



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

LONG RANGE PROGRAM PLAN

Department of Children and Families
Tallahassee, Florida

September 30, 2016

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201 Capitol
Tallahassee, Florida 32399-1300

Dear Directors:

The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is (Web Address). This submission has been approved by (insert name and title of head of the department.)

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 2017-18 through Fiscal Year 2021-2022. The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is <http://www.myflfamilies.com/general-information/publications/LRPPs-LBRs>. This submission has been approved by Mike Carroll, Secretary. The following page includes a message from Secretary Carroll.

Sincerely,

Ted Harrell
Office of Planning and Performance

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Department of Children and Families

Long Range Program Plan

Fiscal Years 2017-2018 through 2021-2022

September 30, 2016



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Message from Secretary Carroll:

Dear Senate President Andy Gardiner and Speaker Steve Crisafulli,

I am pleased to share the Long Range Program Plan for the Florida Department of Children and Families for fiscal years 2017-2018 through 2021-2022.

The mission of DCF is a sacred one that I, and our staff and partners, take seriously. Protecting the vulnerable, promoting strong and economically self-sufficient families, and advancing personal and family recovery and resiliency are at the heart of every DCF program.

While the work we do in communities will never be done, we are constantly focused on ensuring that our resources are directed to the right places at the right times based on the greatest need, and that our programs are operating as efficiently and effectively as possible. DCF's Long Range Program Plan outlines recent progress, current priorities, and future plans for the agency's primary program areas: family safety and child welfare, substance abuse and mental health, economic self-sufficiency, and adult protective services.

Thank you for your continued commitment to ensuring DCF is equipped to work to fulfill our mission throughout the state every day. We look forward to working with the Legislature to continue to make Florida the greatest state in the nation.

Sincerely,

Mike Carroll
Secretary
Florida Department of Children and 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

- **Goal 1. Expand and Better Coordinate Community Behavioral Health Services**

Objective a.	Increase the current percent of civil and forensic residents restored to competency within 125 days from 50% to 90%.
Objective b.	Reduce the incidence of seclusion and restraint from 1.92 incidents per 1000 bed days to 1.0 per 1000 bed days.

- **Goal 2. Expand and Better Coordinate Community Behavioral Health Services**

Objective a.	Reduce the readmission rate to Detox facilities within 30 days from 28.9% to 15%.
Objective b.	Increase the percent of residents discharged from civil commitments within 30 days from 29% to 50%.

- **Goal 3. Keep Vulnerable Children and Families Safe through Improved Assessment of Risks and More Meaningful Engagement with Families and Communities**

Objective a.	Increase percent of CBCs meeting standard for adequate service array to 100%
Objective b.	Increase percentage of Abuse Hotline calls answered within 10 minutes from 90% to 100%.
Objective c.	Decrease recurrence of child maltreatment within 12 months of verified finding from 11% to < 9.1% (national standard)
Objective d.	Increase number of CBCs meeting national standard for children achieving permanency within 12 months from 14 to all 20 CBCs.
Objective e.	Decrease percent of children aged 13-17 in group care from 33% to 20%.

- **Goal 4. Increase Capacity of Professional Staff to Better Meet the Needs of the Vulnerable Floridians**

Objective a.	Develop leadership training curriculum by 12/31/16.
Objective b.	50% of leaders and supervisors will complete leadership development training curriculum by June 30, 2017.
Objective c.	100% of leaders and supervisors will complete leadership development training curriculum by June 30, 2018.
Objective d.	Implement competency glide path for 5 critical workforce classes.

Service Outcomes and Performance Projection Tables

The following reflect the cross Departmental outcome expectations (many of which are Federal measures) arranged in support of the Department mission.

Outcome 1: Protect the vulnerable people we serve.

Outcome Projection Table

Outcome	Baseline	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
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	17,065	14,628	14,628	14,628	14,628

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%	4.75%
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%	2.85%
Percent of adults with serious mental illness who are competitively employed (MH703)	FY 2007-08 24%	24%	24.5%	25%	25.5%	26%
Percent of unemployed active caseload placed in employment (RF4040)	NA	40%	40%	40%	40%	40%
Percent of refugee assistance cases accurately closed at 8 months or less (RF103)	FY 2007-08 99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Percent of all applications for assistance processed within time standards (ES105)	FY 2005-06 98%	98%	98%	98%	98%	98%
Percent of food stamp benefits determined accurately (ES107)	FY 2005-06 94%	98%	98%	98%	98%	98%

Outcome 3: Advance personal and family recovery and resiliency.

Outcome Projection Table

Outcome	Baseline	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
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%	67%
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%	92.5%
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%	52.2%

Outcome 4: Steward effectively and efficiently

Outcome Projection Table

Outcome	Baseline	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Percentage Child Protection Investigator Turnover - Annualized	Jan thru Mar 2013 16.6%	15.5%	15%	14.5%	14%	14%
Average annual lease cost per FTE	May 2013 \$3,281	\$3,250	\$3,250	\$3,250	\$3,250	\$3,250
Percent of payments processed & submitted timely	May 2013 98.4%	99%	99%	99%	99%	99%

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. Public Safety

**Protect our communities by ensuring the health,
welfare and safety of our citizens**

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 also includes Background Screening, Child Care Regulation, Domestic Violence, Interstate Compact, 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, 17 community-based care lead agencies and six sheriff's offices to develop and oversee policy and practice requirements for child protective investigations, prevention and case management services. The office is responsible for complying with state and federal reporting requirements linked to financial awards and performance expectations.

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 (subsection 39.001(1), F.S.) 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.

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 family support services, safety management services or treatment services, 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 laws. The office also works closely with community-based care agencies and advocacy groups to develop policy for frontline services. In FY 2015-16, the Department served 12,214 children who remained in their homes with parents and 23,026 who were placed in out-of-home care.

During the 2016 legislative session, several key pieces of legislation were passed that impact child welfare.

- **CS/CS/CS/HB 439 – Mental Health Services in Criminal Justice System (Chapter 2016-127, Laws of Florida)**

- Amends s. 39.001(6), F.S., to include mental health services with substance abuse services for children and parents involved in the dependency system
- Authorizes dependency courts to require persons having or seeking custody of a child to participate in certain mental health programs
- Expands eligibility criteria for defendants to participate in diversionary programs to include children in dependency court and veterans who were released from military service under a general discharge
- Authorizes counties to fund and establish mental health court programs under which a child under the jurisdiction of dependency court or a defendant (parent) having a mental illness shall be processed in a manner that provides appropriate treatment and services
- **CS/CS/CS/SB 590 – Adoption Intervention (Chapter 2016-71, Laws of Florida)**
 - Revises circumstances under which an adoption consent from parents of a child under the supervision of the Department is valid, binding, and enforceable
 - Requires the court to consider the child’s best interests when considering transfer of custody to a prospective adoptive parent rather than just the appropriateness of the placement
 - Requires the court to provide written notice to a parent of his or her right to participate in a private adoption plan earlier in the process than is currently required by law
- **HB 719 - Education Personnel (Chapter 2016-58, Laws of Florida)**
 - Allows the Department to share confidential reports and records in cases of child abuse or neglect with an employee or agent of the Department of Education (DOE) who is responsible for the investigation or prosecution of misconduct by a certified educator
 - Authorizes the Department of Education to use information from the Florida Abuse Hotline for educator certification discipline and review
- **HB 837 – Educational Programs for Individuals with Disabilities (Chapter 2016-137, Laws of Florida)**
 - Exempts foster children from the prior school year attendance in a public school requirement for determining student eligibility for the program
 - Children who have a disability may be eligible for a McKay Scholarship that will allow the children to transfer to a private school. This applies to all dependent children who are disabled.
- **CS/CS/HB 1083 – Agency for Persons with Disabilities (Chapter 2016-140, Laws of Florida)**
 - Amends s. 393.065(5), F.S., to make changes to the Agency for Persons with Disabilities (APD) waiver waiting list prioritization categories
 - Allows individuals with developmental disabilities needing both waiver and extended foster care child welfare services to be prioritized in Category 2 and, when enrolled on the waiver, to be served by both APD and Community-Based Care (CBC) organizations
 - Allows individuals on the waiting list who are transitioning out of the child welfare system at the finalization of an adoption, a reunification with family members, a

permanent placement with a relative, or a guardianship with a nonrelative to be prioritized in Category 2

- **CS/CS/CS/HB 1125 – Eligibility for Employment as Child Care Personnel (Chapter 2016-98, Laws of Florida)**
 - Prohibits the Department from removing a disqualification from employment or granting exemption for employment as child care personnel to persons who have been:
 - Registered as a sex offender as described in 42 U.S.C. s. 9858f(c)(1)(C) and are subject to the registration requirements under the Adam Walsh Child Protection and Safety Act; or
 - Arrested for and are awaiting final disposition of, found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for certain state felonies and misdemeanors
 - Requires any person employed by a child care provider on July 1, 2016, who has been granted an exemption to a disqualification from employment, to be rescreened no later than August 1, 2016, and he or she cannot be granted an exemption for disqualifying offense
- **CS/CS/HB 7029 – School Choice (Chapter 2016-237, Laws of Florida)**
 - Amends s. 1002.31(2)(c), F.S., requiring each school district to provide preferential treatment in its controlled open enrollment process to all children who have been relocated due to a foster care placement in a different school zone
 - Amends s. 1002.31(6)(b), F.S., allowing children who have been relocated due to a foster care placement in a different school zone to participate in a sport if the student participated in that same sport at another school during the school year
- **CS/SB 386 – Expunction of Records of Minors (Chapter 2016-42, Laws of Florida)**
 - Amends s. 943.0515(1)(b), F.S., to require the Florida Department of Law Enforcement to retain the criminal history record for only two years after an individual turns 19 (until age 21), instead of five years (until age 24), for minors who are not classified as serious or habitual juvenile offenders or who have not been committed to a juvenile correctional facility or juvenile prison and the record is automatically expunged
- **CS/CS/HB 545 – Human Trafficking (Chapter 2016-24, Laws of Florida)**
 - Removes persons under the age of 18 from being prosecuted for prostitution
 - Makes correlating changes in Chapter 39, F.S., relating to the definition of the term “sexual abuse of a child” to reflect that sexually exploiting a child by prostitution should be viewed as human trafficking
- **CS/HB 1333 – Sexual Offenders (Chapter 2016-104, Laws of Florida)**
 - Amends a variety of statutes related to sexual predators and offenders to bring them further in line with the federal Adam Walsh Act
 - Removes language that currently prevents a parent or guardian from being designated as a sexual predator or offender when he or she has been convicted of a specified kidnapping, false imprisonment, or luring or enticing a child offense against his or her minor child

- The above listed parent or guardian may be designated a sexual predator or offender if he or she commits one of the above mentioned offenses and the offense had a sexual component

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 FY 2015-2016, CPI staff initiated 196,794 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, safety planning, connecting families with supportive community services and collaborating with community providers to meet the family's basic needs.

If a child is in 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 CBC 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 CBC agency to determine and oversee the prevention services.

Case Management Services through CBC - 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,” which include prevention and family support services for children determined to be safe; and for unsafe children, the child welfare continuum includes in-home and out-of-home services for both non-judicial and judicial supervision, safety management, emergency shelter, support to relative and non-relative caregivers, recruitment and retention of licensed foster care providers, 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. Safety management and case planning require frequent updates based on the assessment of progress by the caseworker, family and provider 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 s. 409.401, F.S. 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. In 2015, Florida received 5,524 ICPC requests resulting in placement of 901 Florida children with families in other jurisdictions and 492 children from other jurisdictions with families in Florida.

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, guardians ad litem, and Department attorneys. These stakeholders can view the master ICPC file and determine case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within Florida.

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. As of August 2016, ten states have implemented the NEICE system to process and transmit ICPC requests. 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 children with special needs 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. In 2015, Florida processed 473 requests for transfer of Medicaid services for adopted children between states.

Background Screening

The Background Screening section performs screenings under Chapter 435, F.S., 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 Chapter 402, F.S., 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, F.S. The Hotline also conducts criminal background checks on participants of reports. For FY 2015-16:

Contact Type	Number
Calls	463,864
Faxes	31,210
Webs	25,906
Total Contacts	520,980

Contact Type	Screen In	Screen Out	Total Assessed
Child	222,057	57,875	279,932
Child Special Conditions	17,126	4,870	21,996
Adult	60,829	34,394	95,223
Total Assessments	300,012	97,139	397,151

The Hotline also received 28,400 requests for referral information on services from the public and completed 627,557 criminal background checks.

B. Selection of Priorities

Embedded within the Secretary's priorities, federal grant and statutory requirements, informed by 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 2016 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

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 overall decision-making of all assessed Hotline calls

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. The Department has moved from the Implementation phase of the practice model and is focused on the proficiency of child welfare professionals and the quality of information gathered to support decisions. The end result will enhance child safety, well-being and permanency of Florida’s children and build a collaborative bridge between strong families and communities.

Quality Homes

OCW seeks to increase the number of high-quality foster homes, with an emphasis on homes for teens in order to reduce the number of children currently placed in group care. Over the next five years, OCW, in partnership with the Quality Parenting Initiative, will guide the Regions and CBCs to develop and implement strategies to recruit and retain high-quality foster homes, as well as to implement best practices.

Through the Quality Home’s Fostering Success webcasts 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 high-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 4 led the Secretary to implement a case review process known as Rapid Safety Feedback. Rapid Safety Feedback case reviews provide coaching to CPIs and supervisors on investigations involving children under age 4 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.

The Critical Child Safety Practice Experts must also demonstrate the following core competencies associated with information collection.

1. Knows what information must be collected and learned about a family.
2. Understands the purposes or reasons for needing to know information.
3. Demonstrates the ability to gather the information.
4. Demonstrates awareness of the need to reconcile and validate information.
5. Demonstrates the ability to discuss and write about the information collected logically, succinctly, and in a way that justifies the decision.

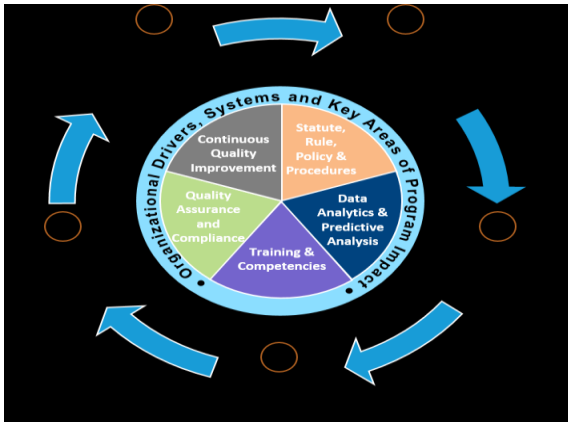
Proficiency testing includes a review of written summaries and observation of a consultation call provided to a child protective investigator and supervisor. Staff must demonstrate they are able to articulate and convey goal-focused feedback with the concepts and constructs of the safety practice model. 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- to 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. Since FY 2015/2016, all staff assigned as Critical Child Safety Practice Experts 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 the Department 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 the Department 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 is critical. One approach taken in FY 2015-16 was implementation of a training stipend program that partnered with the university system.

Residential Group Care

Group care is an available service within the continuum of care with a primary purpose of addressing the distinct needs of 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 use 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 2016 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 2014-15, there were six Safe Houses in the state of Florida with a total of 32 beds. 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. Devereux has one Safe Foster Home bed available in the Central Region. The Safe Foster Home model is able to serve male, female or transgender children; there is a one-child-in-a-residence standard.

A Human Trafficking Screening Tool has been developed within the joint Department of Children and Families and Department of Juvenile Justice Statewide Tools workgroup. This tool is designed to assist child welfare professionals and Department of Juvenile Justice staff with identifying youth who have been victims of commercial sexual exploitation and determining the appropriate level of services needed. The tool aims to initiate a comprehensive conversation of the child's needs and which components should be a priority in determining placement needs. The Department of Juvenile Justice launched the tool in its Juvenile Assessment Centers (JAC) statewide beginning February 27, 2015. The Department of Children and Families in April 2015 initiated the use of the tool among child protective investigators in two regions, with statewide implementation starting in 2016.

Between October 1, 2014 and September 30, 2015, community-based care lead agencies reported evaluating a total of 204 children for placement in a safe house or safe foster home. One hundred one (101) of the children were placed in a safe house or safe foster home based on evaluation.

Of the children evaluated for a safe home placement, 91 were not placed in a safe house or safe foster home, for a variety of reasons, including the ability to remain safe with a parent or with relatives with wraparound services, the child's refusal to participate (which is required by all CSEC safe houses), the child running away, the child "aging out" of foster care, the child being admitted to a juvenile justice program, specialized services sought for substance addiction or a higher level of mental health services required.

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.

- CAPTA legislation requires provisions relating to substance-exposed newborns. Section 106(b)(2)(B)(ii) and (iii) of CAPTA requires states to have a statewide program relating to child abuse and neglect that includes: policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to

address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants; and the development of a plan of safe care for the infant born and identified as being affected by the illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.

The Office of Child Welfare is currently completing a policy analysis and a review of investigative practices involving substance-exposed newborns. Hotline call data has been reviewed and analyzed. Through a thorough review of data, investigative outcomes and policy analysis, the Department expects improvement in the accurate assessment and use of appropriate interventions.

- Post-adoption communication is a legislatively mandated requirement found in s. 39.812, F.S., intended to increase post-adoption support provided to adoptive families. The program requires Community-Based Care Lead Agencies to make “reasonable efforts” to contact all families who adopted on or after July 1, 2015 one year after their adoption finalization and to document the contact(s). In order to meet these new requirements, enhancements to the Florida Safe Families Network (FSFN) occurred in April 2016. Additionally, policies and procedures were developed to support the Post Adoption Communication Program. Child Welfare staff were provided training regarding the new program’s policies, procedures, and FSFN functionality. The implementation of the Post Adoption Communication program will increase support to adoptive families, resulting in better outcomes for the families we serve.
- The Every Student Succeeds Act (ESSA) was signed into law in 2015 and reauthorizes the Elementary and Secondary Education Act of 1965. ESSA includes protections for children in out-of-home care that are to be enacted in December 2016. The act emphasizes the need for child welfare agencies and schools to collaborate to ensure school stability for children in out-of-home care. The Office of Child Welfare will complete an implementation plan to ensure the community-based care lead agencies are knowledgeable of the changes in Federal Law and are supported in the implementation of the law. The Office of Child Welfare is also working with the Department of Education to implement requirements of ESSA.

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 a focus on: infant safe sleep, water safety and who's really watching the 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: Treatment and services are provided to 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. Continued receipt of these funds in future years would allow 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 has awarded seven 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. 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 that provides for both primary and secondary prevention efforts toward 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 2016-2017:

Rule Chapter/Section	Rule Title
65C-9	Alien Children
65C-13	Foster Care Licensing
65C-14	Group Care Licensing
65C-15	Child Placing Agencies
65C-16	Adoptions
65C-16.008	Dispute Resolutions and Appeals
65C-16.013	Determination of Maintenance Subsidy Payments
65C-17	Master Trust
65C-28.008	Relative Caregiver Program Requirements
65C-28.018	Meeting the Child's Educational Needs
65C-30.007	Case Management Responsibilities after Case Transfer
65C-31	Services to Young Adults Formerly in Care
65C-35	Psychotropic Medication for Children in Out-of-Home Care

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

The Child Care Regulation program maintains the following focal areas:

- Develop and maintain an adequate number of high-quality placement settings with qualified personnel for children in 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

Department administers multiple grants and works collaboratively in partnership with the Florida Coalition Against Domestic Violence (FCADV) to help prevent family violence and support victims of 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. Support continues for the co-located domestic violence victim advocates in CPI offices. Over the past year, this initiative has grown to having CPI projects located in all 67 counties, with more than 60 participating co-located domestic violence advocates from local 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 disciplines working with families experiencing domestic violence serve on the Steering Committee. Team members meet 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 improving how Hotline counselors 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 have 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 FY 2017-2018 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, CBC agencies, foster parents and other partner agencies, with a goal to increase the availability of high-quality foster homes and reduce the number of children residing in group care.

The Office of Child Care Regulation will implement professional development opportunities and the 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 - Professional development opportunities will be made available to enhance staff professionalism, in an effort to lend credibility to the Department with Administrative Law Judges and other agency professionals. Staff will be afforded the necessary tools to better support providers and ensure the health and safety of children in care. In addition to professionalizing the workforce, compliance with the new federal regulations will 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

OCW will continue to follow pending federal legislation (HR 5456, Family First Prevention Services Act) that will require legislative action if passed by the US Senate.

H. Task Forces and Studies in Progress

Child Welfare Practice 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 Child Welfare Practice 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.

Results Oriented Accountability Program Technical Advisory Panel

Authority: Section 409.997(3), Florida Statutes

Purpose: The Panel served in an advisory capacity during the development of the Results Oriented Accountability Program Plan and was remobilized to continue to perform in this role throughout the Program implementation.

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

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 Families, 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.

Oversight Activities for Outcome Measures for CBCs' Road to Independence Program

Authority: Subsection 409.1451(6), F.S.

Purpose: The Department shall develop outcome measures for the program and other performance measures in order to maintain oversight of the program. No later than January 31 of each year, the Department shall prepare a report on the outcome measures and the Department's oversight activities.

Finalized Adoptions Occurring July 1, 2016 – January 31, 2017

Authority: Proviso language in line 342A of the 2016 General Appropriations Act

Purpose: Provide the Legislature with the total number of finalized adoptions occurring between July 1, 2016 and January 31, 2017.

Number of False Reports of Child Abuse, Abandonment or Neglect Referred to Law Enforcement

Authority: Section 39.205(7), F.S.

Purpose: The Department must submit annually the number of reports referred to Law Enforcement as false reports of child abuse, abandonment, or neglect.

Results Oriented Accountability - CBC Performance Report

Authority: Section 409.997(3), F.S.

Purpose: The Department must submit a report which monitors and measures the use of resources, the quality and amount of services provided, and child and family outcomes.

CBC Adoption Incentive Program

Authority: Section 409.1662(4), F.S.

Purpose: Requires the Department to submit an annual report that addresses negotiated targets set for, outcomes achieved by, and incentive payments made to each lead agency during the previous fiscal year. The report shall also discuss the program enhancements.

Placement of Children in Licensed Residential Group Care

Authority: Section 39.523(5), F.S.

Purpose: By December 1 of each year, the Department shall report to the Legislature on the placement of children in licensed residential group care during the year, 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. The Department shall maintain data specifying the number of children who were referred to licensed residential child care for whom placement was unavailable and the counties in which such placement was unavailable. The Department shall include this data in its report to the Legislature due on December 1, so that the Legislature may consider this information in developing the General Appropriations Act.

Adult Protective Services

A. Primary Responsibilities

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

1. Vulnerable adults 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 costlier residential or nursing home settings. The following four programs operate in support of adult protective services:

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

Protective Intervention services provide information, referrals, 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.

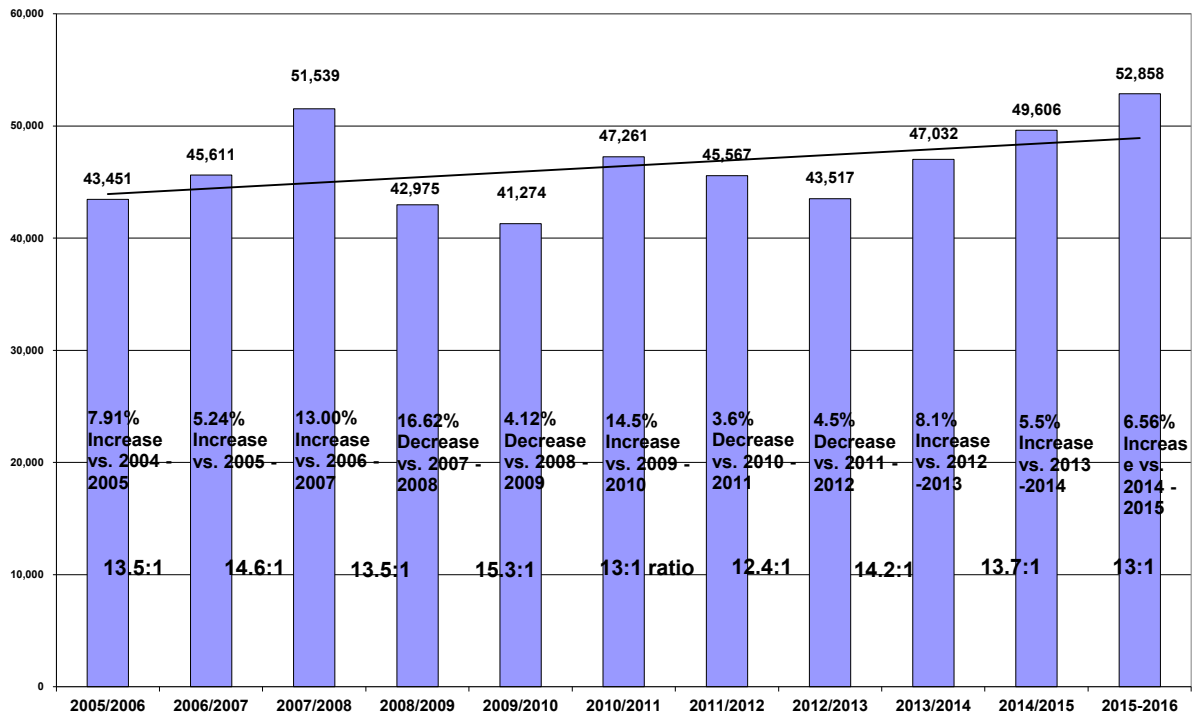
C. Addressing Our Priorities over the Next Five Years

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 52,858 reports of abuse, neglect, and/or exploitation of vulnerable adults during Fiscal Year (FY) 2015-2016 (see following chart). This represents a 6.6% 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, 2005-2016



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 FY 2015-2016, the percentage of victims seen within the first 24 hours was 96%.

4. The Department, pursuant to statutory mandate, strives to close investigations within 60 days, though not all investigations can be closed within 60 days. Closure timeliness can depend on factors such as: seriousness of the allegation, number of alleged victims and possible responsible persons, medical complexity, and involvement of medical examiners and law enforcement. Edits in the statewide case management system require unit supervisors to review and evaluate each investigation after significant steps are completed by protective investigators. This provides for quality investigations, effective intervention strategies which promote the safety of victims of abuse, neglect, and exploitation, and the promptness of subsequent follow-up actions and services to victims. During FY 2015-2016, Adult Protective Services averaged closing the investigations within 60 days in 96% of the cases statewide.

Adult Protective Services Quality Assurance

During FY 2015-2016, 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 and this practice continues.

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 issues in two of the six Regions contributed largely to this missed target. Turnover continues to be an issue for the program statewide.

F. Potential Policy Changes Affecting the Agency Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

ADULT PROTECTIVE SERVICES – IN-HOME SUPPORTS

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

A. Primary Responsibilities

Provide in-home supports and community-based services to adults with disabilities, ages 18-59, who have one or more permanent physical or mental limitations that restrict their

ability to perform the normal activities of daily living and impede their capacity to live independently or with relatives or friends, Chapter 410, F. S.

B. Selection of Priorities

It is estimated that approximately 1,184,412 adults with disabilities (18 – 59 years of age) living in Florida have two or more permanent physical or mental limitations. Despite some progress in preventing disabilities, the number of people with disabilities is expected to continue to increase. Many of these individuals may receive services from other programs of the Department and agencies of the state of Florida. However, in FY 2015-2016, there were 1,736 nursing-home eligible adults with disabilities who received services through the Home Care for Disabled Adults or Community Care for Disabled Adults programs. The services provided to individuals in these in-home programs include, but are not limited to: a monthly subsidy to assist with the cost of room, clothing, and incidentals, homemaker services, meals, personal care, and nursing care. These services enable the individual to live in the community and avoid institutional placement as long as possible. This is extremely beneficial to the well-being and self-sufficiency of the individual and allows the state to defer costly long-term care services.

C. Addressing Our Priorities over the Next Five Years

Strategy: Support sustainable, strong families.

Action Steps:

1. Because of the nature of the types of disabilities from which individuals in the in-home services programs suffer and the rising costs of health care and other services, as these individuals age, their health-related needs and costs of care increase. For FY 2015-2016, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,440. In FY 2015-2016, the average care plan cost for an individual in the Community Care for Disabled Adults (CCDA) program was approximately \$6,827.
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 2,611 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

The Office of Substance Abuse and Mental Health (SAMH) serves as is the single state authority for mental health¹ and substance abuse² services and is comprised of four major areas:

- Community Substance Abuse and Mental Health,³
- State Mental Health Treatment Facilities (SMHTF),⁴
- The Sexually Violent Predator Program (SVPP)⁵, and
- Quality Assurance.

A. Organizational Structure

The Secretary appoints an Assistant Secretary for SAMH, who provides leadership and direction for the SAMH Central Office in Tallahassee, and reports to the Deputy Secretary.

The Assistant Secretary for SAMH is supported by a:

- 1) Director for Substance Abuse and Mental Health,
- 2) Director of State Mental Health Treatment Facilities,
- 3) Director for the Sexually Violent Predator Program, and
- 4) Director of Substance Abuse and Mental Health Quality Assurance.

The Office of SAMH 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 SAMH Central Office develops the standards of quality care for prevention, treatment, and recovery services. SAMH is governed by Chapters 394 and 397 of the Florida Statutes. The Department is statutorily responsible for licensure and regulation of substance use disorder treatment services,⁶ and designation of addiction and Baker Act receiving facilities.

¹ See, s. 394.457(1), F.S.

² See, ch.65D-30.002(57), F.A.C.

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

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

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

⁶ S. 397.321(6), F.S.

SAMH 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 Network⁷
 - Oversight and monitoring of Community Mental Health Block Grant (MHBG)⁸
 - Oversight and monitoring of Substance Abuse Prevention and Treatment Block Grant (SABG)⁹
 - Child Welfare and SAMH integration
 - Legislative budget request development
- Program Information:
 - Development of clinical guidance, based on industry standards and research
 - Collect and analyze seclusion and restraint event data
 - Review and disseminate incident report data
 - Policy and rule development
 - Training and technical assistance development
 - Management of the Office of Suicide Prevention
 - Disaster management
- Licensure and Designation:
 - Oversight of the statewide licensure of substance use disorder treatment services
 - Manage the Substance Abuse Licensure Information System (SALIS)
 - Designation of receiving systems, addictions and Baker Act receiving facilities
 - Approve credentialing entities for administering voluntary certification programs for recovery residence administrators and recovery residences
 - 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

⁷ 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.

⁸ 42 U.S.C. s. 300x.

⁹ 42 U.S.C. s. 300x-21.

- 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
 - 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 Act¹⁰
 - Contract monitoring for operation of the Florida Civil Commitment Center
4. Quality Assurance
- Statutorily required reports
 - Long range program planning
 - Data collection and analysis
 - Data reporting
 - Management of the Substance Abuse and Mental Health Information System

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.

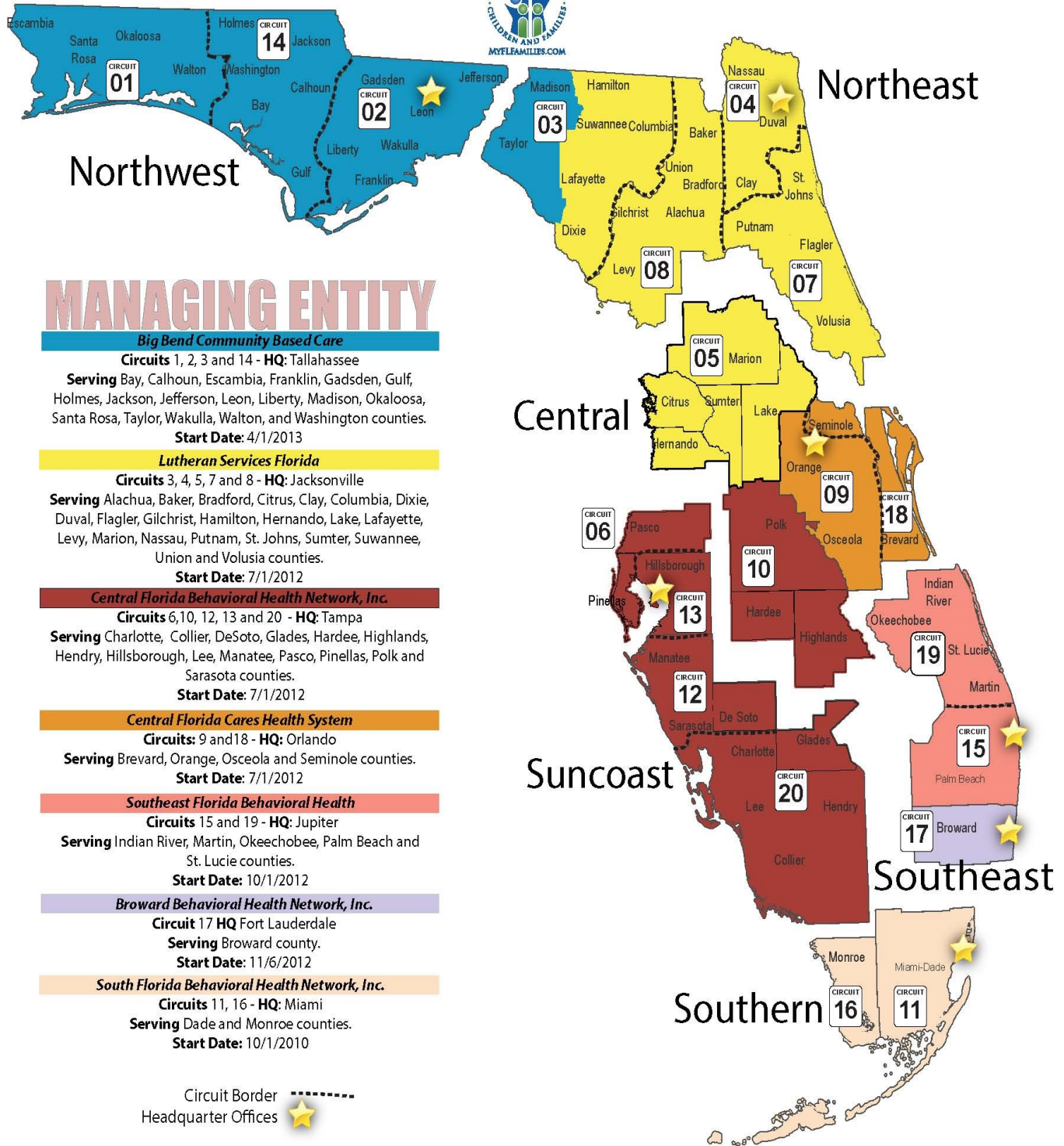
Community based behavioral health services are provided through contract with seven separate managing entity partners.¹¹ The purpose of the behavioral health managing entities is to plan, coordinate, and contract for the delivery of community mental health and substance abuse services, to improve access to care, to promote service continuity, to purchase services, and to support efficient and effective delivery of services.¹² Services are provided by a network of local behavioral health providers, through contract. As of August 2016, the contracted managing entities are as follows (depicted in Graph 1):

¹⁰ See, ch. 394, Part V, F.S.

¹¹ See, s. 394.9082, F.S.

¹² See, s. 394.9082(1)(b), 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 SAMH 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.

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 FY 2015-2016, the Department received approximately \$33 million in Mental Health Block Grant (MHBG) funding and \$111 million in Substance Abuse Block Grant (SABG) funding 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 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:

Services for Pregnant Women

In 2013, 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 documented a dramatic increase in the incidence of prescription drug exposed newborns.¹³ 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.¹⁴ In response, the Legislature allocated \$10 million of recurring funds for these services. Since this is a SABG 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 evidence-based substance use services for women who are pregnant or have dependent children, including services for their families. To enhance services to pregnant women and mothers with substance use disorders, the Department and its contractors provided training, outreach and technical assistance. Activities included developing online-training courses on gender-specific treatment for women with substance use disorders and intravenous drug users; conducting webinars and workshops on treatment for pregnant and parenting women; assisting DCF Communications with a targeted marketing strategy and production materials for the Born Drug Free initiative; updating informational resources on Born Drug Free website; disseminating program guidance for managing entity contracts; redesigning data collection and reporting forms; and conducting data training for providers.

Services for Intravenous Drug Users and Communicable Diseases

Florida continues to be a "designated" state – and therefore required to spend 5% of the SABG award on HIV Early Intervention Services – due to high AIDS case rates. In 2014,

¹³ 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)

¹⁴ 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.

Florida had the highest number of newly diagnosed HIV infections and newly diagnosed AIDS cases in the entire nation.¹⁵ It is estimated that 17% of 101,977 adults in Florida living with HIV have an injection drug use associated risk.¹⁶ HIV cases are increasing in many Florida counties as the crackdown on prescription drug diversion and abuse may have contributed to an increase in heroin use and injecting. Miami-Dade, Broward, and Palm Beach counties have the highest number of adults living with HIV/AIDS with an injection drug use associated risk.¹⁷

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.

Overdose Prevention

Drug overdose is now the leading cause of injury-related death in the United States. In 2014, a total of 47,055 deaths in the U.S. were attributed to drug poisoning, and 61% of these involved some type of opioid, including heroin.¹⁸ Since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin). In terms of the total number of overdose deaths in 2014, Florida ranked 4th in the nation with 2,634 deaths.¹⁹ More specifically, 1,967 deaths were caused by at least one opioid in 2014. This means that at least five lives per day are lost to opioid overdose in Florida.²⁰

In response to Florida's public health issues of opioid abuse and overdose, the Department applied for and received the Partnerships for Success (PFS) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The PFS project will begin on September 30, 2016 and will operate for five years. The project is designed to reduce prescription drug misuse among Floridians ages 12-25 and the nonmedical use of opioids among Floridians ages 26 and older. This project will also aim to reduce the number of accidental and intentional deaths caused by opioids and strengthen prevention capacity and infrastructure at the state and community levels. The sub-recipient communities are five urban counties (Broward, Duval, Hillsborough, Manatee, and Palm Beach) and three rural counties (Franklin, Walton, and Washington).

Naloxone, the prescription medication that reverses opioid overdose, will be purchased and distributed in the selected high-need counties. Naloxone promotion, training, and distribution will save lives and strengthen Florida's current infrastructure and capacity to prevent overdose deaths. Objectives include training at least 100 individuals in overdose

¹⁵ Florida Department of Health, HIV/AIDS Section. (2014). *Epidemiology of HIV Infection Trends in Florida Reported through 2014*.

¹⁶ Florida Department of Health, HIV/AIDS Section. (2014). *HIV Infection among Those with an Injection Drug Use Associated Risk, Florida, 2014*.

¹⁷ Ibid.

¹⁸ Centers for Disease Control and Prevention. (2016). Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. *Morbidity and Mortality Weekly Report*, 64, 1378-1382.

¹⁹ Rudd, R. A., Aleshire, N., Zibbell, J. E., & Gladden, M. R. (2016). Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. *MMWR*, 64, 1378-1382.

²⁰ Florida Department of Law Enforcement. (2013). *Medical Examiners Commission Report on Drugs Identified in Deceased Persons*.

prevention per year, collaborating with prescribers to issue at least 1,000 prescriptions for naloxone per year to individuals in addiction treatment, and distributing at least 1,000 naloxone kits per year to pharmacies that work with treatment providers.

PFS activities will also include the implementation of care coordination pilot programs in hospital emergency departments. Care coordination pilot programs will utilize peer specialists to link overdose victims to drug treatment providers after they are discharged from the hospital. School- and family-based prevention programs that effectively reduce prescription drug misuse will be implemented in rural counties. Local Drug Epidemiology Networks will be developed and integrated into the State Epidemiological Outcomes Workgroup (SEOW). Members of the SEOW will develop county-level reports on naloxone dispensation, naloxone reversals by paramedics and EMTs, and prescription drug and heroin exposures from Florida Poison Control Centers. They will also collaborate on an analysis of patterns of service utilization prior to drug-related suicide attempts and completed suicides.

In partnership with the Florida Department of Health, enhancements to Florida's Prescription Drug Monitoring Program (PDMP) will be deployed to modify prescribing practices. These include customized alerts, prescriber report cards, a self-paced online training course, and a naloxone co-prescribing alert for high-risk patients. County-specific data reporting templates will also be developed to help inform community-based prevention activities and modify prescribing practices. All of these components are designed to increase the percentage of physicians that voluntarily consult the PDMP prior to writing prescriptions for controlled substances, reduce the number of patients obtaining controlled substance prescriptions from five or more prescribers and five or more dispensers, and reduce the number of patients receiving concurrent prescriptions of opioids and sedatives.

Child Welfare Integration

Research shows that over 50% of parents involved with the child welfare system have a substance use disorder and many have a co-occurring mental health condition, particularly mothers.²¹ Furthermore, two-thirds of adults in substance abuse treatment report being victims of abuse and neglect²², requiring additional consideration of how trauma may be impacting their behavioral health conditions and ability to parent.

Understanding the importance of integrated behavioral health and child welfare practice and identifying the tenants of an integrated system is evolving nationally and in Florida. Efforts in recent years to integrate child welfare and behavioral health within Florida provide a foundation for continued refinement. The level of child welfare behavioral health integration across the state varies and it is unclear how current practice aligns with best practice. This initiative is designed to move current practice to integrative practice through

²¹Young, J. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, 12(2), 137-149.

²²Substance Abuse and Mental Health: <http://store.samhsa.gov/product/Behavioral-Health-of-Parents-Caregivers-Impact-on-Children-in-Child-Welfare-System/SMA13-PHYDE012313>, accessed 12/28/15.

a collaborative and structured process driven by the Regions and supported by SAMH and Child Welfare Central Offices. This effort requires a strategic and sustained effort.

The Department has established a Child Welfare Behavioral Health Steering Committee, which is chaired by the Deputy Secretary of the Department and is composed of the Statewide Director of Service Integration, Deputy Secretary for Operations, Assistant Secretary for SAMH, Assistant Secretary for Child Welfare and lead staff from those offices. The Steering Committee will work with the Regions to select the Peers, will schedule the Review Teams and the Regional activities, and provide leadership for the overall initiative. Representatives from the Community Based Care Lead Agencies and the managing entities to the Steering Committee will be added in the near future.

Care Coordination

Care Coordination serves to assist individuals who are not effectively connected with the services and supports they need to transition successfully from higher levels of care to effective community-based care. This includes services and supports that affect a person's overall well-being, such as primary physical health care, housing, and social connectedness. Care Coordination connects systems including behavioral health, primary care, peer and natural supports, housing, education, vocation and the criminal justice systems. It is time-limited, with a heavy concentration on educating and empowering the person served, and provides a single point of contact until a person is adequately connected to the care that meets their needs.

Care Coordination is not a service in and of itself. It is a collaborative effort to efficiently target treatment resources to needs, effectively manage and reduce risk, and promote accurate diagnosis and treatment due to consistency of information and shared information.²³ The priority populations for the statewide care coordination initiative are:

- Adults with a serious mental illness, substance use disorder, or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services. For the purposes of this document, high utilization is defined as:
 - Adults with three (3) or more acute care admissions within 180 days; or
 - Adults with acute care admissions that last 16 days or longer.
- Adults with a serious mental illness awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF back to the community.

²³ Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. Institute of Medicine (US) Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders. Washington (DC): National Academies Press (US); 2006

- Persons with a serious mental illness, substance use disorder, or co-occurring disorders who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration.
- Caretakers and parents with a serious mental illness, substance use disorder, or co-occurring disorders involved with child welfare.

Care Coordination is not intended to replace case management. Based on the person's needs and wishes, case management may be a service identified in the person's care plan that he or she will be referred to. Case management may be ongoing for those determined eligible for this service based on current standards. Once an individual is successfully linked with a case manager, they would assume the responsibilities of coordinating care.

The short-term goals of implementing Care Coordination are to:

- Improve transitions from acute and restrictive to less restrictive community-based levels of care;
- Increase diversions from state mental health treatment facility admissions;
- Decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness; and
- Focus on an individual's wellness and community integration.

The long-term goals of implementing Care Coordination are to:

- Shift from an acute care model of care to a recovery model; and
- Offer an array of services and supports to meet an individual's chosen pathway to recovery.

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.²⁴ 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. To combat this, the Department has incorporated housing coordinator positions with the managing entities to coordinate the housing needs of persons with behavioral health conditions in partnership with housing providers throughout Florida.

²⁴ 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 Department is also working with the Louis de la Parte 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.

Florida Housing Finance Corporation (FHFC) has made available several funding opportunities to developers statewide to build more affordable housing through special loan programs and grant funding. Special initiatives are being offered to encourage set-asides of housing units for low-income persons, special needs populations and homeless. The Department anticipates that through coordination with FHFC, more housing opportunities will be made available for homeless persons with behavioral health conditions.

Data Infrastructure Improvements

During the 2016 Legislative Session, the Florida Legislature, through Specific Appropriation 302A, funded and authorized the Department to develop and implement a data system to fulfill the following statutory data requirements:

- A uniform management information system and fiscal accounting system for use by providers of community substance abuse and mental health services;
- A uniform reporting system with uniform definitions and reporting categories; and
- A uniform system with automated interfaces to the Department's child welfare information system and the AHCA's Medicaid Management Information System.

The legislative intent and the Department's ultimate goal for implementing this data system is to support at least six major management accountability functions, including: service budgeting, service contracting, service needs assessment, service delivery, service payment, and service outcomes.

To implement the above statutory requirements, SAMH collaborated with the Department's Office of Information Technology Services (OITS) to launch the Financial and Services Accountability Management System (FASAMS) project. Below are the milestones, which the Department has established and currently uses as the benchmark metrics for monitoring the progress towards the development and implementation of the FASAMS project.

- (1) Establish Project Team: The SAMH Information Management Project (SIMP) Team was established in June 2015 to participate in the implementation of various priority of effort initiatives, including FASAMS. This team is a multidisciplinary group of individuals, including representatives from the Department headquarters and regions, managing entities, and service providers. This team has met at least five times between June 2015 and January 2016 to review the strengths and weaknesses of the current system (SAMHIS) and to make high level recommendations regarding the basic guiding principles and core business functions of FASAMS.
- (2) Prepare and Submit Request for Quote (RFQ) – The Department decided to use the RFQ process for evaluating and choosing the best qualified IT vendor responsible for the

development of detailed business and technical requirement specifications for FASAMS. These specifications will include the “evidence-based information technology selection framework” to be used by the Department as a tool to evaluate and select a commercial-off-the-shelf (COTS) solution for FASAMS design and implementation phases. As a result of this RFQ process, the Department selected the North Highland company as the vendor that will work with the FASAMS Project Team and other SAMH stakeholders to identify and validate FASAMS requirement specifications.

- (3) Prepare and Submit Budget Amendments – The Florida Legislature, through Specific Appropriation 302A, has already approved an annual budget of \$2 million each in FY 2015-2016 and FY 2016-2017 to implement the FASAMS project. The first directive of this appropriation is for the Department to prepare and submit a project plan and associated costs to the Legislature detailing how the requirements for FASAMS would be identified and validated. The Department worked with North Highland company to prepare and submit the FASAMS project plan requesting \$529,497. The Legislature has already approved and released these funds to execute this phase of the FASAMS implementation. It is noteworthy that the Legislature expects the Department to submit additional budget amendment requests as a prerequisite for approval and release of funds needed for implementation of subsequent FASAMS phases.
- (4) Develop Business and Technical Requirement Specifications – The Department collaborated with North Highland to produce the FASAMS project plan and work plan. The Department has already signed a work order for North Highland to complete the development of FASAMS business and technical requirement specifications by mid-September 2016.
- (5) Select and Implement the COTS Solution – The Department will use the North Highland deliverables, which will include detailed functional and non-functional business and technical requirement specifications for FASAMS, as well as a fully-loaded “evidence-based information technology selection framework”, to evaluate and select a COTS solution for FASAMS implementation. To achieve this milestone, the Department will use the remaining FASAMS funds appropriated by the Legislature in FY 2015-2016 (\$1.47 million) and FY 2016-2017 (\$2 million). The implementation of the COTS solution is expected in FY 2018.

Section 394.9082(10), F.S., directs the Department “to develop, implement, and maintain standards under which a managing entity shall collect utilization data from all public receiving facilities situated within its geographical service area and all detoxification and addictions receiving facilities under contract with the managing entity”. As a result of this legislation, the Department received \$400K in nonrecurring funds for the purpose of modifying the existing crisis stabilization services utilization (CSSU) database in order to collect and analyze additional data pertaining to bed capacity and bed utilization in detoxification facilities and addictions receiving facilities as specified in s. 394.9082(10), F.S. Specifically, the Legislature requires the department to collect the following data elements:

1. All admissions and discharges of clients receiving public receiving facility services who qualify as indigent, as defined in s. 394.4787.
2. All admissions and discharges of clients receiving substance abuse services in an addictions receiving facility or detoxification facility pursuant to parts IV and V of chapter 397 who qualify as indigent.
3. The current active census of total licensed and utilized beds, the number of beds purchased by the department, the number of clients qualifying as indigent who occupy any of those beds, the total number of unoccupied licensed beds, regardless of funding, and the number in excess of licensed capacity.

The provider is required to report these data elements to the managing entity, in real time or at least daily, and the managing entity is required to submit these data to the Department monthly.

Improving Access to Quality, Recovery Oriented Systems of Care

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.

In May 2015, seventy leaders from across Florida gathered in Tallahassee to create a shared vision to shape the future of Florida's prevention, treatment and recovery support system. The focus was moving the current system toward a recovery-oriented system of care (ROSC). ROSC is defined as a coordinated network of community-based services and supports that are person-centered and build on the strengths and resilience of individuals, families and communities to achieve abstinence, and improved health and the quality of life for individuals, families and communities. This statewide forum included representation

from each of the six Department regions, to include: individuals in recovery and family members; advocacy organizations; managed care organizations; the Department and Managing Entities; and other state agencies. Participants developed a vision for a ROSC in Florida and identified associated challenges, strengths and opportunities. The Office of SAMH has developed a strategic plan for statewide ROSC implementation, beginning with a leadership summit in Tallahassee in September 2016, followed by regional summits.

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

The SMHTF Program 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.

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. As part of the priority of effort to reduce the forensic waiting list, essential key elements to improve competency restoration efforts were identified and facilities have been directed to implement a "hotlist" of those elements. An intensive, Seeking Placement List protocol is also being implemented to address barriers to discharge prior to discharge recommendations being made. The process will also help identify barriers in the community that may be hindering release.

The Department will continue to 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 21 days to 20 days between FY 2014-2015 and FY 2015-2016. However, a small number of counties are notable for having longer than average wait times of more than 30 days to resume custody of an individual. Delays in discharging individuals affect the Department's ability to admit new individuals on a timely basis. The 2016 Florida Legislature passed the Department's recommended changes to s. 916.13, F.S. and s. 916.15, F.S., to require hearings be held within 30 days and defendants be picked up to be present at those hearings.

Improving the Quality and Performance of State Mental Health Treatment Facilities

The Department has prioritized improving the quality and performance of the state mental health treatment facilities. A strategic plan for improving this system has been developed and will be deployed over the next four years. Critical elements of the plan include:

- Improving clinical oversight—Implementing the medical model for staffing and operations
- Reforming forensic—Implementing processes for servicing forensic individuals with non-violent charges in the community and reducing the number days it takes to restore an individual to competency
- Expanding active treatment—Increase the frequency, quality and array of clinical therapeutic and rehabilitative programs in the facilities
- Improve and align infrastructure to serve special populations—Bring all facility buildings up to building codes and standards required by our licensing and accrediting authorities, such as AHCA and the Fire Marshalls. The Department also plans to develop a request for funding to modernize or build new facilities. Renovations will also be required to provide treatment and programming in a treatment mall model.

Length of Stay Project

The State Mental Health Treatment Facility (SMHTF) 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 five 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 145 persons - from 236 to 91 persons statewide (61% decrease).

The Department will continue to establish ongoing targets to reduce LOS in state mental health treatment facilities. 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.

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:

- Access to quality, recovery-oriented systems of care:
 - Enhance the community-based service array to shift from an acute care model to a recovery based model of care.
 - Implement care coordination practices for high risk/high utilization populations and persons at risk of entering and being discharged from SMHTFs.
 - Improve access to services in both rural and urban areas by implementing the Central Receiving Facility grant program for improved access to acute services.
 - Develop alternative access options and locations with centralized triage and service delivery functions.
- Community-Based health promotion and prevention:
 - Promote emotional health and well-being by developing a strategic framework for prevention and community-based health promotion that fosters individual, family and community service.
 - Prevent and reduce substance use through strengthening the substance abuse prevention workforce and preventing or delaying the use of alcohol, tobacco, and other drugs among high risk populations in Florida through the use of evidence-based practices.
 - Enhance the data collection systems to inform data driven planning and measure outcomes.
 - Reduce the spread of infectious disease by developing targeted outreach strategies specific to intravenous drug users and engaging and maintaining them in treatment and support services.
 - Prevent and reduce attempted and completed suicide.
 - Reduce opioid related overdose deaths by developing a comprehensive and coordinated overdose prevention initiative.
- Child welfare, substance abuse and mental health integration:
 - Improve family functioning and child welfare related outcomes through an integrated child welfare and behavioral health treatment based model.
 - Strengthen cross-system understanding and professional/provider competencies and practices as they relate to treatment goals, service planning, practice models, outcome expectations and legal requirements.

- Strategically select and integrate dedicated service modalities addressing the specific needs of the family.
- Create a systematic and focused leadership approach to implement an integrated treatment based practice model, to include the monitoring and evaluation of implementation and outcomes.
- Implement flexible and dedicated funding strategies to support holistic and family-centered practice.
- Increase access to treatment services that are trauma based, family focused, co-occurring capable and integrate parenting interventions targeted for parents in the child welfare system.
- Information management:
 - Enhance common registration and unique identification of individuals served.
 - Improve process for reporting and analyzing performance outcome data.
 - Improve accountability of units and costs of state-funded services provided to state target populations.
 - Develop and implement a uniform, clinically-based scoring system to collect and report data pertaining to client's levels of care.
- Forensic waitlist management:
 - Decrease the wait time for forensic state mental health treatment facility admission and return to court.

C. Justification of Revised or New Programs and Services

As noted previously, the priorities identified in Section B 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, prevention, and recovery services to individuals and families in their community without the need of more restrictive, expensive levels of care.

Senate Bill 12

During the 2016 legislative session, the Florida legislature passed Senate Bill 12 which significantly overhauls the publically funded behavioral health system of care. The legislation seeks to enhance the delivery of behavioral health services by utilizing a recovery-oriented approach. Senate Bill 12 adds legislative intent language stating that services provided to Floridians utilize the coordination-of-care principles of recovery-oriented services and include social support services, such as housing support, life skills and vocational training, and employment assistance.

The revised legislation establishes thirteen essential elements of a coordinated system of care that include community interventions, designated receiving systems, transportation plans, care coordination, an array of community based services and recovery supports and care plans. It also revises requirements related to the Baker and Marchman Acts, transportation, managing entity roles and responsibilities and the Departments roles and responsibilities.

House Bill 769

The Legislature also passed House Bill 769 which focuses on mental health treatment. The new legislation authorizes an admitting physician at a state forensic or civil facility to continue the administration of psychotropic medication previously prescribed in jail.

Additional language within the new legislation:

- Requires that a court hold a status hearing within 30 days after receiving notification from a treatment facility that a defendant is competent or no longer meets criteria for continued placement;
- Requires the defendant to be transported to the committing court's jurisdiction for status hearings; and
- Authorizes the court to dismiss charges in three years rather than five years for individuals adjudicated incompetent to proceed to trial, with the exception of those charged with capital and other listed violent offenses.

House Bill 439

House Bill 439 adds legislation surrounding mental health services in the criminal justice system. Adds language authorizing each county to establish and fund a Mental Health Court Program. Additional provision within the legislation:

- Authorizes the Department of Corrections to establish designated and trained mental health probation officers to support individuals under supervision of the Mental Health Court Program;
- Creates the Forensic Hospital Diversion Pilot Program to be modeled after the Miami-Dade Forensic Alternative Center. The pilot programs may be implemented in Duval, Broward, and Miami-Dade counties if existing recurring resources are available; and
- Authorizes county court judges to order misdemeanants into involuntary outpatient placement if the misdemeanant meets the criteria in s. 394.4655, F.S.

House Bill 977

Adds legislation dealing with the behavioral health workforce. House Bill 977 authorizes physician assistants and advanced registered nurse practitioners to prescribe controlled substances, but includes certain limitations on such prescribing authority. The bill also authorizes:

- A psychiatric nurse, as defined in s. 394.455, F.S., within the framework of an established protocol with a psychiatrist to prescribe children and adults psychotropic medications for the treatment of mental disorders; and
- Persons who have had a qualifying offense that occurred five or more years ago and who have requested an exemption from disqualification to work with adults with substance use disorders under the supervision of certain qualified professionals until the agency makes a final determination regarding the request for an exemption from disqualification.

House Bill 5101

New legislation affecting health care services which directs the AHCA to seek federal approval to provide flexible services for persons with severe mental illness or substance abuse disorders, including but not limited to, temporary housing assistance. The legislation also:

- Requires AHCA to establish a payment methodology to fund managed care plans within statewide Medicaid managed care for these flexible services;
- Adds class III psychiatric hospitals to the current list of facilities for which AHCA is authorized to establish an alternative reimbursement methodology to the DRG-based prospective payment system; and
- Adds psychiatry as a primary care specialty and enables federally qualified health centers to receive residency slot funding through the Statewide Medicaid Residency Program (SMRP).

House Bill 1241

House Bill 1241 authorizes pharmacists to dispense an emergency opioid antagonist pursuant to a non-patient-specific standing order for an auto-injection delivery system or intranasal application delivery system. This new legislation includes language that allows pharmacists to dispense naloxone without a prescription and can be administered by injection or nasal spray.

Senate Bill 242

Senate Bill 242 establishes an infectious disease elimination pilot program in Miami-Dade County through the creation of the Miami-Dade Infectious Disease Elimination Act (IDEA). The program authorizes the University of Miami and its affiliates to establish a single sterile needle and syringe exchange pilot program in Miami-Dade County as a means to prevent the transmission of blood-borne diseases. The pilot program must be funded through private grants and prohibits the use of state, county, or municipal funds to operate the program. The program is authorized to operate through July 1, 2021.

House Bill 7029

Beginning with the 2016-2017 school year, the Department of Education shall incorporate two hours of training in youth suicide awareness and prevention into existing requirements for continuing education or in-service training for instructional personnel. The Department of Education, in consultation with the DCF Statewide Office for Suicide Prevention and suicide prevention experts, shall develop a list of approved youth suicide awareness and prevention training materials for instructional personnel.

Senate Bill 1604

Senate Bill 1604 creates legislation targeting Drugs, Devices and Cosmetics through s.893.30, F.S., cited as the "Victoria Siegel Controlled Substance Safety Education and Awareness Act". This act encourages the Department of Health to collaborate with other agencies, organizations and institutions to create a systematic approach to increasing public awareness regarding controlled substance safety. The legislation also mandates the Department of Health to:

- Develop an educational pamphlet relating to controlled substances; and
- Fund the promotion of controlled substance safety education and awareness under this law through grants from private or federal sources.

House Bill 373

This legislation effects mental health counseling interns by requiring them to practice under the supervision of a licensed clinical social worker, marriage and family therapist, or mental health counselor for clinical hours to count toward full licensure. The law also requires:

- A licensed mental health professional must be on the premises when a registered intern is providing services in a private practice setting;
- Intern registration issued on or before April 1, 2017 may not be renewed or reissued and expires March 31, 2022. Any registration issued after April 1, 2017 is valid for five years.
- An individual who has held a provisional license to practice as a mental health professional is prohibited from applying for intern registration in the same profession.

E. Justification of Final Projection for each Outcome

For FY 2016-2017, SAMH projects the following performance outcomes based on FY 2015-2016 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 competitively employed	≥ 24	40	16
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

Policy changes affecting budget are under discussion and development.

G. Changes Which Would Require Legislative Action

Changes requiring legislative action are under discussion and development.

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 needs 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 FY 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.

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 the mission of the Department of Children and Families: 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." The ESS program promotes 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.

Nonrelative/Relative Caregiver Program provides monthly cash assistance to non-relatives/relatives who have custody of a non-related/relative child under age 18, who has been adjudicated dependent by court order, there was a home study completed and filed with the court, and the caregiver is unable to financially care for the child without the assistance. The monthly cash assistance amount for the non-relative caregiver 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 for a maximum of eight months 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 ESS eligibility staff and the public. Staff investigates cases prior to approval and monitors active cases to ensure the proper receipt of benefits. When appropriate, disqualification hearings are conducted by the Office of Appeal Hearings for cases of confirmed fraud that are not pursued criminally, which impose penalty periods during which benefits cannot be received.
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 ESS 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

The Florida Customer Call Center serves the Florida families who are inquiring about their applications or their benefits such as Food Assistance, Cash Assistance, and/or Medicaid they may be receiving. The three sites are located in Jacksonville, Miami, and Tampa. Each site provides support statewide. The call center utilizes an Interactive Voice Response (IVR) System which proactively provides the callers with the most recent information related to their application and/or benefits. Additionally, general information is provided based on questions that are frequently asked by the majority of the customers.

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:

- 1: Promote personal and economic self-sufficiency
- 2: Advance personal and family recovery and resiliency
- 3: Steward effectively and efficiently

Other key goals come from the agency's Priority of Effort: maintaining national ESS benchmark status and increasing case processing integrity.

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 Cash Assistance (TCA)** 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).
- **Strengthen public assistance fraud prevention** via enhanced technology, data sharing, and data analytics to improve capability for identifying fraud prior to disposition while maintaining national benchmark status for accurate and timely eligibility determination.

Accomplishments:

- **Workload Management Tool (WMT).** Due to system limitations, a manual tool was developed to enable benefit recovery claims managers to organize, sort, and view their daily assignments, giving them more control and flexibility to accomplish their daily work assignments, and allowing supervisors unprecedented visibility into the workload, productivity, and performance of their staff.
- **Increased benefit recovery collections.** As a result of innovations in the overpayment claims and collection processes, the average benefit recovery claim amount increased by 23 percent to \$2,059, resulting in a record amount of accounts receivable (\$43.48 million) and record total collections exceeding \$21.9 million in FY 2015-16.

- **Treasury Offset Program (TOP).** As a result of data clean-up and system changes to implement federal requirements for collecting benefit overpayments through the TOP, an additional 8,000 - 10,000 clients are expected to be sent to TOP, resulting in an estimated \$10-15 million in collections in FY 2016-17.
- **Food Stamp Trafficking Bust.** In May 2016, the U.S. State Attorney for the Southern District, together with the Department and a host of other federal, state, and local law enforcement officials, executed the largest combined financial fraud loss for a food stamp trafficking takedown in history involving the arrest of 22 EBT merchants and over \$29 million in fraudulent EBT benefits trafficked by more than 40,000 EBT cardholders, some of whom were victims of identity theft. This number covers only a finite period of time and a limited number of arrests. The amount of the final loss is still being calculated, but is estimated to be around \$89 million in food stamp redemptions.
- 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 receive an alert at application when an individual is currently receiving SNAP in one of the other four participating states. Staff can also search the NAC portal when adding individuals to the household.
- Effective January 1, 2016, mandatory Able-Bodied Adults without Dependents (ABAWDs) must meet work requirements to remain eligible for food assistance or will be time limited to receive three months of benefits within a three-year period.
- In May 2016, in conjunction with the Florida Retail Federation, ESS completed the Staggered Issuance Project, which changed SNAP benefit issuance dates for 3.6 million recipients in order to give them a better selection of food and customer service by helping retailers manage inventory.
- ESS received Prudential Productivity Awards:
 - The Automated Renewal of Benefits Team saved the department \$379,500 by updating the technology used with electronic data exchanges to provide Medicaid customers with an automated system to renew and monitor their benefits.

- The ESS Transformation Team saved more than \$716,000 through policy, technology and equipment updates that allowed our call centers to handle a larger volume of customers, better serving customer needs.
- ESS implemented a federal grant award that allowed the Department to add American Sign Language (ASL) video and narrative to key parts of the customer-facing portions of the system to assist clients who use ASL.
- ESS also has implemented peer reviews in the field to provide independent, data-driven, and knowledgeable assessment of performance.
- The program continues to reap the efficiencies of improvements implemented in the past year:
 - The Timesaving Innovation Process (TIP) that automated functions previously requiring worker input; and
 - the Q-Flow process which incorporates an automated system for lobby management, logging each visitor’s experience and tracking it for efficiency and content, queuing, and customer service.

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 continuing 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 10,359 in FFY 2014 to 12,044 in FFY 2015 (16.8%) and is anticipated to exceed that number in FFY 2016. The percentage of clients placed in employment is negatively impacted by the large number of clients and limited resources to assist them.

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

Increased budget authority to expend federal funds may be needed if client numbers continue to increase.

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 2017-2018 through 2021-2022

September 30, 2016

Performance Measures and Standards - LRPP Exhibit II

Rick Scott

Governor

Mike Carroll

Secretary



LRPP Exhibit II - Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2016-17 (Words)	Approved Prior Year Standard FY 2015-16 (Numbers)	Prior Year Actual FY 2015-16 (Numbers)	Approved Standards for FY 2016-17 (Numbers)	Requested FY 2017-18 Standard (Numbers)
Administrative cost as a percent of total agency costs ED (M0144)	0.33	0.29	0.33	0.33
Administrative cost as a percent of total agency costs Admin (M0147)	1.23	1.8	1.23	1.23
Administrative cost as a percent of total agency costs (M0363)	1.6	0.68	1.6	1.6

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families	Department No.: 60
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Program: Information Technology	60900200
Service/Budget Entity: Information Technology	60900202

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2016-17 (Words)	Approved Prior Year Standard FY 2015-16 (Numbers)	Prior Year Actual FY 2015-16 (Numbers)	Approved Standards for FY 2016-17 (Numbers)	Requested FY 2017-18 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	2.30	1.14	2.30	2.30

LRPP Exhibit II - Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2016-17 (Words)	Approved Prior Year Standard FY 2015-16 (Numbers)	Prior Year Actual FY 2015-16 (Numbers)	Approved Standards for FY 2016-17 (Numbers)	Requested FY 2017-18 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	96	97	97
Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter. (M0126)	97	100	97	97
Number of investigations (M0127)	41,000	52,858	41,000	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	6,989	5,600	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	96	98	98
Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year) (M0124)	100	98.6	100	100
The rate of abuse/neglect per 1000 for elderly persons. (M0757)	1.5	0.12	1.5	1.5
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	1.5	0.11	1.5	1.5
Number of facilities and homes licensed (M0123)	6,868	6,130	6868	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	162,799	63,019	63,019
Percent of licensed child care facilities inspected in accordance with program standards. (M04015)	95	99.7	95	95
Percent of licensed child care homes inspected in accordance with program standards (M05175)	95	99.7	95	95
Calls answered (M0070)	430,000	430,000	430,000	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	3	3	3
Number of calls to the hotline (M0300)	450,000	450,000	450,000	450,000
Per capita verified child abuse rate/1000 (M0736)	14	10.27	14	14
Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion. (M0393)	95	98.1	95	95
Number of children in families served (M0134)	122,937	NA	122937	122,937
Number of families served in Healthy Families (M0294)	12,922	9,723	12,922	12,922
Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0738)	45	NA	45	45
Number of finalized adoptions (M0215)	3,514	3,469	3,514	3,514
Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)	94.6	94.83	94.6	94.6
Number of children in out-of-home care (M0297)	20,771	23,136	20,771	20,771
Number of children receiving in-home services (M0774)		13,521		
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	69.8	65	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	53.1	40	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	99.73	99.9	99.9
Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (M0671)	33.6	44.9	33.6	33.6
Number of investigations (M0295)	180,000	197,058	180,000	180,000
The percentage of children in out-of-home care at least 8 days but less than 12 months who had two or fewer placement settings. (M05180)	87	74.2	87	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	91.64	100	100
Percent of children removed within 12 months of a prior reunification. (M05178)	9.9	6.34	9.9	9.9
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	82.74	98	98
Percent of child investigations commenced within 24 hours. (M0368)	100	97	100	100
Administrative cost as a percent of total program costs (M0136)	3.05	1.59	3.05	3.05
Administrative cost as a percent of total agency costs (M0426)	1.21	0.69	1.21	1.21

LRPP Exhibit II - Performance Measures and Standards

Department: Department of Children and Families		Department No.: 60		
Program: Mental Health Services		60910506		
Service/Budget Entity: Mental Health Services		60910506		
Approved Performance Measures for FY 2016-17 (Words)	Approved Prior Year Standard FY 2015-16 (Numbers)	Prior Year Actual FY 2015-16 (Numbers)	Approved Standards for FY 2016-17 (Numbers)	Requested FY 2017-18 Standard (Numbers)
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	44.65	40	40
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	125,494	136,480	136,480
Number of adults in mental health crisis served (M0017)	30,404	16,706	30,404	30,404
Number of adults with forensic involvement served (M0018)	3,328	3,455	3,328	3,328
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	42.83	24	24
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	5.37	8	8
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	95.93	90	90
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	67	90.52	67	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	86	95.59	86	86
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	6.39	8	8
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	90.88	86	86
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	75	97	75	75
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	81	50	50
Number of children served who are incompetent to proceed (M0030)	340	427	340	340
Number of SED children to be served (M0031)	46,000	20,667	46,000	46,000
Number of ED children to be served (M0032)	27,000	15,636	27,000	27,000
Number of at-risk children to be served (M0033)	4,330	1,170	4,330	4,330
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	55.01	64	64
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	57.48	65	65
Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)	95	99.39	95	95
Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)	93	99.48	93	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	96	97.81	96	96
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	102	125	125
Number of people on forensic admission waiting list over 15 days. (M0361)	0	0	0	0
Number of people in civil commitment, per Ch. 394, F.S., served (M0372)	1606	1900	1606	1606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2320	3071	2320	2320
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	94	67	67
Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty by Reason of Insanity, who show an improvement in functional level. (M05051)	40	88	40	40
Number of sexual predators assessed (M0283)	2879	4231	2879	2879
Number of sexual predators served (detention and treatment). (M0379)	480	687	480	480
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	0.19	3	3
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	57	85	85
Number of residents receiving Mental Health treatment (M06001)	169	296	169	169
Administrative cost as a percent of total program costs (M0135)	4.87	0.05	4.87	4.87

LRPP Exhibit II - Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2016-17 (Words)	Approved Prior Year Standard FY 2015-16 (Numbers)	Prior Year Actual FY 2015-16 (Numbers)	Approved Standards for FY 2016-17 (Numbers)	Requested FY 2017-18 Standard (Numbers)
Number of adults served (M0063)	115,000	54,398	115,000	115,000
Percentage change in clients who are employed from admission to discharge. (M0753)	10	37.81	10	10
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)	14.6	-99.27	14.6	14.6
Percent of adults who successfully complete substance abuse treatment services. (M0755)	51	50.74	51	51
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	98.24	94	94
Number of children with substance-abuse problems served (M0052)	50,000	16,832	50,000	50,000
Number of at-risk children served in targeted prevention (M0055)	4,500	31,349	4,500	4,500
Number of at risk children served in prevention services. (M0382)	150,000	109,093	150,000	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	69.75	48	48
Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)	19.6	-98.95	19.6	19.6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	93	99.91	93	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	295	196	295	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	119	110	110
Administrative cost as a percent of total program costs (M0137)	5.0	5.7	5.0	6.0

LRPP Exhibit II - Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2016-17 (Words)	Approved Prior Year Standard FY 2015-16 (Numbers)	Prior Year Actual FY 2015-16 (Numbers)	Approved Standards for FY 2016-17 (Numbers)	Requested FY 2017-18 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	515,813	296,826	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	37,205	70,394	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	95.61	95	95
Percentage of food assistance applications processed within 30 days (M0219)	95	97.8	95	95
Percent of food stamp benefits determined accurately (M0107)	94	99.33	94	94
Total number of applications processed (M0106)	5,000,000	16,292,190	5,000,000	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	98.01	96	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	21.9	43.25	21.9	21.9
Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate). (M0678)	34.2	46.29	34.2	34.2
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	99.7	98	98
Number of beds per day available for homeless clients (M0304)	1,500	46,246	1,500	1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	89	80	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	22,570,189	13,500,000	13,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	84	76.5	76.5
Number of fraud prevention investigations completed (M0112)	22,000	23,656	22,000	22,000
Number of refugee cases closed (M0104)	7,600	75,217	7,600	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	100	99.2	99.2
Number of refugee cases (M0362)	37,350	100,051	37,350	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	23	40	40
Administrative cost as a percent of total program costs (M0138)	7.93	2.26	7.93	7.93

Department of Children and Families

Long Range Program Plan

Fiscal Years 2017-2018 through 2021-2022

September 30, 2016

**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: Adult Protection

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: (M0124) Percent of protective supervision cases in which no report alleging abuse, neglect or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year)

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100	98.6%	1.4 Under	(1.4%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

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

External Factors (check all that apply):

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

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

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

- Training
- Personnel
- Technology
- Other (Identify)

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

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of 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:

- | | |
|--|--|
| <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
97%	96.6%	1.0 Under	(1.0%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input checked="" 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: 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):

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

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

- | | |
|--|--|
| <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
98%	96%	2.0 Under	(2.1%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input checked="" 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: 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):

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

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

- | | |
|--|---|
| <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 checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3%	25.9%	+22.9	22.9%

Factors Accounting for the Difference: Need language.

Internal Factors (check all that apply):

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

- | | |
|--|--|
| <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 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 Hotline experienced a slight decrease in contacts in 2015-2016 as compared to the prior fiscal year but still receiving more contacts than the approved standard.

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

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

Recommendations: The Hotline is requesting to move towards measuring Service Level rather than a percentage of calls abandoned annually. Service Level measures the percentage of incoming calls that a Hotline Counselor answers live in an established amount of time. Abandonment rate may not represent the performance of the Hotline. Callers may actually abandon a call through no fault of the Department. Service level will capture, not only that a call was answered, but answered within an appropriate amount of time.

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

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Florida Abuse Hotline
Service/Budget Entity: 60910310 Family Safety and Preservation Services
Measure: M0070 Calls answered

Action:

- | | |
|---|---|
| <input 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 checked="" type="checkbox"/> Deletion of Measure |
| <input type="checkbox"/> Adjustment of GAA Performance Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
430,000	341,161	-88,839	-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:

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

External Factors (check all that apply):

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

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

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:

Delete measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Child Care

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: M0123- Number of facilities and homes licensed

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
6,868	6,130	(738)	-10.7%

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):

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

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

External Factors (check all that apply):

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

Explanation: The Department does not have control of the number of new 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):

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

Recommendations: The Child Care Program has developed a data system that 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" due to the substantial program changes that have resulted from the Child Care and Development Block Grant Reauthorization Act.

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: M0134 Number of children in families served

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
122,937	NA	NA	NA

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

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

External Factors (check all that apply):

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

Explanation:

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

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

Recommendations:

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

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
99.9%	99.73%	(.17)	<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 type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

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

Explanation:

The difference is statistically insignificant and the Department is moving closer to the approved standard. 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):

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

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: 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:

- | | |
|--|--|
| <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
45%	N/A		

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:

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):

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

Explanation:

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

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

- | | |
|--|---|
| <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%	91.64%	(8.36%)	-8.36%

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: 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 7/1/2015 – 5/30/16 at this time.

External Factors (check all that apply):

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

Explanation:

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

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

Recommendations: 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:

- | | |
|--|--|
| <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
3,514	3,469	(45) 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 type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

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

Explanation: 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 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):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Training | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personnel | <input checked="" type="checkbox"/> Other (Identify) New strategies have been developed |

Recommendations: House Bill 7013 (2015 Legislative Session) 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	9,723	(3,199) Under	(25)%

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 6,033. 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 and SFY 2016-17.

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 2016-17.

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: M0368 Percent of investigations commenced within 24 hours.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	97%	3% Under	(3%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: 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: M0297 Number of children in out-of-home care

- 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
20,771	23,136	2,365	11% over

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: From June 2015 to June 2016, the number of unsafe children served by Florida’s child welfare system increased by just under 6% (5.8%). In order to serve children in their own home, a safety plan is required. Essential to the success of an in-home safety plan is the immediate availability of a robust, formal safety management service array that can be mobilized quickly to protect the child and have an immediate effect to control the danger and mitigate the need for the child to be removed from the home.

External Factors (check all that apply):

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

Explanation: As of August 21, 2016, almost 5,000 children who were in out-of-home care did not have safety services sufficient to manage the impending danger which led to their removal (data source: “OCWDRU Report #1086”). According to a 2015 self-reported survey data from 16 CBCs, 12 CBCs identified a gap in safety service array around at least one of the five safety management categories. Only three CBCs had safety services established in all five safety service categories. Three CBCs had no defined safety management services in any of the five safety management categories.

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 Legislature funded the Department’s request for just over \$8M in nonrecurring funding to provide additional safety management services. Funding an adequate, formal safety management service array for CBCs provides child protective investigators and on-going case managers the safety service resources to adequately develop safety plans, thus allowing a greater number of children to be maintained in their own 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: M0079 Percent of investigations reviewed by supervisors with 72 hours of report submission

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
98%	82.74%	-15.26%	-15.26%

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: 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):

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

Explanation:

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

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

- | | |
|--|--|
| <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
87%	74.2%	-12.8%	-12.8%

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 checked="" type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> 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):

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

Explanation: The Department has established as a priority of effort the increase of quality family foster homes. As the numbers of homes increase, offering more options in placements, the number of placements per child should go down.

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: 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: 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	125,494	10,986(Under)	-8%

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) <u>See Below</u> |

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. For fiscal year 15-16, the department implemented enhanced data submission requirements which mandate the completion of both admission and service records prior to SAMHIS acceptance of client record. This mandate caused a large number of records to be rejected by SAMHIS and returned to the provider for appropriate corrective actions. Provider corrective actions are ongoing and expected to be completed during the 16-17 fiscal year.

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) <u>See Below</u> |

Recommendations: The Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 16-17 include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system.

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	16,706	13,698(Under)	-45%

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) <u>See Below</u> |

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. For fiscal year 15-16, the department implemented enhanced data submission requirements which mandate the completion of both admission and service records prior to SAMHIS acceptance of client record. This mandate caused a large number of records to be rejected by SAMHIS and returned to the provider for appropriate corrective actions. Provider corrective actions are ongoing and expected to be completed during the 16-17 fiscal year.

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) <u>See Below</u> |

Recommendations: The Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 16-17 include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system.

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	20,667	25,333(Under)	-55%

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) <u>See Below</u> |

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. For fiscal year 15-16, the department implemented enhanced data submission requirements which mandate the completion of both admission and service records prior to SAMHIS acceptance of client record. This mandate caused a large number of records to be rejected by SAMHIS and returned to the provider for appropriate corrective actions. Provider corrective actions are ongoing and expected to be completed during the 16-17 fiscal year.

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) <u>See Below</u> |

Recommendations: The Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 16-17 include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system.

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:

- | | |
|---|--|
| <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
27,000	15,636	11,364(Under)	-42%

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) <u>See Below</u> |

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. For fiscal year 15-16, the department implemented enhanced data submission requirements which mandate the completion of both admission and service records prior to SAMHIS acceptance of client record. This mandate caused a large number of records to be rejected by SAMHIS and returned to the provider for appropriate corrective actions. Provider corrective actions are ongoing and expected to be completed during the 16-17 fiscal year.

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) <u>See Below</u> |

Recommendations: The Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 16-17 include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system.

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	3,160(Under)	-72%

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) <u>See Below</u> |

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. For fiscal year 15-16, the department implemented enhanced data submission requirements which mandate the completion of both admission and service records prior to SAMHIS acceptance of client record. This mandate caused a large number of records to be rejected by SAMHIS and returned to the provider for appropriate corrective actions. Provider corrective actions are ongoing and expected to be completed during the 16-17 fiscal year.

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) <u>See Below</u> |

Recommendations: The Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 16-17 include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services

Measure: M0377 – Percent of children with emotional disturbances who improve their level of functioning.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
64%	55%	9%(Under)	-14%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

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) <u>See Below</u> |
| <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 dominator -number of persons served. For fiscal year 15-16, the department implemented enhanced data submission requirements which mandate the completion of both admission and service records prior to SAMHIS acceptance of client record. This mandate caused a large number of records to be rejected by SAMHIS and returned to the provider for appropriate corrective actions. Provider corrective actions are ongoing and expected to be completed during the 16-17 fiscal year. There are several possible explanations that need to be explored further including data entry issues, workforces training issues, or quality of services.

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

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

Recommendations: The Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 16-17 include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system.

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%	57%	8%(Under)	-12%

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) <u>See Below</u> |

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) <u>See Below</u> |
| <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 dominator - number of persons served. For fiscal year 15-16, the department implemented enhanced data submission requirements which mandate the completion of both admission and service records prior to SAMHIS acceptance of client record. This mandate caused a large number of records to be rejected by SAMHIS and returned to the provider for appropriate corrective actions. Provider corrective actions are ongoing and expected to be completed during the 16-17 fiscal year. There are several possible explanations that need to be explored further including data entry issues, workforces training issues, or quality of services.

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

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

Recommendations: The Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 16-17 include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system.

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%	57%	28% (Under)	-32%

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) <u>See below</u> |

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) <u>See Below</u> |

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

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) <u>See Below</u> |

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. There were records with admission data only, records with service events only and, records with both admission data and service events. Only those records with admission data and service event were utilized to calculate FY 14-15 performance.

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

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

Recommendations: The Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 16-17 include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system.

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) <u>See Below</u> |

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. There were records with admission data only, records with service events only and, records with both admission data and service events. Only those records with admission data and service event were utilized to calculate FY 14-15 performance.

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

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

Recommendations: The Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 16-17 include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system.

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 prevention services.

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
150,000	109,093	40,907 (Under)	27%

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 Department switched to a new data system in January 2016. The new system was not fully operational prior to the old system going off-line in June 2015. This created an environment in which data was submitted inconsistently from June 30, 2015 through December 31, 2015. The information that is included for the purposes of this report was collected by PBPS for the period of January 1, 2016 through June 30, 2016.

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

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

Recommendations: Non-Required, as the new data system is fully functioning and capturing all service data appropriately.

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) <u>See Below</u> |

External Factors (check all that apply):

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

Explanation: More favorable attitudes and less perception of harm regarding marijuana use continues to be a trend among young people. Due to limited resources, prevention efforts are limited 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) <u>See Below</u> |

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

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	37,205	(33,189)	-47.7%

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.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percent of unemployed active cases placed in employment (M04040)

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
40%	23%	(17%)	-17.0%

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 refugee population seeking employment services has more than doubled between FFY2013 with 20,741 and the estimated 45,000 that will be served in FFY2016. Federal funding for services to refugees has remained static, leaving a gap between the funding needed for clients and available resources. As a result, while the number of placements has grown from 9,058 to an estimated 14,000 in FFY2016, the percentage of clients placed has fallen.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: Revise the Approved Standard to 23%

Department of Children and Families

Long Range Program Plan

Fiscal Years 2017-2018 through 2021-2022

September 30, 2016

Performance Measure Validity and Reliability - LRPP
Exhibit IV

Rick Scott

Governor

Mike Carroll

Secretary



LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>EXECUTIVE DIR/SUPPORT SVCS</u>
Service/Budget Entity:	<u>Assistant Secretary for Administration 60900101</u>
Measure:	<u>Administrative cost as a percent of total agency costs (M0147)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Administrative costs in this instance include all expenditures / appropriation in the Administrative Services budget entity. Numerator: Administrative Services budget entity. Denominator: Total Agency budget/ expenditures (including Administrative Costs) Data Source: Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>EXECUTIVE DIR/SUPPORT SVCS</u>
Service/Budget Entity:	<u>District Administration 60900101</u>
Measure:	<u>Administrative cost as a percent of total agency costs (M0363)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Administrative costs in this instance include all expenditures / appropriation in the District Administration budget entity. Numerator: District Administration budget entity. Denominator: Total Agency budget/ expenditures (including Administrative Costs) Data Source: Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>EXECUTIVE DIR/SUPPORT SVCS</u>
Service/Budget Entity:	<u>Executive Direction and Support Services 60900101</u>
Measure:	<u>Administrative cost as a percent of total agency costs (M0144)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Administrative costs in this instance include all expenditures / appropriation in the Executive Direction budget entity. Numerator: Executive Direction budget entity. Denominator: Total Agency budget/ expenditures (including Administrative Costs) Data Source: Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>INFORMATION TECHNOLOGY</u>
Service/Budget Entity:	<u>Information Technology 60900202</u>
Measure:	<u>Information technology cost as a percent of total agency costs (M0145)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Administrative costs in this instance include all expenditures/appropriation in the Information Technology budget entity. Numerator: Information Technology Budget entity. Denominator: Total Agency budget/ expenditures (including Administrative Costs) Data Source: Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR.
Validity:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.
Reliability:	This type of administrative measure is being tracked for all of the department's major administrative areas.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year) (M0124)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Protective supervision cases in this instance means court-ordered or voluntary protective supervision clients registered into the department's Client Information System. The measure identifies the rate of re-abuse, re-neglect, or re-exploitation among cases that are still open and being provided services from a prior abuse, neglect, or exploitation reported to the department's abuse hotline resulting in some indication of verified findings. Measure is a percent. The denominator is a sample of the total number of protective supervision cases that are currently receiving case management, services, and referrals (from beginning of protective supervision for a maximum of 1 year). The numerator is the number from the above cases where no subsequent report alleging abuse, neglect, or exploitation is received with some indication or verified findings of abuse. Data Source: Protective Supervision Counselors, witnesses and potentially abused clients.
Validity:	The measure is a direct indicator of the program goal to protect adults with disabilities and frail elderly from further harm during services.
Reliability:	The measure uses data from statewide abuse and neglect reporting system and the Adult Services Information System. The data was verified as reliable by auditors during a special audit. One threat to the validity of the measure is the limited number of reported instances of abuse and neglect may make the results spurious.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter. (M0126)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Domestic violence is a pattern of behaviors that adults or adolescents use against their intimate partners or former partners to establish power and control. It may include physical abuse, sexual abuse, emotional abuse, and economic abuse. It may also include threats, isolation, pet abuse, using children and a variety of other behaviors used to maintain fear, intimidation and power over one's partner. This measure is a percent. The numerator is the number of victims leaving shelter after a minimum of 72 hours in residence with a safety plan. The denominator is the total number of victims who left shelter after 72 hours. Data Source: Domestic Violence Program Services monthly statistical report
Validity:	This output measure is a performance driver directly related to the program goal, to be safe from harm. The provision of a safety plan before the family leaves shelter will directly affect the family's ability to avoid domestic violence in the future and remain safe from harm. Safety plans include preventative strategies that equip clients with survival skills when in danger of future violence.
Reliability:	Each month providers are required to submit to their contract managers a statistical report on all services as delineated in their contract objectives. The report includes the number of victims leaving shelter after a minimum of 72 hours and the number completing a safety plan. The safety plan comprises a set of activities whose purpose is to enhance the safety of the victim and her dependents. A state summary of these data is kept in the central office.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Number of investigations (M0127)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Investigations are on-site assessments of facts and evidence to either support or refute allegations of abuse, neglect, or exploitation of vulnerable adults. A count of investigations as defined above. Data Source: Protective Investigators.
Validity:	The measure indicates the workload involved in protecting adults with disabilities and frail elderly.
Reliability:	The measure uses data from the statewide abuse and neglect information system. The data was determined reliable by auditors during a special audit. Periodic district reviews by program staff have not indicated major reliability issues.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Percent of adult investigations from an entry cohort completed within 60 days. (M04016)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Investigations are on-site assessments of facts and evidence to either support or refute allegations of abuse, neglect, or exploitation of vulnerable adults. Entry cohort is defined as cases open during the period being measured. Completed is defined as those cases for which the statutory or procedurally required elements (such as Medical Examiner's report) have been completed. Days are calendar days. The measure is a percentage measuring the proportion of cases that are closed within the statutorily mandated time limits. The denominator is the total number of cases received during the time period. The numerator is the number of investigations closed within 60 days. Data Source: Adult Protective Investigators and Supervisors.
Validity:	Statutory requirement. s. 415.104(4), F.S. This measure is important to ensure that cases are closed in a timely fashion. This is important to ensure client safety and well-being and reduce the risk of further abuse, neglect or exploitation.
Reliability:	The measure uses data from the statewide abuse and neglect reporting system. The data was determined reliable by auditors during a special audit. Periodic district reviews by program staff have not indicated major reliability issues. This data is monitored on a daily basis by central office and district staff.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Percent of adult victims seen within the first 24 hours. (M04017a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Victim is defined as any vulnerable adult named in a report of abuse, neglect, or exploitation. Seen is defined as face-to-face contact with the victim. The measure is a percentage. The denominator is the total number of adult victims seen for the period. The numerator is the number of those victims seen within 24 hours for the period. This measure includes only those victims that are seen and does not include victims that are never seen. Data Source: Adult Protective Investigators and Supervisors.
Validity:	This is an important measure that is intended to evaluate victim safety within 24 hours. This measure could be improved by including all victims, including those never seen for legitimate reasons.
Reliability:	Program staff monitor investigative records on a routine basis. In 2006 Districts 1 and 2 conducted individual record reviews to validate data as recorded by central office.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Number of people receiving protective supervision, and protective intervention services. (M0414)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Protective services include protective supervision and protective intervention (supportive services and placement services) cases.</p> <p>Protective supervision applies to services arranged or provided by the department to protect vulnerable adults from further occurrences of abuse, neglect, or exploitation.</p> <p>Supportive services are services that encourage and assist eligible vulnerable adults to remain in the least restrictive environment.</p> <p>Placement services assist in the physical relocation of a vulnerable adult, who can no longer live independently in his/her own home, into the most appropriate and cost-effective living arrangement in the least restrictive setting. Total number of persons in the protective supervision and protective intervention programs. Data Source: Human Services Counselors and Supervisors</p>
Validity:	This number is a direct count through the Adult Services Information System of persons receiving protective supervision and protective intervention services.
Reliability:	The data was verified as reliable during a special audit.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>The rate of abuse/neglect per 1000 for adults with disabilities (M0735)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	An adult is a person 18 years of age or over with a physical, mental or emotional disability. Abuse is defined as a willful act or threatened act or omission by a relative caregiver or household member that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental or emotional health. This measure is a rate. The numerator is the number of unduplicated victims of Adult Abuse, Neglect, or Exploitation as reported to the hotline and determined after investigation to have been verified a victim of at least one maltreatment. The denominator is the number of disabled or frail elderly adults over the age of 18 in the state divided by 1,000. Data Source: Abuse Hotline Counselors, Adult Protective Investigators and Supervisors, Department of Elder Affairs, US Social Security Administration, and the US Census Bureau.
Validity:	This measure is a rough indicator of the incidence of adult maltreatment in Florida.
Reliability:	The measure is not precise. It includes only adult maltreatment that is: (1) known or suspected, and (2) reported to and accepted by the hotline for investigation, and (3) substantiated by an investigator during the reporting period. Periods of increasing backlog can drive the number up; when the department aggressively pursues backlog reduction, the number goes down. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>The rate of abuse/neglect per 1000 for elderly persons. (M0757)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Frail elderly is defined as an adult over 60 suffering from the infirmities of aging. Abuse is defined as a willful act or threatened act or omission by a relative caregiver or household member that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental or emotional health. This measure is a rate. The numerator is the number of unduplicated victims of Adult Abuse, Neglect, or Exploitation as reported to the hotline and determined after investigation to have been verified a victim of at least one maltreatment. The denominator is the number of disabled or frail elderly adults over the age of 18 in the state divided by 1,000. Data Source: Abuse Hotline Counselors, Adult Protective Investigators and Supervisors, Department of Elder Affairs, US Social Security Administration, and the US Census Bureau.
Validity:	This measure is a rough indicator of the incidence of adult maltreatment in Florida.
Reliability:	The measure is not precise. It includes only adult maltreatment that is: (1) known or suspected, and (2) reported to and accepted by the hotline for investigation, and (3) substantiated by an investigator during the reporting period. Periods of increasing backlog can drive the number up; when the department aggressively pursues backlog reduction, the number goes down. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60900310</u>
Measure:	<u>Per capita verified child abuse rate/1000 (M0736)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A child is any unmarried person under age 18 who has not been emancipated by court order. Abuse is defined as maltreatment, which includes both actual harm and threatened harm. This measure is a rate. The numerator is the number of unduplicated victims of child abuse and neglect as reported to the hotline and determined after investigation to be verified. 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>
Validity:	This measure is a rough indicator of the incidence of child maltreatment in Florida.
Reliability:	The measure is not precise. It includes only child maltreatment that is: (1) known or suspected, and (2) reported to and accepted by the hotline for investigation, and (3) substantiated by an investigator during the reporting period. Periods of increasing backlog can drive the number up; when the department aggressively pursues backlog reduction, the number goes down. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>“Maltreatment” is a conclusion in a child protective investigation that resulted in a “verified” finding of abuse or neglect. “Out-of-home care” means care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. A “removal episode” is the period that a child is removed from the child’s home, beginning with a removal date and ending with a discharge date. A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. This measure is a percent. The denominator is the total number of children in out-of-home care at any time during the report period, regardless of the duration of the episode. The numerator is the subset of children in the denominator who had no abuse reports with maltreatment findings of “verified” with an incident date that is both during the quarter and during the removal episode. The federal numerator also limits the number to cases where the perpetrator was the substitute caregiver (foster parent, group home provider, etc.), the state measure does not impose this exclusion and counts all children in out of home care with a verified finding during the quarter and during the removal episode regardless of perpetrator relationship to the child. There is no FSFN report specific to the federal measure. Data Source: Florida Safe Families Network (FSFN). Results of the FSFN report titled “Abuse During Services by Perpetrator” are posted quarterly to the Performance Dashboard.</p>
Validity:	This is an outcome measure of Florida's success in protecting foster children from abuse and neglect while they are in care.
Reliability:	Reliability of this measure is dependent on Department and Sheriff's Office staff compliance with data entry requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of finalized adoptions (M0215)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “Finalized adoption” means the legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law, and entitled to all the rights and privileges and subject to all the obligations of a child born to the adoptive parents in lawful wedlock. This measure is a count of the number of children in FSFN with a discharge reason of adoption and a discharge date within the reporting period, where either (1) the child’s courtesy worker on the discharge date (if there was a courtesy worker on the discharge date) was an agent of the provider; otherwise (2) where the child’s primary worker on the discharge date was an agent of the provider. Data Source: Florida Safe Families Network (FSFN). Results from FSFN report titled “Adoptions Finalized by Month and Cumulate for SFY” are posted monthly to the Performance Dashboard.
Validity:	This is an output measure of the number of children achieving permanency through adoption.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of investigations (M0295)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child protective investigations are conducted by the Department in most counties, sheriff's offices in others in response to citizens reporting known or suspected child abuse or neglect to the Florida Abuse Hotline. Count all Initial Reports and Additional Investigation Reports accepted by the Florida Abuse Hotline and entered into FSN for investigation by protective investigators during the report period. Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Citrus, Manatee, Pasco, Pinellas and Seminole counties; DCF protective investigators in the remaining 61 counties)
Validity:	This measures the volume of work that must be performed by protective investigators. It is the denominator for several percentage measures, including M0359, M0368, M0385, M0386, M0387, M04001, and M04007.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

Action: Backup for performance measure

Data Sources and Methodology:

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

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

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of children receiving in-home services. (M0774)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Children refer to children being supervised in home and monitored by a CBC. The measure is a count
Validity:	This output is a process measure that indicates workload.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in FSFN is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

activities may contribute toward successful living in the community.

Reliability:

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Number of adults in mental health crisis served (M0017)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults in mental health crisis includes adults age 18 and over who have a target population of adults with serious and acute mental illness (SAMI) OR adults with mental health problems (MHP).</p> <ol style="list-style-type: none">1. Adults with SAMI meet the criteria to be admitted into a Baker Act receiving facility. They do not meet the criteria for adults with forensic involvement or adults with severe and persistent mental illness.2. Adults with MHP have emotional issues that are impacting their day to day functioning. They do not meet the criteria for adults with forensic involvement, adults with severe and persistent mental illness, or adults with serious and acute mental illness <p>Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults who's first service of the fiscal year had a target population of adults with serious and acute mental illness or adults with mental health problems. Data Source: Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of adults who receive treatment in the state mental health system.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

procedures for data submission are provided to all contractors.

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children who are intellectually disabled restored to competency and recommended to proceed with a judicial hearing (M0020)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Retardation means significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly sub average general intellectual functioning," for the purpose of this definition and as defined in 393.063, means performance which is two or more standard deviations from the mean score on a standardized intelligence test. These children require an DSM-IV AXIS II intellectually disabled. The principle of law to ensure a defendant's due process right to a fair trial has been codified into Florida Rules of Juvenile Procedure and is cited as being "whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings. In addition, under Florida statute a youth can only be committed to the department for competency training if the basis of the incompetency is mental illness or intellectually disabled. This measure is a percentage. Numerator is number of children who are intellectually disabled who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children who are intellectually disabled who had competency reports submitted to the court in the time period. Data Source: Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.</p>
Validity:	<p>Measure is not a true indicator of the desired outcome (see comment section) that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's intellectual disability, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
Reliability:	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children who are intellectually disabled restored to competency and recommended to proceed with a judicial hearing (M0020)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Retardation means significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly sub average general intellectual functioning," for the purpose of this definition and as defined in 393.063, means performance which is two or more standard deviations from the mean score on a standardized intelligence test. These children require an DSM-IV AXIS II intellectually disabled. The principle of law to ensure a defendant's due process right to a fair trial has been codified into Florida Rules of Juvenile Procedure and is cited as being "whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings. In addition, under Florida statute a youth can only be committed to the department for competency training if the basis of the incompetency is mental illness or intellectually disabled. This measure is a percentage. Numerator is number of children who are intellectually disabled who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children who are intellectually disabled who had competency reports submitted to the court in the time period. Data Source: Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.</p>
Validity:	<p>Measure is not a true indicator of the desired outcome (see comment section) that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's intellectual disability, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
Reliability:	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Number of children served who are incompetent to proceed (M0030)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Children must be charged with a felony and found incompetent to proceed due to mental illness or mental retardation, or autism. This is a count of all children served by the contracted provider at any time during the year. Data Source: Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.
Validity:	This is a direct indicator of the goal to serve children who are incompetent to proceed to a juvenile justice process.
Reliability:	Additional separate reports have been cross referenced to validate the admission and discharge reporting.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Number of ED children to be served (M0032)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with emotional disturbance (ED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for the SED target population.2. They have a diagnosis of an allowable ICD 9 diagnosis. <p>Served means that the individual received at least one service event during the time period. Measure is an unduplicated count of number of children who's first service of the fiscal year had a target population of children with emotional disturbance. Data Source: Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of children with ED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on target population enrollment, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Number of at-risk children to be served (M0033)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children at risk of emotional disturbance (At Risk) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none">1. They do not meet the criteria for SED or ED target populations.2. They have factors in their lives that place them at risk for emotional disturbance, such as referral to EH program in accordance IDEA, homelessness, family history of mental illness, have experienced or are experiencing abuse or neglect, exposure to domestic violence, substance abuse, chronic or serious physical illness, or multiple out-of-home placements. <p>Served means that the individual received at least one service event during the time period. Measure is an unduplicated count of the number of children whose first service of the fiscal year had a target population of children at risk of emotional disturbance. Data Source: staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of children at risk of ED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

Action: Backup for performance measure

Data Sources and Methodology:

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

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

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

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

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

The denominator is all children with two assessments.

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

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

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

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

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children who are intellectually disabled restored to competency and recommended to proceed with a judicial hearing (M0020)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Retardation means significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly sub average general intellectual functioning," for the purpose of this definition and as defined in 393.063, means performance which is two or more standard deviations from the mean score on a standardized intelligence test. These children require an DSM-IV AXIS II intellectually disabled. The principle of law to ensure a defendant's due process right to a fair trial has been codified into Florida Rules of Juvenile Procedure and is cited as being "whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings. In addition, under Florida statute a youth can only be committed to the department for competency training if the basis of the incompetency is mental illness or intellectually disabled This measure is a percentage. Numerator is number of children who are intellectually disabled who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children who are intellectually disabled who had competency reports submitted to the court in the time period. Data Source: Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.</p>
Validity:	<p>Measure is not a true indicator of the desired outcome (see comment section) that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's intellectually disability, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
Reliability:	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Mental Health 60900506</u>
Measure:	<u>Administrative cost as a percent of total program costs (M0135)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area. Data Source: The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	SVP or Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Most individuals are pending a release from a correctional facility. Assessment means a determination by the Multidisciplinary Team of whether a client suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. The assessment shall include a review of the person's institutional history and treatment record, if any, the person's criminal background, and any other factor that is relevant to the determination of whether such person is a sexually violent predator. Days refer to calendar days. Receipt of referral means the date referral received by department staff. The count of all completed assessments are divided into the number of assessments completed within 180 days of receipt multiplied by 100. Data Source: SVPP Access database
Validity:	The measure captures the ability of the program to comply with the legislative mandate to complete all assessments within 180 days.
Reliability:	Program referral database is periodically reconciled with Department of Corrections and 10% sample is checked.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Average number of days to restore competency for adults in forensic commitment. (M0015)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The average number of days to restore to competency is the period between admission and the date the competency report to the court is completed. This measure uses a trimmed mean procedure. The days to restore is calculated for each client by subtracting the admission date from the date the competency report was sent to the court. The days to restore are then ranked, and the top 5 percent and the bottom 5 percent of cases are removed (for a total of 10%). The sum of those days, after the total of 10 percent is trimmed, is the numerator. The denominator is the total number of clients remaining after the trim for whom days to restore to competency has been calculated. Data Source: The forensic facility staff send the data to the ADM Central Office where the data is entered into the forensic facility database.
Validity:	This measure addresses the primary mission of forensic facilities.
Reliability:	Forensic Facility database has been in operation for ten years and no significant data accuracy problems have been identified.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Number of people on forensic admission waiting list over 15 days. (M0361)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Adults are persons 18 years old and over and juveniles who have been adjudicated as adults who are charged with a felony offense and as incompetent to proceed due to mental illness or not guilty by reason of insanity. They are committed by a circuit court to the department for involuntary hospitalization pursuant to Ch. 916, F.S. Ch. 916.107(1)(a), F.S. mandates that the department admit committed people within 15 days of receipt of a complete commitment packet. The forensic waiting list is a Word document maintained by the Forensic Admission Coordinator in the Mental Health Program Office. The count of days (calendar days) begins on the day the complete commitment packet is received. Only persons remaining on the waiting list 16 days or longer are included in the measure. Count of all persons committed pursuant to Ch. 916, F.S. who have not been admitted to a state mental health treatment facility within 15 calendar days from the date that the complete commitment packet is received in the Forensic Admission Coordinator's office of the Mental Health Program Office. Data Source: The Clerk of the Circuit Court in each of Florida's twenty judicial circuits is responsible to ensure commitment packets are sent to the Mental Health Program Office. The packets may also be sent from other local offices: public defender, Mental Health Administrator (Dade County), or Court Projects Office (Broward County).
Validity:	This measures the availability of forensic beds in state mental health treatment facilities. The number does not break down availability by males and females, an important distinction because the total can show a reduction that may apply only to one or the other. The number can distort a critical need for beds for females or males at any given time. Counts also do not tell us whether the numbers represent small or large percentages of the total number waiting for admission or how long those individuals have been waiting.
Reliability:	Commitment criteria are defined in Ch. 916, F.S. People who are committed but appear appropriate for community-based treatment services may be referred to the district for possible diversion. If successfully diverted with court approval, individuals are removed from the waiting list without ever being admitted to a state mental health treatment facility.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Number of people in civil commitment, per Ch. 394, F.S., served (M0372)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Civil commitment patients per Ch. 394, F.S., are patients who are committed to an institution under Florida's civil commitment statutes. They have no criminal adjudication pending, but are considered a danger to themselves or others, or are unable to care for themselves due to the severity of their mental illness. Served means they were on the hospital's census for at least one day during the fiscal year. The measure is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year for clients who have a civil (394) legal status. The count is unduplicated. Data Source: Data is collected by the clinicians at each facility and submitted to the ADM data warehouse
Validity:	Measure is a direct count of the number of people who use hospital beds
Reliability:	Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Adults in forensic commitment means adults who are mentally ill, have been charged with a crime and have been committed to a mental health facility under Ch. 916, F.S.. These clients may be "not guilty by reason of insanity" (NGI) or "incompetent to proceed to trial" (ITP). Served means that they were on the hospital census for at least one day in the fiscal year. The measure is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year for clients who have a forensic (916) legal status. The count is unduplicated. Data Source: Data is collected by the clinicians at each facility and submitted to the ADM data warehouse
Validity:	Measure is a direct count of the number of people who use hospital beds
Reliability:	Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Civil commitment patients per Ch. 394, F.S., are patients who are committed to an institution under Florida's civil commitment statutes. They have no criminal adjudication pending, but are considered a danger to themselves or others, or are unable to care for themselves due to the severity of their mental illness. This number is a percent. The denominator is the number of people who had two scores reported for comparison. The numerator is the number of people who showed improvement Data Source: Data is collected by the clinicians at each facility and submitted to the ADM data warehouse
Validity:	The measure captures the success of a provider's intervention through functional assessment. The instrument, the FARS, has high validity when tested.
Reliability:	Reliability of measure is dependent on provider's compliance with data reporting. Providers are required by contract to report performance data including client outcomes. Department will monitor extent to which providers comply with these contractual requirements. The tool currently being used, the FARS, has high test/retest and inter-rater reliability. All raters are required to be trained and certified before using the instrument.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty by Reason of Insanity, who show an improvement in functional level. (M05051)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Not guilty by reason of insanity (NGI) patients have been found by a court to be not guilty of a crime due to their mental illness at the time they committed the crime and have been ordered to a mental health facility, in accordance with Ch.916, F.S.. This number is a percent. The denominator is the number of people who had two scores reported for comparison. The numerator is the number of people who showed improvement Data Source: Data is collected by the clinicians at each facility and submitted to the ADM data warehouse
Validity:	The measure captures the success of a provider's intervention through functional assessment. The instrument, the FARS, has high validity when tested.
Reliability:	Reliability of measure is dependent on provider's compliance with data reporting. Providers are required by contract to report performance data including client outcomes. Department will monitor extent to which providers comply with these contractual requirements. The tool currently being used, the FARS, has high test/retest and inter-rater reliability. All raters are required to be trained and certified before using the instrument.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>(1) Readmission within 180 days means that a person in civil commitment was discharged from a state mental health treatment facility and returned to any facility (civil or forensic) within 180 days following the previous discharge date. (2) Persons in civil commitment are individuals with serious mental illness committed to a state mental health treatment facility as Voluntary Admission under Section 394.4625, Florida Statutes, or as Involuntary Admission under Section 394.467, Florida Statutes.. (1) The numerator is the number of persons in civil commitment who were discharged as specified below in the denominator and were readmitted within 180 days following the discharge date and had a forensic or civil commitment at the time of readmission (COMMITYPE = 1 through 9) and had a readmission type other than transfer between hospitals or status change (ADMTYPE = 01, 02, 03, 04, or 10).</p> <p>(2) The denominator is the total number of persons in civil commitment status (most recent COMMITYPE = 1, 2, 3, 7, 8, or 9), who were discharged during the reporting fiscal year and the discharge reason was not one of the following: (a) transfer between hospitals (DREASON = 02, 03, 04); (b) death (DREASON = 10 or 11); or (c) status change (DREASON = 16, 17 or 18). Data Source: Staff in State Mental Health Treatment Facilities reports the data daily, weekly, or monthly in the Substance Abuse and Mental Health Information System (SAMHIS).</p>
Validity:	This measure attempts to measure the success of persons with serious mental illness to live independently or in less restrictive environment in community and to function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF validates data submitted for accuracy and logic errors. All the state mental health treatment facilities use uniform procedures and requirement specifications for data definition, validation and submission into the SAMHIS database.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>(1) Readmission within 180 days means that a person in forensic commitment was discharged from a state mental health treatment facility and returned to a forensic state treatment facility within 180 days following the previous discharge date.</p> <p>(2) Persons in forensic commitment are individuals with serious mental illness committed to a state mental health treatment facility as Not Guilty by Reason of Insanity (NGI) under Section 916.15, Florida Statutes, or as Incompetent to Proceed ITP) under Section 916.13, Florida Statutes. (1) The numerator is the distinct number of persons in forensic commitment, who were discharged as specified below in the denominator and were readmitted within 180 days following the discharge date and had a forensic commitment at the time of readmission (COMMITYPE = 4, 5 or 6) and had a readmission type other than transfer between hospitals or status change (ADMTYPE = 01, 02, 03, 04, or 10).</p> <p>(2) The denominator is the distinct number of persons in forensic commitment status (most recent COMMITYPE = 4, 5 or 6), who were discharged during the reporting fiscal year and the discharge reason was not one of the following: (a) transfer between hospitals (DREASON = 02, 03, 04); (b) death (DREASON = 10 or 11); or (c) status change (DREASON = 16, 17 or 18). Data Source: Staff in State Mental Health Treatment Facilities reports the data daily, weekly, or monthly in the Substance Abuse and Mental Health Information System (SAMHIS)</p>
Validity:	This measure attempts to measure the success of persons with serious mental illness to live independently or in less restrictive environment in community and to function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with DCF data reporting requirements. DCF validates data submitted for accuracy and logic errors. All the state mental health treatment facilities use uniform procedures and requirement specifications for data definition, validation and submission into the SAMHIS database.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Number of children with substance-abuse problems served (M0052)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Children served in substance abuse treatment include persons enrolled in child substance abuse priority populations and received services in any treatment and non-treatment cost center under children substance abuse programs. Count of children served in substance abuse treatment Data Source: Provider staff reports service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally.
Validity:	This output measure represents the effort to evaluate the number of persons served
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

Action: Backup for performance measure

Data Sources and Methodology: Stable housing environment includes the following residential status: independent living (code = 01, 02, or 03); dependent living (code = 04 or 05); and other residential settings (codes = 06, 07, 08, 11 or 17).

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

This measure only include children who are discharged and received services in any of the following cost centers: 06= Day/Night; 08=In-home/On-site; 12=Medical Services; 14=Outpatient Individual; 18=Residential Level I; 19= Residential Level II; 20= Residential Level III; 21= Residential Level IV; 31=Behavioral Health Overlay; 35=Outpatient Group; 36=Room & Board Level I; 37=Room & Board Level II; 38=Room & Board Level III. The numerator is the number of children who meet the following conditions: (a) were discharged during the reporting period; (b) received services in at least one treatment cost center during the episode of care; and (c) their residential status at the time of discharge shows that they live in a stable housing environment.

The denominator is the number of children who meet the following conditions: (a) were discharged during the reporting period; and (b) received services in at least one treatment cost center during the episode of care.

Percent arrested prior to discharge: the numerator is the number of adults who meet the following criteria: (a) the substance abuse discharge record (Purpose = 3) indicates that the client was arrested at least once in the last 30 days prior to discharge (Arrest > 0). The denominator is the total number of adults discharged (Purpose = 3).

Percent change is the difference between the percent arrested prior to admission and the percent arrested prior to discharge. Data Source: Provider staff reports data in SAMHIS based on client interviews and local records.

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Refugees 60900708</u>
Measure:	<u>Percent of unemployed active caseload placed in employment. (M04040)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Unemployed active caseload includes all eligible employment services clients for whom a case record is open and no active placement exists. Caseload is defined as a single unduplicated client count. The measure is a percentage calculated by taking the total number of clients placed who were in the unemployed active caseload for the quarter (numerator), divided by the total number in the unemployed active caseload (denominator). Data Source: Contracted provider staff
Validity:	Threats to validity include errors in eligibility determination, placement information, and case closure.
Reliability:	Threats to consistency include the potential for different interpretations of eligibility standards, the contracted service provider's staff turnover, level of data entry skills and training.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Dollars collected through Benefit Recovery (M0111)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Benefit Recovery dollars are monies collected by the department that have been issued through client misrepresentation or department/client error. The measure is a count, the sum of the dollar value collected on established benefit recovery claims. Data Source: Benefit Recovery System (interfaces with FLORIDA)
Validity:	This measure shows the public that the department recoups the value of benefits issued in error.
Reliability:	The department's Benefit Recovery staff monitor the data in the Benefit Recovery System (BRS) on a routine basis.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Number of fraud prevention investigations completed (M0112)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Fraud is deception in order to secure an unlawful gain. Front-end Fraud Prevention, prior to benefit determination, is a review of client-supplied information that is suspected of containing fraudulent statements. An investigation is conducted to verify and document the facts. The measure is a count of the suspected fraud case investigations. Data Source: Departmental eligibility staff.
Validity:	This measure shows the public that an effort is being made to prevent ineligible individuals from receiving benefits to which they are not entitled.
Reliability:	Departmental staff are provided with training and written guidance in identifying possible fraudulent statements on an application for assistance. In addition, the department has established error prone profiles which are part of the modernized system. Applications meeting those identified criteria are referred to ACCESS Integrity staff for review and possible investigation. QA staff at the state level monitor each district's system annually.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Regional Workforce Development Boards are defined as local employment service providers. Cash assistance participants are defined as participants receiving TANF who have a work requirement as a condition of receipt of benefits. It is the total number of cash assistance participants referred to the regional workforce development boards. Data Source: Departmental staff.
Validity:	This measure indicates the number of people referred to the Regional Workforce Development Boards for employment assistance.
Reliability:	Departmental staff monitor the FLORIDA system, training new public assistance workers in its use.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percentage of food assistance applications processed within 30 days (M0219)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Application refers to electronic or paper forms submitted by individuals for Florida's Food Assistance Program. Time standards are measured from date of application to date of approval. For Food Assistance the approval is to be processed within 30 days for all Non-Expedited Food Assistance cases. There are no days excluded from the 30 day standard for non-agency delays. Total of all Food Assistance applications approved in the month, excluding Non-Expedited and disaster Food Assistance applications. Numerator: The number of these applications that do not exceed the 30 day time standard. Data Source: Economic Self Sufficiency field staff
Validity:	This measure is an indicator of the system's success in increasing the self sufficiency of food stamp recipient households.
Reliability:	Dependent on ESS field staff to recognize and code applications as expedited or regular.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Welfare transition sanctions are required when work eligible TANF recipients do not meet their work requirement. The measure is a percent. The numerator is the number of sanctions imposed timely (10 calendar days). The denominator is the total number of sanction requests received by the Department of Children and Families. Data Source: The data sources for this measure are reports from the Florida Department of Children and Family Services, and Florida On-line Recipient Integrated Data Access (FLORIDA) and the WAGES system.
Validity:	Section 414.105, Florida Statutes states that recipients "...shall receive temporary assistance for episodes of not more than 24 cumulative months in any consecutive 60 month period" The percent of requested sanctions for failure to comply with work activity is an indirect measure of the desired outcome, "work and gain economic self-sufficiency." Timely sanctioning of non-compliant clients provides motivation to other clients to faithfully pursue their training and job search requirements. Additionally, sanctioning frees up training and job openings for more diligent applicants who are more likely to "Work and gain economic self-sufficiency." This measure does not account for sanction requests, which may not be imposed because the client does not meet criteria for sanctioning or the client qualifies for an appeal.
Reliability:	The data are derived from the data systems of the Florida Department of Children and Families. The systems are monitored for quality and reliability by personnel of the department as well as by the federal government. Additionally, new public assistance workers with the Department are given 10-12 weeks of training, 25-35% of which centers on the FLORIDA system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Number of beds per day available for homeless clients (M0304)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Homeless means any person without a fixed regular or adequate night-time residence. Assisted bed means any bed assisted by an Emergency Shelter Grants or a Housing Assistance Grant. An actual physical count of number of beds done once a year when grants are awarded. Data Source: Paper copies of Grant Applications submitted annually to the Office of Homelessness in DCF.
Validity:	Measures effective use of state or federal funds used to develop beds for the homeless.
Reliability:	Twenty-seven continuums report this information to the Office of Homelessness each year in grant applications received in hard or electronic copy from eligible applicants.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Number of cash assistance applications (M0305)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Cash assistance application is defined as an electronic or paper request for public assistance benefits to provide financial assistance to eligible individuals. This is a count of applications processed to the point of determination of eligibility. Data Source: Economic Self Sufficiency staff
Validity:	This is a count of client (and prospective client) applications which indicates the number of clients and program workload that must be processed.
Reliability:	Data quality and reliability of the FLORIDA System are monitored by department data processing personnel.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

Measure Number	Approved Performance Measures for FY 2016-17		Associated Activities Title
1	Administrative cost as a percent of total agency costs (M0144)		
2	Information technology cost as a percent of total agency costs (M0145)		
3	Administrative cost as a percent of total agency costs (M0147)		
4	Administrative cost as a percent of total agency costs (M0363)		
5	Percent of licensed child care facilities inspected in accordance with program standards (M04015)		Number of facilities and homes licensed (M0123)
	Percent of licensed child care homes inspected in accordance with program standards (M05175)		Number of facilities and homes licensed (M0123)
6	Number of instructor hours provided to child care provider staff. (M0384)		Number of facilities and homes licensed (M0123)
8	Number of investigations (M0127)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
9	Number of people receiving protective supervision, and protective intervention services. (M0414)		Number of qualified disabled adults (ages 18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver
			Number of qualified disabled adults (ages 18 - 59) in the HCDA Program
10	Per capita abuse/neglect rate per 1,000 disabled adult and elderly. (M05166)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
11	Percent of adult investigations from an entry cohort completed within 60 days. (M04016)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
12	Percent of adult victims seen within the first 24 hours. (M04017a)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
13	Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year) (M0124)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
			Number of people receiving protective supervision, and protective intervention services and number of investigations completed
14	Number of children in families served (M0134)		Number of families served in Healthy Families (M0294)
15	Number of families served in Healthy Families (M0294)		Number of families served in Healthy Families (M0294)
16	Per capita child abuse rate/1000 (M0133)		Number of families served in Healthy Families (M0294)
17	Percent of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion (M0196)		Number of families served in Healthy Families (M0294)
18	Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion. (M0393)		Number of families served in Healthy Families (M0294)
19	Children receiving adoptive services (M0073)		Children receiving adoptive services (M0073)
20	Number of children in out-of-home care (M0297)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
21	Number of children receiving adoption subsidies (M0074)		Number of children receiving adoption subsidies (M0074)
22	Number of children remaining in out-of-home care more than 12 months. (M0388)		Number of children in out-of-home care (M0297)
23	Number of children under protective supervision (point in time) (M0296)		Number of children under protective supervision (point in time) (M0296)
24	Number of children with a goal of adoption who remain in out-of-home care after 24 months (M0392)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
25	Number of investigations (M0295)		Number of investigations (M0295)
26	Number of investigations not completed after 60 days (M0387)		Number of investigations (M0295)
27	Percent adoptions finalized within 24 months of the latest removal. (M0391)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
28	Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment. (M04026)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
29	Percent of child investigations commenced within 24 hours. (M0368)		Number of investigations (M0295)
30	Percent of child investigations from an entry cohort completed within 60 days. (M0394)		Number of investigations (M0295)
31	Percent of children entering out-of-home care who re-entered within 12 months of a prior episode. (M0390)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
32	Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
33	Percent of children who age out of foster care with high school diploma or G.E.D. (M05085)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.

Measure Number	Approved Performance Measures for FY 2016-17		Associated Activities Title
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

Measure Number	Approved Performance Measures for FY 2016-17		Associated Activities Title
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)		Total number of applications processed (M0106)
84	Total number of applications processed (M0106)		Total number of applications processed (M0106)
85	Percent of cash assistance benefits determined accurately (M0108)		Total number of applications processed (M0106)
86	Percent of food stamp benefits determined accurately (M0107)		Total number of applications processed (M0106)
87	Percent of Food Stamp applications processed in accordance with Federal high performance bonus criteria. (M05181)		Total number of applications processed (M0106)
88	Administrative cost as a percent of total program costs (M0138)		
89	Return on investment from fraud prevention/benefit recovery (M0369)		Dollars collected through benefit recovery (M0111)
90	Number of fraud prevention investigations completed (M0112)		Dollars collected through benefit recovery (M0111)
91	Dollars collected through benefit recovery (M0111)		Dollars collected through benefit recovery (M0111)
92	Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)		Dollars collected through benefit recovery (M0111)
93	Percent of Optional State Supplementation (OSS) applications processed within time standards (M0114)		Total number of applications processed (M0106)
94	Number of applications processed for Optional State Supplementation payments (M0115)		Total number of applications processed (M0106)
95	Number of beds per day available for homeless clients (M0304)		Number of beds per day available for homeless clients (M0304)
96	Number of cash assistance applications (M0305)		Total number of applications processed (M0106)
97	Number of cash assistance participants referred to the regional workforce development boards (M0119)		Total number of applications processed (M0106)
98	Percent of customers who have employment entry. (M05090)		Total number of applications processed (M0106)
99	Percent of customers who remain in employment (job retention). (M05141)		Total number of applications processed (M0106)
100	Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)		Total number of applications processed (M0106)
101	Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)		Total number of applications processed (M0106)
102	Percent of TANF customers participating in work or work-related activities (M05088)		Total number of applications processed (M0106)
103	Percent of work able food stamp customers participating in work or work-related activities (M05089)		Total number of applications processed (M0106)
104	Number of refugee cases (M0362)		
105	Number of refugee cases closed (M0104)		
106	Percent of refugee assistance cases accurately closed at 8 months or less (M0103)		
107	Average number of days to restore competency for adults in forensic commitment. (M0015)		Number of adults in forensic commitment served (M0044)

Measure Number	Approved Performance Measures for FY 2016-17		Associated Activities Title
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)

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)