



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

Ron DeSantis
Governor

Shevaun L. Harris
Secretary

LONG RANGE PROGRAM PLAN

Department of Children and Families
Tallahassee, Florida

September 30, 2022

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Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Long Range Program Plan (LRPP) for the Department of Children and Families is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives, and measures for the Fiscal Year 2023 - 2024 through Fiscal Year 2027 - 2028. The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is <https://www.myflfamilies.com/general-information/publications-forms>. This submission has been approved by Shevaun L. Harris, Secretary.

Sincerely,

Ted Harrell MSW
Enterprise Coordination Manager

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Mission: 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

Department of Children and Families
Long Range Program Plan
Fiscal Years 2023 - 2024 through 2027 - 2028
September 30, 2022



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Message from Secretary Harris to Senate President and House Speaker

I am pleased to share the Long Range Program Plan (LRPP) for the Florida Department of Children and Families (Department) for Fiscal Years 2023-2024 through 2027-2028. Many of the elements contained within the LRPP are also directly reflected in the Department's strategic plan.

The plan will reflect the tangible steps the team will take to ensure we deepen our focus towards prevention, integration, and collaboration by focusing on workforce development (i.e., recruitment and retention), program effectiveness, and commitment to transparency, accountability, and alignment. The LRPP outlines the direction the Department plans to take in the coming years to further strengthen and support Florida's children and families. Through intentional collaboration among all sectors, efficient and effective usage of resources, and investments in our team, we will continue our work of improving the lives of those we serve — a responsibility we hold in the highest regard.

Sincerely,

Shevaun L Harris
Secretary

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.

Department Vision:

To empower Floridians with opportunities that support and strengthen resiliency and wellbeing.

Department Goals

1. Enhance Program Effectiveness to Improve the Customers' Experience
2. Build a System of Accountability, Transparency, and Alignment
3. Enhance Workforce Development Efforts to Improve Stability, Culture, and Continuous Learning

Department Service Outcomes and Performance Projection Tables

Outcome	Baseline	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28
Percent of children experiencing repeat maltreatment within 6 months of case closure	June 2020 3.5%	3.2%	3.1%	3.0%	2.9%	2.8%
Percent of children experiencing repeat maltreatment within 12 months of case closure	June 2020 7.2%	7.1%	7.0%	6.9%	6.8%	6.7%
Percent of adults not re-abused after verified findings within 6 months	August 2021 99%	99%	99%	99%	99%	99%
Percent of adults not re-abused during or within 6 months of protective supervision cases	August 2021 99.6%	99%	99%	99%	99%	99%
Children and adults in CSU, Inpatient, Detox, or Mental Health Treatment Hospitals	June 2020 7,262	6,877	6,800	6,700	6,600	6,500
Average years child protection investigators have within position	September 2021 2.07	2.11	2.15	2.19	2.23	2.28

Outcome	Baseline	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28
Decrease turnover in critical classes	FY 2020-21 53.58%	51.58%	49.58%	47.58%	45.58%	43.58%
% CBCs requiring risk pool and/or back of bill funding to maintain operations	FY 2019-20 8/19 (42.1%)	10.5%	5.2%	0%	0%	0%
% CBCs expending 10% or more of budget on prevention	FY 2019-20 6/19 (31.6%)	63.2%	73.3%	84.2%	94.7%	100%
% open DCF investigations, case management cases, behavioral health treatment plans reviewed by Quality Office	June 2020 0%	5%	5.1%	5.2%	5.3%	5.4%

Governor's Priorities

1) Restore and Protect Florida's Environment

- Continue major investments to improve water quality, quantity, and supply.
- Prioritize Everglades restoration, and the completion of critical Everglades restoration projects.
- Prevent fracking and offshore oil drilling to protect Florida's environment.
- Promote resiliency initiatives that harden Florida's infrastructure and protect our communities.

2) Improve Florida's Education System

- Increase access to and expand options for quality educational choices, public and private, for Florida families.
- Maintain the Florida higher education system's status as number one in the nation while increasing accountability for institutions.
- Provide quality career and technical education options for Florida's students and workforce.

3) Economic Development and Job Creation

- Focus on diversifying Florida's job market, promoting manufacturing growth and strengthening our supply chain.
- Maintain Florida's status as a low-tax state and continue to find opportunities to reduce taxes and fees.
- Reduce existing regulations and stop any new regulations that do not serve the public health, safety, and welfare.
- Prioritize infrastructure development to meaningful projects that provide regional and statewide impact, especially focused on safety, improved mobility, and reduced traffic congestion for Floridians.

4) Health Care

- Focus resources on continuing to combat the opioid crisis and substance abuse, in general, and expand access to mental health services.
- Promote innovation in health care that reduces the cost of medical procedures and services and increases access to quality care for Floridians.
- Reduce the cost of prescription drugs through state and federal reform.
- Promote a Florida-focused approach to major issues in health care, including protecting the freedom of speech of physicians and combatting harmful medical practices against our children.

5) Public Safety

- Continue to uphold immigration law to protect our borders and communities and remove illegal aliens from the state.
- Support local and state law enforcement's ability to investigate and prevent criminal activity.
- Develop and implement comprehensive threat assessment strategies to identify and prevent threats to the public.
- Continue efforts to enhance safety in our schools.

6) Public Integrity

- Protect taxpayer resources by ensuring the faithful expenditure of public funds and returning funds to taxpayers through tax relief.
- Promote greater transparency at all levels of government and promote the highest standard of ethics for state and local officials.
- Hold public officials and government employees accountable for failure to serve the public interest at all times.

Trends and Conditions

Program: Child and Family Well-Being

Adult Protective Services

A. Primary Responsibilities

The Adult Protective Services Program serves two primary target groups per Chapter 415, Florida Statutes:

1. Vulnerable adults who are victims of abuse, neglect, exploitation, or in need of services due to neglect by the vulnerable adult themselves.
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 Florida Abuse 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 services, 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. 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 within the Department and other agencies of the State of Florida. However, in Fiscal Year (FY) 2021 - 2022, there were 1,443 nursing home eligible adults with disabilities who received services through the Home Care for Disabled Adults or Community Care for Disabled Adults programs.

Clients Served by Program Type

Program	# Clients Served During Fiscal Year
Community Care for Disabled Adults	333
Home Care for Disabled Adults	1085
Protective Intervention	2423
Protective Supervision	596

B. Selection of Priorities

The priorities for Adult Protective Services are consistent with the Department's primary goals of:

1. Enhancing workforce development efforts to improve stability, culture, and continuous learning.
2. Enhancing program effectiveness to improve the customer's experience.
3. Building a system of accountability, transparency, and alignment.

C. Addressing Our Priorities over the Next Five Years

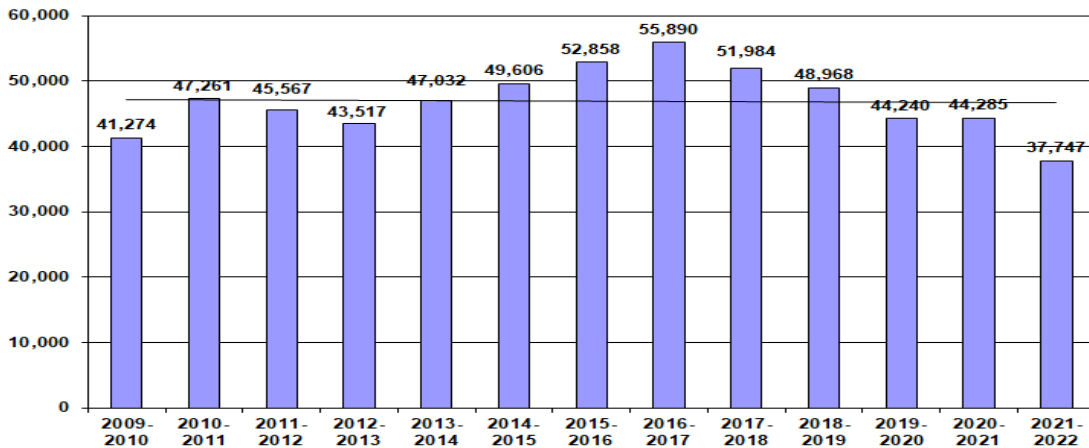
Florida is predicted to undergo a population growth of 30 percent between the years 2000–2030.* The population of Floridians age 65 or older is expected to increase from its present level of 17.7 percent to 27.1 percent by 2030. This increase will significantly increase the workload on Adult Protective Investigations and, subsequently, Adult Protective Services. In light of this projection, the program priority is to continuously look for opportunities to enhance program effectiveness and workforce development efforts, which will result in improved staff retention to manage current and future workload.

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

Action Steps:

1. Reduce the number of families in crisis by increasing pre-crisis referrals to community services and by exploring strategies to decrease the number of adult victims who are re-abused within twelve months of initial abuse, neglect, or exploitation.
2. The Department is taking proactive steps to prepare Adult Protective Investigators and other Adult Protective Service workers for the anticipated demographic shift in the elder population. The Adult Protective Services Program received 37,747 reports of abuse, neglect, and/or exploitation of vulnerable adults during FY 2021-2022 (see following chart). This represents a .01 percent decrease in reports from the previous fiscal year, but previous years' intake volume and the diminishing impact of the pandemic lead us to anticipate a return to higher intake levels. The pandemic had a major downward effect on adult investigations and report frequency has yet to recover. The last two years have presented with historical low levels of reports received. Historically, adult reports peak in the summer months and taper off annually during November and December.

Statewide Totals - Adult Investigations Reports Received, 2009 - 2022



* Florida Department of Elder Affairs, Livable Florida Action Plan 2022, https://elderaffairs.org/wp-content/uploads/Livable-Florida-Action-Plan_2022.pdf

3. The Department’s statewide case management mobile information 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. The Department is looking to reimagine and expand this system during FY 2022-2023. During FY 2021-2022, the percentage of victims seen within the first 24 hours was 98.39 percent.
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. The system expansion project for FY 2022-2023 includes initiatives to streamline the case closure process by removing repetitive steps and constructing a more linear case closure. During FY 2021-2022, Adult Protective Services closed 99.6 percent of investigations within 60 days.

Strategy: Reduce the number of families in crisis.

Action Steps:

1. Adult Protective Services programs are predicated on the fundamental concept of maintaining individuals in the least restrictive setting to the greatest extent possible, with in-home settings being the goal. 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 2021-2022, the average care plan cost of an individual in the Home Care for Disabled Adults (HCDA) program was \$1,920. In FY 2021-2022, the average care plan cost for an individual in the Community Care for Disabled Adults program was approximately \$10,238.
2. There is a growing need to provide services to the disabled adult population. The in-home service programs have statewide waiting lists of 1,203 adults with disabilities who are seeking

services. The statewide waiting lists ensure prioritization of service provision to individuals requesting services and helps regulate fiscal management.

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. When resources become available due to attrition of individuals from an in-home services program, the highest-scoring individual is selected 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. Utilizing Federal grant funds available through at least 2025, the program seeks to expand the service array and serve as many additional clients in community settings, as possible. The program served 700 additional clients with these grant funds in FY 2021-2022.

3. The program is committed to increasing the number of clients referred to Substance Abuse and Mental Health (SAMH) services. During the last quarter of FY 2021-2022, the program saw an increase of 75 percent in the frequency of these referrals, rising from 5 referrals per 100 clients to 8.75 per 100 clients. The program is committed to increasing these referrals and gauging outcomes in a cooperative effort with the SAMH program office.

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

The Department utilizes a legacy child-welfare based case management system, and our services cases are maintained within a proprietary DCF legacy system.

E. Justification of Final Projection for each Outcome

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.

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

Child and Family Well-Being

A. Primary Responsibilities

Florida Abuse Hotline

The Florida Abuse Hotline (Hotline) is the state's centralized 24/7 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 sections 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 2021-2022:

Hotline Contact Type	Number
Calls	292,248
On-Line	185,006
Total Contacts	477,254

Alleged Victim Type	Number
Child	329,323
Adult	106,908
Total Assessments	436,231

The Hotline also received 34,138 requests for referral information on services from the public and completed 570,017 criminal background checks on individuals who were subjects of reports and/or relative/non-relative placements.

Child and Family Well-Being

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 and Family Well-Being is to work in collaboration with local partners and communities to ensure safety, well-being, and timely permanency (a permanent home) for children (sections 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.

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 can support and nurture the growth and development of their children.

The Office of Child and Family Well-Being works in partnership with six regions, 17 Community-Based Care Lead Agencies (Lead Agencies), and seven Sheriff's Offices to develop and oversee policy and practice requirements for child protective investigations, prevention, and case management services. The office is responsible for complying with state and federal reporting requirements linked to financial awards and performance expectations. As of June 30, 2022, there were 21,437 children the Department served who were placed in out-of-home care, and 8,688 who remained in their homes with their parents.

Child Protective Investigations – 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 Counties), each respective sheriff's office receives funding to perform child

protective investigations via a grant channeled through the Department. During an investigation, the Child Protective Investigator (CPI) has multiple responsibilities. Ultimately, the CPI determines whether there is any evidence that any child in the family or household has been abused, abandoned, or neglected and, if so, to identify the individual responsible for the maltreatment. When a child is determined to be unsafe, a CPI must implement a safety plan and ongoing services to protect the child and stabilize the family or remove the child for temporary placement in substitute care until permanency can safely be achieved. These actions shall ensure the child is safe while the parent or caregiver enhances his or her deficient protective capacities as they complete individualized treatment/intervention services.

From July 2021 through June 2022, child protective investigations staff initiated 185,654 protective investigations (abuse, neglect, or abandonment) and Special Conditions referrals (caregiver unavailable, child-on-child sexual abuse, foster care referral, or parent needs assistance).

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 high 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.
- Case management with judicial oversight of an out-of-home plan in which the child has temporarily been placed with another parent, relative, fictive kin, or in a licensed (foster care) setting.

Case Management Services through Lead Agencies – 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 Lead Agencies. Service delivery is coordinated through an administrative structure of six geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. All contracts with Lead Agencies are developed and monitored by both regional and headquarters staff. The Child Welfare Practice Model is utilized by Lead Agencies or their subcontracted Case Management Organizations to determine if children are safe or unsafe. 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 are implemented.

Most Lead Agencies 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.

From July 2021 through June 2022, the Lead Agencies served 60,839 children statewide.

Children and Young Adults Receiving Services by Community-Based Care (CBC) Lead Agency and Type of Service between 7/1/2021 and 6/30/2022

Source: FSFN Data Repository as of 8/3/22

CBC Lead Agency	Children Served by Type of Service			Total Children Served	Young Adults Served	Total Clients Served
	Family Support Services	In-Home Services	Out-of-Home Care			
Brevard Family Partnership	765	933	1,269	2,632	68	2,682
ChildNet-Broward	1	1,168	1,757	2,559	275	2,772
ChildNet-Palm Beach	70	1,258	1,405	2,432	183	2,579
Childrens Network-Hillsborough	419	1,668	3,377	4,798	184	4,945
Childrens Network of SW Florida	53	2,046	1,987	3,645	109	3,728
Citrus Health Network	760	701	1,618	2,809	341	3,091
Communities Connected for Kids	614	645	822	1,886	54	1,929
Community Partnership for Children	362	1,230	1,601	2,884	86	2,946
Embrace Families	440	2,058	2,677	4,570	201	4,709
Families First Network	624	1,577	1,909	3,778	112	3,862
Family Integrity Program	101	180	191	372	15	384
Family Support Services of North Fla	1,690	1,928	1,511	4,604	127	4,710
FSS Suncoast	227	2,494	3,750	5,770	186	5,904
Heartland for Children	310	1,369	1,951	3,207	101	3,280
Kids Central, Inc.	818	1,625	2,322	4,266	83	4,333
Kids First of Florida, Inc.	7	354	412	704	27	726
Northwest Florida Health Network	652	1,607	1,350	3,166	101	3,240
Partnership for Strong Families	52	1,288	1,367	2,385	32	2,403
Safe Children Coalition	860	919	1,514	2,919	63	2,964
Statewide	8,814	24,973	32,576	59,043	2,342	60,839

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. In FY 2021-2022, Florida received 4,456 ICPC requests, resulting in the placement of 1,455 Florida children with families in other jurisdictions and 490 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). The ICS database can be accessed by the courts, Lead Agencies, guardians ad litem, and Department attorneys. These stakeholders can view the master ICPC file and determine case status. This transparency was implemented to increase accountability, build rapport, and further improve the quality of ICPC work.

Florida participated as a pilot state in the development and testing of the National Electronic Interstate Compact Enterprise (NEICE) based on Florida's ICS. Nationwide implementation of NEICE began in June 2015, and, as of January 2022, 39 states have implemented the NEICE system to process and transmit ICPC requests. An additional six states have signed agreements to onboard NEICE in the near future. On February 9, 2018, the Family First Prevention Services Act was signed into law; this will require all states to use an electronic interstate case processing system by October 2027. 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.

Domestic Violence

Pursuant to the passage of Chapter 2020-6, Laws of Florida, the Department's Office of Domestic Violence (ODV) assumed responsibility for administration and operational oversight of Florida's contracted domestic violence service providers, including the state's 41 certified domestic violence centers. The ODV has contracted with the Florida Domestic Violence Collaborative to provide training and technical assistance, legal services, and operation of Florida's Domestic Violence Hotline.

B. Selection of Priorities

The priorities for the Office of Child and Family Well-Being are consistent with the Department's primary goals of:

1. Establishing a culture of customer service and engagement that values and prioritizes child and family well-being and resiliency.
2. Enhancing integration and prevention initiatives to improve program effectiveness.
3. Building a framework of accountability that fosters trust and transparency.

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 and Family Well-Being

Quality Improvement

The Office of Child and Family Well-Being has partnered with the Office of Quality and Innovation to focus on improvement on the following nine performance metrics, which are aligned with the Department's goals of enhancing program effectiveness and building a system of accountability that fosters trust and transparency:

- Children Achieving Permanency within 12 Months of Entering Care (target: 41%).
- Children Initially Placed with Relatives/Non-Relatives (target: 65%).
- Placement Moves per 1,000 Bed Days (target: <4).
- Children with No Recurrence of Verified Maltreatment within 12 Months of a Prior Verified Maltreatment (target: 90.9%).
- Present Danger Plans Sufficient to Control Identified Threats (target: 95%).
- Cases with Concerted Efforts to Place Sibling Groups Together at Initial Placement (target: 95%).
- Cases with Concerted Efforts to Provide Services to Prevent Entry/Re-Entry into Out-of-Home Care (target: 95%).
- Cases for which Concerted Efforts were Made to Assess and Provide Services to Meet the Needs of Children, Parents, and Foster Parents (target: 95%).
- Cases with Concerted Efforts to Meet the Mental/Behavioral Health Needs of the Child (target: 95%).

Prevention

Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) was signed into law February 9, 2018. The Act included several 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 group care for children and youth served by the child welfare system. Since the passage of the Act, the Department has conducted

a series of statewide engagement activities, including participation in federal meetings and webinars to learn more about the intent and implications of FFPSA; hosted virtual meetings with Department regional and Lead Agency staff and other community partners to increase awareness of FFPSA provisions, and shared Florida's prevention logic model and vision to move the state from a crisis agency to prevention agency to increase prevention services delivery and quality placements.

In collaboration with Florida's child welfare stakeholders, the Department established a statewide Steering Committee and multiple sub-committees to conduct a comprehensive analysis of the FFPSA requirements, provide input in the development of policies, and draft the Title IV-E prevention plan. Key planning and implementation activities in progress include finalizing policies to support the Title IV-E prevention programming as specified FFPSA setting types. The Office of Child and Family Well-Being is working to finalize the Prevention State Plan to incorporate recommendations from the Children's Bureau to align with the Title IV-E prevention services requirements. Policies and procedures to administer rule for specialized settings for residential care were implemented on May 23, 2021. Statewide training has been conducted with frontline staff, residential group care providers, judges, and other stakeholders.

Florida's FFPSA plan was submitted in September 2021 and received feedback to further provide clarification. This plan is being finalized for resubmission. The initial FFPSA Steering Committee shifted to an Implementation Committee as a sub-committee of Florida's newly developed Child and Family Well-Being Council, which includes a vast array of internal and external system partners from across the state. This sub-committee is focused on building evidence-based services linkage and capacity within our child welfare and behavioral health networks, blended and braided funding opportunities to serve children with high end behavioral health and other specialized needs, and development of specialized placements. Florida's evidence-based services fidelity contract is in place with the University of South Florida.

Child Abuse Prevention and Treatment Act/Plans of Safe Care

The Child Abuse Prevention and Treatment Act (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 an infant born and identified as being affected by the illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.

The Department has codified the requirements contained in the CAPTA legislation and continues to explore the best avenue for information collection around the number of families served through plans of safe care. The Department continues to work with stakeholders across the state to address the needs of this vulnerable population and educate providers on the implementation of plans of safe care.

The Department previously identified a need for increased early intervention efforts targeting substance affected newborns and their families. Through an increase in the CAPTA State Grant award, the Department has awarded seven contracts expanding evidence-based home visiting services delivered to at-risk pregnant woman and parents/caregivers using legal or illegal substances and newborns affected by substance use. These projects, located throughout the state, will work with parents and caregivers of newborns affected by substance use to create, or modify, existing plans of safe care. Programs will work to avert unmanageable family crisis and preventable child maltreatment by increasing the skillsets and resources a family needs to address and overcome challenges that may

have previously seemed insurmountable.

Continued Prevention and Integration Efforts

In July 2021, First Lady DeSantis announced an expanded Hope for Healing website that makes it easier for Floridians to access help for mental health and substance abuse. The updated Hope for Healing website includes resources from several state agencies, including the Florida Department of Children and Families, the Florida Department of Education, the Florida Department of Elder Affairs, the Florida Division of Emergency Management, and the Florida Department of Health. For more information about Hope for Healing, visit [HopeForHealingFL.com](https://www.hopeforhealingfl.com).

Further, the Office of Child and Family Well-Being will continue to work with our internal and external partners to enhance our prevention and integration efforts as follows:

- Infuse a "no wrong door" approach into current processes and practices to ensure that Florida's families have access to quality community and evidence-based services regardless of system point-of-entry or program interaction.
- Coordinate and integrate the Department's programmatic service array to proactively equip parents and families with resources and support networks to address long-term well-being, unique and specific needs, challenges, and/or barriers.
- Support comprehensive wrap-around services to reduce the number of children who enter out of home care.
- Support therapeutic and clinical services that increase reunifications, adoptions, and permanency.
- Support partnerships between the Department, certified domestic violence centers, and law enforcement organizations.
- Enhance the pre-crisis referral process by incorporating the [MyFloridaMyFamily.com](https://www.myflorida.com) website as a primary local referral resource for child welfare staff and other first responders.
- Implement technology that will allow transparency and cross-system integration between the Department and external partners.
- Implement programs and initiatives that divert children and families away from the system of care by increasing opportunities for pre-crisis contact.
- As a part of Hope Florida – A Pathway to Prosperity, the Department launched the Hope Line (850-300-HOPE) and website ([HopeFlorida.com](https://www.hopeflorida.com)) available 24/7 for those who are seeking help and hope.

Florida Child Welfare Practice Model

The Department continues efforts to improve performance and decision-making in child protection across the continuum of care from the Hotline, through investigations, and to the Lead Agencies. Significant focus has been placed on policy enhancements and opportunities for efficiencies for front line staff. Feedback from staff, as well as data from the Office of Quality and Innovation's ongoing Life of Case Review and Targeted Review tools, are helping inform areas of opportunity for policy and practice that most significantly impact outcomes for our children.

Furthermore, the Department introduced the Family Navigation model, which serves as a mission critical change agent that is pivoting the narrative from a reactive human services agency to a proactive front-end child and family well-being focused agency. Through a holistic approach, the Family Navigator Team will align resources and partners to bridge access to a fully integrated service continuum that strengthens familial protective factors and mitigates risk factors. The role of the Family Navigator Team is to provide a pathway to enhance family well-being for those actively involved in the child welfare system. The model provides support for families contending with substance abuse, mental illness, behavioral health needs, and domestic violence. The goal is to fully assess the family's needs through meaningful engagement, robust feedback, and intentional coordination and service linkage to promote strong families and prevent deeper or repeat involvement in the child welfare system.

Service Array and Quality Placements

The Office of Child and Family Well-Being continues to lead a statewide effort in partnership with the regions, Lead Agencies, 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 Child Service Array workgroup, which concluded in October 2018, identified evidence-based services across the state. The University of South Florida completed a gap analysis report that outlined a comprehensive list of the best interventions to enhance services for children in Florida's child welfare system.

The Office of Child and Family Well-Being led the 2018 placement array workgroup to cultivate an appropriate number of quality placements in the state that provide appropriate services for children in their placement. In addition, the goal was to create a system of care where foster parents are supported through appropriate services that result in improved partnerships and the greatest change of success in caring for the children in their homes.

To achieve these goals, the Department identified three objectives: (1) retain an adequate number of quality placement options to meet the needs of children, (2) increase the stability and well-being of children in care, and (3) improve caregiver support and advocacy. The final report was distributed February 29, 2020, with 11 recommendations to facilitate meeting those three objectives:

	Recommendation
1	Support Birth Families to Keep Children Safely at Home
2	Increase Kin Placements
3	Utilize Foster Home Estimator Tool Across Community Based Care Lead Agencies
4	Utilize Market Segmentation
5	Utilize an Electronic Placement Matching System
6	Standardize Foster Home Closure Reasons
7	Create Repository of Evidence-Based Programs
8	Utilize Mobile Response Teams
9	Formalize Caregiver Peer and Mentor Supports to Increase Quality Retention
10	Create a Statewide Foster, Kin, and Birth Parent Advisory Board to Advocate for Caregivers
11	Conduct Annual Foster and Kinship Caregiver Survey

The Department embedded the recommendations into the FFPSA implementation phase. The Department continues to partner with the Florida Institute for Child Welfare to enhance the kinship program through Kids Central Inc. and Children's Home Network to prepare them for a rating in the Title IV-E Prevention Clearinghouse as an approved Kinship Navigator Program. The Department has deployed the foster home estimator tool for all Lead Agencies to utilize in the recruitment of foster homes. Substance Abuse and Mental Health (SAMH), and the Lead Agencies partnered with the Department to obtain a listing of all evidence-based programs, and SAMH conducted a training with the Lead Agencies and the Department licensing teams to educate on the mobile response teams and their availability throughout the state.

Placement stability is a priority in Florida with many improvement activities continued and a few newly implemented by Lead Agencies. Examples include:

- Mobile Crisis intervention.
- Clinical Services Specialists to support placements in distress.
- Kinship Navigators to support kinship placements.
- Family Finding positions that locate and support relatives and fictive kin.
- Foster Parent Support teams to provide for the needs of foster parents to preserve placements.
- Placement Committee to assist case management and caregivers with fragile placements.
- Placement Stabilization staffings to prevent disruptions.
- One area implemented 'Res Wrap' to work with youth at risk of entering congregate care and stabilize behavior associated with trauma.

Integration of SAMH Services and ESS supports for Child Welfare Families

In 2021, the Department implemented a pilot program on Substance Exposed Newborns (SEN). This program entails both calls that are screened-out and screened-in for investigations from the Hotline, as an effort to either prevent women and their babies from entering the child welfare system or engaging them to access treatment, supports, and resources. The screened-out process entails a regional SEN Care Coordinator within the SAMH Program Office receiving the report on screened-out pregnant women who are allegedly using substances. These women are called to engage in treatment and recovery supports delivered by the Managing Entity provider network, services through the Healthy Start Coalition, and resources through ACCESS Services' Care Navigation Team. The screened-in process involves the Behavioral Health Consultants working with the SEN Care Coordinator and CPIs.

The State Opioid Response grant expanded access to Behavioral Health Consultants (BHCs) to provide CPIs a resource for subject matter expertise in delivering upfront screening of substance use issues, particularly opioid and stimulant use, and their impact on safety in the household. Determined by a needs assessment, the Department continues to increase the number of positions to offer consultation to CPIs regarding presence of substance use or mental health concerns. These subject matter experts provide additional information and clinical perspective to assist in safety decision-making. The Department has received 18 full-time equivalent BHC positions to stabilize the workforce and sustain them. Additionally, the Department continues its efforts for expansion of these grant-funded positions and increase facilitation of multidisciplinary team staffing by increasing BHCs upon approval of the Family First Transition Service Act Funds and the State Opioid Response Grant 3, as well as through CAPTA.

Engaging treatment services for those served by child welfare continues to be a priority. The Department is working with the behavioral health Managing Entities and its provider network to enhance linkage to treatment and improve the quality of services provided to the population. Managing Entities are establishing Working Agreements with their local Lead Agencies to provide streamlined referral processes for individuals served by child welfare and create communication protocols to address barriers to information sharing. These Working Agreements will allow for more effective communication between child welfare professionals and treatment providers.

In addition, there is ongoing integration work between the Child and Family Well-Being and SAMH networks to build capacity of our teaming approaches and evidence-based programming that support positive child and family outcomes for Florida's families at risk of or who have entered the child and family well-being system of care. These efforts include ongoing blended funding opportunities, building services network capacity, supporting challenging placement needs, increasing earlier identification collaboration across health/educational/and justice systems, and further expanding on prevention

models to support family preservation, with a strong focus on teaming models that serve the entire family in their homes.

There have been tremendous advancements in Florida's work to support families reaching their version of success through Hope Florida — A Pathway to Prosperity, implemented through our Economic Self Sufficiency Program, in coordination with the Office of Child and Family Well-Being and Substance Abuse and Mental Health program. This initiative provides Hope Navigators to an array of customers. The program officially began in 2020, with a reemphasis in 2021 to expand the approach. Over 40,000 clients has been referred to participate in the program.

The Florida Legislature passed Chapter 2022-068, Laws of Florida (Senate Bill 7034) that amended Florida Statutes and took effect on July 1, 2022. This bill further supports Florida's ongoing efforts to bolster supports provided to our kinship and fictive kin caregivers by increasing the monthly payment for up to six months while the family completes our Level I licensing process. Once the license is obtained, the monthly payment will maintain at the Level I board rate and be subject to annual cost of living increases to continue to support the child.

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 is 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. In June 2019, the Department discontinued the Child Protection Glide Path for a new Career Ladder initiative. A project implementation team was established, and the Career Ladder initiative launched on January 3, 2022, and has been well-received by participants. The ultimate goal of the Career Ladder is to increase employee satisfaction and retention with the expectation of improving employee motivation, responsiveness, and productivity; participants are surveyed every six months to determine satisfaction with training provided, opportunities for improvement, and areas where participants would like to see additional training offered.

CPIs undergo pre-service training consisting of eight weeks of curriculum plus any field days and any regional training; this results in nine to ten weeks of pre-service training. The structure of pre-service is currently being re-evaluated, with considerations for advances in training utilizing virtual reality and simulation in order to ensure our front-line staff are better prepared for the job when entering the field. After certification, 20 hours of in-service training is required annually to retain certification; certification must be renewed every two years. A strong pre-service and in-service training program is an important component of workforce stability. The new pre-service training will start to be piloted in October 2022 in the Northwest Region. The initial goal was to implement the new pre-service training statewide in March 2022 with the new components; however, that timeline has been extended to December 2022.

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. In an effort to plan and implement statewide changes to Florida's group home model, the Office of Quality and Innovation has worked in partnership with Department regional staff, Lead Agencies, and residential care providers to engage stakeholders in on-going discussions regarding the FFPSA requirements and development of a comprehensive group home model to provide specialized placement and care to

children with specified needs. Additionally, the Department, in collaboration with the Florida Institute of Child Welfare, established the *Quality Standards for Group Care Workgroup* to develop and implement a statewide accountability system for residential group care providers based on measurable quality standards.

The Department continues to advance toward completion of the statutory requirements and goals associated with the Quality Standards for Group Homes contained in section 409.996, Florida Statutes. The outcomes development pilot was an effort to measure change over time in youth placed in a child-caring agency. Despite challenges with a small sample, the results suggest higher quality ratings on select standards spanning most domains and were associated with improvement in youth behavioral and emotional difficulties. The next action items for the Department and Institute include data collection to identify trends pertaining to the performance on the quality standards, which began July 1, 2022. In addition, the Institute will build provider reports and export reports to a project landing page where they can be accessed by Department staff and licensing specialists. The Institute will work with the Department data quality team on further report building (e.g., Dashboard).

Lastly, the Department has implemented policy and practice surrounding the use of the mandated Comprehensive Placement Assessment tool as indicated in 65C-28.004, Florida Administrative Code (F.A.C.), to ensure children are placed in the most appropriate and recommended level of care to obtain services with a focus on permanency, safety, and well-being. The Office of Quality and Innovation amended the current group home licensing standards in 65C-46, F.A.C., on May 23, 2021, to align with the new FFPSA requirements and to develop a continuum of placement and treatment options for Florida's children who enter the child welfare system, improve their well-being outcomes, and improve the safety of children.

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. In FY 2021 - 2022, the total number of reports accepted by the Hotline alleging one of the human trafficking maltreatments was 1,876 reports involving 1,506 children. The number of reports declined by 413, compared to the previous year. Some of this trend can be attributed to the general decline in calls to the Hotline, which was estimated to be nearly five percent. Additional decline in the reporting is attributed to the continuous efforts in training professionals and community on signs of human trafficking and distinguishing it from childhood sexual abuse and labor exploitation.

FY 2021 - 2022	Verified Victims		Total
	Females	Males	
CSEC	310	27	337
Labor Trafficking	9	19	28
Total	319	46	365

Of the 1,876 reports alleging one of the human trafficking maltreatments, 19.83 percent (372 reports) had children listed in out-of-home care at the time of intake. Out of those 372 reports, 157 listed children living in residential group homes. Other reports for out-of-home care showed 64 children being on runaway/missing status, 23 children in correctional placements, 12 in hospital setting, and others in various forms of relative and non-relative foster home types, 77.35 percent of reports listed children living at home. Additionally, 2.3 percent of reports showed children living at home under the Department's supervision, and 0.43 percent reports had children living in household receiving family support services. Those numbers dispute the widespread opinion that human trafficking mostly affects children in foster care.

During FY 2021-22, the number of available safe houses decreased from eight to five as two homes for female victims and one home serving biologically born males permanently closed. Two of those homes switched to providing services to community children via outreach teams and one home was forced to close due to not being able to extend their land lease. As a result, the number of safe house beds decreased from 56 beds in July 2021 to 31 beds as of July 2021, all for female victims. On July 10, 2022, there were 6 available beds across the state. One of the existing Suncoast Region safe homes continues to expand its bed capacity by adding a new building to their campus. This will provide eight additional beds for female victims. Another Suncoast Region safe home is in the process of moving to new location within its county and plans to convert the existing building into transitional housing for dependent CSE youth over the age of 18. While there are programs in the state that provide residential transitioning housing for adult female victims, this would be the first home where victims transition into adult independent living within the same provider of therapeutic services and with the necessary level of support and care. One more safe house, also in Suncoast Region, is in the planning stage of opening an additional safe house for minor victims in a neighboring county while building an additional house on the existing property for youth over 18. Additionally, one safe home is in the process of being licensed in the Southeast Region and another home is in the initial stages of licensing process in the Northwest Region.

Between July 1, 2021, and June 30, 2022, the Lead Agencies reported evaluating a total of 505 children for placement in a safe house or safe foster home. Sixty-one, or 12.08 percent, of the children were placed in a safe house or safe foster home based on evaluation.

While progress has been made in building a more comprehensive system of care for CSE youth, child welfare professionals continue to see a need for the independent evaluation of placements and programs to fully understand and identify the best intervention options for the children served. This includes ongoing research examining optimal strategies for CSE victims who choose to repeatedly return to modes of commercial sex. 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. The Department holds quarterly calls with all safe homes and safe therapeutic foster home providers to discuss ongoing challenges and needs, and to share information and resources. Additionally, bi-monthly calls are held with Devereux Florida to discuss the expansion of the safe foster homes model.

The Department's Human Trafficking Unit is working with a local service provider to implement the pilot

intervention program that focuses on providing education, empowerment, and ongoing support for caregivers and siblings of youth involved in commercial sexual exploitation. The pilot aims to improve communication between the victim youth and their families and to reduce the number of victims running away from home and re-engaging with the commercial sex industry. The pilot will be offered to the families of both dependent and community children. The Human Trafficking Unit is working with local researchers to start the process of validating this intervention as an evidence-based practice. This will support the advancement of a person-centered prevention approach to commercial sexual exploitation of children to ensure that the level of re-experiencing the maltreatment of human trafficking is decreasing steadily and consistently.

All human trafficking awareness and special topics trainings continued in FY 2021-2022 as usual but were still held in online or hybrid modes resulting in a greater number of attendees than was ever possible to achieve through in-person only sessions.

The Department continues to participate in the Statewide Council on Human Trafficking hosted and chaired by the Office of Attorney General; Secretary Harris serves as the Chair for the Services and Resources Subcommittee. The Committee meets once every quarter and focuses on identifying gaps in service delivery to minor and adult victims of human trafficking across Florida. In the past 12 months, the Committee chose to focus on a particular topic of interest for each meeting to gain deeper understanding of barriers to effective services. The part year's discussions focused on labor trafficking in Florida, intersection of substance abuse and human trafficking, and family engagement and support for caregivers of trafficked youth. The next quarterly Committee's meeting will discuss availability of services for adult victims. The Committee is dedicated to increasing inter-agency collaboration in addressing identified gaps in services for victims and their families.

The Department and the Department of Juvenile Justice are currently working on an initial plan of action to make improvements to the Human Trafficking Screening Tool as recommended by Florida Institute for Child Welfare, the organization providing an evaluation study of the Tool. These actions align with the recommendations in the 2022 OPPAGA Annual Report on the Commercial Sexual Exploitation of Children in Florida.

Implementation of 2022 State and Federal Legislation

Implementation plans have been developed for the following changes that occurred during the 2022 Florida legislative session:

- HB 3 – Law Enforcement; effective July 1, 2022 (Chapter 2022-023, Laws of Florida).
- HB 615 – Human Trafficking; effective July 1, 2022 (Chapter 2022-168, Laws of Florida).
- HB 893 – Child Welfare Placements; effective April 6, 2022 (Chapter 2022-055, Laws of Florida).
- HB 963 – Funding for Sheriffs; effective July 1, 2022 (Chapter 2022-058, Laws of Florida).
- HB 1577 – Homeless Youth; effective July 1, 2022 (Chapter 2022-065, Laws of Florida).
- SB 7034 – Child Welfare; effective July 1, 2022 (Chapter 2022-068, Laws of Florida).
- HB 7065 – Child Welfare; effective July 1, 2022 (Chapter 2022-067, Laws of Florida).

Domestic Violence

The Department now administers all federal and statewide domestic violence funding to the 41 certified domestic violence centers and works collaboratively with stakeholders to help prevent family violence and support victims of domestic violence and their children.

Service Integration

Office of Domestic Violence (ODV) promotes a coordinated, multidisciplinary approach to enhancing advocacy and improving the criminal justice system's response to domestic violence, dating violence, sexual assault, and stalking crimes. Various partners in this effort include: Office of State Courts Administrator, Office of the Attorney General, Florida Prosecuting Attorneys Association and local State Attorney's offices, Florida Council Against Sexual Violence, local law enforcement agencies, and numerous community-based victim and legal service agencies.

ODV is actively working to align domestic violence programming with the goals and vision of the Department capitalizing on those key moments of impact with a victim and their dependents. Overall strategies include increasing engagement and collaboration with stakeholders, enhancing program effectiveness, and building a system of accountability and transparency with all service providers. Ensuring families emerge stronger remains at the core of the work currently in progress and will be accomplished by a trauma-responsive approach to decision-making to prevent revictimization of survivors and hold perpetrators accountable for their actions.

STOP Implementation Plan

The 2022 STOP Implementation Plan is strategically aligned with priorities of the Department and provides a more effective and impactful approach to services and training for victim service providers to advance perpetrator accountability measures and survivor services using trauma-informed and culturally responsive practices, and ensure consistent communication with Florida's STOP Steering Committee through the following approaches:

- Enhancing civil legal representation for survivors of domestic violence, dating violence, sexual assault, and stalking.
- Increasing trauma-informed law enforcement investigations and prosecutions in domestic violence, dating violence, sexual assault, and stalking.
- Expanding services for survivors of domestic violence, dating violence, sexual assault and stalking through a robust network of providers, including increased access to underserved populations.
- Providing training for judges, law enforcement, prosecutors, and victim service providers.
- Enhancing perpetrator accountability for domestic violence cases involved in child welfare.
- Enhancing homicide reduction efforts in domestic violence related crimes.

Compliance and Quality Assurance

ODV conducts onsite continuous compliance monitoring on an annual basis. The purpose of the review is to determine whether certified domestic violence centers have complied with the requirements of 65H-1, F.A.C., sections 39.905 and 39.908, Florida Statutes, Department operating procedures, terms, and conditions of contracts with the Department, and other applicable laws, rules, and regulations. Review involves performing tests of compliance, including a review of policies and procedures, administrative records, financial documentation, and reports, program and participant records, and other required information.

Batterer Intervention Program (BIP) Certification

With the passage of Chapter 2021-152, Laws of Florida (HB 1231), the Department is now responsible for certifying and monitoring Florida's batterers' intervention programs in accordance with sections 741.32, 741.325, and 740.327, Florida Statutes. The Department is currently finalizing Rule to begin certification of existing batterers' intervention programs.

Statewide Needs Assessment

The ODV plans to conduct and maintain a more comprehensive needs assessment to better understand the needs of children and families who are requesting or utilizing domestic violence services in Florida. The ODV intends to enhance the way information is collected from diverse populations to better recognize underserved populations and increase engagement with culturally specific and faith-based organizations that are more likely to serve identified underserved groups. When legislative funds are made available, the Department will develop projects that add shelter capacity 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 Department 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 continue ensuring that a competent workforce is staffed with individuals who provide quality work products. This will be achieved by ensuring the best staff are hired during the new hire on-boarding process, by maintaining a strong pre-service and in-service training program, and ensuring the Hotline Quality Assurance Program provides accurate, consistent, and timely quality feedback to staff.

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.

The following new initiatives are being developed for incorporation into the operational and programmatic environment of the Hotline:

- Incorporate a revised Hotline Supervisor quality review process where more focus will be on addressing specific identified trends to be improved.
- Incorporate modified qualifications for the Hotline Counselor advertised positions to expand the qualified applicant pool.

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

During the 2022 legislative session, seven key pieces of legislation were passed that impact child welfare, effective April 6, 2022, and July 1, 2022:

- HB 3 – Law Enforcement; effective July 1, 2022 (Chapter 2022-023, Laws of Florida).
 - Provides law enforcement agencies with additional tools to bolster the recruitment and retention of qualified officers by providing financial incentives, enhanced training, expanded educational opportunities, and recognition that honors law enforcement officers' service to the State of Florida.
 - As it relates to the Department, this bill provides for law enforcement officers to be included in the adoption incentive program as qualifying adoptive employees.
- HB 615 – Human Trafficking; effective July 1, 2022 (Chapter 2022-168, Laws of Florida).

- Requires the Statewide Council on Human Trafficking to evaluate how social media platforms are used to facilitate human trafficking within Florida.
 - Requires the Human Trafficking Direct-Support Organization and the Department to develop and implement training related to human trafficking.
 - Requires foster parents and residential child-caring agency or child-placing agency staff to successfully complete a statewide uniform preservice and in-service training related to human trafficking.
- HB 893 – Child Welfare Placements; effective April 6, 2022 (Chapter 2022-055, Laws of Florida).
 - Aligns Florida law with Family First Prevention Services Act (FFPSA) requirements and reduces barriers that prevent immediate treatment for children in need of intensive services.
 - Requires the Department to provide the guardian ad litem and the court with a copy of the suitability assessment within five days of its receipt of the assessment from the QE.
 - Amends various sections of statute by changing the term “special needs” to “difficult to place” to accurately reflect the legislative intent as it relates to children who would benefit from the adoption assistance program.
- HB 963 – Funding for Sheriffs; effective July 1, 2022 (Chapter 2022-058, Laws of Florida).
 - Authorizes a Sheriff’s Office that provides child protective investigative services to carry forward eight percent of unexpended state funds each fiscal year and outlines other requirements and prohibitions on the use of carried funds.
- HB 1577 – Homeless Youth; effective July 1, 2022 (Chapter 2022-065, Laws of Florida).
 - Provides for certification as unaccompanied homeless youth.
 - Requires specific institutions of higher learning to have a liaison to provide on-campus support to current and former foster youth and certified unaccompanied homeless youth.
 - Revises benefits relating to specified homeless youth, including ability to receive documents at no charge, aid in achieving postsecondary education success, and assistance in acquiring motor vehicle insurance and driver licenses.
 - Directs the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct a study on the effectiveness of campus liaisons and of local school districts’ delivery of benefits and services under the federal McKinney-Vento Homeless Assistance Act.
- SB 7034 – Child Welfare; effective July 1, 2022 (Chapter 2022-068, Laws of Florida)
 - Creates a monthly child care subsidy for any foster parent and relative or nonrelative caregiver.
 - Creates parity among relative/non-relative caregivers and foster parents as it relates to monthly room and board payments.
 - Creates a tuition and fee exemption for students who are or were placed in the custody of a relative or nonrelative and students who entered the custody of the department after age 14 and, after spending at least 18 months in out-of-home care, were reunited with their parent or parents before reaching age 18.
- HB 7065 – Child Welfare; effective July 1, 2022 (Chapter 2022-067, Laws of Florida).
 - Through a multi-pronged approach, facilitating interagency cooperation and increased support for young adults and families, the bill targets issues that lead children to become involved with the child welfare and juvenile justice systems.

- Requires the Department and the Department of Juvenile Justice (DJJ) to identify dually involved youth and submit quarterly reports for 2 years.
- Requires a representative from DJJ be invited to multidisciplinary team staffings if the case involves a dually served youth.
- Increases the Postsecondary Education Supports and Services (PESS) room and board payments and requires an assessment of the young adult's financial literacy.
- Promotes fatherhood initiatives by directing a targeted media campaign and establishing grants for community-based supports for fathers to be more involved in their children's lives.
- Creates mentorship grants for programs that service at-risk male youths.

E. Justification of Final Projection for each Outcome

Child Welfare Outcomes: All outcome projections were based on an achievable first year target with straight line projection used to compute out years until optimum level was achieved.

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

Child and Family Well-Being Council

In early 2022, the Department redesigned the Child Welfare Practice Task Force to a Child and Family Well-Being Council. This redesign is an intentional opportunity for Florida to formalize our plan to transform our system of care from a narrowly focused child welfare system to a more holistic child & family well-being system of care. The redesign of the Council incorporates and builds upon the former Task Force. The Department is the designated agency responsible for administering the Children's Justice Act (CJA) grant for the State of Florida. Florida complies with Section 107(a) of the Child Abuse and Prevention Treatment Act (CAPTA) to continue its eligibility to receive the CJA grant award. The Child and Family Well-Being Council 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.

Independent Living Services Advisory Council

Authority: section 409.1451(7)(b)2., Florida Statutes.

Purpose: Review, evaluate, and make recommendations concerning the implementation and operational ability of Extended Foster Care and Post-Secondary Education Support and Services Program.

Program: Substance Abuse and Mental Health

The Office of Substance Abuse and Mental Health (SAMH) is recognized as the single state authority for substance abuse and mental health services. The Office of SAMH is statutorily responsible for the planning, evaluation, and implementation of a comprehensive statewide system of care for the prevention, treatment, and recovery of children and adults with serious mental illnesses or substance use disorders.

The Office of SAMH is comprised of the following major functions:

- Community-based services, provided through contracts with Managing Entities, who are responsible for the provision of behavioral health services to children and adults in their catchment areas.
- Six state mental health treatment facilities, three of which are state operated and three of which are operated by Wellpath Recovery Solutions.
- Substance abuse prevention and treatment services, including the statewide opioid response grants, which seek to address the opioid crisis by increasing access to treatment and recovery services and expanding community recovery supports.
- Statewide suicide prevention.
- Florida Civil Commitment Center, a mental health/correctional facility which houses sex offenders civilly committed.

A. Primary Responsibilities

The Office of SAMH is statutorily responsible through Chapters 394, 397, and 916, Florida Statutes.

State Mental Health Treatment Facility Services

- Programmatic and supervisory oversight of state-operated mental health treatment facilities: Florida State Hospital, Northeast Florida State Hospital, and North Florida Evaluation and Treatment Center.
- Contract management and programmatic oversight for privately operated treatment facilities: South Florida Evaluation and Treatment Center, South Florida State Hospital, and Treasure Coast Forensic Treatment Center.
- Contract management and programmatic oversight for the Juvenile Incompetent to Proceed program.
- Development and management of the system's Clinical Quality Excellence Program.

Forensic and Civil Services

- Coordination of admissions and patient transfers.
- Policy review.
- Technical assistance and quality improvement.

Sexually Violent Predator Program (SVPP)

- Evaluation of sex offenders for presence of mental abnormality or personality disorder exiting the Department of Corrections, Department of Juvenile Justice, county jails and forensic facilities to determine if the individual is likely to reoffend.
- Provides commitment recommendations for referrals.
- Control, care, and treatment of persons subject to the Involuntary Commitment of Sexually Violent Predators Act.

- Contract management and programmatic oversight of the Florida Civil Commitment Center, which is operated under a contract with Wellpath Recovery Solutions.

Business Operations

- Recruits for the state mental health treatment facilities' critical class positions.
- Identify and process SAMH hiring needs.
- Provides correspondence, legislative, communications, and administrative support.
- Responsible for employee onboarding and engagement.

Program and Policy

- Strategic Planning and Projects
 - Grants Development and Management
 - Writes, develops, and manages behavioral health prevention, integration, treatment, and recovery-related grants.
 - Provides guidance to internal and external stakeholders.
 - Research new grant opportunities.
 - Prevention, Recovery, Special Projects and Research
 - Develops and manages special projects, including prototypes.
 - Promotes integration of the behavioral health system of care.
 - Data and Information Services
 - Responsible for data collection and analysis for state, federal, legislative, and internal mandatory reporting/documentation.
- SAMH Policy
 - Programs and Prevention
 - Overdose Prevention Program.
 - Naloxone Distribution Program.
 - Office of Suicide Prevention.
 - Primary substance abuse prevention.
 - Integration of recovery management.
 - Provide guidance to internal and external stakeholders.
 - Contracts
 - Procures, manages, and provides oversight of contracts and grant agreements for non-Managing Entity services, supporting the Community SAMH program, the operations of privatized SMHTFs, and the SVPP.
 - Procurement and assistance for regional Managing Entity contracts.
 - Technical assistance for implementation of all SAMH services and supports.
 - Policy and rule development.
- SAMH Regional Operations
 - Oversight of contract management and compliance between the Department and Managing Entities.

Managing Entities

The Office of SAMH contracts with seven Managing Entities for the administration and management of regional behavioral health services throughout the state. The Managing Entities are private organizations responsible for planning, implementation, administration, monitoring, data collection, reporting, and analysis for behavioral health care in their catchment areas. Managing Entities contract with local network service providers for the provision of prevention, treatment, and recovery support services. Information about the regional organization and Managing Entities map can be accessed at <https://www.myflfamilies.com/service-programs/samh/managing-entities/index.shtml>.

Mental Health Trends

The National Survey on Drug Use and Health (NSDUH) provides important estimates of substance use, substance use disorders, and other mental illnesses at the national, state, and sub-state levels. Based on the 2020 published study, the NSDUH estimates that in Florida during 2018-2020:

- 17% of adults experienced any mental illness.
- 4.8% of adults experienced a serious mental illness.
- 14.52% of children ages 12-17 experienced a major depressive episode.

The U.S. Health Resources and Services Administration reported that as of June 30, 2022, Florida has 231 areas experiencing a shortage of mental health professionals and the percent of need met is 20%, compared to 28% for the entire United States. Statewide, the number of additional practitioners needed to remove the shortage designation is 473. For mental health geographic designations based on the population-to-psychiatrist ratio, the designation must have a ratio of 30,000 to 1, while for population designations or geographic designations in areas with unusually high needs, the threshold is 20,000 to 1. Thus, identifying critical resources within local communities to increase capacity and access to necessary services, such as the use of expanded telepsychiatry; videoconferencing for patient evaluation, medication management, and therapy could help rural areas address the shortage by tapping into broader networks.

Suicide Trends

According to provisional Florida Department of Health data, there were 3,324 suicide deaths reported statewide in 2021. Suicide is ranked as the 14th leading cause of death in Florida with a crude suicide rate of 14.4 per 100,000 population. For children and adolescents under the age of 18, suicide was the fourth leading cause of death, with 74 suicides in this age group. Males die by suicide at a much higher rate than females. Specifically, in 2021, provisional data shows 2,536 (76%) deaths by suicide were male, and on average, this percentage of 76% (range 65-80% from 1970-2021) for male suicide deaths has persisted for over 50 years.

To increase collaboration between state agencies and stakeholders, the 2020-2023 Florida Suicide Prevention Interagency Action Plan was developed to guide suicide prevention efforts throughout the state. The Florida Interagency Action Plan identifies four focus areas: Awareness, Prevention, Intervention, and Caring Follow-up and Support. Additionally, the Action Plan identifies four goals and 11 strategies, and it provides a template for communities and organizations to develop action plans that can be implemented locally.

Overdose Trends

Drug overdose is the leading cause of unintentional injury death in the United States. In 2020, there were 6,089 deaths caused by opioids. A comparison of Florida's mortality figures from 2019 and 2020 reflects a 55% increase in deaths caused by methamphetamine and a 59% increase in deaths caused by amphetamines. Among drug-related decedents, these stimulants commonly appear along with opioids like fentanyl. Deaths caused by fentanyl increased by 63%.

In addition to the Department's Overdose Prevention Program and under the guidance of Governor DeSantis and First Lady Casey DeSantis, the Department has teamed up with other Florida Agencies to battle the increase of drug overdoses. Efforts include:

- Launching the Hope for Healing Initiative.
- Deploying educational materials statewide on the signs of overdose and how to respond.
- Launching a new, piloted substance abuse and recovery network, Coordinated Opioid Recovery (CORE), the first of its kind in the nation.

B. Selection of Priorities

The priorities of the Substance Abuse and Mental Health program are consistent with the Department’s primary goals of:

1. Establish a culture of customer service through engagement and intentional collaboration.
2. Enhance program effectiveness to improve the customers’ experience
3. Build a system of accountability, transparency, and alignment.

C. Priorities over the Next Five Years

The Office of SAMH is committed to maximizing program effectiveness; increasing capacity and access to services; identifying critical resources; reducing the number of opioid deaths in Florida; and continuing to transform Florida’s behavioral healthcare system and recovery services. SAMH has identified the following objectives to align with the Department’s three major goals and key initiatives.

Goal 1: Engagement and Intentional Collaboration	
Objectives	Host routine meetings with programmatic HQ offices, regions, and hospitals.
	Establish the <i>Creating Rewarding Experiences in the Workplace (CREW)</i> team.
	Incorporate youth voice and lived experience in hiring practices.
	Review, make recommendations, and adjust antiquated hiring qualifications.
Goal 2: Enhance Program Effectiveness to Improve the Customers’ Experience	
Key Initiative	Unite communities through Care Navigators to guide Floridians on an individualized path to prosperity, economic self-sufficiency, and hope through Hope Florida - A Pathway to Prosperity.
Objectives	Identify critical resources within local communities to establish relationships and forums to deliver a customer-centered approach through a community-based model.
	Develop alternate access options and locations with centralized triage and service delivery functions.
	Implement innovative and intentional outreach strategies for improved access and retention.
	Collaborate with community partners to increase discharges and diversions from state mental health treatment facilities.
Key Initiative	Activate Family Navigators to wrap around high-risk families with intensive supports to ensure the family unit is stabilized, safe, and on a pathway to building a resilient family unit.
Objectives	Develop a data-driven model that aims to be more preventative and responsive to the systemic needs of families contending with substance abuse, mental illness, behavioral health needs, and domestic violence.
	Activate Family Navigator to coordinate and engage with the family from intake and assessment through service needs identification and linkage, including supporting the family’s access to timely, quality services.
	Measure the family navigation model’s ability to positively influence child, family, and system outcomes.
	Increase access to trauma-based and family-focused treatment services and integrate interventions for parents into the child welfare system.
	Implement standardized assessments of service needs (i.e., level of care).
Key Initiative	Establish “teaming” model in Volusia and Franklin Counties and the Suncoast region to provide comprehensive services and expertise to meet families’ needs; this will include identifying the right assessment, at the right time with the right people to provide the right services to maximize the families’ moment of impact.

Objectives	Document the return on investment and develop a scalable statewide teaming prototype using the behavioral health care model to stabilize children and families; provide holistic plans to address all needs of a child/family; and decrease utilization of deep-end services.
	Volusia Pilot to develop teaming model and service array for teens.
	Successfully implement all components of HB 945 and act on recommendations in the Involuntariness for Minors Report.
Key Initiative	Increase capacity and access to necessary services for individuals contending with mental health and substance abuse disorders.
Objectives	Identify barriers to retention as well as non-monetary incentives.
	Build community capacity for trauma-informed mental health services relating to first responders.
	Strategically utilize opioid funding and existing forums to reduce emergency department utilization.
	Reduce the number of opioid deaths in Florida.
	Continue implementation and expansion of the Overdose Prevention Program and naloxone distribution.
Key Initiative	Coordinate system of care and increase access to necessary services for the Department's customers at the earliest moment of impact to ensure optimal well-being.
Objectives	Implement a recovery-oriented system of care (ROSC) framework in Florida to increase consumer engagement, choice, and self-management, including job opportunities.
	Increase prevention opportunities within the substance abuse and mental health community to reduce the number of customers entering deep-end mental health services.
	Work cross programmatically to expedite supportive services for biological families, including behavioral and economic services.
	Use evidence-based practices to prevent or delay the use of alcohol, tobacco, and other drugs in Florida.
	Improve state mental health treatment facilities' operations and standardize practices to operate as a "One Hospital" model.
	Increase access to medication assisted treatment.
Key Initiative	Prioritize the customer experience and achieve capacity in each of DCF's programmatic and operational areas by aligning policy, practice, and like-minded functions, investing in technology or process improvements.
Objectives	Identify process improvements that achieve greater service consistency and workforce capacity.
	Invest in technology enhancements and innovations to build IT solutions that are modular, nimble, and use data analytics to improve the Department's customer experience.
	Increase capacity for peer support.
	Strengthen the substance abuse prevention workforce through training and certification.
	Increase therapeutic services and implement evidence-based programming and clinical best practices.
	Improve physical infrastructure and practices to promote a safer environment in state mental health treatment facilities.
	Improve the consistency and quality of prevention data entered into the Performance-Based Prevention System.
Goal 3: Build a System of Accountability, Transparency, and Alignment	
Key Initiative	Shift performance model towards prevention and integration by colliding programmatic, operational, and quality measures to drive focus and outcomes.
Objectives	Develop dashboards that capture measurements of prevention and integration through culture, customer engagement, and program effectiveness for key areas of focus, quality, and compliance.
	Establish and socialize quarterly performance expectations for all employees that are quantifiable and reflective of their job duties.

	Deploy system enhancement process to ensure that all changes made in support of SAMH data collection align with approved policy and procedures.
	Develop and implement an integrated performance reporting system.
	Document, design, and test new person-centered performance measures.
Key Initiative	Advance fiscal responsibility in the procurement and management of all contracts and vendor services.
Objectives	Ensure adequate procurement and contract management training to appropriate team members agency wide.
	Create a systematic process that holistically captures and visually displays the overall health of appropriate contract partners, including, but not limited to all fiscal and programmatic monitoring reports.
	Support vendor accountability through structural shifts organizationally and through roles and responsibilities.
Key Initiative	Exemplify a result-oriented expectation of completion.
Objectives	Commit to concepts outlined in “Stop Decorating the Fish” and implement sound practices to gain process efficiencies and enhancements.
	Identify like-minded functions and determine the efficiency needed.
	Identify performance metrics that demonstrate program effectiveness and return on investment for funding investments and vendor engagement, expecting return on investment demonstrations to determine future expenditures.
	Create opportunity for employees to raise and test ideas to resolve problems, find efficiencies and enhance the customers’ experience.
	Identify short and long-term programmatic and operational opportunities for streamlining and creating capacity to reduce the administrative burden for DCF staff and partners.
	Deploy data quality reports.

Mobile Response Teams

Mobile Response Teams (MRT) were established to provide youth and young adults ages 25 and under access to on-demand crisis intervention services 24/7 in any setting in which a behavioral health crisis is occurring. House Bill 945 (2020) amended section 394.495, Florida Statutes, to include MRT in the child and adolescent array of services, outline programmatic requirements, and expand MRT eligibility to include children that are served by the child welfare system and are experiencing or at risk of experiencing placement instability. In 2022, additional funding was obtained to expand the total number of MRT Teams to 52, serving an estimated 24,804 additional persons annually. In recent years, the MRT expanded services to respond to crisis calls via telehealth. The Department continues to hold monthly calls with the MRT providers, Managing Entities, and region staff to discuss safety protocols, current barriers, responding to crisis calls via telehealth versus in-person responses, personal protective equipment, and networking with schools to ensure that students and families know about MRT. Many MRT providers have increased collaboration with their local school districts to better serve students and teachers, including distributing MRT contact information on the student dashboards, during school textbook returns, and including the contact information at school lunch distribution sites. The success in the MRT program lies in the high number of Diversions; in Fiscal Year 2021-2022, 81.71% of all acute response calls were successful in diverting from an unnecessary examination.

Overdose Prevention Program

The Department initiated the Overdose Prevention Program in 2016 to help reduce opioid overdose deaths and increase access to naloxone, the medication that reverses opioid overdose, throughout Florida. There are currently 272 enrolled providers, an increase of 63 from Fiscal Year 2020-2021. Providers include substance use and mental health treatment providers, opioid treatment programs,

recovery community organizations, hospital emergency departments, harm reduction programs, federally qualified health centers, homeless shelters, and other community-based organizations that provide low-barrier access to naloxone directly to people who use drugs and their loved ones. During FY 2021-2022, providers enrolled in the naloxone distribution program distributed 149,563 kits, an increase of 52,157 kits from the previous fiscal year. As a result, providers reported 9,713 overdose reversals; because this figure only represents reversals that were self-reported, the total is undoubtedly much higher. Additionally, trainings were increased by 1,384 in FY 2021-2022 to provide a total of 1,539 overdose prevention trainings statewide, educating 15,681 individuals.

The Department launched an Opioid Overdose Prevention Awareness Campaign in November 2018, which focused on increasing awareness of naloxone and provided information about how individuals can access the medication in Florida. The targeted audience for the campaign includes individuals at risk of opioid overdose and their friends and family. Campaign materials include radio and online ads, printed materials and the [ISAVEFL](https://www.savefl.com) website that allows individuals to search for the nearest naloxone distribution site in their area. The campaign was expanded to include awareness on the risks of opioid misuse and primary prevention education among young adults and their parents and caregivers. The campaign was funded through Florida’s Partnerships for Success (2016-2021). During this campaign, there were 59,386,463 impressions, 71,979 website visits, 15,414,303 completed video views, and 28,799 individuals engaged to locate treatment and resources. This website is still active, and the naloxone locator assists individuals in finding local resources to obtain naloxone.

Service Gaps and Needs

Behavioral health services assessments, conducted in partnership with the Managing Entities pursuant to section 394.4573, Florida Statutes, describe the extent to which designated receiving systems function as no-wrong-door models, the availability of services that use recovery-oriented and peer-involved approaches, and the availability of less-restrictive services. Managing Entities identify top unmet system needs in a variety of different ways, including analyses of waitlist records, surveys, and focus groups with consumers, providers, and other community stakeholders. A summary of the unmet needs related to treatment and recovery support services for individuals with substance use disorders is provided below. Each Managing Entity rank-ordered the services and projects according to priority.

<p>Big Bend Community Based Care (BBCBC) / North West Florida Health Network (BBCBC/NWFHN)</p>	<ol style="list-style-type: none"> 1. Outpatient services—outreach, intervention, assessment, case management, and supported housing. 2. Recovery support specialists and supervisors. 3. Detoxification services; Buprenorphine-based treatment for opioid use disorders. 4. Long-acting injectable naltrexone (Vivitrol) for alcohol use disorders. 5. Expanded medication-assisted treatment and counseling services. 6. Implementation of a virtual training platform for training and maintaining licensure/certifications.
<p>Broward Behavioral Health Coalition (BBHC)</p>	<ol style="list-style-type: none"> 1. Residential treatment services. 2. Residential detoxification services (Addiction Receiving Facility). 3. Transitional housing/recovery housing. 4. Peer support services (including at emergency departments and detoxification units). 5. Outpatient treatment services. 6. Medication-assisted treatment services for alcohol use disorders. 7. Telehealth Virtual Platform. 8. Managing Entity Systems Level Care Coordination (Housing and Employment).

	<ol style="list-style-type: none"> 9. Specialized Care Coordination/Housing teams (within network providers) supported by intensive case management and transition vouchers. 10. Family Intensive Treatment (FIT) team services.
Central Florida Behavioral Health Network (CFBHN)	<ol style="list-style-type: none"> 1. Housing vouchers and services. 2. Supportive employment and housing services. 3. Medication-assisted treatment and harm reduction services for a Tampa General pilot project serving participants at the Syringe Services Program. 4. Care Coordination services. 5. Community-based co-occurring treatment services and temporary housing for individuals released from jail. 6. Marchman Act services (10 beds). 7. Community-based services including telehealth/telephonic services for substance use disorders.
Central Florida Cares Health System (CFCHS)	<ol style="list-style-type: none"> 1. An additional Behavioral Health Consultant. 2. Medication-assisted treatment services for opioid use disorders and associated counseling and case management (including psychiatric services for co-occurring disorders). 3. Supportive group housing with mental health overlay services for adults with co-occurring substance use disorders and serious mental illnesses (prioritizing FACT step-down and SMHTF discharges). 4. Housing Specialists at network providers. 5. A Housing Specialist at the Managing Entity. 6. Care Coordinators at network providers. 7. An Adult/Child Care Coordinator at the Managing Entity.
Lutheran Services of Florida Health Systems (LSFHS)	<ol style="list-style-type: none"> 1. Care Coordination and Housing Coordination. 2. Adult treatment capacity for substance use disorders, including assessment, medication-assisted treatment, medical services, outpatient, recovery support, and residential. 3. Behavioral health/law enforcement co-responder teams. 4. Expanded treatment access to residential, outpatient, and peer recovery support for individuals screened in Emergency Departments. 5. Neonatal Abstinence Syndrome/Substance Exposed Newborn (NAS/SEN) Care Coordination.
Southeast Florida Behavioral Health Network (SEFBHN)	<ol style="list-style-type: none"> 1. Medication-assisted treatment for alcohol use disorders and tobacco use disorders. 2. Reduce turnover and attract critically needed staff with improved compensation (for medical, therapeutic, support, and case management staff). 3. Enhance Recovery Support Services (outreach, engagement through all levels of treatment, supported housing and supported employment). 4. Bring all unfunded residential treatment capacity back online and add co-occurring beds. 5. Expand Spanish-speaking and Creole speaking trainings and opportunities to become certified peers. 6. Training on Seeking Safety (especially for peers doing outreach), WHAM, Motivational Interviewing, High Fidelity Wraparound certification, and Recovery-Oriented Cognitive Therapy.

	<ol style="list-style-type: none"> 7. Computers and educational supplies and equipment to help providers delivery recovery support services, such as linkages to health care, employment, updating resumes, housing, and local Recovery Community Organization services. 8. Supportive housing in certified Recovery Residences for individuals with substance use disorders or co-occurring disorders who are initiating medication-assisted treatment. 9. Project Lift (mentoring, training, therapeutic sessions and counseling).
South Florida Behavioral Health Network (SFBHN)	<ol style="list-style-type: none"> 1. Residential treatment capacity. 2. Housing and Care Coordination. 3. Expand the CCSU/Juvenile Addictions Receiving Facility (JARF). 4. Recovery Community Organization expansion. 5. Peer certification training. 6. Medication-assisted treatment (MAT) outreach team to educate the recovery community. 7. Medication-assisted treatment (MAT) Community Crisis Team within the Centralized Receiving Facility. 8. In-house COVID testing and Personal Protective Equipment (PPE). 9. Peer support groups (Double Trouble). 10. ASAM certification training support.

State Mental Health Treatment Facilities

The Department has prioritized efforts to improve the quality and performance of state mental health treatment facilities (SMHTF) by, increasing forensic commitments and addressing challenges related to operational inefficiencies, such as an aging physical plant in the state-managed facilities. With guidance established through department policy and oversight, the state-managed facilities have traditionally managed operations independently with operating procedures, staffing, and administrative structures unique to each facility. The number of persons served continued to increase, with forensic commitments increasing by 25% from FY 2014-2015 to FY 2018-2019. During FY 2019-2020, increases in commitments continued until the outbreak of the COVID-19 pandemic. During the COVID-19 pandemic, most court proceedings pertaining to forensic individuals were postponed and admissions into SMHTFs were suspended for safety. As a result of limiting admissions during 2021, a substantial backlog was created in the number of individuals awaiting admission. The judicial system has been similarly impacted by the pandemic, creating delays in scheduling court dates, and picking up residents in SMHTFs who are awaiting return to court.

Starting in March of 2022, Mental Health Treatment Facilities (MHTF) began implementing initiatives to improve the overall forensic wait list and quality of services being provided at the state-operated facilities. As of July 14, 2022, the Department had experienced a 36% (from 639 to 407) decrease in the forensic wait list and a 40% (from 525 to 317) decrease of those on the wait list for greater than 15 days; there were 99 individuals awaiting return to court, having been deemed competent for discharge. SAMH is continuing to work to admit individuals as quickly and safely as possible to its available capacity, and is working with the courts, jails, and community providers in these efforts.

D. Justification of Revised or New Programs and Services

During the 2022 Regular Session, the Florida Legislature passed the following behavioral health and recovery-related legislation that impacts the clients, services, providers, and operations of the Department.

- SB 282 - Mental Health and Substance Use Disorders; Effective Date: July 1, 2022
 - Requires the Department to designate Managing Entities to either conduct peer specialist training or contract with a provider for peer specialist training.
 - Requires peer specialists to meet the requirements of background screening as listed in a new section of statute as a condition of employment and continued employment, revising disqualifying offenses that commonly disqualify peer specialists under the current background screening requirements.

- HB 899 - Mental Health of Students; Effective Date: July 1, 2022
 - Requires the Department of Education to share with the Department data it receives from school districts related to involuntary examination of minors.
 - Requires the Department to include the data received from the Department of Education in its biennial report on involuntary examination of minors to the Governor and the Legislature.

- HB 1249 - Treatment of Defendants Adjudicated Incompetent to Stand Trial; Effective Date: July 1, 2022
 - Authorizes the Department to contract with a community mental health provider to operate a forensic facility co-located within a county jail.

- SB 1262 - Mental Health and Substance Abuse; Effective Date: July 1, 2022
 - Prohibits restrictions on visitors, phone calls, and written correspondence for individuals in a Baker Act receiving facility unless certain qualified medical professionals document specific conditions are met.
 - Defines telehealth to provide clear authority for professionals to provide Baker Act services and release; and requires law enforcement officers to report any known contact information for relatives of persons detained under the Baker Act.
 - Requires Baker Act discharge procedures to consider and document the individual's access to transportation, aftercare services, housing, and psychotropic medication.
 - Requires law enforcement officers to search certain electronic databases for emergency contact information of Baker and Marchman Act patients being transported to a receiving facility.
 - Requires that individuals admitted voluntarily under the Marchman Act are provided the opportunity to authorize the release of information to their health care surrogate or proxy, attorney, representative, or other known emergency contact.
 - Requires DCF receive and maintain reports relating to the transportation of individuals.
 - Changes certain provisions related to the Commission on Mental Health and Substance Abuse, allowing teleconference and in-person meetings at locations throughout the state, and report due date is changed to January 1, 2023.

- SB 1844 - Mental Health and Substance Abuse; Effective Date: July 1, 2022
 - Removes the requirement for a judicial hearing prior to the voluntary admission of a minor to a Baker Act receiving facility; instead requiring a clinical review of the minor assent once the parent or legal guardian has applied for the minor's admission.
 - Directs law enforcement officers transporting individuals under the Baker Act or Marchman Act to restrain them using the least restrictive means available and appropriate under the circumstances.

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. SAMH anticipates behavioral health care conditions will remain stable over the next few years; no substantial changes to projections will be proposed.

F. Potential Policy Changes Affecting the Budget Request

None.

G. Changes Which Would Require Legislative Action

None.

H. Task Forces and Studies in Progress

Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) provides scientifically sound information to state-level and community-level prevention planners and policy makers. The FYSAS, administered annually each spring, 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. Results of the survey may be accessed at <https://www.myflfamilies.com/service-programs/samh/prevention/fysas/>.

Suicide Prevention Coordinating Council

The Statewide Office for Suicide Prevention and the Suicide Prevention Coordinating Council was established in 2007 pursuant to Chapter 14.2019, Florida Statutes. The Suicide Prevention Coordinating Council maintains two active committees to focus on different tasks relating to suicide prevention:

1. The Planning and Evaluation Committee.
2. The Special Populations/Risk Reduction Committee.

First Responder Suicide Deterrence Task Force

The First Responders Suicide Deterrence Task Force was established by SB 7012 (2020). The task force is directed to identify or make recommendations on how to reduce the incidence of suicide and attempted suicide among employed or retired first responders by developing training programs and materials that would better enable first responders to:

- Cope with personal life stressors.
- Cope with stress related to their profession.
- Foster an organizational culture that meets specific requirements.

Findings and recommendations for training programs and materials to deter suicide among active and retired first responders will be reported to the Governor, the President of the Senate, and the Speaker of the House of Representatives by each July 1, beginning in 2021 and through 2023. The Task Force

is repealed on July 1, 2023; however, The First Responders Suicide Deterrence Task Force advises the continuance of the task force's work in statute by transforming the task force into a permanent council.

Commission on Mental Health and Substance Abuse

The 2021 Florida Legislature, through section 394.9086, Florida Statutes, created the Commission on Mental Health and Substance Abuse (Commission) to:

- Examine the current methods of providing mental health and substance abuse services in the state and to improve the effectiveness of current practices, procedures, programs, and initiatives in providing such services.
- Identify any barriers or deficiencies in the delivery of such services.
- Recommend changes to existing laws, rules, and policies necessary to implement the Commission's recommendations.

The Commission consists of 19 members representing a diverse group of individuals, including state agency heads or their designees and appointments by the Florida Legislature and Governor, as well as criminal justice, law enforcement, and mental health and substance abuse professionals. The Commission must submit an interim draft report to the Legislature in January 2023, with the final report due September 2023.

Program: Economic Self-Sufficiency

A. Program Overview

Florida Statutes (F.S) 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 Florida Department of Children and Families (DCF) an Economic Self Sufficiency (ESS) Program Office. The responsibilities of this office encompass all public assistance benefit eligibility services operated by the Department, as well as the Homelessness Program, Public Benefits Integrity, and Refugee Assistance Programs.

1. Economic Self-Sufficiency Benefit Program

The Office of Economic Self Sufficiency (ESS) determines eligibility for the following public assistance programs: Supplemental Nutrition Assistance Program, known in Florida as Food Assistance; Temporary Assistance for Needy Families, known in Florida as Temporary Cash Assistance; and Medicaid. Eligibility services are provided by Department staff with support from a broad statewide network of community partners as access points for customers applying for benefits.

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; they must meet the program's technical and financial requirements. Food Assistance benefits may only be used to purchase items such as fruits, vegetable, meat, dairy products, breads, cereals, and other consumable nutritional household food items.

SNAP Employment and Training (E&T) is jointly administered by the Department, the Department of Economic Opportunity (DEO), and CareerSource Florida. Florida’s SNAP E&T program is designed to assist Able-Bodied Adults Without Dependents (ABAWDs) in gaining 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 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 workforce development boards often referred to as CareerSource centers across the state.

SNAP Education (SNAP Ed) is nutrition education to address the nutrition concerns and food budget constraints faced by SNAP participants and other low-income individuals who qualify to receive SNAP benefits or other means tested public benefits. SNAP Ed is provided through individual or group-based direct nutrition education, health promotion, and intervention strategies as well as organizational and institutional, and community and public health approaches to improve nutrition.

SNAP Outreach is informational activities to inform low-income households about the availability, eligibility requirements, application procedures, and the benefits of SNAP. SNAP offers the opportunity for improved nutrition and progress toward economic self-sufficiency for participants who become stronger members of the community. However, some low-income people, especially seniors, working people, and legal immigrants who are eligible for SNAP do not participate, and forego assistance that

could stretch their food dollars and help improve their nutrition. DCF partners with community agencies to provide information and application assistance to households that request these activities. Some of the locations SNAP outreach partners visit include churches, community centers, food banks, etc. These activities cannot be used to solicit participation in the SNAP program, but to only provide information and an opportunity for application assistance, if requested.

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 Guardianship Assistance Program (GAP) or foster care program. The Florida Legislature authorized increased monthly payments effective July 1, 2022, for non-relative/relative caregivers with children in an open dependency case with the Community-Based Care Lead Agencies (Lead Agencies) for up to six months. The higher payment allows the non-relative/relative caregiver time to become a licensed foster parent.

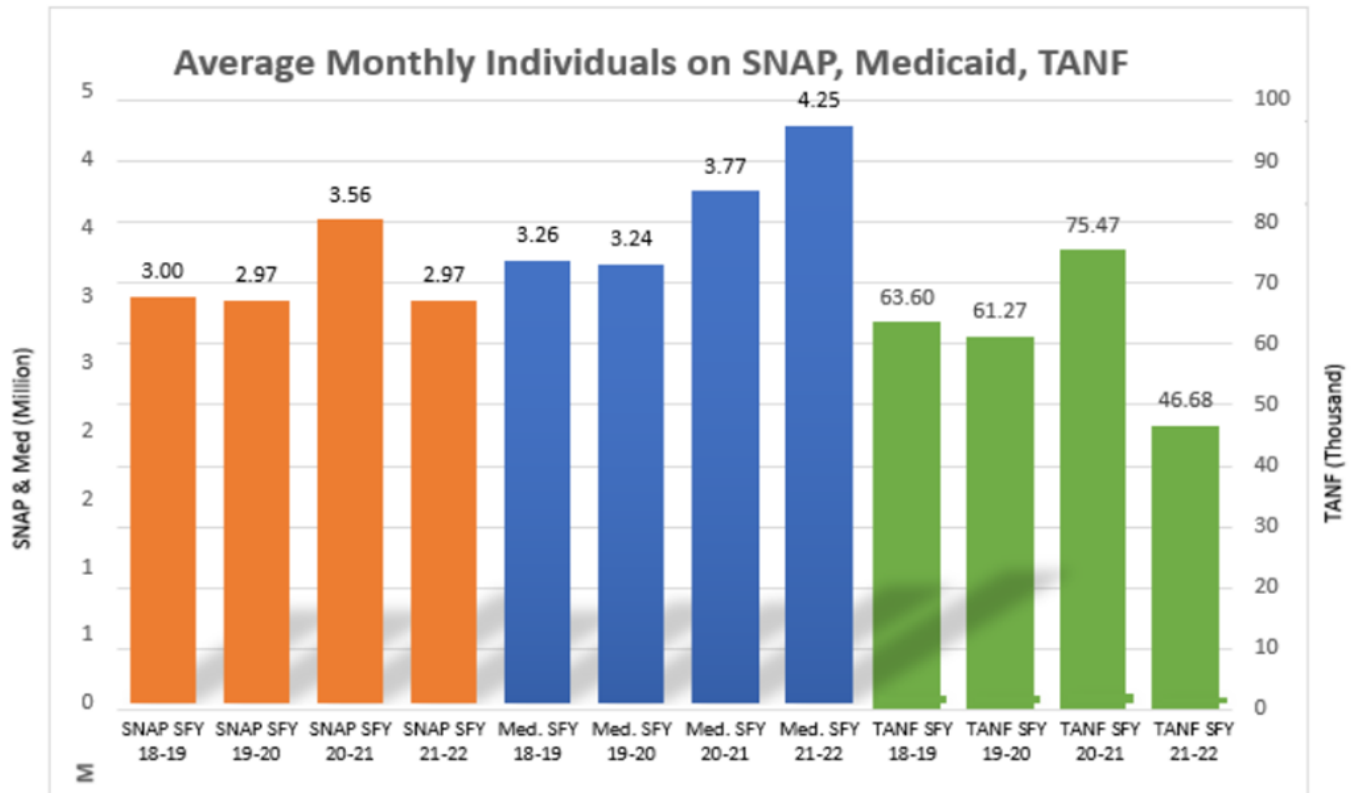
Medicaid provides medical coverage to low-income individuals and families. While eligibility for Medicaid is determined by ESS, services and payment for services are administered by the Agency for Health Care Administration (AHCA). ESS determines Medicaid eligibility for:

- Children ages 0 through 20.
- Parents and other Caretaker Relatives.
- Pregnant women.
- Former foster care children ages 18 through 25.
- Family Planning for women ages 14 through 55.
- 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 FA and TCA programs. Customers access their benefits using a debit style EBT card. Each month's benefits are deposited in the recipient's EBT account. A single card is used to access the account, but the FA and TCA 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 Customer Call Center serves Florida families who are making general inquiries, seeking information, or need assistance filing their benefit applications. There are three customer call center sites located in Jacksonville, Miami, and Tampa; each site provides support statewide through voice and virtual chat services. An Interactive Voice Response (IVR) System, chatbot technology, and MyAccess account portal provides callers with the most recent information related to their case, enabling customers to have their questions answered through self-service.



Source: ESS Caseload Report / ESS Datamart

2. Homelessness Program:

The Homelessness Program coordinates the resources of various state agencies and programs to serve individuals or families who are homeless, based on any of the criteria below found in 24 CFR 576.2:

- An individual/family who lacks or will imminently lose a regular and adequate nighttime residence.
- Unaccompanied youth under 25 years of age or families with children who do not otherwise qualify as homeless under this definition.
- Any individual/family who (i) is fleeing domestic/dating violence, sexual assault, stalking; (ii) has no other residence; and (iii) lacks resources, support, or social networks to obtain permanent housing.

The Homelessness Program contracts with U.S. Department of Housing and Urban Development (HUD) designated Continuum of Care (CoC) Lead Agencies to provide services that fall into the categories below:

1. **Street Outreach** reaches out to unsheltered homeless people; connects them with emergency shelter or housing and provides urgent, non-facility-based care to those unwilling or unable to access emergency shelter or housing.
2. **Emergency Shelter** serve homeless families and individuals in emergency shelters; renovates buildings to be used as emergency shelters and may cover costs of operations, rent, security, fuel, equipment, insurance, utilities, food, furnishings, supplies, or hotel/motel vouchers.
3. **Homelessness Prevention** funds may be used to provide housing relocation and stabilization services and short/medium term rental assistance to prevent the need for emergency shelter.
4. **Rapid Rehousing** provides housing relocation and stabilization services, and short/medium term rental assistance to help a homeless individual or family into more permanent housing.

Number of Homeless from the annual Point-in-Time (PIT) count that takes place every January:

Statewide	2015	2016	2017	2018	2019	2020	2021*	2022
	35,964	33,502	32,109	29,717	28,590	27,711	21,218	25,810

*The 2021 Point in Time Count numbers are not comparable to the other annual counts. Typically, Continuums of Care (CoCs) conduct a PIT Count of both sheltered and unsheltered households. Due to the public health emergency and social distancing guidelines, HUD waived the requirement for CoCs to conduct the count of those experiencing unsheltered homelessness. In 2021, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness in 2021.

Emergency Solutions Grant-CV (ESGCV) funds were provided to the Department from HUD through the Coronavirus Aid, Relief and Economic Security Act to prevent, prepare for, and respond to coronavirus among individuals and families who are homeless or receiving homeless assistance, and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus. A total of \$85 million was disbursed among the local CoCs to provide rental assistance, support emergency shelters, and conduct street outreach programs to connect unsheltered individuals experiencing homelessness with local housing and other essential services.

3. Office of Public Benefits Integrity (OPBI)

The Office of Public Benefits Integrity (OPBI) is responsible for preventing fraud, investigating applicants suspected of fraud, and recovering overpayment of benefits in food, cash, and Medicaid assistance. The Department of Financial Services (DFS), Division of Public Assistance Fraud (DPAF) is responsible for investigating and pursuing administrative or criminal prosecution of cases in which public assistance has been fraudulently obtained. The OPBI also pursues administrative disqualification on cases that DPAF cannot process and works with the Office of Inspector General to investigate cases of employee-related wrongdoing involving public assistance benefits. OPBI is also responsible for the Quality Management Team which monitors, analyzes, and reports on the quality and accuracy of the ESS program's operation and delivery of services.

OPBI operates the following three programs:

Benefit Investigations is responsible for the detection and prevention of public assistance fraud. Investigative units receive referrals from various sources, including ESS 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 DPAF 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 a customer and/or agency error or fraud. Benefit Recovery staff receive referrals from a variety of sources, including ESS 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.

Quality Management is comprised of Quality Control and Quality Assurance monitoring activities: SNAP regulations at 7 CFR 275.10 require systematic method of measuring the validity of the SNAP caseload and a basis for determining state error rates. Additionally, SNAP regulations at 7 CFR 275.5 and Title IV, Chapter 20.19 (1) (b), Florida Statutes, requires each state agency to conduct quality assurance activities and Management Evaluation (ME) Reviews. The ME review is a federally required systematic method of monitoring and assessing SNAP program operations, and is a basis to improve and strengthen program operations. There are four components of the ME review: SNAP eligibility, Benefit Recovery, Benefit Investigations, and Medicaid/TCA/RAP. The purpose of the ME review is to fulfill federal and state requirements related to monitoring and technical assistance activities. The Quality Management (QM) team conducts state monitoring of all programs for accuracy and timeliness.

4. Refugee Services

Refugee Services (RS) programs promote economic self-sufficiency and successful integration into American society after arrival to the United States. Financial and medical assistance is limited to individuals meeting specific criteria who are not eligible for Florida's TCA and Medicaid programs, but who meet the same income eligibility criteria. Benefits are limited to a maximum of twelve months from their date of eligibility. Refugee services are 100 percent federally funded through the U.S. Department of Health and Human Services, Office of Refugee Resettlement.

Services are established primarily through federal regulations and terms of federal grants. DCF enters into contractual agreements with various organizations, typically not-for-profit community-based organizations and local governments, to promote economic self-sufficiency and assist refugees in integrating into Florida's communities. Employment and English-language training are the most utilized services across the state. Refugee services employment providers assist refugees in acquiring job skills and obtaining employment. In Federal Fiscal Year (FFY) 2021, RS employment providers placed 3,464 customers in employment.

RS adult education providers enrolled 4,191 refugees in 6,512 classes in FFY 2021. In FFY 2021, those customers who enrolled in English Language Instruction (ELI) earned 1,933 Literacy Completion Points (LCPs), allowing them to move to the next course level.

5. Hope Florida – A Pathway to Prosperity

The ESS team is integrated into the Department’s Hope Florida – A Pathway to Prosperity program (see description page 18). This client-centered prevention model originally created to assist public benefit customers in establishing goals and identifying barriers towards the achievement of self-sufficiency. Statewide, the top barriers to economic self-sufficiency that our customers have identified are housing, employment, basic needs assistance (includes hygiene items, food, clothing, etc.), education, bill payment assistance and childcare.

B. Selection of Priorities

The priorities for the Office of Economic Self Sufficiency are consistent with DCF’s goals of:

1. Enhancing program effectiveness to improve the customers’ experience.
2. Building a system of accountability, transparency, and alignment.
3. Enhancing workforce development efforts to improve stability, culture, and continuous learning.

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 DCF’s mission, and the Secretary’s priorities.

ESS program initiatives consist of the following:

Hope Florida – A Pathway to Prosperity

Continue to expand upon and integrate Hope Florida – A Pathway to Prosperity across all DCF programs, including the Office of Child and Family Well-being, Office of Substance Abuse and Mental Health, and the Office of Adult Protective Services.

Workforce Development/Stability

The ESS Program Office will be implementing initiatives that invest in establishing a culture of employee engagement and continuous learning, which in turn supports professional development and staff retention. Additionally, the program is committed to providing leadership training and other professional development opportunities.

Best Practices to Gain Capacity

Multi-region work groups will employ project management techniques to identify and create best practices to gain capacity. Work groups from different teams will work toward standardizing processes to gain efficiencies and capacity to reinvest in Hope Florida – A Pathway to Prosperity and to enhance the service provided to customers. ESS will target efforts toward automation and system enhancements to achieve resource capacity for improving customer experience.

1. To better serve Floridians, ESS is embarking on an enterprise technology modernization effort that will focus on individuals and families who need a variety of services to become economically self-sufficient. This approach represents the modernization of the current eligibility

system, known as ACCESS Florida. The ACCESS Florida System modernization will apply proven best practices and employ state-of-the-art technology to maximize efficiencies and outcomes. With the system changes, the Department will:

- Implement a system that continues to fully comply with state and federal laws and regulations and be able to adapt to changing policy landscapes quickly with less expense.
- Be able to standardize and maximize business processes and tools to achieve efficiencies and leverage capacity to keep pace with the persistent caseload.
- Provide automated data population and cascading of data between input screens to improve productivity and benefit accuracy
- Implement a system that efficiently interfaces with federal databases and partner agencies to obtain and share data needed to better serve customers, determine benefit eligibility, provide verification, and reduce attempted fraud.

Promote Client Self-Sufficiency

ESS engages with external partners to promote client self-sufficiency through gainful employment.

Fraud Triage and Case Management System

The Office of Public Benefits Integrity is implementing a Cloud and SaaS-based Instant Eligibility Verification System (IEVS) & API Gateway, which centralizes agency access to a configurable menu of third-party data sources and policy-based predictive analytics to strengthen the integrity of the public benefit eligibility system by identifying potentially fraudulent applications before benefits are approved. IEVS also includes a case management component, which allows users to track and monitor a potentially fraudulent case from beginning to end in a central location while providing useful workflow and case management features. The case management system will be deployed by September 2022 and the integration of the third-party data sources and policy-based predictive analytics will deploy with the ESS modernization.

Accomplishments:

- **Pandemic EBT (P-EBT) Issued Statewide:** P-EBT is a supplemental benefit for households with children who have temporarily lost access to free or reduced-price school meals due to pandemic-related school closures. The ESS program worked in collaboration with the Department of Agriculture and Consumer Services and the Florida Department of Education to issue 2.2 million Florida students \$687 million in P-EBT benefits for the 2019-2020 school year, 2.1 million Florida students \$1.4 billion in P-EBT benefits for the 2020-2021 school year and summer 2021 program and continues to issue P-EBT benefits for the 2021-2022 school year and summer 2020 program.
- **Family Planning Program Waiver:** The ESS program worked in collaboration with the Agency for Healthcare Administration (AHCA) and the Department of Health (DOH) to transition the Family Planning Program from DOH to the Department. The Family Planning Program provides up to 24 months of family planning services to women ages 14 through 55 who are no longer eligible for Medicaid.

- **COVID-19 Responsiveness:** The ESS program continues to implement the following flexibilities as the federal Public Health Emergency (PHE) remains in effect:
 - Partnered with the Agency for Healthcare Administration (AHCA) to extend continuity of Medicaid benefits to ensure recipients will not lose Medicaid eligibility during the PHE by maintaining Medicaid eligibility for current recipients.
- **Postpartum Medicaid Coverage:** The Florida Legislature authorized extended postpartum coverage for from 2 months to 12 months, effective July 1, 2021. The ESS program worked in collaboration with AHCA to implement this policy change. Extending coverage improves postpartum maternal morbidity and mortality by extending access to quality care by ensuring continuity of care and care coordination during the postpartum period.
- **COVID-19 Responsiveness:** The ESS program continues to implement the following flexibilities as the federal Public Health Emergency (PHE) remains in effect:
 - Partnered with the Agency for Healthcare Administration (AHCA) to extend continuity of Medicaid benefits to ensure recipients will not lose Medicaid eligibility during the PHE by maintaining Medicaid eligibility for current recipients.
- **EBT Innovation:** ESS continues to work with FNS to expand on-line purchasing availability for SNAP customers by including Mt. Plymouth IGA, Freshfields Farm, Hitchcock's Market, and Wholefoods in 2022.
- **System automation:** To create efficiencies and mitigate risk, ESS collaborated with OITS to develop and deploy automation and robotic solutions.
- **Newborn Robotic Process Automation (RPA):** DCF staff complete a manual verification process to add a newborn child to a parent's case. The team developed an RPA solution to add a newborn child to a parent's case. The team also developed a file-based interface between DCF and DOH to receive newborn data from DOH.
- **The Work Number and Unemployment (DEO) Automation:** To help streamline the application review and information verification process, The Work Number and Department of Economic Opportunity (DEO) Connect were integrated with the self-service portal to automatically retrieve income information and update the Access Management Portal (AMS) and FLORIDA systems when an individual applies for benefits through the self-service portal. Eligibility workers will no longer need to manually check The Work Number and DEO Connect for applications received through the self-service portal.
- **Mail and Scan Robotic Process Automation (RPA):** To help the program sort and process returned mail, the team developed and implemented an RPA automation to read and decipher the contents of returned notices that are scanned into the ACCESS Document Imaging System and automatically index them.

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

- **Pandemic TANF (P-TANF) issued:** The ESS program has issued assistance payments to needy families affected by the pandemic within the Temporary Assistance for Needy Families (TANF) program. Eligibility is for households with children and based on federal TANF grant requirements. Florida received an allocation of \$35.5 million under the American Rescue Plan Act to operate this program.
- **Mobile Document Scanning Application:** The ESS program collaborated with the Office of Information and Technology Services (OITS) to develop a mobile document scanning app to be

used to assist clients with document intake at our storefronts. This mobile scan app will allow clients to scan and submit documents to the ACCESS Document Imaging system (ADI) where staff can review and index appropriately.

E. Justification of Final Projection for each Outcome: None

F. Potential Policy Changes Affecting the Budget Request: None

G. Changes Which Would Require Legislative Action: None at this time.

H. Task Forces and Studies in Progress

Council on Homelessness

As required by Florida Statutes and in conjunction with Florida's 27 homelessness Continuums of Care, the Florida Council on Homelessness meets routinely and issues an annual report pursuant to section 420.622, Florida Statutes.

Local Refugee Task Forces

Refugee Services coordinates and facilitates regional Refugee Task Forces meetings in communities with significant refugee population. The purpose of these meetings is to ensure proper planning, coordination, and collaboration is in place among contracted subrecipients, resettlement agencies, Matching Grant agencies, and other community stakeholders. Representatives from the county's resettlement agencies, local county health departments (CHD), DCF's ESS program office, United States Citizenship and Immigration Services and other community stakeholders participate regularly. 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. The Refugee Task Force meetings are held at least quarterly and are accessible to the public.

Call Center Study

DCF will conduct a review of the ESS Customer Call Center to compare the cost effectiveness of alternative methods of delivering call center services. The evaluation will compare costs in each model, identify implementation considerations, and develop transition timelines. The Department shall submit a final report to the Executive Office of the Governor's Office of Policy and Budget, the chair of the Senate Appropriations Committee and the chair of the House Appropriations Committee by December 1, 2022.

Background Screening

The Background Screening Program performs a Level II fingerprint-based background screening and makes employment eligibility determinations on individuals employed with, volunteering with, or seeking employment with facilities or entities licensed, regulated, or required to comply with the Department's background screening and those employed with, seeking employment with, or contracting directly with the Department or the Agency for Persons with Disabilities (APD). In addition to a review of an individual's criminal history, additional components of background screening which require review for this group of screenings are: drug test results, clerk of court records, child abuse and neglect history (for designated roles within the agency), and driver's license record (for designated roles within the agency). The following Florida Statutes identify individuals required to submit background screenings through the Department: Chapters 39; 110; 393; 394; 397; 402; 409; and 435; and section 408.809, Florida Statutes.

In addition to primary background screenings, individuals disqualified from employment who meet statutory eligibility criteria and request an exemption from disqualification may initiate an exemption request through the Background Screening Program.

A total of 298,360 background screenings were initiated for review by the Department during FY 2021-2022.

- The Department and APD providers initiated 284,139 employment screenings for review.
- 14,221 screenings were processed for individuals employed, seeking employment, or direct contractors for the Department and APD.

Quality and Innovation

The Department of Children and Families' Office of Quality and Innovation was established by the 2020 Florida Legislature Senate Bill 1326, which requires that the Department to "establish a department-wide Office of Quality to ensure that the department and its contracted service providers achieve high levels of performance." The bill further required the establishment of a results-oriented accountability (ROA) program, advanced data analysis and performance improvement capabilities, and the regular review of community-based care performance, including the creation of accountability metrics. The Office was realigned in 2022 to add responsibility for foster care, child care, and substance abuse and mental health licensing, and the review of child fatalities through the Critical Incident Rapid Response Teams.

Results-Oriented Accountability

The Quality Office has continued to implement the full ROA cycle. With the realignment, the roles between our program office, our operational teams, and the Office of Quality and Innovation have continued to be refined and ensure an effective partnership in the establishment of a system of accountability.

The first full year of the accountability system concluded with the successful completion of a statistically valid sample of reviews by circuit and an established inter-rater reliability standard that is within industry standards. For the Fiscal Year 2021-2022, reviews identified multiple areas for action, including:

- The identification of safety concerns that warranted immediate action (789 for the fiscal year).
- Improved performance in more than 80% of the quality items being reviewed.
- Identification of approximately 20 topics in need of policy update, clarification, or development.
- The completion of 12,789 reviews on 7,397 unique cases, representing nearly 5% of all intakes.

From January 2020 to June 2021, the Office of Quality and Innovation collaborated with key community stakeholder groups to solidify a list of **accountability metrics**, develop quality review criteria and sampling methodology, test the reliability of review tools, and develop an accountability rating

methodology. The initial annual report of accountability ratings will be published in December 2022. The expectation is that the accumulation of baseline qualitative data through the accountability system will allow the Department to pinpoint and prioritize improvements in the quality and efficiency of services delivered to children and families.

Office of Licensing

The Office of Licensing has been established to realign our efforts toward an enterprise approach to licensing across child care, foster care and community care, and substance abuse and mental health.

Foster Care Licensing

Chapter 409.175 Florida Statutes sets standards for the licensure of family foster homes, residential child-caring agencies, and child-placing agencies. As of July 2022, the Department maintained 9,342 foster care licenses. There are currently five levels of foster care licensure, including:

- Level I: Child specific foster homes, designed for relatives and non-relatives who have an existing relationship with the child for whom they are seeking licensure.
- Level II: Available to individuals in the community who may be interested in fostering.
- Level III: Licensing for individuals interested in providing a safe and stable environment for victims of human trafficking.
- Level IV: Foster home for caregivers who have received specialized training to care for a wide variety of children and adolescents who may have significant emotional, behavioral, or social needs.
- Level V: For caregivers who have received specialized training to provide care for children and adolescents with chronic medical conditions.

Child Care Licensing

Pursuant to Chapter 402, Florida Statutes, the Office of Child Care Regulation (now within the Office of Quality and Innovation) is responsible for the health, safety, and well-being of children in the care of licensed facilities, family day care homes, and exempt childcare arrangements in 62 of the 67 counties; Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota Counties have elected to regulate licensing of childcare facilities and homes as provided in section 402.306, Florida Statutes. As of July 2022, there are 8,717 childcare licenses active statewide, operating in childcare facilities, homes, afterschool programs, and public and nonpublic schools. The **Child Care Regulation** program ensures compliance with minimum health and safety standards, ensures that performance requirements are met for on-site inspections, and that statutorily required training is offered online and in classroom settings to childcare personnel.

Substance Abuse and Mental Health Licensing

The Office of Quality and Innovation is responsible for oversight of the licensure and regulation of all substance abuse providers in the state. Licensure Services are required to administer and maintain a comprehensive regulatory process to license service providers and professionals who provide substance abuse services to individuals and families who are at risk of or challenged by substance abuse. This licensure process is governed and regulated by Chapter 397, Florida Statutes, and Chapter 65D-30, Florida Administrative Code (F.A.C.).

Critical Incident Rapid Response Teams

Chapter 39.2015 requires that, as part of its quality assurance program, “the department shall provide an immediate multiagency investigation of certain child deaths or other serious incidents. The purpose of such investigation is to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare.” The agency has made analysis of child fatalities a priority. Data analysis is completed on a quarterly basis to determine whether there are shifts in any identified patterns and trends. An annual analysis of all verified child fatalities is also conducted to

compare abuse-related fatalities to neglect-related fatalities and further stratify the neglect-related causal factors given that those cases make up most child fatalities reported to the Hotline.

Issues and opportunities that have been identified in the casework process are addressed immediately, and follow-up is conducted with the respective region to address causal factors and incorporate lessons learned. In 2019, the program began using “talkbooks” that highlight practice trends that are identified during analysis of the reviews conducted. Information from the analysis is used to recommend changes to statutes and rules, as needed.

The 2021 legislative session expanded the use of CIRRTs to include reports of sexual abuse of children in out-of-home care.

LRPP Exhibit II

Performance Measures and Standards

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

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 2022-23 (Words)	Approved Prior Year Standard FY 2021-22 (Numbers)	Prior Year Actual FY 2021-22 (Numbers)	Approved Standards for FY 2022-23 (Numbers)	Requested FY 2023-24 Standard (Numbers)
Administrative cost as a percent of total agency costs ED (M0144)	0.33	.47	0.33	0.33
Administrative cost as a percent of total agency costs Admin (M0147)	1.23	.48	1.23	1.23
Administrative cost as a percent of total agency costs (M0363)	1.6	1.38	1.6	1.6

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2022-23 (Words)	Approved Prior Year Standard FY 2021-22 (Numbers)	Prior Year Actual FY 2021-22 (Numbers)	Approved Standards for FY 2022-23 (Numbers)	Requested FY 2023-24 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	2.30	1.19	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 2022-23 (Words)	Approved Prior Year Standard FY 2021-22 (Numbers)	Prior Year Actual FY 2021-22 (Numbers)	Approved Standards for FY 2022- 23 (Numbers)	Requested FY 2023- 24 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	98	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	37,747	41,000	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	4,437	5,600	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	99.6	98	98
Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year) (M0124)	100	98.72	100	100
The rate of abuse/neglect per 1000 for elderly persons. (M0757)	1.5	0.07	1.5	1.5
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	1.5	0.07	1.5	1.5
Number of facilities and homes licensed (M0123)	6,868	8,763	6868	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	214,548	63,019	63,019
Percent of licensed child care facilities inspected in accordance with program standards. (M04015)	95	99.5	95	95
Percent of licensed child care homes inspected in accordance with program standards (M05175)	95	99.8	95	95
Calls answered (M0070)	430,000	292,253	430,000	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	34.14	3	3
Number of calls to the hotline (M0300)	450,000	443,763	450,000	450,000
Per capita verified child abuse rate/1000 (M0736)	14	5.31	14	14
Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion. (M0393)	95	99.3	95	95

Number of children in families served (M0134)	122,937	Not Available	122,937	122,937
Number of families served in Healthy Families (M0294)	12,922	8,474	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	Not Available	45	45
Number of finalized adoptions (M0215)	3,514	3,873	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	97	94.6	94.6
Number of children in out-of-home care (M0297)	20,771	21,437	20,771	20,771
Number of children receiving in-home services (M0774)		8,688		
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	32	65	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	49	40	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	6.91	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	43.63	33.6	33.6
Number of investigations (M0295)	180,000	164,896	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	Not Available	87	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	98	100	100
Percent of children removed within 12 months of a prior reunification. (M05178)	9.9	9.3	9.9	9.9
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	97	98	98
Percent of child investigations commenced within 24 hours. (M0368)	100	99	100	100
Administrative cost as a percent of total program costs (M0136)	3.05	1.15	3.05	3.05
Administrative cost as a percent of total agency costs (M0426)	1.21	.45	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 2022-23 (Words)	Approved Prior Year Standard FY 2021-22 (Numbers)	Prior Year Actual FY 2021-22 (Numbers)	Approved Standards for FY 2022-23 (Numbers)	Requested FY 2023-24 Standard (Numbers)
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	76	40	40
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	107,688	136,480	136,480
Number of adults in mental health crisis served (M0017)	30,404	24,869	30,404	30,404
Number of adults with forensic involvement served (M0018)	3,328	3,349	3,328	3,328
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	40	24	24
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	2	8	8
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	96	90	90
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	67	91	67	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	86	80	86	86
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	1	8	8
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	94	86	86
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	75	98	75	75
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	92	50	50
Number of children served who are incompetent to proceed (M0030)	340	535	340	340
Number of SED children to be served (M0031)	46,000	20,524	46,000	46,000

Approved Performance Measures for FY 2022-23 (Words)	Approved Prior Year Standard FY 2021-22 (Numbers)	Prior Year Actual FY 2021-22 (Numbers)	Approved Standards for FY 2022-23 (Numbers)	Requested FY 2023-24 Standard (Numbers)
Number of ED children to be served (M0032)	27,000	6,261	27,000	27,000
Number of at-risk children to be served (M0033)	4,330	6,886	4,330	4,330
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	62	64	64
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	62	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	100	93	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	96	100	96	96
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	103	125	125
Number of people on forensic admission waiting list over 15 days. (M0361)	0	1921	0	0
Number of people in civil commitment, per Ch. 394, F.S., served (M0372)	1606	1,654	1606	1606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2320	3,349	2320	2320
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	69	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	66	40	40
Number of sexual predators assessed (M0283)	2,879	3,740	2,879	2,879
Number of sexual predators served (detention and treatment). (M0379)	480	595	480	480
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	0	3	3
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	-	85	85
Number of residents receiving Mental Health treatment (M06001)	169	203	169	169
Administrative cost as a percent of total program costs (M0135)	4.87	NA	4.87	4.87

LRPP Exhibit II - Performance Measures and Standards

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

Program: Substance Abuse	60910950
Service/Budget Entity: Substance Abuse	60910950

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2022-23 (Words)	Approved Prior Year Standard FY 2021-22 (Numbers)	Prior Year Actual FY 2021-22 (Numbers)	Approved Standards for FY 2022-23 (Numbers)	Requested FY 2023- 24 Standard (Numbers)
Number of adults served (M0063)	115,000	53,736	115,000	115,000
Percentage change in clients who are employed from admission to discharge. (M0753)	10	6	10	10
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)	14.6	-5	14.6	14.6
Percent of adults who successfully complete substance abuse treatment services. (M0755)	51	54	51	51
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	86	94	94
Number of children with substance-abuse problems served (M0052)	50,000	9,764	50,000	50,000
Number of at-risk children served in targeted prevention (M0055)	4,500	8,937	4,500	4,500
Number of at risk children served in prevention services. (M0382)	150,000	209,629	150,000	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	73	48	48
Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)	19.6	-10	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	118	295	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	83	110	110
Administrative cost as a percent of total program costs (M0137)	5.0	3.94	5.0	5.0

LRPP Exhibit II - Performance Measures and Standards

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

Program: Economic Self Sufficiency Program	60910708
Service/Budget Entity: Economic Self Sufficiency Program	60910708

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2022-23 (Words)	Approved Prior Year Standard FY 2021-22 (Numbers)	Prior Year Actual FY 2021-22 (Numbers)	Approved Standards for FY 2022-23 (Numbers)	Requested FY 2023-24 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	264,263	296,826	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	26,582	70,394	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	69	95	95
Percentage of food assistance applications processed within 30 days (M0219)	95	79	95	95
Percent of food stamp benefits determined accurately (M0107)	94	NA	94	94
Total number of applications processed (M0106)	5,000,000	12,729,713	5,000,000	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	79.5	96	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	21.9	19	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	13	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

Approved Performance Measures for FY 2022-23 (Words)	Approved Prior Year Standard FY 2021-22 (Numbers)	Prior Year Actual FY 2021-22 (Numbers)	Approved Standards for FY 2022-23 (Numbers)	Requested FY 2023-24 Standard (Numbers)
Number of beds per day available for homeless clients (M0304)	1,500	43,961	1,500	1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	73.33	80	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	43,271,681	3,500,000	3,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	82.64	76.5	76.5
Number of fraud prevention investigations completed (M0112)	22,000	8,579	22,000	22,000
Number of refugee cases closed (M0104)	7,600	13,569	7,600	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	96.7	99.2	99.2
Number of refugee cases (M0362)	37,350	135,211	37,350	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	24	40	40
Administrative cost as a percent of total program costs (M0138)	7.93	1.76	7.93	7.93

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Adult Protection

Service/Budget Entity: 60910310 Family Safety and Preservation Services

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100	98.72%	-1.28%	-1.28%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

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

External Factors (check all that apply):

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

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

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

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

Recommendations: Continue training and quality assurance efforts centered on Protective Supervision. A modification of this target to 99% 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: (M0414) Number of people receiving protective supervision, and protective intervention services.
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
5,600	4,437	-1,163	-20.77%

Factors Accounting for the Difference:
Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input 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: With an increasing focus on prevention of re-abuse, the necessity for Protective Supervision should logically decrease.

External Factors (check all that apply):

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

Explanation: The pandemic markedly drove down adult intakes and the corresponding number of resultant services cases has fallen.

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

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

Recommendations: There should not be a target for a measure that is driven by work coming in through the Hotline, which is subject to many external factors; or the target should be based on a fixed percentage of intakes coming in each year (i.e., 5 – 7 % of intakes received).

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Florida Abuse Hotline
Service/Budget Entity: 60910310 Family Safety and Preservation Services
Measure: M0069 Percent of Calls made to the Florida Abuse Hotline that were abandoned.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3%	34.14%	+31.14	+31.14%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Personnel Factors | <input checked="" type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input checked="" type="checkbox"/> Previous Estimate Incorrect | <input type="checkbox"/> Other (Identify) – Not |

Explanation: During the last fiscal year the Hotline daily staffing capacity reduced by almost 50%. There were issues with both retention and recruitment.

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 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 pool of interested and available applicants in the area severely decreased. This was a problem experienced Department-wide as well as other external businesses.

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

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

Recommendations: Two technology solutions were implemented to afford callers alternative reporting methods: 1) Improvement to online reporting feature that allows for an electronic reply with screening decision, and 2) Call Back Assist feature installed to allow callers to hold their place in the queue and receive a call back when it is their turn.

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	8,474	-4,448	-34.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Funding has remained consistent since SFY 2016-17, the funding trend has remained steady. the future measure should be adjusted as the costs associated with the program have increased, while the service delivery areas have expanded. The number of families served has increased due to the Mental and Behavioral Health Enhancement. The enhancement includes 154 families.

External Factors (check all that apply):

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

Explanation: The FY 2015-16 funding level was \$26,395,763.00. FY 2016-17 funding increased to \$28,380,263.00. FY 2016-17 saw the introduction of the Healthy Families Enhancement, this enhancement includes Mental Health and Behavioral Health Positions. Funding has remained consistent since the FY 2016-17 through the remainder of the contract term FY 2021-22.

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

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

Recommendations: Adjust the Approved Standard to 5,879 families to correspond with the current contract funding and terms.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Child Protection and Permanency
Service/Budget Entity: 60910310 Family Safety and Preservation Services
Measure: M0297 Number of children in out-of-home care

Action:

- 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
20,771	21,437	+666	+3.21%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: The number of unsafe children served by Florida's child welfare system saw a negligible decrease in FY 2021-22 to 21,437 from the FY 2020-21 performance of 22,175. While the number is decreasing due to the decreased calls to the Hotline, beginning in FY 2018-19, coupled with lower removal rates per 100 alleged victims, it is also a positive move since the child population has increased 4.85% since 2010 (census.gov, v2020) which also impacts the calls to the Hotline. Child exits from care have decreased at the same rate as the decrease in children entering care, which has led to very little change in the number of children in out-of-home care.

External Factors (check all that apply):

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

Explanation: Increases in the number of children determined to be unsafe have created a need for enhanced and expanded safety management services as well as staff that are able to address the immediate safety needs of this population. Continuing to expand and strengthen the service array available to both child protective investigators and case managers allows for meaningful, appropriate service intervention, and thus, reducing the amount of children being removed from their homes. Due to increased spending on the needs of children in out-of-home care and the families from which they were removed in previous years, there has been a reduction in funding for front end child welfare services.

Lingering effects from the pandemic such as bringing full court capacity back online and increased turnover with the child welfare workforce, had a negative impact on exits from out-of-home care in FY 2021-22.

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) |

Explanation: Exits from care are included as a metric discussed with regions and Lead Agencies in

their financial viability plans. These plans include actions that will be performed to impact permanency. The Department has also set a target of 65% of initial placements into out-of-home care being in kinship care. Research has shown that initial placement in kinship care has a positive impact on permanency.

Recommendations: Implementation of a Kinship Navigator Program within each Lead Agency to support kinship placements to prevent children from entering out-of-home care. In addition, the Department is seeking to implement evidence-based services to prevent children from entering out-of-home care, through the Family First Prevention Services 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: M0389 Percent of children reunified who were reunified within 12 months of the latest removal

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
65%	31.68%	-33.32%	-33.32%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input 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 checked="" 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: As the number of children entering out-of-home care declines, so too does the percentage of children achieving permanency within 12 months of their entry into out-of-home care. This is due to a decline in Hotline intakes, total child abuse investigations, and the use of alternative services that are designed to prevent the removal of a child. As the number of entries into out-of-home care decline the number of children that are in out-of-home care for reasons that are simpler to manage and resolve also declines and this tends to adversely impact both the numerator and denominator for this measure.

In addition, during FY 2021-2022, there was a significant decrease in retention of caseworkers which further hampered children from achieving timely permanency. Decreasing retention significantly impacted upfront and on-going Multidisciplinary Team Staffings and/or behavioral health case consultation on investigative/ongoing cases all of which impacted this timely permanency measure

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) |

Explanation: Exits from care are included as a metric discussed with regions and Lead Agencies in their financial viability plans. These plans include actions that will be performed to impact permanency. The Department has also set a target of 65% of initial placements into out-of-home care being in

kinship care. Research has shown that initial placement in kinship care has a positive impact on permanency.

With the implementation to the newly created s. 39.4022, F.S., Multidisciplinary Team Staffing, effective October 1, 2021, informed decisions for complex decisions (removal/reunification) will assist in achieving permanency.

Recommendations: The Approved Standard for this measure should be revised to 40.5% to align with the federal standard.

The Department continues to support efforts to reduce entries into out-of-home care. FY 2019-2020 (16th lowest), FY 2020-2021 (17th lowest), and FY 2021-2022 (18th lowest) closed as the lowest recorded out-of-home entry totals in a FY. While these low out-of-home care entry numbers have impacted the proportion of children achieving permanency within 12 months of a removal, efforts to appropriately align child needs with child placements while ensuring that placement disruptions are minimized through the use of Comprehensive Placement Assessments and MDT staffings are currently in place and being tracked; both support efforts to improve time to permanency for children.

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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
99.9%			

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: In 2014, the federal standard was changed to 8.5 incidents of abuse per 100,000 bed days in out-of-home care. The fixed federal standard has since been eliminated.

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) |

Explanation: This measure has been replaced with the Child Welfare Dashboard for Rate of abuse per 100,000 bed days for children in out-of-home care. For children in care between 7/1/2021 and 6/30/2022, the rate was 6.91 incidents of abuse per 100,000 bed days.

Recommendations: This measure is obsolete and should be replaced with the Rate of abuse per 100,000 bed days for children in out-of-home care and the Approved Standard should be adjusted to the statewide target/federal standard of 8.5 incidents of abuse per 100,000 bed days for children in out-of-home care.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Child Protection and Permanency

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: M05180 The percentage of children in out-of-home care at least 8 days but less than 12 months who had two or fewer placement settings

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
87%			

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

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

External Factors (check all that apply):

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

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

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

- Training
- Personnel
- Technology
- Other (Identify)

Explanation: This measure has been replaced with the Child Welfare Dashboard Placement Moves per 1,000 Bed Days in Out-of-Home Care. For children in care between 7/1/2021 and 6/30/2022, the rate was 5.41 moves per 1,000 Bed Days in Out-of-Home Care.

Recommendations: This measure is obsolete and should be replaced with the measure, "Placement Moves per 1,000 Bed Days in Out-of-Home Care," and the Approved Standard changed to the statewide target/federal standard of 4.12 placement moves per 1,000 Bed Days in Out-of-Home Care.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
98%	97.17%	-0.83%	<1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: Effective 12/31/2014, 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 measure 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:

- 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%	99.16%	-0.84%	<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 Department’s control, a more appropriate standard would be 99%.

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:

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

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

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <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: M0070 Calls answered

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
430,000	292,253	-137,747	-32.03%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Personnel Factors | <input checked="" 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) – Not |

Explanation: During the last fiscal year the Hotline daily staffing capacity reduced by almost 50%. There were issues with both retention and recruitment.

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 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 pool of interested and available applicants in the area severely decreased. This was a problem experienced Department-wide, as well as other external businesses.

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

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

Explanation: Two technology solutions were implemented to afford callers alternative reporting methods: 1) Improvement to online reporting feature that allows for an electronic reply with screening decision, and 2) Call Back Assist feature installed to allow callers to hold their place in the queue and receive a call back when it is their turn.

Recommendations: This measure should be deleted in its entirety as the number of calls is contingent upon factors completely beyond the agency's control.

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

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

Measure: M0016 - Number of adults with a serious and persistent mental illness in the community served

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
136,480	107,688	28,792 (Under)	- 21.1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

The Department launched the Financial and Service Accountability Management System (FASAMS) in January 2019, which modified the process for submitting client evaluation data. FASAMS data is submitted monthly for the state fiscal year, July 1, 2021, through June 30, 2022. The data represented herein is accurate through the reported date at which time this report was completed but does not include a full fiscal year of data. Final counts of clients served are due to the Department August 15, and are likely to be higher than stated in this report.

In September 2021, The National Council for Mental Wellbeing conducted a nationwide survey (260 sample size) on the impact of COVID-19 on the behavioral health workforce. Key findings from this survey indicated the following:

- Demand for behavioral health organizations' services has continued to increase.
- Increased demand is causing patient waitlist to grow.
- Organizations are having trouble recruiting and retaining employees.

Workforce shortages and an overall lack of behavioral health care professionals (e.g., psychiatrists, clinical social workers, therapists, etc.) is a central issue to serving adults with a serious and persistent mental illness (SPMI). Additionally, many publicly funded behavioral health programs in Florida have long waitlists even for adults with severe conditions. Finally, the COVID-19 pandemic has exacerbated underlying mental health issues for many. Despite workforce shortages, long waitlists, and mental health issues exacerbated by the COVID-19 pandemic, Florida's publicly funded behavioral health programs remain vital to adults with SPMI to aide with symptom management and remain in the community.

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

Recommendations:

The Department, in collaboration with the Managing Entities, has identified opportunities for addressing workforce shortages and waitlists for publicly funded behavioral health programs. The Department plans to hold numerous job fairs, statewide, to address workforce shortages. In addition, the Department has been working closely with Managing Entities and network service providers to diversify the service delivery model and provide alternative treatment options, such as the use of telehealth.

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Sexual Violent Predator Program
Service/Budget Entity: 60910501 Violent Sexual Predator Program
Measure: M05305 Percent of assessments completed by the SVP Program within 180 days of receipt of referral.

Action:

- 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
85%			

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

This is no longer mandated by statute. In 2014, changes to s. 394.913(3)(e)(1), F.S., eliminated this requirement. Florida law now requires the multidisciplinary team to prioritize the assessment and evaluation of each person referred to the team based upon the person's scheduled release date.

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

- Training
- Personnel
- Technology
- Other (Identify): See Below

Recommendations:

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

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Mental Health Services
Service/Budget Entity: 60910950 Substance Abuse & Mental Health Services
Measure: M0017 - Number of adults in mental health crisis served

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
30,404	24,869	5,535 (Under)	-18.2%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

The Department launched the Financial and Service Accountability Management System (FASAMS) in January 2019, which modified the process for submitting client evaluation data. FASAMS data is submitted monthly for the state fiscal year, July 1, 2021, through June 30, 2022. The data represented herein is accurate through the reported date at which time this report was completed but does not include a full fiscal year of data. In addition, not all records have successfully been accepted into the data system. Final counts of clients served are due to the Department August 15 and are likely to be higher than stated in this report.

Other contributing factors may include that the primary focus of most mobile response teams is individuals under 25 years old. The Department has focused on reducing the number of individuals in crisis who return to a crisis setting through implementation of care coordination services to help effectively connect individuals with follow up services.

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

Recommendations:

The Department can continue to collaborate with regional offices, Managing Entities, and crisis care stakeholders to identify gaps or barriers to service provision and expand the service array for adults experiencing a mental health crisis. The Department is expanding capacity of mobile response teams to serve all ages by adding staff to existing teams and creating new teams in areas that were covered by a single team. While mobile response teams endeavor to divert individuals from crisis stabilization services, individuals served through mobile response teams are included in this measure.

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

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

Measure: M0744 - Percent of adults in mental health crisis who live in stable housing environment

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
86%	80%	6% (Under)	- 7.0%

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

Explanation:

The Department launched the Financial and Service Accountability Management System (FASAMS) in January 2019, which modified the process for submitting client evaluation data. FASAMS data is submitted monthly for the state fiscal year, July 1, 2021, through June 30, 2022. The data represented herein is accurate through the reported date at which time this report was completed but does not include a full fiscal year of data. Final counts of clients served are due to the Department August 15, and are likely to be higher than stated in this report, even amidst national issues such as low stock of affordable housing.

Often, over the past six years, the percent of adults in mental health crisis who live in stable housing environment has either met or exceeded the approved standard for this performance measure.

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

Recommendations:

The Department will continue to identify opportunities for improving the collection of client evaluation data. It is recommended that the Managing Entities work with their Network Service Providers to analyze their data and identify low performing providers and provide them with technical assistance. As an example, assistance could include diversifying the service delivery model, analyzing their efforts to address transitional and permanent stable housing, and provide options that are consistent with best practice.

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Mental Health Services
Service/Budget Entity: 60910950 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	20,524	25,476 (Under)	-55.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

The Department launched the Financial and Service Accountability Management System (FASAMS) in January 2019, which modified the process for submitting client evaluation data. FASAMS data is submitted monthly for the state fiscal year, July 1, 2021, through June 30, 2022. The data represented herein is accurate through the reported date at which time this report was completed but does not include a full fiscal year of data. In addition, not all records have successfully been accepted into the data system. Final counts of clients served are due to the Department August 15th and are likely to be higher than stated in this report.

Contributing factors to this performance standard include an increase in children who have insurance statewide, eliminating those individuals as receiving SAMH funded services and an increase in school-based prevention programs. In Florida, over 2.5 million children ages 0 to 18 are enrolled with a Medicaid Managed Care Plan, according to state enrollment data, since March 2020. Florida is one of 15 states that had an increase of up to 1 percent in Medicaid and CHIP enrollment in 2020. With most of our children having Medicaid or CHIP or commercial insurance, the Department has never met the approved standard for measure. At the time of this review, complete data for FY 2021-2022 was not available; therefore, it is highly probable that the actual number of SED children served during FY 2021-2022 is higher than reported above.

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

Recommendations:

The metric should be adjusted according to the number of children with/without insurance and who are indigent. House Bill 945 (2020), tasked the Managing Entities with developing a plan and submitting a report of that plan by January 1, 2022. The implementation of that plan, which is underway, will enable

a more concise and coordinated system, ensuring that children are met with the appropriate services and that they are linked with the respective insurer, Managing Entity, funding source, with continuity of care throughout service delivery. The Department will continue to identify opportunities to improve data collection. In addition, the Department has been working closely with Managing Entities and network service providers to diversify the service delivery model and provide alternative treatment options. The Department will review the approved standard for this performance measure.

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Mental Health Services
Service/Budget Entity: 60910950 Substance Abuse & Mental Health Services
Measure: M0032 - Number of ED children to be served

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
27,000	6,261	20,739 (Under)	-76.8%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

The Department launched the Financial and Service Accountability Management System (FASAMS) in January 2019, which modified the process for submitting client evaluation data. FASAMS data is submitted monthly for the state fiscal year, July 1, 2021, through June 30, 2022. The data represented herein is accurate through the reported date at which time this report was completed but does not include a full fiscal year of data. In addition, not all records have successfully been accepted into the data system. Final counts of clients served are due to the Department August 15 and are likely to be higher than stated in this report.

In Florida, over 2.5 million children ages 0 to 18 are enrolled with a Medicaid Managed Care Plan, according to state enrollment data, since March 2020. Florida is one of 15 states that had an increase of up to 1% in Medicaid and CHIP enrollment in 2020. With most of our children having Medicaid or CHIP or commercial insurance, the Department has not met the approved standard for measure listed above.

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 metric should be adjusted according to the number of children with/without insurance and who are indigent. House Bill 945 (2020), tasked the Managing Entities with developing a plan and submitting a report of that plan by January 1, 2022. The implementation of that plan, which is underway, will enable a more concise and coordinated system, ensuring that children are met with the appropriate services and that they are linked with the respective insurer, Managing Entity, funding source, with continuity of

care throughout service delivery. The Department will continue to identify opportunities for improving data collection. In addition, the Department has been working closely with Managing Entities and network service providers to diversify the service delivery model and provide alternative treatment options. The Department will review the approved standard for this performance measure.

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Mental Health Services
Service/Budget Entity: 60910950 Substance Abuse & Mental Health Services
Measure: M0377 - Percent of children with emotional disturbances who improve their level of functioning

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
64%	62%	2% (Under)	-3.1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

The Department launched the Financial and Service Accountability Management System (FASAMS) in January 2019, which modified the process for submitting client evaluation data. FASAMS data is submitted monthly for the state fiscal year, July 1, 2021, through June 30, 2022. The data represented herein is accurate through the reported date at which time this report was completed but does not include a full fiscal year of data. Final counts of clients served are due to the Department August 15th and are likely to be higher than stated in this report.

Over the past five years, with the exception of last year, the Department met the approved standard for this performance measure. This metric utilizes FARS/CFARS to determine treatment effectiveness. There have been challenges with the FASAMS data system in introducing an alternative way of reporting the level of functioning, through a General Functional Improvement field by indicating whether the individual's level of functioning has improved, maintained, or not improved (based on the FARS and CFARS scores). Consequently, the Managing Entities have been working through the complexity of the Treatment Episode dataset with the network service providers. In order for the data sets to be accepted into the FASAMS system, the service records must all be accurately submitted, otherwise they will be rejected and negatively impact said metric.

Contributing factors to this performance standard include an increase in children who have insurance statewide, eliminating those individuals as receiving SAMH funded services and an increase in school-based prevention programs. In Florida, over 2.5 million children ages 0 to 18 are enrolled with a Medicaid Managed Care Plan, according to state enrollment data, since March 2020. Florida is one of 15 states that had an increase of up to 1% in Medicaid and CHIP enrollment in 2020. With most of our children having Medicaid or CHIP or commercial insurance, the Department has not met the approved standard for measure listed above.

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

Training

Technology

Personnel

Other (Identify): See Below

Recommendations:

The Department will continue to identify and implement opportunities for improving the collection of client evaluation data. The comparable Federal metric does not distinguish capturing separate data for emotional disturbances with this same population. It is recommended the Department consider combining both State metrics together.

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

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

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
65%	62%	3% (Under)	-4.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

The Department launched the Financial and Service Accountability Management System (FASAMS) in January 2019, which modified the process for submitting client evaluation data. FASAMS data is submitted monthly for the state fiscal year, July 1, 2021, through June 30, 2022. The data represented herein is accurate through the reported date at which time this report was completed but does not include a full fiscal year of data. Final counts of clients served are due to the Department August 15th and are likely to be higher than stated in this report.

This metric utilizes FARS/CFARS to determine treatment effectiveness. There have been challenges with the FASAMS data system in introducing an alternative way of reporting the level of functioning, through a General Functional Improvement field by indicating whether the individual's level of functioning has improved, maintained, or not improved (based on the FARS and CFARS scores). Consequently, the Managing Entities have been working through the complexity of the Treatment Episode dataset with the network service providers. In order for the data sets to be accepted into the FASAMS system, the service records must all be accurately submitted, otherwise they will be rejected and negatively impact said metric.

Contributing factors to this performance standard include an increase in children who have insurance statewide, eliminating those individuals as receiving SAMH funded services and an increase in school-based prevention programs. In Florida, over 2.5 million children ages 0 to 18 are enrolled with a Medicaid Managed Care Plan, according to state enrollment data, since March 2020. Florida is one of 15 states that had an increase of up to 1% in Medicaid and CHIP enrollment in 2020. With most of our children having Medicaid or CHIP or commercial insurance, the Department has not met the approved standard for measure listed above.

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

Training

Technology

Personnel

Other (Identify): See Below

Recommendations:

The Department will continue to identify and implement opportunities for improving the collection of client evaluation data. The comparable Federal metric does not distinguish capturing separate data for emotional disturbances with this same population. It is recommended the Department consider combining both State metrics together.

wellness, recovery, and other type of ancillary supports which increases the likelihood that individuals will engage with services across various service options.

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Substance Abuse Services
Service/Budget Entity: 60910950 Substance Abuse & Mental Health Services
Measure: M0753 - Percentage change in clients who are employed from admission to discharge
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
10%	6%	4% (Under)	-40%

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

Explanation:

The Department launched the Financial and Service Accountability Management System (FASAMS) in January 2019, which modified the process for submitting client evaluation data. FASAMS data is submitted monthly for the state fiscal year, July 1, 2021, through June 30, 2022. The data represented herein is accurate through the reported date at which time this report was completed but does not include a full fiscal year of data. In addition, not all records have successfully been accepted into the data system. Final counts of clients served are due to the Department August 15 and are likely to be higher than stated in this report.

A review of historical data indicates this measure has typically been achieved. However, the pandemic has changed the landscape of employment with both individuals seeking employment and maintaining employment, therefore factoring into the percentage of this performance standard.

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 Department is in the beginning stages of looking for a new data system which will improve data collection. In addition, the Department has been working closely with Managing Entities and network service providers for innovative practices to increase job skills and linkages to resources to improve this performance metric. Recommendations to increase this metric include educating individuals served on employment opportunities and addressing it through their treatment plan, engaging in workforce development outreach efforts and building strong working relationships with community partners.

Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Substance Abuse Services
Service/Budget Entity: 60910950 Substance Abuse & Mental Health Services
Measure: M0756 - Percent of adults with substance abuse who live in a stable housing environment at the time of discharge

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
94%	86%	8% (Under)	-8.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

The Department launched the Financial and Service Accountability Management System (FASAMS) in January 2019, which modified the process for submitting client evaluation data. FASAMS data is submitted monthly for the state fiscal year, July 1, 2021, through June 30, 2022. The data represented herein is accurate through the reported date at which time this report was completed but does not include a full fiscal year of data. Final counts of clients served are due to the Department August 15 and are likely to be higher than stated in this report, even amidst national issues such as low stock of affordable housing.

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

- Training
- Personnel
- Technology
- Other (Identify): See Below

Recommendations:

The Department will continue to identify opportunities for improving the collection of client evaluation data. It is recommended that the Managing Entities work with their Network Service Providers to analyze their data and identify low performing providers and provide them with technical assistance. As an example, assistance could include diversifying the service delivery model, analyzing their efforts to address transitional and permanent stable housing, and provide options that are consistent with best practice.

collection of data. In addition, the Department has been working closely with Managing Entities and network service providers to provide evidence-based practices that will meet the needs of individuals. Based on the historical data trends for the actual numbers served and the approved standard, the Department will review the approved standard and methodology for this performance measure.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

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

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
34.20%	9%	-25.2%	-73.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: A lower unemployment rate has resulted in fewer cash assistance participants.

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: Children and Families
Program: Economic Self Sufficiency
Service/Budget Entity: 60910708 Economic Self Sufficiency
Measure: Number of Fraud Prevention Investigations Completed (M0112)

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
22,000	8,579	-13,421	-61.00 %

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 checked="" 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 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: Target was not met due to Office of Public Benefits Integrity, Benefit Investigations staffing shortage, staff deployed to support operations, and a high number of vacancies and probationary staff.

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
40.0%	24.0%	-16	-40%

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 checked="" type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify)- refer to explanation |
| <input type="checkbox"/> This Program/Service Cannot Fix the Problem | |
| <input type="checkbox"/> Current Laws Are Working Against the Agency Mission | |

Explanation: The phenomenal increase in arrivals to Florida have significantly increased the refugee caseload as denominator, and the policy changes impacting employment authorization documents (EAD) have limited the ability to place clients as the numerator of this measure.

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: Continue the approved standard unchanged.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Economic Self Sufficiency
Service/Budget Entity: 60910708 Economic Self Sufficiency
Measure: Number of refugee cases (M0362)

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
37,350	135,211	97,861	362%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: An increase in the number of new arrivals, primarily from Cuba, has created an increase in the number of eligible clients.

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: Continue the approved standard unchanged.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percent of refugee assistance cases accurately closed at 8 months or less (M0103)

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
99.2%	96.7%	-2.5	-2.5%

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 checked="" 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: Policy change affecting clients entering on or after October 1, 2021, extends their assistance to 12 months, so this measure does not take into account clients validity receiving more than 8 months.

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: Continue the approved standard unchanged.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percent of food stamp benefits determined accurately (M0107)

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
94%	0%	0%	0%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Personnel Factors | <input checked="" type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input checked="" 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 checked="" 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: *FY 2020-21 - The state reported payment error rate and USDA official error will not be published due to the Public Health Emergency (PHE).

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

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

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families
Program: Economic Self Sufficiency
Service/Budget Entity: 60910708 Economic Self Sufficiency
Measure: Number of Cash Assistance Applications (M0305)

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
296,826	264,263	-32,563	-11%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

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

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
95%	69%	-26%	-27.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Previous Estimate Incorrect | <input 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 checked="" 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: There was a federal program change that discontinued the expedited service waiver.

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: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percentage of All Applications for Assistance Processed Within Time Standards (M0105)

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 Standard | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
96%	79.5%	-16.5%	-17.1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input checked="" 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: Continuing high levels of applications and recertifications combined with staffing challenges have impacted the agency's capacity to meet timeliness standards.

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: Recommend revision to 95% consistent with similar measures.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percent of All Family TANF customers participating in work or work-related activities (M05088)

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
21.9%	19%	-2.9	-13.2%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Personnel Factors | <input type="checkbox"/> Staff Capacity |
| <input type="checkbox"/> Competing Priorities | <input type="checkbox"/> Level of Training |
| <input 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 checked="" 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: Outcome is affected by the number of child-only cases (averaging 34%) and the relative value of cash assistance is diminished compared to effort required to receive benefits.

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: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)

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
80%	73.33%	-6.67	-8.3%

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 checked="" 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: A lower unemployment rate has resulted in fewer cash assistance participants.

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 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:	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)
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 percentage. 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 6 months). The numerator is the number from the above cases where no subsequent report alleging abuse, neglect, or exploitation is closed with verified findings. Data Source: Florida Safe Families' Network (FSFN) and the Adult Protective Services Information System (ASIS)
Validity:	The measure is a direct indicator of the program goal to protect vulnerable adults 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>Domestic Violence 60900310</u>
Measure:	<u>Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter. (M0126)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Domestic violence is a pattern of behaviors that adults or adolescents use against their intimate partners or former partners to establish power and control. It may include physical abuse, sexual abuse, emotional abuse, and economic abuse. It may also include threats, isolation, pet abuse, using children and a variety of other behaviors used to maintain fear, intimidation, and power over one's partner. This measure is a percent. The numerator is the number of victims leaving shelter after a minimum of 72 hours in residence with a safety plan. The denominator is the total number of victims who left shelter after 72 hours. Data Source: Domestic Violence Program Services monthly statistical report
Validity:	This output measure is a performance driver directly related to the program goal, to be safe from harm. The provision of a safety plan before the family leaves shelter will directly affect the family's ability to avoid domestic violence in the future and remain safe from harm. Safety plans include preventative strategies that equip clients with survival skills when in danger of future violence.
Reliability:	Each month providers are required to submit to their contract managers a statistical report on all services as delineated in their contract objectives. The report includes the number of victims leaving shelter after a minimum of 72 hours and the number completing a safety plan. The safety plan comprises a set of activities whose purpose is to enhance the safety of the victim and her dependents. A state summary of these data is kept in the central office.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Number of investigations (M0127)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Investigations are on-site assessments of facts and evidence to either support or refute allegations of abuse, neglect, or exploitation of vulnerable adults. A count of investigations as defined above. Data Source: Florida Safe Families' Network (FSFN).
Validity:	The measure indicates the workload involved in protecting vulnerable adults.
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:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Percent of adult investigations from an entry cohort completed within 60 days. (M04016)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Investigations are on-site assessments of facts and evidence to either support or refute allegations of abuse, neglect, or exploitation of vulnerable adults. Entry cohort is defined as cases open during the period being measured. Completed is defined as those cases for which the statutory or procedurally required elements (such as Medical Examiner's report) have been completed. Days are calendar days. The measure is a percentage measuring the proportion of cases that are closed within the statutorily mandated time limits. The denominator is the total number of cases received during the time period. The numerator is the number of investigations closed within 60 days. Data Source: Adult Protective Investigators and Supervisors.
Validity:	Statutory requirement, s. 415.104(4), F.S. This measure is important to ensure that cases are closed in a timely fashion. This is important to ensure client safety and well-being and reduce the risk of further abuse, neglect, or exploitation.
Reliability:	The measure uses data from the statewide abuse and neglect reporting system. The data was determined reliable by auditors during a special audit. Periodic district reviews by program staff have not indicated major reliability issues. This data is monitored on a daily basis by central office and Region staff.

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:	Percent of adult victims seen within the first 24 hours. (M04017a)
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: Florida Safe Families' Network (FSFN)
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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Adult Protection 60900310
Measure:	Number of people receiving protective supervision, and protective intervention services. (M0414)
Action:	Backup for performance measure
Data Sources and Methodology:	Protective services include protective supervision and protective intervention (Home Care for Disabled Adults, Community Care for Disabled Adults, short term case management, Supportive services, and placement services) cases. Protective supervision applies to services arranged or provided by DCF 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: Adult Protective Services Information System (ASIS)
Validity:	This number is a direct count through the Adult Protective 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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Adult Protection 60900310
Measure:	The rate of abuse/neglect per 1000 for adults with disabilities (M0735)
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: Florida Safe Families' Network (FSFN), 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) verified by an investigator during the reporting period. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Adult Protection 60900310
Measure:	The rate of abuse/neglect per 1000 for elderly persons. (M0757)
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: Florida Safe Families' Network (FSFN), 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) verified by an investigator during the reporting period. Periods of increasing backlog can drive the number up; when DCF 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. DCF 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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Abuse Prevention and Intervention 60900310
Measure:	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)
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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Abuse Prevention and Intervention 60900310
Measure:	Per capita verified child abuse rate/1000 (M0736)
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).</p> <p>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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Care Regulation and Information 60900310
Measure:	Number of facilities and homes licensed (M0123)
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:	Region Child Care Licensing staff are trained to compile and enter data into the Child Care Information System.

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60900310</u>
Measure:	<u>Percent of licensed child care facilities inspected in accordance with program standards. (M04015)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Licensed child care facility includes any child care center or child care arrangement, whether or not operated for profit, which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated. Program standards for facilities are in Ch. 65C-22, F.A.C. This measure is a percentage. The numerator is the total number of inspections completed. The denominator is the total number of inspections required during the same time period. Data Source: District licensing staff
Validity:	This measure reflects how well DCF 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:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</u>
Measure:	<u>Percent of licensed child care homes inspected in accordance with program standards (M05175)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child Care homes are also known as Family Day Care Homes. Family day care homes are occupied residences, whether or not operated for profit, in which care is regularly provided for children from at least two unrelated families and for which a payment, fee or grant is received for any of the children receiving care. Program standards for homes are in 65C-20, F.A.C. This measure is a percentage. The numerator is the total number of inspections completed. The denominator is the total number of inspections required during the same time period. Data Source: District licensing staff
Validity:	This measure reflects how well DCF 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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>Data Source: Hotline staff and Protective Investigations staff (Sheriff's Offices in Broward, Manatee, Pasco, Pinellas, Walton and Seminole; department staff in remaining counties)</p>
Validity:	This is a measure of the timeliness designed to identify high risk investigations for further review and oversight. However, DCF 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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)
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: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinellas, Walton and Seminole; department staff in 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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)
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.</p> <p>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.</p> <p>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. DCF will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Number of investigations (M0295)
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>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)</p>
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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Number of children in out-of-home care (M0297)
Action:	Backup for performance measure
Data Sources and Methodology:	<p>"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.</p> <p>Data Source: Direct services staff with DCF and contract providers.</p>
Validity:	<p>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.</p>
Reliability:	<p>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. DCF will monitor the extent to which providers comply with these contractual requirements.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)
Action:	Backup for performance measure
Data Sources and Methodology:	A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “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 percentage. 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. 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.
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:	<p>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 percentage. 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.</p> <p>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 DCF 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:	<p>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.</p> <p>Data Source: Hotline staff and Protective Investigations staff in Sheriffs' Offices in Broward, Citrus, Manatee, Walton, Seminole, Pinellas, and Pasco; DCF staff in the remaining 61 counties.</p>
Validity:	<p>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.</p>
Reliability:	<p>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.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of children removed within 12 months of a prior reunification. (M05178)</u>
Action:	<u>Backup for performance measure</u>
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. 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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	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)
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. The following placements will not be counted when calculating performance on this measure:</p> <ol style="list-style-type: none"> 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. <p>Data Source: DCF, Sheriff's Office and Lead Agency 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 Lead Agency assumes responsibility for the child. It is possible that the Cubic's first placement after shelter will be the child's third.
Reliability:	Reliability is dependent on the completeness, accuracy, and timeliness of FSFN removal data, including removal and discharge dates, and placement. Completeness and accuracy are believed to be good, but timeliness delays may occur.

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.</p> <p>Data Source: DCF and Sheriff's Office Protective Investigators and Lead Agency 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 DCF 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 delays may occur.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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 parents' homes under their supervision of DCF or a Lead Agency. This measure is a count of the children in in-home care. Data Source: Direct services staff with DCF and contract providers.
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:	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. DCF 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:	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>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 percentage 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:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Community Mental Health Services 60900506
Measure:	Average annual days worked for pay for adults with severe and persistent mental illness. (M0003)
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, and 2. They have an ICD-10 diagnosis in accordance with Guidance Document 24 , or 3. They have another qualifying ICD 10 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. They have another qualifying ICD 10 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 10 diagnosis and are unable to perform activities of daily living independently. 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. 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: <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: Financial and Service Accounting Management System (FASAMS)</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 DCF monitors compliance. Central office provides routine training on data reporting. Region 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:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Community Mental Health Services 60900506
Measure:	Number of adults with a serious and persistent mental illness in the community served (M0016)
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, and 2. They have an ICD 10 diagnosis in accordance with Guidance Document 24 , or 3. They have another qualifying ICD 10 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. They have another qualifying ICD10 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 10 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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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 regional 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> <p>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.</p> <p>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> <p>Served means an individual received at least one service event during the time period.</p> <p>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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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 regional staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900506</u>
Measure:	<u>Number of adults with forensic involvement served (M0018)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria:</p> <p>They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed.</p> <p>Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with forensic involvement.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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 DCF will monitor compliance. Central office provides annual training on data collection, and regional staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Community Mental Health Services 60900506
Measure:	Percentage of adults in community mental health programs who are employed (M0703)
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 Financial and Service Accounting Management System (FASAMS). 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 10 diagnosis in accordance with Guidance Document 24 , or 3. They have another qualifying ICD 10 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. They have another qualifying ICD 10 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 10 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:</p> <ul style="list-style-type: none"> • They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed. • 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. • Adults with serious and acute mental illness (SAMI) are adults with who met the criteria to be admitted into a Baker Act receiving facility. <p>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).</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Community Mental Health Services 60900506
Measure:	Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)
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 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:</p> <ol style="list-style-type: none"> 1. They do not meet the criteria for adults with forensic involvement, and 2. They have an ICD 10 diagnosis in accordance with Guidance Document 24 , or 3. They have another qualifying ICD 10 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. They have another qualifying ICD 10 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 10 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. <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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:	<p>The reliability of this measure is dependent on providers' compliance with data reporting.</p> <p>DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Community Mental Health Services 60900506
Measure:	Percent of adults in forensic involvement who live in stable housing environment. (M0743)
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 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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Community Mental Health Services 60900506
Measure:	Percent of adults in mental health crisis who live in stable housing environment. (M0744)
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 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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</p>
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of 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 10 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 percentage. 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 Social Security Number (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.</p> <p>The numerator is created next by summing the average number of school days attended.</p> <p>The denominator is the sum of the average school days available. That result is multiplied to 100. Only post admission outcome measure records 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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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 DCF will monitor compliance. Central office provides annual training on data reporting, and regional staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)
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 Statutes, a youth can only be committed to DCF 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.</p> <p>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:	Measure is a not a true indicator of the desired outcome that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's mental illness, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior mental health treatment. These factors are outside the scope of the provider's ability to restore competency.
Reliability:	Central office maintains an ACCESS data base that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of children who are intellectually disabled restored to competency and recommended to proceed with a judicial hearing (M0020)
Action:	Backup for performance measure.
Data Sources and Methodology:	Intellectual disability means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly subaverage 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. 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 Statutes, a youth can only be committed to DCF 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 that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's intellectual disability, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.
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: <ul style="list-style-type: none"> • They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder. • They have a diagnosis of another allowable ICD 10 diagnosis and have a C-GAS score of fifty or below. • 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: Financial and Service Accounting Management System (FASAMS).
Validity:	This is a direct measure of the number of children with SED served in mental health.
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 regional staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Number of ED children to be served (M0032)
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 10 diagnosis. <p>Served means that the individual received at least one service event during the time period.</p> <p>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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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 regional staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Number of at-risk children to be served (M0033)
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.</p> <p>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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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 regional staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of children with emotional disturbances who improve their level of functioning (M0377)
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 DSM-5-TR or ICD-10 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.</p> <p>The "previous assessment score" must have occurred within the 12 previous months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6-month mark (180 days) from the "most recent score" will be used. The denominator is all children with two assessments.</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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)
Action:	Backup for performance measure.
Data Sources and Methodology:	<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 DSM-5-TR or ICD-10 and listed in the DCF Pamphlet 155-2 for Substance Abuse and Mental Health Measurement and Data and have a C-GAS score of fifty or below. 3. They currently receive SSI benefits for a psychiatric disability. Improved functioning means that the current level of functioning is better than the level previously measured. This number is a percent and is based on the change between two assessments. <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.</p> <p>The "previous assessment score" must have occurred within the 12 previous months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6-month mark (180 days) from the "most recent score" will be used. The denominator is all children with two assessments.</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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of children with emotional disturbance (ED) who live in a stable housing environment (M0778)
Action:	Backup for performance measure.
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Children with emotional disturbance (ED) includes persons under age eighteen, and in some cases persons between the ages of 18 and 21, who meet the following criteria: (1) Has an allowable DSM-5-TR 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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Percent of children with serious emotional disturbance (SED) who live in a stable housing environment (M0779)</u>
Action:	Backup for performance measure.
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment.</p> <p>Children with serious emotional disturbance (SED) includes persons under age eighteen, and in some cases persons between the ages of 18 and 21, who meet any of the following criteria:</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 10 diagnosis and have a C-GAS score of fifty or below, or (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. <p>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.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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. The Department 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:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of children at risk of emotional disturbance who live in a stable housing environment (M0780)
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:</p> <p>(1) Has a mental health presenting problem; or</p> <p>(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).</p> <p>The numerator will be the number of children with serious emotional disturbance served who live in stable housing environment during the time period.</p> <p>The denominator will be all children with serious emotional disturbance served with any living situation excluding persons with living situation of unknown.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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. The Department 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:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Violent Sexual Predator Program 60900506
Measure:	Number of sexual predators served (detention and treatment). (M0379)
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:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Violent Sexual Predator Program 60900506
Measure:	Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)
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 DCF 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.

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 is 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 a 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:	No significant data accuracy problems have been identified for performance measure.

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:	<p>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 Substance Abuse and 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.</p> <p>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 Substance Abuse and 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 Substance Abuse and 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).</p>
Validity:	<p>This measures the availability of forensic beds in state mental health treatment facilities.</p> <p>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.</p> <p>The number can distort a critical need for beds for females or males at any given time.</p> <p>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.</p>
Reliability:	<p>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 region 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.</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>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Number of people in civil commitment, per Ch. 394, F.S., served (M0372)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>Data Source: Data is collected by the clinicians at each facility and submitted to the Financial and Service Accounting Management System (FASAMS)</p>
Validity:	Measure is a direct count of the number of people who use hospital beds.
Reliability:	<p>Reliability is dependent on the facilities reporting data correctly to the program office.</p> <p>Facilities have been trained to report the data and program office staff perform site visits routinely.</p>

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 60900506</u>
Measure:	<u>Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)</u>
Action:	Backup for performance measure.
Data Sources and Methodology:	<p>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 Financial and Service Accounting Management System (FASAMS).</p>
Validity:	Measure is a direct count of the number of people who use hospital beds.
Reliability:	<p>Reliability is dependent on the facilities reporting data correctly to the program office.</p> <p>Facilities have been trained to report the data and program office staff perform site visits routinely.</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>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:	<p>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.</p> <p>Data Source: Data is collected by the clinicians at each facility and submitted to the Financial and Service Accounting Management System (FASAMS).</p>
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. The Department will monitor to the 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:	<p>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.</p> <p>Data Source: Data is collected by the clinicians at each facility and submitted to the Financial and Service Accounting Management System (FASAMS).</p>
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>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. Persons in civil commitment are individuals with serious mental illness committed to a state mental health treatment facility as Voluntary Admission under Section 394.4625, Florida Statutes, or as Involuntary Admission under Section 394.467, Florida Statutes.</p> <p>(1) The numerator is the number of persons in civil commitment who were discharged as specified below in the denominator and were readmitted within 180 days following the discharge date and had a forensic or civil commitment at the time of readmission and had a readmission type other than transfer between hospitals or status change</p> <p>(2) The denominator is the total number of persons in civil commitment status who were discharged during the reporting fiscal year and the discharge reason was not one of the following: (a) transfer between hospitals, (b) death, or (c) status change</p> <p>Data Source: Staff in State Mental Health Treatment Facilities reports the data daily, weekly, or monthly in the Financial and Service Accounting Management System (FASAMS).</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. The Department 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 Financial and Service Accounting Management System (FASAMS) 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>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. Persons in forensic commitment are individuals with serious mental illness committed to a state mental health treatment facility as Not Guilty by Reason of Insanity (NGI) under Section 916.15, Florida Statutes, or as Incompetent to Proceed ITP) under Section 916.13, Florida Statutes.</p> <p>(1) The numerator is the distinct number of persons in forensic commitment, who were discharged as specified below in the denominator and were readmitted within 180 days following the discharge date and had a forensic commitment at the time of readmission and had a readmission type other than transfer between hospitals or status change.</p> <p>(2) The denominator is the distinct number of persons in forensic commitment status who were discharged during the reporting fiscal year and the discharge reason was not one of the following: (a) transfer between hospitals.</p> <p>Data Source: Staff in State Mental Health Treatment Facilities reports the data daily, weekly, or monthly in the Financial and Service Accounting Management System (FASAMS).</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 Financial and Service Accounting Management System (FASAMS).

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 covered service under adult substance abuse program. Count of adults served in substance abuse program Data Source: Provider staff reports service event data through the Managing Entities in Financial and Service Accounting Management System (FASAMS).
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. The Department 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 Financial and Service Accounting Management System (FASAMS)
Validity:	Research available from the Substance Abuse and Mental Health 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. 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:	Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)
Action:	Backup for performance measure.
Data Sources and Methodology:	<p>Having arrest means the client was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency. This measure focuses on adults discharged during the reporting period, who received services in at least one of the following treatment covered services: 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; 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 indicates that the client was arrested at least once in the last 30 days prior to admission The denominator is the total number of adults admitted (Purpose = Percent arrested prior to discharge: the numerator is the number of adults who meet the following criteria: (a) the substance abuse discharge record 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 Percent change is the difference between the percent arrested prior to admission and the percent arrested prior to discharge.</p> <p>Data Source: Provider staff reports service event data in Financial and Service Accounting Management System (FASAMS)</p>
Validity:	Substance use and abuse have been shown in the research to be contributing factors to crime and delinquency. This measure is designed to evaluate the extent to which treatment facilitates reduced subsequent criminal activity.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of adults who successfully complete substance abuse treatment services. (M0755)</u>
Action:	Backup for performance measure.
Data Sources and Methodology:	<p>The measure is a percentage. Successful completion of treatment includes clients discharged during the reporting period who: (a) received services in any treatment covered services and discharge reason indicates successful completion of the episode, and frequency of use for a declared drug is 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 death, transferred to SMHTF, moved out of state, received only non-treatment services, or was transferred to long term care.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS)</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. The Department checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)</u>
Action:	Backup for performance measure.
Data Sources and Methodology:	<p>Stable housing environment includes the following residential status: independent living dependent living and other residential settings.</p> <p>The client's residential status code at the time of discharge is used to determine if the client lives in stable housing environment.</p> <p>This measure only includes adult clients who are discharged and received services in any of the following covered services: 06= Day/Night; 08=In-home/On-site; 12=Medical Services; 13 – Medication Assisted Treatment; 14=Outpatient Individual; 18=Residential Level I; 19= Residential Level II; 20= Residential Level III; 21= Residential Level IV; 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 covered service 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 covered service during the episode of care.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS).</p>
Validity:	This measure attempts to measure the success of clients who live independently with substance abuse problems and function as productive members of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those requirements. The Department checks data submitted for accuracy and logic errors.

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. The numerator is the number of adults identified as needing substance abuse treatment in protective services records who receive treatment. The denominator is the 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 covered service under children substance abuse programs. Count of children served in substance abuse treatment Data Source: Provider staff reports service event data through Managing Entities in Financial and Service Accounting Management System (FASAMS)
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. The Department 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: Performance Based Prevention System.
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. The Department 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>In accordance with Guidance Document 10 the Institute of Medicine (IOM) define prevention as follows:</p> <p>Universal Indirect Prevention Programs include persons participating in subgroups of the general population that are at a higher risk of substance abuse. Universal Direct provides individuals with the information and skills necessary to prevent the abuse of substances, this is an unduplicated count of participants. Indicated Prevention interventions are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow mental, emotional, or behavioral disorders, as well as biological markers that indicate a predisposition in a person for such a disorder but who does not meet diagnostic criteria at the time of the intervention.</p> <p>Selective Prevention programs are targeted to individuals or to a subgroup of the population whose risk of developing mental, emotional, or behavioral disorders is significantly higher than average. The risk may be imminent or may be a lifetime risk. Risk groups may be identified on the basis of biological, psychological, or social risk factors that are known to be associated with the onset of a disorder. This is an un-duplicated count of participants."</p> <p>These covered services and activities are reported in the Performance Base Prevention System.</p> <p>A Guide to SAMHSA's Strategic Prevention Framework</p>
Validity:	This workload measure represents the effort expended to serve at risk children with prevention services.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Alcohol usage rate per 1,000 in grades 6-12. (M05092a)</u>
Action:	Backup for performance measure.
Data Sources and Methodology:	This is an annual measure extrapolated from the results of specific items contained in the annual Florida Youth Substance Abuse Survey. Data Source: The Florida Youth Substance Abuse Survey.
Validity:	The Florida Youth Substance Abuse Survey provides a comprehensive assessment of youth substance abuse attitudes and practices. This survey is completed annually and obtains information from more 47,572 grades 6 through 12 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:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Marijuana usage rate per 1,000 in grades 6-12. (M05092m)</u>
Action:	Backup for performance measure.
Data Sources and Methodology:	This is an annual measure extrapolated from the results of specific items contained in the annual Florida Youth Substance Abuse Survey. Data Source: The Florida Youth Substance Abuse Survey.
Validity:	The Florida Youth Substance Abuse Survey provides a comprehensive assessment of youth substance abuse attitudes and practices. This survey is completed annually and obtains information from more than 47,572 grades 6 through 12 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.</u> <u>(M0725)</u>
Action:	<u>Backup for performance measure.</u>
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 covered services, and (b) discharge reason indicates successful completion of the episode 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 death, transferred to SMHTF, moved out of state, received only non-treatment services, or was transferred to long term care</p> <p>Data Source: <u>Financial and Service Accounting Management System (FASAMS)</u></p>
Validity:	<u>Research has shown that completion of treatment is correlated with higher rates of reduced substance use and related problems versus non-completion.</u>
Reliability:	<u>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.</u>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)</u>
Action:	Backup for performance measure.
Data Sources and Methodology:	<p>Having arrest means the client was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency. This measure focuses on children discharged during the reporting period, who received services in at least one of the following treatment covered services: 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; 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 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.</p> <p>Percent arrested prior to discharge: the numerator is the number of children who meet the following criteria: (a) the substance abuse discharge record 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.</p> <p>Percent change is the difference between the percent arrested prior to admission and the percent arrested prior to discharge. Data Source: Provider staff reports service event data through the Managing Entity in Financial and Service Accounting Management System (FASAMS)</p>
Validity:	Substance use and abuse have been shown in the research to be contributing factors to crime and delinquency. This measure is designed to evaluate the extent to which treatment facilitates reduced criminal activity.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. The Department 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:	<p>Stable housing environment includes the following residential status: independent living (code = 01, 02, or 03); dependent living (code = 04 or 05); and other residential settings (codes = 06, 07, 08, 11 or 17).</p> <p>The client's residential status code at the time of discharge is used to determine if the client lives in stable housing environment.</p> <p>This measure only includes children who are discharged and received services in any of the following covered services: 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; 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.</p> <p>Percent arrested prior to discharge: the numerator is the number of adults who meet the following criteria: (a) the substance abuse discharge record 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.</p> <p>Percent change is the difference between the percent arrested prior to admission and the percent arrested prior to discharge.</p> <p>Data Source: Financial and Service Accounting Management System (FASAMS).</p>
Validity:	This measure attempts to measure the success of clients with substance abuse problems who live independently 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. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	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:	Department of Children and Families
Program:	ECONOMIC SELF SUFFICIENCY SERVICES
Service/Budget Entity:	Refugees 60900708
Measure:	Percent of refugee assistance cases accurately closed at 12 months or less (M0103)
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 12 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 payment levels. ORR DCL 22-12 announced a change from 8 to 12 months affecting clients eligible on or after October 1, 2021, this measure does not take into account clients receiving more than 8 months. The Department could be responsible for repayment should cases exceed the announced time limit by ORR.
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, DCF 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:	Department of Children and Families
Program:	ECONOMIC SELF SUFFICIENCY SERVICES
Service/Budget Entity:	Refugees 60900708
Measure:	Number of refugee cases closed (M0104)
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 year (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. The Department monitors data quality and reliability.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percentage of all public assistance applications for assistance processed within time standards. (M0105)</u>
Action:	Backup for performance measure.
Data Sources and Methodology:	<p>Application refers to electronic or paper forms submitted by individuals for cash assistance, Medicaid or Food Stamps. Processed/disposed is defined as approved or denied.</p> <p>Time standards are measured from date of application to date of disposition as follows:</p> <p>Cash Assistance: 45 days. 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.</p> <p>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. The Department monitors data quality and reliability in the Florida system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>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. The Department monitors data quality and reliability in the Florida system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of food stamp benefits determined accurately (M0107)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Food stamps are public assistance benefits disbursed electronically to eligible clients.</p> <p>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 Department's 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 monthly. 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.</p> <p>Data Source: FLORIDA system, client interviews and collateral contacts to verify information.</p>
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. The Department monitors data quality and reliability in 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:	Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Suspected fraud cases are those meeting specific error prone profiles such as expenses continually exceeding available income. Once identified, these cases are referred to a fraud unit for review. Savings are defined as benefits that are not issued because of the detection of client misrepresentation. Denominator: The total number of cases which meet the error prone profiles that are referred for review.</p> <p>Numerator: The total number of cases which meet the error prone profiles that are referred for review that result in savings.</p> <p>Data Source: ESS Fraud Prevention staff</p>
Validity:	<p>The intent of this measure is to ensure that significant effort is devoted to the proper use of taxpayer money to meet the needs of only those who are eligible. The threat to the validity of this measure is that the data is limited to only those cases that produce savings.</p>
Reliability:	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:	<p>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.</p> <p>Data Source: Benefit Recovery System (interfaces with FLORIDA)</p>
Validity:	This measure shows the public that the Department recoups the value of benefits issued in error.
Reliability:	The Department's Benefit Recovery staff monitor the data in the Benefit Recovery System (BRS) on a routine basis.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)</u>
Action:	<u>Backup for performance measure</u>
Data Sources and Methodology:	<p>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.</p> <p>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.</p>
Validity:	<p>Section 414.105, Florida Statutes states that recipients "shall receive temporary assistance for episodes of not more than 24 cumulative months in any consecutive 60-month period..." The percent of requested sanctions for failure to comply with work activity is an indirect measure of the desired outcome, "work and gain economic self-sufficiency..." Timely sanctioning of non-compliant clients provides motivation to other clients to faithfully pursue their training and job search requirements. Additionally, sanctioning frees up training and job openings for more diligent applicants who are more likely to "Work and gain economic self-sufficiency." This measure does not account for sanction requests, which may not be imposed because the client does not meet criteria for sanctioning, or the client qualifies for an appeal.</p>
Reliability:	<p>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.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Number of beds per day available for homeless clients (M0304)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Homeless means any person without a fixed regular or adequate night-time residence. Assisted bed means any bed assisted by an Emergency Shelter Grants or a Housing Assistance Grant. An actual physical count of number of beds done once a year when grants are awarded. Data Source: Paper copies of Grant Applications submitted annually to the Office of Homelessness in the Department.
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:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY SERVICES</u>
Service/Budget Entity:	<u>Welfare Transition and Employment Supports 60900708</u>
Measure:	<u>Number of cash assistance applications (M0305)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Cash assistance application is defined as an electronic or paper request for public assistance benefits to provide financial assistance to eligible individuals. This is a count of applications processed to the point of determination of eligibility. Data Source: Economic Self Sufficiency staff
Validity:	This is a count of client (and prospective client) applications which indicates the number of clients and program workload that must be processed.
Reliability:	Data quality and reliability of the FLORIDA System are monitored by department data processing personnel.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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:	<p>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.</p> <p>Denominator: The number of eligible TANF adults with a work participation requirement.</p> <p>Numerator: The number of those participating in allowable work activities for the required number of hours each month.</p> <p>Data Source: Regional Work Force Board field staff.</p>
Validity:	This measure identifies success in increasing self-sufficiency of TANF adults, a strategy intended to further the mission of the agency.
Reliability:	Data reliability is dependent on WFB staff accurately entering work and work-related activities coding into the AWI OSST system and ESS field staff accurately recording work participation requirement code in FLORIDA.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

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

Measure Number	Approved Performance Measures for FY 2021-22		Associated Activities Title
1	Administrative cost as a percent of total agency costs (M0144)		
2	Information technology cost as a percent of total agency costs (M0145)		
3	Administrative cost as a percent of total agency costs (M0147)		
4	Administrative cost as a percent of total agency costs (M0363)		
5	Percent of licensed child care facilities inspected in accordance with program standards (M04015)		Number of facilities and homes licensed (M0123)
	Percent of licensed child care homes inspected in accordance with program standards (M05175)		Number of facilities and homes licensed (M0123)
6	Number of instructor hours provided to child care provider staff. (M0384)		Number of facilities and homes licensed (M0123)
8	Number of investigations (M0127)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
9	Number of people receiving protective supervision, and protective intervention services. (M0414)		Number of qualified disabled adults (ages 18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver
			Number of qualified disabled adults (ages 18 - 59) in the HCDA Program
10	Per capita abuse/neglect rate per 1,000 disabled adult and elderly. (M05166)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
11	Percent of adult investigations from an entry cohort completed within 60 days. (M04016)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
12	Percent of adult victims seen within the first 24 hours. (M04017a)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed

13	Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year) (M0124)		Number of people receiving protective supervision, and protective intervention services and number of investigations completed
			Number of people receiving protective supervision, and protective intervention services and number of investigations completed
14	Number of children in families served (M0134)		Number of families served in Healthy Families (M0294)
15	Number of families served in Healthy Families (M0294)		Number of families served in Healthy Families (M0294)
16	Per capita child abuse rate/1000 (M0133)		Number of families served in Healthy Families (M0294)
17	Percent of children in families who complete intensive child abuse prevention programs of 3 months or more who are not abused or neglected within 12 months after program completion (M0196)		Number of families served in Healthy Families (M0294)
18	Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion (M0393)		Number of families served in Healthy Families (M0294)
19	Children receiving adoptive services (M0073)		Children receiving adoptive services (M0073)
20	Number of children in out-of-home care (M0297)		Number of children with a goal of adoption who remain in out-of-home care after 24 months
21	Number of children receiving adoption subsidies (M0074)		Number of children receiving adoption subsidies (M0074)
22	Number of children remaining in out-of-home care more than 12 months (M0388)		Number of children in out-of-home care (M0297)
23	Number of children under protective supervision (point in time) (M0296)		Number of children under protective supervision (point in time) (M0296)
24	Number of children with a goal of adoption who remain in out-of-home care after 24 months (M0392)		Number of children with a goal of adoption who remain in out-of-home care after 24 months
25	Number of investigations (M0295)		Number of investigations (M0295)
26	Number of investigations not completed after 60 days (M0387)		Number of investigations (M0295)
27	Percent adoptions finalized within 24 months of the latest removal (M0391)		Number of children with a goal of adoption who remain in out-of-home care after 24 months

28	Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M04026)		Number of children with a goal of adoption who remain in out-of-home care after 24 months
29	Percent of child investigations commenced within 24 hours (M0368)		Number of investigations (M0295)
30	Percent of child investigations from an entry cohort completed within 60 days. (M0394)		Number of investigations (M0295)
31	Percent of children entering out-of-home care who re-entered within 12 months of a prior episode (M0390)		Number of children with a goal of adoption who remain in out-of-home care after 24 months
32	Percent of children reunified who were reunified within 12 months of the latest removal (M0389)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
33	Percent of children who age-out of foster care with high school diploma or G.E.D. (M05085)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
34	Percent of foster children who were subjects of reports of verified or indicated maltreatment (M0385)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
35	Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)		Number of investigations (M0295)
36	Percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months. (M0386)		Number of children with a goal of adoption who remain in out-of-home care after 24 months.
			Number of investigations (M0295)
			Number of termination of parental rights petitions filed (M0298)
37	Calls answered (M0070)		Number of calls to the hotline (M0300)
38	Number of calls to the hotline (M0300)		Number of calls to the hotline (M0300)
39	Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)		Number of calls to the hotline (M0300)
40	Administrative cost as a percent of total agency costs (M0426)		
41	Administrative cost as a percent of total program costs (M0136)		
42	Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)		Number of individuals served (treatment) (M0318)
43	Number of residents receiving Mental Health treatment (M06001)		Number of individuals served (treatment) (M0318)
44	Number of sexual predators assessed (M0283)		Number of sexual predators assessed (M0283)

45	Number of sexual predators served (detention and treatment). (M0379)		Number of individuals served (treatment) (M0318)
46	Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)		Number of sexual predators assessed (M0283)
47	Average annual days spent in the community for adults with forensic involvement (M0010)		Number of adults served
48	Average annual days spent in the community for adults with severe and persistent mental illnesses (M0001)		Number of adults served
49	Average annual days worked for pay for adults with severe and persistent mental illnesses (M0003)		Number of adults served
50	Median length of stay in CSU/Inpatient services for adults in mental health crisis (M0376)		Number of adults served
51	Number of adults in mental health crisis served (M0017)		Number of adults served
52	Number of adults with a serious and persistent mental illness in the community served (M0016)		Number of adults served
53	Number of adults with forensic involvement served (M0018)		Number of adults with forensic involvement served (M0018)
54	Percent of adults with forensic involvement who violate their conditional release under chapter 916, Florida Statutes, and are recommitted (M0009)		Number of adults with forensic involvement served (M0018)
55	Average annual days emotionally disturbed (ED) children (excluding those in juvenile justice facilities) spend in the community (M0025)		Number of children served
56	Average annual days seriously emotionally disturbed (SED) children (excluding those in juvenile justice facilities) spend in the community (M0011)		Number of children served
57	Number of at-risk children to be served (M0033)		Number of children served
58	Number of children served who are incompetent to proceed (M0030)		Number of children served
59	Number of ED children to be served (M0032)		Number of children served
60	Number of SED children to be served (M0031)		Number of children served
61	Percent of children with emotional disturbances who improve their level of functioning (M0377)		Number of children served

62	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)		Number of children served
63	Percent of children with mental retardation restored to competency and recommended to proceed with a judicial hearing (M0020)		Number of children served
64	Percent of children with serious emotional disturbances who improve their level of functioning (M0378)		Number of children served
65	Percent of school days seriously emotionally disturbed (SED) children attended (M0012)		Number of children served
66	Administrative cost as a percent of total program costs (M0137)		
67	Administrative cost as a percent of total program costs (M0135)		
68	Average age of first substance abuse (M05093)		Number of children with substance abuse problems served
69	Number of at-risk children served in prevention services (M0382)		Number of children with substance abuse problems served
70	Number of at-risk children served in targeted prevention (M0055)		Number of children with substance abuse problems served
71	Number of children with substance-abuse problems served (M0052)		Number served
72	Percent of children at risk of substance abuse who receive targeted prevention services who are not admitted to substance-abuse services during the 12 months after completion of prevention services (M0051)		Number of children with substance abuse problems served
73	Percent of children with substance abuse under the supervision of the state receiving substance-abuse treatment who are not committed to the Department of Juvenile Justice during the 12 months following treatment completion (M0047)		Number of children with substance abuse problems served
74	Percent of children with substance abuse who are drug free during the 12 months following completion of treatment (M0046)		Number of children with substance abuse problems served
75	Percent of children with substance abuse who complete treatment (M0045)		Number of children with substance abuse problems served
76	Substance usage rate per 1,000 in grades 6-12 (M05092)		Number of at-risk children served in targeted prevention (M0055)
77	Number of adults served (M0063)		Number of adults provided detoxification and crisis supports (M0065)

78	Percent change in the number of clients with arrests within 6 months following discharge compared to number with arrests within 6 months prior to admission. (M0381)		Number of adults provided detoxification and crisis supports (M0065)
79	Percent of adults employed upon discharge from substance abuse treatment services (M0058)		Number of adults provided detoxification and crisis supports (M0065)
80	Percent of adults in child welfare protective supervision who have case plans requiring substance-abuse treatment who are receiving treatment (M0061)		Number of adults provided detoxification and crisis supports (M0065)
			Number of at-risk adults provided prevention services (M0066)
81	Percent of adults who are drug free during the 12 months following completion of treatment (M0057)		Number of adults provided detoxification and crisis supports (M0065)
82	Percent of adults who complete treatment (M0062)		Number of adults provided detoxification and crisis supports (M0065)
83	Percent of all applications for assistance processed within time standards (M0105)		Total number of applications processed (M0106)
84	Total number of applications processed (M0106)		Total number of applications processed (M0106)
85	Percent of cash assistance benefits determined accurately (M0108)		Total number of applications processed (M0106)
86	Percent of food stamp benefits determined accurately (M0107)		Total number of applications processed (M0106)
87	Percent of Food Stamp applications processed in accordance with Federal high performance bonus criteria (M05181)		Total number of applications processed (M0106)
88	Administrative cost as a percent of total program costs (M0138)		
89	Return on investment from fraud prevention/benefit recovery (M0369)		Dollars collected through benefit recovery (M0111)
90	Number of fraud prevention investigations completed (M0112)		Dollars collected through benefit recovery (M0111)
91	Dollars collected through benefit recovery (M0111)		Dollars collected through benefit recovery (M0111)
92	Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)		Dollars collected through benefit recovery (M0111)
93	Percent of Optional State Supplementation (OSS) applications processed within time standards (M0114)		Total number of applications processed (M0106)
94	Number of applications processed for Optional State Supplementation payments (M0115)		Total number of applications processed (M0106)

95	Number of beds per day available for homeless clients (M0304)		Number of beds per day available for homeless clients (M0304)
96	Number of cash assistance applications (M0305)		Total number of applications processed (M0106)
97	Number of cash assistance participants referred to the regional workforce development boards (M0119)		Total number of applications processed (M0106)
98	Percent of customers who have employment entry (M05090)		Total number of applications processed (M0106)
99	Percent of customers who remain in employment (job retention) (M05141)		Total number of applications processed (M0106)
100	Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)		Total number of applications processed (M0106)
101	Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)		Total number of applications processed (M0106)
102	Percent of TANF customers participating in work or work-related activities (M05088)		Total number of applications processed (M0106)
103	Percent of work able food stamp customers participating in work or work-related activities (M05089)		Total number of applications processed (M0106)
104	Number of refugee cases (M0362)		
105	Number of refugee cases closed (M0104)		
106	Percent of refugee assistance cases accurately closed at 8 months or less (M0103)		
107	Average number of days to restore competency for adults in forensic commitment (M0015)		Number of adults in forensic commitment served (M0044)
108	Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)		Number of adults in forensic commitment served (M0044)
109	Number of people in civil commitment, per Ch. 394, F.S., served (M0372)		Number of people in civil commitment served (M0041)
110	Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level (M05050)		Number of people in civil commitment served (M0041)
111	Percent of adults in forensic commitment, per Chapter 916, Part II, who are Not Guilty by Reason of Insanity, who show an improvement in functional level (M05051)		Number of adults in forensic commitment served (M0044)
112	Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter (M0126)		Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter (M0126)

CHILDREN AND FAMILIES, DEPARTMENT OF		FISCAL YEAR 2021-22			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		3,738,778,550		17,801,903	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		1,728,758,568		28,932,364	
FINAL BUDGET FOR AGENCY		5,467,537,118		46,734,267	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					46,734,267
Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed		42,184	1,291.58	54,483,882	
Healthy Families * Number of families served in Healthy Families		8,474	3,349.10	28,380,263	
Protective Investigations *		164,896	1,592.13	262,535,105	
In-home Supports * Number of children under protective supervision (point in time)		8,688	48,564.09	421,924,832	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.		4,167	84,888.95	353,732,257	
Child Welfare Legal Services * Number of termination of parental rights petitions filed		4,523	13,894.51	62,844,859	
Emergency Shelter Supports *		4,747	8,715.87	41,374,244	
Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline		292,253	87.05	25,441,350	
Adoption Subsidies * Number of children receiving adoption subsidies		43,798	5,989.36	262,322,201	
Adoption Services * Children receiving adoptive services		8,187	9,575.04	78,390,824	
License Child Care Arrangements * Number of facilities and homes licensed		8,763	2,338.46	20,491,983	
Daily Living * Number of qualified disabled adults (ages 18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver		333	5,161.98	1,718,940	
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program		1,085	1,810.78	1,964,692	
Emergency Stabilization *		739	6,897.12	5,096,972	
Emergency Stabilization *		12,744	7,857.49	100,135,819	
Provide Forensic Treatment *		3,349	55,680.71	186,474,690	
Provide Civil Treatment * Number of people in civil commitment served		1,654	129,508.97	214,207,843	
Community Support Services *		19,785	6,373.40	126,097,757	
Community Support Services *		2,913	141,770.68	412,977,993	
Assessment *		3,740	8,545.53	31,960,275	
Detoxification *		270	4,198.11	1,133,489	
Treatment And Aftercare *		7,590	10,870.23	82,505,008	
Detoxification *		26,849	2,721.82	73,078,151	
Prevention *		3,433,963	46.05	158,147,391	
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery		39,170,486	0.46	17,899,175	
Refugee Assistance * Number of refugee clients served		135,211	518.42	70,096,660	
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments		126	72,505.66	9,135,713	
Homeless Assistance * Number of grants issued for homeless clients		43,961	33,980.71	1,493,825,998	
Eligibility Determination/Case Management *		657,819	595.84	391,951,825	
Issue Welfare Transition Program Payments * Total number of cash assistance applications		264,263	346.53	91,575,668	
TOTAL				5,081,905,759	46,734,267
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				68,601	
OTHER					
REVERSIONS				385,562,945	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				5,467,537,305	46,734,267

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

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

APPENDIX: GLOSSARY OF TERMS AND ACRONYMS

ACA: Affordable Care Act.

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

ACF: Administration for Children and Families

ACT: Assertive Community Treatment (teams)

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

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

ADA: Americans with Disabilities Act

ADRC: Adult Disability Resource Center

AFSP: American Foundation for Suicide Prevention

AHCA: Agency for Health Care Administration

ALF: Assisted Living Facility

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

APHSA: American Public Human Services Association

API: Adult Protective Investigator

Appropriation Category: The lowest level line item of funding in the General Appropriations Act which represents a major expenditure classification of the budget entity. Within budget entities, these categories may include salaries and benefits, other personal services (OPS), expenses, operating capital outlay, data processing services, fixed capital outlay, etc. These categories are defined within this glossary under individual listings. For a complete listing of all appropriation categories, please refer to the ACTR section in the LAS/PBS User's Manual for instructions on ordering a report.

ARF: Addiction Receiving Facilities

ARS: Alternative Response System

ASA: Adult Substance Abuse

ASFA: Adoptions and Safe Families Act

ATR: Access to Recovery

AWI: Agency for Workforce Innovation

Baseline Data: Indicators of a state agency's current performance level, pursuant to guidelines established by the Executive Office of the Governor in consultation with legislative appropriations and appropriate substantive committees.

BASP: Behavior Analysis Services Program

BHOS: Behavioral Health Overlay Services

BNet: Behavioral Health Network

BRITE: Brief Intervention and Treatment for the Elderly

BSF: Building Strong Families

Budget Entity: A unit or function at the lowest level to which funds are specifically appropriated in the appropriations act. “Budget entity” and “service” have the same meaning.

CAPTA: Child Abuse Prevention and Treatment Act

CBC: Community-Based Care/Community-Based Care Lead Agency

CCDA: Community Care for Disabled Adults

CCSU: Children’s Crisis Stabilization Unit

CDC+: Consumer Directed Care (Plus) Medicaid Waiver

CFS: Child and Family Services

CFSR: Child and Family Services Review

CHMI: Community Healthy Marriage Initiative

CIO: Chief Information Officer

CIP: Capital Improvements Program Plan

CIT: Crisis Intervention Team

CMS: Children’s Medical Services

CNA: Community Needs Assessment

COOP: Continuity of Operations Plans

COSIG: Co-occurring System Improvement Grant

CPI: Child Protective Investigator

CMS: Children’s Medical Services

CSA: Children’s Substance Abuse

CSE: Child Support Enforcement

CSU: Crisis Stabilization Unit

CW: Child Welfare

D3-A: A legislative budget request (LBR) exhibit which presents a narrative explanation and justification for each issue for the requested years.

DCF: Department of Children and Families

Demand: The number of output units which are eligible to benefit from a service or activity.

DENS: Drug Epidemiology Networks

DJJ: Department of Juvenile Justice

DOC or DC: Department of Corrections

DOEA: Department of Elder Affairs

EBP: Evidence Based Practice

EOG: Executive Office of the Governor

ESS: Economic Self-Sufficiency

Estimated Expenditures: Includes the amount estimated to be expended during the current fiscal year. These amounts will be computer generated based on the current year appropriations adjusted for vetoes and special appropriations bills.

EBP: Evidence Based Practice

FAC: Florida Administrative Code

FACT: Florida Assertive Community Treatment Team

FADAA: Florida Alcohol and Drug Abuse Association

FARS: Functional Assessment Rating Scale

FCB: Florida Certification Board

FCCC: Florida Civil Commitment Center

FCCTIP: Florida Clinical Consultation Treatment Improvement Project

FCO: Fixed Capital Outlay

FFMIS: Florida Financial Management Information System

FIS: Family Intervention Specialist

FISP: Florida Initiative for Suicide Prevention

FIT: Family Intensive Treatment

Fixed Capital Outlay: Real property (land, buildings including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs, and renovations to real property, which materially extend its useful life or materially improve or change its functional use. Includes furniture and equipment necessary to furnish and operate a new or improved facility.

FLAIR: Florida Accounting Information Resource Subsystem

FMHI: Florida Mental Health Institute

F.S.: Florida Statutes

FSAS: Florida School of Addiction Studies

FSFN: Florida Safe Families Network

FSH: Florida State Hospital

FTE: Full time equivalent position

FSAPAC: Florida Substance Abuse Prevention Advisory Council

FYSAS: Florida Youth Substance Abuse Survey

GAA - General Appropriations Act

GR - General Revenue Fund

HCDA – Home Care for Disabled Adults (Adult Services program)

HCBS: Home and Community-Based Services

HIPAA: Health Insurance Portability and Accountability Act of 1996

HMO: Health Maintenance Organization

HSn: HomeSafenet. (Child Welfare data system for Family Safety program)

HSS/ACF: Health and Human Services/Administration for Children and Families

ICF/DD: Intermediate Care Facility/Developmental Disabilities

IDEA: Individuals with Disabilities Education Act

Indicator: A single quantitative or qualitative statement that reports information about the nature of a condition, entity, or activity. This term is used commonly as a synonym for the word “measure.”

Information Technology Resources: Includes data processing-related hardware, software, services, telecommunications, supplies, personnel, facility resources, maintenance, and training.

Input: See Performance Measure.

IBRS: Integrated Benefit Recovery System

ICAMA: Interstate Compact on Adoption and Medical Assistance

ICPC: Interstate Compact on the Placement of Children

ICWA: Indian Child Welfare Act

IDP: Indigent Drug Program

ILP: Independent Living Program

IOE: Itemization of Expenditure

IQC: Interagency Quality Council

IDS: Interim Data System (Mental Health/Substance Abuse)

IT: Information Technology

Judicial Branch: All officers, employees, and offices of the Supreme Court, district courts of appeal, circuit courts, county courts, and the Judicial Qualifications Commission.

LAN: Local Area Network

LAS/PBS: Legislative Appropriations System/Planning and Budgeting Subsystem. The statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

LBC - Legislative Budget Commission

LBR - Legislative Budget Request

Legislative Budget Commission: A standing joint committee of the Legislature. The Commission was created to review and approve/disapprove agency requests to amend original approved budgets; review agency spending plans; and take other actions related to the fiscal matters of the state, as authorized in statute. It is composed of 14 members appointed by the President of the Senate and by the Speaker of the House of Representatives to two-year terms, running from the organization of one Legislature to the organization of the next Legislature.

Legislative Budget Request: A request to the Legislature, filed pursuant to section 216.023, Florida Statutes, or supplemental detailed requests filed with the Legislature, for the amounts of money an agency or branch of government believes will be needed to perform the functions that it is authorized, or which it is requesting authorization by law, to perform.

L.O.F.: Laws of Florida

Long-Range Program Plan (LRPP): A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable, and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission, and legislative authorization. The plan provides the framework and context for preparing the legislative budget requests 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)