



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 29, 2023

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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 2024 - 2025 through Fiscal Year 2028 - 2029. 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,

Robert Yeager
Senior Enterprise Support Manager

2415 North Monroe Street, Suite 400, Tallahassee, Florida 32303-4190

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 2024 - 2025 through 2028 - 2029
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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 (DCF) for Fiscal Years 2024 – 2025 through 2028 - 2029. 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 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
Percent of children experiencing repeat maltreatment within 6 months of case closure	June 2020 3.5%	3.1%	3.0%	2.9%	2.8%	2.7%
Percent of children experiencing repeat maltreatment within 12 months of case closure	June 2020 7.2%	7.0%	6.9%	6.8%	6.7%	6.6%
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	6,800	6,700	6,600	6,500	6,400
Average years child protection investigators have within position	September 2021 2.07	2.15	2.19	2.23	2.28	2.31
Decrease turnover in critical classes	FY 2020-21 53.58%	49.58%	47.58%	45.58%	43.58%	41.58%
% CBCs requiring risk pool and/or back of bill funding to maintain operations	FY 2019-20 8/19 (42.1%)	5.2%	0%	0%	0%	0%

Outcome	Baseline	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
% CBCs expending 10% or more of budget on prevention	FY 2019-20 6/19 (31.6%)	73.3%	84.2%	94.7%	100%	100%
% open DCF investigations, case management cases, behavioral health treatment plans reviewed by Quality Office	June 2020 0%	5.1%	5.2%	5.3%	5.4%	5.5%

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 1,255,321 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) 2022 - 2023, there were 1,393 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	292
Home Care for Disabled Adults	1,101
Protective Intervention	2,408
Protective Supervision	506

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

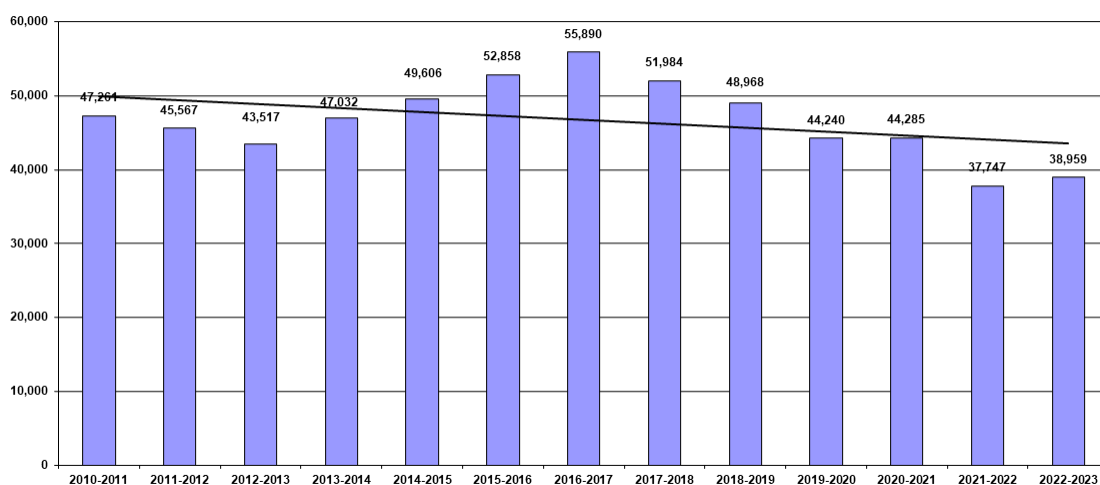
Florida is predicted to undergo a population growth of 30 percent between the years 2000–2030¹. The population of Floridians age 65 or older is expected to increase from its present level of 17.7 percent to 27.1 percent by 2030. This increase will significantly increase the workload on Adult Protective 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 38,959 reports of abuse, neglect, and/or exploitation of vulnerable adults during FY 2022-2023 (see following chart). This represents a 3.2 percent increase in reports from the previous fiscal year. Adult reports peak in the summer months and taper off annually during November and December.
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 launched a request for quotes and selected a vendor to modernize this system during FY 2022-2023. This initiative is ongoing and will continue through 2024. During FY 2022-2023, the percentage of victims seen within the first 24 hours was 97.85 percent.

Statewide Totals - Adult Investigations Reports Received, 2010 - 2023



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 begun in FY 2022-2023 includes initiatives to streamline the case closure process by removing repetitive steps and constructing a more linear case closure, increasing the worker experience and allowing for more time in actual client contact. During FY 2022-2023, Adult Protective Services closed 99.3 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 2022-2023, the average care plan cost of an individual in the Home Care for Disabled Adults 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 \$10,984.
2. There is a growing need to provide services to the disabled adult population. The in-home service programs have statewide waiting lists of 1,124 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 approximately 600 additional clients with these grant funds in FY 2022-2023.

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. A modernized Adult Protective Investigation case management system will begin implementation this year.

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

Florida Abuse Hotline

A. Primary Responsibilities:

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 2022-2023:

Hotline Contact Type	Number
Calls	311,992
On-Line	209,155
Total Contacts	521,147

Alleged Victim Type	Number
Child	339,730
Adult	116,571
Total Assessments	456,301

The Hotline also received 53,486 requests for referral information on services from the public and completed 569,873 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), 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, 2023, there were 20,143 children the Department served who were placed in out-of-home care, and 8,376 who remained in their homes with their parents.

Child Protective Investigations – In Florida, historically the Department has conducted 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 operated under a grant channeled through the Department to perform child protective investigations. In 2023, legislation was passed following a mutual agreement between the Department and respective Sheriffs that directed all child protective investigative functions to transition back to the Department. This transition has occurred through a staggered approach and was completed mid-August 2023. 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 2022 through June 2023, child protective investigations staff initiated 181,044 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 2022 through June 2023, the Lead Agencies served 59,017 children statewide.

Children and Young Adults Receiving Services by Community-Based Care Lead Agency and Type of Service between 7/1/2022 and 6/30/2023

Source: FSFN Data Repository as of 8/9/23

OCWDRU Report #1006

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	951	803	1,176	2,579	139	2,718
ChildNet-Broward	165	1,079	1,704	2,511	271	2,782
ChildNet-Palm Beach	974	1,058	1,361	2,951	175	3,126
Childrens Network-Hillsborough	540	1,904	3,088	4,831	198	5,029
Childrens Network of SW Florida	886	1,839	1,798	4,048	167	4,215
Citrus Health Network	729	704	1,809	2,842	354	3,196
Communities Connected for Kids	717	714	821	1,965	58	2,023
Community Partnership for Children	460	966	1,292	2,409	101	2,510
Embrace Families	417	1,564	2,432	3,799	254	4,053
Family Integrity Program	71	133	120	261	17	278
Family Support Services of North Fla	2,669	1,521	1,483	5,132	135	5,267
FSS Suncoast	1,205	2,217	3,333	5,940	215	6,155
Heartland for Children	531	1,255	1,928	3,205	136	3,341
Kids Central, Inc.	644	1,510	2,283	3,987	118	4,105
Kids First of Florida, Inc.	15	245	341	533	36	569
NWF Health Network - East	469	1,771	1,413	3,210	113	3,323
NWF Health Network - West	872	1,627	1,846	3,907	125	4,032
Partnership for Strong Families	22	932	1,254	1,949	40	1,989
Safe Children Coalition	2,047	801	1,304	3,539	96	3,635
Statewide	14,130	22,534	30,594	59,017	2,738	61,755

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 2022-2023, Florida received 4,581 ICPC requests, resulting in the placement of 1,412 Florida children with families in other jurisdictions and 588 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). In 2015, Florida participated as a pilot state in the development and testing of the National Electronic Interstate Compact Enterprise (NEICE) that was based on Florida's ICS. Nationwide implementation of NEICE began in June 2015, and, as of July 2023, 42 states have implemented the NEICE system to process and transmit ICPC requests. An additional seven 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

The Office of Domestic Violence (ODV) is located within the Office of Community Services at the Department and is funded through state and federal funding streams. The Office consists of the following programs:

- Contract procurement and management of all 41 certified DV center and other DV provider contracts
- Management of all federal grants
- Program office policy and operations
- Monitoring of certified DV centers, certified batterer intervention programs, and other partners for compliance with contractual obligations and minimum certification standards Faith-Based Initiatives

The ODV contracted with the Florida Domestic Violence Collaborative to provide training and technical assistance, legal services, and operation of Florida's Domestic Violence Hotline. Florida's Partnership to End Domestic Violence (FPEDV) was designed as the official domestic violence Coalition for Florida by the Agency for Health Care Administration in 2022 and was provided funding directly through the Florida legislature in the amount of \$500,000 for 2023-2024 fiscal year.

Priorities in this office align with the Moment of Impact Department plan and include batterer's accountability program development, faith-based training and engagement initiatives, center accountability, and quality improvement development.

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 occurred to finalize both policy and the state's prevention plan. Florida's Title IV-E Prevention Plan was approved by the Children's Bureau on March 30, 2023. Statewide trainings have been conducted with, Prevention Staff, Evidence Base Program providers, residential group care providers, judges, and other key stakeholders.

Florida's Implementation Committee meets monthly to provide ongoing updates as to implementation efforts of the nine selected evidence-based services contained on the approved plan as well as the fidelity monitoring plan being developed by the University of South Florida. From this committee, there is a Blended and Braided Funding Sub-Committee that meets monthly with cross-agency representatives including the Department, Agency for Health Care Administration, the provider networks implementing the programs, program vendors, lead agencies, Managing Entities, and managed care plans to develop funding and sustainability models. Florida continues to develop a placement continuum to meet the changing needs of youth being served in the child welfare system of care. These efforts include the following:

- Child Placing Agency Quality Residential Treatment Program (QRTP) development.
- Engagement with safe foster home providers for expansion of evidence-based models such as Citrus' Chance model (this program received a special appropriation from the Florida legislature for 2023-2024 to expand statewide).
- Ongoing work for kinship navigation programs to ensure placement stabilization in kinship care for children in this level of placement.

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 is focused on prevention and maximizing opportunities to serve children and families before they enter deeper levels of crisis. Using CAPTA and Community-Based Child Abuse Prevention (CBCAP) federal grant funding, the Department is strategically working to build capacity within local communities, ensuring that families have a continuum of prevention services available to them. By awarding grants to local communities, the Department can support innovative prevention efforts in Florida.

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.
- 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 (**NOTE: HOPE Florida has since expanded to include HOPE Navigation staff within several state agencies including, Department of Elder Affairs, Department of Veteran's Affairs, Department of Juvenile Justice, Agency for Persons with Disabilities, and the State Guardian ad Litem Program. Expansion is the works with additional agencies to ensure any service needed by a client can be met by the most appropriate agency).**
- 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.
- 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.

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

Florida has created a wide array of services available across the state and is experiencing continued success in expanding system capacity for four types of services: family support, safety management, treatment, and child well-being. While there are various service providers in Florida who can support the child welfare system, the Office of Child and Family Well-Being continues to focus on work with youth engaged with both the Department and the Department of Juvenile Justice and those who require a higher level of placement in a residential setting.

The Department holds meetings and training in conjunction with the Department of Juvenile Justice and other key stakeholders. These regularly scheduled statewide meetings consist of the following:

- Crossover Champion Chats: Provides a forum to share best practices and strategies for serving children involved with both departments and their families. As well as develop strategies to enhance services and interventions that best meet the individual needs of the youth identified. The Champion Chats also provide a good opportunity for participants to raise issues or barriers that another area of the state has resolved.
- Crossover Champions Local Collaboration Meetings: Champions from both agencies meet regularly at a local level to focus on systems improvement and trends related to child staffing data, points of contact when a child-specific need is identified, and any needs or barriers to services. In some areas, meeting participants include law enforcement, guardian ad litem, judges, child protective investigators, managing entity and CBC staff. This local collaboration provides system of care information from each area of the state to guide services enhancement work with sister agencies, substance abuse and mental health providers, and other system partners.
- Monthly Statewide Interagency Collaboration Trainings: Monthly Interagency Collaboration Trainings bring together representatives from all child-serving agencies, including the leads for local, regional, and state review teams and their community partners to learn and share information on how to better serve children in Florida. Trainings have included topics such as how to navigate all child serving agencies' systems of care, services available for runaway youth, accessing and understanding residential mental health programs for children, and fetal alcohol spectrum disorder.

The Department participates in strategic planning meetings to address placement of children in residential settings. In collaboration with Lead Agencies statewide, the Department hosts monthly meetings around youth with placement challenges that have been denied by all state residential treatment facilities due to their high needs or who do not qualify for this level of care due to their behavioral challenges. A strategic plan is being developed to address short- and long-term strategies to support placement needs for these identified youth.

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 Substance Abuse and Mental Health (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. This approach has continued through 2023 and has been built into the child and family well-being practice.

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 with use of the Family First Transition Service Act Funds and the State Opioid Response Grant 3, as well as through CAPTA. The implementation of the BHC model has been critical in engaging parents with significant substance use needs, connecting to services and interventions, and reducing the need for removals of children from their parents through prevention efforts.

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 established Working Agreements with their local Lead Agencies to provide streamlined referral processes for individuals served by child welfare and created communication protocols to address barriers to information sharing. These Working Agreements allow for more effective communication between child welfare professionals and treatment providers. The SAMH Program developed Guidance Document 19 for Managing Entities that went into effect July 2021.

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. These teams have continued to expand in areas across the state with a focus on earlier identification across sister agencies such as Department of Education, Department of Juvenile Justice, Early Learning Coalitions, Head Start, Crisis Stabilization Units, and law enforcement agencies. The Department SAMH program has expanded teaming models to support reaching families and serving them in a holistic manner through expanding Community Action Teams (CAT), creating “Baby” CAT teams serving younger children, expanded Family Intervention Teams (FIT), and supported six teams selected on the FFPSA Plan including Family Functional Therapy (FFT), Multi-Systemic Therapy (MST) and HomeBuilders. There will continue to be a focus in 2023-2024 on expansion of the teaming models, connecting agencies within local communities to develop criteria for earlier identification, engagement with families, and connection to holistic services to support families further up-stream.

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 SAMH program. This initiative provides Hope Navigators to an array of customers. The program officially began in 2020, with a reemphasis in 2021, 2022, and ongoing to expand the approach. Over 68,000 clients have been referred to participate in the program. The Hope Navigators have assisted thousands with a multitude of needs and have received cross training in areas such as substance abuse and mental health, domestic violence, human trafficking, and persons with disabilities. In August of 2023, the Secretary of the Department created the Office of Community Services to bring even more focus on Hope Florida and several other programs.

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 January 2022, the Department launched the CPI Career Ladder targeted at providing professional development opportunities for CPI staff as well as monetary incentives. The 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.

During the first year of implementation, 482 CPI staff leveraged the opportunity to participate in the Career Ladder. After a year of implementation, the Department conducted an evaluation of the Career Ladder assessing opportunities for improvement, and the newly redesigned Career Ladder 2.0 was launched in August 2023. Furthermore, the Department increased the base rate of pay for CPIs in July 2022, in an effort to compete with the evolving workforce.

The Department embarked on a groundbreaking initiative aimed at enhancing and modernizing the pre-service program, Florida Academy for Child Protection and Family Resiliency, known as The Academy, for newly hired child welfare professionals. The new structure of the training program is designed to provide a comprehensive and effective learning experience for trainees. Here's an overview of the new structure:

- **Foundations Curriculum:** The training begins with the Foundations curriculum, which covers fundamental topics and core concepts relevant to the subject matter. This phase equips trainees with essential knowledge and skills to understand the child welfare system in Florida.
- **Virtual Reality Sessions:** As part of the Foundations curriculum, trainees will engage in Virtual Reality (VR) sessions focused on "a real experience for child welfare professionals." VR technology allows trainees to experience real-life scenarios in a simulated environment, enhancing their learning and understanding.
- **Foundations Exam:** After completing the Foundations curriculum and VR sessions, trainees will take the Foundations Exam. This exam evaluates their comprehension and grasp of the foundational concepts. Upon passing the exam, trainees progress to the next phase.
- **Specialty Track and Simulation:** Trainees then embark on a specialty track, focusing on their chosen area of expertise, such as CPI Specialty or Case Management Specialty. This specialized training provides in-depth knowledge and skills required for their respective roles in child welfare.
- **Qualitative Provisional Assessment:** The qualitative provisional assessment process begins once trainees successfully pass the Foundations Exam. This assessment evaluates trainees' abilities in applying the knowledge and skills learned throughout the training program.

The Department piloted the new program in April 2023. The results are used to revise and update the content and processes to improve the quality of The Academy. The Department will roll out The Academy in January 2024 for all child welfare professionals.

Commercial Sexually Exploited Children (CSEC)

Since 2009, the Hotline has accepted reports alleging human trafficking of an individual under the age of 18. In FY 2022-2023, the total number of reports accepted by the Hotline alleging one of the human trafficking maltreatments was 2,076 involving 1,627 children. The number of reports increased by 200 compared to the previous year. The increase in accepted reports to the Hotline in FY 2022-2023 can largely be attributed to Chapter 2022-168, Laws of Florida (HB 615) that went into effect on July 1, 2022. The law requires all foster parents and agency staff to successfully complete preservice training related to human trafficking and stipulates that the training must include basic information on human trafficking, risk factors and knowledge on identifying children at risk of human trafficking, steps that should be taken to prevent at-risk youth from becoming victims, and ways to report human trafficking to the Hotline and law enforcement agencies. Additionally, the trainings continue for health care professionals, law enforcement, and public lodging employees who are already mandated to complete required training.

FY 2022 - 2023	Verified Victims		Total
	Females	Males	
CSEC	282	28	310
Labor Trafficking	1	13	14
Total	283	41	324

Of the 2,076 reports alleging one of the human trafficking maltreatments, 17.7 percent (370 reports) had children listed in out-of-home care at the time of intake. Out of those 370 reports, 128 listed children living in residential group homes. Other reports for out-of-home care showed 76 children being on

runaway/missing status, 12 children in correctional placements, 25 in hospital setting, and others in various forms of relative and non-relative foster home types, 79 percent of reports listed children living at home. Additionally, 1.5 percent of reports showed children living at home under the Department's supervision, and 1.8 percent of reports had children living in household receiving family support services. Those numbers dispute the widespread assumption that human trafficking mostly affects children in foster care.

During FY 2022-2023, the number of available safe houses did not change and remained at five homes with capacity for 33 beds. On July 10, 2023, there were six available beds. The Department requests monthly bed availability checks from all providers.

One of the existing Suncoast Region safe homes continues to expand their bed capacity by adding a new building to their campus. This will provide six additional beds for female survivors. The estimated time for completing the new building is spring 2024. Another safe house, also in Suncoast Region, is planning to open an additional safe house for minor survivors in a neighboring county in 2024 while building an additional house on the existing property for youth over age 18. That transitional home should be completed by December 2023. While there are programs in the state that provide residential transitioning housing for adult female survivors, this would be the first home where survivors transition into adult independent living within the same provider of therapeutic services and with the necessary level of support and care.

As of July 10, 2023, there were 8 safe therapeutic foster homes within the Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE) Program, a treatment program by Citrus Health Network implemented in Miami-Dade and Broward Counties, to address the unique mental and behavioral health needs of youth who have been commercially sexually exploited. Devereux Florida, through its DELTA Foster Home Program, has 14 safe foster homes located in Central, Southeast, and Northeast Regions. Devereux continues to provide training for foster families statewide and collaborate with the Lead Agencies in the state to develop safe foster home capacity.

Between July 1, 2021, and June 30, 2022, the Lead Agencies reported evaluating a total of 393 children for placement in a safe house or safe foster home. Forty-six, or 11.7 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, monthly calls are held with Devereux Florida to discuss the expansion of the safe foster homes model.

All human trafficking awareness and special topics trainings continued in FY 2022-2023 as usual but were 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 past year's discussions focused on the availability and quality of services for adult survivors of human trafficking, the process of stepping down/aging out for minor human trafficking survivors, and the necessity to enhance and coordinate anti-trafficking efforts for the community of persons with disabilities. The November 2022 meeting resulted in the creation of a workgroup tasked with reviewing the national best practices of delivering residential services to adult survivors of trafficking. SB 1690 gave the Department the authority to certify safe houses for adult survivors of human trafficking. The law specifically addressed the work of the Services and Resources Committee requiring the workgroup to submit a preliminary report on its activities including the survey of policies and practices of current providers of residential services to adult survivors by October 1, 2023. The Committee is dedicated to increasing inter-agency collaboration in addressing identified gaps in services for victims and their families.

In the fall of 2022, the Department's Human Trafficking Unit, in collaboration with FICW, DJJ, and other experts, revised the Human Trafficking Screening Tool to incorporate the suggestions from FICW. The revisions were approved by Department leadership and the Notice of Proposed Rule 65C-43.001 was filed and regional offices were notified. The work on converting the updated Tool into an electronic format as a stand-alone application is ongoing with a target completion date of mid-October 2023. An electronic version of the Tool will be built into the new Comprehensive Child Welfare Information System.

Implementation of 2023 State and Federal Legislation

Implementation plans have been developed for the following changes that occurred during the 2023 Florida legislative session:

- SB 204 – Task Force on the Monitoring of Children in Out-of-Home Care; effective July 1, 2023 (Chapter 2023-247, Laws of Florida)
- SB 272 – Children and Young Adults in Out-of-Home Care; effective July 1, 2023 (Chapter 2023-248, Laws of Florida)
- SB 664 – Contracts Entered into by the Department of Children and Families; effective July 1, 2023 (Chapter 2023-178, Laws of Florida)
- SB 1064 – Trauma Screening for Children Removed for Caregivers; effective July 1, 2023 (Chapter 2023-254, Laws of Florida)
- SB 1190 – Step Into Success Workforce Education and Internship Pilot Program; effective July 1, 2023 (Chapter 2023-255, Laws of Florida)
- HB 7061 – Child Protective Investigative Services; effective July 1, 2023 (Chapter 2023-77, Laws of Florida)

Domestic Violence

The Department 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. The office added two Batterer's Intervention Specialists to further expand accountability and programming for batterer's, with added focus on building out a batterer's violence prevention framework. The office also includes a faith-based specialist who will be leading efforts to implement a statewide faith-based training program and other initiatives to engage faith organizations in prevention, survivor support, and batterer accountability efforts.

Service Integration

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.

During 2022-2023 and annually thereafter, ODV is conducting Better Together integrated sessions with the Department, center advocate team members, state attorney, law enforcement, and other key stakeholders critical to teaming in local communities. These sessions are intended to bring parties together to conduct training and technical assistance sessions in each area of the state to learn each other's role, build relationships, learn how each can protect and support the survivor, hold the perpetrator accountable, and protect the children involved. These sessions have been highly successful in building a stronger network around understanding domestic and intimate partner violence and developing strategies to improve accountability in each community.

STOP Implementation Plan

The 2022-2025 STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula Grant Program 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 Rule 65H-1, Florida Administrative Code, 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 finalized Rule 65H-2, Florida Administrative Code, and is certifying existing batterers' intervention programs as well as receiving new applications. The office has certified 77 providers and has seven in process for 2022-2023 and will continue to process new applications.

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.

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 2023 legislative session, six key pieces of legislation were passed that impact child welfare, effective July 1, 2023:

- SB 204 – Task Force on the Monitoring of Children in Out-of-Home Care; effective July 1, 2023 (Chapter 2023-247, Laws of Florida)
 - Establishes the Task Force on the Monitoring of Children in Out-of-Home Care under the Florida Department of Law Enforcement (FDLE), to identify and address the root causes of why children go missing while in out-of-home care.
 - Requires the Department to submit monthly reports until October 2024 to assist the Task Force in carrying out its responsibilities.
 - Requires the Florida Institute for Child Welfare to conduct focus groups or individual interviews with children in out-of-home care and young adults who have aged out of the foster care system to explore the reasons for leaving out-of-home placements and ways to prevent it.
 - Requires the Task Force to provide a report with its findings and recommendations to the Governor and the Legislature by October 1, 2024.
- SB 272 – Children and Young Adults in Out-of-Home Care; effective July 1, 2023 (Chapter 2023-248, Laws of Florida)
 - Creates the Office of the Children’s Ombudsman within the Department and requires the provision of certain information to the youth regarding their basic rights and
 - Requires the Department to consult with the youth when creating or revising any print or digital information used to educate and inform these youth.
- SB 664 – Contracts Entered into by the Department of Children and Families; effective July 1, 2023 (Chapter 2023-178, Laws of Florida)
 - Requires a lead agency to annually provide and publish operating procedures detailing timelines and procedures to maximize the use of concurrent planning, minimize the time to complete preliminary and final adoptive home studies, and streamline data entry into the statewide child welfare information system.
 - Requires a lead agency to complete the child specific information section of the unified home study, excluding information related to any prospective caregiver, no later than 90 days after the filing of a petition for termination of parental rights.
- SB 1064 – Trauma Screening for Children Removed for Caregivers; effective July 1, 2023 (Chapter 2023-254, Laws of Florida)
 - Requires a trauma screen to be integrated into the assessment of a child removed from their home, no later than 21 days after the shelter hearing.
 - Requires the Department or community-based care lead agency (Lead Agency) to adopt rules requiring a trauma screening and any indicated trauma assessment, services, or interventions to be provided within 30 days.
 - Requires the Department or Lead Agency to also provide information and support to a caregiver of a child placed out-of-home to help that caregiver respond to and care for the child in a trauma informed and therapeutic manner.
- SB 1190 – Step Into Success Workforce Education and Internship Pilot Program; effective July 1, 2023 (Chapter 2023-255, Laws of Florida)
 - Establishes the Step into Success Workforce Education and Internship Program as a three-year pilot, administered by the Department’s Office of Continuing Care. The program is designed to assist foster youth in developing essential workforce and professional skills, transitioning to independent living, and preparing for a successful future.

- HB 7061 – Child Protective Investigative Services; effective July 1, 2023 (Chapter 2023-77, Laws of Florida)
 - Requires the transfer of child protective investigation services from the seven sheriff's offices that provide those services back to the Department.
 - Provides a transfer of records, assets and finances, as well as allowing the Department to extend a private lease of a facility currently in use by a sheriff's office for CPI services for no more than one year without undergoing competitive solicitation; the bill also allows for a transfer of employees that perform CPI duties for the sheriff's offices if they transfer to work for the Department.

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 Florida Department of Children and Families' (Department) Office of Substance Abuse and Mental Health (SAMH) is recognized as the single state agency for Substance Abuse and Mental Health and the State Opioid Treatment Authority.

A. Primary Responsibilities

The Department of Children and Families is the safety net, responsible for the oversight of a statewide system of care for the prevention, treatment, and recovery of children and adults with serious mental illnesses or substance abuse disorders for those who are uninsured or underinsured as defined by the federal block grant.

The SAMH program office is responsible for:

- Providing treatment for substance abuse through a community-based provider system that offers detoxification, treatment and recovery supports for children and adults affected by substance misuse, abuse, or dependence.
- Planning, managing, and evaluating a statewide program of mental health services and supports, including community programs, crisis services, state residential treatment facilities, and children's mental health services.

SAMH programs serve a broad cross section of Florida's population, including:

- Adults with serious mental illness (including forensic involved).
- Individuals in crisis.
- Individuals with co-occurring mental illness and substance use disorders.
- Individuals with or at risk of developing substance use disorders.
- Individuals at risk of child welfare involvement.
- Individuals involved in the criminal justice system.
- Children with or at risk of developing serious emotional disturbances or emotional disturbances.

SAMH is comprised of the following functional areas:

- Community-based substance use services including prevention programs, outpatient and residential treatment programs, recovery supports, and the statewide opioid response grants.
- Community-based mental health services, including crisis services and mobile response teams.
- State Mental Health Treatment Facilities (SMHTFs) that represent approximately 3,000 inpatient behavioral health beds delivering the most acute inpatient behavioral health services available.
- Statewide Suicide Prevention.
- Statewide Overdose Prevention Program (OPP) and naloxone distribution.
- Florida Civil Commitment Center (FCCC), a treatment and rehabilitative correctional facility which houses sex offenders civilly committed by the courts.

SAMH derives its statutory authority from Chapters 394, 397, and 916, Florida Statutes.

- This slide demonstrates the partners that are utilized by the Department to offer services within the behavioral health system. Community based behavioral health services are provided through contracts with the seven Managing Entities.
- The purpose of the behavioral health Managing Entities is to plan, coordinate, and subcontract for the delivery of community mental health and substance use services, improve access to care, promote service continuity, purchase services, and support efficient and effective delivery of services.
- Behavioral health services coordinated by the Managing Entities include assessment, mental health and substance use outpatient therapy, case management, residential, peer support, crisis stabilization services, mobile response teams and other social supports such as, supported housing, supported employment and vouchers for incidentals which may include transportation, clothing or education.

The Department contracts with seven Managing Entities (MEs) for the administration and management of regional behavioral health services throughout the state. The MEs are responsible for planning, implementation, administration, monitoring, data collection, reporting, and analysis for behavioral health

care in their catchment areas. MEs contract with local network service providers for the provision of prevention, treatment, and recovery support services. Information about the MEs can be accessed at <https://www.myffamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities>.

The following trends provide some additional context about Florida's behavioral health system of care:

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. According to the most recently published state-level estimates using 2021 data:

- 20.9% of adults experienced any mental illness in the past year.
- 5.2% of adults experienced a serious mental illness in the past year.
- 22.2% of children ages 12-17 experienced a major depressive episode in the past year.

The United States (US) Health Resources and Services Administration reported that as of June 30, 2023, Florida has 222 areas experiencing a shortage of mental health professionals and the percent of need met is 21.7%, compared to 27.1% for the entire US. Statewide, the number of additional practitioners needed to remove the shortage designation is 586. 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 3,325 suicide deaths reported statewide in 2021. Suicide is ranked as the 12th leading cause of death in Florida with a suicide rate of 13.8 per 100,000 population. For children and adolescents under the age of 18, suicide was the third 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, data shows 2,537 (76%) deaths by suicide were male, and on average, this percentage of 76% (age 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. This plan resulted in an increased number of suicide risk assessments used by school-based mental health service providers; an increased number of care coordination cases handled by veterans as the Crisis Center of Tampa Bay and Florida Veteran Support Line; the addition of contact information for all local mobile response teams on the Managing Entities website to assist in community awareness.

In July 2022, the Department also began implementing the 988 Suicide and Crisis Lifeline. Full data collection began in October 2022, and since that time 984 calls resulted in emergency rescue, 1,597 calls resulted in a warm hand off to Mobile Response, 15,983 calls resulted in referrals to behavioral health services and 704 calls were a suicide attempt in progress that was averted.

Overdose Trends

Drug overdose is the leading cause of unintentional injury death in the US. In 2021, 6,442 fatalities were opioid-related. A comparison of Florida’s mortality figures from 2020 and 2021 reflects a 52% increase in deaths caused by methamphetamine and a 13% increase in deaths caused by amphetamines. Among drug-related decedents, these stimulants commonly appear along with opioids like fentanyl. Fatalities caused by fentanyl increased by 9%, while fatalities caused by fentanyl analogs increased by 36%.

In addition to SAMH’s Overdose Prevention Program (OPP), SAMH has partnered 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.
- Expanding naloxone distribution through the OPP and ISAVEFL.
- Supporting the launching the Coordinated Opioid Recovery (CORE) Network of Addiction Care.
- Appointing of the first Statewide Director of Opioid Recovery.

B. Selection of Priorities

SAMH’s priorities are aligned to the Department’s strategic vision and direction, which focuses on three major goals:

1. Establishing a culture of “We” through engagement and intentional collaboration.
2. Enhancing program effectiveness to improve the customers’ experience.
3. Building a system of accountability, transparency, and alignment.

Priorities over the Next Five Years

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: Operate as One DCF	
Objectives	The Department is comprised of thousands of employees whose deep knowledge, unique skill sets, and vast experiences are invaluable. Individually, those qualities, combined with a steadfast dedication to public service, enable each of us to contribute greatly to the Department’s mission. When we join forces, we can substantially increase our reach and have a positive impact on the millions of Floridians we serve each day. With this goal, we solidify our commitment to seamless collaboration across the Department and with our partners throughout the state. In doing so, the Department will ensure that those we serve receive the highest level of care and that each individual feels supported within the organization and gratified to be a part of this team.
Goal 2: Improve the Customer Experience and Outcomes	
Key Initiative	The Department interacts with individuals and families during their most challenging days, when hope can be in short supply, but have the power to change that and with it, their perspective. The Department has a robust system of care however, many individuals are unaware of its availability or how to access it. When teams enter their lives, they are introduced to critical services and resources that enable them to overcome barriers that support strong and resilient families who are safe, independent, and thriving. Whether providing direct care or developing and implementing policy, every Department employee and partner has the incredible opportunity to change the course of Floridians’ lives. To truly fulfill our mission, we must remain in a reflective posture and embrace every chance to adjust to the needs of those we serve.

Objectives	Broaden prevention efforts.
	Increase the percent of children placed in permanent homes.
	Improve the ESS customer experience.
	Redesign and expand the SAMH system of care.
	Enhance technology to improve services.
Goal 3: Focus on Accountability Throughout the System of Care	
Key Initiative	As a government entity, we have an obligation to be good stewards of taxpayer dollars and to operate transparently and with integrity to earn and maintain the public's trust. To that end, we have worked diligently to align Department policies and strategies to promote accountability that drives performance and improvement. There are significant opportunities in the future to build upon this model.
Objectives	Implement an agency-wide quality management system.
	Increase vendor accountability.

Service Gaps and Needs

Behavioral health services assessments, conducted in partnership with MEs pursuant to section 394.4573, Florida Statutes, describes 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. MEs 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 ME rank-ordered the services and projects according to priority.

Big Bend Community Based Care (BBCBC) / Northwest Florida Health Network (NWFHN)	<ol style="list-style-type: none"> 1. Outpatient services, outreach, intervention, assessment, case management, and Certified Recovery Peer Specialist. 2. Residential detoxification services and buprenorphine-based treatment for opioid use disorders. 3. Housing and supportive housing services. 4. Mental health services and enhancements to central receiving facilities. 5. Transportation to access to services.
Broward Behavioral Health Coalition (BBHC)	<ol style="list-style-type: none"> 1. Housing, care coordination teams and family/peer navigators. 2. Broward Forensic Alternative Center. 3. Jail diversion services. 4. Zero Suicide Initiatives 5. Short term residential treatment services.
Central Florida Behavioral Health Network (CFBHN)	<ol style="list-style-type: none"> 1. Housing and supportive housing services. 2. Supportive employment services. 3. Medication-assisted treatment (MAT) and harm reduction services 4. Care coordination services. 5. Community-based co-occurring treatment services and temporary housing for individuals released from jail.

Central Florida Cares Health System (CFCHS)	<ol style="list-style-type: none"> 1. MAT services for opioid use disorders and associated counseling and case management (including psychiatric services for co-occurring disorders). 2. Supportive group housing with mental health services 3. Housing and supportive housing services 4. Care coordinators services. 5. Enhance workforce capacity.
Lutheran Services of Florida Health Systems (LSFHS)	<ol style="list-style-type: none"> 1. Workforce-support and resources to build and sustain a qualified workforce. 2. Supportive housing and care coordination. 3. Co-responder teams to respond with law enforcement to divert from crisis stabilization units and jails. 4. Increased access to services in rural areas. 5. Support and sustain a robust peer support community.
Southeast Florida Behavioral Health Network (SEFBHN)	<ol style="list-style-type: none"> 1. Provider workforce stabilization. 2. Outpatient mental health services. 3. Expansion of medication management and medical services. 4. Expansion of supported employment services and mental health clubhouses. 5. Integrated primary care and behavioral health care clinics.
South Florida Behavioral Health Network (SFBHN)	<ol style="list-style-type: none"> 1. Residential treatment capacity. 2. Housing and care coordination. 3. Expand the children’s crisis stabilization unit (CCSU)/Juvenile Addictions Receiving Facility (JARF). 4. Recovery community Organization expansion. 5. Peer certification training.

C. Justification of Revised or New Programs and Services

In 2023, the Florida Legislature passed the following behavioral health and recovery-related legislation that impacts clients, services, providers, and operations of the Department. [AC3] [SS4] [AC5] The following legislation has impacted SAMH programs and services:

- House Bill 783 – Opioid Abatement; Effective Date: July 1, 2023
 - Creates the Statewide Council on Opioid Abatement within DCF to enhance the development and coordination of state and local efforts to abate the opioid epidemic and support its victims and review of settlement fund expenditures associated with the opioid litigation.
- House Bill 1349 – Mental Health Treatment; Effective Date: July 1, 2023
 - Authorizes conditional designations for Baker Act receiving and treatment facilities as an alternative to the suspension or withdrawal of a standard facility designation. Modifies statutes regarding competency determination, treatment options, and restoration.
- Senate Bill 914 – Suicide Prevention; Effective Date: July 1, 2023
 - Renames/renews the Commission to Mental Health and Substance Use Disorder and directs the Commission to conduct a study examining services and programs relating to suicide prevention.
- HB 829 – Operation and Administration of the Baker Act; Effective Date: July 1, 2023
 - Requires DCF to annually update its Baker Act handbook and publish it online each year and to maintain and publish a FAQs section on its website and revise and expand it annually.

D. Justification of Final Projection for each Outcome

SAMH was able to provide a complete fiscal year of data. Therefore, the outcomes represented for each measure is complete and a projection is not necessary.

E. Potential Policy Changes Affecting the Budget Request

None at this time.

F. Changes Which Would Require Legislative Action

None at this time.

G. Task Forces and Studies in Progress

Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey (FYSAS) provides information to state-level and community-level prevention planners and policy makers. 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 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.

Suicide Prevention Coordinating Council

The Office for Suicide Prevention and the Suicide Prevention Coordinating Council were established in 2007 pursuant to Chapter 14.2019, Florida Statutes. The Suicide Prevention Coordinating Council comprises 31 members and one non-voting member as identified in section 14.2019(5), F.S. Members of the Council are designated representatives from various state agencies, Florida-based professional organizations, and both Florida-based and national suicide prevention non-profit organizations. The Council advises the State Office of Suicide Prevention in the development of the statewide strategic plan for suicide prevention; makes findings and recommendations regarding evidence-based suicide prevention programs and activities; and prepares the annual report on the status of suicide prevention efforts within the state and recommendations for further improvements. The Council also maintains three active committees to focus on different tasks relating to suicide prevention:

1. The Planning and Evaluation Committee
2. The Education and Marketing Committee
3. The First Responder Mental Wellness and Suicide Deterrence Committee

First Responder Suicide Deterrence Task Force

The First Responder Suicide Deterrence Task Force (task force) was established by SB 7012 (2020) and repealed in statute in July of 2023. The task force provided recommendations on how to reduce the incidence of suicide and attempted suicide among employed or retired first responders. The work of the task force is documented in three annual reports presented to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The work of the task force continues in the form of a subcommittee under the Suicide Prevention Coordinating Council.

Commission on Mental Health and Substance Use Disorder

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 leadership or their designees, appointments by the Florida Legislature and Governor, as well as criminal justice, law enforcement, mental health and substance abuse professionals. The Commission submits interim reports to the Legislature.

Statewide Council on Opioid Abatement

Effective July 1, 2023, section 397.335, Florida Statutes, established the Statewide Council on Opioid Abatement (Council). The 10 Council members are comprised of appointees from the Governor, Senate and House of Representatives as well as representatives from state agency leadership and local governments.

The Council is responsible for advising state and local governments, reviewing expenditures, and ensuring the program results from funding investments are achieved. The Department and the Department of Legal Affairs (Office of the Attorney General) provide the Council with administrative support f necessary to assist the Council in the performance of the statutory duties.

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, F.S., 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), F.S., 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 DCF, 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 DCF 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 helps low-income families meet their household nutritional needs by supplementing their food purchasing power with a monthly benefit allotment based on the number of people in their household and how much money is left after countable expenses are subtracted from their income. A food assistance household consists of people living and purchasing their food together, and they must meet the program's technical and financial requirements. Food Assistance benefits may only be used to purchase items such as fruits, vegetables, meat, dairy products, breads, cereals, and other consumable nutritional household food items.

SNAP Employment and Training (E&T) is jointly administered by DCF and the Department of Commerce (FloridaCommerce) 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 FloridaCommerce for engagement. SNAP E&T participants complete an initial orientation, assessment, and interview with

FloridaCommerce 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. 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 Outreach 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 thus 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.

Disaster-SNAP provides food assistance to eligible low- to moderate-income households with food loss or damage caused by a natural disaster. This program is administered by the U.S. Department of Agriculture’s Food and Nutrition Service (USDA FNS) and is operated by the Office of Economic Self Sufficiency at DCF. Households who might not ordinarily qualify for SNAP benefits may be eligible under the D-SNAP if they have had disaster damage to their homes; expenses related to protecting their homes; lost income as a result of the disaster; or have no access to bank accounts or other resources. Each household’s circumstances must be reviewed by state staff to determine whether a particular household is eligible.

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 (CBC) 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, and
- 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.

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	2023
	35,964	33,502	32,109	29,717	28,590	27,711	21,218	25,810	30,809

*The 2021 Point in Time Count numbers are not comparable to the other annual counts. Typically, Continuum 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; and 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.

Rapid Unsheltered Survivor Housing (RUSH) funds were provided to DCF from HUD as a rapid response to address homelessness in communities hit by disasters. RUSH is meant to serve those who cannot access all services provided by FEMA programs or for those whose short-term FEMA assistance has ended. A total of \$3,000,000 was disbursed amongst 17 CoCs for eligible activities including emergency shelter; rapid re-housing which provides up to 24 months of rental assistance, financial assistance for move in costs, and supportive services for people currently experiencing homelessness; homelessness prevention which provides up to 24 months of rental assistance, utility assistance, and supportive services for people at risk of homelessness; and outreach assistance, including assistance to meet urgent needs for unsheltered people.

The Florida Legislature appropriated additional recurring funding totaling \$16.8M for the **Challenge Grant** program to CoCs to provide rapid rehousing and homelessness prevention to vulnerable populations including youth exiting the foster care system, individuals experiencing substance abuse or mental health issues, families engaged in the child welfare system, domestic violence survivors, and youth involved with the Department of Juvenile Justice. These funds will be used to support a portion of vulnerable populations that face housing insecurity.

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 DCF's Inspector General's office 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, F. S., 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), F. S. 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 as well as 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 U.S. Financial and medical assistance is limited to individuals meeting specific criteria who are not eligible for Florida's TCA and Medicaid programs but meeting 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 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 FFY21, RS employment providers placed 3,464 customers in employment.

RS adult education providers enrolled 4,191 refugees in 6,512 classes in FFY21. In FFY21, those customers 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

DCF's Hope Florida - A Pathway to Prosperity is a client-centered prevention model originally created to assist public benefit customers in establishing goals and identifying barriers towards the achievement of self-sufficiency. This process involves developing relationships with customers, listening to them, and accompanying them on their journey as they work to navigate the vast network of resources available at the state and local level. DCF continues to expand the model with a systematic and streamlined approach across the agency to serve a wider population of customers. The program serves Floridians in need statewide including children aging out of foster care, pregnant mothers contending with substance misuse disorders, parents who need assistance, foster and adoptive parents, and families in need of services. The Hope Florida - A Pathway to Prosperity program offers dedicated team members an opportunity to team-up with customers to provide an assessment to identify client goals and barriers, care coordination, which includes warm referrals to local community-based providers, and follow-up services. The program works to effectively assist customers in navigating the state's vast network of non-profits, government programs, faith-based providers, and private-sector partners while building social capital to achieve a resilient, economically independent family unit. Within the first year, over 23,821 customers have volunteered to participate. Since the start of the program, over 70,000 clients have been served. 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:

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

ESS will target efforts toward automation and system enhancements to achieve resource capacity for improving customer experience.

1. To better serve Floridians, ESS initiated an enterprise technology modernization effort to 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, DCF will:

- Implement a system that continues to fully comply with state and federal laws, regulations, and be able to adapt to changing policy landscapes quickly with less expense.
- Be able to standardize and maximize business process 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 is working in partnership with the Reimagining Education and Career Help (REACH) office, within the Executive Office of the Governor, to accomplish its mission to address the evolving needs of Florida's economy. This collaboration is focused on strengthening cooperation between businesses and education communities, enhancing training opportunities, and ensuring access to a more integrated workforce and education system for all Floridians. Central to this partnership is the FL WINS Program, a revolutionary workforce development system that brings together key agencies, including the Department of Commerce (FloridaCommerce), Florida Department of Children and Families (DCF), Florida Department of Education (DOE), CareerSource Florida (CSF), and Florida Digital Service (FL[DS]). FL WINS is designed to simplify Floridians' access to vital workforce programs and services through three fundamental components: the Customer Portal, Common Intake Form, and Data Hub. The FL WINS Program integrates support for Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) recipients. This comprehensive approach ensures that individuals receiving SNAP and TANF benefits have enhanced access to workforce development services, further empowering them to achieve self-sufficiency and economic stability.

Accomplishments:

- **Florida's Medicaid Redeterminations:** Florida's Plan for Medicaid Redetermination was approved by the Centers for Medicare & Medicaid Services and after extensive planning and preparation DCF initiated Florida's Medicaid redeterminations on-time beginning March 2023. This returned the Medicaid program to normal operations following the federal legislative changes in the Consolidated Appropriations Act, 2023. DCF worked with its partners to develop a robust operational and communication plan to provide information to Medicaid recipients, the public, and key stakeholders. Accompanying the return of redeterminations, a public awareness campaign was launched through multiple modes of outreach, and DCF has seen record response rates from Floridians.
- **Pandemic EBT (P-EBT) Issued Statewide:** The State of Florida was approved to issue P-EBT benefits to eligible school aged students for Summer 2023, ensuring Florida's children receive additional food assistance to fill any gaps left by other summer feeding programs. P-EBT is a supplemental benefit for eligible school aged students to supplement meals for the summer months by providing benefits that families can use to purchase groceries. The ESS program worked in collaboration with the Department of Agriculture and Consumer Services and the Florida Department of Education to issue a one-time payment of \$120 per eligible student for Summer 2023.
- **EBT Innovation:** ESS continues to work with FNS to expand on-line purchasing availability for SNAP customers by including in 2022 Mt. Plymouth IGA, Freshfields Farm, Hitchcock's Market, and Wholefoods. In 2023, Milams Market was added for on-line purchasing availability.

- **ESS Program Partner Relaunch:** DCF has enhanced our approach to accessing services through the ESS Community Partner Network. In collaboration with community organizations, we have designated ‘community partner’ sites that provide dedicated personnel to assist individuals with their applications. These sites have individuals available to provide direct assistance to those in need. Additionally, we have identified ‘assistance sites’ that offer self-service facilities where individuals can access resources and assistance independently. We have appointed a dedicated liaison to serve as a single point of contact, facilitating seamless communication and streamlined processes for individuals seeking assistance. Currently, over 1,000 ESS Community Partner Network sites are available throughout the state.
- **Hope Florida – A Pathway to Prosperity Expansion** the Hope Florida program has achieved remarkable expansion in partnership with various private sector entities. Through the program, Floridians with unique abilities are now benefiting from dedicated Hope Navigators who connect them with vital resources and opportunities beyond government assistance. Notably, 13 companies, including Publix Super Markets, Inc., HCA Florida Capital Hospital, and the Florida Panthers, have pledged their support to the Hope Florida initiative. This expansion exemplifies the program's mission to unite communities, remove barriers, and provide tailored employment opportunities, enhancing the lives of individuals with unique abilities and their families.
- **System automation:** To create efficiencies and mitigate risk, ESS collaborated with the Office of Information and Technology Services (OITS) to develop and deploy automation and robotic solutions.
 - **Newborn Robotic Process Automation (RPA):** DCF staff complete a manual verification process in order to add a newborn child to a parent’s case. The team developed a 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 a RPA automation to read and decipher the contents of returned notices that are scanned into the ACCESS Document Imaging System and automatically index them.
- **Disaster-SNAP (DSNAP) for Hurricane Ian:** In response to Hurricane Ian, the ESS program provided more than \$218 million in D-SNAP benefits to more than 349,00 households. The D-SNAP program served 19 counties after category 4 Hurricane Ian made landfall on September 28, 2022. To support and sustain Floridians throughout the disaster, several waivers were submitted to FNS, as well as the DCF’s request to implement DSNAP on October 4, 2022. Throughout the months of October and November an aggressive timeline was followed to conduct both telephonic and onsite events to offer short-term food assistance to Floridians who were impacted by Hurricane Ian.

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

- **Mobile Document Scanning Application:** The ESS program collaborated with OITS to develop a mobile document scanning app to be used to assist clients with document intake at our storefronts. In April 2023, the pilot started in identified high traffic regions. This mobile scan app will allow clients to scan and submit documents to the Automated Community Connection to Economic Self Sufficiency (ACCESS) Document Imaging system (ADI) where staff can review and index appropriately.

- **SNAP Stolen Benefits:** The ESS program has developed a process for replacing SNAP stolen benefits with federal funds from October 1, 2022, through September 30, 2024, as required by the Consolidated Appropriations Act, 2023. The process started on August 24, 2023.

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 Statute and in conjunction with Florida’s 27 homelessness Continuum of Care, the Florida Council on Homelessness meets routinely and issues an annual report pursuant to s.420.622, F.S.

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, 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.

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 297,331 background screenings were initiated for review by the Department during FY 2022-2023.

- The Department and APD providers initiated 279,081 employment screenings for review.
- 18,250 screenings were processed for individuals employed, seeking employment, or direct contractors for the Department and APD.
- 13,228 Human Resource screenings were processed.

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 departmentwide 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, substance abuse and mental health licensing, Workforce Training and Development, 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.

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 was published in December 2022. Baseline qualitative data through the accountability system was evaluated and the rating system further refined and realigned to allow the Department to pinpoint and prioritize improvements in the quality and efficiency of services delivered to children and families. The refined data for 2021-22 will be published once the final 2022-23 ratings are finalized in December 2023.

For the Fiscal Year 2022-2023, reviews completed quality reviews on cases resulting in:

- The identification of safety concerns that warranted immediate action (603 for the fiscal year).
- The completion of 9,519 reviews on 3,803 unique cases.

Office of Licensing

The Office of Licensing is responsible for licensing functions within three programs: Foster Care and Community Care, Substance Abuse and Mental Health, and Child Care. The Office of Licensing, within the Office of Quality & Innovation, ensures that licensing requirements are met with inspections, investigations of allegations of unsafe facilities and homes, and provides training and technical assistance to providers. The office takes regulatory action against substandard providers, including closure and revocation, if necessary.

Foster and Community Licensing

Foster and Community Care licensing is governed by Chapter 409, F.S., and Chapter 65C-15, 65C-45 and 46, F.A.C. The Office licenses Florida's child-caring agencies, child-placing agencies, and foster homes for children who require a temporary removal from their caregiver through voluntary and involuntary placement. The Department partners with contracted and subcontracted child-placing agencies to provide supervision over foster homes.

Foster Homes

As of July 2023, the Department maintained 8,654 foster home licenses. There are currently five levels of foster home 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-Caring Agency (Residential Group Care)

As of July 2023, the Department maintained 240 child-caring agency licenses and 5 credentialed facilities. Child-caring agencies consist of maternity homes, traditional, residential, at-risk house, safe house, wilderness programs, emergency shelters, runaway shelters, and other residential treatment programs. The Office of Licensing implemented a statewide accountability system pursuant to s. 409.996, Florida Statutes, for residential group care providers based on measurable quality standards.

Child-Placing Agency

As of July 2023, the Department maintained 156 child-placing agency licenses. Child-placing agencies incorporate community-based care, case management, foster home maintenance, and private adoption agencies.

Child Care Licensing

Pursuant to Chapter 402, Florida Statutes, the Child Care Licensing program (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 63 of the 67 counties; Broward, 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 2023, there are 8,689 child care licenses active statewide, operating in child care facilities, homes, afterschool programs, and public and nonpublic schools. The Child Care Licensing 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 licensure and regulation of all substance abuse providers are under Chapters 394 and 397, F.S., and Chapter 65D-30, F.A.C. As of July 2023, the Department maintained 2,891 components and 124 designations. Minimum standards for licensing are specified for the following program components: addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, continuing care, intervention, prevention, and medication-assisted treatment for opiate addiction.

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 2023-24 (Words)	Approved Prior Year Standard FY 2022-23 (Numbers)	Prior Year Actual FY 2022-23 (Numbers)	Approved Standards for FY 2023-24 (Numbers)	Requested FY 2024-25 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 2023-24 (Words)	Approved Prior Year Standard FY 2022-23 (Numbers)	Prior Year Actual FY 2022-23 (Numbers)	Approved Standards for FY 2023-24 (Numbers)	Requested FY 2024-25 Standard (Numbers)
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Information technology cost as a percent of total agency costs (M0145)	2.30	1.19	2.30	2.30
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LRPP Exhibit II - Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2023-24 (Words)	Approved Prior Year Standard FY 2022-23 (Numbers)	Prior Year Actual FY 2022-23 (Numbers)	Approved Standards for FY 2023-24 (Numbers)	Requested FY 2024-25 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	97.85	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	99.31	97	97
Number of investigations (M0127)	41,000	38,959	41,000	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	5,600	4,307	5,600	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	99.3	98	98
Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year) (M0124)	100	99.3	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	310,217	430,000	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	24.29	3	3
Number of calls to the hotline (M0300)	450,000	409,759	450,000	450,000
Per capita verified child abuse rate/1000 (M0736)	14	5.22	14	14
Percent of children in families who complete the Healthy Families Florida program who are not subjects of reports with verified or indicated maltreatment within 12 months after program completion. (M0393)	95	98.8	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)	2,922	8,132	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	3,602	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	96.76	94.6	94.6
Number of children in out-of-home care (M0297)	20,771	20,143	20,771	20,771
Number of children receiving in-home services (M0774)		8,376		
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	65	29.15	65	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	40	46.17	40	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	99.9	6.57	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	42.88	33.6	33.6
Number of investigations (M0295)	180,000	181,044	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	5.86	87	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	98.46	100	100
Percent of children removed within 12 months of a prior reunification. (M05178)	9.9	9.2	9.9	9.9
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	96.62	98	98
Percent of child investigations commenced within 24 hours. (M0368)	100	99.15	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
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Program: Mental Health Services	60910506			
Service/Budget Entity: Mental Health Services	60910506			
Approved Performance Measures for FY 2023-24 (Words)	Approved Prior Year Standard FY 2022-23 (Numbers)	Prior Year Actual FY 2022-23 (Numbers)	Approved Standards for FY 2023-24 (Numbers)	Requested FY 2024-25 Standard (Numbers)
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	98	40	40
Number of adults with a serious and persistent mental illness in the community served (M0016)	136,480	138,059	136,480	136,480
Number of adults in mental health crisis served (M0017)	30,404	18,900	30,404	30,404
Number of adults with forensic involvement served (M0018)	3,328	3,491	3,328	3,328
Percent of adults with serious mental illness who are competitively employed. (M0703)	24	42	24	24
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	8	3.13	8	8
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	90	95	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	77	86	86
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	8	2.53	8	8
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	96	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	100	50	50
Number of children served who are incompetent to proceed (M0030)	340	598	340	340
Number of SED children to be served (M0031)	46,000	15,779	46,000	46,000
Number of emotional disturbance (ED) children to be served (M0032)	27,000	13,501	27,000	27,000
Number of at-risk children to be served (M0033)	4,330	2,513	4,330	4,330
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	81	64	64

Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	79	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	102	125	125
Number of people on forensic admission waiting list over 15 days. (M0361)	N/A	N/A	N/A	N/A
Number of people in civil commitment, per Ch. 394, F.S., served (M0372)	1,606	2,143	1,606	1,606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2,320	3,491	2,320	2,320
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	67	70	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	69	40	40
Number of sexual predators assessed (M0283)	2,879	3,916	2,879	2,879
Number of sexual predators served (detention and treatment). (M0379)	480	575	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	57	85	85
Number of residents receiving Mental Health treatment (M06001)	169	194	169	169
Administrative cost as a percent of total program costs (M0135)	4.87	N/A	4.87	4.87

LRPP Exhibit II - Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2023-24 (Words)	Approved Prior Year Standard FY 2022-23 (Numbers)	Prior Year Actual FY 2022-23 (Numbers)	Approved Standards for FY 2023-24 (Numbers)	Requested FY 2024-25 Standard (Numbers)
Number of adults served (M0063)	115,000	61,317	115,000	115,000
Percentage change in clients who are employed from admission to discharge. (M0753)	10	2	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	55	51	51
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	94	84	94	94
Number of children with substance-abuse problems served (M0052)	50,000	10,328	50,000	50,000
Number of at-risk children served in targeted prevention (M0055)	4,500	5,393	4,500	4,500
Number of at risk children served in prevention services. (M0382)	150,000	231,961	150,000	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	48	71	48	48
Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)	19.6	-9	19.6	19.6
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	93	98	93	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	295	N/A	295	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	110	N/A	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 2023-24 (Words)	Approved Prior Year Standard FY 2022-23 (Numbers)	Prior Year Actual FY 2022-23 (Numbers)	Approved Standards for FY 2023-24 (Numbers)	Requested FY 2024-25 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	288,675	296,826	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	15,929	70,394	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	95	45.3	95	95
Percentage of food assistance applications processed within 30 days (M0219)	95	67.2	95	95
Percent of food stamp benefits determined accurately (M0107)	94	91.4	94	94
Total number of applications processed (M0106)	5,000,000	13,060,737	5,000,000	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	96	71.8	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	50	34.2	34.2
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	91.6	98	98
Number of beds per day available for homeless clients (M0304)	1,500	48,952	1,500	1,500

Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	91.5	80	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	35,045,991	13,500,000	13,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	92	76.5	76.5
Number of fraud prevention investigations completed (M0112)	22,000	6,105	22,000	22,000
Number of refugee cases closed (M0104)	7,600	96,328	7,600	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	12.1	99.2	99.2
Number of refugee cases (M0362)	37,350	309,741	37,350	37,350
Percent of unemployed active caseload placed in employment. (M04040)	40	17	40	40
Administrative cost as a percent of total program costs (M0138)	7.93	5.46	7.93	7.93

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

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Adult Protection

Service/Budget Entity: 60910310 Family Safety and Preservation Services

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.30%	-0.70%	<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: 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) |

Explanation: Continued training and quality assurance efforts centered on Protective Supervision.

Recommendations: 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	4,307	-1,693	30.23%

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) – Not |

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:

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: Adult Protection
Service/Budget Entity: 60910310 Family Safety and Preservation Services
Measure: M0127 Number of investigations

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
41,000	38,959	-2,041	4.98%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: The pandemic markedly drove down adult intakes and those numbers have yet to return to "normal" levels (+/- 45,000). This year marked the first increase since the onset of the pandemic with a 3.2% increase over last fiscal year.

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

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

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Florida Abuse Hotline

Service/Budget Entity: 60910310 Family Safety and Preservation Services

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3%	24.29%	+21.29%	21.29%

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) |

Explanation: Over the course of the fiscal year, Abuse Counselor vacancies doubled. At the start of the FY 2022-23 fiscal year, there were 20 vacancies; at the end of the fiscal year, there were 40 abuse counselor vacancies. Issues with both recruitment and retention have resulted in reduced staffing, and thus an overall reduction in daily staffing capacity.

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: The Hotline has focused on expanding the level of hiring to address the increased turnover rate.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Florida Abuse Hotline

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: M0070 Calls answered

Action:

- | | |
|---|---|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input 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	310,219	119,781	27.86%

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) |

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 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) (Fiscal) |

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.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Florida Abuse Hotline

Service/Budget Entity: 60910310 Family Safety and Preservation Services

Measure: M0300 Number of calls to the hotline

Action:

- | | |
|---|---|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
| <input 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
450,000	409,759	40,241	8.9%

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 checked="" type="checkbox"/> Other (Identify) |

Explanation: Prior to the issuance of emergency orders in March 2020 related to the pandemic, both Hotline intakes and the number of active child abuse investigations had been declining. Both Hotline intakes and active child abuse investigations declined rapidly upon the issuance of emergency orders related to the pandemic as child visibility within the community declined. The percentage of intakes screened in at the Hotline continues to decline over time, which is jointly contributed by the declining number of calls to the Hotline and the level of assessment completed at the Hotline to determine if an allegation meets the statutory criteria for acceptance.

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) |

Explanation: The number of calls received at the Hotline, along with the percentage of intakes being screened in for investigation continues to decline over time.

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

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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
12,922	8,132	-4,790	37.07%

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:

Funding has remained consistent since SFY 2016-17. 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 type="checkbox"/> Technological Problems |
| <input checked="" type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify) |
| <input type="checkbox"/> This Program/Service Cannot Fix The Problem | |
| <input type="checkbox"/> Current Laws Are Working Against The Agency Mission | |

Explanation: 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 Mental and Behavioral Health Enhancement. This enhancement includes positions for family specialists, who provide in-home counseling to HFF participants, and behavioral health navigators, who assess families' needs, coordinate Referrals and follow-up as families receive services from the community providers. Funding has remained consistent since the FY 2016-17 through the remainder of the contract term FY 2022-23.

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: Adjust the Approved Standard to 4,645 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: M0389 Percent of children reunified who were reunified within 12 months of the latest removal

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
65%	29.15%	-35.85%	35.85%

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 2022-23, 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 care consultation on investigative/ongoing cases all of which impacted this timely permanency issue.

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

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

Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Child Protection and Permanency

Service/Budget Entity: 60910310 Family Safety and Preservation Services

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
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 7/1/2022 and 6/30/2023, the rate was 6.57 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:

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

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

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

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

External Factors (check all that apply):

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

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

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

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

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 7/1/2022 and 6/30/2023, the rate was 5.86 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: M0394 Percent of child investigations from an entry cohort completed within 60 days.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	98.46%	-1.54%	-1.54%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: There are a number of cases that should appropriately remain open beyond 60 days – such as reports involving child deaths wherein a final Medical Examiner’s report containing toxicology and other laboratory results critical to determining the appropriate finding in the report (i.e., verified, some indication, or no findings of abuse or neglect) and are typically not available within 60 days.

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: 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: M0079 Percent of investigations reviewed by supervisors with 72 hours of report submission

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
98%	96.62%	-1.38%	1.38%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

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:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99.15%	-0.85%	<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 type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

Explanation:

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:

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

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

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation: 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) |

Explanation:

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: M0738 Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
45%	N/A	N/A	N/A

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

This performance measure is not collected at this time due to the fact that it involves two separate reporting systems.

External Factors (check all that apply):

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

Explanation:

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

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

Recommendations: Continue to develop data and information systems between the two offices of Child Welfare and Substance Abuse and Mental Health.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

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

Measure: M0031 - Number of serious emotional disturbance (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	15,779	30,221 (Under)

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): <u>See Below</u> |

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify): <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:

Factors contributing to the performance on this measure include an increase in children who have insurance statewide, and an increase in school-based prevention programs, reducing the number of individuals receiving Department funded services. In Florida, over 2.3 million children ages 0 to 18 are enrolled with a Medicaid Managed Care Plan, according to state enrollment data. Florida is one of 15 states that identified an increase of up to 1% in Medicaid and Children’s Health Insurance Program (CHIP) enrollment in 2020. With most children having Medicaid, CHIP, or commercial insurance, the demand on the Department-funded behavioral health services has declined. The Health Resources and Services Administration reports that there are 222 areas experiencing a shortage of mental health professionals in Florida. In Florida, the percent of need met is 21.7%, compared to 27.2% for the entire United States¹. Statewide, the number of additional practitioners needed to remove the shortage designation is 586.

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): <u>See Below</u> |

Recommendations: Continued support for the network of behavioral health providers to build upon efforts to increase the number of behavioral health professionals and access to care.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

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

Measure: M0032 - Number of emotional disturbance (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	13,501	13,499 (Under)	-50.0%

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 type="checkbox"/> Other (Identify): <u>See Below</u> |

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify): <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: Factors contributing to the performance on this measure include an increase in children who have insurance statewide, and an increase in school-based prevention programs, reducing the number of individuals receiving Department funded services. In Florida, over 2.3 million children ages 0 to 18 are enrolled with a Medicaid Managed Care Plan, according to state enrollment data. Florida is one of 15 states that identified an increase of up to 1% in Medicaid and Children’s Health Insurance Program (CHIP) enrollment in 2020. With most children having Medicaid, CHIP, or commercial insurance, the demand on the Department-funded behavioral health services has declined.

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): <u>See Below</u> |

Recommendations: Continued support for the network of behavioral health providers to building upon efforts to increase the number of behavioral health professional and access to care.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

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

Measure: 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
65.0%	79%	14% (Over)	21.5%

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): <u>See Below</u> |

External Factors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Target Population Change | <input type="checkbox"/> Other (Identify): <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:

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): <u>See Below</u> |

Recommendations:

The Department continues 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 metrics together.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Mental Health Services

Service/Budget Entity: 60910506 Mental Health Services

Measure: M0361 Number of people on forensic admission waiting list over 15 days.

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
0	1,921	1,921 (Over)	-

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

Factors contributing to this measure not being met include extenuating circumstances which resulted in the suspension of admissions, the implementation of a phased admission plan, bed capacity deficit, workforce shortages, and public health requirements for admission, which resulted in an increase in the number of individuals on the forensic admission wait list occurred.

The SMHTFs implemented a number of initiatives to reduce the overall forensic waitlist, including a 798-bed expansion across all facilities. Overall, the SMHTFs increased their forensic admissions by 78% and their civil admissions by 58%. To address the workforce challenges, the Department extended and increased the level of contract staff by 342 positions, which were needed to keep pace with the increased number of admissions and bed expansion.

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): <u>See Below</u> |

Recommendations:

Over the past few years, the Department has received legislative funding to support the expansion of the of facilities' bed capacity to address the forensic wait list

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Community 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 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
86%	80%	6% (Under)	-10.5%

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): <u>See Below</u> |

External Factors (check all that apply):

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

Explanation:

The lack of affordable housing for low-income households continues to have an impact on this measure. Other factors may include stigma for individuals with mental health disorders, criminal justice involvement and credit history checks. Additionally, the average rent in Florida increased from March 2020 to March 2023 by 45.77%, from an average of \$1,459.73 to \$2,127.86 per month. Florida saw a 35 % increase in homelessness among individuals with serious mental illness and substance use disorders from 6,755 to 9,140 from 2022 to 2023 respectively.

According to the Office of Substance Abuse and Mental Health’s data system, during Fiscal Year 2022-2023, 22,176 homeless individuals received mental health or substance abuse services and 106,969 supportive housing services were provided to 3,286 unique individuals. Conservative estimates from the Managing Entities and housing providers indicate that Florida has at least 13,536 individuals, including families, waiting for permanent supportive housing.

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): <u>See Below</u> |

Recommendations: Expansion of partnerships between the Managing Entities, network service providers, CoCs and other housing stakeholders to develop goals and strategies to meet the local housing needs of adults in mental health crisis.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Sexual Violent Predator Program

Service/Budget Entity: 60910501 Violent Sexual Predator Program

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

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
	85%	57%	28% (Under)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

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

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

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

Recommendations:

The Department does not have any recommendations.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Services

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

Measure: M0063 - Number of adults served

Action:

- | | |
|---|--|
| <input type="checkbox"/> Performance Assessment of <u>Outcome</u> Measure | <input type="checkbox"/> Revision of Measure |
|---|--|

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
	115,000	61,317	53,683 (Under)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

Factors contributing to the performance on this measure include the decrease in substance use by youth which results in less adults needing substance use treatment services. The 2022-23 performance on this measure is consistent with the performance level since 2016.

Florida's system of care has faced a workforce shortage in behavioral health and a reduction in the number of behavioral health care professionals (e.g., psychiatrists, clinical social workers, therapists, etc.). The workforce shortage is a contributing factor to the performance on this measure. The Health Resources and Services Administration reports that there are 222 areas experiencing a shortage of mental health professionals in Florida. In Florida, the percent of need met is 21.7%, compared to 27.2% for the entire United States⁴. Statewide, the number of additional practitioners needed to remove the shortage designation is 586.

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

- Training Technology
 Personnel Other (Identify): See Below

Recommendations:

Continued support for the network of behavioral health providers to building upon efforts to increase the number of behavioral health professional and access to care.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Substance Abuse Services

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

Measure: M0052 - Number of children with substance-abuse problems served

Action:

- 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

50,000	10,328	39,672 (Under)	-79.3%
--------	--------	----------------	--------

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): <u>See Below</u>

External Factors (check all that apply):

<input type="checkbox"/> Resources Unavailable	<input type="checkbox"/> Technological Problems
<input type="checkbox"/> Legal/Legislative Change	<input type="checkbox"/> Natural Disaster
<input type="checkbox"/> Target Population Change	<input type="checkbox"/> Other (Identify): <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:

Factors contributing to the performance on this measure include an increase in children who have insurance statewide, and an increase in school-based prevention programs, reducing the number of individuals receiving Department funded services. In Florida, over 2.3 million children ages 0 to 18 are enrolled with a Medicaid Managed Care Plan, according to state enrollment data. Florida is one of 15 states that identified an increase of up to 1% in Medicaid and Children’s Health Insurance Program (CHIP) enrollment in 2020. With most children having Medicaid, CHIP, or commercial insurance, the demand on the Department-funded behavioral health services has declined.

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): <u>See Below</u>

Recommendations: Continued support for the network of behavioral health providers to building upon efforts to increase the number of behavioral health professional and access to care.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Community 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 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
	136,480	138,059	

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: The SAMH program office meet the approved standard for this measure.

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

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

Recommendations: The SAMH program office will continue to monitor program data and trends.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Community Services

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

Measure: M0017 – Number of adults in mental health crisis served

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
30,404	18,900	11,504 (Under)	-37.8%

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:

The Department has been focused on reducing the number of Floridians experiencing mental health crisis and improving response to mental health crisis through services such as mobile response teams and care

coordination as well as improved coordination with the Agency for Health Care Administration and Medicaid health plans. The number of individuals examined under the Baker Act has seen a three-year downward trend from 211,000 to 170,000 individuals through fiscal year 21/22.

The SAMH program office will continue to promote and expand service strategies that lead to optimal outcomes for the population we serve. Below are some examples of strategies implemented to address the need:

The Department revised the policy to change the primary focus of most mobile response teams from individuals under 25 years old to individuals of all ages. The Department expanded the capacity of mobile response teams to serve all ages by adding staff to existing teams and created new teams in areas that were covered by a single team.

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. Therefore, serving a lower number of individuals than the approved standard is a positive finding.

The Department implemented the new three digit calling code for mental crisis response, 988, in July 2022. Through this initiative the Department has provided funding to 13,988 crisis lifeline centers allowing them to increase the number of trained crisis counselors and improve the in-state answer rate from 54% to 75%. Since 10/22 when data collection began 66,670 calls were received and of those 984 calls resulted in rescue by EMS or law enforcement, 1,597 resulted in warm hand off to MRT and 15,983 resulted in a referral to behavioral health services, 704 calls were a suicide attempt in progress, and 96% of calls were diverted from a higher level of care. This data is not included in the actual performance results to calculate the results 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): <u>See Below</u> |

Recommendations:

Continue to support investments in mental health prevention services.

Support the expansion of mobile response teams and other specialized teaming models.

Collaborate with Managing Entities and crisis care stakeholders to identify gaps or barriers to service provision.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
	64%	81%	17% (Over)

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

External Factors (check all that apply):

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

Explanation:

Factors contributing to the performance on this measure include an increase in children who have insurance statewide, and an increase in school-based prevention programs, reducing the number of individuals receiving Department funded services. In Florida, over 2.3 million children ages 0 to 18 are enrolled with a Medicaid Managed Care Plan, according to state enrollment data. Florida is one of 15 states that identified an increase of up to 1% in Medicaid and Children’s Health Insurance Program (CHIP) enrollment in 2020. With most children having Medicaid, CHIP, or commercial insurance, the demand on the Department-funded behavioral health services has declined.

Additionally, Florida’s system of care has faced a workforce shortage in behavioral health and a reduction in the number of behavioral health care professionals (e.g., psychiatrists, clinical social workers, therapists, etc.). The workforce shortage is a contributing factor to the performance on this measure. The Health Resources and Services Administration reports that there are 222 areas experiencing a shortage of mental health professionals in Florida. In Florida, the percent of need met is 21.7%, compared to 27.2% for the entire United States³. Statewide, the number of additional practitioners needed to remove the shortage designation is 586.

The Department, in collaboration with the Managing Entities, have identified opportunities to address workforce shortages and expanded funding opportunities to bolster the behavioral health workforce. Some strategies implemented include promoting workforce development and training in partnership with the Florida Alcohol and Drug Abuse Association. Through legislative funding, the Department made available funding to support the Recruit and Maintain Behavioral Health Professionals (RAMP) grant program to address workforce shortages.

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): <u>See Below</u> |

Recommendations:

Continued support for the network of behavioral health providers to building upon efforts to increase the number of behavioral health professional and access to care

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Community Services

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

Measure: M0753 - Percentage change in clients who are employed from admission to discharge.

Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
10%	2%	8% (Under)	-80%

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:

Factors contributing to the performance on this measure include the overall workforce landscape across all industries, including behavioral health. Additionally, clients served by the SAMH program office face a number of barriers to employment that may include criminal justice involvement, stigma, and their individual ability to focus on employment while engaged in treatment services. A review of historical data indicates this measure has usually been achieved.

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

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

Recommendations:

Support programs that promote supported employment.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families

Program: Community 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
- Performance Assessment of Output Measure
- Adjustment of GAA Performance Standards
- Revision of Measure
- Deletion of Measure

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
94%	84%	10% (Under)	-10.6%

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: The lack of affordable housing for low-income households continues to have an impact on this measure. Other factors may include stigma for individuals with mental health disorders, criminal justice involvement and credit history checks. Additionally, the average rent in Florida increased from March 2020 to March 2023 by 45.77%, from an average of \$1,459.73 to \$2,127.86 per month. Florida saw a 35 % increase in homelessness among individuals with serious mental illness and substance use disorders from 6,755 to 9,140 from 2022 to 2023 respectively.

According to the Office of Substance Abuse and Mental Health’s data system, during Fiscal Year 2022-2023, 22,176 homeless individuals received mental health or substance abuse services and 106,969 supportive housing services were provided to 3,286 unique individuals. Conservative estimates from the Managing Entities and housing providers indicate that Florida has at least 13,536 individuals, including families, waiting for permanent supportive housing.

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

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

Recommendations: Expansion of partnerships between the Managing Entities, network service providers, CoCs and other housing stakeholders to develop goals and strategies to meet the local housing needs of adults in mental health crisis.

Continue to analyze local data and identify high performing evidence-based programs and replicate what works.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Number of Cash Assistance Participants Referred to the Regional Workforce Development Boards (M0119)

Action:

- Performance Assessment of Outcome Measure 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
70,394	26,582	-43,812	-62%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

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

Explanation: The steady decline in cash assistance participants continued between July 2019 through April 2020 as presented in estimating conference projections for TANF. Due to the public health emergency, there was an increase in cash assistance participants beginning in May 2020.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: Revision of standard based on the improved economy and decline in client population participants over the past 4 years.

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%	90%	-5	-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: The public health emergency resulted in a 400% increase in benefit applications. Due to the significant increase in application volume, the processing of expedited food assistance applications slowed in April and May 2020 which prevented the Department from the meeting the measure for SFY 19/20.

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 Standards | |

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
96%	95%	-1	-1%

Factors Accounting for the Difference:

Internal Factors (check all that apply):

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

Explanation:

External Factors (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Resources Unavailable | <input type="checkbox"/> Technological Problems |
| <input type="checkbox"/> Legal/Legislative Change | <input 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 public health emergency resulted in a 400% increase in benefit applications. Due to the significant increase in application volume, the processing of food assistance applications slowed in April and May 2020 which prevented the Department from the meeting the measure for SFY 19/20.

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	-2.9%

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 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 State of Florida waived work requirement activities for March, April, May, and June due to the public health emergency (COVID).

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 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
34.2%	13%	-21.2	-21.2%

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: The State of Florida waived work requirement activities for March, April, May, and June due to the public health emergency (COVID).

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	-6.67%

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: Due to the public health emergency, some families that received a diversion payment were economically impacted and unable to remain off cash assistance for 12 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:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Children and Families

Program: Economic Self Sufficiency

Service/Budget Entity: 60910708 Economic Self Sufficiency

Measure: Percent of Suspected Fraud Cases Referred That Result in Front-end Fraud Prevention Savings (M0110)

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
76.5%	72.8%	-3.7	-3.7%

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 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: Most of the benefit investigations staff in the Office of Public Benefits Integrity were deployed during the public health emergency to assist the regions in processing a significant increase in benefit applications and call volume. Therefore, during the months of mid-March to August, normal benefit investigation operations were temporarily suspended.

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	10,041	-11,959	-54.4%

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: Most of the benefit investigations staff in the Office of Public Benefits Integrity were deployed during the public health emergency to assist the regions in processing a significant increase in benefit applications and call volume. Therefore, during the months of mid-March to August, normal benefit investigation operations were temporarily suspended.

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 refugee cases closed (M0104)

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
7,600	96,328	88,728	1,167%

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 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: Percent of refugee assistance cases accurately closed at 12 months or less (M0103)

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
99.2%	12.1%	-87.1	-87.8%

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 type="checkbox"/> Other (Identify) |

Explanation:

External Factors (check all that apply):

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

Explanation: There was a policy change affecting clients entering on or after October 1, 2021 that extended the months from 8 to 12 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:

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	309,741	272,391	729%

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, Haiti and Ukraine 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:

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%	17%	-23	-57.5%

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 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 increase in arrivals to Florida has 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:

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>Percent of adult and child domestic violence victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter. (M0126)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>This measure is a percent.</p> <p>Numerator: The number of victims leaving shelter after a minimum of 72 hours in residence with a safety plan.</p> <p>Denominator: The total number of victims who left shelter after 72 hours.</p> <p>Data Source: Domestic Violence Program Services monthly statistical report</p>
Validity:	This output measure is a performance driver directly related to the program goal, to be safe from harm. The provision of a safety plan before the family leaves shelter will directly affect the family's ability to avoid domestic violence in the future and remain safe from harm. Safety plans include preventative strategies that equip clients with survival skills when in danger of future violence.
Reliability:	Each month providers are required to submit to their contract managers a statistical report on all services as delineated in their contract objectives. The report includes the number of victims leaving shelter after a minimum of 72 hours and the number completing a safety plan. The safety plan comprises a set of activities whose purpose is to enhance the safety of the victim and her dependents. A state summary of these data is kept in the central office.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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. Denominator: The total number of cases received during the time period. Numerator: The number of investigations closed within 60 days. Data Source: Adult Protective Investigators and Supervisors
Validity:	Statutory requirement. s. 415.104(4), F.S. This measure is important to ensure that cases are closed in a timely fashion. This is important to ensure client safety and well-being and reduce the risk of further abuse, neglect or exploitation.
Reliability:	The measure uses data from the statewide abuse and neglect reporting system. The data was determined reliable by auditors during a special audit. Periodic district reviews by program staff have not indicated major reliability issues. This data is monitored on a daily basis by central office and district staff.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>The rate of abuse/neglect per 1000 for adults with disabilities (M0735)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>This measure is a rate.</p> <p>Numerator: 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.</p> <p>Denominator: The number of disabled or frail elderly adults over the age of 18 in the state divided by 1,000.</p> <p>Data Source: Abuse Hotline Counselors, Adult Protective Investigators and Supervisors, Department of Elder Affairs, US Social Security Administration, and the US Census Bureau.</p>
Validity:	This measure is a rough indicator of the incidence of adult maltreatment in Florida.
Reliability:	The measure includes only adult maltreatment that is: (1) known or suspected, and (2) reported to and accepted by the hotline for investigation, and (3) substantiated by an investigator during the reporting period. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Adult Protection 60900310</u>
Measure:	<u>The rate of abuse/neglect per 1000 for elderly persons. (M0757)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>This measure is a rate.</p> <p>Numerator: 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.</p> <p>Denominator: The number of disabled or frail elderly adults over the age of 18 in the state divided by 1,000.</p> <p>Data Source: Abuse Hotline Counselors, Adult Protective Investigators and Supervisors, Department of Elder Affairs, US Social Security Administration, and the US Census Bureau.</p>
Validity:	This measure is a rough indicator of the incidence of adult maltreatment in Florida.
Reliability:	The measure is not precise. It includes only adult maltreatment that is: (1) known or suspected, and (2) reported to and accepted by the hotline for investigation, and (3) substantiated by an investigator during the reporting period. Periods of increasing backlog can drive the number up; when 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.
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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:	<p>Children refer to children in families receiving prevention services and other services funded by CBFRS, CAPTA and PSSF.</p> <p>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.</p> <p>Data Source: Prevention providers' contract staff</p>
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:	<p>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.</p> <p>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.</p> <p>Data Source: Healthy Families Florida program staff</p>
Validity:	This count of the number of families served is an important measure of the size of the program.
Reliability:	Required in the contract with the Ounce of Prevention Fund

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60900310</u>
Measure:	<u>Per capita verified child abuse rate/1000 (M0736)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A child is any unmarried person under age 18 who has not been emancipated by court order. Abuse is defined as maltreatment, which includes both actual harm and threatened harm. This measure is a rate. The numerator is the number of unduplicated victims of child abuse and neglect as reported to the hotline and determined after investigation to be verified. The denominator is number of children under the age of 18 in the state divided by 1,000. The YTD report for the first 11 months of the fiscal year represents a projection of the actual abuse per 1,000 children per fiscal year.</p> <p>Numerator: Sum 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).</p> <p>Denominator: The number of children under 18 in the state divided by 1,000, to create the projection.</p> <p>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>Data source: The Florida population estimates and projections are provided by the Florida Legislature, Office of Economic and Demographic Research, Demographic Estimating Conference Database.</p>
Validity:	This measure is a rough indicator of the incidence of child maltreatment in Florida
Reliability:	The measure includes only child maltreatment that is: (1) known or suspected, and (2) reported to and accepted by the hotline for investigation, and (3) substantiated by an investigator during the reporting period. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY PROGRAM</u>
Service/Budget Entity:	<u>Family Safety and Preservation Services 60910310</u>
Measure:	<u>Number of facilities and homes licensed (M0123)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Licensed child care facility includes any child care center or child care arrangement, whether or not operated for profit, which provides child care for more than five children unrelated to the operator and which receives a payment, fee, or grant for any of the children receiving care, wherever operated. Family day care homes are occupied residences, whether or not operated for profit, in which child care is regularly provided for children from at least two unrelated families and which receives a payment, fee, or grant for any of the children receiving care. The legislative intent of the program is to ensure a healthy and safe environment for the children in child care settings and to improve the quality of their care through regulation and consultation. The program ensures that licensing requirements are met through ongoing inspections of child care facilities and homes, and thus preventing the continued operation of substandard child care programs through enforcement action authorized in s. 402.310, F.S. The total count of licensed facilities and homes at any given time is necessary to determine compliance with performance measures M04015 and M05175. Data Source: Child Care Information System, Regulation and Enforcement System (CARES).
Validity:	This workload measure represents the effort expended to licensed facilities and homes through the regulatory framework.
Reliability:	Region Child Care Licensing staff are trained to compile and enter data into the Child Care Administration, Regulation and Enforcement System (CARES).

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY PROGRAM</u>
Service/Budget Entity:	<u>Family Safety and Preservation Services 60910310</u>
Measure:	<u>Number of instructor hours provided to child care provider staff. (M0384)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The total number of hours of instruction provided by trainers to child care personnel whether working in the industry or not. Includes the total number of hours of instruction provided in instructor-led courses and the instructor hours equivalent for online courses. Data Source: Child Care Training Report. 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. Online training is provided through the Child Care Training System.
Reliability:	Contracted providers coordinate instructor-led training statewide and report categorically the total number of instructor hours provided on the Quarterly Child Care Training Report. The Child Care Training System tracks online course completions for child care personnel.

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY PROGRAM</u>
Service/Budget Entity:	<u>Child Abuse Prevention and Intervention 60910310</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 facilities are required to have one renewal inspection and two routine inspections during the licensure year. Guidelines for inspections are established in the Child Care Licensing Desk Reference Guide CFOP 175-2. The standards monitored during inspection are in 65C-22 or 65C-25, 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: Childcare Administration, Regulation and Enforcement System (CARES).
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:	Licensed child care homes are required to have one renewal inspection and one routine inspections during the licensure year. Guidelines for inspections are established in Child Care Licensing Desk Reference Guide CFOP 175-2. The standards monitored during inspection 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: Childcare Administration, Regulation and Enforcement System (CARES).
Validity:	This measure reflects how well DCF meets its 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.

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Care Regulation and Information 60900310</u>
Measure:	<u>Number of facilities and homes licensed (M0123)</u>

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<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. Numerator: The total number of inspections completed. Denominator: 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. Numerator: The total number of inspections completed. Denominator: 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:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<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.</p> <p>The measure is a percent.</p> <p>The daily measure is based on the point-in-time open investigations each day.</p> <p>Numerator: 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.</p> <p>Numerator: The number of initial safety assessments submitted during the report period that were reviewed by the supervisor within 72 hours of submission.</p> <p>Denominator: The total number of initial safety assessments submitted during the report period.</p> <p>Data Source: Hotline staff and Protective Investigations staff (Sheriff 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:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (MO100a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>Numerator: 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.</p> <p>Denominator: The number of children who were subjects of reports with findings of "verified" of maltreatment received during the reporting period.</p> <p>Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinellas, Walton and Seminole; department staff in remaining counties)</p>
Validity:	This is an outcome measure of Florida's success in protecting abused and neglected children from recurrence of abuse and neglect.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training, and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>“Maltreatment” is a conclusion in a child protective investigation that resulted in a “verified” finding of abuse or neglect. “Out-of-home care” means care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. A “removal episode” is the period that a child is removed from the child’s home, beginning with a removal date and ending with a discharge date. A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court.</p> <p>This measure is a percent.</p> <p>Denominator: The total number of children in out-of-home care at any time during the report period, regardless of the duration of the episode.</p> <p>Numerator: 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.</p> <p>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:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of investigations (M0295)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Child protective investigations are conducted by DCF 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.</p> <p>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:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Number of children in out-of-home care (M0297)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<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.</p> <p>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:	This measures workload for direct services staff. As a count, it is the denominator for several percentage measures: M0083, M0255, M0388, M0597. It should be considered jointly with percentage measures in order to understand whether the number represents small or large percentages of children who are in the total caseload of children under department care.
Reliability:	Reliability of this measure is dependent on Department and provider staff compliance with data reporting requirements. Data entry in FSFN is the responsibility of district and provider direct services and supervisory staff. On-going systems training, and monitoring assure consistency and accuracy of data. Providers are required by contract to report performance data including client outcomes. They are also required to make appropriate and timely data entry into FSFN. 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>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of child investigations commenced within 24 hours. (M0368)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>This measure is a percent.</p> <p>Numerator: 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.</p> <p>Denominator: The total number of child protective investigations (Initial and Additional Reports) received during the same reporting period as the numerator.</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 is a timeliness measure that tracks staff compliance with the Ch. 39, F.S. requirement that all protective investigations be commenced immediately or within 24 hours. The law is intended to ensure children's safety. A percentage does not tell us whether the percentages are based on very small or large numbers of clients.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. "Reunified" means the discharge of a child from out-of-home care with a discharge reason of either: (1) reunification with parent(s) or other primary caretaker(s), (2) living with other relatives or (3) Guardianship. This measure is a percent.</p> <p>Denominator: 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.</p> <p>Numerator: The subset of children in the denominator whose discharge date is less than twelve months from removal date of the same removal episode.</p> <p>If a child has multiple reunifications after removals of eight days or longer during any report period, only the last reunification will be used for calculating performance on this measure.</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 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."</p> <p>This measure is a percent.</p> <p>Denominator: 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.</p> <p>Numerator: 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.</p> <p>This measure is a percent.</p> <p>Numerator: The number of child protective investigations from the denominator completed within 60 days from the date of the Hotline call.</p> <p>Denominator: 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:	Backup for performance measure
Data Sources and Methodology:	<p>A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. "Out-of-home care" means care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. A "removal episode" is the period that a child is removed from the child's home, beginning with a removal date and ending with a discharge date. "Removal date" means the date a child is removed from the home. "Discharge date" means the date a child leaves out-of-home care, either by achieving permanency or other reason. "Reunified" means the discharge of a child from out-of-home care with a discharge reason of either: (1) reunification with parent(s) or other primary caretaker(s), (2) living with other relatives or (3) Guardianship. "Re-enter" means a subsequent removal episode following reunification. This measure is a percent.</p> <p>Denominator: 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.</p> <p>Numerator: The subset of children in the denominator who had a subsequent removal less than twelve months from the reunification date.</p> <p>If a child has multiple re-entries during any report period, only the first re-entry will be used for calculating performance on this measure.</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 is a measure of our success in maintaining children placed back with their parents.
Reliability:	Reliability is dependent on the completeness, accuracy and timeliness of removal data, including removal and discharge dates.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>The percentage of children in out-of-home care at least 8 days but less than 12 months who had two or fewer placement settings. (M05180)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A “child” is any unmarried person under the age of 18 years who has not been emancipated by order of the court. “Out-of-home care” means care provided during a removal episode.</p> <p>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.</p> <p>"Placement setting" means a specific placement (e.g., individual shelter, foster home or group care facilities) during a removal episode.</p> <p>This measure is a percentage.</p> <p>Denominator: 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.</p> <p>Numerator: 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, sheriffs office and CBC staff.</p>
Validity:	<p>This is a measure of our success in maintaining children in stable placements while they are in a removal episode. There are two problems with this approach. It counts all children in care less than one year, so their episodes are of varying duration (one day to one year), which can be misleading. It is also problematic as a contract measure, as children have typically had one or more shelter placements before the CBC assumes responsibility for the child. It is possible that the child’s first placement after shelter will be the child's third.</p>
Reliability:	<p>Reliability is dependent on the completeness, accuracy and timeliness of FSFN removal data, including removal and discharge dates, and placement. Completeness and accuracy are believed to be good, but timeliness is sometimes problematic.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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.</p> <p>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 CBC Case Managers enter removal data (including removal date, discharge date and discharge reason) directly into the FSFN database.</p>
Validity:	This measure reflects how well 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 is sometimes problematic.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Child Protection and Permanency 60900310</u>
Measure:	<u>Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (M0738)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Child Welfare Supervision includes all adults who must comply with requirements set by Family Safety and the courts due to child abuse and dependency determinations. Numerator: Number of adults identified as needing substance abuse treatment in protective services records who receive treatment. Denominator: 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 CBC. 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:	<p>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."</p> <p>This measure is a percent.</p> <p>Numerator: 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.</p> <p>Denominator is a count of all calls made to the Florida Abuse Hotline.</p> <p>Data Source: ACD System</p>
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:	<p>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.</p> <p>It does not include calls in which the caller hangs up before the call is answered.</p> <p>Data Source: ACD System</p>
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 count of all calls and faxes received by the Florida Abuse Hotline's Automated Call Distribution System. Data Source: ACD System
Validity:	This is a process measure that indicates the workload of the Hotline.
Reliability:	Reliability of this measure is dependent on DCF, sheriff's and contract provider's staff compliance with data reporting requirements as well as a common understanding of those requirements. Data entry in FSFN is the responsibility of district and provider direct services and supervisory staff. Periodic district reviews by program staff have indicated no major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>FAMILY SAFETY AND PRESERVATION SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Family Safety 60900310</u>
Measure:	<u>Administrative cost as a percent of total agency costs (M0426)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. Numerator: Administrative costs. Denominator: Total agency costs. 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>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900500</u>
Measure:	<u>Average annual days worked for pay for adults with severe and persistent mental illness (M0003)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria:</p> <ol style="list-style-type: none"> 1. They do not meet the criteria for adults with forensic involvement, 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. District staff monitor the quality and accuracy of information submitted by their contracted providers. Threats to reliability include self-reporting mistakes by clients as well as provider error.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900500</u>
Measure:	<u>Number of adults with a serious and persistent mental illness in the community served (M0016)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria:</p> <ol style="list-style-type: none"> 1. They do not meet the criteria for adults with forensic involvement, 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 district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900500</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. 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: Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of adults who receive treatment in the state mental health system.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900500</u>
Measure:	<u>Number of adults with forensic involvement served (M0018)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Adults with forensic involvement includes adults age 18 and over who meet the following criteria:</p> <ul style="list-style-type: none"> • A legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed. • Served means an individual received at least one service event during the time period. <p>Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with forensic involvement. Data Source: 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 district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900500</u>
Measure:	<u>Percentage of adults in community mental health programs who are employed (M0703)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Competitively employed is defined as a person whose employment status is full or part time any time during the fiscal year as reported in the 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"> ● 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. Numerator: An unduplicated number of adults with SMI who are competitively employed full or part-time during the time period. Denominator: An unduplicated number of all the adults with SMI served regardless of their employment status (e.g. employed full or part-time, unemployed, not in the labor force such as those who are retired, sheltered employment, sheltered workshops, and other). Data Source: 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>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900500</u>
Measure:	<u>Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client’s most recent residential status code 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. <p>Numerator: The number of adults with SPMI served who live in stable housing environment during the time period.</p> <p>Denominator: All adults with SPMI 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:	<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:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900500</u>
Measure:	<u>Percent of adults in forensic involvement who live in stable housing environment. (M0743)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code 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.</p> <p>Numerator: The number of Adults with forensic involvement served who live in stable housing environment during the time period.</p> <p>Denominator: 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:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Adult Community Mental Health Services 60900500</u>
Measure:	<u>Percent of adults in mental health crisis who live in stable housing environment. (M0744)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for adults who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code 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.</p> <p>Numerator: The number of adults in mental health crisis served who live in stable housing environment during the time period.</p> <p>Denominator: 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>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</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 percent. First, an average of days available and an average of days attended is calculated for each client by separately summing the total days attended and the total days available reported on each record for each SSN and dividing those numbers by the total number of records reported for that SSN. This is done to weight the figures, so that a SSN who happens to have more outcome measure records reported does not skew that data.</p> <p>Numerator: Sum of the average number of school days attended. Denominator: Sum of the average school days available.</p> <p>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 district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</u>
Measure:	<u>Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>The principle of law to ensure a defendant's due process right to a fair trial has been codified into Florida Rules of Juvenile Procedure and is cited as being "whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings. In addition, under Florida statute a youth can only be committed to DCF for competency training if the basis of the incompetency is mental illness or intellectually disabled.</p> <p>This measure is a percentage.</p> <p>Numerator: The number of children with mental illness who were restored to competency and recommended to proceed to a judicial hearing in the time period.</p> <p>Denominator: 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:	<p>Measure is a not a true indicator of the desired outcome (see also comment section) that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's mental illness, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior mental health treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
Reliability:	<p>Central office maintains an ACCESS data base that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</u>
Measure:	<u>Percent of children who are intellectually disabled restored to competency and recommended to proceed with a judicial hearing (M0020)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Intellectual disability means significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly sub average general intellectual functioning," for the purpose of this definition and as defined in 393.063, means performance which is two or more standard deviations from the mean score on a standardized intelligence test. These children require an DSM-IV AXIS II intellectually disabled. The principle of law to ensure a defendant's due process right to a fair trial has been codified into Florida Rules of Juvenile Procedure and is cited as being "whether the defendant has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and whether the defendant has a rational, as well as factual, understanding of the pending proceedings. In addition, under Florida statute a youth can only be committed to DCF for competency training if the basis of the incompetency is mental illness or intellectually disabled.</p> <p>This measure is a percentage.</p> <p>Numerator: The number of children who are intellectually disabled who were restored to competency and recommended to proceed to a judicial hearing in the time period.</p> <p>Denominator: The total number children who are intellectually disabled who had competency reports submitted to the court in the time period.</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:	<p>Measure is not a true indicator of the desired outcome (see comment section) that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's intellectual disability, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.</p>
Reliability:	<p>Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.</p>

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</u>
Measure:	<u>Number of children served who are incompetent to proceed (M0030)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children must be charged with a felony and found incompetent to proceed due to mental illness or intellectually disability, or autism.</p> <p>This is a count of all children served by the contracted provider at any time during the year.</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:	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>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Number of SED children to be served (M0031)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:</p> <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. <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 serious 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 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 district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</u>
Measure:	<u>Number of ED children to be served (M0032)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with emotional disturbance (ED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none"> 1. They do not meet the criteria for the SED target population. 2. They have a diagnosis of an allowable ICD 9 diagnosis. <p>Served means that the individual received at least one service event during the time period.</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: Provider staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of children with ED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and DCF will monitor compliance. Central office provides annual training on target population enrollment, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900506</u>
Measure:	<u>Number of at-risk children to be served (M0030)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children at risk of emotional disturbance (At Risk) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none"> 1. They do not meet the criteria for SED or ED target populations. 2. They have factors in their lives that place them at risk for emotional disturbance, such as referral to EH program in accordance IDEA, homelessness, family history of mental illness, have experienced or are experiencing abuse or neglect, exposure to domestic violence, substance abuse, chronic or serious physical illness, or multiple out-of-home placements. <p>Served means that the individual received at least one service event during the time period.</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: staff report the data based on client interview and records.</p>
Validity:	This is a direct measure of the number of children at risk of ED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</u>
Measure:	<u>Percent of children with emotional disturbances who improve their level of functioning (M0377)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with emotional disturbances (ED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet both of the following criteria:</p> <ol style="list-style-type: none"> 1. They do not meet the criteria for serious emotional disturbance (SED). 2. They have an allowable mental health diagnosis as defined in the 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>Numerator: The number of children whose "most recent score" is less than their "previous assessment score". The scores are calculated by summing the score for the 16 questions per person captured on the Children's Functional Assessment Rating Scales (CFARS). A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The "most recent score" must occur within the reporting fiscal year and cannot be an admission assessment. The "previous assessment score" must have occurred within the 12 previous months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6-month mark (180 days) from the "most recent score" will be used.</p> <p>Denominator: 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:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</u>
Measure:	<u>Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:</p> <ol style="list-style-type: none"> 1. A diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder. 2. 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. Currently receive SSI benefits for a psychiatric disability. <p>Improved functioning means that the current level of functioning is better than the level previously measured.</p> <p>This number is a percent and is based on the change between two assessments.</p> <p>Numerator: The number of children whose "most recent score" is less than their "previous assessment score". The scores are calculated by summing the score for the 16 questions per person captured on the Children's Functional Assessment Rating Scales (CFARS). A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The "most recent score" must occur within the reporting fiscal year and cannot be an admission assessment. The "previous assessment score" must have occurred within the 12 previous months of the "most recent score" and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6-month mark (180 days) from the "most recent score" will be used.</p> <p>Denominator: 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:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</u>
Measure:	<u>Percent of children with emotional disturbance (ED) who live in a stable housing environment (M0778)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment. 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.</p> <p>Numerator: The number of children with emotional disturbance served who live in stable housing environment during the time period.</p> <p>Denominator: 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>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</u>
Measure:	<u>Percent of children with serious emotional disturbance (SED) who live in a stable housing environment (M0779)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment. Children with serious emotional disturbance (SED) includes persons under age eighteen, and in some cases persons between the ages of 18 and 21, who meet any of the following criteria:</p> <p>(1) They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder;</p> <p>(2) They have a diagnosis of another allowable ICD 10 diagnosis and have a C-GAS score of fifty or below; or</p> <p>(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.</p> <p>Numerator: The number of children at risk of emotional disturbance served who live in stable housing environment during the time period.</p> <p>Denominator: 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. 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>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Children's Mental Health Services 60900500</u>
Measure:	<u>Percent of children at risk of emotional disturbance who live in a stable housing environment (M0780)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Stable housing environment includes living situation for children who live in private residences with relatives, non-relatives, friends, or foster parents as opposed to being in institutional setting, residential care, residential treatment facility, crisis residence, jail, correctional facility, or homeless. The client's most recent residential status code of 01 thru 08, and 11 will be used to determine if a child lives in stable housing environment. 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>Numerator: The number of children with serious emotional disturbance served who live in stable housing environment during the time period.</p> <p>Denominator: All children with serious emotional disturbance served with any living situation excluding persons with living situation of unknown. 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. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>COMMUNITY SERVICES</u>
Service/Budget Entity:	<u>Program Management and Compliance - Mental Health 60900500</u>
Measure:	<u>Administrative cost as a percent of total program costs (M0135)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area. Data Source: The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 6091500</u>
Measure:	<u>Number of sexual predators served (detention and treatment). (M0379)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>Unduplicated count of persons who are held in the SVPP's facilities at any time during the year.</p> <p>Data Source: Census reports from facilities that are entered into the SVPP Access database</p>
Validity:	Measures the demand for secure confinement and treatment resources
Reliability:	Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Violent Sexual Predator Program 6091500</u>
Measure:	<u>Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>Numerator: The sum of harmful events in the facility for the fiscal year. Denominator: The average daily resident census. Data Source: Contractor staff</p>
Validity:	The reporting system is undergoing change from a resident-based report to a incident-based report. While the resident-based reporting system has fairly represented "significant reportable events," another category, "critical incidents" has been found to have been reported incorrectly or underreported. A quality assurance staff person at the facility and under separate contract to 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 6091500</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:	<p>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.</p> <p>Data Source: SVPP Access database</p>
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 6090050</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 6091500</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%). Numerator: The sum of those days, after the total of 10 percent is trimmed. Denominator: 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 6091500</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 DCF for involuntary hospitalization pursuant to Ch. 916, F.S. Ch. 916.107(1)(a), F.S. mandates that DCF 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. 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.</p> <p>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. 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 district for possible diversion. If successfully diverted with court approval, individuals are removed from the waiting list without ever being admitted to a state mental health treatment facility.</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 6091500</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.</p> <p>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:	Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 6091500</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.</p> <p>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.</p> <p>Data Source: Data is collected by the clinicians at each facility and submitted to the ADM data warehouse.</p>
Validity:	Measure is a direct count of the number of people who use hospital beds
Reliability:	Reliability is dependent on the facilities reporting data correctly to the program office. Facilities have been trained to report the data and program office staff perform site visits routinely.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>MENTAL HEALTH SERVICES</u>
Service/Budget Entity:	<u>Adult Mental Health Treatment Facilities 6091500</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.</p> <p>Denominator: The number of people who had two scores reported for comparison.</p> <p>Numerator: 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 6091500</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.</p> <p>Denominator: The number of people who had two scores reported for comparison. Numerator: 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 6091500</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.</p> <p>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. 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) 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 6091500</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:	<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>Number of adults served (M0063)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Adults served in substance abuse treatment include persons enrolled in adult substance abuse priority populations and received services in any 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. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percentage change in clients who are employed from admission to discharge. (M0753)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Employed is defined as part-time or fulltime employment, including active military duty, at the time of discharge from treatment. There are no minimum hour or wage requirements; the wages must be subject to income tax, however, so that welfare and nontaxable stipends are not considered employment. An adult is a person 18 years old and older. The measure is a percentage, calculated by taking the number of adults who, at the time of discharge, are employed fulltime, part-time or active military (numerator), divided by the number of adults discharged from treatment with any employment or unemployment codes. Persons who are retired or not in the labor force (students, persons with disabilities, homemakers and on leave of absence from a job) are not included in the denominator. Clients who died, were incarcerated, referred outside of the agency and did not complete episode of care or discharged for other reasons not elsewhere captured are excluded. Data Source: 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:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Having arrest means the client was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency.</p> <p>This measure focuses on adults discharged during the reporting period, who received services in at least one of the following treatment 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.</p> <p>Percent arrested prior to admission: Numerator: 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 Denominator: The total number of adults admitted (Purpose = Percent arrested prior to discharge).</p> <p>Numerator: 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). Denominator: 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.</p> <p>Numerator: The number of adults discharged who successfully completed treatment as defined above.</p> <p>Denominator: 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. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<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.</p> <p>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.</p> <p>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. DCF 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. Numerator: Number of adults identified as needing substance abuse treatment in protective services records who receive treatment. Denominator: 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. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Number of at-risk children served in prevention services. (M0382)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>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 unduplicated 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 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.

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. (M0725)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>The measure is a percentage. Successful completion of treatment includes clients discharged during the reporting period who: (a) received services in any treatment covered services) and 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: 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. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Having arrest means the client was arrested and booked at least once during the last 30 days before his/her admission into the provider agency and/or at least once during the last 30 days prior to discharge from the provider agency.</p> <p>This measure focuses on children discharged during the reporting period, who received services in at least one of the following treatment 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.</p> <p>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.</p> <p>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. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>SUBSTANCE ABUSE SERVICES</u>
Service/Budget Entity:	<u>Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604</u>
Measure:	<u>Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<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.</p> <p>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.</p> <p>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 members of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</u>
Service/Budget Entity:	60910708
Measure:	<u>Percent of refugee assistance cases accurately closed at 12 months or less (M0103)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A refugee assistance case is a client or family unit found eligible for refugee cash or refugee medical assistance. Accurately closed means that services have been terminated. The eight-month time frame is required by federal regulation and the Office of Refugee Resettlement, Department of Health and Human Services. The measure is a percentage, calculated by taking the number of refugee assistance cases closed at 8 months or less (numerator), divided by the total number of refugee assistance cases closed for the time period (denominator). Data Source: Economic Self Sufficiency (ESS) staff.
Validity:	The measure is based upon a requirement of 45 CFR 400.60, describing client 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.
Reliability:	Annual audits on the eligibility components of the FLORIDA System by the State Auditor General reduce the potential for errors in data entry. 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:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</u>
Service/Budget Entity:	60910708
Measure:	<u>Number of refugee cases closed (M0104)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	A refugee case is a client or family unit found eligible to receive refugee cash or refugee medical assistance. Closed means that the client has been terminated from receiving cash or medical assistance. The measure is a count of cases closed. Data Source: Economic self-sufficiency staff.
Validity:	Care in interpreting this measure must be taken as it is not a count of the total refugee assistance caseload, but only a count of cases closed within the time period measured.
Reliability:	DCF 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</u>
Service/Budget Entity:	60910708
Measure:	<u>Number of refugee cases (M0362)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>A refugee case is a client determined eligible to receive refugee cash and refugee medical assistance and services from a provider contracted by the DCF Refugee Services Program Office. The measure is an unduplicated of the total active client population, including those receiving refugee cash assistance, those receiving refugee medical assistance and those receiving services by contract.</p> <p>Data Source: Refugee cash and refugee medical assistance client data are reported by ACCESS Florida staff. Data about clients receiving contracted services are reported by the contracted providers.</p>
Validity:	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:	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. Refugee Services offers providers eligibility training and on-going technical assistance.

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</u>
Service/Budget Entity:	60910708
Measure:	<u>Percent of unemployed active caseload placed in employment. (M04040)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>The measure is a percentage calculated by taking the total number of clients placed who were in the unemployed active caseload for the quarter (numerator), divided by the total number in the unemployed active caseload (denominator).</p> <p>Data Source: Contracted provider staff</p>
Validity:	Threats to validity include errors in eligibility determination, placement information, and case closure.
Reliability:	The Department monitors data quality and reliability. Refugee Services offers providers eligibility training and on-going technical assistance.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</u>
Service/Budget Entity:	60910708
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: 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 DCF's ability to respond timely to requests for assistance from families and individuals to help meet their basic needs. Basic needs include food, shelter and medical care.
Reliability:	Internal quality reviews are completed on a sample of applications. These reviews validate the dates reported in the system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</u>
Service/Budget Entity:	60910708
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:	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</u>
Service/Budget Entity:	60910708
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. Accuracy rate is defined as a review of an household's eligibility determination to verify that the determination and correct amount of benefits have been authorized and received. It is verified by Food Stamp case reviews conducted by the DCF Office of Quality Control (QC). Florida uses the National Integrated Quality Control System to transmit Florida data from QC to the US Department of Agriculture, Food and Nutrition Service 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.
Reliability:	Accuracy is calculated on a statewide basis; stratified regional review sampling allows the district data to be used for indication of problem areas.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</u>
Service/Budget Entity:	60910708
Measure:	<u>Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Suspected fraud cases are those meeting specific error prone profiles such as expenses continually exceeding available income. Once identified, these cases are referred to a fraud unit for review. Savings are defined as benefits that are not issued because of the detection of client misrepresentation.</p> <p>Denominator: The total number of cases which meet the error prone profiles that are referred for review.</p> <p>Numerator: The total number of cases which meet the error prone profiles that are referred for review that result in savings.</p> <p>Data Source: ESS Fraud Prevention staff</p>
Validity:	Data is limited to cases that produce savings.
Reliability:	Central Office Quality Assurance and district staff both monitor local Fraud Units to validate that data is entered into the system correctly and accurately reflects individual employee and unit performance.

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</u>
Service/Budget Entity:	60910708
Measure:	<u>Dollars collected through Benefit Recovery (M0111)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>Benefit Recovery dollars are monies collected by DCF that have been issued through client misrepresentation or department/client error. The measure is a count, the sum of the dollar value collected on established benefit recovery claims. Data Source: Benefit Recovery System (interfaces with FLORIDA)</p>
Validity:	Recoupment of benefits issued in error.
Reliability:	DCF's Benefit Recovery staff monitor the data in the Benefit Recovery System 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</u>
Service/Budget Entity:	60910708
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:	Prevents ineligible individuals from receiving benefits to which they are not entitled.
Reliability:	Potential error profiles 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</u>
Service/Budget Entity:	60910708
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:	Department 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</u>
Service/Budget Entity:	60910708
Measure:	<u>Percentage of food assistance applications processed within 30 days (M0219)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>Numerator: The number of these applications that do not exceed the 30-day time standard.</p> <p>Data Source: Economic Self Sufficiency field staff.</p>
Validity:	Measures the timeliness of food stamp application processing.
Reliability:	Dependent on applications coded 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</u>
Service/Budget Entity:	60910708
Measure:	<u>Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Sanctions must be imposed upon notification allowing 10 days adverse action notice. These matches require action within a 10-day time standard. Data source: FLORIDA System and OSST system interface
Validity:	Measures ability to respond timely to sanction requests received .
Reliability:	Staff monitor timely sanction processing in the required 10-day time frame.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</u>
Service/Budget Entity:	60910708
Measure:	<u>Number of beds per day available for homeless clients (M0304)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	Homeless means any person without a fixed regular or adequate night-time residence. Assisted bed means any bed assisted by an Emergency Shelter Grants or a Housing Assistance Grant. An actual physical count of number of beds done once a year when grants are awarded. Data Source: Paper copies of Grant Applications submitted annually to the Office of Homelessness in DCF.
Validity:	Measures effective use of state or federal funds used to develop beds for the homeless.
Reliability:	Twenty-seven continuums report this information to the Office of Homelessness each year in grant applications received in hard or electronic copy from eligible applicants.

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</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</u>
Service/Budget Entity:	60910708
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.</p> <p>Denominator: Count payees who received a TANF diversion payment 12 months ago. Numerator: Of the above, a count of payees who have not participated in TANF since the diversion payment.</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 DCF'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</u>
Service/Budget Entity:	60910708
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. 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</u>
Service/Budget Entity:	60910708
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:	<p>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.</p> <p>Denominator: The number of eligible 2-parents TANF adults with a work participation requirement.</p> <p>Numerator: The number of those above 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 is an indicator of the system's success in increasing the self-sufficiency of food stamp recipient households.
Reliability:	ESS field staff code applications as expedited or regular.

Department:	<u>Department of Children and Families</u>
Program:	<u>ECONOMIC SELF SUFFICIENCY</u>
Service/Budget Entity:	60910708
Measure:	<u>Percentage of food assistance applications processed within 7 days (expedited) (M0733)</u>
Action:	Backup for performance measure
Data Sources and Methodology:	<p>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.</p> <p>Numerator: The number of these applications that do not exceed the 30 day time standard.</p> <p>Data Source: Economic Self Sufficiency field staff</p>
Validity:	This measure is an indicator of the system's success in increasing the self-sufficiency of food stamp recipient households.
Reliability:	ESS staff code applications as expedited or regular.

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

Measure Number	Approved Performance Measures for FY 2020-21		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)		Percent of inspections completed compared to the number of inspections needed based on number of licensed facilities (M0123)
6	Percent of licensed child care homes inspected in accordance with program standards (M05175)		Percent of inspections completed compared to the number of inspections needed based on number of licensed facilities (M0123)
7	Number of instructor hours provided to child care provider staff. (M0384)		
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
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 (M0063)
52	Number of adults with a serious and persistent mental illness in the community served (M0016)		Number of adults served (M0063)
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 serious emotional disturbance (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)

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

CHILDREN AND FAMILIES, DEPARTMENT OF		FISCAL YEAR 2022-23		
		OPERATING		FIXED CAPITAL OUTLAY
SECTION I: BUDGET				
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			4,163,475,892	37,670,600
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			685,149,952	-2,565,000
FINAL BUDGET FOR AGENCY			4,848,625,844	35,105,600
SECTION II: ACTIVITIES * MEASURES				
		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)
Executive Direction, Administrative Support and Information Technology (2)				(3) FCO 35,105,600

Protective Services * Number of people receiving protective supervision, and protective intervention services and number of investigations completed	43,266	1,485.02	64,250,955	
Healthy Families * Number of families served in Healthy Families	8,132	3,490.06	28,381,164	
Protective Investigations * Number of investigations	166,674	1,765.62	294,282,631	
In-home Supports * Number of children under protective supervision (point in time)	8,376	71,009.43	594,774,973	
Out-of-home Supports * Number of children with a goal of adoption who remain in out-of-home care after 24 months.	5,020	84,620.78	424,796,309	
Child Welfare Legal Services * Number of termination of parental rights petitions filed	4,734	15,328.16	72,563,496	
Emergency Shelter Supports * Number of adults with a safety plan upon leaving domestic violence shelter after 72 hours	5,342	8,189.66	43,749,190	
Report Intake, Assessment And Referral * Number of calls to the Florida Abuse Hotline	409,759	76.94	31,526,394	
Adoption Subsidies * Number of children receiving adoption subsidies	44,184	6,170.86	272,653,398	
Adoption Services * Children receiving adoptive services	7,694	9,267.75	71,306,083	
License Child Care Arrangements * Number of facilities and homes licensed	8,867	2,615.29	23,189,810	
Daily Living * Number of qualified disabled adults (ages(18 - 59) in the CCDA, ADA Medicaid Waiver Programs, and Consumer Directed Care Medicaid Waiver	292	6,175.72	1,803,311	
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program	1,101	1,700.75	1,872,528	
Emergency Stabilization * Number of children served	934	5,892.08	5,503,200	
Emergency Stabilization * Number of adults served	17,981	6,424.06	115,511,075	
Provide Forensic Treatment * Number of adults in forensic commitment served	3,491	62,438.87	217,974,089	
Provide Civil Treatment * Number of people in civil commitment served	2,143	116,008.53	248,606,286	
Community Support Services * Number of children served	35,655	4,012.61	143,069,593	
Community Support Services * Number of adults with forensic involvement served.	2,209	240,036.47	530,240,557	
Assessment * Number of sexual predators assessed	3,988	8,315.62	33,162,680	
Detoxification * Number of children served	358	4,338.02	1,553,012	
Treatment And Aftercare * Number of children with substance-abuse problems served	10,328	7,759.85	80,143,685	
Detoxification * Number of adults provided detoxification and crisis supports	38,719	2,139.02	82,820,632	
Prevention * Number of at-risk adults provided prevention services	744,741	297.56	221,608,319	
Benefit Recovery/Error Rate Reduction * Return on investment from fraud prevention/benefit recovery	32,975,870	0.60	19,688,220	
Refugee Assistance * Number of refugee clients served	309,741	879.47	272,408,984	
Issue Optional State Supplementation Payments * Number of applications processed for Optional State Supplementation payments	112	81,765.15	9,157,697	
Homeless Assistance * Number of grants issued for homeless clients	48,952	2,087.82	102,203,018	
Eligibility Determination/Case Management * Number of cash assistance payments	1,672,312	269.79	451,168,856	
Issue Welfare Transition Program Payments * Total number of cash assistance applications	288,675	401.33	115,854,740	
TOTAL			4,574,698,962	35,105,600
SECTION III: RECONCILIATION TO BUDGET				
PASS THROUGHS				
TRANSFER - STATE AGENCIES				
AID TO LOCAL GOVERNMENTS				
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS			28,354	
OTHER				
REVERSIONS			238,898,802	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			4,813,626,118	35,105,600

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.

(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.

(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.

(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

APPENDIX: GLOSSARY OF TERMS AND ACRONYMS

ACA: Affordable Care Act.

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

ACF: Administration for Children and Families

ACT: Assertive Community Treatment (teams)

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

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

ADA: Americans with Disabilities Act

ADRC: Adult Disability Resource Center

AFSP: American Foundation for Suicide Prevention

AHCA: Agency for Health Care Administration

ALF: Assisted Living Facility

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

APHSA: American Public Human Services Association

API: Adult Protective Investigator

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

ARF: Addiction Receiving Facilities

ARS: Alternative Response System

ASA: Adult Substance Abuse

ASFA: Adoptions and Safe Families Act

ATR: Access to Recovery

AWI: Agency for Workforce Innovation

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

BASP: Behavior Analysis Services Program

BHOS: Behavioral Health Overlay Services

BNet: Behavioral Health Network

BRITE: Brief Intervention and Treatment for the Elderly

BSF: Building Strong Families

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

CAPTA: Child Abuse Prevention and Treatment Act

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

CCDA: Community Care for Disabled Adults

CCSU: Children’s Crisis Stabilization Unit

CDC+: Consumer Directed Care (Plus) Medicaid Waiver

CFS: Child and Family Services

CFSR: Child and Family Services Review

CHMI: Community Healthy Marriage Initiative

CIO: Chief Information Officer

CIP: Capital Improvements Program Plan

CIT: Crisis Intervention Team

CMS: Children’s Medical Services

CNA: Community Needs Assessment

COOP: Continuity of Operations Plans

COSIG: Co-occurring System Improvement Grant

CPI: Child Protective Investigator

CMS: Children’s Medical Services

CSA: Children’s Substance Abuse

CSE: Child Support Enforcement

CSU: Crisis Stabilization Unit

CW: Child Welfare

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

DCF: Department of Children and Families

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

DENS: Drug Epidemiology Networks

DJJ: Department of Juvenile Justice

DOC or DC: Department of Corrections

DOEA: Department of Elder Affairs

EBP: Evidence Based Practice

EOG: Executive Office of the Governor

ESS: Economic Self-Sufficiency

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

EBP: Evidence Based Practice

FAC: Florida Administrative Code

FACT: Florida Assertive Community Treatment Team

FADAA: Florida Alcohol and Drug Abuse Association

FARS: Functional Assessment Rating Scale

FCB: Florida Certification Board

FCCC: Florida Civil Commitment Center

FCCTIP: Florida Clinical Consultation Treatment Improvement Project

FCO: Fixed Capital Outlay

FFMIS: Florida Financial Management Information System

FIS: Family Intervention Specialist

FISP: Florida Initiative for Suicide Prevention

FIT: Family Intensive Treatment

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

FLAIR: Florida Accounting Information Resource Subsystem

FMHI: Florida Mental Health Institute

F.S.: Florida Statutes

FSAS: Florida School of Addiction Studies

FSFN: Florida Safe Families Network

FSH: Florida State Hospital

FTE: Full time equivalent position

FSAPAC: Florida Substance Abuse Prevention Advisory Council

FYSAS: Florida Youth Substance Abuse Survey

GAA - General Appropriations Act

GR - General Revenue Fund

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

HCBS: Home and Community-Based Services

HIPAA: Health Insurance Portability and Accountability Act of 1996

HMO: Health Maintenance Organization

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

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

ICF/DD: Intermediate Care Facility/Developmental Disabilities

IDEA: Individuals with Disabilities Education Act

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

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

Input: See Performance Measure.

IBRS: Integrated Benefit Recovery System

ICAMA: Interstate Compact on Adoption and Medical Assistance

ICPC: Interstate Compact on the Placement of Children

ICWA: Indian Child Welfare Act

IDP: Indigent Drug Program

ILP: Independent Living Program

IOE: Itemization of Expenditure

IQC: Interagency Quality Council

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

IT: Information Technology

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

LAN: Local Area Network

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

LBC - Legislative Budget Commission

LBR - Legislative Budget Request

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

Legislature to the organization of the next Legislature.

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

L.O.F.: Laws of Florida

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

MAN: Metropolitan Area Network (Information Technology)

MDTMPBH: Medicaid Drug Therapy Management Program for Behavioral Health

MHI: Mental Health Institutions

NAPSA: National Adult Protective Services Association

NASBO: National Association of State Budget Officers

Narrative: Justification for each service and activity is required at the program component detail level. Explanation, in many instances, will be required to provide a full understanding of how the dollar requirements were computed.

NEFAN: Northeast Florida Addictions Network

NEFSH: Northeast Florida State Hospital

Nonrecurring: Expenditure or revenue which is not expected to be needed or available after the current fiscal year.

OPB: Office of Policy and Budget, Executive Office of the Governor

OPS: Other Personal Services

OSS: Optional State Supplementation

Outcome: See Performance Measure.

OOH: Out-of-Home (Care).

Output: See Performance Measure.

Outsourcing: Means the process of contracting with a vendor(s) to provide a service or an activity and there is a transfer of management responsibility for the delivery of resources and the performance of those resources. Outsourcing includes everything from contracting for minor administration tasks to contracting for major portions of activities or services which support the agency mission.

PBPB/PB2: Performance-Based Program Budgeting

PASRR: Pre-Admission Screening and Resident Review

Pass Through: Funds the state distributes directly to other entities, e.g., local governments, without

being managed by the agency distributing the funds. These funds flow through the agency's budget; however, the agency has no discretion regarding how the funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level. **NOTE: This definition of "pass through" applies ONLY for the purposes of long range program planning.**

Performance Ledger: The official compilation of information about state agency performance based programs and measures, including approved programs, approved outputs and outcomes, baseline data, approved standards for each performance measure and any approved adjustments thereto, as well as actual agency performance for each measure.

Performance Measure: A quantitative or qualitative indicator used to assess state agency performance.

Input means the quantities of resources used to produce goods or services and the demand for those goods and services.

Outcome means an indicator of the actual impact or public benefit of a service.

Output means the actual service or product delivered by a state agency.

PIP: Program Improvement Plan.

PIRW: Protective Investigator Retention Workgroup.

PPFWR: Permanent Placement with a Fit and Willing Relative

PRTS: Purchase of Residential Treatment Services.

Policy Area: A grouping of related activities to meet the needs of customers or clients which reflects major statewide priorities. Policy areas summarize data at a statewide level by using the first two digits of the ten-digit LAS/PBS program component code. Data collection will sum across state agencies when using this statewide code.

Primary Service Outcome Measure: The service outcome measure which is approved as the performance measure which best reflects and measures the intended outcome of a service. Generally, there is only one primary service outcome measure for each agency service.

Privatization: Occurs when the state relinquishes its responsibility or maintains some partnership type of role in the delivery of an activity or service.

Program: A set of activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act by a title that begins with the word "Program." In some instances a program consists of several services, and in other cases the program has no services delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. "Service" is a "budget entity" for purposes of the LRPP.

Program Purpose Statement: A brief description of approved program responsibility and policy goals. The purpose statement relates directly to the agency mission and reflects essential services of the program needed to accomplish the agency's mission.

Program Component: An aggregation of generally related objectives which, because of their special character, related workload and interrelated output, can logically be considered an entity for purposes of organization, management, accounting, reporting, and budgeting.

PSSF: Promoting Safe and Stable Families

QA: Quality Assurance

QMS: Quality Management System (Child Welfare)

Reliability: The extent to which the measuring procedure yields the same results on repeated trials and data are complete and sufficiently error free for the intended use.

RFP: Request for Proposal.

SAMH: Substance Abuse/Mental Health Block Grant

SAMHSA: Substance Abuse and Mental Health Services Administration

SAPT: Substance Abuse Prevention Treatment Grant

SDC: Self-directed Care

Service: See Budget Entity.

SEW: State Epidemiology Workgroup

SFETC: South Florida Evaluation and Treatment Center

SHM: Supporting Healthy Marriage

SISAR: State Information Substance Abuse Report

SMHTF: State Mental Health Treatment Facilities

SPAN-FL: Suicide Prevention Action Network -Florida

SRT: Short-Term Residential Treatment

Standard: The level of performance of an outcome or output.

SIG: State Incentive Grant.

STO: State Technology Office

SVP: Sexually Violent Predator

SVPP: Sexually Violent Predator Program

SWOT: Strengths, Weaknesses, Opportunities and Threats

TANF: Temporary Assistance to Needy Families

TCS: Trends and Conditions Statement

TF: Trust Fund

TRW: Technology Review Workgroup

Unit Cost: The average total cost of producing a single unit of output – goods and services for a specific agency activity.

USDA: U.S. Department of Agriculture

Validity: The appropriateness of the measuring instrument in relation to the purpose for which it is being used.

WAGES - Work and Gain Economic Stability (Agency for Workforce Innovation)

WAN - Wide Area Network (Information Technology)