and strong community connections. To reach this goal, Florida must have a professional workforce with expertise in the seven professional practices that comprise Florida's practice model: engage the family; partner with all involved; gather information; assess and understand information; plan for child safety; plan for family change; and monitor and adapt case plans. Newly hired child welfare employees must become competent in these practices, and experienced child welfare professionals must continue to hone their skills and deepen their knowledge base.

Summary of current training and professional development initiatives:

- *Implementation training for safety methodology continues throughout the state.* Ninety-three percent of the workforce (investigators and case managers) have received the eight-day classroom training. Additional professional development activities are underway, including learning circles, case consultations, and coaching. In addition, supplemental training for safety plans has been provided in many areas. The 2014 statewide summit, held in early September, will feature ten workshops specific to the new methodology.
- *Development of new pre-service curriculum is nearing completion.* Final revisions are being made to ensure that it aligns with new practice guidelines and law changes. At least three sites will begin piloting the curriculum this fall. It is anticipated that the new curriculum will be ready for use in early 2015.

Defining the future of Florida's child welfare training and professional development system: There are several significant factors impacting the state's training and professional development system at this time. In the fall of 2013, child welfare training was removed from Florida's IV-E waiver. This important change enables Florida to maximize federal funds for the child welfare training system. Under the waiver, funding for child welfare training was capped. This waiver change is occurring alongside four significant events related to

training and development: implementation of the safety methodology; passage of new statutory requirements focused on continued professionalization of staff; the establishment of a new consortium of universities to review and evaluate child welfare training; and, the state's next federal audit of child welfare practice and systemic factors scheduled for 2016.

In response to these influences, the following initiatives are currently underway:

- *Federal five-year plan.* The federally required five-year plan for training has been submitted and the Department is awaiting approval from the Children's Bureau. The plan outlines actions to achieve three goals over the next five years: professionalize and strengthen the training infrastructure; promote a culture of career-long learning; and, fully integrate training and professional development into the continuous quality improvement process. The first initiative listed in the five-year plan is underway – a legislative budget request. Coordinated through the central office, all community-based care lead agencies, sheriffs' offices, and regions recently completed a thorough resource needs assessment for their training programs. This assessment considered a broad and comprehensive definition of training and professional development that includes both traditional instructor led classroom training, as well as distance learning, learning circles, directed field experience, case consultation, and coaching. It also considered the vast number and types of staff who are trained, including frontline investigators, case managers, foster and adoptive parents, and the many child welfare partners.
- *Definition of "training and professional development."* The Department has established a definition of training: broad and comprehensive activities aimed at instruction, learning, and professional growth to include (but not limited to) traditional instructor led classroom training, distance learning (webinars, e-learning courses), lectures (guest speakers, subject matter experts, researchers, panels), learning circles, directed field experience, case consultations, coaching, directed research, and training videos.
- *Delineation of centralized and decentralized training functions.* The state will continue to have a decentralized approach to the delivery of training. Each region maintains its own training program for child protective investigators, the sheriff offices maintain training programs, and each community-based care agency has a training program. Leadership has determined the need to also have clearly defined centralized functions to ensure a statewide training system. These functions are currently being refined and determined, in alignment with the five-year plan mentioned above.

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 where the Office of Attorney

General provides such representation in the 13th and 17th judicial circuits and the State Attorney Office provides such representation in the 6th judicial circuit 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 managers 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.

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.

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, guardian 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 received a grant from the Children's Bureau for establishment of a national electronic ICPC system. The grant proposal was approved by the Children’s Bureau for a pilot program that will involve six states in the development of the National Electronic Interstate Compact Enterprise (NEICE) a system with a goal of sustainability for all 52 jurisdictions over time. The Interstate Compact System (ICS) was utilized as the baseline application for the national system. The system go-live is scheduled for August 2014 and the pilot will continue until Spring 2015 with a follow-up evaluation to determine the effectiveness of the program.

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 2014-2015 Legislative Budget Request, are aligned with the Governor's priorities and support the Secretary's priorities.

E. Justification of Final Projection for each Outcome

Florida's child welfare system 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

Recently, resources have been deployed to sustain improvements in protective investigations, to increase safety and prevention services to support in-home safety plans, to redesign case management staffing and recruitment, to provide adoption subsidies, to care for young adults leaving foster care and entering extended foster care, to support placements that best match the needs of children, and to care for victims of sexual exploitation. The fiscal impact of these investments will continue to be monitored.

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 will be explored by a collaborative legislative workgroup comprised of Department, House, and Senate staff along with contracted providers and child advocates.

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 409.996(18)(a), Florida Statutes

Purpose: Conduct annual evaluation of the programmatic, operational, and fiscal operations of the community-based care agency and must be consistent with the child welfare results-oriented accountability system required by s. 409.997, F.S. Scorecard and performance measures are being revised by these task forces.

Community-Based Care Performance Report

Authority: Section 409.997(3)(g), Florida Statutes

Purpose: Monitors and measures the use of resources, the quality and amount of services provided, and child and family outcomes.

Review of Critical Incident Rapid Response Reports

Authority: Section 39.3012(11), Florida Statutes

Purpose: Requires an advisory committee to conduct an independent review of investigative reports from the critical incident rapid response teams and to make recommendations to improve policies and practices related to child protection and child welfare services.

Status of Child Protective Investigators and Supervisors

Authority: Section 402.402(3), Florida Statutes

Purpose: The Department must submit an annual report on the educational qualifications, turnover, and working conditions of the child protective investigators and supervisors.

Placement of Children in Safe Houses and Safe Foster Homes

Authority: Section 39.524(3), Florida Statutes

Purpose: The Department must report annually on the placement of children in licensed residential group care, including the criteria used to determine the placement of children, the number of children who were evaluated for placement, the number of children who were placed based upon the evaluation, and the number of children who were not placed.

Evaluation of Motor Vehicle Insurance for Children in Care

Authority: Section 409.1454(6), Florida Statutes

Purpose: Conduct an annual evaluation of the success of and outcomes achieved by the pilot program and recommendation as to whether the program should be continued, terminated, or expanded.

Independent Living Services Advisory Council

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

Purpose: Review, evaluate and make recommendations concerning the implementation and operational ability of Extended Foster Care and Post-Secondary Education Support and Services 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 Statutes. 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 2013-14 the Department received a total of 266,781 reports and conducted a total of 688,276 criminal background checks (by subject).

Florida Abuse Hotline Contacts Received	Reports Accepted for Investigation (Child, Adult)	Reports Accepted for Investigation (Special Conditions)	Criminal Background Checks Conducted
Calls: 445,184 Fax: 25,326 Web: 16,416	266,781	12,539	Total Subjects checked: 688,276

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 details a set of guiding principles, goals, and strategies used to guide the Hotline to include the efforts of many other services provided by the Hotline, in addition to responding to allegations of abuse and neglect by telephone. 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 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:

A continued focus on educating the general public and professional reporters of the availability of the Hotline's web reporting tool is projected to increase the use of its web reporting tool to provide reporters with less wait time and increased access to the Hotline.

Technology:

The Hotline actively seeks 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 to reduce costs which align 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:

QA review of information gathering and decision making by Hotline counselors

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, screening 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 483,353 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 the 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 2013-14

<i>Mandated instructor-led training</i>	<i>4,072 classes held</i>
<i>Number of students served</i>	68,613
<i>Competency exams</i>	115,858 administered
<i>Online course completions</i>	101,379
<i>Credentials issued/renewed</i>	15,595

During the 2010 legislative session, with additional revisions in 2012 and 2013, 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.

In FY 2013-14 there were over 17,902 summer camp screenings completed. This legislation requires educating parents, summer camp providers and the public regarding the new statutory standards, providing technical assistance and support to summer camp programs, managing an increased number of on-site complaint investigations, as well as manage an increased number of screenings results that must be processed timely.

Over the past three years the Department has worked to inform parents, summer camp program providers and the general public about the screening requirements. Throughout April and May 2014, the Department continued its public awareness activities. The Department's Communications office distributed several emails throughout the spring to more than 17,500 community partners, child care providers and known camp owners concerning the summer camp screening requirements. Also, the Department collected local newspaper advertisements for summer camp programs that would be occurring in communities throughout the state. From those advertisements, more than 1,900 programs were identified and notified via email (1,400) and certified letters (more than 500 without email addresses), advising each of the background screening requirements.

In late 2012, the Child Care Regulation Program began moving toward a web-based product with one of the goals being to bridge our licensing and training databases. As a result of the state's 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 owned the database and continued to have database level access.

All hard copy paper inspections conducted by the Department have been uploaded to the public website as of February 2014. Four of the 5 local licensing counties have also had their forms uploaded for public display using the Department's information system. Only Broward County remains and will be brought online shortly; however, they maintained a separate contract for their licensing application that did not expire until July 31, 2014.

By July 2015, the existing database will be normalized and migrated to a new SQL platform for use in Child Care Regulation's new licensing information system, better known as CARES (Childcare Administration, Regulation & Enforcement System). Some of the deliverables planned for the first phase of development ending December 2015 are:

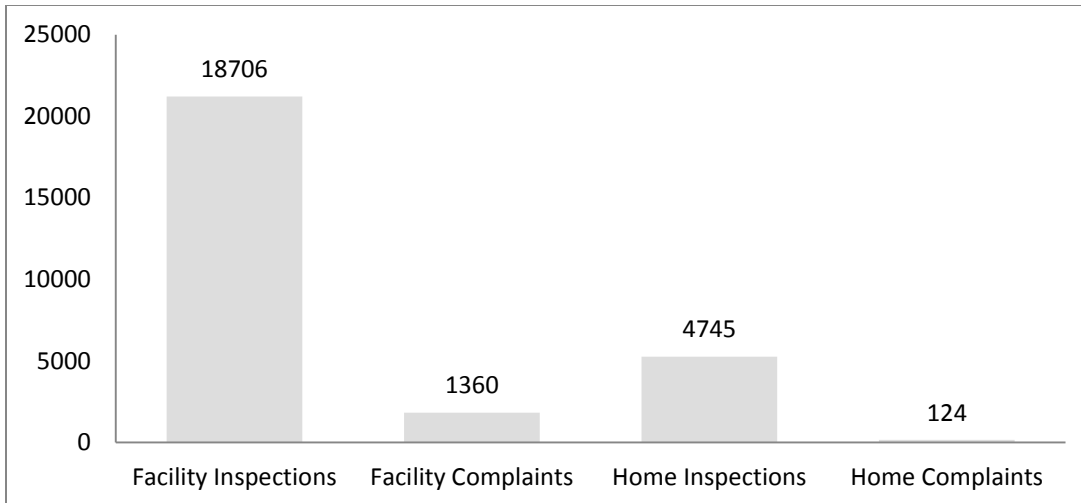
- A user dashboard that will be tailored to individual user roles and the activities associated with those roles.

- A change log feature that will document all changes made to any set of information within the system. This feature will allow an auditor to see any changes that were made and the historical information behind that change.
- A new “Smart Search” feature that will be able to query the entire database from one omnipresent master page. This search feature will allow users to find important information quickly and filter it through a large selection of dynamically generated menu selections. This will all be done via a non-intrusive interface that will be both straightforward and easy to understand.
- A real-time connection between the licensing and training systems that will allow training data to feed directly into the licensing database. This will increase the level of accuracy of training information in the licensing system and make it much easier to verify that child care personnel have completed their required training.

The goals for the CARES system beyond 2015 are to:

- Move to a mobile only platform. Staff will shift away from the Toughbook/Windows based model they currently utilize to a tablet based model.
- Feature web accounts for all provider types that will allow them to check on the training and background screening information of their staff, track and submit applications and receive important notifications from DCF.
- Incorporate historical, hard copy documents that will be scanned and stored in a database for search and display via the CARES platform.
- Share information with OEL and other outside agencies via data sharing agreements and/or the addition of new user roles in the CARES platform.

Licensing Inspections over 12 month period



The training application continues to be an integral part of the information system redesign and initial steps were taken to increase security and privacy of the training records by moving to email address log-in being associated with a unique individual in the training management application that is used by child care provider personnel to register, complete, and track their training.

Additionally, the email address, along with other demographic information, is allowing child care staff to integrate other web systems into the training application. Specifically, the University of Florida Lastinger Center for Learning is developing an online/blended professional learning system for Florida’s 55,000 early learning professionals that will feed information directly to the child care training transcript.

Moving forward, child care licensing will be updating its online courses to utilize the newest and most efficient course development software and to make courses accessible across multiple platforms (mobile devices, tablets, etc.).

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 24,935 inspections were conducted in a 12 month period.

- *Child Care Information System (CCIS)*. Soon to be renamed CARES, CCIS is currently 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. Both are in the redesign phase, as noted above. 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. All of this capability will be maintained while adding additional functionality for staff, providers and families.
- *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 and other programs within the Department of Education, the Department of Health and other child care organizations 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 bi-lingual 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. The call center was expanded in 2013 and now includes background screening help desk staff to assist callers with screening results, status of background screening and how-to information for all programs required to be screened (child care, mental health, APD, foster parents and the like). Lastly the Office of Child Care Regulation and Background Screening created a statewide Quality Liaison position for the purpose of providing training and information to child care personnel on healthy lifestyles, good eating habits, diet and exercise that can be instilled within children and child care programs to encourage life-long learning skills.
- *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 and staff training needs statewide.
- *Background Screening.* The Child Care Regulation and Background Screening Program is joining the Clearinghouse later this year (2014), along with 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:

- Improve the quality of child care through the provision of mandatory child care training and professional development opportunities
- 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)
- Promote staff efficiencies through technology and ongoing enhancements to the Child Care Information System
- Improve the quality of child care licensing and regulatory activities through the provision of training and technical assistance to regional licensing staff
- Standardize and ensure that performance requirements for on-site inspection of licensed child care arrangements are being met statewide

- 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
- Continue “paperless” document management initiative and processes to eliminate physical storage needs and promote efficiencies
- Continue to provide support and resources to nationally certify the state’s child care licensing staff
- Work with legislative staff, agency partners and community advocates on statutory changes to improve the quality of care and to level the playing field with regard to the oversight and minimum standards for all programs serving children that receive state funding for care
- Review Chapters 65C-20 and 65C-22 to determine how to break them into smaller and more targeted rules for greater understanding by the providers the public and staff; to include streamlining the current standards for relevancy and redundancy
- Research the value of a Key Indicator System of inspection to promote greater compliance for underachieving programs through additional technical assistance and support

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

During the 2012 legislative session, the House Education Committee revised child care laws relative to the school readiness program and administration which had little impact on the Office of Child Care Regulation and Background Screening but laid the foundation for the second year’s focus on health and safety. Advocates, proponents and opponents worked collectively to create an agreed upon set of minimum standards for oversight of licensed, registered, and exempted programs.

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 promulgated rules effective August 1, 2013, to clarify licensing standard requirements specifically related to food hygiene. To continue to ensure staff has the necessary skills to conduct food hygiene inspections and provide appropriate technical assistance, a half-day refresher course was offered in late Spring 2014. Additional efforts on this subject will be addressed in a FAQ document for providers and staff and ongoing supplemental training at the statewide meeting in October 2014.

Additionally, online training courses have been developed to provide child care personnel with training specifically related to improving quality in child care programs by offering

targeted training materials based on provider requests and identified trends. In July 2014 two additional courses were released, as follows:

- *Effective Communication for Child Care* (2 hours; online) was developed to ensure that Florida's child care personnel are familiar with different methods of communication and related technical request to improve communication with both children and adults, as communication is critical to the success of the child.
- *Obesity Prevention and Healthy Lifestyles* (3 hours; online) was developed to assist child care professionals teach children how to develop healthy eating habits and live a physically active lifestyle by promoting healthy foods and snacks, age-appropriate activities, and activities for families to encourage health lifestyles.

Additionally, statutorily mandated courses are kept current with rules, regulations, trends and conditions. This year the Behavioral Observation and Screening Course was updated to mesh with the DOE Office of Early Learning CLASS assessment tool. For FY 2014-15, development courses will include topics such as Trauma Informed Care and Water Safety.

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. This year will be pivotal in the release of the core web-based system on which future enhancements will be built and will be renamed to the Child Care Administration, Regulation and Enforcement System (CARES).

E. Justification of the Final Projection for each Outcome

Objective: Staff who is 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. Success will be measured by the number of new courses available through this system and the onset of the sharing of data.

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Background Screening Workload

During the 2010, 2012 and 2013 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.

G. Policy Changes That Would Require Legislative Action

Not Applicable

H. Task Forces/Studies

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

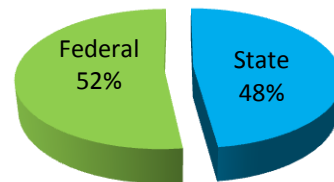
The Department's Domestic Violence Program operates as the central clearinghouse for state and federal funding initiatives for the prevention and intervention of domestic violence. Among the program's primary responsibilities are the administration and oversight of federal and state funding designated 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 sections 39.903-9035, Florida Statutes.

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, Domestic Violence Program staff coordinates and administers statewide program funding and activities to address domestic violence crimes. Florida's \$37 million budget for domestic violence prevention and services is funded as described below.

Domestic Violence Funding
2014-2015 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.

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 sources of funds are 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 FCADV/Coalition 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 2013-2014 fiscal year, centers provided services to 47,794 eligible adults and children.

Violence Against Women Act (VAWA) Grant Program

The Domestic Violence Program administers the STOP (Services, Training, Officers and Prosecution) program, an annual formula grant under the federal Violence Against Women Act (VAWA) Grant Program from the U.S. Department of Justice.

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.

Domestic Violence Services

A snapshot of Florida's domestic violence centers reveals that more than 3,271 adults and children received assistance and services during a single 24-hour period (National Network to End Domestic Violence, 2013 National Census of Domestic Violence Services). Domestic violence services include emergency shelter, outreach programs, transitional housing, individual and group support, 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, 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 certified domestic violence centers, the program will continue to collaborate with the FCADV 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 FCADV 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 certified domestic violence centers. A myriad of issues are discussed, including 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 Domestic Violence 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 will

continue to sponsor the Coalition 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

Domestic violence continues to remain the second highest reported maltreatment next to substance abuse 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 2013-14, the Department asked the Coalition 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.

In the past there were ten statewide projects sponsored by the Department and the FCADV that have co-located domestic violence advocates providing consultative services to CPI units. Effective 2014-2015, 20 additional sites are being added, totaling 30 statewide projects encompassing most geographic regions in the state. Our goal is to continue to build on this best practice model. The Department Headquarters' staff meets quarterly to discuss ways to enhance this model. Experts from child welfare, domestic violence, and substance abuse-mental health programs are continuing to collaborate with FCADV staff to help ensure that these important issues do not fall between the cracks.

In addition to the above projects the Domestic Violence Program continues to collaborate with the Office of Child Welfare and the FCADV to support advanced domestic violence training initiatives aimed at all child welfare professionals working with families experiencing domestic violence.

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.

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 Coalition 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 to support the work already begun by the community-based teams. The team is inclusive with representatives from all disciplines 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

The 2013 Legislature provided 10 million dollars in capital funding to fund 11 centers to create an additional 278 beds statewide. The additional beds will serve both victims and their children.

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.

Purpose: Support the state's domestic violence centers and decrease the 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

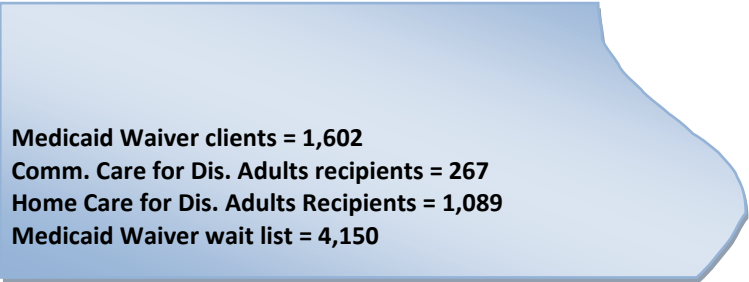
Adult Protective Services

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

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.

Protective Intervention services provide information, referrals, supportive in-home services and/or placement, on a voluntary basis to vulnerable adults to prevent abuse, neglect or exploitation from initially occurring or prevent the recurrence through the provision of these services.

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.

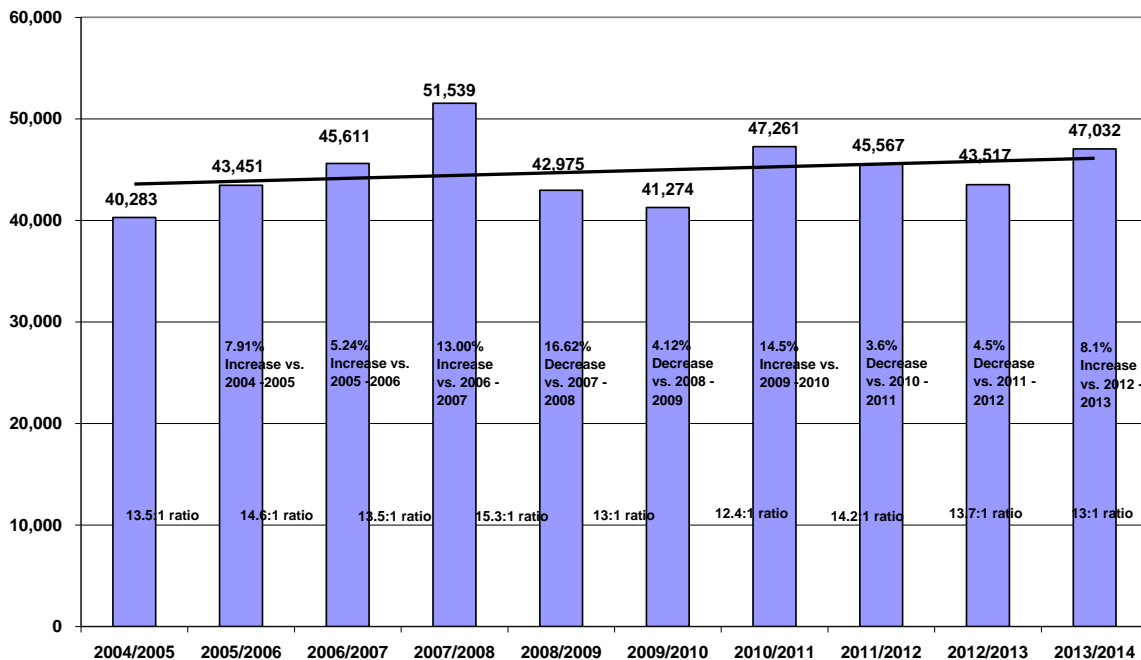
C. Addressing Our Priorities over the Next Five Years

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

Action Steps:

1. The Department is taking proactive steps to prepare Adult Protective Investigators and other Adult Protective Service workers for the anticipated continued increase in caseloads. The Adult Protective Services Program received 47,032 reports of abuse, neglect, and/or exploitation of vulnerable adults during fiscal year 2013-2014 (see following chart). This represents an 8.1% increase in reports from the previous fiscal year, and maintains 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 2013-2014, the percentage of victims seen within the first 24 hours was 96.7%.
4. The Department, pursuant to statutory mandate, strives to close investigations within 60 days, though not all investigations can be closed within 60 days. Closure timeliness can depend on factors such as: seriousness of the allegation, number of alleged victims and possible responsible persons, medical complexity, 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 2013-2014, 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 2013-2014, 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. Fiscal Year 2013-2014 marked the beginning of the Program integrating Quality Assurance scoring into staff performance evaluations.

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

Per statutory changes, the Aged and Disabled Adults Medicaid Waiver (ADA Waiver) program moved into the Managed Care model, beginning August 1, 2013 and completing on March 1, 2014. The Department of Elder Affairs now manages the statewide wait lists for Managed Care and the Agency for Health Care Administration manages all contracts. DCF Adult Protective Services no longer provides case management for ADA Waiver clients.

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

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

ADULT PROTECTIVE SERVICES – IN-HOME SUPPORTS

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

A. Primary Responsibilities

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

B. Selection of Priorities

It is estimated that approximately 1,184,412 adults with disabilities (18 – 59 years of age) living in Florida have two or more permanent physical or mental limitations. Despite some progress in preventing disabilities, the number of people with disabilities is expected to continue to increase. Many of these individuals may receive services from other programs of the Department and agencies of the state of Florida. However, in FY 2013-2014, there were 1,692 nursing-home eligible adults with disabilities who received services through the Home Care for Disabled Adults or Community Care for Disabled Adults 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 2013-2014, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,569. In FY 2012-2013, the average care plan cost for an individual in the Community Care for Disabled Adults (CCDA) program was approximately \$8,218.
2. 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.

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

Office of Substance Abuse and Mental Health

The Office of Substance Abuse and Mental Health (SAMH) within the Department is comprised of three program areas:

- Substance Abuse Mental Health Program Office,²
- State Mental Health Treatment Facilities (SMHTF),³ and
- The Sexually Violent Predator Program (SVPP).⁴

Each of these areas has its own statutory authority, target populations, and trends that impact implementation. The office is the legislatively-appointed state authority for mental health⁵, substance abuse⁶ and methadone.⁷

A. Organizational Structure

The office is led by the Assistant Secretary for Substance Abuse and Mental Health, and is supported by the:

- Director for Substance Abuse and Mental Health;
- Director of State Mental Health Treatment Facilities;
- Director for the Sexually Violent Predator Program; and
- Child Welfare Integration Director.

These positions are based in Tallahassee, at the Department's Central Office. Other than mental health treatment facility services in Northern Florida, the Department contracts for all behavioral health services. These contracts are executed and administered either at the Central Office, or within the regional structure of the Department by a SAMH Director. There is a regional SAMH Director within each of the six regions, who reports to the Regional Managing Director, who in turn reports to the Deputy Secretary.

Responsibilities

At the state level, Central Office in Tallahassee develops the standards for quality care in prevention, treatment, and recovery. The Department is the state licensing authority for substance abuse treatment facilities, and designates public mental health emergency receiving facilities and addiction receiving facilities.

The core functions of behavioral health are managed through various offices within the Department and include:

1. Community based services.
 - Operations.
 - Contract procurement and management.

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

³ Institutional services include civil and forensic state mental health treatment facilities pursuant to ch. 394, F.S., and ch. 916, F.S.

⁴ Sexually violent predator services include evaluation and involuntary commitment pursuant to ch.394, F.S.

⁵ See, s. 394.457(1), F.S.

⁶ See, ch.65D-30.002(57), F.A.C.

⁷ See, ch.65D-30.014(1), F.A.C.

- Discretionary grant management and implementation.
 - Program Information.
 - Development of clinical guidance, based on industry standards and research.
 - Data collection and analysis, related to Department funded services.
 - Manage Substance Abuse and Mental Health Information System (SAMHIS).
 - Collect and analyze seclusion and restraint event data.
 - Review and disseminate incident report data.
 - Policy and rule development.
 - Coordinated cooperation with child welfare.
 - Training and technical assistance development.
 - Implementation of the Office of Suicide Prevention.
 - Disaster management.
 - Planning.
 - Oversight and monitoring of Community Mental Health Block Grant (MHBG).⁸
 - Oversight and monitoring of Substance Abuse Prevention and Treatment Block Grant (SABG).⁹
 - Florida Statutorily required reports.
 - Long range program planning.
 - Legislative budget request development.
 - Licensing and Designation.
 - Implementation of Florida Statutory requirements for substance abuse providers.
 - Management of Substance Abuse Licensing Information System (SALIS).
 - Designation of receiving facilities – for Baker Act facilities.
 - State Opiate Treatment Authority.
2. State Mental Health Treatment Facility Services.
- Programmatic and supervisory oversight of state operated treatment facilities:
 - Florida State Hospital;
 - Northeast Florida State Hospital; and
 - North Florida Evaluation and Treatment Center.
 - Contract management and programmatic oversight for privately operated treatment facilities:
 - South Florida Evaluation and Treatment Center;
 - South Florida State Hospital;
 - Treasure Coast Forensic Treatment Center; and
 - West Florida Community Care Center (contract managed by the Northwest Region).
 - Statutory responsibility for the Juvenile Incompetent to Proceed (JITP) program.
 - Coordination of forensic admissions.
 - Policy and rule development and compliance monitoring.

⁸ 42 U.S.C. s. 300x.

⁹ 42 U.S.C. s. 300x-21.

- Long range program planning.
 - Legislative budget request development.
 - Data collection and analysis.
3. Sexually Violent Predator Program.
- Commitment recommendations for referrals.
 - Control, care and treatment to persons subject to the Involuntary Commitment of Sexually Violent Predators Act.¹⁰
 - Contract monitoring for operation of the Florida Civil Commitment Center.

As noted previously, the Department’s statewide community-based functions are implemented regionally, overseen by regional staff. The Department is built on a regional foundation of community involvement, and coordination, both within, and with external partners that provide behavioral health services.

The Department does not directly provide any community based behavioral health services, contracting for the delivery of services through seven managing entities.¹¹ The managing entities are responsible for the development, planning, administration, implementation, and management of behavioral health care in the contracted areas. Services are provided by local behavioral health providers, through contract. As of August 2014, the contracted managing entities are as follows:

Table1: Managing Entities

<u>Region</u>	<u>Managing Entity</u>
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; and Southeast Florida Behavioral Health Network
Southern	South Florida Behavioral Health Network

Operationally, the managing entity contracts are executed, implemented and managed by the Regional Managing Director. In consultation with the Tallahassee Central Office, the Regional SAMH Director ensures that each managing entity meets the statewide goals, and is also responsive to the unique conditions in each community. Broadly, the managing entity is to improve access to care, develop service continuity, and provide for more effective service delivery.

¹⁰ See, ch. 394, Part V, F.S.

¹¹ See, s. 394.9082, F.S.

B. Selection of Priorities

In state FY 2013-14, the Department received approximately \$30 million in MHBG funding¹² and \$106 million in SABG funding¹³ from the federal government. In exchange, the federal government requires certain assurances and has established priorities that govern the expenditure of these appropriations. Over time, the federal priorities have been included in the General Appropriation Act (GAA) performance measures and include:

- Substance use services for pregnant women and women with dependent children;
- Communicable disease services for substance users; and
- Provision of interim services when the appropriate level of care is not available.

Additionally, Florida Statutes provide a broad basis for those who are eligible for behavioral health services funded by the Department. The program priorities for FY 2015-16 are:

- Services and supports for adults with serious mental illness.
 - The Department will, through the managing entities, redesign the delivery of services to minimize the use of emergency behavioral health services as primary care – to ensure that there is care management, and coordination to ensure that people get the services they need. This includes the use of supported employment and supportive housing. A review of persons receiving behavioral health emergency services¹⁴ demonstrates a disconnect between emergency and primary behavioral health care services.
 - SAMH will integrate the voice of the consumer in system planning and evaluation by soliciting input from managing entity consumer relation staff, consumer organizations, and family organizations.
- Services and supports for children and families with mental, behavioral or emotional disorders.
 - Based on the initiative of the Legislature, the Department will pursue expansion of family driven, team-based community interventions, such as Community Action Teams (CAT) and Family Intervention Teams (FIT), to focus on the entire family to prevent out of home placements in the child welfare, behavioral health, and justice systems.
 - The Department will pursue a dedicated funding stream to serve families with parents that have behavioral health issues and come into contact with the child welfare system. The goal is to:
 - Provide immediate access to parental assessments as requested by protective investigators;

¹² The MHBG award was calculated using one-quarter of total funding from the SAMHSA Notice of Award issued on July 17, 2013 in the amount of \$27,332,270 for the period of 7/1/13 – 9/30/13 and three-quarters of total funding from the Notice of Award issued on July 17, 2014 in the amount of \$31,110,919 for the period of 10/1/13 – 6/30/14.

¹³ The SABG award was calculated using one-quarter of total funding from the SAMHSA Notice of Award issued on July 17, 2013 in the amount of \$94,297,122 for the period of 7/1/13 – 9/30/13 and three-quarters of total funding from the Notice of Award issued on April 18, 2014 in the amount of \$109,951,627 for the period of 10/1/13 – 6/30/14.

¹⁴ Emergency services are inpatient crisis stabilization and detoxification. Based on provider data reported into SAMHIS on persons admitted to crisis stabilization units and detoxification units in FY11-12 and FY12-13.

- Improve communication between behavioral health and child welfare providers; and
 - Provide services that are effective and treat the family unit as a whole.

The Office of Child Welfare, SAMH and community stakeholders will develop a coordinated cooperation plan to ensure timely access to the “right” services for child welfare involved families suspected of having behavioral health challenges.
- Substance abusing persons with or at risk of Human Immunodeficiency Virus (HIV)
 - As a requirement of receiving federal funding, the Department 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 with managing entities, the Department will enhance access for women who are pregnant or have dependent children, to recovery-oriented evidence-based substance use services, including their families. Specific appropriation 372 of the FY 2014-15 General Appropriation Act allocated \$10,000,000 of reoccurring funds for these services, and created a distinct funding stream for this federally required set aside.
- Substance abuse prevention.
 - Through partnership with County Health Departments, the Department will implement strategies to decrease the misuse of prescription drugs, in conjunction with other state agencies.
 - The Department will implement initiatives designed to reduce the stigma of substance use disorders, including:
 - Education aimed at healthcare professionals as to the danger of parental substance use, and the warning signs that may sometimes be missed; and
 - Construct easily accessible materials that will be disseminated widely using social media and other outlets to demonstrate the link between parental substance use and child abuse.
- State Mental Health Treatment Facility clinical care improvements
 - The Department will implement the Level of Care Utilization System (LOCUS) to standardize discharge recommendations for community levels of care.
- Expanded capacity for the JITP Program.
 - Additional beds are required for those adolescents committed by the Judiciary to the Department, who are incompetent to proceed, and in need of restoration.

- Data collection and analysis.
 - The Department will pursue migration of service reporting to Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Technology (CPT) reporting codes, as this is the standardized healthcare reporting language.
- Workforce development
 - The Department will train and provide technical assistance to service providers, using evidence-based standards of care with focus on recovery and community integration.
 - SAMH will integrate consumer voice into clinical guideline development.

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 improve the delivery of behavioral health services in Florida, through the provision of care that is accessible, accountable, and ensures quality of service. These priorities include the following:

- Expand prevention, community outreach, and access to recovery-oriented treatment for Intravenous Drug Users (IDU).
 - As a requirement of receiving federal funding, the Department will collaborate with both service providers and the Department of Health to serve such individuals.
- Develop community-based health promotion initiatives and activities that promote recovery.
 - SAMH will encourage the development of initiatives that promote consumer choice, within the framework of behavioral and primary health integration, through partnerships with County Health Departments.
 - SAMH will coordinate with regions to establish substance abuse prevention plans that are part of a coordinated statewide effort.
- Gather input from stakeholders when formulating plans and budget requests, including:
 - Consumers, families of consumers, and consumer advocacy groups;
 - Managing entities and their network providers; and
 - State and local agencies serving persons with behavioral health challenges.

D. Justification of Revised or New Programs and Services

As noted previously, the priorities identified in Section C balance the requirements of federal law and Florida Statutes with the Governor’s priority of strengthening Florida’s families. The focus is on improving the delivery of community based treatment and recovery services to individuals and families in their community without the need of more restrictive, expensive levels of care.

As a result of the Department’s fatality review in child welfare involved families, it is clear that parental behavioral health issues increase the likelihood of the worst outcome for a child. According to the Casey Family Program’s *Review of Child Fatalities Reported to the Florida Department of Children and Families* (October, 2013), parental substance abuse and mental health issues were common in families of children who died due to suspected abuse or neglect.¹⁵ Anecdotal evidence from protective investigators (PI) suggests there are access problems for child welfare families due to the differing time frames of when a PI needs to make recommendations and the behavioral health provider is able to schedule an intake.

To ensure that all communities have access to community based family interventions that break the silos of the adult and child systems and treat the family as whole, the Department proposes to restore nonrecurring funds Community Action Treatment (CAT) teams and expand Family Intensive Treatment (FIT) teams.

The Department and the Department of Corrections are examining effective case management practices to increase post-release referrals and service coordination to connect persons with services in the community.

When analyzing utilization of individuals who frequently require crisis stabilization and detoxification services in an inpatient setting, it was noted that linkage to community based services following emergency episodes was low. It appears that people with significant behavioral health needs are utilizing crisis stabilization and detoxification units for primary behavioral health care.

In order to disrupt the cycle of persons moving through crisis units, emergency rooms, jails and prisons, the community based system of care must be strengthened and utilize innovative practices to serve persons effectively in their community. To address this, the Department proposes to fund MEs for care management of these transitional adults who are considered at high risk, high need service users. This should lead to improved outcomes in quality of life issues for persons served and increase capacity to serve more persons from savings realized by utilizing less expensive levels of care.

E. Justification of Final Projection for each Outcome

For FY 2014-15, SAMH projects the following outcomes based on FY 2013-14 outcomes:

Table 2: Projected Outcomes

Goal	Target	Performance	Variance
Percent of children with serious emotional disturbance who improve their level of functioning.	≥ 65	60	-5
Percent of adults with serious mental illness who are competitively employed	≥ 24	34	10

¹⁵ See, http://www.dcf.state.fl.us/newsroom/pressreleases/docs/20131105_NovCaseyReport.pdf, site accessed, September 3, 2014.

Percent of adults with severe and persistent mental illnesses who live in stable housing environment	≥ 90	96	6
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge	≤ 8	4	4
Percent of adults with serious mental illness readmitted to a forensic state mental health facility within 180 days of discharge	≤ 8	2	6
Percent of assessments completed by the Sexual Violent Predator (SVP) program within 180 days of receipt of referral.	≥ 85	93	8
Percent of children with serious emotional disturbance (SED) who live in stable housing environment	≥ 93	99	6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge	≥ 93	100	7
Percent of children who successfully complete substance abuse treatment services.	≥ 48	50	2
Percent of adults who successfully complete substance abuse treatment services.	≥ 51	55	4

F. Potential Policy Changes Affecting the Budget Request

Federal 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 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. 657, F.S., County planning councils or committees.

- This section required 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 implemented.

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.

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

Section 394.455, F.S., Definitions

- The definition of mental illness in this section currently excludes developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment. The Department would propose to also exclude dementia and traumatic brain injuries as treatment for these conditions are not within the scope of behavioral health providers.

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 Health Care Administration (AHCA). Additionally, the majority of persons living in assisted living facilities have Medicaid and the Department has no authority over the managed care entities that fund their case management services. This function could occur as a part of the licensing process.

Section 394.461, F.S., Designation of receiving and treatment facilities

- This section of law required the Department to issue an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on data collected from public receiving and treatment facilities on beds, payor class, average length of stay, etc. Providers must only submit data if they are not already submitting this data to the AHCA, which leads to inconsistent and incomplete data collection. The Department recommends removing requirement of this report.

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 to AHCA.

Section 394.492, F.S., Definitions.

- This section of law provides definitions for child and adolescent mental health services. The Department proposes to change the age of persons served in these priority populations from under 18 years of age to under 21 years of age to align with Medicaid definitions. This would also provide a transitional period for individuals that will require adult services to remain in their current services until that transition can occur.

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 except (5), which references coordination with SEDNET.

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

- **Family Intensive Treatment (FIT).** From the funds in Specific Appropriation 372, \$5,000,000 from the General Revenue Fund is provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. The Department shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives evaluating the effectiveness of FIT teams in meeting treatment goals established by the Department by February 1, 2015. The report shall include an analysis of outcome measures and expenditure data from pilot.
- **The System of Care Statewide Expansion Grant** is a five-year, \$3.9 million project based on a partnership of funders, providers, families, youth, faith-based organizations, and community service organizations. This partnership facilitates strategic planning and training and promotes a wraparound approach that provides intensive, individualized care for youth with complex mental health problems and their families. This project is guided by the 34 members of System of Care Core Advisory Team and evaluated through a contract with the Florida Mental Health Institute.
- **Project LAUNCH**, which stands for Linking Actions for Unmet Needs in Children's Health, is a five-year, \$4 million grant that aims to transform the system of care for young children in the Lealman Corridor of Pinellas County by providing home visitation, training for early care instructors, integrated behavioral health services in a community health center, and parent skills training. This project is guided by the 44 members of the Young Child Wellness Council and evaluated through a contract with the University of South Florida, Florida Mental Health Institute.
- **The Partnerships for Success** grant is a five-year, \$11.5 million project that aims to reduce underage drinking by changing norms, policies, and conditions through the collaborative activities of six anti-drug coalitions. This project is evaluated through a contract with Robertson Consulting.

Program: Economic Self-Sufficiency

Population Served: Low income individuals in need of food, medical or cash assistance

A. Primary Responsibilities

Florida Statutes require the state to 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 Economic Self-Sufficiency Program (ESS) is Florida's service delivery model for the state's public assistance services. ESS administers the state's Food Assistance Program, known federally as the Supplemental Nutrition Assistance Program (SNAP), Temporary Cash Assistance (TCA) and determines eligibility for the Medicaid Program. These services are provided by Department staff and a broad network of community partners.

The mission of the Florida ESS 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 low income families meet their household nutritional needs by supplementing their purchasing power with a monthly benefit allotment based on the number of people in their household and how much money is left after countable expenses are subtracted. A food assistance household is generally made up of the people living and purchasing their food together and must meet the program's eligibility rules. Food assistance benefits may only be used to purchase groceries. They may not be used to purchase household items such as cleaning supplies, grooming items, tobacco, alcoholic beverages or "hot foods"

Temporary Cash Assistance Program (TCA) provides cash assistance to families with children under the age of 18, or through age 18 if the 18-year-old is enrolled in a secondary (high school) school full time. This program provides time-limited financial assistance and services intended to help families gain economic self-sufficiency. These families must meet the program's technical, income, and asset requirements. Parents, children and minor siblings who live together must be considered as a single TCA household. Pregnant women without other children in the home may receive TCA, either in the 9th month of pregnancy or in their third trimester of pregnancy if they are unable to work. Children living with relatives other than their parents may be covered by this program based on their needs alone.

Relative Caregiver Program provides monthly cash assistance to relatives who have custody of a related child under age 18, who has been court-ordered dependent by a Florida court, and placed in their home by the Department of Children and Families Child Welfare/Community Based Care's (CW/CBC) contracted provider. The monthly cash assistance amount is higher than a TCA grant for one child, but less than the amount paid for a child in the foster care program.

Medicaid provides medical coverage to low income individuals and families. While eligibility for Medicaid is determined by the ESS Program, services and payment for services are administered by the [Agency for Health Care Administration](#).

ESS determines Medicaid eligibility for:

- Families with children
- Children only
- Pregnant women
- Non-citizens with medical emergencies
- Aged and/or disabled individuals not currently receiving Supplemental Security Income (SSI)

Optional State Supplementation (OSS) is a state-funded public assistance program that provides a monthly cash payment to indigent elderly or disabled individuals living in special non-institutional, residential living facilities, including assisted living facilities, adult family care homes and mental health residential treatment facilities. To qualify for OSS, an individual must need assistance with the activities of daily living due to physical and/or mental conditions.

Refugee Assistance Program (RAP) provides financial and medical assistance 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. Coverage in this program is limited to individuals meeting specific "non-citizen" criteria not eligible for Florida's Temporary Cash Assistance and Medicaid Programs. The income and resource limits for this program are the Florida's Temporary Cash Assistance and Medicaid Programs.

Electronic Benefits Transfer (EBT) is the benefit payment system for the Food and Cash Assistance Programs. Customers access their benefits using a debit style Electronic Benefit Transfer (EBT) card. Each month benefits are deposited in the recipients EBT account. A single card is used to access the account, but the cash and food assistance benefits are held separately within that account. Food assistance benefits cannot be withdrawn from the account as cash and may only be used for allowable food purchases at certified EBT point of sale sites.

Office of Public Benefits Integrity (OPBI)

The Office of Public Benefits Integrity (OPBI) was established in January 2011 to enhance the Department's efforts to prevent and detect fraud, waste and abuse in the public assistance programs, and to recover any benefits that were erroneously paid. OPBI operates the following two programs:

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 food assistance, 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. The call centers utilize an Automated Response Unit (ARU) which uses a customer driven selection menu to provide customers individual benefit and case information as well as general information identified as responsive to questions frequently asked of call center representatives.

B. Selection of Priorities

Priorities for Economic Self-Sufficiency are established primarily by requirement provided in federal regulations and state law. Beyond that, 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 ESS 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:

- **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 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) has lead this effort by partnering with other state agencies and the EBT vendor to expand and enhance the Department's data analytics capabilities to identify circumstances with a high probability of fraud before the benefits are released. OPBI efforts also include monitoring social web sites to detect online solicitation sales of EBT cards and leveraging private sector technology to reduce the occurrence of identity theft in public assistance by using an automated identity verification service, which has streamlined the application process and saved millions in benefits that otherwise would have been paid to unqualified recipients.
- **Re-procure outsourced benefit recovery collections contract** to restructure the contract to pay for performance through incentives for increased collections, and expand the toolkit available for benefit recovery collections, e.g., accepting credit and debit cards.

In the first six months of the contract (Jan-Dec 2014), collections increased by more than \$585,000 compared to the same period the previous year.

Accomplishments:

To comply with the Affordable Health Care Act (ACA) the ESS Program developed an ACA compliant Medicaid rules engine and replaced its online application and customer self-service portals.

- Since 2004 ESS has received a total of \$56,544,996 in bonus awards by the US Department of Agriculture, Food and Nutrition Service, for consistently achieving one the highest Food Assistance Program payment accuracy rates in the country.
- Florida was the first state in the nation to implement Customer Authentication, an identity discovery and authentication component embedded into its web application which streamlines the identity verification process and reduces erroneous benefits issuance due to identity theft. This program yielded an estimated \$25.9 million in saved benefit dollars and staff efficiencies in FY 2013-14.
- 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 rolled out to the entire state February 2013. The discovery on non-disclosed assets resulted in a savings of \$3,378,100. Another \$81,967,400 in Medicaid applications were denied due to the applicant failing to give consent. Total savings to date can therefore reach \$85,345,500.
- 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 resulted in \$1.5 million in benefit cost avoidance in the first six months of operation.
- 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 contract period.
- Implemented 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 two of the three Public Assistance Reporting Information System (PARIS) data matches to better utilize this data source. The interstate match notification was automated, eliminating the manual determination of duplicate issuance or benefit receipt in another state. In August 2013, the TRI-CARE matches were populated in the FLORIDA system, which increased AHCA's third party recoveries of Medicaid payments by more than \$20 million in FY 2013-14.
- 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 for 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.
- 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!"

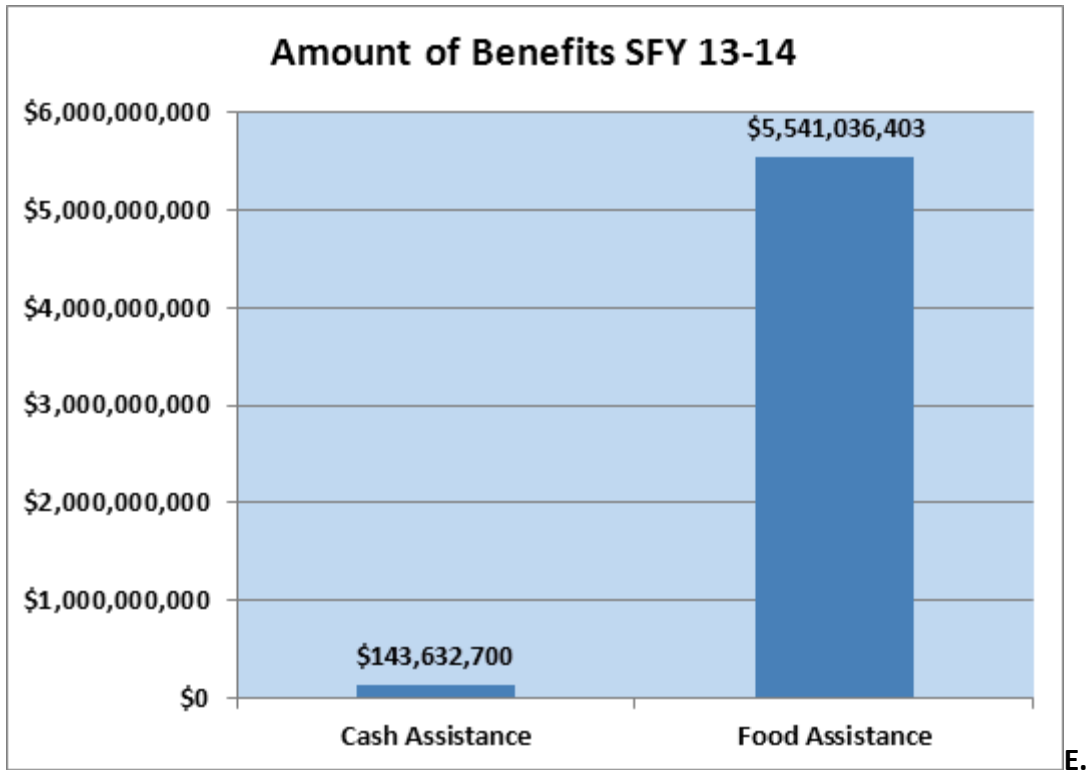
D. Justification of Revised or Proposed New Programs and/or Services

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 retooled the 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 153,162 (3.4%) increase in the number of individuals receiving public assistance, resulting in 3,559 (0.1%) more SNAP recipients, and 258,728 (9.1%) more Medicaid recipients. The Temporary Cash Assistance program experienced a 7,018 (7.8%) 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 2013-2014.



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 2013-2014, 97.02% of all applications were completed timely, which is 1.02% 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.

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.

B. Selection of Priorities

In 2013, the total number of homeless persons living in Florida was 47,862 people, based on the 2013 United States Department of Housing and Urban Development (HUD) Point-in-Time count data. Those persons counted were living on the streets or staying in emergency homeless shelters in Florida. The twenty-eight (28) local homeless coalitions counted these individuals on a single day in time.

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 twenty-eight (28) recognized continuums of care in Florida to directly serve the housing and service needs of the homeless. The goal is to promote homeless plans statewide. The existing continuums of care now cover 64 counties. The ultimate desired outcome of these planning efforts is to provide the services needed to bring an end to the individual's or family's episode of homelessness, and restore them to permanent housing.

D. Justification of Revised Programs or Services

None proposed

E. Justification of Final Projection for each outcome

None

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: REFUGEE SERVICES

A. Primary Responsibilities

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

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 not for profit – community based organizations 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 promoting economic self-sufficiency amongst Florida’s refugee population in a timely fashion. Priority services to promote self-sufficiency currently focus on providing orientation to U.S. employment, job development and matching, tracking employment retention, and career laddering. In addition to employment services, critical services to promote self-sufficiency and successful integration include English language and vocational training, child care, assistance in obtaining employment status and documentation, as well as youth and services and case management for the most vulnerable recently arrived refugees.

D. Justification of Revised Programs or Services

None proposed

E. Justification of Final Projection for each outcome

None

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

Refugee Services organizes a Refugee Task Force, consisting of community-based agencies, ethnic organizations, contracted providers, and federal, state and local government agencies in each community with a significant refugee population. The

bimonthly Refugee Task Force meetings are accessible to the public. The focus of such meetings include the assessment of refugee needs, distribution of state and federal policies, the creation of practical solutions to current problems, and instigating coordination amongst referrals and service providers.

Department of Children and Families

Long Range Program Plan

Fiscal Years 2015-2016 through 2019-2020

September 30, 2014

Performance Measures and Standards - LRPP Exhibit II

Rick Scott

Governor

Mike Carroll

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 2014-15 (Words)	Approved Standard FY 2014-15 (Numbers)	Approved Prior Year Standard FY 2013-14 (Numbers)	Prior Year Actual FY 2013-14 (Numbers)	Requested FY 2015-16 Standard (Numbers)
Administrative cost as a percent of total agency costs ED (M0144)	0.33	0.33	0.33	0.33
Administrative cost as a percent of total agency costs Admin (M0147)	1.23	1.23	1.11	1.11
Administrative cost as a percent of total agency costs (M0363)	1.6	1.6	0.66	0.66

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 2014-15 (Words)	Approved Standard FY 2014-15 (Numbers)	Approved Prior Year Standard FY 2013-14 (Numbers)	Prior Year Actual FY 2013-14 (Numbers)	Requested FY 2015-16 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	2.30	2.30	2.10	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 2014-15 (Words)	Approved Standard FY 2014-15 (Numbers)	Approved Prior Year Standard FY 2013-14 (Numbers)	Prior Year Actual FY 2013-14 (Numbers)	Requested FY 2015-16 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	97	96.7	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	100	97
Number of investigations (M0127)	41,000	41,000	47,032	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	5,600	7,447	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	0.08	1.5
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	1.5	1.5	0.08	1.5
Number of facilities and homes licensed (M0123)	6,868	6,868	6,240	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	63,019	57,030	63,019
Percent of licensed child care facilities inspected in accordance with program standards. (M04015)	95	95	99.7	95
Percent of licensed child care homes inspected in accordance with program standards (M05175)	95	95	97.97	95
Calls answered (M0070)	430,000	430,000	355,705	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	3	17.2	3
Number of calls to the hotline (M0300)	450,000	450,000	445,184	450,000
Per capita verified child abuse rate/1000 (M0736)	14	14	11.51	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	97.8	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	8,973	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	3,218	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	93.9	94.6
Number of children in out-of-home care (M0297)	20,771	20,771	19,444	20,771
Number of children receiving in-home services (M0774)			12,101	
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	65	66.9	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	40	51.1	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	99.9	99.76	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	40.7	33.6
Number of investigations (M0295)	180,000	180,000	187,589	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	87.8	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	100	97.48	100
Percent of children removed within 12 months of a prior reunification. (M05178)	9.9	9.9	11.4	9.9
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	98	98.39	98
Percent of child investigations commenced within 24 hours. (M0368)	100	100	98	100
Administrative cost as a percent of total program costs (M0136)	3.05	3.05	1.67	3.05
Administrative cost as a percent of total agency costs (M0426)	1.21	1.21	0.01	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 2014-15 (Words)	Approved Standard FY 2014-15 (Numbers)	Approved Prior Year Standard FY 2013-14 (Numbers)	Prior Year Actual FY 2013-14 (Numbers)	Requested FY 2015-16 Standard (Numbers)
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	40	22.91	40
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	136,480	144,437	136,480
Number of adults in mental health crisis served (M0017)	30,404	30,404	19,386	30,404
Number of adults with forensic involvement served (M0018)	3,328	3,328	3,025	3,328
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	24	34.38	24
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	8	4.1	8
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	90	95.74	90
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	67	67	90.45	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	86	86	100	86
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	8	2.41	8
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	86	89	86
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	75	75	99	75
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	50	81	50
Number of children served who are incompetent to proceed (M0030)	340	340	418	340
Number of SED children to be served (M0031)	46,000	46,000	21,394	46,000
Number of ED children to be served (M0032)	27,000	27,000	13,911	27,000
Number of at-risk children to be served (M0033)	4,330	4,330	1,330	4,330
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	64	55.19	64
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	65	60.48	65
Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)	95	95	98.71	95
Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)	93	93	99.11	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	96	96	98.71	96
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	125	94	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	1848	1606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2320	2320	2390	2320
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	67	87	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	88	40
Number of sexual predators assessed (M0283)	2879	2879	3470	2879
Number of sexual predators served (detention and treatment). (M0379)	480	480	702	480
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	3	0.31	3
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	85	93	85
Number of residents receiving Mental Health treatment (M06001)	169	169	349	169
Administrative cost as a percent of total program costs (M0135)	4.87	4.87	1.07	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 2014-15 (Words)	Approved Standard FY 2014-15 (Numbers)	Approved Prior Year Standard FY 2013-14 (Numbers)	Prior Year Actual FY 2013-14 (Numbers)	Requested FY 2015-16 Standard (Numbers)
Number of adults served (M0063)	115,000	115,000	47,124	115,000
Percentage change in clients who are employed from admission to discharge. (M0753)	10	10	36	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	(58.5)	14.6
Percent of adults who successfully complete substance abuse treatment services. (M0755)	51	51	55	51
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	94	100	94
Number of children with substance-abuse problems served (M0052)	50,000	50,000	28,036	50,000
Number of at-risk children served in targeted prevention (M0055)	4,500	4,500	3,588	4,500
Number of at risk children served in prevention services. (M0382)	150,000	150,000	1,962,969	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	48	50	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	(86.1)	19.6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	93	93	100	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	295	295	227	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	110	122	110
Administrative cost as a percent of total program costs (M0137)	5.0	6.0	3.08	6.0

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families **Department No.: 60**

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 2014-15 (Words)	Approved Standard FY 2014-15 (Numbers)	Approved Prior Year Standard FY 2013-14 (Numbers)	Prior Year Actual FY 2013-14 (Numbers)	Requested FY 2015-16 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	296,826	406,648	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	70,394	43,229	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	95	96.31	95
Percentage of food assistance applications processed within 30 days (M0219)	95	95	97.24	95
Percent of food stamp benefits determined accurately (M0107)	94	94	99.24	94
Total number of applications processed (M0106)	5,000,000	5,000,000	15,166,498	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	96	97.05	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	21.9	21.9	45.26	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	48.36	34.2
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	98	99.84	98
Number of beds per day available for homeless clients (M0304)	1,500	1,500	NA	1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	80	88.1	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	13,500,000	19,430,207	13,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	76.5	86.6	76.5
Number of fraud prevention investigations completed (M0112)	22,000	22,000	25,518	22,000
Number of refugee cases closed (M0104)	7,600	7,600	42,717	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	99.2	99.5	99.2
Number of refugee cases (M0362)	37,350	37,350	79,292	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	40	33	40
Administrative cost as a percent of total program costs (M0138)	7.93	7.93	5.23	7.93

Department of Children and Families

Long Range Program Plan

Fiscal Years 2015-2016 through 2019-2020

September 30, 2014

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

Rick Scott
Governor

Mike Carroll
Interim Secretary



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	17.2	+14.2	14.2%

Factors Accounting for the Difference: The Hotline experienced a 117% increase in actual performance from 7.9% in FY 2012-2013 to 17.2 in FY 2013- 2014.

Internal Factors (check all that apply):

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

Explanation:

Since July 2013, the Hotline has adopted the Florida Family Safety Decision Making Methodology, which increases the average assessment time performed by the Hotline Counselor.

External Factors (check all that apply):

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

Explanation: The Hotline experienced 30,636 more contacts in 2013-2014 than the prior fiscal year.

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

The Hotline is requesting to move towards measuring Service Level rather than a percentage of calls abandoned annually. Service Level measures the percentage of incoming calls that a Hotline Counselor answers live in an established amount of time. 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.

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 measures was updated to only include calls made to the Hotline for abuse and neglect, but the target was never updated.

External Factors (check all that apply):

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

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

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

Delete measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: 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.

Internal Factors (check all that apply):

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

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

External Factors (check all that apply):

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

Explanation: The Department does not have control of the number of new applicants or the number of facility/home closures. The performance results are based on 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.

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 child care personnel or the number of facility/home closures. 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)

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:

To continue this performance measure it would need to be redefined and a target established. Further detail is needed to define the intent of the performance 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 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: (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%	97.48	(2.52%)	2.52%

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. In addition due to lag in time required to allow all investigations to be closed, data is only available for the period of 7/1/2013 – 4/30/14.

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: 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.

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.

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
12,922	8,973	(3,949) Under	(31)%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

Since this target was established in FY 04-05, this program has experienced a decrease in base funding which has resulted in reduced services. Decreased funding for the Healthy Families Program began in the FY 2008-09 thereby reducing service delivery areas. While there is an increase in funding trend, the measure for the future should be adjusted as the costs associated with the program have increased as well and while the service delivery areas have expanded the numbers of families served is still far reduced from this established target.

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 decrease led to the reduction in the service area capacities and thereby reduced the number of families served subsequently. According to the current contract, the # of duplicate and non-duplicate primary participants (families) is now 6,798. While there is a recent increase in funding trend, the measures for the future should be adjusted to more align with efforts to sustain the quality of services and the increased costs of services. SF 2014-15 funding included additional recurring monies. However, it is unknown if this will remain constant.

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

- Training
- Personnel

- Technology
- Other (Identify) (Fiscal)

Recommendations:

Adjust approved standard to correspond with funding for FY 2013-14 of 6,210 the # of duplicate and non-duplicate primary participants (families) based on the sustainability of the quality of services and the increased costs of services.

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.

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: **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

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%	96.7%	.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: The difference 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: Adult victims can be a very mobile cohort. In many situations, alleged victims maintain a schedule that does not make it easy to reach them with 24 hours, and some actively avoid contact with staff.

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: 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%	98%	2% Under	(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:

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

- Training Technology
 Personnel Other (Identify)

Recommendations: The Department was appropriated additional Child Protective Investigators during the 2014 Session which should provide necessary resources to increase performance.

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%	11.4%	1.5%	1.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation:

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: M0003 – Average annual days worked for pay for adults with severe and persistent mental illness.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
	40	23	

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input 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 provider data entered into the SAMHIS system does not accurately reflect the number of individuals who should be included in this measure. The intent of the outcome is to measure the number of days worked by all individuals with severe and persistent mental illness. Providers only reported on persons served who were gainfully employed.

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

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

Recommendations: To prevent this from occurring in the future, the SAMH Data Unit will institute, for FY 14-15 ongoing, monthly data reconciliation between the managing entity and the SAMHIS data system. In addition, the SAMH program recommends the measure algorithm be adjusted to more accurately reflect the manner in which the data is reported.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Mental Health Services
 Service/Budget Entity: 60910506 Mental Health Services

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

Action:

- | | |
|---|--|
| <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
	30,404	19,386	

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) |

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input 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 provider data entered into the SAMHIS system does not accurately reflect the number of persons served. There were records with admission data only, records with service events only and, records with both admission data and service events. Only those records with admission data and service event were utilized to calculate FY 13-14 performance.

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

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

Recommendations: To prevent this from occurring in the future, the SAMH Data Unit will institute, for FY 14-15 ongoing, monthly data reconciliation between the managing entity and the SAMHIS data system. In addition, the SAMH program is pursuing development of a data warehouse that will improve data migration from the managing entities.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Mental Health Services
 Service/Budget Entity: 60910506 Mental Health Services

Measure: M0018 – Number of adults with forensic involvement 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
3,328	3,025	303(Under)	-9%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input 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 provider data entered into the SAMHIS system does not accurately reflect the number of persons served. There were records with admission data only, records with service events only and, records with both admission data and service events. Only those records with admission data and service event were utilized to calculate FY 13-14 performance.

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

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

Recommendations: To prevent this from occurring in the future, the SAMH Data Unit will institute, for FY 14-15 ongoing, monthly data reconciliation between the managing entity and the SAMHIS data system. In addition, the SAMH program is pursuing development of a data warehouse that will improve data migration from the managing entities.

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
46,000	21,394	24,606(Under)	-53%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input 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 provider data entered into the SAMHIS system does not accurately reflect the number of persons served. There were records with admission data only, records with service events only and, records with both admission data and service events. Only those records with admission data and service event were utilized to calculate FY 13-14 performance.

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

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

Recommendations: To prevent this from occurring in the future, the SAMH Data Unit will institute, for FY 14-15 ongoing, monthly data reconciliation between the managing entity and the SAMHIS data system. In addition, the SAMH program is pursuing development of a data warehouse that will improve data migration from the managing entities.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Mental Health Services
 Service/Budget Entity: 60910506 Mental Health Services
Measure: M0032 – Number of ED children to be served.

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
27,000	13,911	13,089(Under)	-48%

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)

External Factors (check all that apply):

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

Explanation: The provider data entered into the SAMHIS system does not accurately reflect the number of persons served. There were records with admission data only, records with service events only and, records with both admission data and service events. Only those records with admission data and service event were utilized to calculate FY 13-14 performance.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: To prevent this from occurring in the future, the SAMH Data Unit will institute, for FY 14-15 ongoing, monthly data reconciliation between the managing entity and the SAMHIS data system. In addition, the SAMH program is pursuing development of a data warehouse that will improve data migration from the managing entities.

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
4,330	1,330	3,000(Under)	-69%

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) |

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input 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 provider data entered into the SAMHIS system does not accurately reflect the number of persons served. There were records with admission data only, records with service events only and, records with both admission data and service events. Only those records with admission data and service event were utilized to calculate FY 13-14 performance.

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

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

Recommendations: To prevent this from occurring in the future, the SAMH Data Unit will institute, for FY 14-15 ongoing, monthly data reconciliation between the managing entity and the SAMHIS data system. In addition, the SAMH program is pursuing development of a data warehouse that will improve data migration from the managing entities.

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
64	55.19	-8.81(Under)	-14%

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) |

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: It is unknown why the target for this outcome measure was not met in FY13-14. There are several possible explanations that need to be explored further including data entry issues, workforces training issues, or quality of services.

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: The managing entities will examine their provider network to ascertain opportunities for improvement and possible barriers. In concert with their provider network, the managing entities will implement strategies to improve performance in this area.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Mental Health Services
 Service/Budget Entity: 60910506 Mental Health Services

Measure: M0378 – Percent of children with serious emotional disturbances who improve their level of functioning.

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	60.48	-4.5(Under)	-7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

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: It is unknown why the target for this outcome measure was not met in FY13-14. There are several possible explanations that need to be explored further including data entry issues, workforces training issues, or quality of services.

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

- Training Technology
- Personnel Other (Identify)

Recommendations: The managing entities will examine their provider network to ascertain opportunities for improvement and possible barriers. In concert with their provider network, the managing entities will implement strategies to improve performance in this area.

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:

- 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
115,000	47,124	67,876	-59%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input 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 provider data entered into the SAMHIS system does not accurately reflect the number of persons served. There were records with admission data only, records with service events only and, records with both admission data and service events. Only those records with admission data and service event were utilized to calculate FY 13-14 performance.

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

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

Recommendations: To prevent this from occurring in the future, the SAMH Data Unit will institute, for FY 14-15 ongoing, monthly data reconciliation between the managing entity and the SAMHIS data system. In addition, the SAMH program is pursuing development of a data warehouse that will improve data migration from the managing entities..

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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
50,000	28,036	21,964	-44%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation: The provider data entered into the SAMHIS system does not accurately reflect the number of persons served. There were records with admission data only, records with service events only and, records with both admission data and service events. Only those records with admission data and service event were utilized to calculate FY 13-14 performance.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: To prevent this from occurring in the future, the SAMH Data Unit will institute, for FY 14-15 ongoing, monthly data reconciliation between the managing entity and the SAMHIS data system. In addition, the SAMH program is pursuing development of a data warehouse that will improve data migration from the managing entities.

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
110	122	12 (Over)	11%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

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

- Training Technology
 Personnel Other (Identify)

Recommendations: Request revision of the measure to capture the percentage instead of per 1,000 usage. We also request the measure be reset to more accurately reflect achievable performance trends.

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: M0055 Number of at risk children served in targeted prevention.

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
4,500	3,588	912 (Under)	20%

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 Substance Abuse and Mental Health Program Office is currently coordinating with prevention providers and state coalitions who provide prevention services to correct identified data upload malfunctions which have contributed to the reported lack of performance for this measure.

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

- Training Technology
- Personnel Other (Identify)

Recommendations: Request revision of the measure to accurately reflect the source of prevention data. The measures definition indicates the data source is the Substance Abuse and Mental Health Data System although the actual data source is the Performance-Based Prevention System.

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	43,229	(27,165)	-38.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input 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 3,800 TANF applications per month with adults subject to a work requirement during SFY 13/14. This results in less than 50,000 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.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Economic Self Sufficiency
Service/Budget Entity: 60910708 Economic Self Sufficiency
Measure: Percent of unemployed active caseload placed in employment (M04040)

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
40%	33%	(-7%)	-7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: The goal of placing 40% of the unemployed caseload was not met in SFY2014 due to a significant increase in caseload. In SFY 2013, the employment caseload was 21,659 clients, which increased by 28.2% to 30,173 in SFY 2014. The program did show a significant increase of 11% in refugee clients placed in employment - from 8,840 to 9,832, but that increase was unable to overcome the increase in caseload.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: This measure should be reduced to 25%. This program is 100% federally funded and the eligible population is determined by external factors. The population continues to increase while federal funding decreased by \$20 million overall to the program, resulting in an inability to meet objectives.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
 Program: Homelessness
 Service/Budget Entity: 60910708 Office on Homelessness

Measure: M0304 – Number of beds per day available for homeless clients.

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
1500	7777	6277(Over)	+500%

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 increase in number of beds per day is due to the fact that the Office on Homelessness cannot determine how the 2013 approved standard number was calculated. The revised actual performance results number for 2013 (7777) were calculated by adding all of the shelter providers' bed counts together and this is how future counts will be conducted.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: The current Director of Homelessness will document the procedure used to calculate this number. Going forward, Office on Homelessness staff will be made aware of this information and trained on how to calculate the number of beds per day (M0304) do data is readily available.

Department of Children and Families

Long Range Program Plan

Fiscal Years 2015-2016 through 2019-2020

September 30, 2014

Performance Measure Validity and Reliability - LRPP
Exhibit IV

Rick Scott

Governor

Mike Carroll

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>

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: Department of Children and Families
Program: FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity: Child Protection and Permanency 60900310
Measure: Number of children receiving in-home services. (M0774)
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 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>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 FSN. 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 FSFN is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of child investigations from an entry cohort completed within 60 days. (M0394)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Calls to the Florida Abuse Hotline to report child abuse or neglect trigger an investigation. A timely investigation commences within 24 hours of a call. The investigation duration is from the date of the call to the hotline to the date of final supervisor approval recorded in 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:	The Florida Abuse Hotline receives: (1) calls from citizens who indicate through a telephone prompt that they wish to report concerns about child abuse or neglect or adult abuse, neglect or exploitation; (2) faxes from citizens with concerns about abuse, neglect or exploitation; and (3) calls from district DCF staff who require assistance. This measure is a number. It is a count of all calls and faxes received by the Florida Abuse Hotline's Automated Call Distribution System. Data Source: ACD System
Validity:	This is a process measure that indicates the workload of the Hotline.
Reliability:	This measure is auto-generated from a phone system and is highly reliable.

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 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 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 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:	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. Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with forensic involvement. Data Source: Provider staff report the data based on client interview and records.
Validity:	This is a direct measure of the number of adults who receive treatment in the state mental health system.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

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:	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.
Validity:	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.
Reliability:	Central office maintains an ACCESS data base that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH 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 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>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>

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

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 (ADMITYPE = 01, 02, 03, 04, or 10).</p> <p>(2) The denominator is the distinct number of persons in forensic commitment status (most recent COMMITYPE = 4, 5 or 6), who were discharged during the reporting fiscal year and the discharge reason was not one of the following: (a) transfer between hospitals (DREASON = 02, 03, 04); (b) death (DREASON = 10 or 11); or (c) status change (DREASON = 16, 17 or 18). Data Source: Staff in State Mental Health Treatment Facilities reports the data daily, weekly, or monthly in the Substance Abuse and Mental Health Information System (SAMHIS)</p>
Validity:	This measure attempts to measure the success of persons with serious mental illness to live independently or in less restrictive environment in community and to function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with DCF data reporting requirements. DCF validates data submitted for accuracy and logic errors. All the state mental health treatment facilities use uniform procedures and requirement specifications for data definition, validation and submission into the SAMHIS database.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Average number of days to restore competency for adults in forensic commitment. (M0015)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<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 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.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of adults who successfully complete substance abuse treatment services. (M0755)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>The measure is a percentage. Successful completion of treatment include clients discharged during the reporting period who: (a) received services in any treatment cost centers (i.e., 06, 08, 12, 14, 18, 19, 20, 21, 31, 35, 36, 37, 38) and discharge reason code is 01, 10 or 13 and frequency of use for a declared drug is 1 (no past use in the last 30 days). The numerator is the number of adults discharged who successfully completed treatment as defined above.</p> <p>The denominator is the number of adults discharged during the reporting period (excluding immediate discharges) with discharge reason codes of 01, 02, 06, 10, 11, 13, 15, and 16. Data Source: Provider staff reports data in SAMHIS based on client interviews or information in local client records.</p>
Validity:	Research has shown that completion of treatment is correlated with higher rates of reduced substance use and related problems versus non-completion.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Number of children with substance-abuse problems served (M0052)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	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</u> <u>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:	<p>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.</p> <p>Denominator: The number of eligible 2-parents TANF adults with a work participation requirement.</p> <p>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.</p>
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.</p> <p>Expedited Food Stamps: 7 days.</p> <p>Non-Expedited Food Stamps: 30 days.</p> <p>Medicaid without disability determination: 45 days.</p> <p>Medicaid with disability determination: 90 days.</p> <p>Excluded from days processed are days attributed to non-agency delays such as delays in information submittal by the applicant.</p> <p>Denominator: Total of all applications disposed in the month, excluding KidCare Medicaid, SUNCAP and disaster Food Stamp applications.</p> <p>Numerator: The number of these applications that do not exceed the defined time standards. Data Source: Applicants and Economic Self-Sufficiency staff.</p>
Validity:	This indicator measures the department's ability to respond timely to requests for assistance from families and individuals to help meet their basic needs. Basic needs include food, shelter and medical care.
Reliability:	Internal quality reviews are completed on a sample of applications. These reviews validate the dates reported in the system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	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.

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2014-15		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 grants administered for homeless clients
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 2013-14			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		2,805,789,155		3,680,422	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		28,624,628		-2,400,000	
FINAL BUDGET FOR AGENCY		2,834,413,783		1,280,422	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					1,280,422
Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed		54,479	924.60	50,371,226	
Healthy Families * Number of families served in Healthy Families		8,973	415.15	3,725,120	
Protective Investigations * Number of investigations		187,589	1,089.42	204,363,102	
In-home Supports * Number of children under protective supervision (point in time)		12,116	6.39	77,475	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.		2,137	14,273.51	30,502,490	
Child Welfare Legal Services * Number of termination of parental rights petitions filed		4,052	13,286.59	53,837,269	
Emergency Shelter Supports * Number of adults with a safety plan upon leaving domestic violence shelter after 72 hours		6,631	5,077.90	33,671,540	
Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline		445,284	52.06	23,181,911	
Adoption Subsidies * Number of children receiving adoption subsidies		34,799	4,422.00	153,881,078	
Adoption Services * Children receiving adoptive services		6,130	103,634.69	635,280,641	
License Child Care Arrangements * Number of facilities and homes licensed		6,240	2,899.09	18,090,342	
Daily Living * Number of qualified disabled adults (ages 18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver		2,327	847.14	1,971,293	
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program		1,299	1,474.10	1,914,862	
Emergency Stabilization * Number of children served		5,328	3,835.27	20,434,293	
Emergency Stabilization * Number of adults served		34,697	2,637.88	91,526,494	
Provide Forensic Treatment * Number of adults in forensic commitment served		2,390	65,192.91	155,811,048	
Provide Civil Treatment * Number of people in civil commitment served		1,848	108,836.39	201,129,657	
Community Support Services * Number of children served		21,394	3,430.10	73,383,573	
Community Support Services * Number of adults with forensic involvement served.		3,025	65,688.00	198,706,215	
Assessment * Number of sexual predators assessed		3,470	8,632.99	29,956,474	
Detoxification * Number served		584	8,610.90	5,028,767	
Treatment And Aftercare * Number of children with substance-abuse problems served		28,036	2,591.02	72,641,853	
Detoxification * Number of adults provided detoxification and crisis supports		15,349	7,858.63	120,622,114	
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery		19,430,207	0.85	16,550,402	
Refugee Assistance * Number of refugee clients served		73,789	1,110.50	81,942,723	
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments		498	31,824.22	15,848,461	
Homeless Assistance * Number of grants issued for homeless clients		117	91,431.57	10,697,494	
Eligibility Determination/Case Management * Number of cash assistance payments		847,436	366.17	310,307,441	
Issue Welfare Transition Program Payments * Total number of cash assistance applications		406,648	403.59	164,118,090	
TOTAL				2,779,573,448	1,280,422
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER					
REVERSIONS				54,840,444	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,834,413,892	1,280,422

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)