



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

**Rick Scott**  
*Governor*

**Mike Carroll**  
*Secretary*

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LONG RANGE PROGRAM PLAN

Department of Children and Families  
Tallahassee, Florida

September 30, 2015

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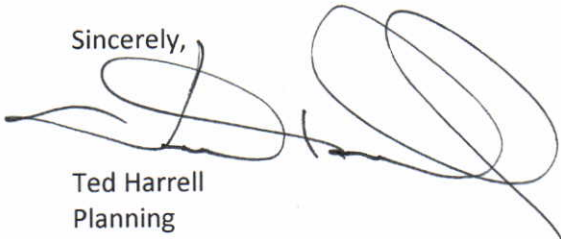
Cindy Kynoch, Staff Director  
Senate Budget Committee  
201 Capitol  
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, our Long Range Program Plan (LRPP) for the Department of Children and Families is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2016-17 through Fiscal Year 2020-2021. 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  
Planning

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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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 2016-2017 through 2020-2021

September 30, 2015



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Message from Secretary Carroll:

Dear Senate President Andy Gardiner and Speaker Steve Crisafulli,

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

The Department of Children and Families is proud to be able to help Florida's 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 get the services they need to recover. We are committed to our mission, and we are equally committed to finding ways to do better.

Improvements already in place include development of a Human Trafficking Screening Tool in partnership with the Department of Juvenile Justice (DJJ). The tool is helping us identify juvenile victims of both labor trafficking and commercial sexual exploitation of children (CSEC) and will be used to assess at-risk youth at DJJ intake facilities upon arrest. Florida's Economic Self-Sufficiency Program continues to lead the nation in providing the best service to families and individuals in need. We also are continuing to implement a new Child Welfare Practice Model to guide Florida's child welfare professionals in assessing risk and engaging families and community partners to improve outcomes for vulnerable children and families.

The department has renewed its commitment to a Mission, Vision, Values and Core Competencies-based work culture that focuses on systematic integration and coordination of services, use of analytic data to drive performance, and a world class workforce.

Thank you for your significant support of our work to protect and empower Florida families.

## **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 are a highly skilled workforce committed to empowering people with complex and varied needs to achieve the best outcomes for themselves and their families. In collaboration with community stakeholders, we will deliver world class and continuously improving service focused on providing the people we serve with the level and quality that we would demand and expect for our own families.

## **Core Values:**

A workforce that operates with integrity maintains loyalty to a code of ethics that requires the courage to take responsibility for providing the highest quality of service to the vulnerable. We are a solutions-focused learning organization built on a foundation of transparency in action and accountability of results. Both within the organization and among our stakeholders, we thrive in a culture of respect for diversity of opinion that is nurtured through open communication. High performing and committed, we are unified in our goal of excellence in achieving quality outcomes for those we serve.

## **Core Competencies:**

- **Systems Integration**
- **Vendor Relationship Management**
- **Data Analytics**
- **World Class Workforce**

**Department Goals and Objectives Matrix** (The following reflects the current Priority of Effort)

**Systems Integration**

**Priority of Effort: Improve Care Coordination for High Need Substance Abuse/Mental Health Populations**

**Goal: Increase access to quality Substance Abuse/Mental Health services**

Objective 1: Decrease number residents on civil facility seeking placement list for >30 days
Objective 2: Decrease number residents on Crisis Stabilization Unit waiting list for >30 days
Objective 3: Decrease readmission rate to Crisis Stabilization Units/Addiction Receiving Facilities/Detoxification Facilities
Milestone 1: Identify and evaluate current and emerging models, tools, methodologies, core competencies, and systems for level of care determination and care coordination 9/1/15
Milestone 2: Identify reasons for multiple readmissions to Crisis Stabilization Units, Addiction Receiving Facilities, and Detoxification facilities 11/1/15
Milestone 3: Negotiate with ME's solutions for reducing the number of multiple readmissions to Crisis Stabilization Units, Addiction Receiving Facilities, and Detoxification facilities 11/01/15
Milestone 4: Identify current service and practice assets and need in the community and negotiate with Managing Entities a set of services and supports available to care coordinators and persons served 11/1/15

**Priority of Effort: Reduce Forensic Waitlist**

**Goal: Decrease the wait time for forensic SMHTF admission and return to court**

Objective 1: Decrease number people on forensic admission waiting list >12 days
Objective 2: Decrease number forensic residents waiting >30 days to return to court
Milestone 1: Implement 16 Flexible Beds at Treasure Coast Forensic Treatment Center 08/21/15
Milestone 2: Deploy forensic application and training to Managing Entities and regional staff, as necessary 11/30/15
Milestone 3: In collaboration with Department of Juvenile Justice and Department of Corrections, implement evidence-based community diversion strategies such as expanding Crisis Intervention Team training and implementing assessment tools, etc. 12/31/15

Milestone 4: Deploy reporting system. 1/30/16
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### ***Systems Integration and Vendor Relationship Management***

**Priority of Effort: Integrate Child Welfare and Substance Abuse and Mental Health Service Systems**

**Goal: Implement a care coordination model for Child Welfare clients**

Objective 1: Achieve 100% of project milestones on time
Objective 2: Increase percent of Child Welfare clients in Family Intensive Treatment who are engaged in services
Objective 3: Increase percent Child Welfare clients successfully completing Family Intensive Treatment
Milestone 1: Facilitate maximization of Family Intensive Treatment operation to achieve full capacity based on funding 3/31/16
Milestone 2: Implement identified strategies for Child Protective Investigators and Substance Abuse and Mental Health providers to collaboratively increase and share accountability for client engagement in Substance Abuse/Mental Health services 3/31/16
Milestone 3: Identify method and set of metrics for measuring Child Welfare client engagement in Substance Abuse/Mental Health services 3/31/16
Milestone 4: Establish system for documenting, collecting, and evaluating Substance Abuse/Mental Health services to Child Welfare clients 06/29/16

### ***Vendor Relationship Management***

**Priority of Effort: Implement Differentiated Child Care Licensing Program**

**Goal: Implement revised rule for licensing after-school child care providers**

Objective: Achieve 100% project milestones on time
Milestone 1: Determine licensing requirements for after school programs 8/31/2015
Milestone 2: Draft recommended Rule Changes 8/31/2015 – 9/30/2015
Milestone 3: Conduct Public Workshops throughout State 9/30 – 12/30
Milestone 4: Implement revised rule for licensing after-school child care providers 6/30/16

**Priority of Effort: Implement Adoption Incentive Program**

**Goal: Implement Adoption Incentive Program for Community-Based Care Lead Agencies**

Objective: Increase adoption rate of children complex to adopt
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Milestone 1: Conduct a Comprehensive Baseline Assessment related to Community-Based Care Lead Agency performance 8/15/15
Milestone 2: Create outcome targets, methods for measuring the targets and amount of funding associated with each target for Community-Based Care Lead Agencies 09/15/15
Milestone 3: Make changes to Florida Safe Families Network to track requested information from House Bill 7013. 6/30/16

**Priority of Effort: Increase Family and Quality Foster Home Placements**

**Goal: Increase the number of children living in family (relative and non-relative) and quality foster homes**

Objective 1: Increase percent of Community-Based Care Lead Agencies implementing best practice for family and quality foster homes recruitment
Objective 2: Increase percent of regions holding recruiting events
Milestone 1: Disseminate statewide message/materials/communication 7/31/15
Milestone 2: Hold local recruitment events, including but not limited to NexGen Band events 9/30/15
Milestone 3: Use best practice checklist (includes but is not limited to recruiting, training, and retaining quality foster parents) to negotiate best practice implementation with each Community-Based Care Lead Agency 9/30/15
Milestone 4: Initiate follow up discussions with Community-Based Care Lead Agencies to assess and continuously encourage use of best practices 4/30/2016
Milestone 5: Complete implementation of statewide plan to increase quality homes 6/29/16

**Priority of Effort: Expand The Issuance Schedule For Food Assistance Benefits**

**Goal: Expand The Schedule For Issuing Food Assistance Benefits From 15 To 28 Days Per Month**

Objective 1: Achieve 100% of project milestones by established due date
Milestone 1: Implement technical solution including contract amendments, analysis, design, development, testing and deployment 02/29/16
Milestone 2: Implement policy and communications solution including administrative rule, brochures, press releases and memorandums 2/29/16
Milestone 3: Project closeout, acceptance and signoff 04/30/16



## ***Vendor Relationship Management and Data Analytics***

### **Priority of Effort: Implement the Financial Model for Florida's System of Community-Based Care**

**Goal: Increase Department capacity to determine Community-Based Care financial viability status**

Objective 1: Increase percent of Community-Based Care Lead Agencies with known financial viability data and information to 100% by 10/31/15
Milestone 1: Identify set of Community-Based Care financial metrics to report 07/31/15
Milestone 2: Create monthly Community-Based Care financial reports containing identified set of metrics 08/14/15
Milestone 3: Conduct formal data analyses of Community-Based Care financial metrics 9/30/15

### **Priority of Effort: Operationalize World Class Child Welfare Practice**

**Goal: Enhance quality of child welfare practice statewide**

Objective 1: Increase percent of completed practice enhancements identified in region plans
Objective 2: Increase percent of Critical Child Safety Practice Experts completing proficiency levels 1 and 2 to 100% by 12/31/15
Objective 3: Increase percent of Critical Child Safety Practice Experts completing proficiency levels 3 and 4 to 100% by 06/29/16
Milestone 1: Develop Statewide Child Welfare practice Enhancement Plan 8/15/2015
Milestone 2: Identify child welfare practice enhancement opportunities within each region, using the Rapid Process Improvement methodology 10/30/15
Milestone 3: Develop child welfare practice enhancement plans with all regions 12/30/2015
Milestone 4: Experts achieve proficiency in Critical Child Safety Practice for levels 1 and 2 12/31/15
Milestone 5: Experts achieve proficiency in Critical Child Safety Practice for levels 3 and 4 06/29/16

**Goal: Provide full array of child welfare services in each community**

Objective: Increase percent of Community-Based Care Lead Agencies providing full array of services in each community
Milestone 1: Identify criteria for Family Support Services Programs 9/30/15
Milestone 2: Identify full array of child welfare services menu that should be

available in each community 12/31/15
Milestone 3: Negotiate plan with each Community-Based Care Lead Agency to ensure full array of services is available in each community to meet needs of Child Welfare clients 03/31/16

**Priority of Effort: Achieve Results Oriented Accountability**

**Goal: Improve Child Welfare outcomes while promoting a culture of transparency and accountability.**

Objective 1: Increase percent of Child Welfare metrics trending favorably
Objective 2: Achieve 100% of project milestones on time
Milestone 1: Produce monthly Child Welfare Performance Report 10/01/2015
Milestone 2: Produce monthly analytic data reports using Tableau 12/15/15
Milestone 3: Begin producing results documents for identified root cause analyses 1/11/16
Milestone 4: Complete Florida Safe Families Network system adoption plan for financial module with all Community-Based Care Lead Agencies 06/29/16

**Improve Substance Abuse Mental Health Data System**

**Goal: Improve the quality of performance data reported by Managing Entities**

Objective 1: Increase percent of Substance Abuse and Mental Health clients with unique client identifiers
Objective 2: Reduce Managing Entities performance data error rate
Milestone 1: Prepare and submit Children’s Crisis Stabilization Unit report to the Governor, the President of the Senate, and the Speaker of the House of Representatives 1/31/16
Milestone 2: Implement unique client identifier in a master client index for persons enrolled in Department of Children and Families funded services 6/30/16
Milestone 3: Develop and implement standard reports for invoice verification at the state, Managing Entity , and provider levels 6/30/16
Milestone 4: Complete financial system development, testing, acceptance and training, and deploy system statewide 6/30/17
Milestone 5: Complete clinical scoring system development, testing, acceptance and training, and deploy system statewide 6/30/17

## ***Data Analytics***

**Priority of Effort: Achieve Excellence in Economic Self Sufficiency Customer Service Delivery**

**Goal: Achieve and maintain national Economic Self Sufficiency benchmark status and improve customer service at call center**

Objective 1: Rank #1 state with highest food assistance accuracy rate during fiscal year 15-16
Objective 2: Rank in top 4 for states with lowest procedural error rate in food assistance denials and closures during fiscal year 15-16
Objective 3: Achieve overall call success rate of 95% by 12/31/16
Objective 4: Increase percent of password resets completed by automaton to 95% by 12/31/16
Milestone 1: Implementation of the new Call Center Technology 8/24/15
Milestone 2: Report Region Delta Review Ratings including identification of role model status 9/1/15

## ***Data Analytics and World Class Workforce***

**Priority of Effort: Implement Critical Class Workforce Analysis Protocol for All Programs**

**Goal: Improve management of critical workforce capacity and capability**

Objective 1: Increase percent of workforce legislative budget requests containing sound data analysis
Objective 2: Increase percent of critical workforce actions taken based on sound data analysis by 12/31/15
Milestone 1: Workgroup designs pilot protocol and supplemental tools through completion of selected workforce legislative budget requests 08/12/15
Milestone 2: Finalize Workforce Protocol 9/30/15
Milestone 3: Identify set of key workforce metrics that are monitored by managers and reported to leadership 9/30/15
Milestone 4: Orient managers agency-wide on protocol and metrics 10/30/15
Milestone 5: Protocol Implementation 11/2/15

**Priority of Effort: Enhance Performance and Quality of Decision-Making at Hotline**

**Goal: Improve performance and quality at the Hotline**

Objective 1: Increase percent of calls answered within 10 minutes to 98%
Objective 2: Improve percent of Hotline performance metrics trending favorably

Milestone 1: Define metrics for monitoring the quality of hotline performance, including metrics for measuring quality of decision-making on screening calls and for measuring the adequacy of information collected by Hotline staff for CPIs 8/31/15
Milestone 2: Establish Hotline Quality Assurance Program to include standardized protocols and criteria for supervisor involvement in high risk calls 09/30/15

**Priority of Effort: Adult Protective Services Training Enhancement**

**Goal: Enhance Adult Protective Services training program to close identified gaps and include National Adult Protective Services Association best practices**

Objective 1: Improve Quality Assurance results
Objective 2: Reduce Adult Protective Investigator turnover
Milestone 1: Replace existing training materials with standardized products Start date: July 6, 2015 / End date: June 30, 2016
Milestone 2: Revise Operating Procedures and Pamphlets Start date: July 10, 2015 / End date: June 30, 2016
Milestone 3: All Regions analyze and assess Region-level, creating action plans for reducing turnover as indicated by data Start date: July 15, 2015 / End date: November 30, 2015
Milestone 4: Regions complete implementation of action plans for reducing turnover Start date: December 1, 2015 / End date: June 30, 2016

***World Class Workforce***

**Priority of Effort: Ensure Quality and Performance of State Mental Health Treatment Facilities**

**Goal: Improve the State Mental Health Treatment Facilities workforce climate**

Objective 1: Reduce the rate of adverse incidents
Objective 2: Decrease the rate of staff injuries
Milestone 1: Present Florida State Hospital findings and lessons learned to steering committee for follow-up 8/15/15
Milestone 2: Analyze Florida State Hospital Findings and implement Improvement Plan 10/1/15
Milestone 3: Present Northeast Florida State Hospital/North Florida Evaluation and Treatment Center findings and lessons learned to steering committee for follow-up 12/31/15

Milestone 4: Analyze Northeast Florida State Hospital / North Florida Evaluation and Treatment Center Findings and Implement Improvement Plan 5/1/16

**Priority of Effort: Establish Professional Development Program**

**Goal: Improve leadership practices and build capacity by increasing leaders' knowledge and use of core competencies**

Objective 1: Increase the % of supervisors trained on core competencies to 25% by 6/30/2016

Objective 2: Increase employees' level of satisfaction with their direct supervisors as measured by an employee survey

Milestone 1: Survey employees' level of satisfaction with direct supervisors to obtain baseline data 11/1/15

Milestone 2: Develop and implement Leadership Development programs for Supervisors, Managers, Regional/Hospital Administrators, and Executives based on the core competencies 5/30/16

Milestone 3: Build Leadership Training capacity by increasing number of qualified trainers by 5/30/2016

## Service Outcomes and Performance Projection Tables

### Outcome 1: Protect the vulnerable people we serve.

Outcome Projection Table

Outcome	Baseline	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
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%	15.0%	15.0%	15.0%	15.0%	15%
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	21,500	21,000	20,500	20,000	19,500

## Outcome 2: Promote personal and economic self-sufficiency.

Outcome Projection Table

Outcome	Baseline	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
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	25%	27%	29%	30%	31%
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%

### Outcome 3: Advance personal and family recovery and resiliency.

Outcome Projection Table

Outcome	Baseline	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
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%	45%	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%



## Outcome 4: Steward effectively and efficiently

Outcome Projection Table

Outcome	Baseline	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Percentage Child Protection Investigator Turnover - Annualized	Jan thru Mar 2013 16.6%	29%	29%	29%	29%	29%
Average annual lease cost per FTE	May 2013 \$3,281	\$3,250	\$3,250	\$3,250	\$3,250	\$3,250
Percent of actual Child Protection Investigator Salary Expenditures compared with budget	Jul thru May 2013 -.8%	-.8%	-.8%	-.8%	-.8%	-.8%
Percent of actual Adult Protection Investigator Salary Expenditures compared with budget	Jul thru May 2013 -3.9%	-3.9%	-3.9%	-3.9%	-3.9%	-3.9%
Percent of payments processed & submitted timely	May 2013 98.4%	99%	99%	99%	99%	99%

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

**Outcome 6: Engage local communities 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**

## ***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**

The Family Safety Program is made up of the Office of Child Welfare and includes Background Screening, Child Care Regulation, Domestic Violence and the Florida Abuse Hotline. Information regarding each of these components is listed below.

#### **A. Primary Responsibilities**

##### **Child Welfare**

The vision of the Department is that every child in Florida thrives in a safe, stable, and permanent home sustained by nurturing relationships and strong community connections. 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). As in all aspects of social services, particularly child welfare, an integrated and collaborative approach with multiple partners and stakeholders is essential.

The Office of Child Welfare works in partnership with six regions, seventeen 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.

Florida's service delivery system is unique in that it contracts for the delivery of foster care and other related child welfare services as defined in Florida statute through Community-Based Care Lead Agencies (CBCs). Service delivery is coordinated through an administrative structure of six geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. All contracts with lead agencies are developed and monitored by both regional and central office staff. Child protective investigation requirements are also defined in statute (Chapter 39, F.S.). In several geographic areas, the duties of child protective investigation are performed under contract by county sheriffs' offices. The Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings. This delivery structure has been stable for several years and provides an excellent opportunity to

tailor services that address the diverse needs of Florida's children, families and communities and fosters creativity and productivity of child welfare professionals.

Florida Legislative intent provides a fundamental statement of purpose for the child welfare system that is embedded throughout the delivery of services in the state:

(a) To provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development; to ensure secure and safe custody; to promote the health and well-being of all children under the state's care; and to prevent the occurrence of child abuse, neglect, and abandonment.

(b) To recognize that most families desire to be competent caregivers and providers for their children and that children achieve their greatest potential when families are able to support and nurture the growth and development of their children. (Subsection 39.001(1), F.S.)

In order to achieve this intent, and in alignment with the federal Principles of Practice, Florida's continuum of care includes the following general service components:

- Prevention
- Intake
- Child Protective Investigations
- In-Home Protective Services
- Out-of-Home Care
- Independent Living
- Adoption

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. In fiscal year 2014-15, the Department served 12,176 children who remained in their homes with parents and 21,890 who were placed in out-of-home care.

During the 2015 legislative session, several key pieces of legislation were passed that impact child welfare.

- CS/CS/HB 437 – Formalizes the process of appointing a guardian or guardian advocate for a young adult determined by the court to meet certain requirements.
- CS/HB 7013 – Addresses ways to strengthen and increase adoptions including creating a CBC Adoption Incentive Program and a State Employee Adoption Benefit Program.
- CS/SB 7078 – Addresses several issues including expanding Secretary’s authority to direct an investigation by the Critical Incident Rapid Response Team (CIRRT); requiring CIRRT advisory committee to meet and report to Secretary quarterly; clarifying legislative intent to prioritize evidence-based and trauma-informed services; and requiring certain afterschool programs’ personnel to be background screened.

Child Protective Investigations (CPI) - In Florida, the Department conducts child protective investigations in 61 of the 67 counties. 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.

In Fiscal Year 2014-2015, CPI staff initiated 192,539 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 are necessary should the child be removed from danger.

Child protective investigations are designed to ensure child safety. Federal and state law requires that these activities are designed to safely maintain a child in his or her own home when possible through a trauma-informed, family-centered approach. The investigative activities include interviews, evaluation and assessment of gathered and analyzed information, danger assessment, assessment of the family’s functioning and family dynamics contributing to the abusive or neglectful situation and safety planning, and connecting families with supportive community services and collaborating with community providers to meet the family’s basic needs.

If a child is in 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.

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 suggested recommendations for prevention and family support services, and are referred to the local community-based care agency to determine and oversee the prevention services.

Case Management Services through Community-Based Care - The 1998 Florida Legislature mandated the outsourcing of child welfare services to 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 family support services, 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 a local system of care that maximizes resources to meet local needs.

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.

Title IV-E Waiver - The 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.

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.

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 Compact is codified in section 409.401, Florida Statutes. 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 in Florida began in 2008 with conversion of the existing tracking system to a paperless file system. 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.

Florida participated as a pilot state in the development and testing of a national web-based electronic system based on Florida's ICS. The pilot evaluation revealed that the use of National Electronic Interstate Compact Enterprise (NEICE) eliminated the delay in mailing documents, reduced processing and storage costs, prevented misplaced documents, provided instant access to the content of documents for decision-making purposes, memorialized dates of action taken at each step of the process, recorded transmittal and receipt of documents, and allowed collection of data on processing types of requests and time incurred for completion. Nationwide implementation of NEICE began in June 2015 with a goal of sustainability for all 52 jurisdictions over a three-year period. National electronic transmission and an electronic tracking system along with transparency in the ICPC process will provide uniform consideration of ICPC requests, more accountability, and quicker permanency for children across the nation. The annual fee for states to use NEICE is currently set at \$25,000.

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 standardized forms and processes 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.

### **Background Screening**

The Background Screening section performs screenings under chapter 435, Florida Statutes, of persons who work or volunteer in positions regulated by the following Florida Statutes: Chapters 39; 393; 394; 397; 402; 409; and 435; and section 408.809, F.S. The Background Screening section determines eligibility for employment or licensure based upon statutory criteria. The Criminal Justice Information Services (CJIS) Section of the Criminal History

Service Program is responsible for administering the department’s CJIS information access program which includes criminal justice employment screenings, trainings, and certifications; administering department user and training accounts for outside agency applications and data sources; coordinating activities and policies between agencies and programs; and performing compliance audits.

**Child Care**

Pursuant to Section 402, Florida Statutes, the health, safety, and well-being of children in the care of licensed facilities are overseen by the Office of Child Care Regulation in 62 of 67 counties. Statutory required training is offered online and in classroom settings to child care personnel who must successfully pass competency exams to be employed in the child care industry.

**Domestic Violence**

The 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 is partnering with the Florida Coalition Against Domestic Violence (FCADV) to administer and provide oversight of federal and state funding designated to support and enhance services for victims of domestic violence, dating violence, sexual assault and stalking crimes.

**Florida Abuse Hotline**

The Florida Abuse Hotline is the state’s centralized 24/7 operation responsible for receiving, analyzing 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 also conducts criminal background checks on participants of reports. For Fiscal Year 2014-15:

Contact Type	
Calls	484,874
Fax	27,632
Web	26,509
<b>Total Contacts</b>	<b>539,015</b>

Intake Type	Screen In	Screen Out	Total Assessed
Child	215,337	57,156	272,493
Adult	56,345	32,606	88,951
PNA	17,045	4,826	21,871
<b>Totals</b>	<b>288,727</b>	<b>94,588</b>	<b>383,315</b>



The Hotline also received 46,743 requests for referral information on services from the public and completed 707,521 criminal background checks.

## **B. Selection of Priorities**

Embedded within the Secretary's priorities, federal grant and statutory requirements, as well as input from stakeholders and partners 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 (OCW), Child Care, Domestic Violence and the Florida Abuse Hotline.

### **Child Welfare**

- Child Welfare Practice Model
- Quality Homes
- Rapid Safety Feedback Practice Experts
- Analysis on Child Fatalities
- Results Oriented Accountability
- World Class Workforce
- Evidence-based Services
- Residential Group Care
- Implementation of 2015 state and federal Legislation
- Prevention Services
- Commercially Sexually Exploited Children

### **Background Screening**

- Improving efficiency, productivity and stakeholder satisfaction

### **Child Care**

- Implementation of the new federal Child Care Development Block Grant Reauthorization requirements
- Implement Differential Monitoring for School Aged Child Care Programs: to ensure the health and safety of children in all levels of afterschool child care programs
- The first phase of Child Care Regulation's new licensing information system (CARES) became operational on August 17, 2015 and includes:
  - A user dashboard tailored to individual user roles to improve efficiencies
  - A change log feature that documents all changes made within the system
  - "Smart Search" feature that queries the entire database
  - Connection between the licensing and training systems
- The goals for the CARES system beyond 2015 are to:
  - Move to a mobile only platform
  - Feature web accounts for all provider types
  - Establish electronic record retention via the new platform
  - Share information with OEL and other outside agencies

## **Domestic Violence**

- Quality Assurance Evaluations of Department-Certified Domestic Violence Centers
- Service Integration: Domestic Violence, Child Welfare, Substance Abuse and Mental Health
- Statewide Domestic Violence Fatality Review Team
- Capital Improvements Grant Program for Domestic Violence Centers

## **Florida Abuse Hotline**

- Improve how reports are assessed

### **C. Addressing Our Priorities over the Next Five Years**

The following provides more descriptive information about priorities, activities and initiatives that will be the focus over the next five years. Most of the priorities reflect a revision of program area practice, as well as a continuation of select initiatives where progress has been achieved.

## **Child Welfare**

### 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. We have moved from the Implementation phase of enhancing our practice model by improving the focus of the information gathered in order to make decisions focusing on proficiency. 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.

### Quality Homes

The Office of Child Welfare (OCW) seeks to increase the number of quality foster homes, with an emphasis on teen homes in order to reduce the number of children currently placed in group care. Over the next five years, the OCW, in partnership with the Quality Parenting Initiative (QPI), will guide the Regions and Community Based Care agencies to develop and implement strategies to recruit and retain quality foster homes, as well as to implement best practices.

Through the Quality Home's Fostering Success webcast and review of available data, the OCW will continue to monitor and encourage progress. The Fostering Success workgroups will continue to research, develop and implement the systems and programs necessary for increasing teen and other quality foster homes. The four workgroups address the following

topics: Statewide Marketing and Communications, Foster Parent Selection, Placement and Matching, and Support, Resource, and Mentoring.

The following milestones have been established:

Milestone 1: Disseminate statewide message/materials/communication
Milestone 2: Hold local recruitment events, including but not limited to NexGen events
Milestone 3: Use best practice checklist (includes but is not limited to recruiting, training, and retaining quality foster parents) to negotiate best practice implementation with each CBC
Milestone 4: Initiate follow up discussions with CBCs to assess and continuously encourage use of best practices

### Rapid Safety Feedback Practice Experts

A high number of child fatalities involving children under the age of four led the Secretary to implement a case review process known as Rapid Safety Feedback. Rapid Safety Feedback case reviews provide coaching to child protective investigators (CPI) and supervisors on investigations involving children under age four who have multiple risk factors such as parental substance abuse and a history of domestic violence. The review is completed in “real time” while the investigation is open and provides an opportunity to engage the CPI and supervisor in discussions about patterns, potential danger threats, parental protective capacities, and child vulnerability.

Rapid Safety Feedback case reviews and consultations require staff to be experts in the safety practice model in order to provide sufficient guidance and support to CPIs and supervisors. To become an expert, staff must demonstrate knowledge, skills, and abilities in three core areas: critical thinking, writing, and consultative feedback. Staff proficiency is vital to ensuring CPIs are addressing child safety threats with a sense of urgency. Achieving expert status requires staff to demonstrate proficiency in four areas:

1. Analyzing information and producing well-constructed written summaries
2. Verbal feedback and consultation skills
3. Verbal communication through leading statewide fidelity case consultation calls
4. Training for child protection staff in the new safety practice

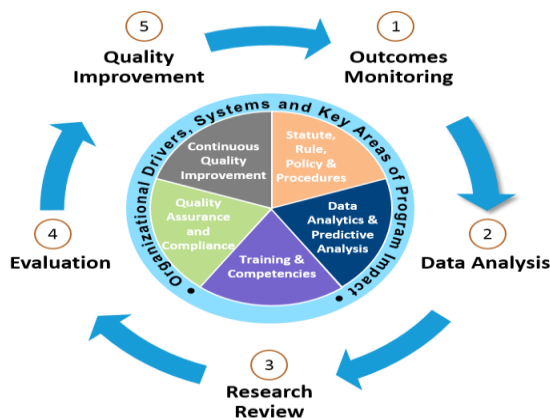
Proficiency testing includes a review of written summaries and observation of a consultation call provided to a child protective investigator and supervisor. Staff must demonstrate they are able to articulate and convey goal focused feedback with the concepts and constructs of the safety practice model. To achieve expert status, staff must also lead a statewide call to demonstrate the application of the core concepts and constructs of the safety practice model including the identification of barriers and challenges. Finally, staff must lead one 2-3 hour training or learning circle for frontline staff related to gaps identified through analysis of Rapid Safety Feedback reviews.

Staff proficiency is required for all staff conducting case reviews and providing feedback to frontline staff. During Fiscal Year 2015/2016, all staff assigned as Critical Child Safety Operation Review Specialists must complete proficiency testing and achieve expert status by the end of their probationary period.

### Analysis on Child Fatalities

The agency has made analysis of child fatalities a major priority. In addition to publishing data going back 10 years for local communities to analyze, the Department has invested in a software program (Qualtrics) to analyze the data from a qualitative perspective.

### Results-Oriented Accountability Program



The Results-Oriented Accountability Program will provide the resources and tools Florida needs to improve the lives of the children and families it serves. The Program, which requires quantitative and qualitative data to measure desired outcomes, will enable the Child Welfare system to build a stronger and more evidence-informed operating model. In order to hold stakeholders accountable, they must be measured against the outcomes they

are charged with achieving. By measuring and monitoring outcomes over time, the State will have insight into whether its Child Welfare programs and services are having a positive impact on the safety, permanency and well-being of children. Furthermore, through the use of data reported at the system and stakeholder levels, both the Child Welfare system as a whole, and the individual participants, can make better decisions about the interventions most effective in driving outcomes. Prior to the initiation of the Program's Cycle of Accountability, the desired results, or outcomes, must be defined and a set of measures developed to evaluate the performance of the Child Welfare system.

Significant Program impacts are expected in areas beyond the assessment of outcomes:

- **Policy** – The organization created by the Program will use results to shape policy in the Child Welfare Community.
- **Practice** – Evidence created by the Program and corroborated by DCF and the Florida Institute for Child Welfare will identify effective interventions currently utilized and create opportunities to validate promising interventions, ultimately leading to practice changes.
- **People** – A fundamental culture shift will occur as the system becomes a learning reflexive entity and encourages the use of evidence and data for decision-making.
- **Organization** – The organizational borders will expand to include new partners in accomplishing meaningful, evidence informed outcomes for children. Contracts between DCF and its existing partners could also require modification to support the key activities of the Program.

- **Technology** – Innovation resulting from the Program will lead to new solutions to support Child Welfare in new ways – for example, the use of explanatory, predictive and preventive analytics will lead to enhancements in practice and policy.
- **Shared Accountability** – Assigning accountability to those organizations and entities having a role in achieving outcomes for children extends the vision of Child Welfare accountability to all stakeholders.

### World Class Workforce

The Department is focused on developing qualified and talented staff who possess the required skill set to better advance the mission of the department and better serve and protect the children of this state. The recruitment and retention of a highly functioning workforce will be achieved through partnerships with the university system, use of the stipend program, continued training, and the development of an ongoing leadership academy available to rising supervisors, and managers.

### Residential Group Care

Group care is an available service within the continuum of care with a primary purpose of addressing the distinct needs of the children who require more intensive services. Over the past several years, there has been a continual focus on the quality of services delivered within group care settings. This key focus includes the efficacy of services and associated costs of group care, as well as the high percentage of older children in group care. The Department will commit to work in cooperation with other community partners to develop and implement a plan for improving the overall quality of services and supports provided to children in group care settings. Additionally, the Department will explore the usage of comprehensive assessment tools in guiding the utilization of group care to ensure children placed in group care settings obtain the appropriate concentration of services with a focus on permanency, safety and well-being.

### Implementation of 2015 State and Federal Legislation

- **Evidenced-Based services:** During the 2014 Session, the Legislature passed legislation that clarified Legislative intent and strengthened language around the services to be provided to dependent children to include prioritization of evidence-based and trauma-informed services. Since utilization of these services can have a fiscal impact to the CBCs and the Department, the Department in collaboration with the Florida Institute for Child Welfare is reviewing and identifying services that are evidence-based or research informed such as safety management services and Child-Parent Psychotherapy. The Department is determining ways to encourage utilization of these programs through state and federal funding.
- **Commercial Sexually Exploited Children:** Since 2009, the Florida Abuse Hotline has accepted reports alleging human trafficking of an individual under the age of 18. For Federal Fiscal Year (FFY) 2010-11, the Hotline received 480 reports. In FFY 2011-12, the number of reports increased to 788. In FFY 2012-13, this number increased to 935. For FFY 2013-14, the number increased further to 978 reports. On any given day, there are approximately 185 known victims of human trafficking within the dependency system.

Anecdotally, the Department has seen an increase in the last 12 months in community victims, who are not in care, but are in need of services.

The 2012 Florida Safe Harbor Act and the federal Preventing Sex Trafficking and Strengthening Families Act (enacted September 29, 2014) addressed the needs of commercially sexually exploited children, also known as CSEC victims. The Safe Harbor Act required the Department to create specialized placements and identify services to address the unique needs of identified sexually exploited children. In FFY 2013-14, there were six Safe Houses in the state of Florida with a total of 28 beds. At this time, there are 32 beds due to an expansion in one home. These homes serve only female victims between the ages of 13 – 17. The number of beds available fluctuates based on the number of children placed on these campuses.

For FFY 2013-14, in compliance with section 39.524(3), F.S., the Department queried all community-based care lead agencies in the state to obtain counts of the number of children they assessed for placement in a specialized safe house or safe foster home. Of the children assessed for specialized placement, 79 children were placed with foster parents or providers who focused on children who have been commercially sexually exploited, while 110 were not placed in a CSEC placement. For the 31 children who were referred for CSEC placement but such placements were unavailable, several reasons were provided for not placing, including: runaway status, the group home's limited capacity, or the lack of specialized placement within the victim's county. The needs for children within the dependency system exceed the available placements. The Department will continue to identify successful and cost effective programs and look for ways to expand those programs across the state where the need is the greatest.

### Prevention Services

The Department continues to be committed to the prevention of abuse, neglect and abandonment by implementing strategies that support goals for all levels of prevention (primary, secondary and tertiary).

- **Primary Prevention:** Activities are directed at the general population and attempt to stop maltreatment before it occurs. Efforts include educating the general public about recognizing, reporting and preventing child maltreatment and preparing for and raising children in healthy and safe environments. All members of the community have access to and may benefit from these services. Current primary prevention efforts include: infant safe sleep, water safety and who's really watching your child.
- **Secondary Prevention:** Activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities.
- **Tertiary Prevention:** Treating and serving abused or neglected children and their families in an effort to prevent recurrence of abuse or neglect and prevent children from developing into adults who abuse or neglect their children.

The State continues to develop, strengthen and support prevention and intervention in both the public and private sectors. Florida funds a myriad of unique community-based services, many of which are partially supported by federal funds. Florida currently receives funds from the Federal Child Abuse Prevention and Treatment Act (CAPTA), as well as Title IV-B's Promoting Safe and Stable Families (PSSF) federal grant. It is through these awards that the Department is able to focus on public awareness, community action, education initiatives and training for professionals. It is anticipated that Florida will continue to receive these funds in future years thus allowing for the expansion and strengthening of all levels of prevention programs and efforts. The Department will continue collaboration with multiple public and private agencies and other supportive and rehabilitative programs.

In an effort to increase prevention efforts, the Department will award eight contracts funded in part by the Community-Based Child Abuse Prevention Program, to work in partnership with selected community-based care lead agencies to support the development of evidence based prevention pilot programs that provide voluntary, in-home family supports when children are safe but at high or very high risk for future maltreatment. It is intended that these direct services will help divert families from becoming a part of the child welfare system by engaging the family in early intervention services to prevent further maltreatment.

The Department's prevention efforts are supported and strengthened by the Governor's Office of Adoption and Child Protection through the development of a multi-system State level prevention plan. This is a five year plan which provides for both primary and secondary prevention efforts towards reducing child abuse, abandonment and neglect, and promoting permanency and adoption. Included in the State level plan are circuit level plans, developed by local planning teams.

Revise Florida Administrative Code

Revision of the following rules is planned or continues for FY 2015-2016:

<b>Rule Chapter/Section</b>	<b>Rule Title</b>
<b>65C-13</b>	<b>Foster Care Licensing</b>
<b>65C-14</b>	<b>Group Care Licensing</b>
<b>65C-15</b>	<b>Child Placing Agencies</b>
<b>65C-16</b>	<b>Adoptions</b>
<b>65C-16.021</b>	<b>Adoption Benefits for State Employees</b>
<b>65C-28</b>	<b>Out-of-Home Care</b>
<b>65C-29.003</b>	<b>Child Protective Investigations</b>
<b>65C-30</b>	<b>General Provisions</b>
<b>65C-31</b>	<b>Services to Young Adults Formerly in</b>

<b>Rule Chapter/Section</b>	<b>Rule Title</b>
	<b>Care</b>
<b>65C-32</b>	<b>Parenting Course for Divorcing Parents</b>
<b>65C-33</b>	<b>Training and Certification</b>
<b>65C-41</b>	<b>Extended Foster Care</b>
<b>65C-42</b>	<b>Road to Independence</b>
<b>65C-43</b>	<b>Human Trafficking</b>

### Background Screening

The Background Screening Section must devote its attention to improving efficiency, productivity and stakeholder satisfaction. It must also adapt to new and changing screening requirements to ensure the populations served are processed in a timely and professional manner. Ensuring timely and consistent determinations made by the Background Screening Section are two components that will ensure stakeholder satisfaction. The Criminal Justice Information System(CJIS) section will continue to work to ensure compliance and that Department policies and procedures are updated and revised as appropriate. Additionally, the CJIS section will take a more active role in determining the quality of Department background screening processes and work products, as well as assisting with the development of actions and measurable objectives for improvements.

### Child Care

- Develop and maintain an adequate number of high-quality placement settings with qualified personnel for out-of-home care
- Ensure that performance requirements for on-site inspections of licensed child care programs are met
- Provide training and professional development for child care licensing staff

### Domestic Violence

Quality Assurance Evaluations of Department-Certified Domestic Violence Centers: To promote and support the accessibility and quality of services provided by the 42 certified domestic violence centers, the Domestic Violence Program will continue to support and collaborate with the FCADV on enhanced certification and contract compliance functions. To further determine the need and magnitude of domestic violence services, the Domestic Violence Program will continue to partner with the FCADV to listen to the voices of domestic violence survivors through FCADV’s survivor focus groups.

Service Integration - Domestic Violence, Child Welfare, Substance Abuse and Mental Health: The Domestic Violence Program will continue to promote and support the enhancement of existing and new community-based partnerships through cross-program training initiatives with the Department’s child protective investigation (CPI) units, community-based care lead agencies and substance abuse and mental health managing entities. Continued support also



will be provided to the co-located domestic violence victim advocates in CPI offices. This initiative has grown from 10 projects to projects in all 67 counties, with 60 co-located domestic violence advocates from participating certified domestic violence centers.

**Statewide Domestic Violence Fatality Review Team:** The Domestic Violence Program will continue to support and collaborate with the Attorney General's Statewide Domestic Violence Fatality Review Team. Representatives from all disciplines that may come in contact with victims and/or their abusers serve on the team and collaborate through an analytical process utilized to identify systemic gaps and create policy or procedural processes to assist in preventing domestic violence homicides.

**Capital Improvements Grant Program for Domestic Violence Centers:** The 2013 Legislature provided \$10 million in capital funding for 11 centers to create additional shelter beds statewide. All projects were completed by June 2015 with the addition of 278 beds to serve both victims and their children. The Capital Improvement Grant Program will continue to play a crucial role toward ensuring that victims of domestic violence and their children have a place for refuge and safety in times of crisis.

#### Florida Abuse Hotline

The Hotline continues to focus on protecting the most vulnerable citizens of Florida by having Hotline counselors improve how they assess reports. The Hotline counselors will demonstrate an expertise in the understanding of maltreatments, patterns of abuse and neglect, potential danger threats, parental protective capacities and child/adult vulnerability using Florida's practice model and laws. The Hotline will have a fully developed continuous quality improvement program to inform ongoing training.

A management structure is in place to ensure the daily productivity of call floor counselors with an infrastructure for continuous performance reviews and real-time feedback on assessments. In addition, target goals for the length of time for an interview and the processing that is required after a call has been established.

Due to the highly integrated environment, the Hotline continues to strive for a more seamless exchange between all of the technology systems used. On the horizon is the procurement of a workforce management system that improves overall management of the workforce – from adherence to schedules to monitoring of individual and unit work flow patterns.

Ongoing in-service training for Hotline counselors, crime intelligence technicians, and supervisors occurs throughout the year. Staffing software is used to determine scheduling to maximize efficiency, along with professional development to reduce employee turnover and to increase retention and satisfaction. Ongoing quality assurance analysis of the calls and documents ensures excellence in assessment, documentation and customer service.

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

New initiatives described above, as well as issues in the Fiscal Year 2015-2016 Legislative Budget Request, are aligned with the Governor's priorities and support the Secretary's priorities.

The Department's Fostering Success Program is a statewide collaboration, including the Quality Parenting Initiative, Regional offices, Community Based Care agencies, foster parents and other partner agencies, with a goal to increase the availability of quality foster homes and reduce the number of children residing in group care.

The Office of Child Care Regulation will implement the differential monitoring for afterschool programs, professional development opportunities and new federal requirements.

#### **E. Justification of Final Projection for each Outcome**

Child Welfare - 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.

Domestic Violence - Trend data for Domestic Violence and the Hotline indicate that performance is consistently within the projected targets.

Background Screening - There have been numerous legislative changes to background screening requirements since 2010. Each change required new populations to complete background screening through the Department. The increase in workload and changes in the manner screenings are processed impact workload for the Background Screening section and affect the timeliness of processing each screening result.

Child Care -

- Differential monitoring for afterschool programs - Successful implementation requires rule revisions that address the unique aspects of afterschool programs within the regulatory framework.
- Professional development opportunities - Enhance staff professionalism and Department credibility with Administrative Law Judges and other agency professionals; and provide staff the necessary tools to better support providers and ensure the health and safety of children in care.
- Compliance with new federal regulations - Successful compliance with new federal regulations which ensure greater accountability of all child care providers receiving federal funds.

## **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, and 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.

Upcoming Federal requirements for child care providers will require child abuse registry checks for all child care providers which will be a new screening requirement for employees of child care providers.

Implementation of new federal child care requirements will require statutory and administrative rule modifications. In addition, implementation of differential monitoring for afterschool programs will require administrative rule changes.

## **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.

**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.

Sheriffs' Program Performance Evaluation

**Authority:** Section 39.3065(3)(d), Florida Statutes

**Purpose:** Requires the Department to report on the quality performance, outcome measure attainment, and cost efficiency of the Sheriffs who handle child abuse investigations in Broward, Hillsborough, Manatee, Pasco, Pinellas and Seminole counties.

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 make recommendations 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.

#### Ongoing Quality Assurance Review

**Authority:** Section 39.201(4), F.S.

**Purpose:** Quality Assurance review of information gathering and decision making by Hotline counselors to ensure excellence in assessment, documentation and customer service.

### **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.

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.

# of Investigations = 49,606  
# Protective Intervention Cases = 5,945  
# Protective Supervision Cases = 1,033  
Comm. Care for Dis. Adults recipients = 504  
Home Care for Dis. Adults Recipients = 1,285  
FY 14-15 Budget = \$41,011,732

Protective Intervention services provide information, referrals, and supportive in-home services and/or placement, on a voluntary basis to vulnerable adults in order 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. By 2030, the population of Floridians age 65 or older is expected to increase from its present level of 17.7% to 27.1% (an increase of more than 61%). This increase will place an enormous workload on Adult Protective Investigations and, subsequently, Adult Protective Services.

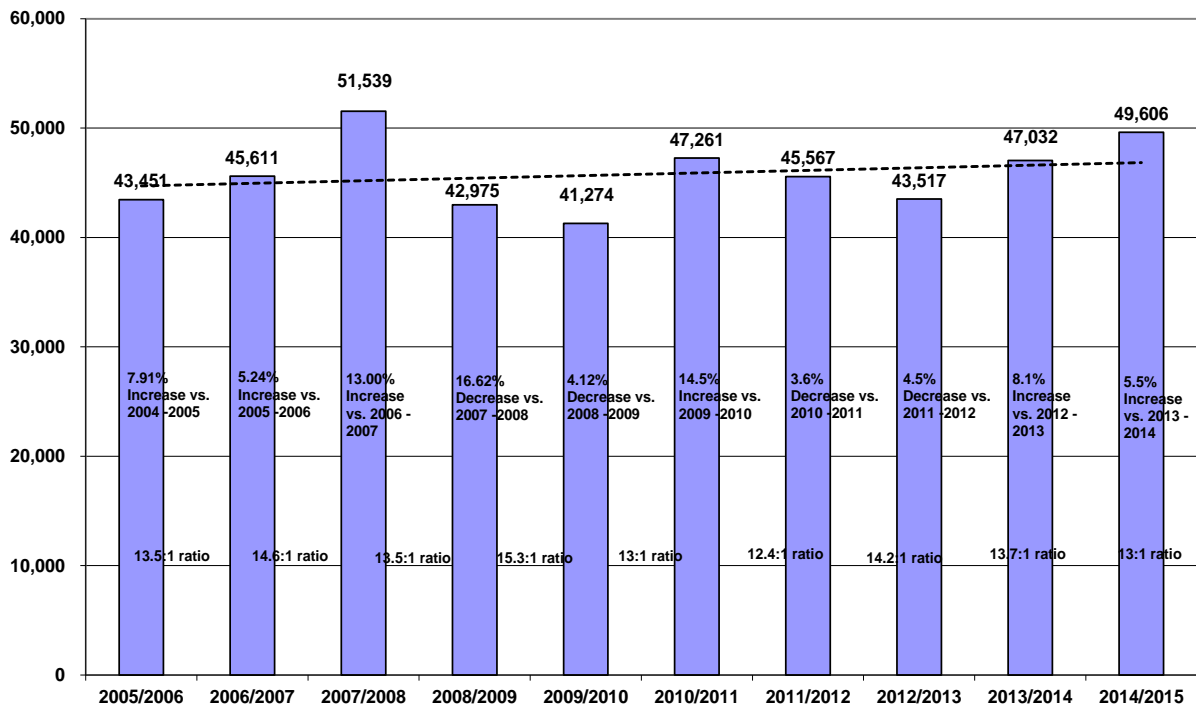
## **C. Addressing Our Priorities over the Next Five Years**

**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 49,606 reports of abuse, neglect, and/or exploitation of vulnerable adults during fiscal year 2014-2015 (see following chart). This represents a 5.5% 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, 2005-2015



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 programmatic reporting capability and accountability to the victims, their families, and the general public. During fiscal year 2014-2015, the percentage of victims seen within the first 24 hours was 96.6%.

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 fiscal year 2014-2015, Adult Protective Services averaged closing the investigations within 60 days in 97.2% of the cases statewide.

## **Adult Protective Services Quality Assurance**

During fiscal year 2014-2015, 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 2014-2015 marked the beginning of the Program integrating Real-time Quality Assurance reviews into the Quality Assurance Process, providing staff with coaching and mentoring during open investigations.

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

None

### **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 falls short of this target. Turnover issue in three of the six Regions contributed largely to this missed target, and data is currently trending towards correction for fiscal year 2015-2016.

### **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 fiscal year 2014-2015, there were 1,789 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 fiscal year 2014-2015, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,553. In fiscal year 2014-2015, the average care plan cost for an individual in the Community Care for Disabled Adults (CCDA) program was approximately \$6,132.
2. There is a growing need to provide services to the disabled adult population. However, other budgetary priorities have made it difficult to continue providing services to new individuals requesting services from these programs. The in-home service programs have statewide waiting lists of 3,024 adults with disabilities who are seeking services, but are unable to receive them because of insufficient funding. The statewide waiting lists ensure more equity of service provision to individuals requesting services and better fiscal management.
3. Individuals in need of services are screened with a uniform instrument by Adult Protective Services counselors and added to the statewide waiting list(s) based on screening scores and the dates on which services are requested. Once dollars are freed because of attrition of individuals from an in-home services program, the highest-scoring individual is pulled from the statewide programmatic waiting list for a face-to-face assessment and, if programmatically eligible, is moved into the program. The attrition rates for these programs are not large, therefore adding new individuals for services occurs minimally.

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

Not applicable

**E. Justification of Final Projection for each Outcome**

Not applicable

**F. Potential Policy Changes Affecting the Agency Budget Request**

None

**G. Changes Which Would Require Legislative Action**

None

**H. Task Forces and Studies in Progress**

None

## **Program: Substance Abuse and Mental Health**

Substance Abuse and Mental Health (SAMH) services are administered through the Department, which is the single state authority for mental health<sup>1</sup> and substance abuse<sup>2</sup> services and is comprised of three program areas:

- Substance Abuse Mental Health Program Office,<sup>3</sup>
- State Mental Health Treatment Facilities (SMHTF),<sup>4</sup> and
- The Sexually Violent Predator Program (SVPP).<sup>5</sup>

Each of these areas has its own statutory authority, target populations, and trends that impact implementation.

### **A. Organizational Structure**

The Department is also home to the Office of Suicide Prevention and the Statewide Opioid Treatment Authority. Other than operating mental health treatment facilities in Northern Florida, the Department contracts for behavioral health services. These contracts are executed and administered either at the Central Office, or within the regional structure of the Department. Each region has a SAMH Director who serves as the Department's representative to the community for substance abuse and mental health issues. Regional SAMH Directors report to the Regional Managing Directors, who report directly to the Assistant Secretary for Operations.

#### Responsibilities

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

Substance Abuse and Mental Health Services are administered through four core administrative and programmatic functions:

#### 1. Community Based Services

- Operations:
  - Contract procurement and management
  - Discretionary grant management and implementation
  - Management of the Behavioral Health Network<sup>6</sup>
- Program Information:

<sup>1</sup> See, s. 394.457(1), F.S.

<sup>2</sup> See, ch.65D-30.002(57), F.A.C.

<sup>3</sup> Community-based services include oversight of community behavioral health services including Baker Act, Marchman Act, and implementation of federal grants.

<sup>4</sup> Institutional services include civil and forensic state mental health treatment facilities pursuant to ch. 394, F.S., and ch. 916, F.S.

<sup>5</sup> Sexually violent predator services include evaluation and involuntary commitment pursuant to ch.394, F.S.

<sup>6</sup> The Behavioral Health Network is a network of behavioral health providers who serve Medicaid ineligible children ages 5-19 with mental health or substance use disorders who are determined eligible for the Title XXI of the United States Public Health Services Act, KidCare program.

- Development of clinical guidance, based on industry standards and research
- Data collection and analysis, related to Department funded services
  - o Manage Substance Abuse and Mental Health Information System (SAMHIS)
  - o Collect and analyze seclusion and restraint event data
  - o Review and disseminate incident report data
- Policy and rule development
- Training and technical assistance development
- Management of the Office of Suicide Prevention
- Disaster management
- Planning:
  - Oversight and monitoring of Community Mental Health Block Grant (MHBG)<sup>7</sup>
  - Oversight and monitoring of Substance Abuse Prevention and Treatment Block Grant (SABG)<sup>8</sup>
  - 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
  - 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
  - West Florida Community Care Center
- Statutory responsibility for the Juvenile Incompetent to Proceed (JITP) program
- Coordination of forensic admissions

<sup>7</sup> 42 U.S.C. s. 300x.

<sup>8</sup> 42 U.S.C. s. 300x-21.

- Policy and rule development and compliance monitoring
  - 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<sup>9</sup>
  - Contract monitoring for operation of the Florida Civil Commitment Center
4. Child Welfare and SAMH Integration
- Coordinated planning with the Office of Child Welfare
  - Capacity, needs and gaps analysis of services specific to families with behavioral health needs and child welfare involvement

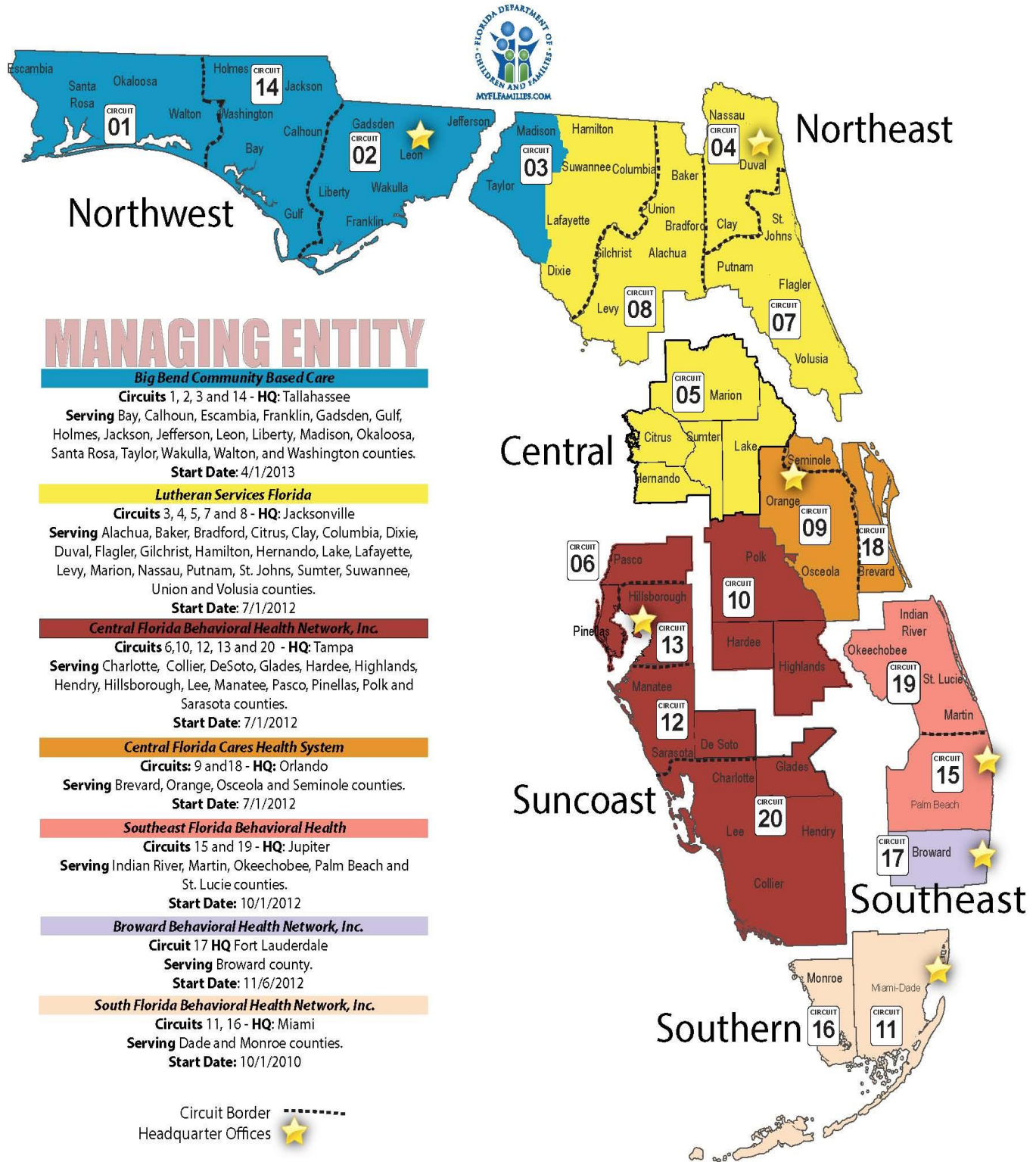
As noted previously, the statewide community-based functions are implemented regionally and overseen by regional staff. Substance Abuse and Mental Health Services are built on a regional foundation of community involvement and coordination, both internally and externally with partners that provide behavioral health services.

Community based behavioral health services are provided through contract with seven separate managing entity partners.<sup>10</sup> 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 2015, the contracted managing entities are as follows (depicted in Graph 1):

<sup>9</sup> See, ch. 394, Part V, F.S.

<sup>10</sup> See, s. 394.9082, F.S.

Graph 1: Managing Entities



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.

## **B. Selection of Priorities**

Priorities are driven by a variety of factors including fund source requirements, data trends, and identified service gaps and needs. In state fiscal year 2014-2015, the Department received approximately \$31 million in MHBG funding<sup>11</sup> and \$110 million in SABG funding<sup>12</sup> from the federal government. In exchange, the federal government requires certain assurances and has established priorities that govern the expenditure of these appropriations. The priorities identified by the Office of SAMH conform to the priorities established as a condition of receiving federal funding, and address the Department's strategic plan and mission. The priorities include:

### Substance Abuse Prevention

Drug poisoning (overdose) is the leading cause of injury-related death in the United States. In 2013, a total of 43,982 deaths in the U.S. were attributed to drug poisoning, including 16,235 deaths involving opioids. From 1999 to 2013, the drug poisoning death rate in the United States more than doubled (from 6.1 to 13.8 per 100,000) and the rate for drug poisoning deaths involving opioids nearly quadrupled (from 1.4 to 5.1 per 100,000).<sup>13</sup> In Florida, 1,821 deaths were caused by at least one opioid in 2013. This means that opioids kill approximately 5 people per day in Florida.<sup>14</sup>

The Department intends to partner with the Department of Health to address this trend through a comprehensive overdose prevention initiative. This would include increasing evidence-based prevention strategies, expansion of the use of naloxone to reverse an overdose, and improved engagement and access to services, including medication-assisted treatment.

### Services for Pregnant Women

The Florida Attorney General's Statewide Task Force on Prescription Drug Abuse and Newborns identified the need for more services for pregnant women as surveillance reports

<sup>11</sup> The MHBG award was calculated using one-quarter of total funding from the SAMHSA Notice of Award issued on July 17, 2014 in the amount of \$31,110,919 for the period of 7/1/14 – 9/30/14 and three-quarters of total funding from the Notice of Award issued on February 20, 2015 in the amount of \$31,701,900 for the period of 10/1/14 – 6/30/15.

<sup>12</sup> The SABG award was calculated using one-quarter of total funding from the SAMHSA Notice of Award issued on July 15, 2014 in the amount of \$109,951,627 for the period of 7/1/14 – 9/30/14 and three-quarters of total funding from the Notice of Award issued on July 17, 2015 in the amount of \$110,662,825 for the period of 10/1/14 – 6/30/15.

<sup>13</sup> Chen, L. H., Hedegaard, H., Warner, M. (2015). Rates of Deaths from Drug Poisoning and Drug Poisoning Involving Opioid Analgesics – United States, 1999-2013. *Morbidity and Mortality Weekly Report*, 64(1), 32. Retrieved from [www.cdc.gov/mmwr/pdf/wk/mm6401.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6401.pdf).

<sup>14</sup> Florida Department of Law Enforcement. (2013). *Medical Examiners Commission Report on Drugs Identified in Deceased Persons*.

documented a dramatic increase in the incidence of prescription drug exposed newborns.<sup>15</sup> The number of hospital discharges of newborns diagnosed with neonatal abstinence syndrome increased more than 10-fold in Florida since 1995, far exceeding the three-fold increase observed nationally.<sup>16</sup> In response, the Legislature allocated \$10 million of recurring funds for these services. Since this is a Substance Abuse Prevention and Treatment Block Grant priority population, the allocation created a distinct funding stream for a federally required spending threshold. Through contracts with managing entities, the Department is enhancing access to recovery-oriented evidence-based substance use services for women who are pregnant or have dependent children, including services for their families.

#### Services for Intravenous Drug Users and Communicable Diseases

HIV cases are increasing in many Florida counties which may be attributed to an increase in injection drug use such as heroin and other opioids. Miami-Dade, Broward, and Palm Beach counties have the highest number of adults living with HIV/AIDS with an injection drug associated risk.<sup>17</sup> As a requirement of receiving federal funding, the Department must ensure that substance abuse services include the provision of HIV screening and appropriate care coordination for those indicated.

To address these critical problems, the Department will work with the managing entities to increase the number of intravenous drug users admitted to treatment through targeted outreach and recruitment efforts.

#### Child Welfare Integration

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.<sup>18</sup>

To better address this, the Florida Legislature appropriated funding to the Department to ensure that child welfare involved families with behavioral health needs receive access to appropriate assessments and treatment. The Department has utilized the funds to implement the Family Intensive Treatment (FIT) teams that target caregivers of young children who have substance use and co-occurring disorders and serve the whole family as a unit. The goals of this program are to provide immediate access to assessments and

<sup>15</sup> Florida Office of the Attorney General (2013). *Statewide Task Force on Prescription Drug Abuse & Newborns*. Retrieved September 8, 2015 from the Office of the Attorney General of Florida: [http://myfloridalegal.com/webfiles.nsf/WF/RMAS-94LJPF/\\$file/Statewide\\_Task\\_Force\\_on\\_Prescription\\_Drug\\_Abuse\\_and\\_Newborns\\_Final\\_Report.pdf](http://myfloridalegal.com/webfiles.nsf/WF/RMAS-94LJPF/$file/Statewide_Task_Force_on_Prescription_Drug_Abuse_and_Newborns_Final_Report.pdf)

<sup>16</sup> Lind, J. N., Petersen, E. E., Lederer, P. A., Phillips-Bell, G. S., Perrine, C. G., et al. (2015). Infant and Maternal Characteristics in Neonatal Abstinence Syndrome – Selected Hospitals in Florida, 2010-2011. *MMWR*, 64(8), 213-216.

<sup>17</sup> Florida Department of Health, HIV/AIDS Section. (2014). HIV Infection Among Those With an Injection Drug Use Associated Risk, Florida, 2014.

<sup>18</sup> See, [http://www.dcf.state.fl.us/newsroom/pressreleases/docs/20131105\\_NovCaseyReport.pdf](http://www.dcf.state.fl.us/newsroom/pressreleases/docs/20131105_NovCaseyReport.pdf), site accessed, September 3, 2014.



treatment, provide effective services and supports to increase caregiver protective capacities, and to improve communication between child welfare and behavioral health providers. It is the intent of the Department to replicate this program statewide.

The Department, under the leadership of the Child Welfare Integration Director, is also convening a project team in partnership with managing entities and the Office of Child Welfare to develop strategies and protocols to improve system communication, training, practice, and collaboration.

### Care Coordination

The Department has identified a need for targeted care coordination to better engage and serve individuals who are cycling between acute levels of care (i.e. crisis stabilization units, detoxification facilities, etc.), homelessness, incarceration and mental health treatment facilities. It appears that these individuals are utilizing the acute care system for their primary behavioral health needs instead of following up with community-based care. Care coordinators or care coordination teams would actively engage these individuals and connect them with their primary needs based on a standardized level of care assessment, consumer choice, and individualized needs. The priority populations for the statewide care coordination initiative are:

- Persons with serious mental illness who are awaiting placement in a state mental health treatment facility or awaiting discharge from a state mental health treatment facility back to the community;
- Caretakers and parents with serious mental illness or substance use disorders who are involved with child welfare; and
- Individuals who account for a disproportionate amount of behavioral health expenditures.

The Assistant Secretary for SAMH Programs convened a project team to address implementation of care coordination practices. The Care Coordination Project Team established two subgroups, one for persons admitted to and discharged from state mental health treatment facilities, and the other for persons who are high utilizers of acute care services and account for disproportionate behavioral health expenditures. The findings and recommendations of the Care Coordination Project Team will be used to standardize a framework and implementation plan for care coordination activities. The goals of care coordination are to:

- Shift from an acute model of service delivery to a recovery based, chronic disease model of care with an array of services and supports to meet an individual's needs;
- Increase utilization of peer support, supported employment, and supportive housing services;
- Streamline assessment and level of care determination practices;
- Increase access to and connection with child welfare community based care organizations;
- Improve communications and information sharing across systems;

- Enhance consumer choice and engagement;
- Reduce hospitalizations, institutionalization, and incarcerations; and
- Improve overall health and well-being.

The Department will request new funding to:

- Provide a consumer-directed voucher for people with behavioral health needs as they transition from acute levels of care to the community. These consumer-directed vouchers will provide resources for supportive housing and other recovery services and supports; and
- Expand Community Action Treatment and Family Intensive Treatment teams so that this coordinated family-centered service approach is available statewide.

### Supportive Housing

The Department's Council on Homelessness estimates that approximately 30% of homeless individuals in Florida have a mental illness and 37% experience a substance use disorder.<sup>19</sup> Anecdotally, stakeholders report that lack of housing is a primary barrier for individuals with behavioral health conditions to live as independently and integrated as possible. A stable living environment is essential to recovery and permanent supportive housing is an evidence-based practice that can address this need. Currently, capacity for supportive housing is relatively low due to a variety of factors including lack of affordable housing, lack of resources for home based support services, and lack of coordination between housing providers and service providers.

The Department is working with the managing entities to include a housing function in their fiscal year 2015-2016 contracts. The Department is also working with the Florida Mental Health Institute, University of South Florida to provide training on the Permanent Supportive Housing Model and Toolkit, housing finance strategies, and funding opportunities. In addition, the Department is coordinating with the Florida Housing Finance Corporation to implement supportive housing projects in the state.

### Data Infrastructure Improvements

The Substance Abuse and Mental Health Information System (SAMHIS) is a statewide data system for the collection and reporting of persons served through Department-funded community substance abuse and mental health services who meet the state target population criteria. SAMHIS does not currently support a statewide system of service evaluation or verification of services provided. The Department has initiated efforts to expand the utility of SAMHIS to support substance abuse and mental health planning and coordination as well as financial accountability. The goal is to improve the accuracy of data reporting, improve fiscal accountability, and develop reporting and data analysis tools that can link a person to service utilization, the cost of those services, and outcomes.

<sup>19</sup> Florida Department of Children and Families, Council on Homelessness. (2014) *Council on Homelessness 2014 Report*. Retrieved on July 16, 2015 from <http://www.dcf.state.fl.us/programs/homelessness/docs/2014CouncilReport.pdf>.

The Office of SAMH does not utilize SAMHIS for the collection of non-person specific prevention data. As a result of an on-site review by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMSHA), recommendations were made to the Department to enhance a data driven approach to developing community specific prevention strategies. The Department is procuring a new prevention data system and an enhanced version of the Florida Youth Substance Abuse Survey. These procurements are aimed to enhance data capabilities with the goal of developing needs assessments and allocation methodologies based on identified risk factors and trends.

#### Improving Access to Services

Access to care is critical and must take into consideration variables such as urban or rural settings. Both settings provide a unique set of opportunities and challenges.

The shortage of health care practitioners in rural areas has been recognized in various studies as limiting access to care. Meanwhile, urban settings may offer more resources, but there may be confusion on how to access the services. To ensure that individuals have access to community based behavioral health services, the Department is working with managing entities and communities to address the following:

- Rural areas:
  - Use of alternative technologies, including video conferencing;
  - Interagency agreements with Federally Qualified Health Centers, County Health Departments and other local resources to provide behavioral health services;
  - Reimbursing transportation costs; and
  - Sharing of resources between managing entities to access a wider network of providers and facilitate continuity of care.
- Urban areas:
  - Implementation of Central Receiving Facilities as a single point of access for persons requiring emergency assessments under the Baker and Marchman Acts; and
  - A Baker Act/Marchman Act Project Team reviewing current legislation and practices to identify improvements for efficient access.

#### Improving the Forensic Mental Health Services to Better Meet the Needs of Persons Served and Communities

The State Mental Health Treatment Facility Program (SMHTF) will use a project team approach to manage and establish the objectives and plans, monitor the implementation, and measure the results of initiatives to better serve the criminal justice system by more effectively managing the forensic admission and discharge processes. Results of this year-long effort will be used to refine departmental policy, facility practices, and improve SAMH's ability to use data for decision making. SMHTF will work with the Office of Information Technology Services to develop and deploy a web-based forensic application that tracks persons committed to the Department as Incompetent to Proceed or Not Guilty

by Reason of Insanity. The system will include management reports that will help facilitate the timely admission of persons on the forensic waitlist.

The SMHTF Program will work with facilities to review competency restoration efforts, court reports and conditional release processes to determine ways to expedite the restoration process and increase the number of individuals restored or recommended for conditional release. The Department will also work with the Office of General Counsel and Regional Directors to reduce the length of time required to transport an individual from a SMHTF back to their county of commitment. The average days for a county to take custody of an individual recommended as competent to proceed decreased from 23 days to 20 days between fiscal year 2013-2014 and fiscal year 2014-2015. However, a number of counties are notable for having longer than average wait times to resume custody of an individual. Delays in discharging individuals affect the Department's ability to admit new individuals on a timely basis.

The SMHTF Program will also examine community based forensic services to determine where there are gaps in the community-based service delivery system. Such a review should help identify ways to properly differentiate individuals with forensic mental health concerns that require services delivered in a secure forensic facility from individuals that may be able to address their forensic issue(s) in the community. Legislative budget requests will be submitted to expand the forensic mental health service. The Department will request funding for the following:

- Implementation of a comprehensive review of community-based forensic services, to identify gaps in community-based forensic services and identify ways to better engage individuals in community services to reduce the likelihood of future criminal justice involvement;
- Creation of five community forensic multidisciplinary teams throughout the State to help divert individuals from commitment to secure forensic facilities. The presiding courts will agree to these diversions which will enable individuals to remain in the community and provide a less costly treatment alternative; and
- Close a funding gap for the provision of competency restoration services for persons served by the Agency for Persons with Disabilities (APD). In 2009, the Department and Agency for Persons with Disabilities (APD) entered into a Memorandum of Agreement (MOA) to establish a formal process to transfer up to \$440,000 from APD to the Department annually for services rendered in the community-based portion of the JITP Program. The statute requires the Department to provide these services regardless of whether the court's findings for the basis of incompetency relate to mental illness, which falls within the Department's mission, or intellectual disability or autism, which fall within APD's mission. The APD funding transfers are applied only to community-based services provided to juveniles whose court-orders include findings related to intellectual disability, autism, or dual diagnosis.

### Improving the Quality and Performance of State Mental Health Treatment Facilities

The SMHTF Program will work with the three public state mental health treatment facilities to develop and promote a world-class workforce by surveying employees and then deploying a site visit team to interview staff to validate findings, identify strengths and opportunities for improvement, and make recommendations for improving the overall workforce. The program will also examine staffing patterns at the three public facilities to determine how to improve the service delivery systems and improve workplace and residential safety.

### Length of Stay Project

The State Mental Health Treatment Facility Program will work with the Department's community SAMH staff and managing entity partners to improve care coordination to help persons transition to the appropriate treatment and service environment. The goal of this initiative is to reduce the length of time individuals remain on a waiting list to be admitted to and discharged from the SMHTFs. One of the goals for this project is to work with the Office of Information Technology Services to develop and deploy a community placement system that can improve communication between the SMHTFs and Managing Entities by advising community providers when an individual receiving treatment at a SMHTF is nearing the point where they may be discharged from inpatient care to a community setting.

The Department has partnered with the community Managing Entities and behavioral health providers to identify and discharge residents in the civil SMHTFs with a length of stay of over five years. During the past four state fiscal years, the Department's civil facilities, in collaboration with the behavioral health Managing Entities have reduced the number of persons in the civil facilities with length of stay (LOS) of over five years by 105 persons - from 236 to 129 persons statewide. The Department's outreach to community nursing homes resulted in a marked increase in nursing home admissions for persons discharged from the SMHTFs, from 66 to 126 this state fiscal year. An additional ten persons who were undocumented were identified and obtained benefits for community services and supports. As of July 1, 2015, the Department increased the target from a 10% to a 15% reduction in individuals with LOS over five years.

The Department will continue to establish ongoing targets to reduce persons with LOS of over five years in state mental health treatment. The Department plans to continue the strategies related to certain high need populations including:

- Increasing the number of persons who are admitted to community nursing homes;
- Identifying persons who have undocumented presence and assisting them with obtaining income and medical benefits for successful discharge;
- Providing additional transitional supports for certain residents after discharge to ensure they are discharged to a more integrated setting; and
- Referring persons who may need the assistance of a public guardian to the State's Public Guardianship Program.

## Acquisition and deployment of technology and additional resources to improve the quality of care and safety of residents in State Mental Health Treatment Facilities

Legislative budget requests will be submitted to improve the quality of care and safety of residents with the following:

- Installation of state of the art Audio/Video Security Surveillance System for the state-owned mental health treatment facilities. This equipment will increase environmental safety for residents and staff and enhance internal and external customer service;
- Purchase of state of the art automated medication dispensing systems to improve quality of care, administrative processes and financial savings;
- Request of additional, recurring general budget authority to fund increased medical care costs of persons committed to the Department who have complex medical conditions. This would fund the medical costs that exceed the current amount budgeted for medical services of residents at SMHTFs, and would enable facilities to obtain medical services that the residents need; and
- Establishment a Substance Abuse and Mental Health Services Quality Management Program, to create accountability for performance of Managing Entities, grants and projects, and to address opportunities for improvement for quality care.

### **C. Priorities Over Next Five Years**

In coordination with community stakeholders, four 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 targeted outreach and access to recovery-oriented care:
  - As a requirement of receiving federal funding, the Department will collaborate with both service providers and the Department of Health to serve intravenous drug users.
  - The Department will develop targeted outreach strategies specific to intravenous drug users, pregnant and parenting women, and child welfare involved families.
  - The Department will implement care coordination practices, develop a Central Receiving Facility grant program, and promote recovery-oriented services to expand access to care.
- Increase the quality of services:
  - The Department will promote clinical innovation through flexibility in the administrative framework. This will include moving from a capacity based payment methodology that funds providers to funding services that are matched to the needs of an individual. This way, the money follows the individual. This

can be accomplished through a variety of payment methodologies, including case rates or capitated payments.

- The Department will implement care management and coordination mechanisms to ensure that persons are followed and supported as they move throughout levels of care.
  - The Department will introduce the use of a standardized level of care instrument to guide decision making in needed service provision.
- Develop community-based health promotion and prevention initiatives and activities through a recovery-oriented approach:
    - The Department will encourage the development of initiatives that promote consumer choice, within the framework of behavioral and primary health integration.
    - 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 treatment and recovery services to individuals and families in their community without the need of more restrictive, expensive levels of care.

There are no significant revisions in programs or services as compared to last year. The first priority to expand targeted outreach and access to recovery-oriented care is changed to address the system as a whole instead of solely focusing on intravenous drug users. This is a result of implementation of care coordination practices and Central Receiving Facilities which will address this priority for expanded populations.

**E. Justification of Final Projection for each Outcome**

For fiscal year 2015-2016, SAMH projects the following outcomes based on fiscal year 2014-2015 outcomes:

Table 2: Projected Outcomes

Goal	Target	Performance	Variance
Percent of children with serious emotional disturbance who improve their level of functioning.	≥ 65	65	0
Percent of adults with serious mental illness who are	≥ 24	40	16

competitively employed			
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	65	20
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	60	12
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 continues to be 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 394.745, 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, which requires the Department to designate an Impairment Coordinator, 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 is 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 for the purposes of admission to state mental health treatment facilities as treatment for these conditions are not within their scope.

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, payer 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 394.492, 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 394.75, 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.

## **H. Task Forces and Studies in Progress**

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. With these grant funds, the Department has provided cultural and linguistic competence (CLC) materials and training, and established a State CLC Committee. Also in fiscal year 2014-2015, the Department conducted 19 Wraparound trainings throughout the state.

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 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.

Learning Community and On-Site TA for Youth and Young Adults with Co-occurring Mental Health/Developmental Disabilities from Georgetown University Center for Child and Human Development National Technical Assistance Center for Children's Mental Health seeks to enhance services and supports to youth ages 0-21 with co-occurring mental health and developmental disabilities. A project team comprised of the Office of SAMH, other state agencies, a parent, and young person with a co-occurring mental health condition and developmental disability received technical assistance from Georgetown University to assist

the State with its integrated service/program models, services array, funding strategies, and workforce development.

Multi-System Collaboration Training and Technical Assistance Program through the Georgetown University Center for Coordinated Assistance to States is providing training and technical assistance to assist with serving at-risk youth who often are involved with multiple systems/organizations, i.e. child welfare, education, law enforcement, juvenile justice, and behavioral health. Technical assistance is being provided to multi-disciplinary teams in developing a stronger infrastructure to improve system processes and outcomes for at-risk youth.

Florida Youth Transition to Adulthood is a five-year federal discretionary grant project that will improve access to treatment and support services for young individuals between the ages of 16 and 25 years old who are at risk of developing a serious mental health condition, or who have already been identified as having a serious mental health condition. The project is funded annually and will be administered by the Central Florida Behavioral Health Network, the Managing Entity for the Department's SunCoast Region. In addition to addressing policy and procedural issues relating to the transition of youth with serious mental health conditions from child to adult systems of care, the project will pilot evidence-based services for this population in Hillsborough, Lee, and Collier counties. The grant project period is from September 30, 2014 through September 30, 2019 and will be evaluated for its efficacy.

## **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 school (high 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:

1. **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.
2. **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 1: Promote personal and economic self-sufficiency

Goal 2: Advance personal and family recovery and resiliency

Goal 3: 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 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.
- **Increase collection activity** by adding multiple liable and responsible individuals identified as being delinquent on repayment of Food Assistance overpayment claims to the Treasure Offset Program (TOP).

#### **Accomplishments:**

- The Electronic Disqualified Recipient System (eDRS) is used by the Food Assistance Program to disqualify the individuals found guilty of committing an Intentional Program Violation (IPV). Individuals disqualified in one state are ineligible to receive food assistance benefits in any state until the individual has served the full length of the disqualification. In mid 2015, DCF implemented use of the eDRS prior to authorization of benefits rather than post authorization.
- The National Accuracy Clearinghouse (NAC) reduces the number of customers receiving duplicate food assistance in more than one state. The five states participating in the pilot are Florida, Georgia, Alabama, Mississippi, and Louisiana. Staff search the NAC portal prior to authorization to determine if a customer is receiving benefits in more than one state.
- House Bill 515 requires the termination of Temporary Cash Assistance (TCA) benefits used out of state for more than 30 consecutive days. This bill also created the PBI Rewards program, which provides the ability to reward a person who reports and provides information related to a violation of the state's public assistance program and subsequent disqualification or conviction.



- The Q-Flow lobby software was implemented to improve the customer service experience. In addition to now having live data feeds on customer issues and traffic for all locations statewide, the system has been configured to provide live alerting to an administrative team for any special needs or delays that may occur. It has visual and audible customer interaction. Each visitor's experience is logged and tracked for efficiency and content, providing a detailed real-time and historical analysis of staff tasking and the support needs of our customers. Agency resources and workflow can now be better optimized.
- In Federal Fiscal Year 2014 (October 1, 2013 – September 30, 2014), Florida was awarded a \$7,742,209 bonus from the US Department of Agriculture, Food and Nutrition Service for having the highest Supplemental Nutrition Assistance Program (SNAP) Food Assistance Program payment accuracy rate in the country of .42%. Since 2007, when the state was awarded its first bonus for the most improved accuracy rate in the country, Florida has ranked in the top three every year in accuracy rates through 2014, bringing the total ESS bonus amount awarded to the state to \$64,287,169.
- Restructured the outsourced benefit recovery collections contract to pay for performance and expand the methods of collections to include accepting credit and debit cards and setting up recurring payment plans.

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

None

**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.

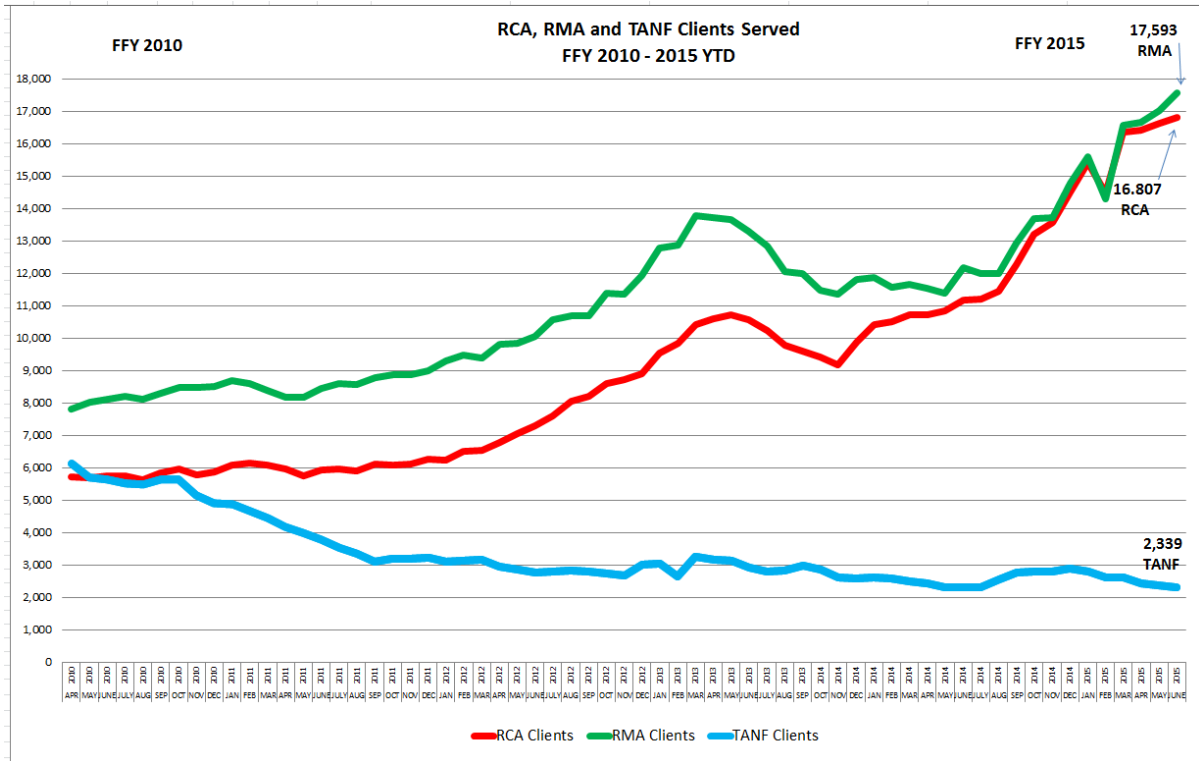
### **B. Selection of Priorities**

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 services and case management for the most vulnerable, recently arrived refugees.

The program is experiencing significant growth, particularly for clients receiving federally-funded Refugee Cash Assistance (RCA). Overall patterns show a decrease in the arrival of families with minor children, leading to a reduction in TANF recipients, but an increase in Refugee Cash Assistance recipients. The increase in RCA recipients has resulted in a significant demand for increased services in refugee employment programs. Federal funding for employment and other services has remained static, while caseloads have increased, leading to a lower outcomes.



**D. Justification of Revised Programs or Services**

None proposed

**E. Justification of Final Projection for each outcome**

Since the program is experiencing a significant increase in clients requiring services without increased federal funds, the program anticipates a decrease in the percentage of clients placed in the employment. The number of placements increased from 9,058 FFY2013 to 10,359 in FFY2014 (14%) and is anticipated to exceed that number in FFY2015. Given the increase in clients seeking assistance, the percentage of clients placed in employment is anticipated to not exceed 27% in SFY2016 and may be less if client numbers continue to rise.

**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 2016-2017 through 2020-2021

September 30, 2015

**Performance Measures and Standards - LRPP Exhibit II**

Rick Scott

Governor

Mike Carroll

Secretary



**LRPP Exhibit II - Performance Measures and Standards**

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

*NOTE: Approved primary service outcomes must be listed first.*

Approved Performance Measures for FY 2015-16 (Words)	Approved Standard FY 2015-16 (Numbers)	Approved Prior Year Standard FY 2014-15 (Numbers)	Prior Year Actual FY 2014-15 (Numbers)	Requested FY 2016-17 Standard (Numbers)
Administrative cost as a percent of total agency costs ED (M0144)	0.33	0.33	0.32	0.32
Administrative cost as a percent of total agency costs Admin (M0147)	1.23	1.23	1.75	1.75
Administrative cost as a percent of total agency costs (M0363)	1.6	1.6	0.65	0.65

**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 2015-16 (Words)	Approved Standard FY 2015-16 (Numbers)	Approved Prior Year Standard FY 2014-15 (Numbers)	Prior Year Actual FY 2014-15 (Numbers)	Requested FY 2016-17 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	2.30	2.30	1.42	2.30

**LRPP Exhibit II - Performance Measures and Standards**

<b>Department: Department of Children and Families</b>	<b>Department No.: 60</b>
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<b>Program: Family Safety and Preservation Services</b>	<b>60910310</b>
<b>Service/Budget Entity: Family Safety and Preservation Services</b>	<b>60910310</b>

**NOTE: Approved primary service outcomes must be listed first.**

Approved Performance Measures for FY 2015-16 (Words)	Approved Standard FY 2015-16 (Numbers)	Approved Prior Year Standard FY 2014-15 (Numbers)	Prior Year Actual FY 2014-15 (Numbers)	Requested FY 2016-17 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	97	96.6	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	49,606	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	5,600	6,978	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	98	97.2	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	99.4	100
The rate of abuse/neglect per 1000 for elderly persons. (M0757)	1.5	1.5	0.11	1.5
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	1.5	1.5	0.11	1.5
Number of facilities and homes licensed (M0123)	6,868	6,868	6201	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	63,019	66,909	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	99.8	95
Calls answered (M0070)	430,000	430,000	385,021	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	3	26.9	3
Number of calls to the hotline (M0300)	450,000	450,000	484,847	450,000
Per capita verified child abuse rate/1000 (M0736)	14	14	10.9	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	99.3	95
Number of children in families served (M0134)	122,937	122,937	NA	122,937
Number of families served in Healthy Families (M0294)	12,922	12,922	9,406	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	3,177	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	94.75	94.6
Number of children in out-of-home care (M0297)	20,771	20,771	21,984	20,771
Number of children receiving in-home services (M0774)			12,366	
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	65	66.4	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	40	53.6	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	99.9	99.69	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	40.8	33.6
Number of investigations (M0295)	180,000	180,000	192,539	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	84.8	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	100	93.88	100
Percent of children removed within 12 months of a prior reunification. (M05178)	9.9	9.9	11.9	9.9
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	98	95.05	98
Percent of child investigations commenced within 24 hours. (M0368)	100	100	97	100
Administrative cost as a percent of total program costs (M0136)	3.05	3.05	1.69	3.05
Administrative cost as a percent of total agency costs (M0426)	1.21	1.21	0.7	1.21



**LRPP Exhibit II - Performance Measures and Standards**

Department: Department of Children and Families		Department No.: 60		
<b>Program: Mental Health Services</b>		60910506		
<b>Service/Budget Entity: Mental Health Services</b>		60910506		
Approved Performance Measures for FY 2015-16 (Words)	Approved Standard FY 2015-16 (Numbers)	Approved Prior Year Standard FY 2014-15 (Numbers)	Prior Year Actual FY 2014-15 (Numbers)	Requested FY 2016-17 Standard (Numbers)
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	40	35.56	40
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	136,480	134,539	136,480
Number of adults in mental health crisis served (M0017)	30,404	30,404	21,124	30,404
Number of adults with forensic involvement served (M0018)	3,328	3,328	3,742	3,328
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	24	39	24
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	8	7	8
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	90	95	90
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	67	67	87	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	86	86	94	86
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	8	6	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	97	75
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	50	69	50
Number of children served who are incompetent to proceed (M0030)	340	340	422	340
Number of SED children to be served (M0031)	46,000	46,000	23,504	46,000
Number of ED children to be served (M0032)	27,000	27,000	16,721	27,000
Number of at-risk children to be served (M0033)	4,330	4,330	1,570	4,330
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	64	51	64
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	65	56	65
Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)	95	95	96	95
Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)	93	93	98	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	96	96	99	96
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	125	107	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	1983	1606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2320	2320	2906	2320
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	67	91	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	90	40
Number of sexual predators assessed (M0283)	2879	2879	4429	2879
Number of sexual predators served (detention and treatment). (M0379)	480	480	699	480
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	3	3	3
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	85	68	85
Number of residents receiving Mental Health treatment (M06001)	169	169	380	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**

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

**NOTE: Approved primary service outcomes must be listed first.**

Approved Performance Measures for FY 2015-16 (Words)	Approved Standard FY 2015-16 (Numbers)	Approved Prior Year Standard FY 2014-15 (Numbers)	Prior Year Actual FY 2014-15 (Numbers)	Requested FY 2016-17 Standard (Numbers)
Number of adults served (M0063)	115,000	115,000	92,381	115,000
Percentage change in clients who are employed from admission to discharge. (M0753)	10	10	38	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	73.0	14.6
Percent of adults who successfully complete substance abuse treatment services. (M0755)	51	51	47	51
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	94	97	94
Number of children with substance-abuse problems served (M0052)	50,000	50,000	32,727	50,000
Number of at-risk children served in targeted prevention (M0055)	4,500	4,500	3,789	4,500
Number of at risk children served in prevention services. (M0382)	150,000	150,000	183,057	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	48	59	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	92.0	19.6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	93	93	99.8	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	295	295	205	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	110	124	110
Administrative cost as a percent of total program costs (M0137)	5.0	6.0	3.15	6.0

**LRPP Exhibit II - Performance Measures and Standards**

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

**NOTE: Approved primary service outcomes must be listed first.**

Approved Performance Measures for FY 2015-16 (Words)	Approved Standard FY 2015-16 (Numbers)	Approved Prior Year Standard FY 2014-15 (Numbers)	Prior Year Actual FY 2014-15 (Numbers)	Requested FY 2016-17 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	296,826	327,594	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	70,394	43,827	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	95	97.63	95
Percentage of food assistance applications processed within 30 days (M0219)	95	95	98.52	95
Percent of food stamp benefits determined accurately (M0107)	94	94	99.6	94
Total number of applications processed (M0106)	5,000,000	5,000,000	16,526,205	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	96	97.9	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	21.9	21.9	42.78	21.9
Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate). (M0678)	34.2	34.2	46.28	34.2
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	98	99.86	98
Number of beds per day available for homeless clients (M0304)	1,500	1,500		1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	80	90.91	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	13,500,000	20,475,152	13,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	76.5	86.7	76.5
Number of fraud prevention investigations completed (M0112)	22,000	22,000	24,216	22,000
Number of refugee cases closed (M0104)	7,600	7,600	47,534	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	99.2	99.7	99.2
Number of refugee cases (M0362)	37,350	37,350	90,721	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	40	27	40
Administrative cost as a percent of total program costs (M0138)	7.93	7.93	2.34	7.93

Department of Children and Families

Long Range Program Plan

Fiscal Years 2016-2017 through 2020-2021

September 30, 2015

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

Rick Scott  
Governor

Mike Carroll  
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	26.9	+23.9	23.9%

Factors Accounting for the Difference: Need language.

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 39,663 more contacts in 2014-2015 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: Child Care

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: M0123- Number of facilities and homes licensed

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	6201	(667)	-9.71%

Factors Accounting for the Difference: The original approved standard was based upon data collected by an electronic management system in its infancy. Child Care recommends 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: Children and Families  
 Program: Child Protection and Permanency  
 Service/Budget Entity: 60910310 Family Safety and Preservation Services  
 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	99.69	(.21)	<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 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 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 Florida Safe Families Network 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 Family Safety and Preservation Services  
 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 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)

Recommendations: Continue to develop data and information systems between the two offices of Child Welfare and Substance Abuse and Mental Health. Future revisions of Florida Safe Families Network may address the collection of this data set.

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

Department: Children and Families  
 Program: Child Protection and Permanency  
 Service/Budget Entity: 60910310 Family Safety and Preservation Services  
 Measure: MO394 Percent of child investigations from an entry cohort completed within 60 days.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	93.88	(6.12%)	6.12%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: There are 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) and are typically not available within 60 days. In addition due to a lag in time required to allow all investigations to be closed, data is only available for the period of 7/1/2014 – 5/30/15 at this time.

External Factors (check all that apply):

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

Explanation:

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

- Training       Technology  
 Personnel       Other (Identify)

Recommendations: Reduce the standard to 95%.

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

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

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	3177	(337) Under	-9.5%

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: Due to legislative changes, private adoption entities now have the ability to intervene in dependency cases; therefore, infants and toddlers available for adoption are now being adopted through private entities. This has led to the Department having children who are more difficult to place in adoptive homes for adoption and who therefore remain in the custody of the department for longer periods of time before their adoption is finalized.

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

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

Recommendations: House Bill 7013 created adoption incentive programs that will aid in the adoption efforts for children who are difficult to place in adoptive homes.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families  
 Program: Child Protection and Permanency  
 Service/Budget Entity: 60910310 Family Safety and Preservation Services  
 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	9,406	(3,516) Under	(27)%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

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 FY 2008-09 thereby reducing service delivery areas. While there is an increase in the funding trend, the measure for the future should be adjusted as the costs associated with the program have increased, 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 number of duplicate and non-duplicate primary participants (families) is now 6,798. While there is a recent increase in the funding trend, the measures for the future should be adjusted to better align with efforts to sustain the quality of services and the increased costs of services. SFY 2014-15 funding included additional recurring monies as did SFY 2015-16.

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

Training

Technology

Personnel

Other (Identify) (Fiscal)

Recommendations:

Adjust approved standard to 10,000 families to correspond with funding for FY 2015-16.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families  
 Program: Child Protection and Permanency  
 Service/Budget Entity: 60910310 Family Safety and Preservation Services  
 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
99%	97%	3% Under	(3%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: A multitude of factors, some legitimate and some problematic, affect performance results with this standard. A legitimate delay occurs when law enforcement is conducting a concurrent criminal investigation and requests the child protective investigator to delay commencement until law enforcement personnel has had the opportunity to conduct all subject interviews. More typically, problematic delays occur when investigators assigned to work weekend "on-call" shifts receive an unusually high number of reports to investigate and the reports are not re-assigned timely, or case specific circumstances (e.g., five children have to be sheltered and placed out of county and CPI has to attend judicial hearing, etc.) precludes a second or additional reports from being commenced timely.

External Factors (check all that apply):

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

Explanation:

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

- Training       Technology  
 Personnel       Other (Identify)



Recommendations: Due to legitimate circumstances beyond the child protective investigator's ability to control a more appropriate standard would be 97%.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families  
 Program: Child Protection and Permanency  
 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%	11.9%	2%	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: The Department is currently implementing significant changes to practice including improved assessment of family dynamics, safety planning and treatment matching. Training for case managers is undergoing significant revisions.

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 identifying evidence-based parent training and child-parent psychotherapy that may enable the parent to build a more functional relationship with the child and reduce the risk of maltreatment recurrence.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families  
 Program: Child Protection and Permanency  
 Service/Budget Entity: 60910310 Family Safety and Preservation Services  
 Measure: M0079 Percent of investigations reviewed by supervisors with 72 hours of report submission

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
98%	95.05%	-2.95%	-2.95%

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: Effective 12/31/14 Florida Administrative Code 65C-29 (Protective Investigations) was amended to change the 72 hour supervisory review requirement to reflect Florida's new safety methodology/practice standard for the review to take place within five days.

External Factors (check all that apply):

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

Explanation:

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

- Training       Technology  
 Personnel       Other (Identify)

Recommendations: This measure should be deleted in its entirety or be amended to reflect the new timeframe standard of five days.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families  
 Program: Child Protection and Permanency  
 Service/Budget Entity: 60910310 Family Safety and Preservation Services  
 Measure: M05180 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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
87%	84.%	-2.95%	-2.95%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The Department is currently implementing significant changes to practice including improved assessment of family dynamics, safety planning and treatment matching. Training for case managers is undergoing significant revisions.

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: As case managers become more efficient in the new practice, the Department will review the need for additional case managers.

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:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input checked="" 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
100	99.4%	.6 Under	(.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 checked="" type="checkbox"/> Other (Identify) – |

Explanation:

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

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: A large portion of investigations worked by APS are for Self Neglect. When subjects have capacity, it is often difficult to change the behaviors that lead to subsequent verified reports.

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: 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%	96.6%	.4 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: In areas with high turnover, caseload is shifted to remaining staff.

Excessive workload can lead to missed time standards, and seeing each victim in 24 hours can be the first standard to suffer.

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: Program is currently retooling pre-service training curriculum, examining hiring standards, and exploring approaches to enhance staff retention.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Adult Protection

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: M04016 Percent of adult 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
98%	97.2%	.8 Under	(.8%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: In areas with high turnover, caseload is shifted to remaining staff. Excessive workload can lead to missed time standards, and very often cases fall into backlog, exceeding the allowed 60 days until closure.

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: There was unprecedented turnover in half of the six Regions this past fiscal year. Remaining staff and new hires had to manage caseloads under increasing intake levels and case closure times suffered as a result.

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

- Training       Technology  
 Personnel       Other (Identify)

Recommendations: Program is currently retooling pre-service training curriculum, examining hiring standards, and exploring approaches to enhance staff retention.

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

Department: Department of Children and Families  
 Program: Substance Abuse Services  
 Service/Budget Entity: 60910604 Substance Abuse Services - Adults Substance Abuse  
**Measure: M0063 Number of adults 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
115,000	92,381	22,619(Under)	-19%

**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 department revised chapter 65E-14, F.A.C. to allow the department or the managing entities to negotiate rates for covered services, in accordance with the guidelines prescribed in the rule. The negotiation of higher or lower rates for services will impact the number of individuals served.

An additional factor that may be impacting performance is that we believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

**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:**

The SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.



**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: M0755 Percent of adults who successfully complete substance abuse treatment services.**

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
51%	47.34%	3.66%(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)

**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:**

An additional factor that may be impacting performance is that we believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

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

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

The SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.

**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:

- |   |  |
|---|--|
| <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
50,000	32,727	17,273(Under)	-34%

**Factors Accounting for the Difference:**

**Internal Factors (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity              |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training           |
| <input type="checkbox"/> Previous Estimate Incorrect | <input 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 type="checkbox"/> Other (Identify)                  |
| <input type="checkbox"/> This Program/Service Cannot Fix the Problem         |  |
| <input type="checkbox"/> Current Laws Are Working Against the Agency Mission |  |

**Explanation:**

The department revised chapter 65E-14, F.A.C. to allow the department or the managing entities to negotiate rates for covered services, in accordance with the guidelines prescribed in the rule. The negotiation of higher or lower rates for services will impact the number of individuals served.

An additional factor that may be impacting performance is that we believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

**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:**

The SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.

### 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:

- |   |  |
|---|--|
| <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
4,500	3,789	711 (Under)	16%

**Factors Accounting for the Difference:**

**Internal Factors (check all that apply):**

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

**External Factors (check all that apply):**

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

**Explanation:**

The provider data entered into the SAMHIS system does not accurately reflect the number of persons served within a specific target population. There were records submitted with admission data only, records with service events only and, records with both admission data and service events. Both admission and service event records are required to determine what target population an individual falls into and what service(s) they received. Therefore, only the records of individuals with admission data and service event data were utilized to calculate FY 14-15 performance.

The SAMH Data Unit sends monthly reports to the managing entities that highlight individuals that do not have both an admission and service event record. Although progress has been made on performance related to this measure and in reducing the number of individuals entered into SAMHIS that do not have both admission and service event records, accurately reporting performance on measures related to target populations remains a challenge.

The department revised chapter 65E-14, F.A.C. to allow the department or the managing entities to negotiate rates for covered services, in accordance with the guidelines prescribed in

the rule. The negotiation of higher or lower rates for services will impact the number of individuals served.

An additional factor that may be impacting performance is that we believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

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

- Training
- Personnel

- Technology
- Other (Identify)

**Recommendations:**

Modifications are being made to the SAMHIS data system and related policies and procedures, to include a validation edit check that will require both admission and service event records be entered. These modifications are expected to address the problem of having only one of the two required records needed to run accurate performance data.

The SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.

**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:

- |   |  |
|---|--|
| <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
110	124	14 (Over)	13%

**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:**

Although progress on performance for this measure is being made, the softening of attitudes around the perceived harm and disapproval of marijuana use among youth, as indicated by the 2014’s Monitoring the Future survey conducted by the National Institute on Drug Abuse continues to present a challenge to reducing the rate of use.

In addition, limited resources to support prevention efforts in turn limit in the number of young people who are reached.

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

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

**Recommendations:**

The SAMH in coordination with the managing entities and substance abuse treatment providers will identify strategies to address attitudes regarding harm and risk of marijuana use among children and youth and to strategically target more youth using limited resources.

In addition, we request revision of the measure to capture the percentage of children and youth using marijuana instead of per 1,000 usage and re-evaluation of the performance target to ensure it is achievable given current factors impacting use.

**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	36	4(Under)	-10%

**Factors Accounting for the Difference:**

**Internal Factors (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity              |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training           |
| <input 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 persons served within a specific target population. There were records submitted with admission data only, records with service events only and records with both admission data and service events. Both admission and service event records are required to determine what target population an individual falls into and what service(s) they received. Therefore, only the records of individuals with admission data and service event data were utilized to calculate FY 14-15 performance.

The SAMH Data Unit sends monthly reports to the managing entities that highlight individuals that do not have both an admission and service event record. Although progress has been made on performance related to this measure and in reducing the number of individuals entered into SAMHIS that do not have both admission and service event records, accurately reporting performance on measures related to target populations remains a challenge.

**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:** Modifications are being made to the SAMHIS data system and related policies and procedures, to include a validation edit check that will require both admission and service event records be entered. These modifications are expected to address the problem of having only one of the two required records needed to run accurate performance data.



**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

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

**Measure: M0016 – Number of adults with a serious and persistent mental illness in the community 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
136,480	134,539	1,941(Under)	-1%

**Factors Accounting for the Difference:**

**Internal Factors (check all that apply):**

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

**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 within a specific target population. There were records submitted with admission data only, records with service events only and, records with both admission data and service events. Both admission and service event records are required to determine what target population an individual falls into and what service(s) they received. Therefore, only the records of individuals with admission data and service event data were utilized to calculate FY 14-15 performance.

The SAMH Data Unit sends monthly reports to the managing entities that highlight individuals that do not have both an admission and service event record. Although progress has been made in reducing the number of individuals entered into SAMHIS that do not have both admission and service event records, accurately reporting performance on measures related to target populations remains a challenge.

The department revised chapter 65E-14, F.A.C. to allow the department or the managing entities to negotiate rates for covered services, in accordance with the guidelines prescribed in

the rule. The negotiation of higher or lower rates for services will impact the number of individuals served.

An additional factor that may be impacting performance is that we believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

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

- Training
- Personnel

- Technology
- Other (Identify)

**Recommendations:** Modifications are being made to the SAMHIS data system and related policies and procedures, to include a validation edit check that will require both admission and service event records be entered. These modifications are expected to address the problem of having only one of the two required records needed to run accurate performance data.

The SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.

**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	21,124	9,280(Under)	-30%

**Factors Accounting for the Difference:**

**Internal Factors (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity              |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training           |
| <input type="checkbox"/> Previous Estimate Incorrect | <input 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 within a specific target population. There were records submitted with admission data only, records with service events only and, records with both admission data and service events. Both admission and service event records are required to determine what target population an individual falls into and what service(s) they received. Therefore, only the records of individuals with admission data and service event data were utilized to calculate FY 14-15 performance.

The SAMH Data Unit sends monthly reports to the managing entities that highlight individuals that do not have both an admission and service event record. Although progress has been made in reducing the number of individuals entered into SAMHIS that do not have both admission and service event records, accurately reporting performance on measures related to target populations remains a challenge.

The department revised chapter 65E-14, F.A.C. to allow the department or the managing entity to negotiate rates for covered services, in accordance with the guidelines prescribed in the rule. The negotiation of higher or lower rates for services will impact the number of individuals served.

An additional factor that may be impacting performance is that we believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included. The algorithm specific to this measure includes the target population of individuals in crisis only, which excludes individuals in other target population groups such as SPMI or SMI, who have also received crisis services.

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

- Training
- Personnel

- Technology
- Other (Identify)

**Recommendations:**

Modifications are being made to the SAMHIS system to include a validation edit check that will require both admission and service event records be entered. This modification is expected to address the problem of having only one of the two required records needed to run accurate performance data.

The SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.

**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	23,504	22,496(Under)	-48%

**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 within a specific target population. There were records submitted with admission data only, records with service events only and, records with both admission data and service events. Both admission and service event records are required to determine what target population an individual falls into and what service(s) they received. Therefore, only the records of individuals with admission data and service event data were utilized to calculate FY 14-15 performance.

The SAMH Data Unit sends monthly reports to the managing entities that highlight individuals that do not have both an admission and service event record. Although progress is being made in reducing the number of individuals entered into SAMHIS that do not have both admission and service event records, accurately reporting performance on measures related to target populations remains a challenge.

The department revised chapter 65E-14, F.A.C. to allow the department or the managing entity to negotiate rates for covered services, in accordance with the guidelines prescribed in the rule. The negotiation of higher or lower rates for services will impact the number of individuals served.

An additional factor that may be impacting performance is that we believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

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

- Training
- Personnel

- Technology
- Other (Identify)

**Recommendations:**

Modifications are being made to the SAMHIS system to include a validation edit check that will require both admission and service event records be entered. This modification is expected to address the problem of having only one of the two required records needed to run accurate performance data.

The SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.

**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	16,721	10,279(Under)	-38%

**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 within a specific target population. There were records submitted with admission data only, records with service events only and, records with both admission data and service events. Both admission and service event records are required to determine what target population an individual falls into and what service(s) they received. Therefore, only the records of individuals with admission data and service event data were utilized to calculate FY 14-15 performance.

The SAMH Data Unit sends monthly reports to the managing entities that highlight individuals that do not have both an admission and service event record. Although progress is being made in reducing the number of individuals entered into SAMHIS that do not have both admission and service event records, accurately reporting performance on measures related to target populations remains a challenge.

The department revised chapter 65E-14, F.A.C. to allow the department or the managing entity to negotiate rates for covered services, in accordance with the guidelines prescribed in the rule.

The negotiation of higher or lower rates for services will impact the number of individuals served.

An additional factor that may be impacting performance is that we believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

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

- Training
- Personnel

- Technology
- Other (Identify)

**Recommendations:**

Modifications are being made to the SAMHIS system to include a validation edit check that will require both admission and service event records be entered. This modification is expected to address the problem of having only one of the two required records needed to run accurate performance data.

The SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.



**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	1,570	2,760(Under)	-63%

**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 within a specific target population. There were records submitted with admission data only, records with service events only and, records with both admission data and service events. Both admission and service event records are required to determine what target population an individual falls into and what service(s) they received. Therefore, only the records of individuals with admission data and service event data were utilized to calculate FY 14-15 performance.

The SAMH Data Unit sends monthly reports to the managing entities that highlight individuals that do not have both an admission and service event record. Although progress is being made in reducing the number of individuals entered into SAMHIS that do not have both admission and service event records, accurately reporting performance on measures related to target populations remains a challenge.

The department revised chapter 65E-14, F.A.C. to allow the department or the managing entity to negotiate rates for covered services, in accordance with the guidelines prescribed in the rule. The negotiation of higher or lower rates for services will impact the number of individuals served.

An additional factor that may be impacting performance is that we believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

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

- Training
- Personnel

- Technology
- Other (Identify)

**Recommendations:**

Modifications are being made to the SAMHIS system to include a validation edit check that will require both admission and service event records be entered. This modification is expected to address the problem of having only one of the two required records needed to run accurate performance data.

The SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.

**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%	50.80%	-13.20%(Under)	-20%

**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:**

The managing entities researched their provider network to identify factors impacting performance; however, no specific issues were identified. We believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

**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 SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.

**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:

- |  |  |
|--|--|
| <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
65%	56.53%	-8.47%(Under)	-13%

**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:**

The managing entities researched their provider network to identify factors impacting performance; however, no specific issues were identified. We believe the current algorithm for calculating this and some of the other performance measures may exclude individuals that should be included.

**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 SAMH Program office, in coordination with the managing entities will review this and other performance measure algorithms to ensure they provide an accurate basis to report performance and do not exclude individuals that should be included.

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

Department: Department of Children and Families

Program: Sexual Violent Predator Program

Service/Budget Entity: 60910501 Violent Sexual Predator Program

**Measure: M05305 Percent of assessments completed by the SVP Program within 180 days of receipt of referral.**

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
85%	68%	17% (Under)	20%

**Factors Accounting for the Difference:**

**Internal Factors (check all that apply):**

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

**Explanation:**

**External Factors (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Resources Unavailable                               | <input type="checkbox"/> Technological Problems |
| <input checked="" type="checkbox"/> Legal/Legislative Change                 | <input type="checkbox"/> Natural Disaster       |
| <input type="checkbox"/> Target Population Change                            | <input 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:** This is no longer mandated by statute. In 2014, changes to s. 394.913(3)(e)(1), F.S., eliminated this requirement. Florida law now requires the multidisciplinary team to prioritize the assessment and evaluation of each person referred to the team based upon the person's scheduled release date.

**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:** In response to statutory changes, The Office of Substance Abuse and Mental Health requests the deletion of this measure from the General Appropriation Act.

## 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	43,827	(26,567)	-37.7%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input 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 3,500 TANF applications per month with adults subject to a work requirement during SFY 14/15. This results in less than 45,000 potential Workforce Board referrals per year.

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

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

**Recommendations:** Revise the Approved Standard.

Department of Children and Families

Long Range Program Plan

Fiscal Years 2016-2017 through 2020-2021

September 30, 2015

Performance Measure Validity and Reliability - LRPP  
Exhibit IV

Rick Scott  
Governor

Mike Carroll  
Secretary



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>EXECUTIVE DIR/SUPPORT SVCS</u>
<b>Service/Budget Entity:</b>	<u>Assistant Secretary for Administration 60900101</u>
<b>Measure:</b>	<u>Administrative cost as a percent of total agency costs (M0147)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
<b>Reliability:</b>	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>EXECUTIVE DIR/SUPPORT SVCS</u>
<b>Service/Budget Entity:</b>	<u>District Administration 60900101</u>
<b>Measure:</b>	<u>Administrative cost as a percent of total agency costs (M0363)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
<b>Reliability:</b>	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>EXECUTIVE DIR/SUPPORT SVCS</u>
<b>Service/Budget Entity:</b>	<u>Executive Direction and Support Services 60900101</u>
<b>Measure:</b>	<u>Administrative cost as a percent of total agency costs (M0144)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
<b>Reliability:</b>	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>INFORMATION TECHNOLOGY</u>
<b>Service/Budget Entity:</b>	<u>Information Technology 60900202</u>
<b>Measure:</b>	<u>Information technology cost as a percent of total agency costs (M0145)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Protection 60900310</u>
<b>Measure:</b>	<u>Number of people receiving protective supervision, and protective intervention services. (M0414)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This number is a direct count through the Adult Services Information System of persons receiving protective supervision and protective intervention services.
<b>Reliability:</b>	The data was verified as reliable during a special audit.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Protection 60900310</u>
<b>Measure:</b>	<u>The rate of abuse/neglect per 1000 for adults with disabilities (M0735)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is a rough indicator of the incidence of adult maltreatment in Florida.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Protection 60900310</u>
<b>Measure:</b>	<u>The rate of abuse/neglect per 1000 for elderly persons. (M0757)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is a rough indicator of the incidence of adult maltreatment in Florida.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Protection 60900310</u>
<b>Measure:</b>	<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>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	The measure is a direct indicator of the program goal to protect adults with disabilities and frail elderly from further harm during services.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Protection 60900310</u>
<b>Measure:</b>	<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>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	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.
<b>Reliability:</b>	Each month providers are required to submit to their contract managers a statistical report on all services as delineated in their contract objectives. The report includes the number of victims leaving shelter after a minimum of 72 hours and the number completing a safety plan. The safety plan comprises a set of activities whose purpose is to enhance the safety of the victim and her dependents. A state summary of these data is kept in the central office.



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Protection 60900310</u>
<b>Measure:</b>	<u>Number of investigations (M0127)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	The measure indicates the workload involved in protecting adults with disabilities and frail elderly.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Protection 60900310</u>
<b>Measure:</b>	<u>Percent of adult investigations from an entry cohort completed within 60 days. (M04016)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Protection 60900310</u>
<b>Measure:</b>	<u>Percent of adult victims seen within the first 24 hours. (M04017a)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Abuse Prevention and Intervention 60900310</u>
<b>Measure:</b>	<u>Per capita verified child abuse rate/1000 (M0736)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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. 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 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>
<b>Validity:</b>	This measure is a rough indicator of the incidence of child maltreatment in Florida.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Abuse Prevention and Intervention 60900310</u>
<b>Measure:</b>	<u>Number of children in families served (M0134)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Abuse Prevention and Intervention 60900310</u>
<b>Measure:</b>	<u>Number of families served in Healthy Families (M0294)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This count of the number of families served is an important measure of the size of the program.
<b>Reliability:</b>	Required in the contract with the Ounce of Prevention Fund.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Abuse Prevention and Intervention 60900310</u>
<b>Measure:</b>	<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>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Care Regulation and Information 60900310</u>
<b>Measure:</b>	<u>Percent of licensed child care homes inspected in accordance with program standards (M05175)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	This measure reflects how well the department meets it required inspection standards.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Care Regulation and Information 60900310</u>
<b>Measure:</b>	<u>Number of facilities and homes licensed (M0123)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	This workload measure represents the effort expended to licensed facilities and homes.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Care Regulation and Information 60900310</u>
<b>Measure:</b>	<u>Number of instructor hours provided to child care provider staff. (M0384)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Care Regulation and Information 60900310</u>
<b>Measure:</b>	<u>Percent of licensed child care facilities inspected in accordance with program standards. (M04015)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	This measure reflects how well the department meets its required inspection schedule.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<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>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<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>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This measure reflects how well the department finds long term foster children permanent homes before they become adults.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<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>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	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.
<b>Reliability:</b>	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 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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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)
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This is an outcome measure of Florida's success in protecting abused and neglected children from recurrence of abuse and neglect.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This is an outcome measure of Florida's success in protecting foster children from abuse and neglect while they are in care.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Number of finalized adoptions (M0215)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This is an output measure of the number of children achieving permanency through adoption.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Number of investigations (M0295)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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)
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Number of children under protective supervision (point in time) (M0296)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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)
<b>Validity:</b>	This count is an appropriate measure of the workload of the program.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Number of children in out-of-home care (M0297)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	"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.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Percent of child investigations commenced within 24 hours. (M0368)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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)
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This measure is a valid indicator of how fast the department can get children back to their family.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Percent adoptions finalized within 24 months of the latest removal. (M0391)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	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.
<b>Reliability:</b>	Reliability of this measure is dependent on department and provider staff compliance with data reporting requirements.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Protection and Permanency 60900310</u>
<b>Measure:</b>	<u>Percent of child investigations from an entry cohort completed within 60 days. (M0394)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	Calls to the Florida Abuse Hotline to report child abuse or neglect trigger an investigation. A timely investigation commences within 24 hours of a call. The investigation duration is from the date of the call to the hotline to the date of final supervisor approval recorded in HSn Child Safety Assessment. This measure is a percent. The numerator is the number of child protective investigations from the demominator completed within 60 days from the date of the Hotline call. The denominator is the total number of child protective investigations opened during the reporting period and having been open 60 days. Data Source: Hotline staff and Protective Investigations staff in Sheriffs' Offices in Broward, Citrus, Manatee, Seminole, Pinellas, and Pasco; DCF staff in the remaining 61 counties.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Florida Abuse Hotline 60900310</u>
<b>Measure:</b>	<u>Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	This is an outcome measure of the hotline's performance in timely response to calls made to the hotline.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Florida Abuse Hotline 60900310</u>
<b>Measure:</b>	<u>Calls answered (M0070)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	This output is a process measure that indicates the workload of the Hotline.
<b>Reliability:</b>	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

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Program Management and Compliance - Family Safety 60900310</u>
<b>Measure:</b>	<u>Administrative cost as a percent of total agency costs (M0426)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
<b>Reliability:</b>	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Program Management and Compliance - Family Safety 60900310</u>
<b>Measure:</b>	<u>Administrative cost as a percent of total program costs (M0136)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
<b>Reliability:</b>	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Community Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Average annual days worked for pay for adults with severe and persistent mental illness (M0003)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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"><li>1. They do not meet the criteria for adults with forensic involvement, and</li><li>2. They have an International Classification Diagnosis, 9th edition (ICD-9) diagnosis of 295-299, or</li><li>3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or</li><li>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</li><li>5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently.</li></ol> <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"><li>1) Selecting quarterly and discharge evaluations for each person served during the specified time period.</li><li>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.</li><li>3) The averages are then added together and divided by the number of clients who were evaluated during the specified time period.</li><li>4) The average derived is then multiplied by 12.1667 to get the annual average days worked.</li></ol> <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>
<b>Validity:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Community Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of adults with serious mental illness who are competitively employed. (M0703)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
<b>Reliability:</b>	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

procedures for data submission are provided to all contractors.

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Community Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Community Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of adults in forensic involvement who live in stable housing environment. (M0743)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Community Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of adults in mental health crisis who live in stable housing environment. (M0744)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Community Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Number of adults with a serious and persistent mental illness in the community served (M0016)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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"><li>1. They do not meet the criteria for adults with forensic involvement, and</li><li>2. They have an ICD 9 diagnosis of 295-299, or</li><li>3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or</li><li>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</li><li>5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently.</li></ol> <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>
<b>Validity:</b>	This is a direct measure of the number of adults who receive treatment in the state mental health system.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Community Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Number of adults in mental health crisis served (M0017)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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"><li>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.</li><li>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</li></ol> <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>
<b>Validity:</b>	This is a direct measure of the number of adults who receive treatment in the state mental health system.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Community Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Number of adults with forensic involvement served (M0018)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This is a direct measure of the number of adults who receive treatment in the state mental health system.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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"><li>1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.</li><li>2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below.</li><li>3. They currently receive SSI benefits for a psychiatric disability.</li></ol> <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>
<b>Validity:</b>	School attendance is a strong indicator of a child's future self-sufficiency and is an important aspect of overall functioning.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of children with emotional disturbance (ED) who live in a stable housing environment (M0778)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of children with serious emotional disturbance (SED) who live in a stable housing environment (M0779)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of children at risk of emotional disturbance who live in a stable housing environment (M0780)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<p>The principle of law to ensure a defendant's due process right to a fair trial has been codified into Florida Rules of Juvenile Procedure and is cited as being "whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings. In addition, under Florida statute a youth can only be committed to the department for competency training if the basis of the incompetency is mental illness or intellectually disabled. This measure is a percentage. Numerator is number of children with mental illness who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children with mental illness who had competency reports submitted to the courts. Data Source: Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.</p>
<b>Validity:</b>	<p>Measure is a not a true indicator of the desired outcome (see also comment section) that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's mental illness, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior mental health treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
<b>Reliability:</b>	<p>Central office maintains an ACCESS data base that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.</p>

## LRPP EXHIBIT IV: LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of children who are intellectually disabled restored to competency and recommended to proceed with a judicial hearing (M0020)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	<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>
<b>Reliability:</b>	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site</p>



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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Number of children served who are incompetent to proceed (M0030)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This is a direct indicator of the goal to serve children who are incompetent to proceed to a juvenile justice process.
<b>Reliability:</b>	Additional separate reports have been cross referenced to validate the admission and discharge reporting.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Number of SED children to be served (M0031)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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"><li>1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.</li><li>2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below.</li><li>3. They currently receive SSI benefits for a psychiatric disability.</li></ol> <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>
<b>Validity:</b>	This is a direct measure of the number of children with SED served in mental health treatment programs.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Number of ED children to be served (M0032)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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"><li>1. They do not meet the criteria for the SED target population.</li><li>2. They have a diagnosis of an allowable ICD 9 diagnosis.</li></ol> <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>
<b>Validity:</b>	This is a direct measure of the number of children with ED served in mental health treatment programs.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Number of at-risk children to be served (M0033)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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"><li>1. They do not meet the criteria for SED or ED target populations.</li><li>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.</li></ol> <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>
<b>Validity:</b>	This is a direct measure of the number of children at risk of ED served in mental health treatment programs.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Children's Mental Health Services 60900506</u>
<b>Measure:</b>	<u>Percent of children with emotional disturbances who improve their level of functioning (M0377)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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"><li>1. They do not meet the criteria for serious emotional disturbance (SED).</li><li>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.</li></ol> <p>Improved functioning means that the current level of functioning is better than the level previously measured. This number is a percent and is based on the change between two assessments.</p> <p>The numerator is the number of children whose "most recent score" is less than their "previous assessment score." The scores are calculated by summing the score for the 16 questions per person captured on the Children's Functional Assessment Rating Scales (CFARS). A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The "most recent score" must occur within the reporting fiscal year and cannot be an admission assessment. The "previous assessment score" must have occurred within the 12 previous months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6 month mark (180 days) from the "most recent score" will be used.</p> <p>The denominator is all children with two assessments.</p> <p>To achieve the percentage of increase, the total number of children who improved is divided by the total number of children with two qualifying assessments.</p> <p>To be included in this measure, the child must have been served during the reporting fiscal year (must have at least one service event record) and must be enrolled in the specified target population. At the contract (provider) level, the most recent episode of care is used for the comparison. Episode of care is defined as the time period between the date of admission to the date of</p>

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

on

the administration of CFARS by a certified rater.

### **Validity:**

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

### **Reliability:**

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

**Action:** Backup for performance measure

**Data Sources and Methodology:**

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

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

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

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

The denominator is all children with two assessments.

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

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



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

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

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

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Program Management and Compliance - Mental Health 60900506</u>
<b>Measure:</b>	<u>Administrative cost as a percent of total program costs (M0135)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
<b>Reliability:</b>	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Violent Sexual Predator Program 60900506</u>
<b>Measure:</b>	<u>Number of residents receiving Mental Health treatment (M06001)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	This output measure addresses level of effort being given to treatment for the residents.
<b>Reliability:</b>	This measure is checked through annual contract monitoring.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Violent Sexual Predator Program 60900506</u>
<b>Measure:</b>	<u>Number of sexual predators assessed (M0283)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	Valid measure of the program's assessment workload and need for resources for this activity
<b>Reliability:</b>	Program database referral information is periodically reconciled with the Department of Corrections database

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Violent Sexual Predator Program 60900506</u>
<b>Measure:</b>	<u>Number of sexual predators served (detention and treatment). (M0379)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	Measures the demand for secure confinement and treatment resources
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Violent Sexual Predator Program 60900506</u>
<b>Measure:</b>	<u>Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Mental Health Treatment Facilities 60900506</u>
<b>Measure:</b>	<u>Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	The measure captures the success of a provider's intervention through functional assessment. The instrument, the FARS, has high validity when tested.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Mental Health Treatment Facilities 60900506</u>
<b>Measure:</b>	<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>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	The measure captures the success of a provider's intervention through functional assessment. The instrument, the FARS, has high validity when tested.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Mental Health Treatment Facilities 60900506</u>
<b>Measure:</b>	<u>Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<p>(1) Readmission within 180 days means that a person in civil commitment was discharged from a state mental health treatment facility and returned to any facility (civil or forensic) within 180 days following the previous discharge date.</p> <p>(2) Persons in civil commitment are individuals with serious mental illness committed to a state mental health treatment facility as Voluntary Admission under Section 394.4625, Florida Statutes, or as Involuntary Admission under Section 394.467, Florida Statutes.</p> <p>(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>
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Mental Health Treatment Facilities 60900506</u>
<b>Measure:</b>	<u>Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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.</p> <p>(1) The numerator is the distinct number of persons in forensic commitment, who were discharged as specified below in the denominator and were readmitted within 180 days following the discharge date and had a forensic commitment at the time of readmission (COMMITYPE = 4, 5 or 6) and had a readmission type other than transfer between hospitals or status change (ADMTYPE = 01, 02, 03, 04, or 10).</p> <p>(2) The denominator is the distinct number of persons in forensic commitment status (most recent COMMITYPE = 4, 5 or 6), who were discharged during the reporting fiscal year and the discharge reason was not one of the following: (a) transfer between hospitals (DREASON = 02, 03, 04); (b) death (DREASON = 10 or 11); or (c) status change (DREASON = 16, 17 or 18). Data Source: Staff in State Mental Health Treatment Facilities reports the data daily, weekly, or monthly in the Substance Abuse and Mental Health Information System (SAMHIS)</p>
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Mental Health Treatment Facilities 60900506</u>
<b>Measure:</b>	<u>Average number of days to restore competency for adults in forensic commitment. (M0015)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<p>The average number of days to restore to competency is the period between admission and the date the competency report to the court is completed. This measure uses a trimmed mean procedure. The days to restore is calculated for each client by subtracting the admission date from the date the competency report was sent to the court. The days to restore are then ranked, and the top</p> <p>5 percent and the bottom 5 percent of cases are removed (for a total of 10%). The sum of those days, after the total of 10 percent is trimmed, is the numerator. The denominator is the total number of clients remaining after the trim for whom days to restore to competency has been calculated. Data Source: The forensic facility staff send the data to the ADM Central Office where the data is entered into the forensic facility database.</p>
<b>Validity:</b>	This measure addresses the primary mission of forensic facilities.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Mental Health Treatment Facilities 60900506</u>
<b>Measure:</b>	<u>Number of people on forensic admission waiting list over 15 days. (M0361)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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).
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Mental Health Treatment Facilities 60900506</u>
<b>Measure:</b>	<u>Number of people in civil commitment, per Ch. 394, F.S., served (M0372)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	Measure is a direct count of the number of people who use hospital beds
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>MENTAL HEALTH SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Mental Health Treatment Facilities 60900506</u>
<b>Measure:</b>	<u>Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	Measure is a direct count of the number of people who use hospital beds
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
<b>Measure:</b>	<u>Percentage change in clients who are employed from admission to discharge. (M0753)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	Research available from the Substance Abuse Program office has shown that higher employment rates are positively correlated with reduced substance use.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
<b>Measure:</b>	<u>Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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 &amp; Board Level I; 37=Room &amp; Board Level II; 38=Room &amp; 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 &gt; 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 &gt; 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>
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
<b>Measure:</b>	<u>Percent of adults who successfully complete substance abuse treatment services. (M0755)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	Research has shown that completion of treatment is correlated with higher rates of reduced substance use and related problems versus non-completion.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
<b>Measure:</b>	<u>Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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 &amp; Board Level I; 37=Room &amp; Board Level II; 38=Room &amp; 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>
<b>Validity:</b>	This measure attempts to measure the success of clients who live independently with substance abuse problems and function as productive members of the community.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
<b>Measure:</b>	<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>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
<b>Measure:</b>	<u>Number of adults served (M0063)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This workload measure represents the effort expended to serve at adults.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
<b>Measure:</b>	<u>Alcohol usage rate per 1,000 in grades 6-12. (M05092a)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
<b>Measure:</b>	<u>Marijuana usage rate per 1,000 in grades 6-12. (M05092m)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
<b>Measure:</b>	<u>Percent of children who successfully complete substance abuse treatment services. (M0725)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	Research has shown that completion of treatment is correlated with higher rates of reduced substance use and related problems versus non-completion.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services</u> <u>60900604</u>
<b>Measure:</b>	<u>Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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 &amp; Board Level I; 37=Room &amp; Board Level II; 38=Room &amp; 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 &gt; 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 &gt; 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>
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
<b>Measure:</b>	<u>Number of children with substance-abuse problems served (M0052)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This output measure represents the effort to evaluate the number of persons served
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
<b>Measure:</b>	<u>Number of at-risk children served in targeted prevention (M0055)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This workload measure represents the effort expended to serve at risk children.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
<b>Measure:</b>	<u>Number of at risk children served in prevention services. (M0382)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	This workload measure represents the effort expended to serve at risk children with prevention services.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>SUBSTANCE ABUSE SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Program Management and Compliance - Substance Abuse 60900604</u>
<b>Measure:</b>	<u>Administrative cost as a percent of total program costs (M0137)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
<b>Reliability:</b>	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Program Management and Compliance - ESS 60900708</u>
<b>Measure:</b>	<u>Administrative cost as a percent of total program costs (M0138)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
<b>Reliability:</b>	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Refugees 60900708</u>
<b>Measure:</b>	<u>Percent of refugee assistance cases accurately closed at 8 months or less (M0103)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Refugees 60900708</u>
<b>Measure:</b>	<u>Number of refugee cases closed (M0104)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Refugees 60900708</u>
<b>Measure:</b>	<u>Number of refugee cases (M0362)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	<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>
<b>Reliability:</b>	<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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Refugees 60900708</u>
<b>Measure:</b>	<u>Percent of unemployed active caseload placed in employment. (M04040)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	Threats to validity include errors in eligibility determination, placement information, and case closure.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	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.
<b>Reliability:</b>	Data reliability is dependent on ESS field staff coding the diversion payment accurately.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Percent of All Family TANF customers participating in work or work-related activities (M05088)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure identifies success in increasing self sufficiency of TANF adults, a strategy intended to further the mission of the agency.
<b>Reliability:</b>	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

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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Percentage of food assistance applications processed within 7 days (expedited) (M0733)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	This measure is an indicator of the system's success in increasing the self sufficiency of food stamp recipient households.
<b>Reliability:</b>	Dependent on ESS field staff to recognize and code applications as expedited or regular.



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Percent of all applications for assistance processed within time standards. (M0105)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	<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>
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Total number of applications processed (M0106)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	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.
<b>Reliability:</b>	Inconsistencies in processing applications can occur when staff interprets eligibility guidelines differently.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Percent of food stamp benefits determined accurately (M0107)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Dollars collected through Benefit Recovery (M0111)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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)
<b>Validity:</b>	This measure shows the public that the department recoups the value of benefits issued in error.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Number of fraud prevention investigations completed (M0112)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure shows the public that an effort is being made to prevent ineligible individuals from receiving benefits to which they are not entitled.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	This measure indicates the number of people referred to the Regional Workforce Development Boards for employment assistance.
<b>Reliability:</b>	Departmental staff monitor the FLORIDA system, training new public assistance workers in its use.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Percentage of food assistance applications processed within 30 days (M0219)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	This measure is an indicator of the system's success in increasing the self sufficiency of food stamp recipient households.
<b>Reliability:</b>	Dependent on ESS field staff to recognize and code applications as expedited or regular.



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	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.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Number of beds per day available for homeless clients (M0304)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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.
<b>Validity:</b>	Measures effective use of state or federal funds used to develop beds for the homeless.
<b>Reliability:</b>	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

<b>Department:</b>	<u>Department of Children and Families</u>
<b>Program:</b>	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
<b>Service/Budget Entity:</b>	<u>Welfare Transition and Employment Supports 60900708</u>
<b>Measure:</b>	<u>Number of cash assistance applications (M0305)</u>
<b>Action:</b>	Backup for performance measure
<b>Data Sources and Methodology:</b>	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
<b>Validity:</b>	This is a count of client (and prospective client) applications which indicates the number of clients and program workload that must be processed.
<b>Reliability:</b>	Data quality and reliability of the FLORIDA System are monitored by department data processing personnel.

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

Measure Number	Approved Performance Measures for FY 2015-16		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)
			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)		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)

CHILDREN AND FAMILIES, DEPARTMENT OF		FISCAL YEAR 2014-15			
		SECTION I: BUDGET		OPERATING	FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT				2,874,539,322	10,391,553
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)				38,790,042	0
FINAL BUDGET FOR AGENCY				2,913,329,364	10,391,553
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					2,304,053
Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed		113,168	430.37	48,703,725	
Healthy Families * Number of families served in Healthy Families		9,406	2,457.40	23,114,329	
Protective Investigations * Number of investigations		385,078	589.78	227,111,972	
In-home Supports * Number of children under protective supervision (point in time)		7,269	41,841.63	304,146,841	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.		2,186	135,631.29	296,489,990	2,700,000
Child Welfare Legal Services * Number of termination of parental rights petitions filed		4,344	12,568.93	54,599,449	
Emergency Shelter Supports * Number of adults with a safety plan upon leaving domestic violence shelter after 72 hours		6,554	5,488.44	35,971,229	
Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline		484,847	47.19	22,881,073	
Adoption Subsidies * Number of children receiving adoption subsidies		35,760	4,698.04	168,001,927	
Adoption Services * Children receiving adoptive services		6,294	8,462.39	53,262,254	
License Child Care Arrangements * Number of facilities and homes licensed		6,201	2,988.07	18,529,043	
Daily Living * Number of qualified disabled adults (ages(18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver		504	7,785.88	3,924,084	
Emergency Stabilization * Number of children served		3,513	3,991.31	14,021,462	
Emergency Stabilization * Number of adults served		35,534	1,807.55	64,229,448	4,650,000
Provide Forensic Treatment * Number of adults in forensic commitment served		2,906	53,147.85	154,447,638	
Provide Civil Treatment * Number of people in civil commitment served		1,983	102,221.56	202,705,348	
Community Support Services * Number of children served		23,993	3,574.61	85,765,737	437,500
Community Support Services * Number of adults with forensic involvement served.		4,858	48,578.40	235,993,886	
Assessment * Number of sexual predators assessed		4,429	7,015.58	31,071,987	
Detoxification * Number served		295	26,942.99	7,948,182	
Treatment And Aftercare * Number of individuals with substance abuse problems served		32,697	4,459.29	145,805,269	
Detoxification * Number of adults provided detoxification and crisis supports		20,158	1,258.95	25,377,946	
Prevention * Number of at-risk individuals provided prevention services		315,922	80.68	25,488,175	
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery		20,475,152	0.81	16,630,145	
Refugee Assistance * Number of refugee clients served		90,721	964.08	87,462,219	
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments		475	37,504.84	17,814,801	
Homeless Assistance * Number of grants issued for homeless clients		13,932	1,099.14	15,313,278	300,000
Eligibility Determination/Case Management * Number of cash assistance payments		884,583	348.59	308,353,289	
Issue Welfare Transition Program Payments * Total number of cash assistance applications		327,594	493.53	161,677,800	
TOTAL				2,856,842,526	10,391,553
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				2,918,240	
OTHER					
REVERSIONS				53,568,777	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				2,913,329,543	10,391,553

### 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

**API:** Adult Protective Investigator

**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.

**ARF:** Addiction Receiving Facilities

**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/Community-Based Care Lead Agency

**CCDA:** Community Care for Disabled Adults

**CCSU:** Children's Crisis Stabilization Unit

**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

**CMS:** Children's Medical Services

**CNA:** Community Needs Assessment

**COOP:** Continuity of Operations Plans

**COSIG:** Co-occurring System Improvement Grant

**CPI:** Child Protective Investigator

**CMS:** Children's Medical Services

**CSA:** Children's Substance Abuse

**CSE:** Child Support Enforcement

**CSU:** Crisis Stabilization Unit

**CW:** Child Welfare

**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

**FIT:** Family Intensive Treatment

**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

**FSH:** Florida State Hospital

**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

**NAPSA:** National Adult Protective Services Association

**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

**NEFSH:** Northeast Florida State Hospital

**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

**QA:** Quality Assurance

**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

**SMHTF:** State Mental Health Treatment Facilities

**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)