



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

**Rick Scott**  
Governor

**Mike Carroll**  
Secretary

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LONG RANGE PROGRAM PLAN

Department of Children and Families  
Tallahassee, Florida

September 30, 2016

Cynthia Kelly, Director  
Office of Policy and Budget  
Executive Office of the Governor  
1701 Capital  
Tallahassee, Florida 32399-0001

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Tallahassee, Florida 32399-1300

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Senate Committee on Appropriations  
201 Capitol  
Tallahassee, FL 32399-1300

Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, our Long Range Program Plan (LRPP) for the Department of Children and Families is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2018-19 through Fiscal Year 2022-2023. The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is <http://www.myflfamilies.com/general-information/planning-performance-measures>. This submission has been approved by Mike Carroll, Secretary.

Sincerely,

Ted Harrell MSW  
Office of Planning and Performance

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1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

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



Department of Children and Families

Long Range Program Plan

Fiscal Years 2018-2019 through 2022-2023

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Message from Secretary Carroll:

Dear Senate President Joe Negron and Speaker Richard Corcoran,

On behalf of the Florida Department of Children and Families (DCF), I am pleased to present the Long Range Program Plan for Fiscal Years 2018-2019 through 2022-2023. This plan provides the opportunity to review the department's recent progress and outline the direction for the future.

DCF's mission 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. We take pride in this sacred mission and remain committed to enhancing the many lives we touch every day.

In order to fulfill our mission, DCF's workforce must have integrity, accountability, respect, and a goal for achieving excellence. The department stretches across the State, uniting communities, partners, and organizations to deliver world class service with the level and quality we would demand and expect for our own families. Because of the numerous resources DCF provides, there is a continuous need to ensure all programs operate 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.

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. Improve the Quality of Care and Increase Patient and Staff Safety at State Mental Health Treatment Facilities**

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| Objective a. Increase the current percent of civil and forensic residents restored to competency within 125 days from 50% to 90%. |
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| Objective b. Reduce the incidence of seclusion and restraint from 1.92 incidents per 1000 bed days to 1.0 per 1000 bed days. |
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- **Goal 2. Expand and Better Coordinate Community Behavioral Health Services**

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| Objective a. Reduce the readmission rate to Detox facilities within 30 days from 28.9% to 15%. |
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| Objective b. Increase the percent of residents discharged from civil commitments within 30 days from 29% to 50%. |
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- **Goal 3. Keep Vulnerable Children and Families Safe through Improved Assessment of Risks and More Meaningful Engagement with Families and Communities**

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| Objective a. Increase percent of CBCs meeting standard for adequate service array to 100% |
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| Objective b. Increase percentage of Abuse Hotline calls answered within 10 minutes from 90% to 100%. |
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| Objective c. Decrease recurrence of child maltreatment within 12 months of verified finding from 11% to < 9.1% (national standard) |
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| Objective d. Increase number of CBCs meeting national standard for children achieving permanency within 12 months from 14 to all 20 CBCs. |
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| Objective e. Decrease percent of children aged 13-17 in group care from 33% to 20%. |
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- **Goal 4. Increase Capacity of Professional Staff to Better Meet the Needs of the Vulnerable Floridians**

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| Objective a. 100% of leaders and supervisors will complete leadership development training curriculum by June 30, 2018. |
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| Objective b. Implement competency glide path for 5 critical workforce classes. |
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## 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 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | FY 2022-23 |
|---|---------------------|------------|------------|------------|------------|------------|
| Percent of child victims seen within the first 24 hours as reported in closed cases (FS104)   | FY 2008-09<br>83%   | 85%        | 85%        | 85%        | 85%        | 85%        |
| Percent of calls made to the Florida Abuse Hotline that were abandoned (HL069)  | FY 2004-05<br>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<br>83%   | 93%        | 93%        | 93%        | 93%        | 93%        |
| 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:<br>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:<br>85%  | 85%        | 85%        | 85%        | 85%        | 85%        |
| 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<br>94.6% | 94.6%      | 94.6%      | 94.6%      | 94.6%      | 94.6%      |
| Number of children in out-of-home care (FS297)  | 12/31/06<br>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 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | FY 2022-23 |
|--|---------------------|------------|------------|------------|------------|------------|
| Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (MH709)              | FY 2009-10<br>8%    | 7%         | 7%         | 7%         | 7%         | 7%         |
| Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (MH777) | FY 2009-10<br>8%    | 7%         | 7%         | 7%         | 7%         | 7%         |
| Percent of adults with serious mental illness who are competitively employed (MH703)   | FY 2007-08<br>24%   | 46%        | 46%        | 46%        | 46%        | 46%        |
| 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<br>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<br>98%   | 98%        | 98%        | 98%        | 98%        | 98%        |
| Percent of food stamp benefits determined accurately (ES107)   | FY 2005-06<br>94%   | 98%        | 98%        | 98%        | 98%        | 98%        |

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

Outcome Projection Table

| Outcome   | Baseline            | FY 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | FY 2022-23 |
|---|---------------------|------------|------------|------------|------------|------------|
| Percent of children with serious emotional disturbances who improve their level of functioning (MH378)          | FY 2009-10<br>68%   | 86%        | 86%        | 86%        | 86%        | 86%        |
| Percent of adults with severe persistent mental illness (SPMI) who live in a stable housing environment (MH742) | FY 2007-08<br>90%   | 95%        | 95%        | 95%        | 95%        | 95%        |
| Percent adoptions finalized within 24 months of the latest removal (FS303)                                      | FY 2007-08<br>44.1% | 44%        | 44%        | 44%        | 44%        | 44%        |
| Percent of children who successfully complete substance abuse treatment services (SA725)                        | FY 2007-08<br>48%   | 69%        | 69%        | 69%        | 69%        | 69%        |
| Percent of adults who successfully complete substance abuse treatment services (SA755)                          | FY 2007-08<br>51%   | 54%        | 54%        | 54%        | 54%        | 54%        |

## Outcome 4: Steward effectively and efficiently

Outcome Projection Table

| Outcome  | Baseline                   | FY 2018-19 | FY 2019-20 | FY 2020-21 | FY 2021-22 | FY 2022-23 |
|--|----------------------------|------------|------------|------------|------------|------------|
| Percentage Child Protection Investigator Turnover - Annualized | Jan thru Mar 2013<br>16.6% | 15.5%      | 15%        | 14.5%      | 14%        | 14%        |
| Average square footage of lease space per FTE/OPS              | June 2017<br>170.1         | 170        | 170        | 170        | 170        | 170        |
| Percent of payments processed & submitted timely               | May 2013<br>98.4%          | 95%        | 95%        | 95%        | 95%        | 95%        |

## *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

## **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 sheriffs' 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 by county sheriffs' offices under grants administered through the Department. 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.

Section 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. As of June 30, 2017 there were 24,249 children the Department served who were placed in out-of-home care and 12,186 who remained in their homes with their parents.

During the 2017 legislative session, several key pieces of legislation were passed that impact child welfare.

- **CS/SB 60 – Children Obtaining Driver Licenses – effective upon becoming law (May 1, 2017) (Chapter 2017-8, Laws of Florida)** – revises the pilot program to make it a permanent program and expands eligibility to children in out-of-home care.
- **HB 151 Proceedings Involving Minors or Persons with Intellectual Disabilities – effective July 1, 2017 (Chapter 2017-13, Laws of Florida)** – allows the court to use therapy animals or facility dogs in certain proceedings involving a sexual offense.
- **CS/CS/CS/HB 185 - State Park Fees – effective July 1, 2017 (Chapter 2017-27, Laws of Florida)** – provides families operating licensed family foster homes free annual family passes to Florida State Parks and a 50 percent discount on base campsite fees at Florida

State Parks and provides families who adopt a special needs child a one-time family annual entrance pass to Florida State Parks at no charge.

- **CS/HB 749 – Adoption Benefits – effective July 1, 2017 (Chapter 2017-140, Laws of Florida)** – adds employees of charter schools and Florida Virtual School as qualifying adoptive employees for the adoption benefit program.
- **CS/CS/SB 852 – Human Trafficking – effective October 1, 2017 (Chapter 2017-23, Laws of Florida)** – requires the Department or a Sheriff’s Office to conduct a multidisciplinary staffing on child victims of commercial sexual exploitation to determine the child’s service and placement needs and requires the Department to follow up with the verified victims within six months.
- **HB 1121 – Child Welfare – effective date July 1, 2017 unless otherwise noted (Chapter 2017-153, Laws of Florida)** – makes a number of changes to current law relating to the care of children in the child welfare system, including early identification of the father, and codifying the current practice model. Many of these changes seek to better ensure child safety and protect vulnerable children.
- **HB 1269 Child Protection – effective July 1, 2017 (Chapter 2017-153, Laws of Florida)** – makes a number of changes to provisions relating to child protection teams (CPT) and to Sexual Abuse Treatment Programs.

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 2016-2017, CPI staff initiated 196,967 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. 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. The Department is authorized to continue its participation in the Waiver Demonstration Project through September 2018. The Department will be requesting to continue participation in the Waiver Demonstration Project through September 2019 to align with the sunset of federal law on IV-E Waiver.

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. Approximately 61% of children placed in other states were placed with families who became permanent. In 2016, Florida received 5,781 ICPC requests resulting in placement of 734 Florida children with families in other jurisdictions and 461 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, CBCs, 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 2017, 19 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 2016, Florida processed 1290 requests for Medicaid services for adopted children between states including change requests for existing Medicaid cases.

**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.

**Child Care**

Pursuant to Chapters 402 and 1002, F.S., the health, safety, and well-being of children in the care of licensed facilities, family day care homes, and exempt child care arrangement that provide school readiness services are overseen by the Office of Child Care Regulation in 62 of 67 counties.

**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 2016-17:

| Contact Type   | Number  |
|----------------|---------|
| Calls          | 369,566 |
| On-Line        | 53,760  |
| Total Contacts | 423,326 |

| Contact Type      | Number  |
|-------------------|---------|
| Child             | 314,612 |
| Adult             | 108,714 |
| Total Assessments | 423,326 |

The Hotline also received 41,630 requests for referral information on services from the public and completed 595,043 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, are priorities for the Office of Child Welfare (OCW), Child Care, Domestic Violence and the Florida Abuse Hotline.

### **Child Welfare**

- Child Welfare Practice Model
- Service Array and Quality Placements
- Integration of Substance Abuse and Mental Health for Child Welfare Families
- Analysis on Child Fatalities
- Results Oriented Accountability
- Workforce Stability
- Implementation of federal Comprehensive Addiction and Recovery Act
- Commercially Sexually Exploited Children

### **Background Screening**

- Providing timely and accurate background checks for qualified caregivers or children and vulnerable adults

### **Child Care**

- Continued implementation of the new federal Child Care Development Block Grant Reauthorization requirements
- Quality child care for foster parents
- Establish the Florida Early Care and Education Professional Development Registry in partnership with the Department of Education's Office of Early Learning

### **Domestic Violence**

- Service Integration at community Domestic Violence shelters including Domestic Violence, Child Welfare, Substance Abuse and Mental Health
- Capital Improvements Grant Program for Domestic Violence Centers

### **Florida Abuse Hotline**

- Improve overall decision-making of all assessed Hotline calls and expand child welfare system screening requirements to include the child and vulnerable adult provider community applicants

## **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. One hundred percent of child protective investigation units have fully implemented the model into practice, and 69.5% of the total cases currently being supervised by case managers have an approved, ongoing Family Functioning Assessment directing their intervention efforts.

### Service Array and Quality Placements

OCW seeks to ensure an adequate array of placement resources across Florida's systems of care, to include increasing the number of high-quality foster homes. This begins with an understanding of the array needed and follows with a gap analysis. The OCW will lead a statewide effort in partnership with the Regions, CBCs, Foster Parents, and others to assess best practices around recruitment, retention, and placement and to define a quality foster home. Two workgroups will be utilized: Service Array and Quality Foster Homes. The Service Array workgroup will focus on the first components which includes determining an adequate service array and completing a gap analysis. This workgroup will have a subgroup dedicated to the placement continuum. The Quality Foster Homes workgroup, formed in response to HB 1121, will assess the current efforts across the state regarding quality foster homes, including analysis of recruitment, retention, and placement practices, and will define what it means to be a quality foster home. The Service Array and Quality Foster Home workgroups will share information with each other in order to be fully informed regarding needed future actions. The OCW will continue to monitor progress utilizing data on new foster home licenses and foster home closures.

The following milestones have been established:

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| Milestone 1: The Department and Community-Based Care Lead Agencies will increase the availability and access to services for children served by the child welfare system in both in-home and out-of-home care. |
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| Milestone 2: The Department and Community-Based Care Lead Agencies will increase the availability and access to appropriate, quality placement services to meet the unique needs of children served in out-of-home care. |
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### 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.

Data analysis is also completed on a quarterly basis in order to determine whether or not there are shifts in any identified patterns/trends. This is inclusive of all years beginning in 2009 and is updated with real time information. Along with the quarterly analysis, there is a monthly comparison spreadsheet that captures the number of fatalities in a given month for each listed year. Lastly, a yearly analysis of all verified child fatalities is conducted to compare abuse-related fatalities to neglect-related fatalities and further stratifies the neglect-related causal factors given that those cases make up the majority of child fatalities reported to the hotline.

### 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.

### Workforce Stability

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 2016-17 was a statewide effort led by the Secretary to identify efficiencies for CPs in order to improve performance, control workload and reduce staff turnover.

### 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 2017 State and Federal Legislation

- **Evidenced-Based services:** During the 2014 Session, the Legislature passed legislation that 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 (CSEC):** 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 and the numbers of reports have increased each year. 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. The increase in numbers of report received by the Hotline continued in FFY 2014-15 and FFY 2015-16 with 1225 reports and 1892 reports, respectively. This reflects a 54.45% increase in the number of reports from FFY 2014-15 to FFY 2015-16. On any given day, there are approximately 185 known victims of human trafficking within the dependency system. Research conducted by RTI International has revealed an increase in the percentage of identified victims that are community youth 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 2015-16, there were four Safe Houses in the state of Florida with a total of 20 beds. In FFY 2015-16, two of these safe houses were certified under the new standards. 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 and the CHANCE program has 15 Safe Foster Home beds available in the Southeast Region. The Safe Foster Home model is able to serve male or female 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, in the Spring of 2015, initiated the use of the tool among CPIs in two regions and statewide implementation among CPIs occurred in Spring 2016.

Between October 1, 2015 and September 30, 2016, community-based care lead agencies reported evaluating a total of 416 children for placement in a safe house or safe foster home. Seventy (70) or 17 percent 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, 131 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.

Senate Bill 852 became law effective October 1, 2017. This bill provides clarifications on procedures for conducting multidisciplinary staffings for alleged and verified victims of commercial sexual exploitation, including requiring the development of a service plan based on the needs of the child and a 6-month follow up on that service plan for verified victims. Also, the bill defines commercial sexual exploitation and notes that staffing requirements and service provision options apply to those children not eligible for relief and benefits under 22 U.S.C. ss. 7101 (TVPA). It also requires the Department to maintain information on prevalence of CSEC, specialized services and placement provided to victims and local service capacity throughout the state for inclusion in an annual report. The Department is taking the necessary steps to implement these new requirements.

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.

- On July 22, 2016, the President signed into law the Comprehensive Addiction and Recovery Act, (CARA), which among other provisions amended sections 106(b)(2)(B)(ii) and (iii) of Child Abuse Prevention and Treatment Act (CAPTA) to remove the term "illegal" as applied to substance affected infants and to specifically require that plans of safe care address the needs of both infants and their families or caretakers. 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 substance use 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 Department and other identified statewide workgroup participants attended the 2017 Policy Academy: Improving outcomes for pregnant and postpartum women with opioid use disorders and their infants, families and caregivers. The policy academy provided an opportunity for the state workgroup to prioritize policy and practice issues, aligning our state policy and practice with CAPTA statutes. Ongoing technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW) continues as we further align policy and practice with CAPTA statutes.



The Department has identified a statewide leadership group to coordinate the multiple systems involved in the care of these infants and their families. Through this group ongoing policy review and system wide approaches are being explored.

As a part of these discussions, ways in which partner agencies can leverage internal policies and messaging are being maximized. The pathway and processes for notifications and response are being explored. The statewide work incorporates the pre-pregnancy, pre-natal, and neonatal periods and the needs of the mother, infant and family.

The Department and partner agencies continue to explore the best avenue for information collection around the numbers of families served through plans of safe care. The Department is also in the process of developing training opportunities for both internal and external staff to increase their awareness and knowledge of the CAPTA requirements moving forward.

### 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 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 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.

Revise Florida Administrative Code

Revision of the following rules is planned or continues for FY 2017-2018:

| <b>Rule Chapter/Section</b> | <b>Rule Title</b>   |
|-----------------------------|---|
| <b>65C-9.002</b>            | <b>Definitions</b>  |
| <b>65C-13.022 thru 035</b>  | <b>Foster Care Licensing</b>  |
| <b>65C-14.117</b>           | <b>Emergency Shelters</b>   |
| <b>65C-14.118</b>           | <b>Runaway Shelters</b>   |
| <b>65C-15.003</b>           | <b>Application and Licensing Study</b>  |
| <b>65C-16.013</b>           | <b>Determination of Maintenance Subsidy Payments</b>  |
| <b>65C-16.021</b>           | <b>Adoption Benefits for Qualifying Employees of State Agencies</b>                                   |
| <b>65C-17</b>               | <b>Master Trust</b>   |
| <b>65C-28.004</b>           | <b>Placement Matching</b>   |
| <b>65C-28.011</b>           | <b>Criminal, Delinquency and Abuse/Neglect History Checks for Relative or Non-Relative Placements</b> |
| <b>65C-28.015</b>           | <b>Residential Mental Health Treatment</b>  |
| <b>65C-29.003</b>           | <b>Child Protective Investigations</b>  |
| <b>65C-30</b>               | <b>General Child Welfare Provisions</b>   |
| <b>65C-31</b>               | <b>Services to Young Adults Formerly in Care</b>  |
| <b>65C-33.016</b>           | <b>Child Welfare Training Program</b>   |
| <b>65C-35.001</b>           | <b>Definitions</b>  |
| <b>65C-35.013</b>           | <b>Medical Report</b>   |
| <b>65C-42</b>               | <b>Road to Independence</b>   |

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 are met for on-site inspections of licensed child care programs, family day care homes, and exempt child care arrangements that provide school readiness services.
- 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

Department administers all federal and statewide domestic violence funding to the Florida Coalition Against Domestic Violence (FCADV) and works collaboratively to help prevent family violence and support victims of domestic violence.

- 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. Overall support continues for domestic violence victim advocates co-located in many CPI offices. CPI projects provide co-located services in all 67 counties. There are 67 full- and part-time co-located domestic violence advocates partnering with the Department, Sheriffs' Offices and CBC's.
- Capital Improvements Grant Program for Domestic Violence Centers: When legislative funds are made available the Department will partner with FCADV to develop projects that add shelter beds to certified domestic violence centers.

### 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.

The new legislative requirements to conduct FSFN child welfare records checks for prospective employees for childcare and vulnerable adult community providers has been assigned to the Hotline. This workload has been incorporated into current requirements for Adam Walsh, in the Out of State Child Protective Investigator and Child Care records checks.

#### **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 continue the implementation of 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 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 watch for legislation at the federal level that will require state legislative action if passed along with anticipating any legislation that might be needed as the Title IV-E Waiver comes to an end.

#### **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.

#### Statewide Accountability System for Residential Group Care Providers

**Authority:** Section 409.996(22)(c), Florida Statutes

**Purpose:** Requires the Department to submit a report on the development of a statewide accountability system for residential group care providers and a plan for Department oversight and implementation of the statewide accountability system.

#### Quality Foster Homes

**Authority:** Section 409.996(23)(d), Florida Statutes

**Purpose:** Requires the Department to describe dimensions of quality for foster homes; quality enhancement efforts in the state, barriers to greater availability of high quality foster homes; discuss available research and present a plan for developing and implementing strategies to increase the availability of high-quality foster homes.

#### 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 CPIs 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 CPIs 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.

#### Child Commercial Sexual Exploitation

**Authority:** Section 39.524(3), Florida Statutes

**Purpose:** Requires the Department with information from the CBC Agencies and certain sheriffs' offices to report on the prevalence of child commercial sexual exploitation; specialized services provided and placement of such children; local service capacity assessed; placement of children in safe houses and safe foster homes, criteria used to determine placement; number of children evaluated; number of children placed based upon evaluation; number of children not placed; and Department's response to the findings and recommendations made by OPPAGA.

#### 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.

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.



## **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 30% between the years 2000-2030 (United States Census Bureau). 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.

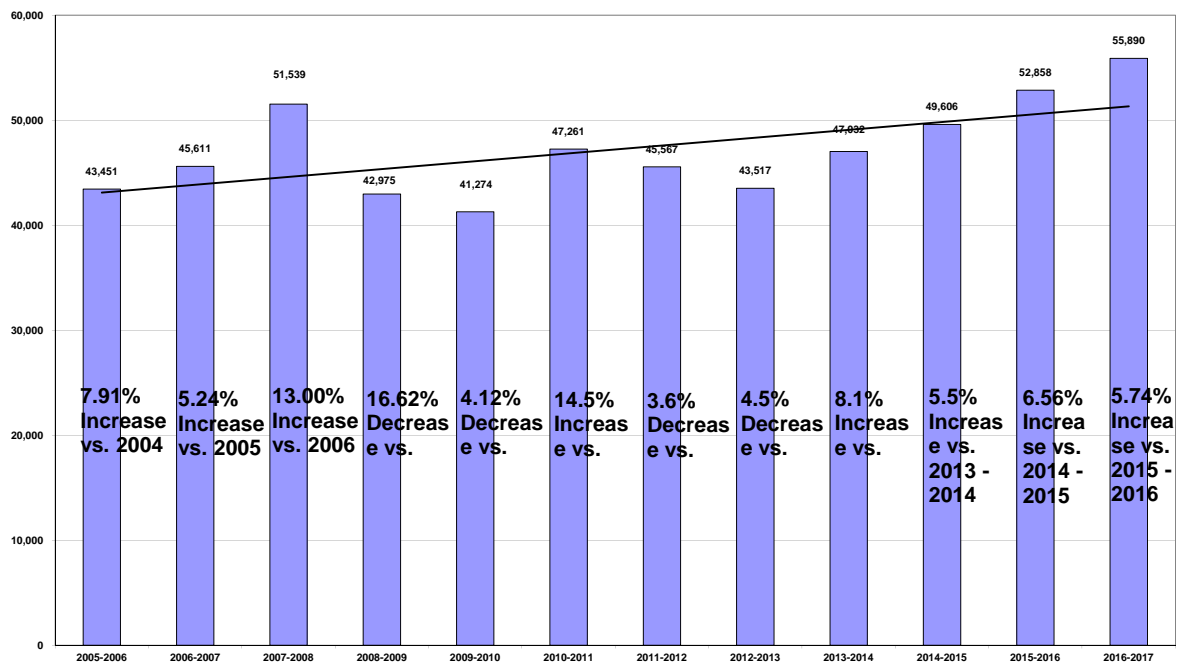
## C. Addressing Our Priorities over the Next Five Years

**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 55,890 reports of abuse, neglect, and/or exploitation of vulnerable adults during Fiscal Year (FY) 2016-2017 (see following chart). This represents a 5.7% 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, 2005-2017



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 2016-2017, the percentage of victims seen within the first 24 hours was 95.4%.

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 2016-2017, Adult Protective Services averaged closing the investigations within 60 days in 96% of the cases statewide.

#### **Adult Protective Services Quality Assurance**

During FY 2016-2017, 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 2016-2017, there were 1,734 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 2016-2017, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,440. In FY 2016-2017, the average care plan cost for an individual in the Community Care for Disabled Adults (CCDA) program was approximately \$7,262.

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 2,702 adults with disabilities who are seeking services. 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 the single state authority for mental health<sup>1</sup> and substance abuse<sup>2</sup> services as well as the statewide opioid treatment authority, and is comprised of the following:

1. Community Substance Abuse and Mental Health,<sup>3</sup>
2. State Mental Health Treatment Facilities (SMHTF),<sup>4</sup>
3. The Sexually Violent Predator Program (SVPP)<sup>5</sup>,
4. Office of Suicide Prevention,
5. Office of Homelessness, and
6. 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 the following staff members:

1. Director for Substance Abuse and Mental Health,
2. Director of State Mental Health Treatment Facilities Policy and Programs,
3. Chief Hospital Administrator for State Mental Health Treatment Facilities,
4. Director for the Sexually Violent Predator Program,
5. Executive Director of Homelessness, and
6. Director of Substance Abuse and Mental Health Quality Assurance.

Other than directly 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,<sup>6</sup> and designation of addiction and Baker Act receiving facilities.

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

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

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

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

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

<sup>6</sup> s. 397.321(6), F.S.

SAMH services are administered through five core administrative and programmatic functions:

1. Community Based Services

- Operations:
  - Contract procurement and management
  - Discretionary grant management and implementation
  - Management of the Behavioral Health Network<sup>7</sup>
  - Oversight and monitoring of Community Mental Health Block Grant (MHBG)<sup>8</sup>
  - Oversight and monitoring of Substance Abuse Prevention and Treatment Block Grant (SABG)<sup>9</sup>
  - Child Welfare and SAMH integration
  - Legislative budget request development
  - Long range program planning
- Program Information:
  - Development of clinical guidance, based on industry standards and research
  - Collection and analysis of seclusion and restraint event data
  - Review and dissemination of 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 statewide licensure of substance use disorder treatment services
  - Management of the Provider Licensure and Designations System
  - Designation of addictions and Baker Act receiving facilities
  - Approval of recovery residence/administrator credentialing entities
  - State Opiate Treatment Authority

2. State Mental Health Treatment Facility Services

- Programmatic and supervisory oversight of state operated treatment facilities:
  - Florida State Hospital
  - Northeast Florida State Hospital
  - North Florida Evaluation and Treatment Center
- Contract management and programmatic oversight for privately operated treatment facilities:
  - South Florida Evaluation and Treatment Center
  - South Florida State Hospital
  - Treasure Coast Forensic Treatment Center

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<sup>7</sup> The Behavioral Health Network is a network of behavioral health providers who serve Medicaid ineligible children ages 5-19 with mental health or substance use disorders who are determined eligible for the Title XXI of the United States Public Health Services Act, KidCare program.

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

<sup>9</sup> 42 U.S.C. s. 300x-21.

- 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 Act<sup>10</sup>
    - Contract monitoring for operation of the Florida Civil Commitment Center
  4. Homelessness
    - Central point of contact on homelessness in the state
    - Supports the 17-member Council on Homelessness
    - Coordinates resources and programs with state and private providers
    - Manages targeted state grants
    - Collects and reports data on homeless conditions
  5. 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 (ME) partners.<sup>11</sup> The purpose of the behavioral health managing entities are 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.<sup>12</sup> Services are provided by a network of local behavioral health providers, through contract.

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<sup>10</sup> See, ch. 394, Part V, F.S.

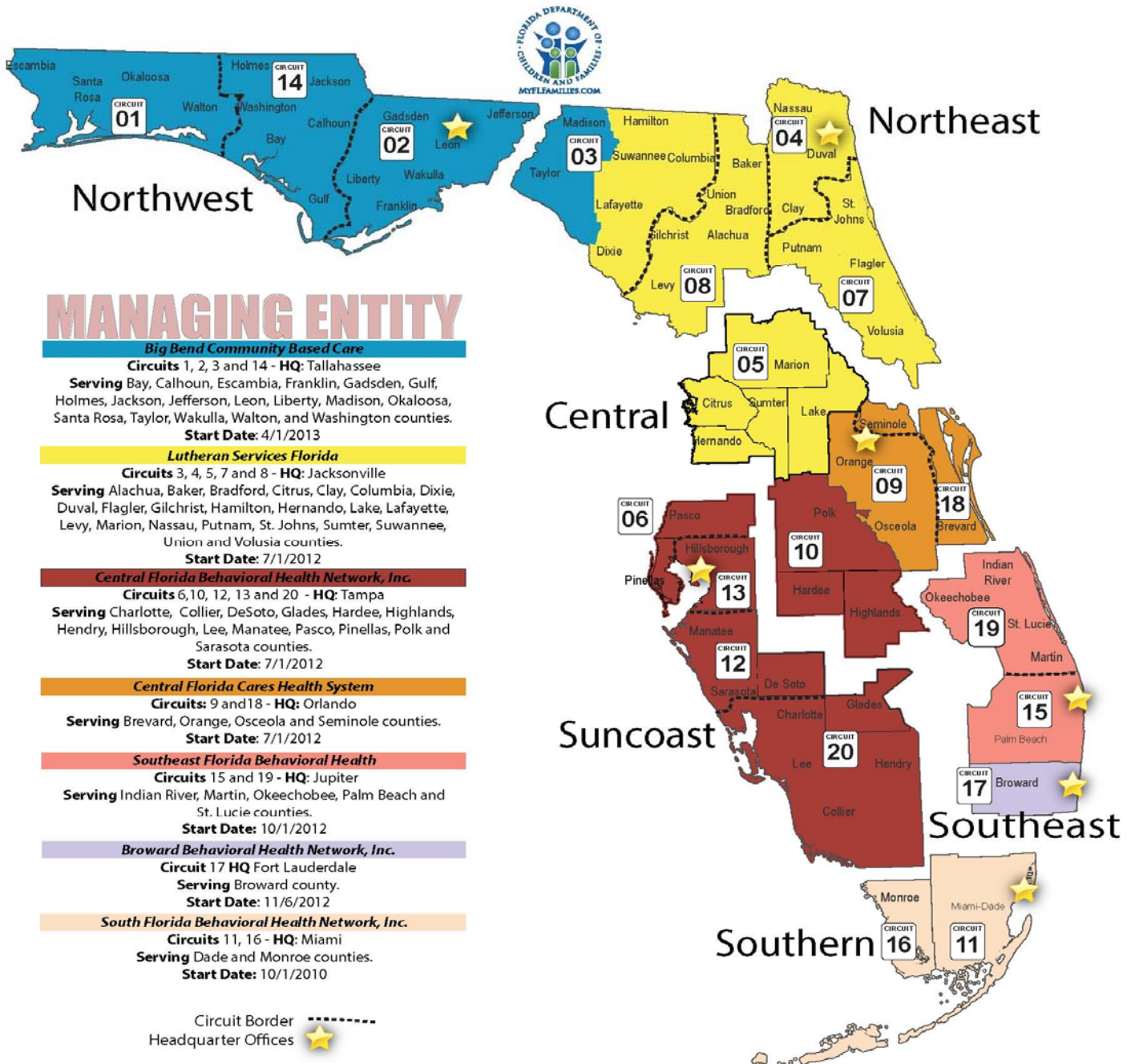
<sup>11</sup> See, s. 394.9082, F.S.

<sup>12</sup> See, s. 394.9082(1)(b), F.S.



Operationally, the ME contracts are executed, implemented and managed by the Regional Managing Director. In consultation with the SAMH Central Office, the Regional SAMH Director ensure that each ME meets the statewide goals, and is also responsive to the unique conditions in each community. Figure 1 shows the location and structure of the Department’s regional organization and the Managing Entities.

Figure 1. Regional Organization and Managing Entities



## B. Selection of Priorities

Priorities are driven by a variety of factors including fund source requirements, data trends, and identified service gaps and needs. In State Fiscal Year 2016-2017, the Department received approximately \$36 million in Mental Health Block Grant (MHBG) funding and \$111 million in Substance Abuse Block Grant (SABG) funding from the federal government. 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

The availability of and access to substance abuse treatment and support services for pregnant women has become even more critical as the use of opioids has increased at an alarming rate, resulting in a public health crisis nationwide and in Florida. Between 2010 and 2015, as heroin has supplanted prescription drugs, cases of neonatal abstinence syndrome (NAS) grew by 86 percent.<sup>13</sup> During that time, the financial impact of NAS statewide was \$967 million, with five out of every six dollars being billed to Medicaid.<sup>14</sup>

Prior to the recent increase in opioid use and related deaths, the need to address newborns exposed to substances, including prescription drugs was identified. A 2014 report from the Center for Disease Control stated that the number of hospital discharges of newborns diagnosed with NAS increased more than 10-fold in Florida since 1995, far exceeding the three-fold increase observed nationally. In a 2013 report, 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.

Newborns exposed to substances may have short and long term health and developmental challenges and substance use disorders limit parental capacity, which may result in significant impairment in a mother's ability to care for her newborn when it is needed the most. In response, Florida intends to increase the availability of and access to evidenced based and effective treatment practices and recovery support services specific to pregnant and parenting women with substance use disorders through six strategies supported by state and federal funding, to include the following:

1. The Florida Legislature allocated \$10 million in recurring funds to the Department to enhance and expand access to evidence-based substance use services for women who are pregnant or have dependent children, including services for their families. The current service array for pregnant and parenting women includes residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and case management which supports both mother and child.

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<sup>13</sup> Lind, J. N., Petersen, E. E., Lederer, P. A., Phillips-Bell, G. S., Perrine, C. G., et al. (2015). Infant and Maternal Characteristics in Neonatal Abstinence Syndrome – Selected Hospitals in Florida, 2010-2011. *MMWR*, 64(8), 213-216

<sup>14</sup> Beall, P. & Stucka, M. (2016). Cost of Heroin Epidemic Tops \$2 Billion a Year in Florida. *Palm Beach Post*. Retrieved from [www.mypalmbeachpost.com/news/cost-heroin-epidemic-tops-billion-year-florida/WYamI7pzwIHMKFk3mzY8H/](http://www.mypalmbeachpost.com/news/cost-heroin-epidemic-tops-billion-year-florida/WYamI7pzwIHMKFk3mzY8H/)

2. Florida’s federally funded State Targeted Response to the Opioid Crisis grant is designed to address overdose prevention and access to Medication Assisted Treatment. Priority for treatment and recovery support services will be given to pregnant women who are injecting opioids; pregnant women; caretakers involved in child welfare and caretakers of young children. Studies have shown that providing methadone and buprenorphine maintenance treatment to pregnant women with opioid use disorders reduces illicit drug use, improves compliance with obstetric care, and improves birth weight.<sup>15</sup>
3. The Substance Abuse and Mental Health Services Administration (SAMHSA) Project LAUNCH grant has partnered with the Substance Exposed Newborn Taskforce in a high need area, which has recently developed an infant safety and care training for other child-serving professionals to improve care for substance exposed newborns. Information booklets are also being developed for parents and other caregivers to ensure they have complete information about the challenges these infants will face across the lifespan. These booklets will be designed to increase understanding of care and safety during infancy and the developmental challenges substance exposed newborns face as they grow and enter educational environments.
4. The Department, in consultation with the Department of Health and Agency for Health Care Administration, is participating in a Policy Academy for technical assistance from the National Center on Substance Abuse and Child Welfare aimed at improving outcomes for pregnant and postpartum women with opioid use disorders and their infants and families who are involved or at risk of being involved with child welfare services.
5. The Department in partnership with the Florida Association of Alcohol and Drug Abuse and the Florida Certification Board, continues to provide webinar training, online courses and resources on evidence-based practices and treatment for pregnant women with substance use disorders.
6. Lastly, the Office of Substance Abuse and Mental Health recently hired a designated lead for women’s behavioral health services. The focus of this position is to increase the percent of pregnant women engaged and served by the Department. Strategies include working with key systems partners to analyze and improve outreach, referral, and engagement activities.

### Services for Intravenous Drug Users and Communicable Diseases

Due to high rates of AIDS cases, Florida continues to be a “designated” state – and is therefore required to spend 5 percent of the SABG award on HIV Early Intervention Services (EIS). As of June 30, 2017, the Florida Department of Health estimates that there were

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<sup>15</sup> Rayburn, W. & Bogenschutz, M.P. (2004). Pharmacotherapy for Pregnant Women with Addiction. *American Journal of Obstetrics and Gynecology*, 191, 1885–1897; Wang, E.C. (1999). Methadone Treatment During Pregnancy. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 28, 615–622; Fajemirokun-Odukeyi, O., et al. (2006). Pregnancy outcome in Women Who Use Opiates. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 126(2), 170–175; Kaltenbach, K., Berghella, V., Finnegan, L. (1998). Opioid Dependence During Pregnancy: Effects and Management. *Obstetrics and Gynecology Clinics of North America*, 25, 139–151; Johnson, R.E., Jones, H.E., & Fisher, G. (2003). Use of Buprenorphine in Pregnancy: Patient Management and Effects on the Neonate. *Drug and Alcohol Dependence*, 70, S87–S101; Lejuene, C., Simmat-Durand, L., Gourarier, L., & Aubisson, S. (2006). Prospective Multicentere Observational Study of 260 infants Born to 259 Opiate Dependent Mothers on Methadone or High-dose Buprenorphine Substitution. *Drug and Alcohol Dependence*, 82(3), 250–257.

4,708 HIV cases diagnosed in Florida in 2015. Intravenous drug use was a suspected risk factor for transmission in 6.1 percent of these cases. Furthermore, there were 181 cases of co-occurring HIV and hepatitis C diagnosed in 2015. It is estimated that intravenous drug use was a risk factor for transmission in 47.6 percent of these cases.

HIV and hepatitis C cases are increasing in many Florida counties due to an increase in the injection of opioids. In this context, it is increasingly urgent for Florida to ensure that the HIV EIS set-aside funding is used in the most effective and efficient way possible.

To ensure funds are expended effectively and efficiently, additional analyses will be conducted over the next two years in partnership with the MEs and a series of recommendations for system improvements will be developed and implemented.

#### Early Intervention Services for First Episode Mental Illness

Most individuals with serious mental health conditions such as bipolar disorder, depression and schizophrenia usually experience symptoms in adolescence and early adulthood. However, there are often long intervals between the onset of symptoms, diagnosis, referral and treatment.

There has been a growing sentiment nationwide among consumers and their families that the mental health system needs to shift focus to do more when an individual first experiences symptoms of these as a means of proactively preventing or reducing the prevalence of long-term adverse consequences. Evidence shows that early intervention is critical to better outcomes when treating mental illness. It can greatly reduce or eliminate the incidence of tragic results such as serious impairment, unemployment, homelessness, poverty, criminal justice involvement and suicide that are often found in conjunction with severe mental illness. The duration of untreated mental illness, defined as the time interval between the onset of a mental disorder and when an individual gets into treatment, has been a clear predictor of outcome across many different mental illnesses.

In 2014, the United States Congress passed the Omnibus Bill, establishing a required set-aside within the Community Mental Health Block Grant award for the implementation of evidence-based early intervention for first episode mental illness. At present, each state is required to spend at least 10 percent of their mental health block grant award each year on early intervention services. The Substance Abuse and Mental Health Services Administration requires the use of a nationally recognized and approved first episode early intervention services model. Currently, the Department provides funds through the Managing Entities to subcontract with five providers, who are certified in the NAVIGATE model. At present, these providers serve 247 individuals.

The intended goal of the Department is to effectively address early serious mental illnesses (ESMI) through the following three strategies:

1. Increase access to services for ESMI by drafting and submitting a legislative budget request to fund new coordinated specialty care programs to address early mental illness and first episodes of psychosis;
2. Draft a report summarizing the activities and outcomes associated with the programs currently funded by the Block Grant ESMI set-aside;
3. Share evidenced based practices and resources with providers and key stakeholders to enhance Florida's capacity to effectively serve young people experiencing first episode psychosis.

### Recovery Oriented Systems of Care

Access to effective recovery oriented services and supports that promote long-term recovery and wellness for individuals with mental health conditions and substance use disorders, with the goal of enhancing their life in the community, is a strategic initiative for the Office of Substance Abuse and Mental Health. The Recovery Oriented System of Care (ROSC) framework is a value-driven approach to structuring behavioral health systems and a network of clinical and non-clinical services and supports to guide systems transformation.

In recent years, Florida has moved slowly and somewhat inconsistently toward a recovery-oriented system. This has resulted in wide variance in recovery-oriented approaches to care. Limited understanding and implementation of recovery-oriented services, supports and practices was demonstrated through an environmental scan conducted by the Department in Fiscal Year 2016-17 as a part of its current recovery-oriented initiatives. Responses provided by community behavioral health providers reflected an unclear understanding of how to integrate ROSC values into their service roles. Responses provided by persons receiving services and family members of persons served demonstrated that service providers were not focused on establishing connections within the community and non-mental health services and supports.

The Department's goal is to move Florida's behavioral health system from one focused on acute care management to one focused on recovery and wellness. This will provide more opportunity for individuals with mental health conditions and substance abuse disorders to live successfully in their communities, while achieving more meaningful outcomes. Florida's efforts to transform the behavioral health system to one that is recovery oriented includes the following six strategies:

1. Enhance understanding of ROSC and the ability to effectively implement recovery oriented services, supports and approaches among behavioral health providers and other key stakeholders.
2. Align program policies, procedures, and practices, and modify them through the lens of recovery-oriented values and concepts.
3. Promote collaborative service relationships and support community stakeholders to create regional recovery-oriented focused coalitions that address community needs.
4. Provide resources and technical assistance to assist treatment providers in developing and implementing services that promote recovery and resilience among individuals receiving services.

5. Develop a statewide training strategy to increase the behavioral health workforce's understanding of recovery concepts and practices.
6. Establish priority practices guidelines that are not intended to focus exclusively on the delivery of new services, but to align existing services within a recovery-oriented framework of shared vision and values.

### Child Welfare Integration

Research shows that over 50 percent of parents involved with the child welfare system have a substance use disorder and many have a co-occurring mental health condition, particularly mothers.<sup>16</sup> Furthermore, two-thirds of adults in substance abuse treatment report being victims of abuse and neglect<sup>17</sup>, 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. Within Florida, recent self-study assessments completed by each Department region show that the level of child welfare behavioral health integration across the state varies. This initiative is designed to move current practice to integrative practice through a collaborative and structured process driven by the regions and supported by SAMH and Child Welfare Central Offices. The overall goal of integration is to increase the regions level of performance on Child Welfare and Behavioral Health integration at the practice and system level.

To meet this goal, the Department has established a process by which each region self-assesses their level of integration using a self-study tool to examine significant aspects of behavioral health and child welfare integration. The tool incorporates a rubric to guide scoring on a pre-determined set of expectations for true integration. This methodology allows us to compare strengths and weaknesses among regions and measure improvements across designated practice and system components. Upon completion of the self-study, each region is reviewed by a team of peers from other regions, allowing for feedback, sharing of ideas and best practices, and consistency in scoring. A peer review report is then developed and provided to each region, the results of which inform a regional-level action plan to address those components of integration showing a need for improvement.

A Central Office team provides support to regions by assisting in the facilitation of self-studies, coordinating peer review teams, and providing guidance during action planning. Progress on action plans will be monitored for a two-year cycle, after which another round of peer review teams will be dispatched to summarize the progress made during that time-period and to assess the remaining work to be done.

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<sup>16</sup> Young, 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.

<sup>17</sup> Substance Abuse and Mental Health: <http://store.samhsa.gov/product/Behavioral-Health-of-Parents-Caregivers-Impact-on-Children-in-Child-Welfare-System/SMA13-PHYDE012313> accessed August 28, 2017.

The Department also continues to make substantial headway in combining data sets from both child welfare and behavioral health in a master database which cross-references these populations, allowing for better analysis and measurement of progress in our objectives for the integration of these two systems.

#### 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 four-year strategic plan for improving this system has been developed and began deployment in Fiscal Year 2016-2017, and will continue to be deployed over the next three years. Four critical elements of the plan include:

1. Improving operations and standardizing practices by:
  - Implementing a clinical staffing model and standardizing operating procedures across facilities.
  - Enhancing information technology equipment to increase safety and improve the delivery of services.
  - Establishing a quality review process to ensure facility compliance with departmental operating procedures and progress toward departmental priorities.
2. Collaborating with the Managing Entities to increase discharges and diversions by:
  - Revising the competency restoration program to decrease days to restore trial competency by providing more intensive court education, competency assessment and evaluation services. Continuing 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 20 days to 18 days between FY 2014-2015 and FY 2015-2016.
  - Incorporating the Level of Care Utilization System (LOCUS) into the discharge planning process to better identify less-restrictive living environments and support services needed by residents upon discharge from facilities.
3. Increasing therapeutic services and implementing evidence-based programming by:
  - Implementing the evidence-based Illness Management and Recovery (IMR) rehabilitation program at all facilities.
  - Maximizing staff resources to increase the amount of therapeutic services and activities available to each resident. Providing staff with evidence-based training on Trauma Informed Care.
4. Improving and aligning infrastructure to serve special populations by:
  - Bringing all facility buildings up to building codes and standards required by our licensing and accrediting authorities, such as AHCA and the Fire Marshall.
  - Pursue modernized facilities.

#### Response to the Opioid Epidemic

In response to Florida's public health crisis of opioid misuse and overdose, on May 3, 2017, the Governor Scott signed Executive Order Number 17-146 declaring that the opioid epidemic threatens the State with an emergency and that, as a consequence of this danger, a state of emergency exists. The Office of SAMH will leverage a variety of state and federal funds to increase access to evidence-based prevention and treatment services and supports for individuals with or at risk of opioid use disorders, to include the following five priorities:

1. Increase LifeSkills Training primary prevention programs in high risk middle and high schools.
2. Increase the capacity for Medication-Assisted Treatment (MAT) services which entails the use of FDA-approved medications (methadone, buprenorphine, and naltrexone) in conjunction with other outpatient psychosocial services and supports (e.g., assessment, outpatient detoxification, case management, outpatient counseling, recovery support, aftercare, and medical services).
3. Purchase and distribute naloxone kits (the medication that reverses opioid overdoses) to treatment providers, families and friends, and local law enforcement first responders.
4. Implement hospital-based care coordination pilot programs to improve outreach and engagement in substance abuse treatment for individuals treated in emergency departments for an overdose or other medical complications due to opioid misuse.
5. Provide statewide mentoring and training focusing on physicians, the judiciary, child welfare staff, and service providers.

#### Improving the Substance Abuse Licensing System

In Fiscal Year 2013-14, the Southeast Regional Office (SER) was responsible for 40 percent of all the licensure applications received statewide. This significant increase in applications lead to the addition of licensure staff in the SER and further analysis of workload. The analysis demonstrated that the number of licensure applications received in Florida increased annually an average of 20.51 percent between 2011 and 2015. Licensure specialists processed approximately 3,000 applications from over 900 providers annually and manually entered data in the Substance Abuse Licensure Information System (SALIS).

In 2016 the Office of SAMH determined that improving the substance abuse licensure system was a key priority of effort. Establishing a standardized licensure process, workload equity and technology were identified as key milestones to achieve the program's goal. A time study was completed by regional licensure specialists with the following results:

1. The time spent on processing applications was 32 percent;
2. The time spent on site visits was 25 percent;
3. The time spent on non-licensure related activities (i.e., Baker Act designations, community meetings, etc.) was 21 percent;
4. The time spent on ad hoc activities (i.e., emails, technical assistance to providers, complaint investigations, etc.) was 19 percent; and
5. The time spent on fee payments was 3 percent.



This validated the Department's assumption that the process and systems primary issue impacting staff productivity was the use of paper forms and the resulting manual data entry.

In January of 2017 the Office of SAMH and the Office of Information Technology were authorized to procure an automated business process platform with content management functionality. Design, build, and testing were completed in the following months and on August 14, 2017 the Provider Licensure and Designation System (PLADS) went live. It automates the licensure process by allowing providers to submit online applications and receive notifications. Licensure staff can now facilitate workflow movement of documents, store electronic files, and query ad hoc or custom reports. It is anticipated that the automated system will free up staff time to increase attention to monitoring quality of services. The next phase of system development will add an automated payment option for providers.

Once Department staff have had sufficient time to become familiar with PLADS the Office of SAMH will conduct workflow reports to determine new staff productivity expectations and licensure process standards.

#### Data Infrastructure Improvements

1. Improving oversight of the Department's behavioral health system of care by contracting for and deploying the Financial and Services Accountability Management Systems (FASAMS) to replace the Substance Abuse and Mental Health Information Systems (SAMHIS).
  - The Department anticipates awarding a contract for the design, development and implementation of FASAMS by November 1, 2017. The anticipated launch date for the new data collection and reporting system is December 1, 2018.
  - The Financial and Services Accountability Management System (FASAMS) Invitation to Negotiate (ITN) #03U17GN1 was released on March 6, 2017. The Department received replies from four Respondents.
    - All replies were determined to be responsive.
    - The Evaluation Team scored all four replies.
    - At the conclusion of the evaluation process, the Department determined it would negotiate with all four Respondents.
  - The Department's Negotiation Team held three rounds of negotiations with all four Respondents. Each Respondent provided an updated response to the ITN to be considered by the Department. Based on the negotiation process, a public meeting was held on August 23, 2017 where the negotiation team unanimously voted to move forward with one vendor.
  - The factors considered when selecting the FASAMS vendor included:
    - The ability of the solution/services to meet the requirements of the ITN and provide additional value;
    - The vendor's capability to deliver and maintain its proposed solution/services; and

- The vendor's cost proposal.
  - The overall goal of the FASAMS project is to replace SAMHIS with a system that provides the best platform for a commercial off-the-shelf solution for reporting and analysis of services and costs at the federal, state, regional, circuit, and provider levels. The proposed solution also provides the best platform to support the Department's analysis of who receives what services from which providers with what outcomes at what costs.
2. Deploying a Department-wide unique identifier to help coordinate care for individuals that receive Department funded services.
    - The Department developed and deployed a process for assigning unique identifiers to individuals that receive behavioral healthcare services. The process capitalizes on the financial and services eligibility system (FLORIDA) used by the Department's Office of Economic Self Sufficiency (ESS). The new process replaces the use of Social Security Numbers as the primary means of identifying an individual.
    - By July 1, 2017, over 80 percent of demographic records associated with persons served by SAMH (four out of five million) from 2003 to 2017 had successfully matched against data in the FLORIDA system. The remaining one million demographic records will go through an automated process by September 30, 2017, to further reduce the number of persons that either do not have a unique identifier and need to be assigned one, or to correctly match an individual using a combination of data verification processes.
  3. Improved tracking of acute care services
    - Section 394.9082(10), Florida Statutes (Senate Bill 12), required the Department to develop and maintain standards under which managing entities and their network providers shall collect and submit acute care services utilization (ACSU) data from all public receiving facilities and all detoxification and addictions receiving facilities under contract with the ME. This statute also directed the Department to develop a statewide database that will be used to analyze ACSU data and submit an annual legislative status report not later than January 31.
    - The ACSU system was deployed in Fiscal Year 2016-17, and processes are being developed to produce reports that can be used to plan, budget and coordinate acute care services.

**C. Priorities Over Next Five Years**

The Department has identified five key strategic initiatives with related goals and objectives to improve the behavioral health system of care and ensure quality programs and services are being delivered to the state’s most vulnerable populations.<sup>18</sup> In coordination with community stakeholders and current conditions, these long range strategic priorities include the following:

| <b>Strategic Initiative 1: Access to Quality, Recovery-Oriented Systems of Care (ROSC)</b>                              |   |
|---|---|
| Goal 1.1: Enhance the community-based service array to shift from an acute care model to a recovery based model of care | Objective 1.1.1: Implement care coordination practices for high risk/high utilizer populations and people at risk of entering and being discharged from state treatment facilities.       |
|   | Objective 1.1.2: Promote peer support services.   |
|   | Objective 1.1.3: Increase opportunities for individuals to reside in permanent supportive housing.  |
|   | Objective 1.1.4: Implement a standardized assessment of service needs (i.e., level of care).  |
|   | Objective 1.1.5: Develop a recovery-oriented system of care (ROSC) framework in Florida to increase consumer engagement, choice and self-management, including job opportunities.         |
|   | Objective 1.1.6: Increase intensive, in-home team interventions that are available 24/7.  |
| Goal 1.2: Improve access to services in both rural and urban areas  | Objective 1.2.1: Implement the Central Receiving Facility grant program for improved access to acute care services.   |
|   | Objective 1.2.2: Develop alternate access options and locations with centralized triage and service delivery functions.   |
|   | Objective 1.2.3: Develop targeted outreach and engagement strategies specific to intravenous drug users, pregnant and parenting women, and families involved in the child-welfare system. |

<sup>18</sup> s. 394.75, F.S. Florida Substance Abuse and Mental Health Plan: Triennial State and Regional Master Plan FY 2017-19.

| <b>Strategic Initiative 2: Community-Based Health Promotion and Prevention</b>  |  |
|---|--|
| Goal 2.1: Promote emotional health and well being   | Objective 2.1.1: Develop a strategic framework for prevention and community-based health promotion that fosters individual, family and community resilience.   |
| Goal 2.2: Prevent and reduce substance use  | Objective 2.2.1: Strengthen the substance-abuse prevention workforce.  |
|   | Objective 2.2.2: Prevent or delay the use of alcohol, tobacco and other drugs in Florida through the use of evidence-based practices, supported by data gathered among high-risk populations.                                  |
|   | Objective 2.2.3: Enhance data-collection systems to inform data-driven planning and to measure outcomes.   |
| Goal 2.3: Reduce the spread of infectious disease   | Objective 2.3.1: Develop targeted outreach strategies specific to intravenous drug users.  |
|   | Objective 2.3.2: Engage and maintain intravenous drug users in treatment and support services.   |
| Goal 2.4: Prevent and reduce attempted and completed suicides   | Objective 2.4.1: Promote the development and implementation of effective practices and evidence-based suicide prevention and intervention programs.  |
| Goal 2.5: Reduce opioid related overdose deaths   | Objective 2.5.1: Develop a comprehensive and coordinated overdose prevention initiative.   |
| <b>Strategic Initiative 3: Child Welfare, SAMH Integration</b>  |  |
| Goal 3.1: Improve family functioning and child welfare related outcomes through an integrated child welfare and behavioral health treatment based model | Objective 3.1.1: Develop an integrated, treatment-based practice model.  |
|   | Objective 3.1.2: Strengthen cross-system understanding and professional/ provider competencies and practices, with a focus on treatment goals, service planning, practice models, outcome expectations and legal requirements. |
|   | Objective 3.1.3: Strategically select and integrate dedicated service modalities addressing the specific needs of the family.  |
|   | Objective 3.1.4: Create a systematic and focused leadership approach to implement an integrated, treatment-based practice model, which will include the monitoring and evaluation of implementation and outcomes.              |
|   | Objective 3.1.5: Implement flexible and dedicated funding strategies to support holistic and family-centered practice.   |
|   | Objective 3.1.6: Increase access to treatment services that are trauma-based and family-focused. Integrate interventions for parents into the child welfare system.  |

| <b>Strategic Initiative 4: Information Management</b>   |  |
|---|--|
| Goal 4.1: Enhance common registration and unique identification of individuals served   | Objective 4.1.1: Develop and implement methodology for creating and maintaining unique client identifiers in statewide client index.                                     |
|   | Objective 4.1.2: Ensure the accurate and consistent recording of demographic information for people served.  |
| Goal 4.2: Improve process for reporting and analyzing performance outcome data  | Objective 4.2.1: Develop and implement an integrated performance outcome data module for clients both with and without co-occurring disorders.                           |
| Goal 4.3: Improve accountability of units and costs of state-funded services provided to state target populations                           | Objective 4.3.1: Develop stored procedures to facilitate reconciliation of FASAMS service data with associated payment data recorded in FLAIR and ME accounting records. |
|   | Objective 4.3.2: Establish guidelines for MEs to use when reconciling their accounting records to FASAMS service records.  |
| Goal 4.4: Develop and implement a uniform, clinically-based scoring system to collect and report data pertaining to client's levels of care | Objective 4.4.1: Acquire and implement Level of Care Utilization System (LOCUS) as the standard assessment tool for use by SAMH providers.                               |
|   | Objective 4.4.2: Create and implement automated interface between FASAMS and LOCUS.  |
| <b>Strategic Initiative 5: Forensic Waitlist Management</b>   |  |
| Goal 5.1: Decrease the wait time for forensic SMHTF admission and return to court   | Objective 5.1.1: Develop strategies to divert people from the state mental health treatment facility system.   |
|   | Objective 5.1.2: Develop strategies to expedite pick-up of people restored to competency.  |
|   | Objective 5.1.3: Conditionally release people who no longer appear to meet commitment criteria for placement in a SMHTF.   |
|   | Objective 5.1.4: Develop a catalog of community-based forensic services.   |

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

The Department has added “response to the opioid epidemic” as a priority of effort for the next year. As discussed in Section C., this is due to the sharp increases in opioid abuse and associated overdose deaths in Florida and the rest of the country. The Department is concentrating on increasing availability of and access to medication-assisted treatment as the evidence-based practice for opioid use disorders and distribution of naloxone, the medication used to reverse opioid overdoses. Therefore, the Department an increase in overall access to substance use disorder treatment and recovery supports.

According to the National Institute of Mental Health, the peak onset of psychiatric disorders occurs between ages 15-25 and can derail a young person's social, academic, and vocational development and initiate a trajectory of accumulating disability. In response, the Department is looking to increase the number of Coordinated Specialty Teams in the state (from five to ten teams). The purpose of these multi-disciplinary teams is to focus on early identification and intervention of mental illness as well as target services to adolescents and young adults experiencing recent changes in thought, feelings, and behavior which are indicative of their first episode of serious mental illness. Coordinated Specialty Team members include a director, psychiatrist, supported employment and education specialist, resiliency training clinicians, and peer specialist.

Several key pieces of legislation were passed that impact behavioral health care in the state of Florida. These new and/or revised bills adhere to Federal law, Florida Statutes, and the Governor's priorities of enhancing mental health and substance abuse services in Florida's communities for those in greatest need.<sup>19</sup> The following seven bills impact substance abuse and mental health programs and services in the state:

1. HB 329 Child Protection

Effective Date: July 1, 2017

Chapter 2017-80, Laws of Florida

- Prohibits a time-sharing plan from requiring a minor child to visit a parent residing in a recovery residence between the hours of 9 p.m. and 7 a.m., unless the court determines it is in the minor child's best interest.
- Provides that a certified recovery residence may allow minor children to visit a resident parent, but may not allow the children to remain between the hours of 9 p.m. and 7 a.m., unless:
  - A court has determined it is in the minor child's best interest; or
  - The parent does not yet have a time-sharing plan and the recovery residence is a specialized residence for pregnant women or parents whose children reside with them.
- Prohibits a minor child from visiting a parent at a recovery residence at any time if any resident of the recovery residence is required to register as a sexual predator or sexual offender.

2. HB 543 Regulation of Health Care Practitioners

Effective Date: July 1, 2017

Chapter 2017-134, Laws of Florida

- Creates s. 465.1893, F.S., to authorize a pharmacist, at the direction of a physician licensed under Chapter 458, F.S., or Chapter 459, F.S., to administer a long-acting antipsychotic medication approved by the United States FDA by injection to a patient if the pharmacist meets specific requirements.

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<sup>19</sup> Fighting for a healthier future: <http://fightingforfloridasfuturebudget.com/content/current/HealthyFutures.htm> Accessed: August 28, 2017.

3. HB 807 Practices of Substance Abuse Service Providers

Effective Date: July 1, 2017

Chapter 2017-173, Laws of Florida

- Expands the current prohibitions on referrals between licensed treatment providers and recovery residences that do not obtain voluntary certification from DCF.
- Prohibits a service provider, a recovery residence operator, or a third party who provides advertising or marketing services from engaging in deceptive marketing practices and provides criminal penalties for violations.
- Makes it unlawful for any person to knowingly and willfully make a materially false or misleading statement or provide false or misleading information about the identity, products, goods, services, or geographical location of a licensed service provider, with the intent to induce a person to seek treatment with that provider.
- Requires entities providing substance abuse marketing services to be licensed by the Department of Agriculture and Consumer Services under the Florida Telemarketing Act.
- Creates a new provision for applications for disclosure of patient records for individuals receiving substance abuse services in an active criminal investigation, permitting the court, at its discretion, to enter an order authorizing the disclosure of an individual's substance abuse treatment records without prior notice.
- Requires the department to draft rules on minimum licensure standards and require certain providers to be accredited.
- Expands the department's authority to take action against a service provider for violations on a tier-based system and includes fining authority.
- Permits the department to deny a licensed treatment provider's licensure renewal application if submitted fewer than 30 days before the license expires.
- Requires the department to set provider staff qualifications for who may provide clinical treatment services in rule.
- Requires the department to report to the Legislature on issues relating to staff qualifications by December 1, 2020.

4. SB 886 Public Records/ Substance Abuse Impaired Persons

Effective Date: July 1, 2017

Chapter 2017-25, Laws of Florida

- Provides an exemption from public records requirements for petitions for involuntary assessment and stabilization, court orders, related records, and personal identifying information regarding substance abuse impaired persons.
- Provides for future legislative review and repeal of the exemption.

5. HB 1051 Forensic Hospital Diversion Pilot Program

Effective Date: July 1, 2017

Chapter 2017-183, Laws of Florida

- Amends s. 916.185, F.S., to add Okaloosa County to the list of counties where the department may implement a forensic hospital diversion pilot program modeled after the Miami-Dade Forensic Alternative Center. This allows, but does not require, the department to create a forensic hospital diversion pilot program in Okaloosa County.

6. HB 1121 Child Welfare

Effective Date: July 1, 2017

Chapter 2017-151, Laws of Florida

- Requires the initiation of an involuntary mental health examination under the Baker Act of a minor within 12 hours of arriving at a facility.
- Creates a task force within the Department of Children and Families to address the issue of involuntary examinations under s. 394.463, F.S., of children age 17 and under. The task force shall, at a minimum, analyze data on the initiation of involuntary examinations of children, research the root causes of any trends in such involuntary examinations, identify and evaluate options for expediting examinations of children, and identify recommendations for encouraging alternatives to and eliminating inappropriate initiations of these examinations. The task force shall submit a report to the Governor, the President of the Senate and the Speaker of the House of Representatives on or before November 15, 2017.

7. SB 2514 Health Care

Effective Date: July 1, 2017

Chapter 2017-129, Laws of Florida

- Amends s. 394.9082(10), F.S., eliminates the requirement that providers of public receiving facilities and all detoxification and addictions receiving facilities under contract with an ME to submit, in real time or at least daily, the number of clients qualifying as indigent occupying total licensed beds purchased by the department in excess of licensed capacity to the Acute Care Services Utilization Database. CSUs licensed for both adult and child use will report each unit separately.
- Requires the department to post the data collected from the managing entities on its website by facility, and update this data monthly.

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

Projections for each outcome measure were determined by arriving at average performance across multiple fiscal years. In most cases the trend data exceeds the baseline period for when the original performance targets were established. The Office of Substance Abuse and Mental Health believes that behavioral healthcare conditions will remain stable over the next few years so is not proposing substantial changes to projections. The Office of



Substance Abuse and Mental Health intends to propose new person-centered performance measures once the FASAMS data system has been deployed in FY2018-19.

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

Potential federal healthcare reform, specifically in terms of the Medicaid Program, and possible budget cuts to the Substance Abuse and Mental Health Services Administration have the potential to affect both policy and budget.

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

The Office of Substance Abuse and Mental Health proposes the following three recommendations and changes to the following Florida statutes:

1. Amend s. 916.13(2)(b), F.S. and s. 916.15(5), F.S., to require the county jails to administer the same psychotherapeutic medications as prescribed by the treating physician upon discharge by the mental health treatment facility, unless there is a compelling medical reason to change or discontinue the medication for the health and safety of the defendant.
2. Amend s. 916.13, F.S. and s. 916.15, F.S., to require county jails to send medical information for individuals in their custody that will be admitted to state mental health treatment facilities. The Department will be required to notify the jails within two days of receipt of a completed commitment packet, and the jail would be required to send the medical information within three days of the Department's notification.
3. Repeal s. 397.321(16), F.S., because it constitutes an unnecessary restriction on coalitions as there are no clinical treatment services taking place. Citizens or a group of citizens should be able to form a coalition to raise awareness about drug abuse without having to undergo a state certification process. This also serves to repeal s. 65D-30.015, F.A.C., (currently in promulgation) which establishes criteria and procedures for the certification of prevention coalitions.

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

##### Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) was developed to provide scientifically sound information to state-level and community-level prevention planners and policy makers. It assesses the current prevalence of problem behaviors such as alcohol, tobacco and other drug use as well as other delinquent behaviors in the student population. The survey also measures the degree to which risk and protective factors exist in the community, family, school, peer and individual environments. This information is essential to support needs assessment, prevention planning, and intervention planning at the state and local levels.

The FYSAS sample is scientifically designed to accurately represent the population of Florida public school students in grades 6 through 12. In odd-numbered years, the goal of the survey is to produce results that are representative at the state level. In even-numbered

years, a larger sample is drawn that produces results that are representative at both the county level and state level. A typical odd-year sample includes about 11,000 students from 160 public schools. A typical even-year sample includes about 70,000 students from 725 schools.

In order to minimize classroom disruption, the FYSAS is administered alongside the Florida Youth Tobacco Survey and the Youth Risk Behavior Survey. Students are asked to complete the survey, but are also told that they may skip any question that they are not comfortable answering. Additionally, both the teacher and the written instructions on the front of the survey form assure students that participation in the survey is voluntary, and that the answers students give will be anonymous and confidential.

The 2017 FYSAS represents the 18th data-collection wave of the project. The high-quality data provided by the survey over these 18 years gives Florida the rare ability to closely track long-term changes in youth health behavior. Results of the survey may be accessed at: <http://myflfamilies.com/service-programs/substance-abuse/fysas>.

#### Veteran's Suicide Prevention Workgroups

In February 2017, the Substance Abuse and Mental Health Services Administration (SAMHSA) invited Florida to participate in the “*Advancing Suicide Prevention Best Practices in Service Members, Veterans, and their Families (SMVF) Peer Support*” initiative. Based on its large veteran population, Florida was selected as one of eight states to participate. In response, Florida formed two groups: a 15-member service members, veterans, and their families Peer Support Workgroup (PSW), 50 percent of whom are veteran peers; and a 24-member Strategic Leadership Workgroup. The Strategic Leadership Workgroup consists of senior level representatives from the state agencies responsible for mental health, substance abuse, veteran affairs, housing, employment, Medicaid, law enforcement, and other relevant stakeholders.

With input from SAMHSA, the two workgroups are developing a strategic plan for Florida that will focus on four priorities: infrastructure, training, collaboration, and support. Some action steps are to recommend the development of a tiered SMVF training collaborative and to integrate suicide prevention best practices and military culture into the Veteran Peer Certification process in Florida. It is anticipated that the implementation of Florida's strategic plan will be completed by December 31, 2020.

#### Task Force on the Involuntary Examination of Minors

According to data published by the University of South Florida's Baker Act Reporting Center, there were 194,354 involuntary examinations under the Baker Act in Fiscal Year 2015-16, almost 17 percent of which were for children and adolescents under the age of 18. From 2001 to 2015 the number of involuntary examinations for children and adolescents increased 116.54 percent. To address the escalating number of minors involuntarily assessed under the Baker Act, the 2017 Legislature created a task force within the Department of Children and Families to address the issue of involuntary examinations of

children age 17 years and younger. The law requires the task force to publish a report on or before November 15, 2017 detailing the following four elements:

1. Analyzes data on the initiation of involuntary examinations of children;
2. Researches the root causes of any trends in such involuntary examinations;
3. Identifies and evaluates options for expediting examinations for children; and
4. Identifies recommendations for encouraging alternatives to and eliminating inappropriate initiations of such examinations.

The law requires the Secretary of the Department of Children and Families or his designee to chair the task force and to appoint representatives from the following organizations to serve as members:

1. Commissioner of Education or designee;
2. Family member of a minor who has been subject to an involuntary examination;
3. Representatives from:
  - Florida Public Defender Association;
  - Florida Association of District School Superintendents;
  - Florida Sheriff's Association;
  - Florida Police Chiefs Association;
  - Florida Council for Community Mental Health;
  - Florida Alcohol and Drug Abuse Association;
  - Behavioral Health Care Council of the Florida Hospital Association;
  - Florida Psychiatric Society;
  - National Alliance on Mental Illness; and
  - Other members as deemed appropriate by the Secretary of Children and Families.

### Council on Homelessness

The Department's Council on Homelessness estimates that approximately 14.8 percent of homeless individuals in Florida are severely mentally ill and 13.3 percent experience chronic substance abuse.<sup>20</sup>

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<sup>20</sup> Council on Homelessness: 2017 Annual Report:  
<http://www.dcf.state.fl.us/programs/homelessness/docs/Homelessness%20Report%202017.pdf> Accessed: August 28, 2017.

## **Program: Economic Self-Sufficiency**

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

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 (ESS) Services Program Office." The responsibilities of this office encompass all public assistance benefit eligibility services operated by the Department, as well as the Public Benefits Integrity and Refugee Assistance Programs.

### **1. Automated Community Connection to Economic Self Sufficiency (ACCESS)**

ACCESS is Florida's service delivery model for the state's public assistance benefit programs. ACCESS determines eligibility for the following public assistance programs: Supplemental Nutrition Assistance Program (SNAP), known in Florida as Food Assistance; Temporary Assistance for Needy Families (TANF), known in Florida as Temporary Cash Assistance (TCA); and, Medicaid. These services are provided by Department staff with support from a broad statewide network of community partners.

The mission of the Florida ACCESS program is the mission of the Department of Children and Families (DCF): "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 program achieves its mission by providing public assistance to individuals and families on the road to economic recovery through federal, 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 food 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 from their income. A food assistance household consists of people living and purchasing their food together, and they must meet the program's technical and financial requirements. Food Assistance benefits may only be used to purchase consumable food items. They may not be used to purchase household items such as cleaning supplies, grooming items, tobacco, or alcoholic beverages.

**SNAP Employment and Training (E&T)** is jointly administered by DCF and the Department of Economic Opportunity (DEO). Florida's SNAP E&T program is designed to assist Able-Bodied Adults Without Dependents (ABAWDs) gain skills, training, and/or work experience that will increase their ability to obtain regular employment that leads to economic self-sufficiency. ABAWDs are required to meet work requirements in order to maintain Food Assistance eligibility. DCF determines ABAWD status and refers these

recipients to DEO for engagement. SNAP E&T participants complete an initial orientation, assessment, and interview with DEO and are then assigned to an E&T activity. SNAP E&T activities include job search, education, vocational training, and work experience. Services are provided by local Career Source centers across the state.

**Temporary Cash Assistance (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. Families must meet the program's technical, income, and asset requirements. Parents, children and minor siblings who live together are considered 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.

**Non-Relative/Relative Caregiver** provides monthly cash assistance to non-relatives/relatives who have custody of a non-related/related child under age 18, who has been adjudicated dependent by court order, a home study has been 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 ACCESS, services and payment for services are administered by the Agency for Health Care Administration (AHCA). ACCESS 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 / Personal Needs Allowance (OSS/PNA)** 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/PNA, an individual must need assistance with the activities of daily living due to physical and/or mental conditions.

**Electronic Benefits Transfer (EBT)** is the benefit payment system for the Food and Temporary Cash Assistance programs. Customers access their benefits using a debit

style EBT card. Each month benefits are deposited in the recipient's EBT account. A single card is used to access the account, but the TCA and FA benefits are separated within the 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. TCA benefits can be withdrawn as cash and must be used for children who have been deprived of support or care by one or both of their parents.

**The Florida Customer Call Center** serves Florida families who are making general inquiries or seeking information about their applications or benefits. There are three customer call center sites located in Jacksonville, Miami, and Tampa; however, each site provides support statewide. An Interactive Voice Response (IVR) System also provides callers with the most recent information related to their case.

## **2. Office of Public Benefits Integrity (OPBI)**

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:

**Benefit Investigations (formerly known as the ACCESS Integrity Program)** is responsible for the detection and prevention of public assistance fraud. Investigations staff receive referrals from various sources including ACCESS eligibility staff and the public. Staff investigate cases prior to approval of benefits and monitor 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. Section 414.411, Florida Statutes requires the Division of Public Assistance Fraud (DPAF) in the Department of Financial Services (DFS) to investigate post-issuance suspected fraud. Benefit Investigations staff refer these potential criminal investigations as appropriate.

**Benefit Recovery** is responsible for establishing overpayments and recovering public assistance dollars lost due to client and/or agency error or fraud. Benefit Recovery staff receive referrals from a variety of sources, including ACCESS staff, DPAF, and the public. The Integrated Benefit Recovery System is the system of record for Benefit Recovery, and interfaces with the Florida Online Recipient Integrated Data Access (FLORIDA) system to implement recoupment of overpayments from active public assistance cases.

## **3. Refugee Services**

Refugee Services provides financial and medical assistance to refugees for a maximum of eight months in order to obtain economic self-sufficiency and successfully integrate into American society in the shortest time possible following their arrival to the United States.

The refugee 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 TCA and Medicaid Programs.

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. In state fiscal year 2017, Refugee Services placed 15,277 newly-arrived refugees in jobs, helping to launch these families into self-sufficiency.

## **B. Selection of Priorities**

Priorities for Economic Self-Sufficiency are established primarily by federal regulations and state law. Beyond that, the program also prioritizes actions based on the following:

1. Promote personal and economic self-sufficiency
2. Advance personal and family recovery and resiliency
3. Manage efficiency of the program

## **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:

- **Strengthen and safeguard the integrity of the state’s public assistance programs** through increased use of technology, data sharing, advanced data analytics, and standardized business processes. The goal is to improve front-end fraud prevention in an emerging sophisticated environment of identity theft to reduce the amount of waste, fraud and abuse, and safeguard legitimate and appropriate benefit distribution to those eligible to receive.
- **Expand the SNAP E&T Program** through partnership with DEO via third-party partnerships with community-based organizations, colleges, and other organizations. These entities can invest non-federal funds to offer E&T services to SNAP recipients, and receive a match of those funds by the Food and Nutrition Services (FNS). Use of third-party partnerships focuses on establishing a “job-driven” E&T program. “Job-driven” means that programs are responsive to employer demand and they prepare and train individuals for occupations that are in demand by local and regional employers. These programs provide skills training to meet the demands of the occupations and sectors of the local economy experiencing growth and/or skills shortages.
- **Standardize and maximize business processes** 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 business data intelligence, data sharing and analytics with federal, state and partner agencies. The results of success will reflect sustained and continual improvement in program performance.

- **Promote economic self-sufficiency** amongst Florida’s refugee population by 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.

**Accomplishments:**

- **Accountability for Benefits:** The Department acquired services for automated earned income wage verification. This service checks for earned income information, of individuals who apply for benefits, against employer information. As a result, accountability for benefits issuance is improved by validating reported income, and providing verification of unreported income.
- **Tableau Reporting Platform:** The ESS Data Unit created and empowered a statewide Tableau culture and migrated all weekly and monthly reports to the Department-wide used Tableau platform. For many years the reports had been created in Excel and distributed via email. Over 50 new visualizations and dashboards were created using Tableau Analytics and are now available on the user’s desktop. It has facilitated immediate access to staff of data and resources, and has provided important data management tools to leadership in operations.
- **Performance Management System:** The ESS Program has developed a Monthly Key Indicators Report to monitor statewide and regional performance on all critical public assistance measures. The ESS Program has developed a systematic approach to monthly publishing, review, statewide discussion and action if/when an indicator trends in an undesirable way.
- **SNAP Trafficking Bust:** In May 2016, OPBI and a host of federal, state, and local law enforcement officials executed the largest combined financial fraud takedown in SNAP history at the Opa-Locka Hialeah Flea Market. The action involved the arrest of 22 EBT retailers involved in over \$29 million in fraudulent food assistance benefits trafficked by more than 40,000 EBT cardholders. In the following months, the Department met with and provided recommendations to the U.S. Department of Agriculture, Food & Nutrition Services (FNS) to address the conditions that enabled this situation to occur. Secretary



Mike Carroll testified before a joint committee of Congress on this and other integrity related matters. Criminal and administrative actions are continuing.

- **Reporting Tool:** OPBI developed a simple SQL-based tool that provides field staff direct access to ad hoc reporting capabilities. It brings the power of data analytics closer to where the actual work is done. Initially developed and provisioned from headquarters, selected staff received training in August-September 2016 to learn how to run ad hoc reports for their local ACCESS Integrity investigators. As a result, \$1,644,354 in benefit cost avoidance from the use of data analytics was realized between October 2015 and June 2016.
- **Treasury Offset Program (TOP):** OPBI embarked on a significant system enhancement for collecting SNAP benefit overpayments through the TOP. As a result, TOP collections in FY 2016-17 reached \$15,208,082, which represented a 103% increase from the previous year. Florida currently is ranked #4 in the nation in TOP collections.
- **Disaster Supplemental Nutrition Assistance Program (D-SNAP) Mock Exercise:** In May, the Economic Self-Sufficiency (ESS) program held their annual D-SNAP Mock Disaster exercise. The 2017 event was attended by staff from all 6 regions and the Customer Call Center, along with representatives from other Department and federal partners. In the aftermath of a hurricane or similar disaster, a D-SNAP could be authorized through the Federal Emergency Management Agency by a Presidential Declaration of disaster. This yearly exercise ensures the department is ready to mobilize if this level of critical need is experienced in any Florida community. The last time a D-SNAP was authorized in Florida was in 2005 with Hurricane Wilma.
- **Prudential Productivity Awards:** The ESS program was awarded 11 Davis Prudential Productivity Awards this past year. These awards are presented to state employees whose work significantly and measurably increased productivity and promoted innovation to improve delivery of state services by saving or maximizing state dollars. Honorable Mentions include:
  - ACCESS Headquarters staff received an award for their work on a green belt project designed to analyze and reduce the extreme volume of EBT cards returned by the Post Office as undeliverable.
  - The OPBI was awarded 4 Davis Prudential Productivity Awards this past year:
    - The Centralized Special Investigative (CSI) Unit in Miami was recognized for its role in putting a halt to the largest combined financial fraud loss in history due to SNAP benefit trafficking. The diligence of this unit in identifying identity theft and working with local, state, and federal law enforcement resulted in more than \$2 million in benefit cost avoidance.
    - The Tampa office was recognized for its efforts in pursuing Administrative Disqualifications against 371 applicants who provided false information

to obtain public assistance benefits of which they were not qualified to receive. As a result of this team's efforts, \$1,147,126 is now in the process of being recovered.

- The Tampa office was also recognized for preventing \$957,748 in benefits from being issued on 636 identity theft cases.
- The Office of Refugee Services was awarded a Davis Prudential Productivity Financial Award for securing additional funding from the VISTA program to support refugee-serving agencies around the state.
- **Sterling Showcase:** A team from OPBI presented the Benefit Recovery Workload Management Tool (WMT) project in the Team Showcase at the 2017 Florida Sterling Council Conference in Orlando, Florida on June 1, 2017. A jury of their peers awarded the project "Best Organizational Impact." The WMT was developed to enable benefit recovery claims managers to organize, sort, and view their daily assignments, and to provide supervisors visibility into the workload, productivity, and performance of their staff.
- **Professional Development:** The Headquarters ESS Program established and implemented an Emerging Leadership Program for 2016-2017, graduating 12 individuals and promoting 8 of them to management positions. Additionally, this year ESS headquarters sponsored 19 people to obtain Six Sigma Yellow Belt Certifications and 8 to achieve Advanced Yellow Belt, while past achievements include 4 certified in Green Belt, 2 Black Belt, and 4 Sterling Examiners.

#### **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**

The Department was appropriated nonrecurring funds by the 2017 Legislature from the Federal Grants Trust Funds to competitively procure for the implementation of the first phase of system completion of the ACCESS Florida On-line Recipient Integrated Data Access (FLORIDA) system. This initial phase will include planning activities, submission of federal assistance documentation, establishment of the project governance and project staffing,

development of fraud prevention profiles and safeguards. The project is a full system completion/implementation over a three-and-a-half-year period.

The Department is requesting access to the state's fraud and financial crime investigation and training resources through the amendment of s. 942.045(11) (d), F.S. This designation would help the Department to continue its movement toward development of a world-class professional investigative staff to detect and uncover waste, fraud, and abuse in the SNAP, TCA and Medicaid programs.

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

The Florida ACCESS Program is one of two states asked to provide data for the Family Self-Sufficiency Data Center (FSSDC) which is working in partnership with Harris Public Policy at the University of Chicago and Orlin Research. The FSSDC was established to support states to better use and improve the quality of data for research related to family self-sufficiency. FSSDC partners with researchers, policymakers, and nationwide administrators to answer fundamental policy and program questions and build knowledge that will ultimately be translated into better policy and practice.

Florida is one of two states asked to assist USDA FNS with a federally led study on the impact of identity theft in the SNAP. The vendor, Mathematica, is receiving data and conducting staff interviews with OPBI to help create "best practices", that can be used by states nationwide, in detecting and preventing false applications.

On another matter, Mathematica examined Florida's Free and Reduced-Priced Meals program. Florida's ESS program and the Department of Agriculture and Consumer Services have been identified as role models for efforts in integrating data to inform the program.

Refugee Services organizes Refugee Task Forces consisting of community-based agencies, ethnic organizations, contracted providers, and federal, state and local government agencies in communities with a significant refugee population. The Refugee Task Force meetings are accessible to the public. The focus of such meetings includes the assessment of refugee needs, distribution of state and federal policies, the creation of practical solutions to current problems, and facilitating coordination amongst referrals and service providers.

Department of Children and Families

Long Range Program Plan

Fiscal Years 2018-2019 through 2022-2023

September 30, 2017

**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 |
|---|--------------------|

|  |                 |
|--|-----------------|
| <b>Program: Administration</b>   | <b>60900101</b> |
| <b>Service/Budget Entity: Executive Direction and Support Services</b> | <b>60900101</b> |

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

| Approved Performance Measures for<br>FY 2017-18<br>(Words)           | Approved Prior Year<br>Standard<br>FY 2017-18<br>(Numbers) | Prior Year Actual FY<br>2016-17<br>(Numbers) | Approved Standards<br>for<br>FY 2016-17<br>(Numbers) | Requested<br>FY 2018-19 Standard<br>(Numbers) |
|--|--|--|--|---|
| Administrative cost as a percent of total agency costs ED (M0144)    | 0.33   | 0.28   | 0.33   | 0.33  |
| Administrative cost as a percent of total agency costs Admin (M0147) | 1.23   | 1.03   | 1.23   | 1.23  |
| Administrative cost as a percent of total agency costs (M0363)       | 1.6  | 0.67   | 1.6  | 1.6   |

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

|   |                    |
|---|--------------------|
| Department: Department of Children and Families | Department No.: 60 |
|---|--------------------|

|  |                 |
|--|-----------------|
| <b>Program: Information Technology</b>               | <b>60900200</b> |
| <b>Service/Budget Entity: Information Technology</b> | <b>60900202</b> |

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

| Approved Performance Measures for<br>FY 2017-18<br>(Words)             | Approved Prior Year<br>Standard<br>FY 2017-18<br>(Numbers) | Prior Year Actual FY<br>2016-17<br>(Numbers) | Approved<br>Standards for<br>FY 2016-17<br>(Numbers) | Requested<br>FY 2018-19 Standard<br>(Numbers) |
|--|--|--|--|---|
| Information technology cost as a percent of total agency costs (M0145) | 2.30   | 2.17   | 2.30   | 2.30  |

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

|  |                           |
|--|---------------------------|
| <b>Department: Department of Children and Families</b> | <b>Department No.: 60</b> |
|--|---------------------------|

|   |                 |
|---|-----------------|
| <b>Program: Family Safety and Preservation Services</b>               | <b>60910310</b> |
| <b>Service/Budget Entity: Family Safety and Preservation Services</b> | <b>60910310</b> |

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

| Approved Performance Measures for<br>FY 2017-18<br>(Words)  | Approved Prior Year<br>Standard<br>FY 2017-18<br>(Numbers) | Prior Year Actual FY<br>2016-17<br>(Numbers) | Approved Standards<br>for<br>FY 2016-17<br>(Numbers) | Requested<br>FY 2018-19 Standard<br>(Numbers) |
|---|--|--|--|---|
| Percent of adult victims seen within the first 24 hours. (M04017a)  | 97   | 95.4   | 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   | 55,890                                       | 41,000   | 41,000  |
| Number of people receiving protective supervision, and protective intervention services. (M0414)  | 5,600  | 6,389  | 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  | 99.1   | 100  | 100   |
| The rate of abuse/neglect per 1000 for elderly persons. (M0757)   | 1.5  | 0.11   | 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  | 6,072  | 6868   | 6,868   |
| Number of instructor hours provided to child care provider staff. (M0384)   | 63,019   | 189,599                                      | 63,019   | 63,019  |
| Percent of licensed child care facilities inspected in accordance with program standards. (M04015)  | 95   | 99.87  | 95   | 95  |
| Percent of licensed child care homes inspected in accordance with program standards (M05175)  | 95   | 99.91  | 95   | 95  |
| Calls answered (M0070)  | 430,000  | 383,384                                      | 430,000  | 430,000                                       |
| Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)  | 3  | 13   | 3  | 3   |
| Number of calls to the hotline (M0300)  | 450,000  | 439,405                                      | 450,000  | 450,000                                       |
| Per capita verified child abuse rate/1000 (M0736)   | 14   | 9.77   | 14   | 14  |
| Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion. (M0393)      | 95   | 99.4   | 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   | 10,005                                       | 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  | 3,690  | 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   | 95.29  | 94.6   | 94.6  |
| Number of children in out-of-home care (M0297)  | 20,771   | 24,249                                       | 20,771   | 20,771  |
| Number of children receiving in-home services (M0774)   |  | 12,186                                       |  |   |
| Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)  | 65   | 66.8   | 65   | 65  |
| Percent adoptions finalized within 24 months of the latest removal. (M0391)   | 40   | 51.5   | 40   | 40  |
| Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)  | 99.9   | 99.7   | 99.9   | 99.9  |
| Percent of children in out-of-home care 24 months or longer on July 1 who achieved permanency prior to their 18th birthday and by June 30. (M0671)  | 33.6   | 37.9   | 33.6   | 33.6  |
| Number of investigations (M0295)  | 180,000  | 202,561                                      | 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   | NA   | 87   | 87  |
| Percent of child investigations from an entry cohort completed within 60 days. (M0394)  | 100  | 92.99  | 100  | 100   |
| Percent of children removed within 12 months of a prior reunification. (M05178)   | 9.9  | 6.36   | 9.9  | 9.9   |
| Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)  | 98   | 73.08  | 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   | 1.79   | 3.05   | 3.05  |
| Administrative cost as a percent of total agency costs (M0426)  | 1.21   | 0.78   | 1.21   | 1.21  |

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

| Department: Department of Children and Families   |  | Department No.: 60                           |  |   |
|---|--|--|--|---|
| <b>Program: Mental Health Services</b>  |  | <b>60910506</b>                              |  |   |
| <b>Service/Budget Entity: Mental Health Services</b>  |  | <b>60910506</b>                              |  |   |
| Approved Performance Measures for<br>FY 2017-18<br>(Words)  | Approved Prior Year<br>Standard<br>FY 2017-18<br>(Numbers) | Prior Year Actual FY<br>2016-17<br>(Numbers) | Approved Standards<br>for<br>FY 2016-17<br>(Numbers) | Requested<br>FY 2018-19 Standard<br>(Numbers) |
| Average annual days worked for pay for adults with severe and persistent mental illness (M0003)   | 40   | 64.93  | 40   | 40  |
| Number of adults with a serious and persistent mental illness in the community served (M0016)   | 136,480  | 133,307                                      | 136,480  | 136,480                                       |
| Number of adults in mental health crisis served (M0017)   | 30,404   | 38,953                                       | 30,404   | 30,404  |
| Number of adults with forensic involvement served (M0018)   | 3,328  | 3,842  | 3,328  | 3,328   |
| Percent of adults with serious mental illness who are competitively employed. (M0703)   | 24   | 45.72  | 24   | 24  |
| Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)   | 8  | 5.07   | 8  | 8   |
| Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)   | 90   | 94.55  | 90   | 90  |
| Percent of adults in forensic involvement who live in stable housing environment. (M0743)   | 67   | 74.12  | 67   | 67  |
| Percent of adults in mental health crisis who live in stable housing environment. (M0744)   | 86   | 87.57  | 86   | 86  |
| Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)                                | 8  | 7.48   | 8  | 8   |
| Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)   | 86   | 93.35  | 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   | 85   | 50   | 50  |
| Number of children served who are incompetent to proceed (M0030)  | 340  | 439  | 340  | 340   |
| Number of SED children to be served (M0031)   | 46,000   | 19,890                                       | 46,000   | 46,000  |
| Number of ED children to be served (M0032)  | 27,000   | 31,761                                       | 27,000   | 27,000  |
| Number of at-risk children to be served (M0033)   | 4,330  | 19,368                                       | 4,330  | 4,330   |
| Percent of children with emotional disturbances who improve their level of functioning (M0377)  | 64   | 92.3   | 64   | 64  |
| Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)   | 65   | 86.19  | 65   | 65  |
| Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)  | 95   | 99.72  | 95   | 95  |
| Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)   | 93   | 99.31  | 93   | 93  |
| Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)   | 96   | 97.25  | 96   | 96  |
| Average number of days to restore competency for adults in forensic commitment. (M0015)   | 125  | 114  | 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   | 1839   | 1606   | 1606  |
| Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)  | 2320   | 3,047  | 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   | 5,167  | 2879   | 2879  |
| Number of sexual predators served (detention and treatment). (M0379)  | 480  | 658  | 480  | 480   |
| Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)  | 3  | 0.02   | 3  | 3   |
| Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)  | 85   | 74   | 85   | 85  |
| Number of residents receiving Mental Health treatment (M06001)  | 169  | 257  | 169  | 169   |
| Administrative cost as a percent of total program costs (M0135)   | 4.87   | NA   | 4.87   | 4.87  |



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

|  |                           |
|--|---------------------------|
| <b>Department: Department of Children and Families</b> | <b>Department No.: 60</b> |
|--|---------------------------|

|   |                 |
|---|-----------------|
| <b>Program: Substance Abuse</b>               | <b>60910604</b> |
| <b>Service/Budget Entity: Substance Abuse</b> | <b>60910604</b> |

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

| Approved Performance Measures for<br>FY 2017-18<br>(Words)  | Approved Prior Year<br>Standard<br>FY 2017-18<br>(Numbers) | Prior Year Actual FY<br>2016-17<br>(Numbers) | Approved Standards<br>for<br>FY 2016-17<br>(Numbers) | Requested<br>FY 2018-19 Standard<br>(Numbers) |
|---|--|--|--|---|
| Number of adults served (M0063)   | 115,000  | 60,583                                       | 115,000  | 115,000                                       |
| Percentage change in clients who are employed from admission to discharge. (M0753)                                      | 10   | 12.05  | 10   | 10  |
| Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)   | 14.6   | -16.07                                       | 14.6   | 14.6  |
| Percent of adults who successfully complete substance abuse treatment services. (M0755)                                 | 51   | 58.13  | 51   | 51  |
| Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)       | 94   | 94.89  | 94   | 94  |
| Number of children with substance-abuse problems served (M0052)   | 50,000   | 12,180                                       | 50,000   | 50,000  |
| Number of at-risk children served in targeted prevention (M0055)  | 4,500  | 21,576                                       | 4,500  | 4,500   |
| Number of at risk children served in prevention services. (M0382)   | 150,000  | 165,550                                      | 150,000  | 150,000                                       |
| Percent of children who successfully complete substance abuse treatment services. (M0725)                               | 48   | 70.09  | 48   | 48  |
| Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751) | 19.6   | -14.97                                       | 19.6   | 19.6  |
| Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)     | 93   | 99.52  | 93   | 93  |
| Alcohol usage rate per 1,000 in grades 6-12. (M05092a)  | 295  | 165  | 295  | 295   |
| Marijuana usage rate per 1,000 in grades 6-12. (M05092m)  | 110  | 106  | 110  | 110   |
| Administrative cost as a percent of total program costs (M0137)   | 5.0  | 5.3  | 5.0  | 5.0   |

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

|  |                           |
|--|---------------------------|
| <b>Department: Department of Children and Families</b> | <b>Department No.: 60</b> |
|--|---------------------------|

|   |                 |
|---|-----------------|
| <b>Program: Economic Self Sufficiency Program</b>               | <b>60910708</b> |
| <b>Service/Budget Entity: Economic Self Sufficiency Program</b> | <b>60910708</b> |

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

| Approved Performance Measures for<br>FY 2017-18<br>(Words)  | Approved Prior<br>Year Standard<br>FY 2017-18<br>(Numbers) | Prior Year Actual FY<br>2016-17<br>(Numbers) | Approved Standards<br>for<br>FY 2016-17<br>(Numbers) | Requested<br>FY 2018-19 Standard<br>(Numbers) |
|---|--|--|--|---|
| Number of cash assistance applications (M0305)  | 296,826  | 301,084                                      | 296,826  | 296,826                                       |
| Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)                            | 70,394   | 31,913                                       | 70,394   | 70,394  |
| Percentage of food assistance applications processed within 7 days (expedited) (M0733)  | 95   | 96   | 95   | 95  |
| Percentage of food assistance applications processed within 30 days (M0219)   | 95   | 96   | 95   | 95  |
| Percent of food stamp benefits determined accurately (M0107)  | 94   | 99   | 94   | 94  |
| Total number of applications processed (M0106)  | 5,000,000  | 15,209,582                                   | 5,000,000  | 5,000,000                                     |
| Percent of all applications for assistance processed within time standards. (M0105)   | 96   | 96   | 96   | 96  |
| Percent of All Family TANF customers participating in work or work-related activities (M05088)                                  | 21.9   | 42   | 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   | 50   | 34.2   | 34.2  |
| Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)              | 98   | 99   | 98   | 98  |
| Number of beds per day available for homeless clients (M0304)   | 1,500  | 43,181                                       | 1,500  | 1,500   |
| Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)                          | 80   | 95   | 80   | 80  |
| Dollars collected through Benefit Recovery (M0111)  | 13,500,000   | 29,371,854                                   | 13,500,000   | 13,500,000                                    |
| Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)                             | 76.5   | 80   | 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  | 83,019                                       | 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   | 89,380                                       | 37,350   | 37,350  |
| Percent of unemployed active caseload placed in employment. (M04040)  | 40   | 25   | 40   | 40  |
| Administrative cost as a percent of total program costs (M0138)   | 7.93   | 2.36   | 7.93   | 7.93  |

Department of Children and Families

Long Range Program Plan

Fiscal Years 2018-2019 through 2022-2023

September 30, 2017

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

| Approved Standard | Actual Performance Results | Difference (Over/Under) | Percentage Difference |
|-------------------|----------------------------|-------------------------|-----------------------|
| 100               | 99.1%                      | 0.7 Under               | (0.74%)               |

**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%               | 95.4%                      | 1.6 Under               | (1.6%)                |

**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.

**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 within 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 implementing revised and standardized training curriculum as well as a tiered skills assessment program aimed at increasing 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               | (2.0%)                |

**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.

**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 high turnover in half of the six Regions this past fiscal year. Remaining staff and new hires had to manage caseloads under increasing intake levels.

**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 implementing revised and standardized training curriculum as well as a tiered skills assessment program aimed at increasing 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%                | 13%                        | +10                     | 10%                   |

**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           | 383,384                    | -46,616                 | -11%                  |

**Factors Accounting for the Difference:**

Internal Factors (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity              |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training           |
| <input type="checkbox"/> Previous Estimate Incorrect | <input 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:** Florida Abuse Hotline

**Service/Budget Entity:** 60910310 Family Safety and Preservation Services

**Measure:** M0300 Number of Calls to the Hotline

**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 |
|-------------------|----------------------------|-------------------------|-----------------------|
| 450,000           | 439,405                    | -10,595                 | -2.4%                 |

**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 Department has fewer calls when the abandonment rate goes down and performance is better.

**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:** The projected 450,000 calls factor in the frequency with which a caller will abandon their wait time in the call queue. In recent years, the Hotline has implemented technology to reduce the wait time for a caller. These improvements have reduced the overall wait times for a caller which in turn has led to a reduction in repeat attempts to reach a Hotline counselor.

**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 measure should be deleted as written because it reflects the number of times people call the Hotline and not the number of times the call is answered.

**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             | 6,072                      | (796)                   | -11.6%                |

**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%             | 99.7%                      | (.2)                    | <1%                   |

**Factors Accounting for the Difference:**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Personnel Factors           | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities        | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input 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%              | 92.99%                     | (7.01%)                 | -7.01%                |

**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 7/1/2016 – 4/30/17 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:** 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            | 10,005                     | (2,917) Under           | (22.6)%               |

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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 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            | 24,249                     | 3,478                   | 16.7% 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:** For FY 16-17, the number of unsafe children served by Florida’s child welfare system increased by approximately 3.3%. 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:** Increases in the number of children determined to be unsafe have created a need for enhanced and expanded safety management services as well as staff that are able to address the immediate safety needs of this population. Continuing to expand and strengthen the service array available to both child protective investigators and case managers allows for meaningful, appropriate service intervention, and thus, reducing the amount of children being removed from their homes. Due to increased spending on the needs of children in out-of-home care and the families from which they were removed in previous years, there has been a reduction in funding for front end child welfare services.

**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:**

**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%               | 73.08%                     | -24.92%                 | -24.92%               |

**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%               |                            |                         |                       |

**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. This measure is obsolete and has been replaced by the measure "Placement Moves per 1,000 Days in Foster Care" at 4.33. The obsolete measure should be replaced with the current measure.

**LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT**

**Department:** Department of Children and Families

**Program:** Mental Health Services

**Service/Budget Entity:** 60910506 Mental Health Services

**Measure:** 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           | 133,307                    | 3,173 (Under)           | -2%                   |

**Factors Accounting for the Difference:**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" 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:** In FY 2016-17, the Department and Managing Entities worked together to improve the management of data submissions to the Substance Abuse and Mental Health Information System (SAMHIS). As noted in the prior LRPP, the changes made to SAMHIS to improve the overall quality of data resulted in an increase of data rejections. These rejections made it appear that the Department served less persons in FY 2015-16. The Department also worked with the Managing Entities to define the business requirements necessary to replace SAMHIS with the Financial and Service Accountability Management Systems (FASAMS). FASAMS will enable the Department to determine the level of service needs, the type of provider, outcomes, and the financial costs associated with those services.

Additionally, when the Department stopped collecting Medicaid related data in FY 2012-13, the targets for this and other output were not revised to account for the reporting of Department funded individuals and 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 Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 2016-17 to include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system, and monthly reporting of data rejections that are made accessible to the Regions via the Department’s standard reporting system (Tableau).

### 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            | 19,890                     | 26,110 (Under)          | -57%                  |

**Factors Accounting for the Difference:**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input 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 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:** In FY 2016-17, the Department and Managing Entities worked together to improve the management of data submissions to the Substance Abuse and Mental Health Information System (SAMHIS). As noted in the prior LRPP, the changes made to SAMHIS to improve the overall quality of data resulted in an increase of data rejections. These rejections made it appear that the Department served less persons in FY 2015-16. The Department also worked with the Managing Entities to define the business requirements necessary to replace SAMHIS with the Financial and Service Accountability Management Systems (FASAMS). FASAMS will enable the Department to determine the level of service needs, the type of provider, outcomes, and the financial costs associated with those services.

Additionally, children identified with severe emotional disturbance tend to be eligible and enrolled in Medicaid. When the Department stopped collecting Medicaid related data in FY 2012-13, the targets for this and other output were not revised to account for the reporting of Department funded individuals and 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 Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 2016-17 to include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system, and monthly reporting of data rejections that are made accessible to the Regions via the Department’s standard reporting system (Tableau).

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

| Approved Standard | Actual Performance Results | Difference (Over/Under) | Percentage Difference |
|-------------------|----------------------------|-------------------------|-----------------------|
| 85%               | 74%                        | 11% (Under)             | -13%                  |

**Factors Accounting for the Difference:**

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

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

**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           | 60,583                     | 54,417 (Under)          | -47%                  |

**Factors Accounting for the Difference:**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input 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:** In FY 2016-17, the Department and Managing Entities worked together to improve the management of data submissions to the Substance Abuse and Mental Health Information System (SAMHIS). As noted in the prior LRPP, the changes made to SAMHIS to improve the overall quality of data resulted in an increase of data rejections. These rejections made it appear that the Department served less persons in FY 2015-16. The Department also worked with the Managing Entities to define the business requirements necessary to replace SAMHIS with the Financial and Service Accountability Management Systems (FASAMS). FASAMS will enable the Department to determine the level of service needs, the type of provider, outcomes, and the financial costs associated with those services.

In addition, individuals that are identified as having substance use and mental health disorders are classified by SAMHIS as mental health. In the future, the FASAMS system will enable the Department to better account for adults with co-occurring disorders and will not classify such individuals as recipients of only mental health services.

Finally, when the Department stopped collecting Medicaid related data in FY 2012-13, the targets for this and other output were not revised to account for the reporting of Department funded individuals and 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 Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 2016-17 to include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system, and monthly reporting of data rejections that are made accessible to the Regions via the Department's standard reporting system (Tableau).

**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:** 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            | 12,180                     | 37,820 (Under)          | -76%                  |

**Factors Accounting for the Difference:**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Personnel Factors                      | <input type="checkbox"/> Staff Capacity    |
| <input type="checkbox"/> Competing Priorities                   | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input 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:** In FY 2016-17, the Department and Managing Entities worked together to improve the management of data submissions to the Substance Abuse and Mental Health Information System (SAMHIS). As noted in the prior LRPP, the changes made to SAMHIS to improve the overall quality of data resulted in an increase of data rejections. These rejections made it appear that the Department served less persons in FY 2015-16. The Department also worked with the Managing Entities to define the business requirements necessary to replace SAMHIS with the Financial and Service Accountability Management Systems (FASAMS). FASAMS will enable the Department to determine the level of service needs, the type of provider, outcomes, and the financial costs associated with those services.

In addition, individuals that are identified as having substance use and mental health disorders are classified by SAMHIS as mental health. In the future, the FASAMS system will enable the Department to better account for children with co-occurring disorders and will not classify such individuals as recipients of only mental health services.

Finally, when the Department stopped collecting Medicaid related data in FY 2012-13, the targets for this and other output were not revised to account for the reporting of Department funded individuals and 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 Office of Substance Abuse and Mental Health has addressed this issue and implemented corrective actions for FY 2016-17 to include ongoing monthly data reconciliation between the managing entity and the SAMHIS data system, and monthly reporting of data rejections that are made accessible to the Regions via the Department's standard reporting system (Tableau).



**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:**

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

- Revision of Measure
- Deletion of Measure

| Approved Standard | Actual Performance Results | Difference (Over/Under) | Percentage Difference |
|-------------------|----------------------------|-------------------------|-----------------------|
| 70,394            | 31,913                     | (38,481)                | -45.33%               |

**Factors Accounting for the Difference:**

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

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

**Explanation:**

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

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

**Explanation:** The Department of Children and Families is responsible for referring Temporary Cash Assistance (TCA) applicants to the Department of Economic Opportunity for engagement in work activities as a condition of eligibility for TCA. The number of TCA applicants has declined as a result of the improvement to the state’s unemployment rate (4.3% in May 2017); and, an increase to diversionary payments which have assisted in keeping people in their jobs versus receiving TCA. The average number of referrals to the Department of Economic Opportunity, Local Workforce Development Boards, has declined to an average of 2,659 per month (total of 31,913).

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

- Training
- Personnel
- Technology
- 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:**

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

| Approved Standard | Actual Performance Results | Difference (Over/Under) | Percentage Difference |
|-------------------|----------------------------|-------------------------|-----------------------|
| 40%               | 25%                        | (15)                    | -38%                  |

**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:** Refugee Services placed 15,277 clients in employment, a record high number of placements. From FFY2015 to 2017, the state experienced a dramatic increase in the refugee population, primarily coming from Cuba. In a 30-month period, more than 130,000 eligible clients arrived in Florida. Federal funding to support employment services did not increase to meet demand, resulting in a smaller percentage of placements than anticipated. As a result, while the number of placements has grown, the percentage of clients placed has fallen.

**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:**

Department of Children and Families

Long Range Program Plan

Fiscal Years 2018-2019 through 2022-2023

September 30, 2017

Performance Measure Validity and Reliability - LRPP  
Exhibit IV

Rick Scott

Governor

Mike Carroll

Secretary



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Children and Families  
**Program:** EXECUTIVE DIR/SUPPORT SVCS  
**Service/Budget Entity:** Assistant Secretary for Administration 60900101  
**Measure:** Administrative cost as a percent of total agency costs (M0147)  
**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.

**Department:** Department of Children and Families  
**Program:** EXECUTIVE DIR/SUPPORT SVCS  
**Service/Budget Entity:** District Administration 60900101  
**Measure:** Administrative cost as a percent of total agency costs (M0363)  
**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

|                                      |  |
|--------------------------------------|--|
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>EXECUTIVE DIR/SUPPORT SVCS</u>  |
| <b>Service/Budget Entity:</b>        | <u>Executive Direction and Support Services 60900101</u>   |
| <b>Measure:</b>                      | <u>Administrative cost as a percent of total agency costs (M0144)</u>  |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Administrative costs in this instance include all expenditures / appropriation in the Executive Direction budget entity. Numerator: Executive Direction budget entity. Denominator: Total Agency budget/ expenditures (including Administrative Costs) Data Source: Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR.     |
| <b>Validity:</b>                     | This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.  |
| <b>Reliability:</b>                  | FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.  |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>INFORMATION TECHNOLOGY</u>  |
| <b>Service/Budget Entity:</b>        | <u>Information Technology 60900202</u>   |
| <b>Measure:</b>                      | <u>Information technology cost as a percent of total agency costs (M0145)</u>  |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Administrative costs in this instance include all expenditures/appropriation in the Information Technology budget entity. Numerator: Information Technology budget entity. Denominator: Total Agency budget/ expenditures (including Administrative Costs) Data Source: Legislative Accounting System/ Program Budget System. The expenditure portion is updated by FLAIR. |
| <b>Validity:</b>                     | This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.  |
| <b>Reliability:</b>                  | FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.  |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Children and Families  
**Program:** FAMILY SAFETY AND PRESERVATION SERVICES  
**Service/Budget Entity:** Adult Protection 60900310  
**Measure:** Number of investigations (M0127)  
**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.

**Department:** Department of Children and Families  
**Program:** FAMILY SAFETY AND PRESERVATION SERVICES  
**Service/Budget Entity:** Adult Protection 60900310  
**Measure:** Percent of adult investigations from an entry cohort completed within 60 days. (M04016)  
**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

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

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| <b>Department:</b>                   | <u>Department of Children and Families</u>  |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Adult Protection 60900310</u>  |
| <b>Measure:</b>                      | <u>Number of people receiving protective supervision, and protective intervention services. (M0414)</u>   |
| <b>Action:</b>                       | Backup for performance measure  |
| <b>Data Sources and Methodology:</b> | Protective services include protective supervision and protective intervention (supportive services and placement services) cases. Protective supervision applies to services arranged or provided by the department to protect vulnerable adults from further occurrences of abuse, neglect, or exploitation. Supportive services are services that encourage and assist eligible vulnerable adults to remain in the least restrictive environment. 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 |
| <b>Validity:</b>                     | This number is a direct count through the Adult Services Information System of persons receiving protective supervision and protective intervention services.   |
| <b>Reliability:</b>                  | The data was verified as reliable during a special audit.   |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>  |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Adult Protection 60900310</u>  |
| <b>Measure:</b>                      | <u>The rate of abuse/neglect per 1000 for adults with disabilities (M0735)</u>  |
| <b>Action:</b>                       | Backup for performance measure  |
| <b>Data Sources and Methodology:</b> | An adult is a person 18 years of age or over with a physical, mental or emotional disability. Abuse is defined as a willful act or threatened act or omission by a relative caregiver or household member that causes or is likely to cause significant impairment to a vulnerable adult's physical, mental or emotional health. This measure is a rate. The numerator is the number of unduplicated victims of Adult Abuse, Neglect, or Exploitation as reported to the hotline and determined after investigation to have been verified a victim of at least one maltreatment. The denominator is the number of disabled or frail elderly adults over the age of 18 in the state divided by 1,000. Data Source: Abuse Hotline Counselors, Adult Protective Investigators and Supervisors, Department of Elder Affairs, US Social Security Administration, and the US Census Bureau. |
| <b>Validity:</b>                     | This measure is a rough indicator of the incidence of adult maltreatment in Florida.  |
| <b>Reliability:</b>                  | The measure 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. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.   |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Child Abuse Prevention and Intervention 60900310</u>  |
| <b>Measure:</b>                      | <u>Number of children in families served (M0134)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | 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 |
| <b>Validity:</b>                     | This is a workload measure that counts the number of children in families receiving prevention services and other services funded by CBFRS, CAPTA and PSSF.  |
| <b>Reliability:</b>                  | The reliability of this measure is dependent on provider's compliance with data reporting requirements. Providers are required by contract to report performance data including number of clients served. The department will monitor the extent to which providers comply with these contractual requirements.  |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Child Abuse Prevention and Intervention 60900310</u>  |
| <b>Measure:</b>                      | <u>Number of families served in Healthy Families (M0294)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Healthy Families Florida (HFF) is a child abuse prevention program modeled on the Healthy Families America model and provided through the Ounce of Prevention Fund. HFF provides home visitation services in high-risk neighborhoods. This is a count of the number of families served.<br>Quarterly Report-Unduplicated of families served in the report quarter. Year-to-Date Report-Unduplicated count of families served fiscal year to date. Data Source: Healthy Families Florida program staff                |
| <b>Validity:</b>                     | This count of the number of families served is an important measure of the size of the program.  |
| <b>Reliability:</b>                  | Required in the contract with the Ounce of Prevention Fund   |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Child Care Regulation and Information 60900310</u>  |
| <b>Measure:</b>                      | <u>Number of facilities and homes licensed (M0123)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Licensed child care facility includes any child care center or child care arrangement, whether or not operated for profit, which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated. Family day care homes are occupied residences, whether or not operated for profit, in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care. The legal authority for imposing penalties is s. 402.310, F.S. Guidelines for Class I violations are in Children and Families Operating Procedure 175-2. The total count of licensed facilities and homes at any given time. Data Source: Child Care Information System |
| <b>Validity:</b>                     | This workload measure represents the effort expended to licensed facilities and homes.   |
| <b>Reliability:</b>                  | District Child Care Licensing staff are trained to compile and enter data into the Child Care Information System.  |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Child Care Regulation and Information 60900310</u>  |
| <b>Measure:</b>                      | <u>Number of instructor hours provided to child care provider staff. (M0384)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | The total number of hours of instruction provided by trainers to child care personnel whether working in the industry or not. The total number of hours of instruction provided. Data Source: Child Care Training Report   |
| <b>Validity:</b>                     | The training is provided by contractors for whom performance measures are included in the contract. Contract monitoring as well as system information monitoring by staff is done on a routine basis.  |
| <b>Reliability:</b>                  | Fifteen contract providers coordinate training statewide and report categorically the total number of instructor hours provided on the Quarterly Child Care Training Report.   |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Children and Families

**Program:** FAMILY SAFETY AND PRESERVATION SERVICES

**Service/Budget Entity:** Child Care Regulation and Information 60900310

**Measure:** Percent of licensed child care facilities inspected in accordance with program standards. (M04015)

**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 it 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.

**Department:** Department of Children and Families

**Program:** FAMILY SAFETY AND PRESERVATION SERVICES

**Service/Budget Entity:** Child Care Regulation and Information 60900310

**Measure:** Percent of licensed child care homes inspected in accordance with program standards (M05175)

**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

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Child Protection and Permanency 60900310</u>  |
| <b>Measure:</b>                      | <u>Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0738)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Child Welfare Supervision includes all adults who must comply with requirements set by Family Safety and the courts due to child abuse and dependency determinations. N: Number of adults identified as needing substance abuse treatment in protective services records who receive treatment. D: Number of adults identified as needing substance abuse treatment in protective services records. Data Source: SACWIS/ADM Data Warehouse   |
| <b>Validity:</b>                     | National studies indicate 50-60 percent of families with child abuse and neglect have substance abuse as a contributing factor. Measure determines extent to which the parents follow through on treatment to reduce substance abuse problems.   |
| <b>Reliability:</b>                  | Data are derived from uniform survey/record review format and is maintained independent of the substance abuse and protective services programs.   |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Child Protection and Permanency 60900310</u>  |
| <b>Measure:</b>                      | <u>Number of children receiving in-home services. (M0774)</u>  |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | These are children staying in their parents homes under their supervision of the Department or a CBC. This measure is a count of the children in in-home care. Data Source: Direct services staff with DCF and contract providers.   |
| <b>Validity:</b>                     |  |
| <b>Reliability:</b>                  | Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in FSFN is the responsibility of district and provider direct services and supervisory staff. On-going systems training and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. The Department will monitor the extent to which providers comply with these contractual requirements. |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Children and Families  
**Program:** FAMILY SAFETY AND PRESERVATION SERVICES  
**Service/Budget Entity:** Florida Abuse Hotline 60900310  
**Measure:** Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)  
**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.

**Department:** Department of Children and Families  
**Program:** FAMILY SAFETY AND PRESERVATION SERVICES  
**Service/Budget Entity:** Florida Abuse Hotline 60900310  
**Measure:** Calls answered (M0070)  
**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

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Florida Abuse Hotline 60900310</u>  |
| <b>Measure:</b>                      | <u>Number of calls to the hotline (M0300)</u>  |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | The Florida Abuse Hotline receives: (1) calls from citizens who indicate through a telephone prompt that they wish to report concerns about child abuse or neglect or adult abuse, neglect or exploitation; (2) faxes from citizens with concerns about abuse, neglect or exploitation; and (3) calls from district DCF staff who require assistance. This measure is a number. It is a count of all calls and faxes received by the Florida Abuse Hotline's Automated Call Distribution System. Data Source: ACD System |
| <b>Validity:</b>                     | This is a process measure that indicates the workload of the Hotline.  |
| <b>Reliability:</b>                  | Reliability of this measure is dependent on DCF, sheriff's and contract provider's staff compliance with data reporting requirements as well as a common understanding of those requirements. Data entry in 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.  |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>FAMILY SAFETY AND PRESERVATION SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Program Management and Compliance - Family Safety 60900310</u>  |
| <b>Measure:</b>                      | <u>Administrative cost as a percent of total program costs (M0136)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. Data Source: The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.  |
| <b>Validity:</b>                     | This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.  |
| <b>Reliability:</b>                  | FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.  |



# LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>  |
| <b>Program:</b>                      | <u>MENTAL HEALTH SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Adult Community Mental Health Services 60900506</u>  |
| <b>Measure:</b>                      | <u>Average annual days worked for pay for adults with severe and persistent mental illness (M0003)</u>  |
| <b>Action:</b>                       | Backup for performance measure  |
| <b>Data Sources and Methodology:</b> | <p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria:</p> <ol style="list-style-type: none"><li>1. They do not meet the criteria for adults with forensic involvement, and</li><li>2. They have an International Classification Diagnosis, 9th edition (ICD-9) diagnosis of 295-299, or</li><li>3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or</li><li>4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or</li><li>5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently.</li></ol> <p>A day of work is defined as any time period within a calendar day that results in taxable income, whether or not such income is actually reported to the tax authorities.</p> <p>Adults who are in a state mental health treatment facility as of July 1 are excluded from the measure. Measure is an average of days worked for pay. The average is derived by:</p> <ol style="list-style-type: none"><li>1) Selecting quarterly and discharge evaluations for each person served during the specified time period.</li><li>2) Work days are totaled for each client and then divided by the total number of evaluations for that client to derive an average number of work days per client.</li><li>3) The averages are then added together and divided by the number of clients who were evaluated during the specified time period.</li><li>4) The average derived is then multiplied by 12.1667 to get the annual average days worked.</li></ol> <p>People over the age of 62 are excluded from the algorithm. Data Source: Provider staff report the data based on client interviews and records.</p> |
| <b>Validity:</b>                     | Increased employment is an indication of a person's ability to live independently. The measure does not take into account adults who are in school, participating in volunteer work, or in vocational training, although these activities may contribute toward successful living in the community.   |
| <b>Reliability:</b>                  | The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and the department 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

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>MENTAL HEALTH SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Adult Community Mental Health Services 60900506</u>   |
| <b>Measure:</b>                      | <u>Number of adults with a serious and persistent mental illness in the community served (M0016)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | <p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria:</p> <ol style="list-style-type: none"><li>1. They do not meet the criteria for adults with forensic involvement, and</li><li>2. They have an ICD 9 diagnosis of 295-299, or</li><li>3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or</li><li>4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or</li><li>5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently.</li></ol> <p>Served means an individual received at least one mental health service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of severe and persistent mental illness. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) Data System</p> |
| <b>Validity:</b>                     | This is a direct measure of the number of adults who receive treatment in the state mental health system.  |
| <b>Reliability:</b>                  | The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.  |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>MENTAL HEALTH SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Adult Community Mental Health Services 60900506</u>   |
| <b>Measure:</b>                      | <u>Number of adults with forensic involvement served (M0018)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Adults with forensic involvement includes adults age 18 and over who meet the following criteria:<br>They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed.<br>Served means an individual received at least one service event during the time period.<br>Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with forensic involvement. Data Source: Provider staff report the data based on client interview and records. |
| <b>Validity:</b>                     | This is a direct measure of the number of adults who receive treatment in the state mental health system.  |
| <b>Reliability:</b>                  | The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.  |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>MENTAL HEALTH SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Children's Mental Health Services 60900506</u>  |
| <b>Measure:</b>                      | <u>Percent of children who are intellectually disabled restored to competency and recommended to proceed with a judicial hearing (M0020)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Intellectual disability 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. |
| <b>Validity:</b>                     | 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.  |
| <b>Reliability:</b>                  | 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.  |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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| <b>Department:</b>                   | <u>Department of Children and Families</u>  |
| <b>Program:</b>                      | <u>MENTAL HEALTH SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Children's Mental Health Services 60900506</u>   |
| <b>Measure:</b>                      | <u>Number of SED children to be served (M0031)</u>  |
| <b>Action:</b>                       | Backup for performance measure  |
| <b>Data Sources and Methodology:</b> | 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: <ol style="list-style-type: none"><li>1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.</li><li>2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below.</li><li>3. They currently receive SSI benefits for a psychiatric disability.</li></ol> 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. |
| <b>Validity:</b>                     | This is a direct measure of the number of children with SED served in mental health treatment programs.   |
| <b>Reliability:</b>                  | The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.   |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

# LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>MENTAL HEALTH SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Children's Mental Health Services 60900506</u>  |
| <b>Measure:</b>                      | <u>Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | <p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:</p> <ol style="list-style-type: none"><li>1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.</li><li>2. They have 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.</li><li>3. They currently receive SSI benefits for a psychiatric disability.</li></ol> <p>Improved functioning means that the current level of functioning is better than the level previously measured. This number is a percent and is based on the change between two assessments.</p> <p>The numerator is the number of children whose "most recent score" is less than their "previous assessment score". The scores are calculated by summing the score for the 16 questions per person captured on the Children's Functional Assessment Rating Scales (CFARS). A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The "most recent score" must occur within the reporting fiscal year and cannot be an admission assessment. The "previous assessment score" must have occurred within the 12 previous months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6 month mark (180 days) from the "most recent score" will be used.</p> <p>The denominator is all children with two assessments.</p> <p>To achieve the percentage of increase, the total number of children who improved is divided by the total number of children with two qualifying assessments.</p> <p>To be included in this measure, the child must have been served during the reporting fiscal year (must have at least one service event record) and must be enrolled in the specified target population. Data Source: Provider staff report the data based on the administration of CFARS by a certified rater.</p> |
| <b>Validity:</b>                     | 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.  |
| <b>Reliability:</b>                  | 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

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| <b>Department:</b>                   | <u>Department of Children and Families</u>  |
| <b>Program:</b>                      | <u>MENTAL HEALTH SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Children's Mental Health Services 60900506</u>   |
| <b>Measure:</b>                      | <u>Percent of children with emotional disturbance (ED) who live in a stable housing environment (M0778)</u>   |
| <b>Action:</b>                       | Backup for performance measure  |
| <b>Data Sources and Methodology:</b> | 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. 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. |
| <b>Validity:</b>                     | This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.   |
| <b>Reliability:</b>                  | The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.  |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>MENTAL HEALTH SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Violent Sexual Predator Program 60900506</u>  |
| <b>Measure:</b>                      | <u>Number of residents receiving Mental Health treatment (M06001)</u>  |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Residents refers to Sexually Violent Predators (an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment) court ordered and located in a treatment facility. Unduplicated count of residents receiving Mental Health treatment Data Source: Contractor Monthly Report   |
| <b>Validity:</b>                     | This output measure addresses level of effort being given to treatment for the residents.  |
| <b>Reliability:</b>                  | This measure is checked through annual contract monitoring.  |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>MENTAL HEALTH SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Adult Mental Health Treatment Facilities 60900506</u>   |
| <b>Measure:</b>                      | <u>Average number of days to restore competency for adults in forensic commitment. (M0015)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | 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. |
| <b>Validity:</b>                     | This measure addresses the primary mission of forensic facilities.   |
| <b>Reliability:</b>                  | Forensic Facility database has been in operation for ten years and no significant data accuracy problems have been identified.   |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Children and Families

**Program:** SUBSTANCE ABUSE SERVICES

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

**Measure:** Number of adults served (M0063)

**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.

**Department:** Department of Children and Families

**Program:** SUBSTANCE ABUSE SERVICES

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

**Measure:** Percentage change in clients who are employed from admission to discharge. (M0753)

**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

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>SUBSTANCE ABUSE SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>  |
| <b>Measure:</b>                      | <u>Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | 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. |

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) 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 service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally.

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| <b>Validity:</b>    | Substance use and abuse have been shown in the research to be contributing factors to crime and delinquency. This measure is designed to evaluate the extent to which treatment facilitates reduced subsequent criminal activity. |
| <b>Reliability:</b> | The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors        |

# LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>  |
| <b>Program:</b>                      | <u>SUBSTANCE ABUSE SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>   |
| <b>Measure:</b>                      | <u>Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)</u>  |
| <b>Action:</b>                       | Backup for performance measure  |
| <b>Data Sources and Methodology:</b> | 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 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.

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| <b>Validity:</b>    | This measure attempts to measure the success of clients who live independently with substance abuse problems and function as productive members of the community.  |
| <b>Reliability:</b> | The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures. |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>SUBSTANCE ABUSE SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>  |
| <b>Measure:</b>                      | <u>Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0775)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Child Welfare Supervision includes all adults who must comply with requirements set by Family Safety and the courts due to child abuse and dependency determinations. N: Number of adults identified as needing substance abuse treatment in protective services records who receive treatment. D: Number of adults identified as needing substance abuse treatment in protective services records. Data Source: SACWIS/ADM Data Warehouse       |
| <b>Validity:</b>                     | National studies indicate 50-60 percent of families with child abuse and neglect have substance abuse as a contributing factor. Measure determines extent to which the parents follow through on treatment to reduce substance abuse problems.   |
| <b>Reliability:</b>                  | Data are derived from uniform survey/record review format and is maintained independent of the substance abuse and protective services programs.   |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>SUBSTANCE ABUSE SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>  |
| <b>Measure:</b>                      | <u>Number of children with substance-abuse problems served (M0052)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Children served in substance abuse treatment include persons enrolled in child substance abuse priority populations and received services in any treatment and non-treatment cost center under children substance abuse programs. Count of children served in substance abuse treatment Data Source: Provider staff reports service event data in Substance Abuse and Mental Health Information System (SAMHIS) based on data collected locally. |
| <b>Validity:</b>                     | This output measure represents the effort to evaluate the number of persons served   |
| <b>Reliability:</b>                  | The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.  |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Children and Families

**Program:** SUBSTANCE ABUSE SERVICES

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

**Measure:** Alcohol usage rate per 1,000 in grades 6-12. (M05092a)

**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.

**Department:** Department of Children and Families

**Program:** SUBSTANCE ABUSE SERVICES

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

**Measure:** Marijuana usage rate per 1,000 in grades 6-12. (M05092m)

**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

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



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>SUBSTANCE ABUSE SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>  |
| <b>Measure:</b>                      | <u>Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | 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. |

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).

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).

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

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| <b>Validity:</b>    | Substance use and abuse have been shown in the research to be contributing factors to crime and delinquency. This measure is designed to evaluate the extent to which treatment facilitates reduced criminal activity.     |
| <b>Reliability:</b> | The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>  |
| <b>Program:</b>                      | <u>SUBSTANCE ABUSE SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>   |
| <b>Measure:</b>                      | <u>Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)</u>  |
| <b>Action:</b>                       | Backup for performance measure  |
| <b>Data Sources and Methodology:</b> | 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.

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Children and Families

**Program:** SUBSTANCE ABUSE SERVICES

**Service/Budget Entity:** Program Management and Compliance - Substance Abuse 60900604

**Measure:** Administrative cost as a percent of total program costs (M0137)

**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.

**Department:** Department of Children and Families

**Program:** ECONOMIC SELF SUFFICIENCY SERVICES

**Service/Budget Entity:** Program Management and Compliance - ESS 60900708

**Measure:** Administrative cost as a percent of total program costs (M0138)

**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

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>ECONOMIC SELF SUFFICIENCY SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Refugees 60900708</u>   |
| <b>Measure:</b>                      | <u>Percent of refugee assistance cases accurately closed at 8 months or less (M0103)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | A refugee assistance case is a client or family unit found eligible for refugee cash or refugee medical assistance. Accurately closed means that services have been terminated. The eight-month time frame is required by federal regulation and the Office of Refugee Resettlement, Department of Health and Human Services. The measure is a percentage, calculated by taking the number of refugee assistance cases closed at 8 months or less (numerator), divided by the total number of refugee assistance cases closed for the time period (denominator). Data Source: Economic Self Sufficiency (ESS) staff. |
| <b>Validity:</b>                     | The measure is based upon a requirement of 45 CFR 400.60, describing client eligibility. The Department could be responsible for repayment should too many cases exceed 8 months.  |
| <b>Reliability:</b>                  | Annual audits on the eligibility components of the FLORIDA System by the State Auditor General reduce the potential for errors in data entry. A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system. Ten to twelve weeks of training, of which 25-33% centers on the FLORIDA system, is provided to new public assistance workers.   |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>ECONOMIC SELF SUFFICIENCY SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Refugees 60900708</u>   |
| <b>Measure:</b>                      | <u>Number of refugee cases closed (M0104)</u>  |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | A refugee case is a client or family unit found eligible to receive refugee cash or refugee medical assistance. Closed means that the client has been terminated from receiving cash or medical assistance. The measure is a count of cases closed. Data Source: Economic self-sufficiency staff.  |
| <b>Validity:</b>                     | Care in interpreting this measure must be taken as it is not a count of the total refugee assistance caseload, but only a count of cases closed within the time period measured.   |
| <b>Reliability:</b>                  | A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system.   |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>  |
| <b>Program:</b>                      | <u>ECONOMIC SELF SUFFICIENCY SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Refugees 60900708</u>  |
| <b>Measure:</b>                      | <u>Number of refugee cases (M0362)</u>  |
| <b>Action:</b>                       | Backup for performance measure  |
| <b>Data Sources and Methodology:</b> | A refugee case is a client determined eligible to receive refugee cash and refugee medical assistance and services from a provider contracted by the DCF Refugee Services Program Office. The measure is an unduplicated of the total active client population, including those receiving refugee cash assistance, those receiving refugee medical assistance and those receiving services by contract. Data Source: Refugee cash and refugee medical assistance client data are reported by ACCESS Florida staff. Data about clients receiving contracted services are reported by the contracted providers. |
| <b>Validity:</b>                     | 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.   |
| <b>Reliability:</b>                  | A threat to consistency is the potential for different interpretations of eligibility standards by case workers. In order to ameliorate such threats, the department monitors data quality and reliability for the FLORIDA system. Ten to twelve weeks of training, of which 25-33% centers on the FLORIDA system, is provided to new public assistance workers.  |
| <b>Department:</b>                   | <u>Department of Children and Families</u>  |
| <b>Program:</b>                      | <u>ECONOMIC SELF SUFFICIENCY SERVICES</u>   |
| <b>Service/Budget Entity:</b>        | <u>Refugees 60900708</u>  |
| <b>Measure:</b>                      | <u>Percent of unemployed active caseload placed in employment. (M04040)</u>   |
| <b>Action:</b>                       | Backup for performance measure  |
| <b>Data Sources and Methodology:</b> | Unemployed active caseload includes all eligible employment services clients for whom a case record is open and no active placement exists. Caseload is defined as a single unduplicated client count. The measure is a percentage calculated by taking the total number of clients placed who were in the unemployed active caseload for the quarter (numerator), divided by the total number in the unemployed active caseload (denominator). Data Source: Contracted provider staff  |
| <b>Validity:</b>                     | Threats to validity include errors in eligibility determination, placement information, and case closure.   |
| <b>Reliability:</b>                  | Threats to consistency include the potential for different interpretations of eligibility standards, the contracted service provider's staff turnover, level of data entry skills and training.   |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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



## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>ECONOMIC SELF SUFFICIENCY SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Welfare Transition and Employment Supports 60900708</u>   |
| <b>Measure:</b>                      | <u>Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)</u>   |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Suspected fraud cases are those meeting specific error prone profiles such as expenses continually exceeding available income. Once identified, these cases are referred to a fraud unit for review. Savings are defined as benefits that are not issued because of the detection of client misrepresentation. Denominator: The total number of cases which meet the error prone profiles that are referred for review.<br>Numerator: The total number of cases which meet the error prone profiles that are referred for review that result in savings. Data Source: ESS Fraud Prevention staff |
| <b>Validity:</b>                     | The intent of this measure is to ensure that significant effort is devoted to the proper use of taxpayer money to meet the needs of only those who are eligible. The threat to the validity of this measure is that the data is limited to only those cases that produce savings.  |
| <b>Reliability:</b>                  | Central Office Quality Assurance and district staff both monitor local Fraud Units to validate that data is entered into the system correctly and accurately reflects individual employee and unit performance.  |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>ECONOMIC SELF SUFFICIENCY SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Welfare Transition and Employment Supports 60900708</u>   |
| <b>Measure:</b>                      | <u>Dollars collected through Benefit Recovery (M0111)</u>  |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Benefit Recovery dollars are monies collected by the department that have been issued through client misrepresentation or department/client error. The measure is a count, the sum of the dollar value collected on established benefit recovery claims. Data Source: Benefit Recovery System (interfaces with FLORIDA)  |
| <b>Validity:</b>                     | This measure shows the public that the department recoups the value of benefits issued in error.   |
| <b>Reliability:</b>                  | The department's Benefit Recovery staff monitor the data in the Benefit Recovery System (BRS) on a routine basis.  |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Children and Families

**Program:** ECONOMIC SELF SUFFICIENCY SERVICES

**Service/Budget Entity:** Welfare Transition and Employment Supports 60900708

**Measure:** Number of fraud prevention investigations completed (M0112)

**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.

**Department:** Department of Children and Families

**Program:** ECONOMIC SELF SUFFICIENCY SERVICES

**Service/Budget Entity:** Welfare Transition and Employment Supports 60900708

**Measure:** Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)

**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

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Children and Families  
**Program:** ECONOMIC SELF SUFFICIENCY SERVICES  
**Service/Budget Entity:** Welfare Transition and Employment Supports 60900708  
**Measure:** Number of beds per day available for homeless clients (M0304)  
**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.

**Department:** Department of Children and Families  
**Program:** ECONOMIC SELF SUFFICIENCY SERVICES  
**Service/Budget Entity:** Welfare Transition and Employment Supports 60900708  
**Measure:** Number of cash assistance applications (M0305)  
**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

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| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>ECONOMIC SELF SUFFICIENCY SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Welfare Transition and Employment Supports 60900708</u>   |
| <b>Measure:</b>                      | <u>Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)</u>  |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | 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. Numerator: Of the above, a count of payees who have not participated in TANF since the diversion payment. Data Source: Economic Self-Sufficiency staff. |
| <b>Validity:</b>                     | This measure identifies success in diverting families from enrolling in a monthly assistance program, a strategy in the Department's Strategic Plan. This may be an indication that these clients have become more self-sufficient.  |
| <b>Reliability:</b>                  | Data reliability is dependent on ESS field staff coding the diversion payment accurately.  |
| <b>Department:</b>                   | <u>Department of Children and Families</u>   |
| <b>Program:</b>                      | <u>ECONOMIC SELF SUFFICIENCY SERVICES</u>  |
| <b>Service/Budget Entity:</b>        | <u>Welfare Transition and Employment Supports 60900708</u>   |
| <b>Measure:</b>                      | <u>Percent of All Family TANF customers participating in work or work-related activities (M05088)</u>  |
| <b>Action:</b>                       | Backup for performance measure   |
| <b>Data Sources and Methodology:</b> | Similar to the Federal Work Participation Rate, this measure calculates the percent of TANF adults with a work participation requirement who are meeting the required number of work participation hours each month. Denominator: The number of eligible TANF adults with a work participation requirement. Numerator: The number of those participating in allowable work activities for the required number of hours each month. Data Source: Regional Work Force Board field staff.   |
| <b>Validity:</b>                     | This measure identifies success in increasing self-sufficiency of TANF adults, a strategy intended to further the mission of the agency.   |
| <b>Reliability:</b>                  | Data reliability is dependent on WFB staff accurately entering work and work related activities coding into the AWI OSST system and ESS field staff accurately recording work participation requirement code in FLORIDA.   |

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

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

| Measure Number | Approved Performance Measures for FY 2017-18  |  | 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 (M0736)  |  | Number of families served in Healthy Families (M0294)  |
| 18             | Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion. (M0393)      |  | Number of families served in Healthy Families (M0294)  |
| 19             | Children receiving adoptive services (M0073)  |  | Children receiving adoptive services (M0073)   |
| 20             | Number of children in out-of-home care (M0297)  |  | Number of children with a goal of adoption who remain in out-of-home care after 24 months.   |
| 21             | Number of children receiving adoption subsidies (M0074)   |  | Number of children receiving adoption subsidies (M0074)  |
| 22             | Number of children remaining in out-of-home care more than 12 months. (M0388)   |  | Number of children in out-of-home care (M0297)   |
| 23             | Number of children under protective supervision (point in time) (M0296)   |  | Number of children under protective supervision (point in time) (M0296)  |
| 24             | Number of children with a goal of adoption who remain in out-of-home care after 24 months (M0392)   |  | Number of children with a goal of adoption who remain in out-of-home care after 24 months.   |
| 25             | Number of investigations (M0295)  |  | Number of investigations (M0295)   |
| 26             | Number of investigations not completed after 60 days (M0387)  |  | Number of investigations (M0295)   |
| 27             | Percent adoptions finalized within 24 months of the latest removal. (M0391)   |  | Number of children with a goal of adoption who remain in out-of-home care after 24 months.   |
| 28             | Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment. (M04026)   |  | Number of children with a goal of adoption who remain in out-of-home care after 24 months.   |
| 29             | Percent of child investigations commenced within 24 hours. (M0368)  |  | Number of investigations (M0295)   |
| 30             | Percent of child investigations from an entry cohort completed within 60 days. (M0394)  |  | Number of investigations (M0295)   |
| 31             | Percent of children entering out-of-home care who re-entered within 12 months of a prior episode. (M0390)   |  | Number of children with a goal of adoption who remain in out-of-home care after 24 months.   |
| 32             | Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)  |  | Number of children with a goal of adoption who remain in out-of-home care after 24 months.   |
| 33             | Percent of children who age out of foster care with high school diploma or G.E.D. (M05085)  |  | Number of children with a goal of adoption who remain in out-of-home care after 24 months.   |
| 34             | Percent of foster children who were subjects of reports of verified or indicated maltreatment. (M0385)  |  | Number of children with a goal of adoption who remain in out-of-home care after 24 months.   |
| 35             | Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)  |  | Number of investigations (M0295)   |



| Measure Number | Approved Performance Measures for FY 2017-18  |  | Associated Activities Title  |
|----------------|---|--|--|
| 36             | Percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months. (M0386)   |  | Number of children with a goal of adoption who remain in out-of-home care after 24 months. |
|                |   |  | Number of investigations (M0295)   |
|                |   |  | Number of termination of parental rights petitions filed (M0298)                           |
| 37             | Calls answered (M0070)  |  | Number of calls to the hotline (M0300)   |
| 38             | Number of calls to the hotline (M0300)  |  | Number of calls to the hotline (M0300)   |
| 39             | Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)  |  | Number of calls to the hotline (M0300)   |
| 40             | Administrative cost as a percent of total agency costs (M0426)  |  |  |
| 41             | Administrative cost as a percent of total program costs (M0136)   |  |  |
| 42             | Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)  |  | Number of individuals served (treatment) (M0318)   |
| 43             | Number of residents receiving Mental Health treatment (M06001)  |  | Number of individuals served (treatment) (M0318)   |
| 44             | Number of sexual predators assessed (M0283)   |  | Number of sexual predators assessed (M0283)  |
| 45             | Number of sexual predators served (detention and treatment). (M0379)  |  | Number of individuals served (treatment) (M0318)   |
| 46             | Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)  |  | Number of sexual predators assessed (M0283)  |
| 47             | Average annual days spent in the community for adults with forensic involvement. (M0010)  |  | Number of adults served  |
| 48             | Average annual days spent in the community for adults with severe and persistent mental illnesses. (M0001)  |  | Number of adults served  |
| 49             | Average annual days worked for pay for adults with severe and persistent mental illnesses (M0003)   |  | Number of adults served  |
| 50             | Median length of stay in CSU/Inpatient services for adults in mental health crisis (M0376)  |  | Number of adults served  |
| 51             | Number of adults in mental health crisis served (M0017)   |  | Number of adults served  |
| 52             | Number of adults with a serious and persistent mental illness in the community served (M0016)   |  | Number of adults served  |
| 53             | Number of adults with forensic involvement served (M0018)   |  | Number of adults with forensic involvement served (M0018)                                  |
| 54             | Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted. (M0009)   |  | Number of adults with forensic involvement served (M0018)                                  |
| 55             | Average annual days emotionally disturbed (ED) children (excluding those in juvenile justice facilities) spend in the community (M0025)   |  | Number of children served  |
| 56             | Average annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community (M0011)  |  | Number of children served  |
| 57             | Number of at-risk children to be served (M0033)   |  | Number of children served  |
| 58             | Number of children served who are incompetent to proceed (M0030)  |  | Number of children served  |
| 59             | Number of ED children to be served (M0032)  |  | Number of children served  |
| 60             | Number of SED children to be served (M0031)   |  | Number of children served  |
| 61             | Percent of children with emotional disturbances who improve their level of functioning (M0377)  |  | Number of children served  |
| 62             | Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)   |  | Number of children served  |
| 63             | Percent of children with mental retardation restored to competency and recommended to proceed with a judicial hearing (M0020)   |  | Number of children served  |
| 64             | Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)   |  | Number of children served  |
| 65             | Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)   |  | Number of children served  |
| 66             | Administrative cost as a percent of total program costs (M0137)   |  |  |
| 67             | Administrative cost as a percent of total program costs (M0135)   |  |  |
| 68             | Average age of first substance abuse (M05093)   |  | Number of children with substance abuse problems served                                    |
| 69             | Number of at risk children served in prevention services. (M0382)   |  | Number of children with substance abuse problems served                                    |
| 70             | Number of at-risk children served in targeted prevention (M0055)  |  | Number of children with substance abuse problems served                                    |
| 71             | Number of children with substance-abuse problems served (M0052)   |  | Number served  |
| 72             | Percent of children at risk of substance abuse who receive targeted prevention services who are not admitted to substance-abuse services during the 12 months after completion of prevention services (M0051) |  | Number of children with substance abuse problems served                                    |

| Measure Number | Approved Performance Measures for FY 2017-18  |  | Associated Activities Title  |
|----------------|---|--|--|
| 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 all applications for assistance processed within time standards. (M0105)   |  | Total number of applications processed (M0106)                       |
| 83             | Total number of applications processed (M0106)  |  | Total number of applications processed (M0106)                       |
| 84             | Percent of cash assistance benefits determined accurately (M0108)   |  | Total number of applications processed (M0106)                       |
| 85             | Percent of food stamp benefits determined accurately (M0107)  |  | Total number of applications processed (M0106)                       |
| 86             | Percent of Food Stamp applications processed in accordance with Federal high performance bonus criteria. (M05181)   |  | Total number of applications processed (M0106)                       |
| 87             | Administrative cost as a percent of total program costs (M0138)   |  |  |
| 88             | Return on investment from fraud prevention/benefit recovery (M0369)   |  | Dollars collected through benefit recovery (M0111)                   |
| 89             | Number of fraud prevention investigations completed (M0112)   |  | Number of fraud prevention investigations completed (M0112)          |
| 90             | Dollars collected through benefit recovery (M0111)  |  | Dollars collected through benefit recovery (M0111)                   |
| 91             | Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)   |  | Number of fraud prevention investigations completed (M0112)          |
| 92             | Percent of Optional State Supplementation (OSS) applications processed within time standards (M0114)  |  | Total number of applications processed (M0106)                       |
| 93             | Number of applications processed for Optional State Supplementation payments (M0115)  |  | Total number of applications processed (M0106)                       |
| 94             | Number of beds per day available for homeless clients (M0304)   |  | Number of beds per day available for homeless clients (M0304)        |
| 95             | Number of cash assistance applications (M0305)  |  | Total number of applications processed (M0106)                       |
| 96             | Number of cash assistance participants referred to the regional workforce development boards (M0119)  |  | Total number of applications processed (M0106)                       |
| 97             | Percent of customers who have employment entry. (M05090)  |  | Total number of applications processed (M0106)                       |
| 98             | Percent of customers who remain in employment (job retention). (M05141)   |  | Total number of applications processed (M0106)                       |
| 99             | Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)  |  | Total number of applications processed (M0106)                       |
| 100            | Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)  |  | Total number of applications processed (M0106)                       |
| 101            | Percent of TANF customers participating in work or work-related activities (M05088)   |  | Total number of applications processed (M0106)                       |
| 102            | Percent of work able food stamp customers participating in work or work-related activities (M05089)   |  | Total number of applications processed (M0106)                       |
| 103            | Number of refugee cases (M0362)   |  |  |
| 104            | Number of refugee cases closed (M0104)  |  |  |
| 105            | 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)               |
| 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)                  |

| Measure Number | Approved Performance Measures for<br>FY 2017-18   |  | Associated Activities Title                            |
|----------------|---|--|--|
| 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)    |  |  |

| CHILDREN AND FAMILIES, DEPARTMENT OF  |  | FISCAL YEAR 2016-17 |               |                              |           |
|---|--|---------------------|---------------|------------------------------|-----------|
| SECTION I: BUDGET   |  | OPERATING           |               | FIXED CAPITAL OUTLAY         |           |
| TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT  |  | 3,087,356,047       |               | 2,995,000                    |           |
| ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)  |  | 75,059,080          |               | -745,000                     |           |
| FINAL BUDGET FOR AGENCY   |  | 3,162,415,127       |               | 2,250,000                    |           |
| SECTION II: ACTIVITIES * MEASURES   |  | Number of Units     | (1) Unit Cost | (2) Expenditures (Allocated) | (3) FCO   |
| <i>Executive Direction, Administrative Support and Information Technology (2)</i>   |  |                     |               |                              | 2,250,000 |
| Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed    |  | 62,279              | 791.00        | 49,262,591                   |           |
| Healthy Families * Number of families served in Healthy Families  |  | 10,005              | 2,836.61      | 28,380,263                   |           |
| Protective Investigations * Number of investigations  |  | 202,561             | 1,169.10      | 236,813,112                  |           |
| In-home Supports * Number of children under protective supervision (point in time)  |  | 6,420               | 53,218.54     | 341,663,031                  |           |
| Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.                                       |  | 344                 | 901,925.72    | 310,262,448                  |           |
| Child Welfare Legal Services * Number of termination of parental rights petitions filed   |  | 4,100               | 14,376.40     | 58,943,229                   |           |
| Emergency Shelter Supports * Number of adults with a safety plan upon leaving domestic violence shelter after 72 hours                                  |  | 7,737               | 4,962.26      | 38,392,998                   |           |
| Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline   |  | 439,405             | 52.11         | 22,895,474                   |           |
| Adoption Subsidies * Number of children receiving adoption subsidies  |  | 37,744              | 5,039.83      | 190,223,198                  |           |
| Adoption Services * Children receiving adoptive services  |  | 7,402               | 6,307.80      | 46,690,333                   |           |
| License Child Care Arrangements * Number of facilities and homes licensed   |  | 6,072               | 3,294.57      | 20,004,657                   |           |
| Daily Living * Number of qualified disabled adults (ages(18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver |  | 453                 | 4,257.48      | 1,928,638                    |           |
| Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program  |  | 1,253               | 1,486.21      | 1,862,221                    |           |
| Emergency Stabilization * Number of children served   |  | 2,464               | 2,252.84      | 5,550,991                    |           |
| Emergency Stabilization * Number of adults served   |  | 32,062              | 3,033.44      | 97,258,022                   |           |
| Provide Forensic Treatment * Number of adults in forensic commitment served   |  | 3,047               | 54,357.79     | 165,628,182                  |           |
| Provide Civil Treatment * Number of people in civil commitment served   |  | 1,839               | 110,687.63    | 203,554,555                  |           |
| Community Support Services * Number of children served  |  | 26,957              | 2,422.40      | 65,300,750                   |           |
| Community Support Services * Number of adults with forensic involvement served.   |  | 8,479               | 42,756.22     | 362,529,990                  |           |
| Assessment * Number of sexual predators assessed  |  | 5,167               | 6,501.35      | 33,592,450                   |           |
| Detoxification * Number of children served  |  | 2,670               | 130.87        | 349,430                      |           |
| Treatment And Aftercare * Number of children with substance-abuse problems served   |  | 26,957              | 1,342.30      | 36,184,386                   |           |
| Detoxification * Number of adults provided detoxification and crisis supports   |  | 22,427              | 3,095.78      | 69,429,025                   |           |
| Prevention * Number of at-risk adults provided prevention services  |  | 268,142             | 131.76        | 35,330,553                   |           |
| Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery   |  | 29,371,854          | 0.59          | 17,272,950                   |           |
| Refugee Assistance * Number of refugee clients served   |  | 89,380              | 1,110.12      | 99,222,329                   |           |
| Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments                            |  | 267                 | 36,633.61     | 9,781,174                    |           |
| Homeless Assistance * Number of grants issued for homeless clients  |  | 43,181              | 336.31        | 14,522,195                   |           |
| Eligibility Determination/Case Management * Number of cash assistance payments  |  | 901,462             | 350.70        | 316,139,189                  |           |
| Issue Welfare Transition Program Payments * Total number of cash assistance applications  |  | 301,084             | 490.82        | 147,779,537                  |           |
| TOTAL   |  |                     |               | 3,026,747,901                | 2,250,000 |
| SECTION III: RECONCILIATION TO BUDGET   |  |                     |               |                              |           |
| PASS THROUGHS   |  |                     |               |                              |           |
| TRANSFER - STATE AGENCIES   |  |                     |               |                              |           |
| AID TO LOCAL GOVERNMENTS  |  |                     |               |                              |           |
| PAYMENT OF PENSIONS, BENEFITS AND CLAIMS  |  |                     |               | 3,490,498                    |           |
| OTHER   |  |                     |               |                              |           |
| REVERSIONS  |  |                     |               | 132,176,741                  |           |
| TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)   |  |                     |               | 3,162,415,140                | 2,250,000 |

### SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.  
(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.  
(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.  
(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

## APPENDIX: GLOSSARY OF TERMS AND ACRONYMS

**ACA:** Affordable Care Act.

**ACCESS Florida:** Automated Community Connection to Economic Self-Sufficiency.

**ACF:** Administration for Children and Families

**ACT:** Assertive Community Treatment (teams)

**Activity:** A unit of work which has identifiable starting and ending points, consumes resources, and produces outputs. Unit cost information is determined using the outputs of activities.

**Actual Expenditures:** Includes prior year actual disbursements, payables and encumbrances. The payables and encumbrances are certified forward at the end of the fiscal year. They may be disbursed between July 1 and December 31 of the subsequent fiscal year. Certified forward amounts are included in the year in which the funds are committed and not shown in the year the funds are disbursed.

**ADA:** Americans with Disabilities Act

**ADRC:** Adult Disability Resource Center

**AFSP:** American Foundation for Suicide Prevention

**AHCA:** Agency for Health Care Administration

**ALF:** Assisted Living Facility

**ALF-LMHL:** Assisted Living Facility with a limited mental health license.

**APHSA:** American Public Human Services Association

**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)