



State of Florida
Department of Children and Families

Rick Scott
Governor

Rebecca Kapusta
Interim Secretary

LONG RANGE PROGRAM PLAN

Department of Children and Families
Tallahassee, Florida

October 1, 2018

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

Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, the 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 the department's mission, goals, objectives, and measures for the Fiscal Year 2019-20 through Fiscal Year 2023-2024. 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 Interim Secretary Rebecca Kapusta.

Sincerely,

Ted Harrell MSW
Planning and Performance Coordinator

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

Department of Children and Families
Long Range Program Plan
Fiscal Years 2019-2020 through 2023-2024
October 1, 2018



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Message from Interim Secretary Rebecca Kapusta:

Dear Senate President Joe Negron and Speaker Richard Corcoran,

I am pleased to share the Long Range Program Plan (LRPP) for the Florida Department of Children and Families (DCF) for fiscal years 2019-2020 through 2023-2024.

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

DCF's LRPP 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 commitment to ensuring DCF is equipped to work to fulfill its mission throughout the state. We look forward to working with the Legislature to continue to make Florida the greatest state in the nation.

Sincerely,

Rebecca Kapusta
Interim 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**

Objective a. Increase the current percent of civil and forensic residents restored to competency within 125 days from 50% to 90%.
Objective b. Reduce the incidence of seclusion and restraint from 1.92 incidents per 1,000 bed days to 1.0 per 1,000 bed days.

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

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

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

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

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

Objective a. 100% of leaders and supervisors will complete leadership development training curriculum by June 30, 2018.
Objective b. Implement competency glide path for five critical workforce classes.

Service Outcomes and Performance Projection Tables

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

Outcome 1: Protect the vulnerable people we serve.

Outcome Projection Table

Outcome	Baseline	FY 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 83%	85%	85%	85%	85%	85%
Percent of calls made to the Florida Abuse Hotline that were abandoned (HL069)	FY 2004-05 4.4%	15.0%	15.0%	15.0%	15.0%	15%
Percent of adult victims seen within the first 24 hours (AP4017a)	FY 2005-06 83%	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: 97%	97%	97%	97%	97%	97%
Percent of assessments completed by the SVP program within 180 days of receipt of referral (MH5305)	FY 2008-09: 85%	85%	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 94.6%	94.6%	94.6%	94.6%	94.6%	94.6%
Number of children in out-of-home care (FS297)	12/31/06 29,255	17,065	14,628	14,628	14,628	14,628

Outcome 2: Promote personal and economic self-sufficiency.

Outcome Projection Table

Outcome	Baseline	FY 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 8%	8%	8%	8%	8%	8%
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (MH777)	FY 2009-10 8%	8%	8%	8%	8%	8%
Percent of adults with serious mental illness who are competitively employed (MH703)	FY 2007-08 24%	24%	24%	24%	24%	24%
Percent of unemployed active caseload placed in employment (RF4040)	NA	40%	40%	40%	40%	40%
Percent of refugee assistance cases accurately closed at 8 months or less (RF103)	FY 2007-08 99%	99%	99%	99%	99%	99%
Percent of all applications for assistance processed within time standards (ES105)	FY 2005-06 98%	98%	98%	98%	98%	98%
Percent of food stamp benefits determined accurately (ES107)	FY 2005-06 94%	98%	98%	98%	98%	98%

Outcome 3: Advance personal and family recovery and resiliency.

Outcome Projection Table

Outcome	Baseline	FY 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 68%	68%	68%	68%	68%	68%
Percent of adults with severe persistent mental illness (SPMI) who live in a stable housing environment (MH742)	FY 2007-08 90%	90%	90%	90%	90%	90%
Percent adoptions finalized within 24 months of the latest removal (FS303)	FY 2007-08 44.1%	44%	44%	44%	44%	44%
Percent of children who successfully complete substance abuse treatment services (SA725)	FY 2007-08 48%	48%	48%	48%	48%	48%
Percent of adults who successfully complete substance abuse treatment services (SA755)	FY 2007-08 51%	51%	51%	51%	51%	51%

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	AVG FY 2016-17 and FY 2017-18 48%	43%	38%	33%	28%	23%
Average square footage of lease space per FTE/OPS	June 2018 170.2	170	170	170	170	170
Percent of payments processed & submitted timely	May 2013 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

Trends and Conditions

Program: Family Safety

The Family Safety Program is made up of the Office of Child Welfare and includes Background Screening, Child Care Regulation, Domestic Violence, 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 (CBCs) and seven 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 Statutes through 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 CBCs are developed and monitored by both regional and central office staff. Child protective investigation requirements are also defined in statute (Chapter 39, Florida Statutes). In several geographic areas, the duties of child protective investigation are performed by county sheriffs' offices under grants administered through the department. Children's legal services are also provided via contract in four counties. The department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings where not contracted for or granted out. 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), Florida Statutes, 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.

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 the CBCs, which 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. 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 CBCs and advocacy groups to develop policy for frontline services. As of June 30, 2018, there were 24,118 children the department served who were placed in out-of-home care and 10,982 who remained in their homes with their parents.

During the 2018 legislative session, several key pieces of legislation were passed that impact child welfare.

- **CS/CS/HB 1079 – Child Welfare – effective July 1, 2017 unless otherwise noted (Chapter 2018-103, Laws of Florida)** – makes a number of changes to current law relating to the care of children in the child welfare system, including addition of prospective harm (i.e., likely to be affected”) of abuse definition removing former requirement for child having to be *demonstrably adversely affected by such usage* to be considered maltreated, creation of the Guardianship Assistance Program, addition of federal requirements for Extended Foster Care, extension of Maintenance Adoption Assistance to age 21 in certain instances, exemption of fingerprints due to physical, developmental, or cognitive disability, increased parental accountability, alignment of background screening requirements for child care employees with federal requirements, updates allocation of funds for CBCs, and revises requirements for residential treatment centers and hospitals that serve commercially sexually-exploited children.
- **HB 281 – Incarcerated Parents – effective July 1, 2018 (Chapter 2018-45, Laws of Florida)** – requires the department to include incarcerated parents of dependent children in the case planning process.
- **HB 1073 – Department of Financial Services – effective July 1, 2018 (Chapter 2018-102, Laws of Florida)** – requires the department to provide financial literacy information for certain older teens and young adults.
- **HB 1435 – Child Welfare – effective July 1, 2018 (Chapter 2018-108, Laws of Florida)** – makes many changes designed to improve the use and support of relative and nonrelative caregivers for children removed from their homes due to abuse or neglect and provides for educational stability and transitions in educational settings for children under school age.

Child Protective Investigations (CPI) - In Florida, the department conducts child protective investigations in 60 of the 67 counties. In the remaining seven counties (Broward, Hillsborough, Manatee, Pasco, Pinellas, Seminole, and Walton), each respective sheriff's office receives funding to perform child protective investigations via a grant channeled through the department.

From June 2017 through May 2018, the most recent twelve months for which data is available, CPI staff initiated 190,839 protective investigations and Special Conditions referrals. During an investigation, the primary role of the CPI is to assess the safety and risk of children in the household and implement those interventions which will ensure the child is safe while the parent or caregiver responsible for the maltreatment addresses his or her insufficient protective capacity.

Federal and state law require CPIs to use the least intrusive means to achieve safety, permanency, and well-being for the child. For children who have been determined to be safe but at risk of future maltreatment, CPIs are required to refer parents to family support services to increase both the caregiver's intrapersonal development of protective factors and access to community supports. For children determined to be unsafe, the continuum of interventions, from least to most restrictive, would be:

- Non-judicial case management of an in-home safety plan;
- Case management with judicial oversight of an in-home safety plan; and
- Case management with judicial oversight of an out-of-home plan in which the child has temporarily been placed with another parent, relative, nonrelative or, in a licensed (foster care) setting.

Case Management Services through CBC - The Child Welfare Practice Model is utilized by CBCs or their subcontracted Case Management Organizations to determine if children are safe or unsafe. The practice model provides a set of common core safety concepts for determining when children are safe, unsafe, or at risk of subsequent harm and how to engage caregivers in achieving change. Florida's practice model includes the expectation that when children are safe but at high or very high risk for future maltreatment, affirmative outreach and efforts will be provided to engage families in family support services designed to prevent future maltreatment. When children are determined to be unsafe, safety management and case planning is non-negotiable. While service interventions are voluntary for children determined to be safe but at high or very high risk of future maltreatment, the child welfare professional should diligently strive to use motivational interviewing skills to facilitate the parent(s)/legal guardian(s)' understanding of the need for taking action in the present to protect their children from future harm. To accomplish effective application of the safety concepts, seven professional practices are employed:

- Engage;
- Partner;
- Collect Information;
- Assess and Understand Information;
- Plan for Child Safety;
- Plan for Family Change; and
- Monitor and Adapt Case Plans.

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 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. Because 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 received authorization to continue its participation in the Waiver Demonstration Project through September 2019 which aligns with the sunset of federal law on IV-E Waiver Demonstration projects.

Interstate Compact on the Placement of Children (ICPC) is law in all 50 states, the District of Columbia, and the U.S. Virgin Islands. ICPC is codified in section 409.401, Florida Statutes. The ICPC operates via a binding contract between 52-member jurisdictions and establishes uniform legal and administrative procedures governing the safe and timely interstate placement of children. Approximately 61% of children placed in other states were placed with families who became permanent. In 2017, Florida received 4,771 ICPC requests resulting in placement of 1,119 Florida children with families in other jurisdictions and 513 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 2018, 24 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 2017, Florida processed 1,525 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, Florida Statutes, of persons who work or volunteer in positions regulated by the following Florida Statutes: Chapters 39; 110; 393; 394; 397; 402; 409; and 435; and section 408.809, Florida Statutes.

Child Care

Pursuant to Chapters 402 and 1002, Florida Statutes, the health, safety, and well-being of children in the care of licensed facilities, family day care homes, and exempt child care arrangements 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 twenty-four/seven operation responsible for receiving, analyzing, and making screening determinations regarding concerns of alleged abuse, neglect, exploitation and special conditions of children and vulnerable adults as defined in Chapters 39 and 415, Florida Statutes. The Hotline also conducts criminal background checks on participants of reports, potential caregivers for children in out-of-home care due to Planned or Emergency Placements, and for reunification purposes. For FY 2017-2018:

Contact Type	Number
Calls	390,468
On-Line	59,399
Total Contacts	449,867

Contact Type	Number
Child	332,898
Adult	116,969
Total Assessments	449,867

The Hotline also received 55,730 requests for referral information on services from the public and completed 610,885 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, 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 Services for Child Welfare Families

- Analysis of Child Fatalities
- Results Oriented Accountability
- Workforce Stability
- Implementation of federal Comprehensive Addiction and Recovery Act
- Commercially Sexually-Exploited Children
- Path Forward

Background Screening

- Providing timely and accurate background checks for qualified caregivers of 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.
- Continue development and implementation of the Florida Early Care and Education Professional Development Registry in partnership with the Department of Education’s Office of Early Learning.
- Establish an online credential application component within the Child Care Training System application.
- Implement a more efficient process of licensing and registration fee and fine collections through the Department of Revenue.

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

- Continue strengthening of overall decision-making for all assessed Hotline calls by enhancing the overall hotline quality assurance protocols.
- Restructure the Crimes Intelligence Unit (CIU) by incorporating the legislatively allocated 20 full-time employee positions into the operational workforce during peak volume periods.
- Incorporate new legislative requirements associated with adoptions and background screening criminal history results into the operational environment of the CIU.

C. Addressing 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 continues a multi-year project to improve performance and decision-making in child protection across the continuum of care from the Abuse Hotline to the community-based care organizations under contract with the department. Significant progress has been made transitioning beyond the implementation phase of the practice model with a focus on increasing 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 82.5% 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

The Office of Child Welfare continues to lead a statewide effort in partnership with the regions, CBCs, foster parents, and other stakeholders to assess best practices around recruitment and retention of quality foster homes and to ensure an adequate service array across Florida’s systems of care. This begins with an understanding of the array needed by conducting a gap analysis.

The Office of Child Welfare is leading two statewide workgroups: Service Array and Quality Foster Homes. The Service Array workgroup has identified the top evidence-based services needed across the state and is currently conducting a gap analysis. The second workgroup is dedicated to the placement continuum.

The Quality Foster Homes workgroup, formed in response to HB 1121, is assessing the current efforts across the state regarding quality foster homes, including analysis of recruitment, retention, and placement practices, and has defined what it means to be a quality foster home. The Service Array and Quality Foster Home workgroups will share information with each other to be fully informed regarding needed future actions. The Office of Child Welfare will continue to monitor progress utilizing data on new foster home licenses and foster home closures. The following milestones have been established:

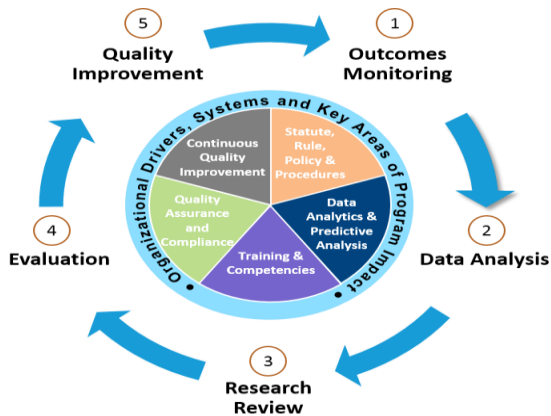
- | |
|---|
| Milestone 1: The department and Community-Based Care Lead Agencies will increase the availability of and access to services for children served by the child welfare system in both in-home and out-of-home care. |
| Milestone 2: The department and Community-Based Care Lead Agencies will increase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

Analysis of Child Fatalities

The agency has made analysis of child fatalities a major priority. In addition to publishing 10 years of historical data 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 completed on a quarterly basis 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, an annual 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 most 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. 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, using

data reported at the system and stakeholder levels, both the Child Welfare system, 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 focuses on developing qualified and talented staff who possess the requisite skills to 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 are critical to this effort. Recognizing the CPI position as an entry-level role, despite its complexities, the department elected to focus efforts on incentivizing competency-based development to increase retention. In March 2017, the department implemented a Child Protection Glide Path incentive program to improve recruitment and retention of critical staff positions. This Glide Path allows CPIs to demonstrate specific skills and core competencies associated with their class title to achieve a competency-based increase in salary.

Path Forward

Since October 2006, Florida has been under a statewide waiver whereby Title IV-E Foster Care funds (except Training and Statewide Automated Child Welfare Information System) are received in a capped allocation. The current waiver is in place through September 30, 2019. Assuming no congressional action is taken to reform child welfare funding, effective October 1, 2019, Title IV-E waivers end and IV-E eligibility returns to traditional, pre-waiver requirements.

While the waiver allows for Title IV-E foster care funds to be utilized for a broad range of child welfare services for any child/family involved in the child welfare system, traditional Title IV-E foster care allows for specific services (generally room and board and case management) for children in licensed foster care only, and only if the child is Title IV-E eligible (about 65-70% of the children in licensed care). Because Florida has been successful in reducing the number of children in licensed care since implementation (from almost 29,000 when the waiver began to about 24,000 today), Title IV-E waiver funds are currently being utilized in many ways which will not be allowable under traditional Title IV-E. As such, if Florida were to return to traditional Title IV-E claiming today without implementing other claiming options, the state's child welfare program could lose a substantial portion of federal funding.

The department has embarked on the Path Forward initiative to reduce the loss of federal funds to the extent possible and to improve the department's practice model by aligning it to nationally recognized best practices. One of the key action areas is increasing claiming opportunities. Two of the specific initiatives to increase claiming opportunities is implementation of Title IV-E Guardianship Assistance Program (GAP) and the Title IV-E Extended Foster Care (EFC) program. While the Title IV-E EFC program will not impact the loss of federal funds, it will provide funding to age 21 for eligible children who are adopted at age 16 or 17 and will provide funding to age 21 for eligible young adults whose permanent guardian entered into a permanent guardianship agreement after the young person reached the age of 16 and prior to age 18. The department will continue to explore ways to reduce the loss of federal funds in child welfare.

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 2018 State and Federal Legislation

The recently passed Family First Prevention Services Act (FFPSA) was signed into law February 9, 2018. The Act included a number of provisions to help prevent children from entering foster care by allowing federal reimbursements for evidence-based mental health services, substance use treatment, and in-home parenting skills training. Additionally, the Act limits the use of residential care for children and youth served by the child welfare system. Since the passing of the Act, the department has been tracking and reviewing the guidance provided by the federal Children's Bureau to better understand the details and intent of implementing FFPSA in Florida, along with the funding implications. The department continues to work in collaboration with the CBCs and other community partners to educate stakeholders on the potential impact of FFPSA, conduct needs assessments, and plan key activities to implement both the FFPSA provisions and state initiatives, including the increased benefits to relatives and nonrelative caregivers through the roll-out of a statewide GAP program,

extending foster care to increase supports to young adults, and enhancements to other child welfare services as allowed in FFPSA.

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. The number of reports has increased each year from the initiation of the human trafficking maltreatment code into the maltreatment index in 2009, with the exception of state fiscal year 2017-18. In SFY 2017-18, the total number of reports, initial and additional, received by the Hotline alleging one of the human trafficking maltreatments was 2,133 reports, which is slightly less than the 2,224 reports from SFY 2016-17.

During SFY 2017-18, the number of available safe houses and safe house beds fluctuated. As of July 1, 2017, there were five safe houses available with a total of 28 beds. During July 2017, the state's first safe house for males was licensed and certified with a bed capacity of five. As of the close of the state fiscal year, there were five safe houses with a total of 42 beds. All the beds were gender-specific to females, except for the five beds within the male-specific home. Devereux has six safe foster home beds available in the Central and Northeast regions and the CHANCE program has 15 safe foster home beds available in the Southern region. The safe foster home model is able to serve male or female children; there is a one-child-in-a-residence standard.

Between July 1, 2017 and June 30, 2018, community-based care lead agencies reported evaluating a total of 511 children for placement in a safe house or safe foster home. Seventy-nine (79) or 15.5 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, 432 were not placed in a safe house or safe foster home, for a variety of reasons, including the ability to remain safe with a parent or with relatives with wraparound services, the child's refusal to participate (which is required by all CSEC safe houses), the child running away, the child aging-out of foster care, the child being admitted to a juvenile justice program, specialized services sought for substance addiction or a higher level of mental health services required.

The department will continue to identify successful and cost-effective programs and look for ways to expand those programs across the state where the need is the greatest.

Comprehensive Addiction and Recovery Act

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.

On July 12, 2018, the department codified the requirements contained in the federal CARA legislation within operating procedure CFOP 170-8, Plan of Safe Care for Infants Affected by Prenatal Substance Use. 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.

The department has identified a need for increased early intervention efforts. Through an increase in the CAPTA State Grant award, the department will seek to implement additional home visiting programs in select areas of the state. Early intervention efforts, to include home visiting will increase safety and well-being for infants born affected by illegal or legal substance use.

Additional New Child Welfare Programs

Adoptions - Allows prospective adoptive parents who entered into an adoption assistance agreement when a child was either 16 or 17-years-old to be eligible to receive maintenance adoption subsidy payments until the young adult turns 21-years-old. Revisions to Chapter 65C-16, Florida Administrative Code, will reflect the determination of eligibility for the extension of maintenance adoption subsidy, required documentation, and reasons for termination. In addition, an approved home study was added to the list of eligibility criterion for adoption assistance. These changes will be effective January 1, 2019.

Independent Living - Updates were made to align the current Extended Foster Care (EFC) program with Title IV-E requirements for the program. These changes include: monthly home visits with young adults participating in the EFC program and young adult consultation on all safety and case plans. These changes will be effective January 1, 2019.

Guardianship Assistance Program (GAP) - Created a new benefits program for relative, fictive kin, and next of kin that allows participants to receive a subsidy payment of \$333.00 per month, a rate higher than the current relative and nonrelative payment rate. To be eligible for the GAP program, guardians must become licensed (level 1) and have the child in their home in licensed care for a minimum of six months. In addition, the program allows prospective guardians who have entered into a guardian assistance agreement when a child is either 16 or 17-years-old to also be eligible to receive subsidy payments until the young adult turns 21-years-old. These changes will be effective July 1, 2019.

Licensure Care - Created five levels of licensed care based on the level of supervision and support needed to care for the child. In addition, HB 1079 increased the foster care board rate for level two to level five foster parents and established a fingerprint exemption process for individuals who cannot be fingerprinted due to a medical disability.

The department has completed statewide work groups with community stakeholders, began drafting Florida Administrative Code, and designed changes to Florida Safe Families Network (FSFN) to implement the new changes outlined in HB 1079.

- HB 1435 became law effective July 1, 2018, addressing a number of changes to improve the use and support of relative and nonrelative caregivers for children removed from their homes due to abuse or neglect. The department is updating operating procedures to incorporate statutory changes regarding family finding requirements and exploring possible training packages for child welfare staff in relative search techniques to locate placements for children who are currently in foster care.

FFPSA and HB 1435 addresses the kinship navigator program. The department has applied for a federal kinship navigator grant which will allow, if the department is approved, an assessment of current statewide

kinship navigator programs, expansion of an identified kinship navigator program to additional counties, and an evaluation of this program to support the process for becoming an evidence-based program.

Case plan requirements for children younger than school age was also addressed in the bill. The department is updating operating procedures to reflect the new requirements and developed a job aid as a guide for case managers regarding the transfer of children from one child care center to another child care center.

- HB 281 became law effective July 1, 2018, requiring the department to include incarcerated parents in the case planning process for their dependent children. The department completed job aids and updated operating procedures for child welfare professionals to fully implement best practices surrounding the engagement of incarcerated parents in the case planning process to meet the requirements of their case plans.

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 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 and Title IV-B’s Promoting Safe and Stable Families federal grant. It is through these awards that the department focuses 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.

Revise Florida Administrative Code

Revision of the following rules is planned or continues for FY 2018-2019:

Rule Chapter/Section	Rule Title
65C-13.022 thru 035	Foster Care Licensing
65C-15.028	Adoptive Home Study
65C-16.001	Definitions
65C-16.012	Types of Adoption Assistance
65C-16.013	Determination of Maintenance Subsidy Payments

Rule Chapter/Section	Rule Title
65C-16.0131	Determination of Extension of Maintenance Subsidy Payments (new rule)
65C-20.008	Application - Family Day Care & Large Family Child Care Home Standards
65C-20.012	Enforcement – Child Care Standards
65C-20.014	Gold Seal Quality Care Program
65C-22.001	General Requirements
65C-22.008	School Age Child Care
65C-22.009	Gold Seal Quality Care Program
65C-22.010	Enforcement
65C-28.004	Placement Matching
65C-28.008	Relative Caregiver Program Requirements
65C-28.011	Criminal, Delinquency and Abuse/Neglect History Checks for Relative or Non-Relative Placements
65C-28.015	Residential Mental Health Treatment
65C-29.002	Reports of Child Abuse, Neglect or Abandonment
65C-30.001	Definitions
65C-31	Services to Young Adults Formerly in Care
65C-35.014	Training on Psychotropic Medication
65C-41.001	Definitions
65C-41.002	Application Procedures for Readmission to Extended Foster Care
65C-41.003	Eligibility Requirements
65C-41.0031	Supervised Living Arrangement (new rule)
65C-41.004	Transition and Case Plans
65C-41.005	Discharge from Program
65C-41.006	Appeals
65C-XX	Guardianship Assistant Program (new rule chapter)

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.
- Ensure that federal Child Care Development Block Grant requirements are met within established time frames.

Domestic Violence

The 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 CPI units, CBCs, and substance abuse and mental health managing entities. Overall support continues for domestic violence victim advocates co-located in many CPI offices. There are 67 full- and part-time co-located domestic violence advocates partnering with the department, sheriffs' offices, and CBCs.
- 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 understanding, interpreting, and applying Chapters 39 and 415, Florida Statutes, and departmental operating procedures that provide guidance to processing reported concerns for child and vulnerable adult victims. Hotline counselors will also demonstrate advanced understanding and application of Florida's child welfare practice model and adult protective services protocols.

The Hotline will have a fully developed Quality Assurance Program that is equipped with an infrastructure for continuous performance reviews and real-time feedback on assessments. The ongoing quality assurance analysis of hotline calls and documents will ensure excellence in assessment, documentation, and customer service. Hotline quality assurance assists with identifying trends for improvement and informs pre-service and ongoing in-service training. The Hotline Training Program will provide ongoing in-service training for hotline counselors, crime intelligence unit staff, and supervisors.

A management structure is in place to ensure daily operational needs are maintained. The daily productivity and performance of Hotline counselors and crime intelligence unit staff are monitored and tracked to ensure Hotline performance metrics are met. Target goals have been established for the length of time a hotline call assessment should last, the processing that is required after a call has been completed, and the average time it should take to complete required criminal background checks. Staffing software is used to determine scheduling to maximize efficiency, along with professional development to reduce employee turnover and to increase retention and satisfaction.

New legislative requirements associated with adoptions and background screening criminal history results have been incorporated into the operational environment of the Hotline Crimes Intelligence Unit.

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

New initiatives described above, as well as issues in the FY 2019-2020 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, CBCs, 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 continue to 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 child 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

The Office of Child Welfare 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 be consistent with the child welfare results oriented accountability system required by s. 409.997, Florida Statutes. 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.

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' offices that handle child abuse investigations in Broward, Hillsborough, Manatee, Pasco, Pinellas, Seminole, and Walton counties.

Child Commercial Sexual Exploitation

Authority: Section 39.524(3), Florida Statutes

Purpose: Requires the department, with information from the CBCs 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 Title 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 section 409.1755(3)(b)5., Florida Statutes.

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

Ongoing Quality Assurance Review

Authority: Section 39.201(4), Florida Statutes.

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), Florida Statutes.

Purpose: The department shall develop outcome measures for the program and other performance measures 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), Florida Statutes.

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), Florida Statutes.

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), Florida Statutes.

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 per 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 significantly increase the workload on Adult Protective Investigations and, subsequently, Adult Protective Services.

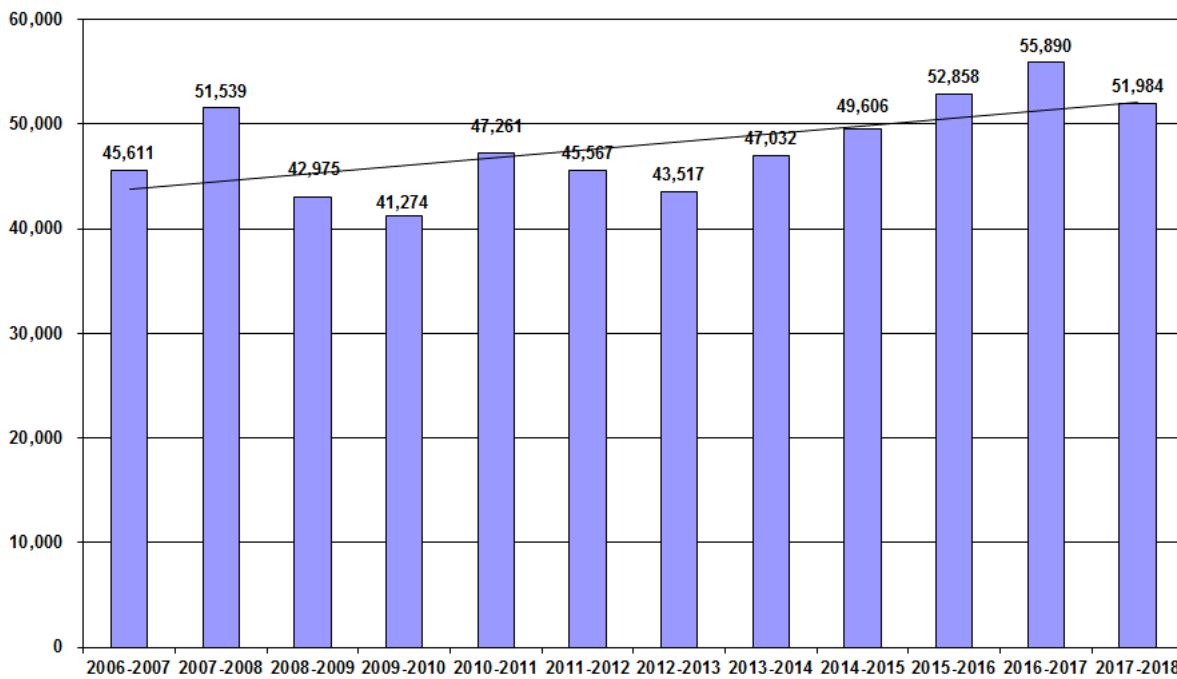
C. Addressing Our Priorities over the Next Five Years

Strategy: Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of 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 51,984 reports of abuse, neglect, and/or exploitation of vulnerable adults during Fiscal Year (FY) 2017-2018 (see following chart). This represents a seven percent decrease 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.

Statewide Totals - Adult Investigations Reports Received, 2006 - 2018



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 2017-2018, the percentage of victims seen within the first 24 hours was 95.5%.

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 2017-2018, Adult Protective Services averaged closing the investigations within 60 days in 99% of the cases statewide.

Adult Protective Services Quality Assurance

During FY 2017-2018, 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 meets this metric.

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 2017-2018, there were 1,641 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 2017-2018, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,440. In FY 2017-2018, the average care plan cost for an individual in the Community Care for Disabled Adults (CCDA) program was approximately \$7,466.
2. Effective July 1, 2018, the annual stipend for HCDA was increased to \$1,920. An analysis of attrition and surplus trends indicated that this could be achieved with no reduction in program enrollment.
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 2,263 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 health¹ and substance abuse² services as well as the statewide opioid treatment authority, and is comprised of the following:

1. Community Substance Abuse and Mental Health,³
2. State Mental Health Treatment Facilities (SMHTFs),⁴
3. The Sexually Violent Predator Program (SVPP)⁵,
4. Office of Suicide Prevention,
5. Quality Assurance, and,
6. State Office of Homelessness.

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. Director of Substance Abuse and Mental Health Quality Assurance, and
6. Executive Director of Homelessness.

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

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

¹ See, s. 394.457(1), F.S.

² See, ch.65D-30.002(57), F.A.C.

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

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

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

⁶ s. 397.321, F.S.

- Management of the Behavioral Health Network⁷
- Oversight and monitoring of Community Mental Health Block Grant (MHBG)⁸
- Oversight and monitoring of Substance Abuse Prevention and Treatment Block Grant (SABG)⁹
- Child Welfare and SAMH integration
- Legislative budget request development
- 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 behavioral health response
- 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
 - West Florida Community Care Center
- Contract management and programmatic oversight 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

⁷ The Behavioral Health Network (BNet) is a statewide network of behavioral health service providers who serve Medicaid ineligible children ages 5 to 19 years of age with severe mental health or substance use disorders who are determined eligible for the Title XXI of the United States Public Health Services Act, KidCare program (Guidance Document 12).

⁸ 42 U.S.C. s. 300x.

⁹ 42 U.S.C. s. 300x-21.

- Data collection and analysis
3. Sexually Violent Predator Program
 - Commitment recommendations for referrals
 - Control, care, and treatment of persons subject to the Involuntary Commitment of Sexually Violent Predators Act¹⁰
 - Contract management and programmatic oversight of the Florida Civil Commitment Center
 4. State Office on Homelessness¹¹
 - 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 and federal grants
 - Collects and reports data on homeless conditions for Florida's 27 homelessness Continuums of Care
 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 contracts with seven separate Managing Entities (MEs).¹² The purpose of the behavioral health MEs are to plan, coordinate, and subcontract 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.¹³ Services are provided by a network of local behavioral health providers. Except for the state-operated mental health treatment facilities in Northern Florida, the majority of behavioral health services are provided through contract and subcontract. These contracts are executed and administered by either the Office of SAMH or a regional SAMH office. In consultation with the SAMH Central Office, the Regional SAMH Director ensures the ME meets the statewide goals, and is responsive to the community needs. Figure 1 shows the departments' regional organization aligned to existing ME contracts.

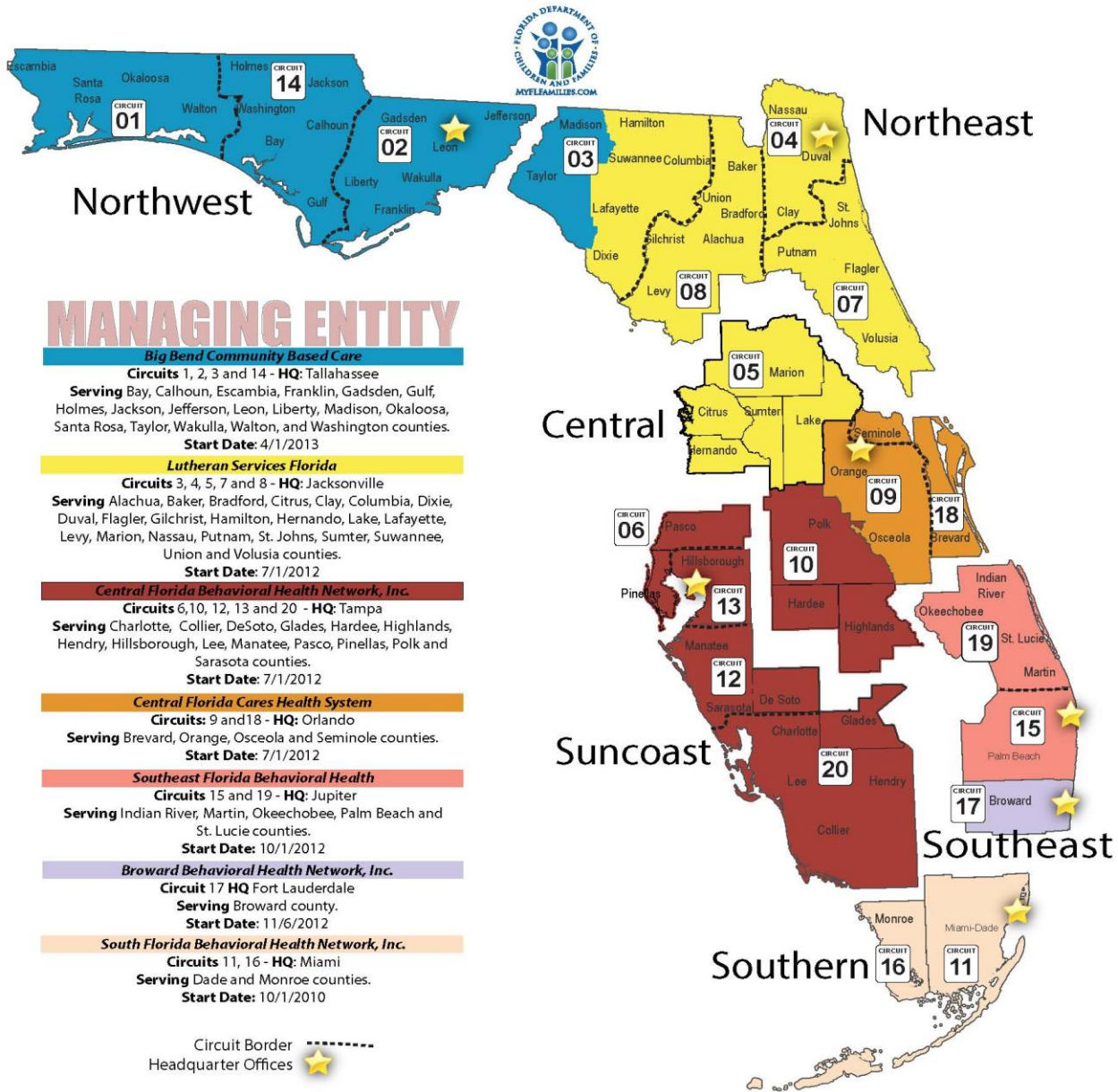
¹⁰ Ch. 394, Part V, F.S.

¹¹ s. 420.622, F.S.

¹² s. 394.9082, F.S.

¹³ s. 394.9082(1)(b), F.S.

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 2017-2018, the department received approximately \$47 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 continues to be critical as opioid abuse and related deaths remain 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.¹⁴ During that time, the financial impact of NAS statewide was \$967 million, with five out of every six dollars being billed to Medicaid.¹⁵

A 2014 report from the Center for Disease Control (CDC) 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. Recognizing the public health importance of the increasing trend in the prevalence of opioid abuse and increasing incidence of NAS, the Florida Department of Health added NAS to the List of Reportable Diseases/Conditions in 2014.

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 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.
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

¹⁴ Lind, J. N., Petersen, E. E., Lederer, P. A., Phillips-Bell, G. S., Perrine, C. G., et al. (2015). Infant and Maternal Characteristics in Neonatal Abstinence Syndrome – Selected Hospitals in Florida, 2010-2011. *MMWR*, 64(8), 213-216

¹⁵ 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/WYamI7pzwIHMkFkF3mzY8H/

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.¹⁶

3. 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.
4. 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.
5. The Office of Substance Abuse and Mental Health designated a lead for women's behavioral health services to focus on increasing the percent of pregnant women 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

According to the CDC, the opioid misuse epidemic has substantially increased the transmission risk of blood-borne viruses, including HIV and hepatitis C virus, through injection drug use. Due to high rates of AIDS cases, Florida continues to be a "designated" state – and is therefore required to spend five percent of the SABG award on HIV Early Intervention Services (EIS). In 2017, Florida identified 4,949 new HIV diagnoses. The HIV case rate per 100,000 population increased slightly from 23.8 per 100,000 (2016) to 24.1 per 100,000 (2017).

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.

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 continues to be emphasis nationwide among consumers and their families that the mental health system needs to shift focus to do more when individuals first experiences symptoms of these conditions as a means of proactively preventing or reducing the prevalence of long-term adverse

¹⁶ 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-Odudeyi, 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.

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 MEs to subcontract with five providers that are certified in the NAVIGATE model. In FY 2018-19, the department will increase service capacity by adding one program in Hillsborough County and one in Orange County.

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 priority of effort for the Office of Substance Abuse and Mental Health in FY 2018-19. 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.

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 use 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 more than 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.¹⁷ Furthermore, two-thirds of adults in substance abuse treatment report being victims of abuse and neglect,¹⁸ requiring additional consideration of how trauma may impact 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 regional 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.

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 the objectives for the integration of these two systems.

¹⁷ 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.

¹⁸ 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.

Improving the Quality and Performance of State Mental Health Treatment Facilities

The department has prioritized efforts to improve the quality and performance of the SMHTFs by addressing challenges related to operational inefficiencies, budget reductions, increasing forensic commitments, and aging infrastructure in the state-managed facilities.

In FY 2016-17, the department launched a four-year strategic plan to improve the quality and performance of the SMHTFs. The following strategic priorities were developed based on an extensive review of performance data and recommendations from inter-departmental workgroups and external consulting agencies:

1. Improve operations and standardize practices to operate as one hospital;
2. Collaborate with the MEs to increase discharges and diversions;
3. Increase therapeutic services and implement evidence-based programming; and
4. Improve practices and physical infrastructure to promote a safe environment.

Response to the Opioid Epidemic

In response to Florida's public health crisis of opioid misuse and overdose, on May 3, 2017, 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 department received a State Opioid Response grant application to SAMHSA for an additional \$50 million annually over the next two years to increase prevention, treatment, and recovery services for individuals who are misusing and abusing opioids. The Office of SAMH will continue to leverage 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, including the following six priorities:

1. Increase primary prevention programs throughout the state.
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. Increase 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.
6. Increase recovery community organizations and recovery residences using the Oxford House model throughout the state.

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.¹⁹ In coordination with community stakeholders and based on current conditions, these strategic initiatives will be updated in FY 2018-19. The current strategic priorities include the following:

Strategic Initiative 1: Access to Quality, Recovery-Oriented Systems of Care (ROSC)	
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 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.
Strategic Initiative 2: Community-Based Health Promotion and Prevention	
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.

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

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.
Strategic Initiative 3: Child Welfare, SAMH Integration	
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.
Strategic Initiative 4: Information Management	
Goal 4.1: Enhance common registration and unique identification of individuals served	Objective 4.1.1: Establish criteria to deploy unique client identifiers from the Master Client Index to MEs and their providers.
	Objective 4.1.2: Ensure the accurate and consistent recording of demographic information of people served.
Goal 4.2: Improve process for reporting and analyzing performance outcome data	Objective 4.2.1: Develop and implement a performance outcome system to monitor the impact of services for clients both with and without co-occurring disorders.
Goal 4.3: Improve accountability of units and costs of state-	Objective 4.3.1: Deploy the Financial and Service Accountability Management System by January 1, 2019, and develop an enhancement plan to add further functionality to FASAMS to

funded services provided to state target populations	meet the goal of monitoring the SAMH-funded behavioral health service delivery system.
	Objective 4.3.2: Develop data quality management reports to aid in the reconciliation of service and financial data.
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: Identify standard assessment tools that may be used by SAMH providers to determine level of functioning and level of care.
	Objective 4.4.2: Develop process for utilizing level of functioning and/or level of care data to better inform performance outcome measures.
Strategic Initiative 5: Forensic Waitlist Management	
Goal 5.1: Decrease the wait time for forensic SMHTF admission and return to court	Objective 5.1.1: Develop strategies to safely 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 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

During the 2018 Legislative Session, there were two bills that were passed and signed into law that had a substantive impact on behavioral health care in the state of Florida. Both bills include specific appropriations for the department for FY 2018-19 to implement programs and services that adhere to Federal law, Florida Statutes, and the Governor’s priorities of combatting the opioid epidemic in Florida and improving the coordination of mental health and substance abuse services in Florida’s communities.²⁰ The following two bills impact substance abuse and mental health programs and services in the state:

1. HB 21 – Controlled Substances

Effective Date: July 1, 2018

Chapter 2018-013, Laws of Florida

- For Fiscal Year 2018-19, the nonrecurring sum of \$27,035,532 is appropriated from the Federal Grants Trust Fund to the department for expenditure of funds related to the second year of the State Targeted Response to the Opioid Crisis grant, to increase access to treatment, reduce unmet treatment needs, and reduce opioid overdose-related deaths through prevention, treatment, and recovery activities.
- For Fiscal Year 2018-19, to enhance the entire substance abuse continuum of care, the sum of \$14,626,911 in recurring funds is appropriated from the General Revenue Fund to the department for community-based services to address the opioid crisis; including, but not limited to outreach, addiction treatment, and recovery support services. Funding under this

²⁰ Securing a Healthy Future for Florida. <http://fightingforfloridasfuturebudget.com/content/current/HealthyFutures.htm> Last accessed on August 2, 2018.

subsection shall be used to expand capacity to increase access to and reduce waitlists for treatment; increase efforts to effectively engage and retain in treatment youth, pregnant women, high-risk populations, and high utilizers of acute care services; and further develop a recovery-based model of care. Funding for specific services may include, but are not limited to, case management, residential services, outpatient services, aftercare services, and medication-assisted treatment. Medication-assisted treatment may include, but is not limited to, methadone, buprenorphine, and naltrexone extended release injectable.

2. HB 7026 – Public Safety

Effective Date: March 9, 2018

Chapter 2018-003, Laws of Florida

- Prohibits a person who has been adjudicated mentally defective or been committed to a mental institution from owning or possessing a firearm until certain relief is obtained.
- Provides Specific Appropriations for FY 2018-19 to promote school safety and enhanced coordination between education and law enforcement entities at the state and local level.
 - \$9.8 million in recurring General Revenue is appropriated to the department to competitively procure additional Community Action Teams to ensure reasonable access among all counties. The department must consider the geographic location of existing community action teams and select providers to serve the areas of greatest need.
 - \$18.3 million in recurring General Revenue is appropriated to the department to competitively procure proposals for additional mobile crisis teams to ensure reasonable access among all counties. The department must consider the geographic location of existing mobile crisis teams and select providers to serve the areas of greatest need.

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, and as such 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 FY 2018-19.

In addition, the department has added vendor management as a priority of effort for the next year to improve management and oversight of ME contracts. The current ME contract does not adequately address performance of the managing entity and their specific functions in managing their respective systems of care as the current performance measures are solely applicable to the sub-contracted network service providers. The objective is to create an integrated accountability structure to implement enhanced metrics for ME network administration functions.

F. Potential Policy Changes Affecting the Budget Request

The department has received a federal State Opioid Response grant from SAMHSA for \$50 million to further address the opioid. There is a potential reduction of Disproportionate Share (DSH) funding for State Mental Health Treatment Facilities as part of the Patient Protection and Affordable Care Act.

G. Changes Which Would Require Legislative Action

The Office of Substance Abuse and Mental Health will continue to monitor state and federal law changes that may impact the behavioral health system of care and propose any needed legislative actions to enhance service delivery.

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 2018 FYSAS represents the 19th data-collection wave of the project. The high-quality data provided by the survey over these 19 years gives Florida the 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 and include the following:

- 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 Homelessness²¹

In conjunction with Florida's 27 homelessness Continuums of Care, the Florida Council on Homelessness released the following statistics as part of its 2018 Annual Report.²² These numbers were collected as part of a national Point-In-Time Count that is required by the U.S. Department of Housing and Urban Development. The annual point-in-time count is a frequently used tool to examine literal homelessness of sheltered and unsheltered individuals and families on a single night during the last 10 days of January each year.

- In 2018, the total number of individuals experiencing homelessness in Florida declined to 29,717.
- The number of individuals experiencing chronic homelessness (12+ months of homelessness, with a disabling condition) is 5,230 (17.6% of the total homelessness population).
- The number of individuals experiencing homelessness that identify as living with Chronic Substance Misuse is 4,202 (14.1% of the total homelessness population).
- The number of individuals experiencing homelessness that identify as living with a Severe and Persistent Mental Illness is 4,804 (16.2% of the total homelessness population).
- The number of individuals who are unsheltered on a given night is 12,123 (40.8% of the total homelessness population).

It should be noted the Chronic Substance Misuse and Severe and Persistent Mental Illness numbers are not mutually exclusive, as someone may identify with having both.

²¹ s. 420.622, F.S.

²² Council on Homelessness: 2018 Annual Report:<http://www.myflfamilies.com/service-programs/homelessness/publications>

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 program works to achieve the department's 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 (FA) 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 federal 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 ninth 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 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 TCA 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 food assistance 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 to investigate post-issuance suspected fraud. Benefit Investigations staff refer these potential criminal investigations as appropriate.

Benefit Recovery is responsible for identifying overpayments and recovering public assistance overpayments 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. Other methods of recovery include intercepting federal payments (Treasury Offset Program), collecting cash payments, intercepting Lottery winnings, and receiving court-ordered payments through the Department of Corrections.

3. Refugee Services

Refugee Services provides assistance to refugees to promote economic self-sufficiency and successful integration into American society in the shortest time. Financial and medical assistance is limited to individuals meeting specific non-citizen criteria not eligible for Florida's TCA and Medicaid programs, but meeting the same income eligibility criteria, and is limited to a maximum of eight months.

The refugee program is 100 percent federally-funded through the U.S. Department of Health and Human Services, Office of Refugee Resettlement.

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.

Changes in federal policy have reduced the number of individuals seeking assistance. In State Fiscal Year 2018, Refugee Services placed 11,764 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 and integrity 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 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** among 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.
- **Disaster Supplemental Nutrition Assistance Program (D-SNAP):** On September 10, 2017, Category 4 Hurricane Irma made landfall in Cudjoe Key and worked its way through the state of Florida, all the way up to the panhandle, ultimately impacting 48 counties within the state. ESS submitted several waivers to FNS to assist current food assistance recipients and ultimately requested a D-SNAP waiver to assist non-recipients. ESS and the regions operated 50 different D-SNAP sites, as well as two telephonic events to serve the elderly and disabled population who pre-registered. These sites provided D-SNAP benefits totaling \$1,051,922,607 and served 3,154,758 individuals. A total of 1,179,148 D-SNAP applications were approved for food assistance. The Hurricane Irma D-SNAP event in Florida was the largest in the history of the program and was successful in its provision of services to record numbers of individuals in need.
- **Performance Management System:** The ESS Program has developed a Monthly Key Performance 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.
- **Professional Development:** The Headquarters ESS Program implemented an Emerging Leadership Program for 2017-2018, graduating 12 individuals. Additionally, this year ESS headquarters sponsored 12 people to obtain Advanced Yellow Belt Certifications.
- **SNAP Trafficking Hearings:** In June 2018, OPBI worked with the DPAF and the Office of Appeals Hearings to implement the first “mass disqualification hearing” relating to SNAP trafficking. It was held in Ocala and resulted in 20 administrative disqualifications ranging from 12 months to lifetime prohibition from receiving SNAP benefits due to intentional program violations. Additional mass disqualification hearings are planned for Miami in October and Jacksonville in November.
- **Tableau Reporting Platform:** The ESS Data Unit created and empowered a statewide Tableau culture and migrated all weekly and monthly reports to the Tableau platform used department-wide. For many years the reports had been created in Excel and distributed via email. More than 50 new visualizations and dashboards were created using Tableau Analytics. It has facilitated immediate staff access to data and resources, and has provided important data management tools to leadership in operations.
- **Treasury Offset Program (TOP):** OPBI continues to improve its collection of SNAP benefit overpayments through the TOP. As a result, TOP collections in FY 2017-18 reached \$15,208,082, which secured Florida’s fourth ranking in the nation in TOP collections.

- **Workload Management Tools:** OPBI developed a simple Excel-based tool that provides field staff to enable benefit investigators and their supervisors to have greater visibility to their work and enable tracking throughout the investigative process. The benefit recovery claims managers can organize, sort, and view their daily assignments, and supervisors have visibility into the workload, productivity, and performance of their staff.

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

ESS will continue to monitor state and federal law changes that may impact program delivery and propose any needed legislative actions to enhance services.

H. Task Forces and Studies in Progress

Local Refugee Task Forces

Refugee Services organizes Refugee Task Forces consist 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 among referrals and service providers.

Department of Children and Families
Long Range Program Plan
Fiscal Years 2019-2020 through 2023-2024
October 1, 2018

Performance Measures and Standards - LRPP Exhibit II

Rick Scott
Governor

Rebecca Kapusta
Interim Secretary



LRPP Exhibit II - Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2018-19 (Words)	Approved Prior Year Standard FY 2018-19 (Numbers)	Prior Year Actual FY 2017- 18 (Numbers)	Approved Standards for FY 2017-18 (Numbers)	Requested FY 2019-20 Standard (Numbers)
Administrative cost as a percent of total agency costs ED (M0144)	0.33	0.29	0.33	0.33
Administrative cost as a percent of total agency costs Admin (M0147)	1.23	1.2	1.23	1.23
Administrative cost as a percent of total agency costs (M0363)	1.6	0.64	1.6	1.6

LRPP Exhibit II - Performance Measures and Standards

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

Program: Information Technology	60900200
Service/Budget Entity: Information Technology	60900202

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2018-19 (Words)	Approved Prior Year Standard FY 2018-19 (Numbers)	Prior Year Actual FY 2017-18 (Numbers)	Approved Standards for FY 2017-18 (Numbers)	Requested FY 2019-20 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	2.30	1.87	2.30	2.30

LRPP Exhibit II - Performance Measures and Standards

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

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2018-19 (Words)	Approved Prior Year Standard FY 2018-19 (Numbers)	Prior Year Actual FY 2017-18 (Numbers)	Approved Standards for FY 2017- 18 (Numbers)	Requested FY 2019-20 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	95.5	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	99	97	97
Number of investigations (M0127)	41,000	51,984	41,000	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	6,315	5,600	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	99	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	100	100
The rate of abuse/neglect per 1000 for elderly persons. (M0757)	1.5	0.12	1.5	1.5
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	1.5	0.1	1.5	1.5
Number of facilities and homes licensed (M0123)	6,868	5,993	6868	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	189,144	63,019	63,019
Percent of licensed child care facilities inspected in accordance with program standards. (M04015)	95	99.58	95	95
Percent of licensed child care homes inspected in accordance with program standards (M05175)	95	99.6	95	95
Calls answered (M0070)	430,000	445,293	430,000	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	10.5	3	3
Number of calls to the hotline (M0300)	450,000	497,762	450,000	450,000
Per capita verified child abuse rate/1000 (M0736)	14	8.85	14	14

Approved Performance Measures for FY 2018-19 (Words)	Approved Prior Year Standard FY 2018-19 (Numbers)	Prior Year Actual FY 2017- 18 (Numbers)	Approved Standards for FY 2017-18 (Numbers)	Requested FY 2019-20 Standard (Numbers)
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	100	95	95
Number of children in families served (M0134)	122,937	NA	122,937	122,937
Number of families served in Healthy Families (M0294)	12,922	9,682	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	4,197	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	85.55	94.6	94.6
Number of children in out-of-home care (M0297)	20,771	24,206	20,771	20,771
Number of children receiving in-home services (M0774)		11,142		
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	66.2	65	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	47.7	40	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	99.72	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	45.94	33.6	33.6
Number of investigations (M0295)	180,000	196,430	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	95.76	100	100
Percent of children removed within 12 months of a prior reunification. (M05178)	9.9	6.9	9.9	9.9
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	94.54	98	98
Percent of child investigations commenced within 24 hours. (M0368)	100	99.01	100	100
Administrative cost as a percent of total program costs (M0136)	3.05	1.75	3.05	3.05
Administrative cost as a percent of total agency costs (M0426)	1.21	0.01	1.21	1.21

LRPP Exhibit II - Performance Measures and Standards

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

Program: Mental Health Services	60910506			
Service/Budget Entity: Mental Health Services	60910506			
Approved Performance Measures for FY 2018-19 (Words)	Approved Prior Year Standard FY 2018-19 (Numbers)	Prior Year Actual FY 2017-18 (Numbers)	Approved Standards for FY 2017-18 (Numbers)	Requested FY 2019-20 Standard (Numbers)
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	68	40	40
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	144,872	136,480	136,480
Number of adults in mental health crisis served (M0017)	30,404	42,319	30,404	30,404
Number of adults with forensic involvement served (M0018)	3,328	4,595	3,328	3,328
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	37	24	24
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	7	8	8
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	94	90	90
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	67	70	67	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	86	88	86	86
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	8	8	8
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	93	86	86
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	75	95	75	75
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	78	50	50
Number of children served who are incompetent to proceed (M0030)	340	517	340	340
Number of SED children to be served (M0031)	46,000	22,727	46,000	46,000
Number of ED children to be served (M0032)	27,000	34,154	27,000	27,000

Approved Performance Measures for FY 2018-19 (Words)	Approved Prior Year Standard FY 2018-19 (Numbers)	Prior Year Actual FY 2017-18 (Numbers)	Approved Standards for FY 2017-18 (Numbers)	Requested FY 2019-20 Standard (Numbers)
Number of at-risk children to be served (M0033)	4,330	20,202	4,330	4,330
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	92	64	64
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	85	65	65
Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)	95	100	95	95
Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)	93	99	93	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	96	98	96	96
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	95	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)	1,606	1,774	1,606	1,606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2,320	3,331	2,320	2,320
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	59	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	49	40	40
Number of sexual predators assessed (M0283)	2,879	4,017	2,879	2,879
Number of sexual predators served (detention and treatment). (M0379)	480	643	480	480
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	0.17	3	3
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	90	85	85
Number of residents receiving Mental Health treatment (M06001)	169	245	169	169
Administrative cost as a percent of total program costs includes Substance Abuse (M0135)	4.87	5.09	4.87	4.87

LRPP Exhibit II - Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2018-19 (Words)	Approved Prior Year Standard FY 2018-19 (Numbers)	Prior Year Actual FY 2017-18 (Numbers)	Approved Standards for FY 2017-18 (Numbers)	Requested FY 2019-20 Standard (Numbers)
Number of adults served (M0063)	115,000	96,125	115,000	115,000
Percentage change in clients who are employed from admission to discharge. (M0753)	10	10	10	10
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)	14.6	-15	14.6	14.6
Percent of adults who successfully complete substance abuse treatment services. (M0755)	51	60	51	51
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	94	94	94
Number of children with substance-abuse problems served (M0052)	50,000	17918	50,000	50,000
Number of at-risk children served in targeted prevention (M0055)	4,500	23,521	4,500	4,500
Number of at risk children served in prevention services. (M0382)	150,000	237,946	150,000	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	66	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	19.6	19.6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	93	100	93	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	295	153	295	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	109	110	110
Administrative cost as a percent of total program costs (includes Mental Health) (M0137)	5.0	5.1	5.0	5.0

LRPP Exhibit II - Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2018-19 (Words)	Approved Prior Year Standard FY 2018-19 (Numbers)	Prior Year Actual FY 2017-18 (Numbers)	Approved Standards for FY 2017-18 (Numbers)	Requested FY 2019-20 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	288,831	296,826	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	23,597	70,394	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	92	95	95
Percentage of food assistance applications processed within 30 days (M0219)	95	95	95	95
Percent of food stamp benefits determined accurately (M0107)	94	97	94	94
Total number of applications processed (M0106)	5,000,000	14,084,122	5,000,000	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	93	96	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	21.9	36	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	39	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	44,283	1,500	1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	89	80	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	29,964,423	13,500,000	13,500,000
Percent of suspected fraud cases referred that result in front- end fraud prevention savings (M0110)	76.5	42	76.5	76.5
Number of fraud prevention investigations completed (M0112)	22,000	58,547	22,000	22,000
Number of refugee cases closed (M0104)	7,600	22,524	7,600	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	99	99.2	99.2
Number of refugee cases (M0362)	37,350	47,562	37,350	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	42	40	40
Administrative cost as a percent of total program costs (M0138)	7.93	2.20	7.93	7.93

Department of Children and Families
Long Range Program Plan
Fiscal Years 2019-2020 through 2023-2024
October 1, 2018

Assessment of Performance for Approved Performance Measures -
LRPP Exhibit III

Rick Scott
Governor

Rebecca Kapusta
Interim Secretary



LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Florida Abuse Hotline

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: M0069 Percent of Calls made to the Florida Abuse Hotline that were abandoned.

Action:

- | | |
|--|---|
| <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%	10.5%	+6.5	6.5%

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 is 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 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.

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	5,993	(875)	-12.7%

Factors Accounting for the Difference: The original approved standard was based upon data collected by an electronic management system in its infancy. Child Care recommends that the measure be revised after data purification efforts and system enhancements created percentage decreases.

Internal Factors (check all that apply):

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

Explanation: As this figure is 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: M0294 Number of families served in Healthy Families

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
12,922	9,682	(3,240) Under	(25.1)%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

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 5,455. 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 but SFY 17-18 was level funding.

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

- Training Technology
- Personnel Other (Identify) (Fiscal)

Recommendations:

Adjust approved standard to 5,455 families to correspond with funding for FY 2017-18.

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: MO100a Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months

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
94.6%	85.6	-9.0%	-9.0%

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 regularly collected at this time as the federal measure has been replaced with a measure of verified maltreatment within 12 months with a target of 90.9 or higher. The department has consistently met this target

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: Extended the measure to 12 months is a better indicator for the child. This measure should reflect 12 months with no recurrence of maltreatment.

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%	99.72%	(.18)	<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: 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%	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 checked="" type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input checked="" type="checkbox"/> Other (Identify) |

Explanation: The department is implementing significant changes to practice including improved assessment of family dynamics, safety planning and treatment matching. Training for case managers is continuing regarding assessments. This measure was replaced in 2013 by the measure "Placement Moves per 1,000 Days in Foster Care" at 4.33. Because of this replacement, the department does not consistently update the old file.

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:

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: 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: 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%	94.54%	-3.46%	-3.46%

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 which is reflected in the above actual performance.

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: M0368 Percent of investigations commenced within 24 hours.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.01%	0.99% Under	<1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

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

Recommendations: Due to legitimate circumstances beyond the child protective investigator’s ability to control a more appropriate standard would be 99%.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Adult Protection

Service/Budget Entity: 60910310 Family Safety and Preservation Services

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100	99.0%	1.0 Under	(1.0%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

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

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: 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 Technology
 Personnel 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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
97%	95.5%	1.5 Under	(1.5%)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: In areas with high turnover, caseload is shifted to remaining staff.

External Factors (check all that apply):

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

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

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

- Training Technology
- Personnel Other (Identify)

Recommendations: Program is implementing revised and standardized training curriculum as well as a tiered skills assessment program aimed at increasing staff retention.

III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910950 Community Substance Abuse & 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	22,727	23,273 (Under)	-51%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

Although the number of children with Severe Emotional Disturbance served has increased from FY 2016-17 (19,890) to FY 2017-18 (22,727) the number served has historically been below the approved standard. Children with Severe Emotional Disturbance tend to have their services funded by Medicaid. The Department generally serves Children At-Risk for Emotional Disturbance or with Emotional Disturbance. With both of those groups the Department exceeds the target for the number of children to be served.

For example, the Department served 34,154 children with Emotional Disturbance compared to the target of 27,000, and served 20,202 children At-Risk for Emotional Disturbance compared with the target of 4,330.

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:

The Office of Substance Abuse and Mental Health would like to re-evaluate this measure because the approved standard does not represent as an appropriate benchmark standard to evaluate the current population served.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services

Measure: M05050 Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)

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
67%	59%	8% (Under)	-12%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input checked="" type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input 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 State Mental Health Treatment Facilities collected baseline data in FY 2017-2018 for measuring functional improvement using the Level of Care Utilization System (LOCUS) assessment tool. The LOCUS tool provides additional utility compared to the Functional Assessment Rating Scale, which has traditionally been used to measure functional improvement, by assisting practitioners in identifying the most appropriate level of care for individuals.

Since implementing the LOCUS, each individual facility has developed internal processes for collecting data for assessment results. Analysis of the FY 2017-2018 data revealed errors in reported data such as incomplete, inaccurate and duplicate data submissions. Errors in data submissions are attributed to a lack of standardization in the data collection and tracking process. Because of this finding, DCF headquarters has developed a data entry system for capturing LOCUS data.

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

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

Recommendations:

It is recommended that the facilities continue using the LOCUS tool to measure functional improvement and a standardized process be implemented to collect assessment results, requiring facilities to submit monthly LOCUS data to a centralized data entry system. Training will be also needed to be provided to instruct facility staff on utilizing the new data system.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Services

Service/Budget Entity: 60910950 Community Substance Abuse & Mental Health Services

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	96,125	18,875 (Under)	-16%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

Although the number of adults with substance abuse problems has increased from FY2016-17 from 60,583 to 96,125 in FY2017-18, the total number served over time has been below target. The growing number served indicates improved access, as is Florida's response to the opioid epidemic which is seen as a model for other states. Florida's targets were based on a time prior to Managing Entities. Managing Entities have indicated they actively pursue Medicaid enrollment at the initiation of services which could account for less than expected number of adults in department funded substance abuse 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): <u>See Below</u> |

Recommendations:

The Office of Substance Abuse and Mental Health would like to re-evaluate this measure because the approved standard does not represent as an appropriate benchmark standard to evaluate the current population served.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Services

Service/Budget Entity: 60910950 Community Substance Abuse & Mental Health Services

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	17,918	

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

During a meeting with Managing Entities in June 2018, the ME's indicated that they have actively pursued Medicaid enrollment for children at the initiation of services which could account for a decline in substance abuse services for children. It should be noted, though, that the Department exceeds the number of children served who are At-Risk for a substance use disorder (23,521 served compared with a target of 4,500).

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:

The Office of Substance Abuse and Mental Health would like to re-evaluate this measure because the approved standard does not represent as an appropriate benchmark standard to evaluate the current population served.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Services

Service/Budget Entity: 60910950 Community Substance Abuse & Mental Health Services

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	96,125	

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

Although the number of adults with substance abuse problems has increased from FY2016-17 from 60,583 to 96,125 in FY2017-18, the total number served over time has been below target. The growing number served indicates improved access, as is Florida's response to the opioid epidemic which is seen as a model for other states. Florida's targets were based on a time prior to Managing Entities. Managing Entities have indicated they actively pursue Medicaid enrollment at the initiation of services which could account for less than expected number of adults in department funded substance abuse 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): <u>See Below</u> |

Recommendations:

The Office of Substance Abuse and Mental Health would like to re-evaluate this measure because the approved standard does not represent as an appropriate benchmark standard to evaluate the current population served.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Services

Service/Budget Entity: 60910950 Community Substance Abuse & Mental Health Services

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	17,918	32,082 (Under)	-64%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

During a meeting with Managing Entities in June 2018, the ME's indicated that they have actively pursued Medicaid enrollment for children at the initiation of services which could account for a decline in substance abuse services for children. It should be noted, though, that the Department exceeds the number of children served who are At-Risk for a substance use disorder (23,521 served compared with a target of 4,500).

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:

The Office of Substance Abuse and Mental Health would like to re-evaluate this measure because the approved standard does not represent as an appropriate benchmark standard to evaluate the current population served.

Department of Children and Families
Long Range Program Plan
Fiscal Years 2019-2020 through 2023-2024
October 1, 2018

Performance Measure Validity and Reliability - LRPP Exhibit IV

Rick Scott
Governor
Rebecca Kapusta
Interim 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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: 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

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: 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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of finalized adoptions (M0215)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<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>
Validity:	This is an output measure of the number of children achieving permanency through adoption.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of children removed within 12 months of a prior reunification. (M05178)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. "Out-of-home care" means care provided during a removal episode, 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>
Validity:	This is a measure of our success in maintaining children placed back with their parents.
Reliability:	Reliability is dependent on the completeness, accuracy and timeliness of removal data, including removal and discharge dates.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60900310</u>
Measure:	<u>Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Citizens call the Florida Abuse Hotline to report abuse or neglect. Each caller hears a 180 second message about the hotline and the information required to make a report. If the caller hangs up after the 180 second message, but before the call is answered, the call is considered "abandoned." If the call is answered at any time, or the caller hangs up during the 180 second message, the call is not considered "abandoned." This measure is a percent. The numerator is a count of all calls of 180 seconds or more made to the Florida Abuse Hotline that are abandoned by the caller before they are answered by Hotline staff. The denominator is a count of all calls made to the Florida Abuse Hotline. The source of data is the Hotline's Automated Call Distribution System. Data Source: ACD System
Validity:	This is an outcome measure of the hotline's performance in timely response to calls made to the hotline.
Reliability:	The Automated Call Distribution (ACD) system is a sophisticated telephone system that handles and monitors processing of all calls. Data on number of calls received, answered and abandoned, the duration of calls and response time come directly from the telephone system.
Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Florida Abuse Hotline 60900310</u>
Measure:	<u>Calls answered (M0070)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Citizens call the Florida Abuse Hotline to report abuse. Calls answered by a hotline counselor are considered answered. This measure is a number. It is a count of all calls made to the Florida Abuse Hotline that are answered by Hotline staff. It includes all calls on: (1) the lines to report abuse (voice and TDD), (2) fax lines and (3) the helpline for DCF staff. It does not include calls in which the caller hangs up before the call is answered. The source of data is the Hotline's Automated Call Distribution System. Data Source: ACD System
Validity:	This output is a process measure that indicates the workload of the Hotline.
Reliability:	The Automated Call Distribution (ACD) system is a sophisticated telephone system that handles and monitors processing of all calls. Data on number of calls received, answered and abandoned, the duration of calls and response time come directly from the telephone system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Number of SED children to be served (M0031)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	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">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. 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.
Validity:	This is a direct measure of the number of children with SED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases, children between the ages of 18 and 21, who meet any of the following criteria:</p> <ol style="list-style-type: none">1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.2. They have an allowable mental health diagnosis as defined in the International Classification of Diseases, 9th edition (ICD-9) and listed in the DCF Pamphlet 155-2 for Substance Abuse and Mental Health Measurement and Data and have a C-GAS score of fifty or below.3. They currently receive SSI benefits for a psychiatric disability. <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>
Validity:	The validity of this measure to capture functioning level that is commensurate with level of care has been tested by the Florida Mental Health Institute.
Reliability:	The reliability of this measure is enhanced by the fact that CFARS is administered only by certified raters who must meet training criteria to become certified. Florida Mental Health Institute has performed inter-rater reliability studies to validate the administration of the tool.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

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

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

Action: Backup for performance measure

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

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

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

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Violent Sexual Predator Program 60900506

Measure: Number of sexual predators assessed (M0283)

Action: Backup for performance measure

Data Sources and Methodology: Sexually Violent Predator, means an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. Most individuals are pending a release from a correctional facility. Assessment means a determination by the Multidisciplinary Team of whether a client suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment. The assessment shall include a review of the person's institutional history and treatment record, if any, the person's criminal background, and any other factor that is relevant to the determination of whether such person is a sexually violent predator. Count the number of Assessments completed Data Source: Program Office Database

Validity: Valid measure of the program's assessment workload and need for resources for this activity

Reliability: Program database referral information is periodically reconciled with the Department of Corrections database

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 60900506</u>
Measure:	<u>Number of residents receiving Mental Health treatment (M06001)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Residents refers to Sexually Violent Predators (an individual 18 years of age or older, who has been convicted of a sexually violent offense and who suffers from a mental abnormality or personality disorder that makes the individual likely to engage in acts of sexual violence, of such a degree, as to pose a menace to the health and safety of others, if not confined in a secure facility for long-term control, care and treatment) court ordered and located in a treatment facility. Unduplicated count of residents receiving Mental Health treatment. Data Source: Contractor Monthly Report
Validity:	This output measure addresses level of effort being given to treatment for the residents.
Reliability:	This measure is checked through annual contract monitoring.
Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Average number of days to restore competency for adults in forensic commitment. (M0015)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The average number of days to restore to competency is the period between admission and the date the competency report to the court is completed. This measure uses a trimmed mean procedure. The days to restore is calculated for each client by subtracting the admission date from the date the competency report was sent to the court. The days to restore are then ranked, and the top 5 percent and the bottom 5 percent of cases are removed (for a total of 10%). The sum of those days, after the total of 10 percent is trimmed, is the numerator. The denominator is the total number of clients remaining after the trim for whom days to restore to competency has been calculated. Data Source: The forensic facility staff send the data to the ADM Central Office where the data is entered into the forensic facility database.
Validity:	This measure addresses the primary mission of forensic facilities.
Reliability:	Forensic Facility database has been in operation for ten years and no significant data accuracy problems have been identified.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Adult Mental Health Treatment Facilities 60900506

Measure: Number of people in civil commitment, per Ch. 394, F.S., served (M0372)

Action: Backup for performance measure

Data Sources and Methodology: Civil commitment patients per Ch. 394, F.S., are patients who are committed to an institution under Florida's civil commitment statutes. They have no criminal adjudication pending, but are considered a danger to themselves or others, or are unable to care for themselves due to the severity of their mental illness. Served means they were on the hospital's census for at least one day during the fiscal year. The measure is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year for clients who have a civil (394) legal status. The count is unduplicated. Data Source: Data is collected by the clinicians at each facility and submitted to the ADM data warehouse

Validity: Measure is a direct count of the number of people who use hospital beds

Reliability: Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Adult Mental Health Treatment Facilities 60900506

Measure: Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)

Action: Backup for performance measure

Data Sources and Methodology: Adults in forensic commitment means adults who are mentally ill, have been charged with a crime and have been committed to a mental health facility under Ch. 916, F.S.. These clients may be "not guilty by reason of insanity" (NGI) or "incompetent to proceed to trial" (ITP). Served means that they were on the hospital census for at least one day in the fiscal Year. The measure is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year for clients who have a forensic (916) legal status. The count is unduplicated. Data Source: Data is collected by the clinicians at each facility and submitted to the ADM data warehouse

Validity: Measure is a direct count of the number of people who use hospital beds

Reliability: Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>(1) Readmission within 180 days means that a person in civil commitment was discharged from a state, mental health treatment facility and returned to any facility (civil or forensic) within 180 days following the previous discharge date.</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>
Validity:	This measure attempts to measure the success of persons with serious mental illness to live independently or in less restrictive environment in community and to function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF validates data submitted for accuracy and logic errors. All the state mental health treatment facilities use uniform procedures and requirement specifications for data definition, validation and submission into the SAMHIS database.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: 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

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: 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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Stable housing environment includes the following residential status: independent living (code = 01, 02, or 03); dependent living (code = 04 or 05); and other residential settings (codes = 06, 07, 08, 11 or 17).

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

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

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

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

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: 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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families

Program: ECONOMIC SELF SUFFICIENCY SERVICES

Service/Budget Entity: Welfare Transition and Employment Supports 60900708

Measure: Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)

Action: Backup for performance measure

Data Sources and Methodology: Suspected fraud cases are those meeting specific error prone profiles such as expenses continually exceeding available income. Once identified, these cases are referred to a fraud unit for review. Savings are defined as benefits that are not issued because of the detection of client misrepresentation. Denominator: The total number of cases which meet the error prone profiles that are referred for review. Numerator: The total number of cases which meet the error prone profiles that are referred for review that result in savings. Data Source: ESS Fraud Prevention staff

Validity: The intent of this measure is to ensure that significant effort is devoted to the proper use of taxpayer money to meet the needs of only those who are eligible. The threat to the validity of this measure is that the data is limited to only those cases that produce savings.

Reliability: Central Office Quality Assurance and district staff both monitor local Fraud Units to validate that data is entered into the system correctly and accurately reflects individual employee and unit performance.

Department: Department of Children and Families

Program: ECONOMIC SELF SUFFICIENCY SERVICES

Service/Budget Entity: Welfare Transition and Employment Supports 60900708

Measure: Dollars collected through Benefit Recovery (M0111)

Action: Backup for performance measure

Data Sources and Methodology: Benefit Recovery dollars are monies collected by the department that have been issued through client misrepresentation or department/client error. The measure is a count, the sum of the dollar value collected on established benefit recovery claims. Data Source: Benefit Recovery System (interfaces with FLORIDA)

Validity: This measure shows the public that the department recoups the value of benefits issued in error.

Reliability: The department's Benefit Recovery staff monitor the data in the Benefit Recovery System (BRS) on a routine basis.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: 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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: 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

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	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.
Validity:	This measure identifies success in diverting families from enrolling in a monthly assistance program, a strategy in the Department's Strategic Plan. This may be an indication that these clients have become more self-sufficient.
Reliability:	Data reliability is dependent on ESS field staff coding the diversion payment accurately.
Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of All Family TANF customers participating in work or work-related activities (M05088)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Similar to the Federal Work Participation Rate, this measure calculates the percent of TANF adults with a work participation requirement who are meeting the required number of work participation hours each month. Denominator: The number of eligible TANF adults with a work participation requirement. Numerator: The number of those participating in allowable work activities for the required number of hours each month. Data Source: Regional Work Force Board field staff.
Validity:	This measure identifies success in increasing self-sufficiency of TANF adults, a strategy intended to further the mission of the agency.
Reliability:	Data reliability is dependent on WFB staff accurately entering work and work related activities coding into the AWI OSST system and ESS field staff accurately recording work participation requirement code in FLORIDA.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families

Program: ECONOMIC SELF SUFFICIENCY SERVICES

Service/Budget Entity: Welfare Transition and Employment Supports 60900708

Measure: Percent of 2-Parent TANF customers participating in work or work-related activities (2-Parent TANF Participation Rate). (M0678)

Action: Backup for performance measure

Data Sources and Methodology: Similar to the Federal Work Participation Rate, this measure calculates the percent of 2-parent TANF adults with a work participation requirement who are meeting the required number of work participation hours each month. Denominator: The number of eligible 2-parents TANF adults with a work participation requirement. Numerator: The number of those above participating in allowable work activities for the required number of hours each month. Data Source: Regional Work Force Board field staff.

Validity: This measure identifies success in increasing self-sufficiency of TANF adults, a strategy intended to further the mission of the agency.

Reliability: Data reliability is dependent on WFB staff accurately entering work and work related activities coding into the AWI OSST system and ESS field staff accurately recording work participation requirement code in FLORIDA.

Department: Department of Children and Families

Program: ECONOMIC SELF SUFFICIENCY SERVICES

Service/Budget Entity: Welfare Transition and Employment Supports 60900708

Measure: Percentage of food assistance applications processed within 7 days (expedited) (M0733)

Action: Backup for performance measure

Data Sources and Methodology: Application refers to electronic or paper forms submitted by individuals for Florida's Food Assistance Program. Time standards are measured from date of application to date of approval. For Expedited Food Assistance the approval is to be processed within 7 days. All other Food Assistance cases are to be approved within 30 days. There are no days excluded from the 7-day standard for non-agency delays. Total of all Food Assistance applications approved in the month, excluding Non-Expedited and disaster Food Assistance applications. Numerator: The number of these applications that do not exceed the 30-day time standard. Data Source: Economic Self Sufficiency field staff

Validity: This measure is an indicator of the system's success in increasing the self-sufficiency of food stamp recipient households.

Reliability: Dependent on ESS field staff to recognize and code applications as expedited or regular.

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

Measure Number	Approved Performance Measures for FY 2018-19	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)
36	Percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months. (M0386)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
			Number of investigations (M0295)
			Number of termination of parental rights petitions filed (M0298)
37	Calls answered (M0070)		Number of calls to the hotline (M0300)
38	Number of calls to the hotline (M0300)		Number of calls to the hotline (M0300)
39	Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)		Number of calls to the hotline (M0300)
40	Administrative cost as a percent of total agency costs (M0426)		
41	Administrative cost as a percent of total program costs (M0136)		
42	Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)		Number of individuals served (treatment) (M0318)
43	Number of residents receiving Mental Health treatment (M06001)		Number of individuals served (treatment) (M0318)
44	Number of sexual predators assessed (M0283)		Number of sexual predators assessed (M0283)
45	Number of sexual predators served (detention and treatment). (M0379)		Number of individuals served (treatment) (M0318)
46	Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)		Number of sexual predators assessed (M0283)

47	Average annual days spent in the community for adults with forensic involvement. (M0010)		Number of adults served
48	Average annual days spent in the community for adults with severe and persistent mental illnesses. (M0001)		Number of adults served
49	Average annual days worked for pay for adults with severe and persistent mental illnesses (M0003)		Number of adults served
50	Median length of stay in CSU/Inpatient services for adults in mental health crisis (M0376)		Number of adults served
51	Number of adults in mental health crisis served (M0017)		Number of adults served
52	Number of adults with a serious and persistent mental illness in the community served (M0016)		Number of adults served
53	Number of adults with forensic involvement served (M0018)		Number of adults with forensic involvement served (M0018)
54	Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted. (M0009)		Number of adults with forensic involvement served (M0018)
55	Average annual days emotionally disturbed (ED) children (excluding those in juvenile justice facilities) spend in the community (M0025)		Number of children served
56	Average annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community (M0011)		Number of children served
57	Number of at-risk children to be served (M0033)		Number of children served
58	Number of children served who are incompetent to proceed (M0030)		Number of children served
59	Number of ED children to be served (M0032)		Number of children served
60	Number of SED children to be served (M0031)		Number of children served
61	Percent of children with emotional disturbances who improve their level of functioning (M0377)		Number of children served
62	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)		Number of children served
63	Percent of children with mental retardation restored to competency and recommended to proceed with a judicial hearing (M0020)		Number of children served
64	Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)		Number of children served
65	Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)		Number of children served
66	Administrative cost as a percent of total program costs (M0137)		

67	Administrative cost as a percent of total program costs (M0135)		
68	Average age of first substance abuse (M05093)		Number of children with substance abuse problems served
69	Number of at risk children served in prevention services. (M0382)		Number of children with substance abuse problems served
70	Number of at-risk children served in targeted prevention (M0055)		Number of children with substance abuse problems served
71	Number of children with substance-abuse problems served (M0052)		Number served
72	Percent of children at risk of substance abuse who receive targeted prevention services who are not admitted to substance-abuse services during the 12 months after completion of prevention services (M0051)		Number of children with substance abuse problems served
73	Percent of children with substance abuse under the supervision of the state receiving substance-abuse treatment who are not committed to the Department of Juvenile Justice during the 12 months following treatment completion (M0047)		Number of children with substance abuse problems served
74	Percent of children with substance abuse who are drug free during the 12 months following completion of treatment (M0046)		Number of children with substance abuse problems served
75	Percent of children with substance abuse who complete treatment (M0045)		Number of children with substance abuse problems served
76	Substance usage rate per 1,000 in grades 6-12. (M05092)		Number of at-risk children served in targeted prevention (M0055)
77	Number of adults served (M0063)		Number of adults provided detoxification and crisis supports (M0065)
78	Percent change in the number of clients with arrests within 6 months following discharge compared to number with arrests within 6 months prior to admission. (M0381)		Number of adults provided detoxification and crisis supports (M0065)
79	Percent of adults employed upon discharge from substance abuse treatment services (M0058)		Number of adults provided detoxification and crisis supports (M0065)
80	Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)		Number of adults provided detoxification and crisis supports (M0065)
			Number of at-risk adults provided prevention services (M0066)
81	Percent of adults who are drug free during the 12 months following completion of treatment (M0057)		Number of adults provided detoxification and crisis supports (M0065)

82	Percent of 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)
111	Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty beCAuse 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 2017-18			
	SECTION I: BUDGET		FIXED CAPITAL OUTLAY	
	OPERATING			
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			3,146,459,308	8,688,550
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			60,323,151	-885,000
FINAL BUDGET FOR AGENCY			3,206,782,459	7,803,550
SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)				7,803,550
Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed	58,299	841.32	49,048,289	
Healthy Families * Number of families served in Healthy Families	9,682	2,931.24	28,380,263	
Protective Investigations * Number of investigations	196,430	1,218.79	239,406,012	
In-home Supports * Number of children under protective supervision (point in time)	6,188	55,146.23	341,244,869	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.	3,373	100,453.82	338,830,732	
Child Welfare Legal Services * Number of termination of parental rights petitions filed	6,683	8,659.58	57,871,975	
Emergency Shelter Supports * Number of adults with a safety plan upon leaving domestic violence shelter after 72 hours	6,464	6,902.71	44,619,145	
Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline	449,867	53.35	24,000,840	
Adoption Subsidies * Number of children receiving adoption subsidies	39,023	5,145.06	200,775,868	
Adoption Services * Children receiving adoptive services	6,967	6,904.65	48,104,702	
License Child Care Arrangements * Number of facilities and homes licensed	5,993	3,429.00	20,549,975	
Daily Living * Number of qualified disabled adults (ages(18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver	438	4,548.67	1,992,317	
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program	1,203	1,567.14	1,885,264	
Emergency Stabilization * Number of children served	2,471	2,077.75	5,134,126	
Emergency Stabilization * Number of adults served	32,065	2,881.88	92,407,340	
Provide Forensic Treatment * Number of adults in forensic commitment served	3,331	51,154.90	170,396,964	
Provide Civil Treatment * Number of people in civil commitment served	1,774	116,471.01	206,619,567	
Community Support Services * Number of children served	34,128	1,986.72	67,802,610	
Community Support Services * Number of adults with forensic involvement served.	4,595	80,691.50	370,777,436	
Assessment * Number of sexual predators assessed	4,017	8,485.38	34,085,791	
Detoxification * Number of children served	1,058	761.54	805,709	
Treatment And Aftercare * Number of children with substance-abuse problems served	25,572	1,583.54	40,494,224	
Detoxification * Number of adults provided detoxification and crisis supports	20,553	3,308.30	67,995,445	
Prevention * Number of at-risk adults provided prevention services	270,318	203.04	54,884,921	
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery	29,964,423	0.57	16,947,440	
Refugee Assistance * Number of refugee clients served	47,562	1,213.50	57,716,420	
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments	256	37,173.34	9,516,375	
Homeless Assistance * Number of grants issued for homeless clients	44,283	390.89	17,309,571	
Eligibility Determination/Case Management * Number of cash assistance payments	650,502	559.17	363,742,439	
Issue Welfare Transition Program Payments * Total number of cash assistance applications	288,831	476.11	137,514,692	
TOTAL			3,110,861,321	7,803,550
SECTION III: RECONCILIATION TO BUDGET				
PASS THROUGHS				
TRANSFER - STATE AGENCIES				
AID TO LOCAL GOVERNMENTS				
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS			9,642,041	
OTHER				
REVERSIONS			86,279,090	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			3,206,782,452	7,803,550

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

Bet: 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

CDSU: 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)