State of Florida
Department of Children and Families

Charlie Crist
Governor

George H. Sheldon
Secretary

LONG RANGE PROGRAM PLAN

Department of Children and Families
Tallahassee, Florida

September 30, 2009

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Senate Policy and Steering Committee on Ways and Means
201 Capitol
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, our Long Range Program Plan (LRPP) for the Department of Children and Families is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives and measures for the Fiscal Year 2010-11 through Fiscal Year 2014-2015. This submission has been approved by Secretary George H. Sheldon. The following page includes a message from Secretary Sheldon.

Sincerely,

Ted Harrell
Department Planner

Message from Secretary Sheldon

On behalf of the Florida Department of Children and Families, I am pleased to present our Long Range Program Plan for Fiscal Years 2010-2011 through 2014-2015. This plan provides the Department a chance to review our progress and outline where we are headed.

Our vision is, with the help of our community partners, to become the best social service system in America. While we have much more to accomplish, I believe we are on the right track. We are committed to providing the highest quality of service possible, and that quality cannot be less than what we would want for our own families. The front section of this plan reflects our strategic plan (this is a legislative requirement) and describes four important goals that will help our vision become reality.

First, children and adults should be free from abuse, neglect, violence or exploitation. When parents are suffering from addiction or mental illness, when the family system breaks down, when our children and citizens are abused and neglected, it is up to us to help put these families on a path to recovery. We must continue to work with other state agencies, the Governor's Office, and our community partners to educate Floridians about unsafe behaviors that lead to injuries and deaths. One example of collaboration is the Task Force on Fostering Success, which has allowed us to benefit from various perspectives to identify gaps in Florida's child protection system.

Second, children and adults must have their basic needs of food, shelter, clothing and good health met. This year, the Department was nationally recognized for achieving the best payment accuracy rate in the country for food stamp benefits while serving 800,000 additional people. Florida is the largest state to hold the number one spot for accuracy since the federal bonus system went into place in 2003. However, we still have challenges to meet due to the high ACCESS workload and process. The Department will also continue to partner with other agencies to promote low-cost health insurance for children through Florida KidCare.

Third, adults, children and families should be active, self-sufficient participants living in their own homes and communities. Our hope for all children in Florida is a safe, loving and permanent home that supports our youth as they transition into adulthood and self-sufficiency. One of our boldest initiatives is the goal of reducing the number of children in out-of-home care by 50% by 2012. So far, we have safely reduced the number of children in out-of-home care by 33% since January of 2007, and we look forward to continuing our progress. In doing so, we are especially committed to enabling more children to remain safely with, or be reunited with, their own families. For children that remain in the foster care system, we must continue to find ways to assist youth aging out of care through initiatives such as Operation Full Employment and the Independent Living Program.

Finally, the Department must be an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission. In everything we do, we strive to apply common sense, a sense of urgency and a sense of community to improve the lives of the children and adults we serve. We are committed to integrity and transparency because, right or wrong, we are accountable for the quality of our decisions and our work. We hope that Floridians will increasingly recognize and benefit from the great accomplishments of this agency.

George H. Sheldon
Secretary

Long Range Program Plan

Fiscal Years 2010-2011 through 2014-2015

Florida Department of Children and Families
September 30, 2009

George H. Sheldon
Secretary

Florida Department of Children & Families

Charlie Crist
Governor

Strategic Plan

Department Mission:

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

Department Goals

Goal 1: Children and adults are free from abuse, neglect, violence or exploitation

Goal 2: The basic needs of food, shelter, clothing and health are met for children and adults

Goal 3: Adults, children and families are active self-sufficient participants living in their own homes/community

Goal 4: DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Department Priorities

- **Transparency**
- **Accountability**
- **Orientation to Action**
- **Focus on Building Community Partnerships**
- **Leadership**
- **Integrity**

Agency Objectives

Goal 1
Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.1
Reduce the number of child deaths and injuries in Florida related to abuse, neglect and abandonment

Objective 1.2
Reduce domestic violence and sexually violent offenses

Objective 1.3
Reduce the number of adult deaths and injuries in Florida related to abuse, neglect and exploitation

Objective 1.4
Increase safety for children and adults

Objective 1.5
Promote effective resettlement of refugees and decrease human trafficking

Goal 2
The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.1
Increase speedy access to food and pubic assistance when needed

Objective 2.2
More families will have the basic needs of food, shelter, clothing and health to maintain in their communities

Objective 2.3
Fewer children and adults will be homeless

Objective 2.4
More children and adults will live in their own homes or communities free from mental health problems

Goal 3
Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.1
Increase the percent of children, persons with disabilities and vulnerable adults that remain in, or return to their home

Objective 3.2
More children, who are unable to remain in or return to their home, will achieve timely permanence through adoptions

Objective 3.3
More children and adults will be adequately prepared to achieve and maintain independence

Objective 3.4
More children and adults will live in their own homes/communities free from substance abuse and with reduced symptoms of mental illness

Objective 3.5
More children and adults with behavioral health problems will live in and be active successful participants in their own communities

Goal 4
DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective 4.1
Strengthen and streamline the contracting system to improve oversight of contracted services and the efficiency of contract administration

Objective 4.2
Decrease all processing errors and time

Objective 4.3
Enhance human resources

Objective 4.4
Increase efficiency, accuracy and effectiveness through information management

Objective 4.5
Increase overall efficiency

Objective 4.6
Enhance effectiveness and efficiency of the Department through the provision of world class legal services by the Office of the General Counsel, the Department's law firm

Agency Service Outcomes and Performance Projection Tables

Goal 1
Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.1
Reduce child deaths and injuries related to abuse, neglect and abandonment

Initiative 1.1.1
Educate the public to the dangers of the most likely causes of child deaths

Initiative 1.1.2
Educate mandatory reporters on the behaviors associated with perpetrators of child abuse

Initiative 1.1.3
Implement the approved recommendations of the Task Force on Fostering Success resulting from the Courtney Clark Action Plan and other special reports as requested

Initiative 1.1.4
Coordinate with the Florida Department of Law Enforcement, Department of Health, Department of Education and other agencies and organizations on education initiatives

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of child victims seen within the first 24 hours as reported in closed cases (FS104)	FY 2008-09 83%	85%	85%	85%	85%	85%
Percent of victims of verified or indicated maltreatment who were subjects of subsequent reports with verified or indicated maltreatment within 6 months (FS100a)	FY 2008-09 94.6%	94.6%	94.6%	94.6%	94.6%	94.6%
Percent of adults who had an identified substance abuse need as a result of a child welfare Family Assessment who received substance abuse services (FS300)	FY 2008-09 45%	45%	45%	45%	45%	45%

Goal 1
Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.2
Reduce domestic violence and sexually violent offenses

Initiative 1.2.1
Strengthen delivery and coordination of services to domestic violence victims and identify unmet needs

Initiative 1.2.2
Develop and implement statewide plan for the use of Recovery Act funds to encourage a coordinated community response to domestic violence

Initiative 1.2.3
Secure and administer funding for domestic violence prevention and intervention programs

Initiative 1.2.4
Increase and enhance domestic violence expertise department-wide through the support of educational opportunities

Initiative 1.2.5
Implement training and public awareness activities throughout the state to increase safety for both the adult and child victim of domestic violence

Initiative 1.2.6
Participate with the Department of Health multi-disciplinary fatality review committee to identify opportunities to share information from fatality review activities across programs with the goal of policy development that can prevent future deaths

Initiative 1.2.7
Implement the changes to s. 39.504, F.S., that provides injunctive relief for children in homes where domestic violence is occurring

Initiative 1.2.8
Improve the effectiveness of the sexually violent predator program referral process through collaborating with the Florida Department of Law Enforcement, Department of Corrections, Department of Juvenile Justice, Florida Prosecuting Attorneys, State Courts Administrator Offices and other agencies and organizations

Outcome Projection Table

Outcome	Baseline:	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of assessments completed by the SVP program within 180 days of receipt of referral (MH5305)	FY 2008-09: 85%	85%	85.01%	85.02%	85.03%	85.04%
Percent of adult and child victims in shelter for 72 hours or more having a plan for family safety and security when they leave shelter (DV126)	FY 2008-09: 97%	97%	97%	97%	97%	97%

Goal 1
Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.3
Reduce the number of adult deaths and injuries in Florida related to abuse, neglect and exploitation

Initiative 1.3.1
Continue to pursue legislative authority for Department of Children and Families to initiate petitions for guardianship and other legislative changes

Initiative 1.3.2
Implement guardianship recruitment strategies (in partnership with community stakeholders) to reduce shortages of guardians

Initiative 1.3.3
Expand use of evidence-based screening, brief intervention, referral and treatment (SBIRT) through substance abuse service integration with mental health, primary health care and provide training to Adult Protective Services and Family Safety professionals on the use of SBIRT.

Initiative 1.3.4
Expand use of medication assisted therapies for opiate, alcohol, and other substance abuse, including buprenorphine and Vivitrol, to improve treatment outcomes and reduce the likelihood of substance-related deaths

Initiative 1.3.5
Revise Chapter 397, F.S., to expand the time of involuntary admission for substance abuse assessment/stabilization under the Marchman Act from 72 hours to 120 hours, facilitating individual stability and ample time for comprehensive evaluation of further service needs

Initiative 1.3.6
Work with law enforcement to promote early identification of illicit methadone and methamphetamine abuse and provide timely screening and family-centered intervention/treatment services in coordination with Protective Investigations in Family

Initiative 1.3.7
Develop and implement standardized statewide training curricula for Adult Protective Investigators

Initiative 1.3.8
Continue efforts toward collaboration, training, and interagency agreements among partner agencies, including the Agency for Health Care Administration, Office of the Attorney General/Medicaid Fraud Control Unit, Department of Health, Department of Corrections, Department of Elder Affairs, Department of Juvenile Justice and Agency for Persons with Disabilities

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of adult victims seen within the first 24 hours (AP4017a)	FY 2005-06 83%	95%	95%	95%	95%	95%
The rate of abuse/neglect per 1000 for elderly persons (AP757)	FY 2005-06 .35	.08	.08	.07	.07	.07
The rate of abuse/neglect per 1000 for adults with disabilities (AP735)	FY 2005-06 .35	.08	.08	.07	.07	.07
Percent of adult investigations from an entry cohort completed within 60 days (AP4016)	FY 2005-06 99%	99%	99%	99%	99%	99%

Goal 1
Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.4
Increase safety for children and adults

Initiative 1.4.1
Participate with the Department of Health multi-disciplinary fatality review committee to identify opportunities to share information from fatality review activities across programs with the goal of policy development that can prevent future deaths

Initiative 1.4.2
Improve Trauma Informed Care service provision in the state mental health treatment facilities and community mental health programs to assist with recovery from mental illness and decrease the use of seclusion and restraint in civil and forensic state mental health treatment facilities and in community mental health programs

Initiative 1.4.3
Participate in the pilot project to report and analyze critical events via the Department-wide Incident Reporting and Analysis System; continue to analyze the current critical events reported to the Program Office for improved safety and trends

Initiative 1.4.4
Secure sufficient staff to accommodate workload for on-site inspections of licensed child care arrangements is being met statewide

Initiative 1.4.5
Conduct training and provider meetings, in conjunction with community partners, to provide updates regarding statute/rule changes for out-of-home care to ensure children are safe

Initiative 1.4.6
Increase the availability of referral services, not only for reporting of abuse and neglect, but also for prevention and referral services at the Hotline. For example, making the best use of the wait time for callers by listing services, referral numbers and other pertinent information while they wait to speak to a counselor

Initiative 1.4.7
Analyze intake guidelines to ensure statutes are being followed at the Hotline

Initiative 1.4.8
Through Children's Legal Services advocate and educate for the best interests of children to achieve permanency, stability, and security

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of children in active cases (both in-home and out of home) required to be seen who are seen monthly (FS107)	99.6%	100%	100%	100%	100%	100%
Percent of children not abused or neglected during services (FS101)	95%	95%	95%	95%	95%	95%
Percent of foster children who were not subjects of reports of verified maltreatment (FS106a)	FY 2008-09 99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Average Number of Harmful Events per 100 residents in forensic commitment in each mental health institution (MH039)	FY 2007-08 1.26	1.26	1.26	1.26	1.26	1.26
Average Number of Harmful Events per 100 residents in civil commitment in each mental health institution (MH037)	FY 2007-08 4.06	4.06	4.06	4.06	4.06	4.06
Percent of adults who successfully complete substance abuse treatment services (SA755)	FY 2007-08 51%	51%	51%	51%	51%	51%
Percent of children who successfully complete substance abuse treatment services (SA725)	FY 2007-08 48%	48%	48%	48%	48%	48%
Percent of licensed child care facilities inspected in accordance with program standards (CC4015)	FY 2008-09 98.91	99%	99%	99%	99%	99%
Percent of licensed child care homes inspected in accordance with program standards (CC5175)	FY 2008-09 98.14	98.5%	98.5%	98.5%	98.5%	98.5%
Number of instructor hours provided to child care provider staff (CC384)	FY 2008-09 71,008	63,019	63,019	63,019	63,019	63,019
Percent of calls made to the Florida Abuse Hotline that were abandoned (HL069)	FY 2004-05 4.4%	4.0%	4.0%	4.0%	4.0%	4.0%

Goal 1
Children and adults are free from abuse, neglect, violence or exploitation

Objective 1.5
Promote effective resettlement of refugees and decrease human trafficking

Initiative 1.5.1
Increase the visibility of Refugee Services through community outreach efforts and the integration of the program staff into regions

Initiative 1.5.2
Implement approved recommendations of the Refugee Services Review:

(a) Increase engagement of Refugee Services on national level issues of funding and policy

(b) Work with the Florida Washington Office and Florida's Congressional delegation to protect the state's interests on funding for refugee issues

Initiative 1.5.3
Provide leadership and support to the Department's efforts against human trafficking by raising awareness, particularly on issues related to child trafficking

Initiative 1.5.4
Promote the integration of refugees through enhancing self-sufficiency, English language acquisition, family support, civic engagement and behavioral health services

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of unemployed active caseload placed in employment (RF4040)	NA	40%	40%	40%	40%	40%
Percent of refugee assistance cases accurately closed at 8 months or less (RF103)	FY 2007-08 99.6%	99.6%	99.6%	99.6%	99.6%	99.6%

Goal 2
The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.1
Increase speedy access to food and pubic assistance when needed

Initiative 2.1.1
Reduce the processing time for public assistance applications

Initiative 2.1.2
Increase the percentage of food assistance application approvals processed within the applicable federal time standard

Initiative 2.1.3
Provide speedy access to benefits for families eligible for expedited food assistance

Initiative 2.1.4
Decrease the length of approval time for Social Security Income (SSI) and Social Security Disability Income (SSDI) applications through use of the SSI/SSDI Outreach, Access and Recovery (SOAR) model.

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of all applications for assistance processed within time standards (ES105)	FY 2005-06 98%	98%	98%	98%	98%	98%
Percentage of food assistance applications processed within 7 days (expedited) (ES733)	FY 2007-08 38%	60%	65%	70%	75%	80%
Percentage of food assistance applications processed within 30 days (ES219)	FY 2007-08 73%	80%	85%	90%	95%	95%

Goal 2
The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.2
More families will have the basic needs of food, shelter, clothing and good health to maintain in their communities

Initiative 2.2.1
Implement additional mechanisms for customers to submit electronic applications, such as through the Benefit Bank

Initiative 2.2.2
Through coordination with Workforce Florida, the Agency for Workforce Innovation and local Regional Workforce Boards, assist in the achievement of Temporary Assistance for Needy Families federal work participation requirements

Initiative 2.2.3
Expansion of expedited food stamp pilot

Initiative 2.2.4
Improve ACCESS process and manage workload

Initiative 2.2.5
Increase access to early childhood mental health consultation in publicly funded child care settings to decrease expulsion rates and identify and address social and emotional needs of young children.

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of TANF customers participating in work or work-related activities (All Family TANF Participation Rate) (ES5088)	FY 2007-08 45%	21.9%	21.9%	21.9%	21.9%	21.9%
Percent of 2-Parent TANF customers participating in work or work-related activities (2-Parent TANF Participation Rate) (ES678)	FY 2007-08 38%	34.2%	34.2%	34.2%	34.2%	34.2%

Goal 2
The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.3
Fewer children and adults will be homeless

Initiative 2.3.1
Increase affordable housing for persons with mental illness, young adults transitioning out of foster care, and veterans

Initiative 2.3.2
Target veterans who are homeless or at-risk of becoming homeless with Department services (mental health, substance abuse, domestic violence, etc)

Initiative 2.3.3
Make educational opportunities available to the homeless to promote employment and self-sufficiency

Initiative 2.3.4
Increase prevention efforts to help individuals and families avoid substance abuse and homelessness, including emergency aid to families to avoid evictions

Initiative 2.3.5
Work with the Florida Housing Finance Corporation to create new incentives and requirements for creating affordable housing to serve our clients with special housing needs

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Marijuana usage rate per 1,000 in grades 6-12 (SA5092m)	FY 2007-08 110	110	109	108	108	107
Alcohol usage rate per 1,000 in grades 6-12 (SA5092a)	FY 2007-08 295	295	294	293	293	292
Number of at risk children served in targeted prevention (SA055)	FY 2007-08 4,662	4,500	4,500	4,500	4,500	4,500
Number of at risk children served in prevention services (SA382)	FY 2007-08 171,175	150,000	150,000	150,000	150,000	150,000

Goal 2
The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.4
More children and adults with mental health problems will live in their own homes or communities

Initiative 2.4.1
Develop a comprehensive, integrated, and continuous system of care for parents and children requiring substance abuse and/or mental health services as outlined in the "Gabriel Myers Task Force Report"

Initiative 2.4.2
Ensure staff involved in the child welfare system have training in substance abuse and mental health disorders and treatment available

Initiative 2.4.3
Through multi-agency action, increase the number of eligible children enrolled in KidCare through Medicaid or Healthy Kids

Initiative 2.4.4
Reduce the adverse impact of federal administrative requirements on enrollment of eligible children and adults in Medicaid

Initiative 2.4.5
Propose legislative changes to ensure adequate mental health and substance abuse prevention and treatment services are available in the community, limit unnecessary involvement of people with mental illnesses and/or substance use disorders in the criminal justice system and develop strong collaborations among mental health, substance abuse, and other provider agencies to provide integrated delivery of services

Initiative 2.4.6
Increase the diversion of people with mental illnesses who become involved with the criminal justice system through expanding cost-effective community-based treatment alternatives to incarceration and forensic hospitalization

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge (SA754)	FY 2007-08 15.6%	14.6%	14.6%	14.6%	14.6%	14.6%
Number of Adults with Forensic Involvement Served (MH018)	FY 2007-08 3693	3693	3696	3700	3703	3706
Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge (SA751)	FY 2007-08 20.6%	19.6%	19.6%	19.6%	19.6%	19.6%

Goal 3
Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.1
Increase the percent of children, persons with disabilities and vulnerable adults that remain in, or return to their home

Initiative 3.1.1
Develop a means for capturing and reporting on the various diversion programs designed to strengthen families and keep children safely at home with parents

Initiative 3.1.2
Integrate the service functions of Family Intervention Specialists and Case Managers to ensure a seamless delivery system for families involved in substance abuse-mental health and child protection programs

Initiative 3.1.3
Increase availability and access to in-home intervention and support so that more children can remain safely in their homes

Initiative 3.1.4
Improve access to mobile crisis services to decrease admission to residential and inpatient facilities

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of children reunified who were reunified within 12 months of the latest removal (FS301)	FS 2007-08 68.7%	68%	68%	68%	69%	69%
Percent of children removed within 12 months of a prior reunification (FS302)	FS 2008-09 12.36%	9.9%	9.8%	9.7%	9.6%	9.5%
Percent of children with substance abuse who live in stable housing environment at the time of discharge (SA752)	FY 2007-08 93%	93%	93%	93%	93%	93%
Percent of adults with substance abuse who live in stable housing environment at the time of discharge (SA756)	FY 2007-08 94%	94%	94%	94%	94%	94%

Goal 3
Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.2
More children, who are unable to remain in or return to their home, will achieve timely permanence through adoptions

Initiative 3.2.1
Continue advancing the 2012 Strategy: Safely reduce the number of children in out-of-home care by 50% by 2012 and implement key provisions of the congressional "Fostering Connections to Success Act"

Initiative 3.2.2
Improve the support services for relative placements to reduce the potential for a placement move and lead the nation in the electronic processing of all "Interstate Compact on the Placement of Children" placements

Initiative 3.2.3
Ensure that every child's case is managed with the goal that a sense of urgency and common sense will be the guiding principles for seeking a safe, loving and permanent home

Initiative 3.2.4
Develop family-centered practice training modules to increase professionalism of casework and achieve case outcomes that strengthen family support systems

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Number of children in out-of-home care (FS297)	12/31/06 29,255	19,503	17,065	14,628	14,628	14,628
Percent adoptions finalized within 24 months of the latest removal (FS303)	FY 2007-08 44.1%	44%	44%	44%	44%	45%
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 (FS306)	FY 2005-06 83%	85%	85%	85%	85%	85%
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. (FS671)	FY 2007-08 33.6%	33.6%	33.7%	33.8%	33.9%	34%

Goal 3
Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.3
More children and adults will be adequately prepared to achieve and maintain independence

Initiative 3.3.1
Increase the number of foster children and children with severe emotional disturbance who regularly attend school and graduate from high school or post-secondary education

Initiative 3.3.2
Increase the number of youth who obtain a job that provides a living wage by continuing to implement "Operation Full Employment"

Initiative 3.3.3
Support the development of transitional housing programs and scattered site apartments with support services for youth ages 18-23

Initiative 3.3.4
Maximize Road to Independence stipends for young adults seeking post-secondary education

Initiative 3.3.5
Enhance opportunities and supports for youth to fully participate in all aspects of primary and secondary school experience, as well as activities to enhance normalcy

Initiative 3.3.6
Provide a system of care that supports and promotes competitive employment opportunities for adults with behavioral health needs

Initiative 3.3.7
Work with law enforcement, health, education, and others to sustain community substance abuse coalitions to assess conditions underlying substance abuse and related consequences and to plan a response of evidence-based programs and practices.

Initiative 3.3.8
Work with education partners to conduct a substance abuse prevention initiative that targets middle school youth.

Initiative 3.3.9
Promote adoption of evidence-based practices for individuals and families involved with the Temporary Assistance for Needy Families (TANF) and enhance service coordination with the Economic Self-Sufficiency Office to ensure early identification of substance abuse and mental health service needs for TANF clients.

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of adults with serious mental illness who are competitively employed (MH703)	FY 2007-08 24%	24%	24.01%	24.02%	24.03%	24.04%
Percent of school days seriously emotionally disturbed (SED) children attended (MH404)	FY 2007-08 86%	86%	86.01%	86.02%	86.03%	86.04%
Percent of children with substance abuse who live in a stable housing environment at the time of discharge (SA752)	FY 2007-08 48%	48%	48.01%	48.02%	48.03%	48.04%

Goal 3
Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.4
More children and adults will live in their own homes/communities free from substance abuse and with reduced symptoms of mental illness

Initiative 3.4.1
Prioritize the integration of substance abuse services into the child welfare system

Initiative 3.4.2
Implement the use of national outcome measures, evidence based practices and five system quality indicators as the standard for system performance measurement and accountability

Initiative 3.4.3
Sustain prevention and treatment funding during the economic downturn

Initiative 3.4.4
Work with the Governor's Office and Legislature to pass the Mental Health and Substance Abuse Treatment and Crime Reduction Act. Work with stakeholders, Governor's Office and Legislative staff toward the acceptance and funding of the programming and statutory language during the 2010 legislative session

Initiative 3.4.5
Advance a system of care that sustains stable housing for adults and children with behavioral health disorders

Initiative 3.4.6
Conduct a substance abuse prevention initiative to reduce adult heavy drinking and related consequences.

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of adults with SPMI who live in a stable housing environment (MH742)	FY 2007-08 90%	90%	90.01%	90.02%	90.03%	90.04%
Percent of adults with substance abuse who live in stable housing environment at the time of discharge (SA756)	FY 2007-08 94%	94%	94%	94%	94%	94%

Goal 3
Adults, children and families are active self-sufficient participants living in their own homes/community

Objective 3.5
More children and adults with behavioral health problems will live in and be active successful participants in their own communities

Initiative 3.5.1
Prioritize the integration of substance abuse, mental health and domestic violence services into the child welfare system

Initiative 3.5.2
Continue to explore ways to introduce concepts of self-direction into the state's mental health system, in accordance with Chapter 394.9084, Florida Statutes

Initiative 3.5.3
Create a behavioral health service delivery system including co-occurring competent providers that use evidence based, consumer, and family-driven care consistent with the roll out of managing entities

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of children who successfully complete substance abuse treatment services (SA725)	FY 2007-08 48%	48%	48.01%	48.02%	48.03%	48.04%
Percent of adults who successfully complete substance abuse treatment services (SA755)	FY 2007-08 51%	51%	51.01%	51.02%	51.03%	51.04%
Percent of adults with serious mental illness who are competitively employed(MH703)	FY 2007-08 24%	24%	24.01%	24.02%	24.03%	24.04%

Goal 4

DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective 4.1
Strengthen and streamline the contracting system to improve oversight of contracted services and the efficiency of contract administration

Initiative 4.1.1
Implement managing entity or comparable collaborative, accountable system in selected Department regions and circuits, in accordance with Chapter 394.9082, Florida Statutes

Initiative 4.1.2
Require continuous quality improvement initiatives for all agency and provider activities

Goal 4
DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective 4.2
Decrease all processing errors and processing time

Initiative 4.2.1
Maintain national leadership in food stamp program

Initiative 4.2.2
Distribute work statewide: use technology to move work where production is more effective and efficient

Initiative 4.2.3
Remain a national leader in low food assistance error rate, not only avoiding federal penalty but qualifying for additional federal bonus funding

Initiative 4.2.4
Integrate Florida Safe Families Network and other agency client data (e.g., Medicaid, FDLE, DJJ, etc.) into the Substance Abuse and Mental Health Information System (SAMHIS)

Outcome Projection Table

Outcome	Baseline	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Percent of food stamp benefits determined accurately (ES107)	FY 2005-06 94%	98%	98%	98%	98%	98%

Goal 4
DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective 4.3
Enhance human resources

Initiative 4.3.1
Deploy mechanisms for employee recognition and support

Initiative 4.3.2
Enhance new employee orientation

Initiative 4.3.3
Enhance supervisory training to insure cascading of the Department's mission, values and strategic priorities through the department

Initiative 4.3.4
Continue and strengthen state-level and local coordination of educational services and sharing of information regarding education for employees

Initiative 4.3.5
Identify, train and nurture leaders and future leaders

Goal 4
DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective 4.4
Increase efficiency, accuracy and effectiveness through information management.

Initiative 4.4.1
Strengthen operations by implementing technology standards and best practices, particularly in relational database technology

Initiative 4.4.2
Facilitate Inter/Intra agency process integration to improve services to our citizens

Initiative 4.4.3
Implement an IT infrastructure which allows program offices and different business partners to exchange data

Initiative 4.4.4
Leverage GIS technologies to view, analyze, and advance our geographic service delivery framework and successfully implement remote data capturing devices

Initiative 4.4.5
Utilize tools, automation, and specialized software to capture and present better business information and assist decision-making

Initiative 4.4.5
Successfully implement remote data capturing devices

Goal 4
DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective 4.5
Increase overall efficiency

Initiative 4.5.1
Strengthen Management of State Mental Health Treatment Facilities

Initiative 4.5.2
Develop a 5-year strategy for meeting statutory requirements in the Sexual Violent Predator Program

Initiative 4.5.3
Improve the quality of care while managing the census and waiting list for Juvenile Incompetent to Proceed Program

Initiative 4.5.4
Promote staff efficiencies through technology and ongoing enhancements to the Child Care Information System and seek SACWIS federal certification

Goal 4
DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective 4.6
Enhance effectiveness and efficiency of the Department through the provision of world class legal services by the General Counsel's office, the Department's law firm

Initiative 4.6.1
Implement a preventive law program throughout the Department by training of staff and early intervention to resolve situations and minimize costly litigation against the Department

Initiative 4.6.2
Increase capacity in the legal function to enhance its involvement in the procurement, negotiation and drafting of contracts, and public records and meetings issues for the Department

Initiative 4.6.3
Implement lawyer training and recruitment programs to enhance and maintain the expertise of lawyers in the Office of General Counsel to service all program offices, regions, circuits and institutions

Initiative 4.6.4
Implement policy changes, training and other actions to reinforce and support the Secretary's transparency goals for the Department

Governor's Priorities

1. Protecting Our Communities

2. Strengthening Florida's Families

3. Keeping Florida's Economy Vibrant

4. Success for Every Student

5. Keeping Floridians Healthy

6. Protecting Florida's Natural Resources

Trends and Conditions

The Department of Children and Families (DCF) has the responsibility of protecting Florida's most vulnerable citizens, as outlined in Section 20.19, Florida Statutes. The Department is comprised of the following major programs, each with its own statutory authority, target populations, and trends and conditions impacting the program.

PROGRAM: FAMILY SAFETY

POPULATION SERVED: CHILDREN WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

A. Primary Responsibilities

The primary responsibility of the Family Safety program is to work in collaboration with local partners and communities to ensure the safety, timely permanency and well-being of children (Chapters 39 and 409, Florida Statutes).

B. Selection of Priorities

The Secretary has established the following priorities, consistent with the Governor's priorities of strengthening families and helping the most vulnerable among us:

- *Ensuring safety, well-being, and self-sufficiency for the people we serve.* Safety, permanency, and well-being are the three major goals for child welfare. Florida's program should meet or exceed all expectations.
- *Community Partnerships.* Work with community partners to ensure safety, permanency, and well-being for children and their families.
- *Increase Orientation to Action.* Increase prevention and early intervention services, resulting in fewer children needing to be removed from their homes, and promote family reunification by working in concert with the Governor's Office of Adoption and Child Protection.
- *Strengthen Oversight and Accountability.* Implement an oversight and accountability system to ensure the safety of the children we serve.

In addition to the priorities above, the Family Safety program has extensive goals and objectives defined in plans developed under requirements from the Administration for Children and Families (ACF), U.S. Department of Health and Human Services. The most important being the Child and Family Services Plan (aka the "Five Year Plan"). The 2010-2014 Five Year Plan was submitted to ACF on June 30, 2009.

The Child and Family Services (CFS) Five Year Plan was developed, based on the service principles in 45 CFR 1355.25, to address the various components that make up a coordinated, integrated, culturally relevant, family-focused system of child welfare services. Annual updates to this plan make revisions, as necessary, to suit changing conditions and requirements.

During FY 2008/09, the federal Administration for Children and Families conducted its second Child and Family Services Review (CFSR) of Florida's child welfare system. The results of this national review will be a significant driver of priorities for the next two years. Florida has developed and is implementing a Quality Improvement Plan to address areas identified in the CFSR as needing improvement, as well as other areas of concern to Florida's child welfare stakeholders. Specific goals and objectives of this plan are included within the Five Year Plan. Further discussion of this process is found in the Quality Management section below.

The plan mentioned above provides a much more detailed set of principles, goals, and strategies guiding the child welfare system in Florida. The Long Range Program Plan is consistent with these planning approaches and provides a focused look at priorities specific to the Department's child welfare program.

C. Addressing Our Priorities over the Next Five Years

The Department has identified several key initiatives. The following provides more descriptive information about specific initiatives over the next five years.

Strategy 1: Strengthen Policy and Improve Practice to Ensure Safety of Children
Though the three basic outcomes of safety, permanency, and well-being are highly interrelated, safety is the preeminent concern of the child welfare system. As with all other areas of social service, ensuring the protection of life and physical health, provision of adequate food and shelter, and a nurturing emotional environment must come first. Whenever these are at risk, it is the child welfare system's job to identify, assess, and intervene, as necessary. The tools to achieve child safety include information, assessment and decision support systems, and a competent staff with the resources and knowledge to do their job. These fundamentals are well established in Florida, but enhancements are necessary to address issues identified through the 2008 Child and Family Services Review (CFSR).

Part of safety is keeping children from entering the child welfare system. Child abuse prevention is a major initiative of the Department and is further discussed in section XIV, Child Abuse, Prevention, and Treatment Act (CAPTA).

Safety is addressed throughout the Five Year Plan; for example, Family Centered Practice, Strategy 2, and its profound effect on safety. Activities for this goal will more specifically address the front-end identification of safety issues and family needs, ensuring that staff will appropriately use the data capture, decision support, and safety/risk assessment capabilities of the Florida Safe Families Network (FSFN) system. The capabilities of the courts and child welfare workers to make rigorous and thoughtful consideration of legal and familial consequences, while ensuring safety are part of the quality management system, as defined in section XII of the CAPTA.

Strategy 2: Develop and Phase-In Family Centered Practice
The Child and Family Services Review results provided strong support for the direction Florida has taken in the past few years toward engaging families as partners, providing more supports in homes where safety can be assured, and taking steps to build a more strength-based practice approach. Many components of a full Family

Centered Practice approach are in place; for example, several community-based care agencies use variants of family team conferencing, and others have emphasized the need for frequent and varied interaction among the children, caregivers, siblings, and service workers. However, the impetus toward a comprehensive and integral model must be expanded and sustained.

Many systemic support activities will be required during the implementation of Family Centered Practice within the three statewide innovation sites. Currently, Florida Statutes provide sufficient authority for DCF to expand upon current family centered practice approaches. However, the Department will continue to clarify family-centered philosophy and practice techniques, refine the roles and responsibilities of various partners, and ensure that policy, in the form of administrative rules and other official guidance, is consistent. Training for front-line staff (investigative and service), supervisors, managers, and Children's Legal Services, as well as information sharing for key partners, such as the judiciary, will be critical. The ability to understand, accept, and embed family centered practice attitudes and skills in daily work and throughout the system will take time to develop, but is fundamental to system change.

The Department and its community-based care providers are re-focusing efforts on strengthening families and safely reducing the foster care population. The Department and a team of stakeholders are participating in a National Governors Association Policy Academy, "Safely Reducing the Foster Care Population." These initiatives are consistent with the broader national goal of the Annie E. Casey Foundation and Casey Family Services to safely reduce the number of children in foster care: The 2020 Vision for Foster Care. This initiative is a major force for Quality Improvement Plan (QIP) goal development, and includes the following:

- Develop a Family Centered Practice Model
- Implement Family Centered Practice in innovation sites
- Improve and expand Family Centered Practice statewide
- Improve placement stability and foster parent recruitment and retention
- Improve appropriateness of permanency planning goals

Strategy 3: Improve Service Array

Although Florida has a rich array of services, we continue to strive for standards of excellence to improve access to and availability of services, especially in rural areas. Case managers and protective investigators have an array of services to choose from when working with the child and family to identify services and supports needed to meet their unique needs. At the local level, Community-Based Care (CBC) has increased local community ownership and active involvement in developing an effective and responsive service delivery system and array of services.

Two ways to improve service array are listed below:

1. Individualizing services for family members to meet their specific needs and enable families to nurture their children.

2. Improving coordination of physical health care, dental health care, and substance abuse and mental health services for children in out-of-home care.

The Family Safety program continues to focus on many critical activities that affect its ability to implement long range goals. Some of these activities will have the greatest focus in the next one or two years, while others will be longer term efforts.

Prevention and Early Intervention

Florida's highest priority is that children are raised in a healthy, safe, stable, and nurturing family environment. Child abuse prevention is a major initiative of the Department. Florida's prevention efforts will improve the health, education, and well-being of its children by fostering healthy social, emotional, intellectual, and physical development. The prevention continuum has the capacity to ensure the needs of children and families will be addressed competently, collaboratively, and effectively. We work in conjunction with families and build on inherent strengths, cultural values and resources, so that their children and youth will be healthy and safe, and will have the skills and resources to succeed.

Providing funding to encourage the development of creative and effective child abuse prevention services to address these factors, within the context of Florida's rapidly expanding population, is one of our priorities. Our prevention strategy includes primary, secondary, and tertiary prevention services, designed to meet the needs of our multi-ethnic and multi-cultural state population. The strategy subscribes to a philosophy of family centered interventions, individualized community supports, in-home services, family centered community building and five evidence-based protective factors. A strong commitment and long-term investment in a prevention-based agenda will empower communities and families; giving them the capacity to grow and raise nurturing and healthy families, thereby avoiding the more costly intervention-based services that are becoming increasingly difficult to fund.

The Department participates in child abuse prevention efforts through its on-going collaboration with community-based social services and other supportive and rehabilitative services, provided to families and to the child for the purpose of promoting resiliency or averting the removal of the child from the home or disruption of a family, that will or could result in the placement of a child in foster care. The Department, through its collaboration with social services and other supportive and rehabilitative services, shall promote the child's need for physical, mental, and emotional health, and a safe, stable living environment; shall promote family autonomy; and shall strengthen family life, whenever possible. Services offered may be of a primary, secondary or tertiary nature.

> Primary Prevention: educating the general public about recognizing, reporting and preventing the abuse or neglect of children, and assisting new families in preparing and raising children in safe and nurturing homes.
>
> Secondary Prevention: identifying families at risk for abuse or neglect and providing services to reduce the likelihood of abuse or neglect occurring, and

intervening with families reported to have abused or neglected children to protect the children and educate the family in a manner that eliminates the potential for abusive or neglectful home environments.

Tertiary Prevention: treating and serving abused or neglected children and their families in an effort to prevent recurrence of abuse or neglect in the family, and to prevent the children developing into adults who abuse or neglect their children.

The Department continues to take a multi-faceted approach to this complex need through the following initiatives:

Initiative: Work collaboratively with the Governor's Office of Adoption and Child Protection and the Child Abuse Prevention and Permanency Advisory Council within the Executive Office of the Governor, with an orientation to action, for the children of Florida and their families;

Initiative: Collaborate and partner with social service agencies, both statewide and locally, in any child prevention effort;

Initiative: Strengthen a statewide prevention plan for primary prevention;

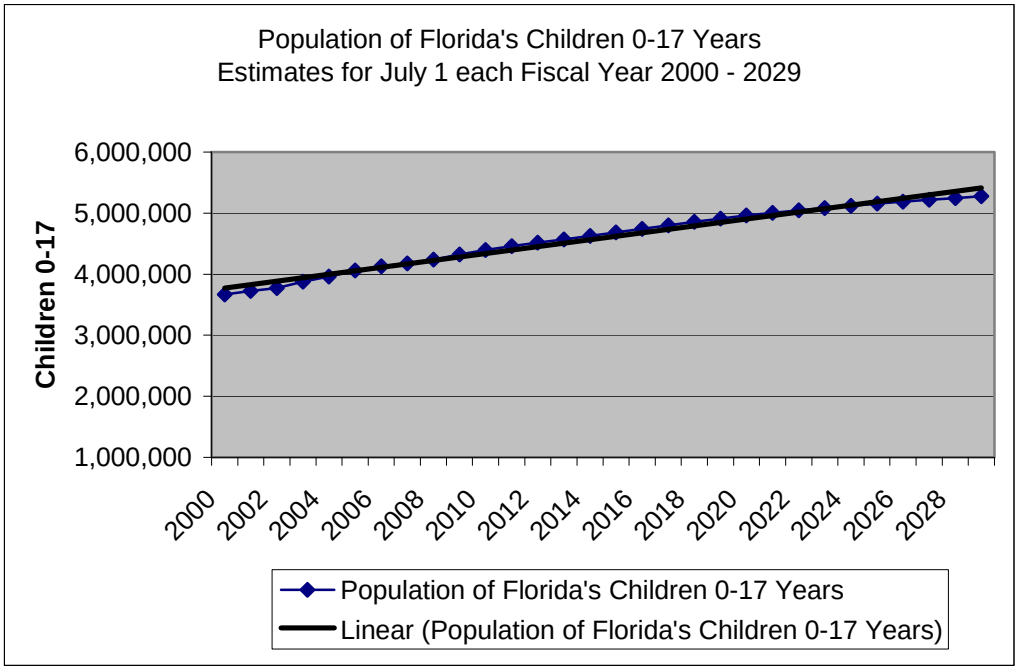
Initiative: Enhance local communities' efforts to provide secondary and tertiary prevention, to include early detection and intervention services to children and families so as to avoid children requiring high-end and high cost treatment;

Initiative: Develop and implement multiple prevention strategies that identify and address the challenges and strengths of each Florida community;

Initiative: Provide expanded and more appropriate alternatives to removing children from their homes that focus on prevention and early intervention;

Initiative: Increase the use of techniques that improve the quality, consistency, efficiency, and effectiveness of the child protective service systems; and,

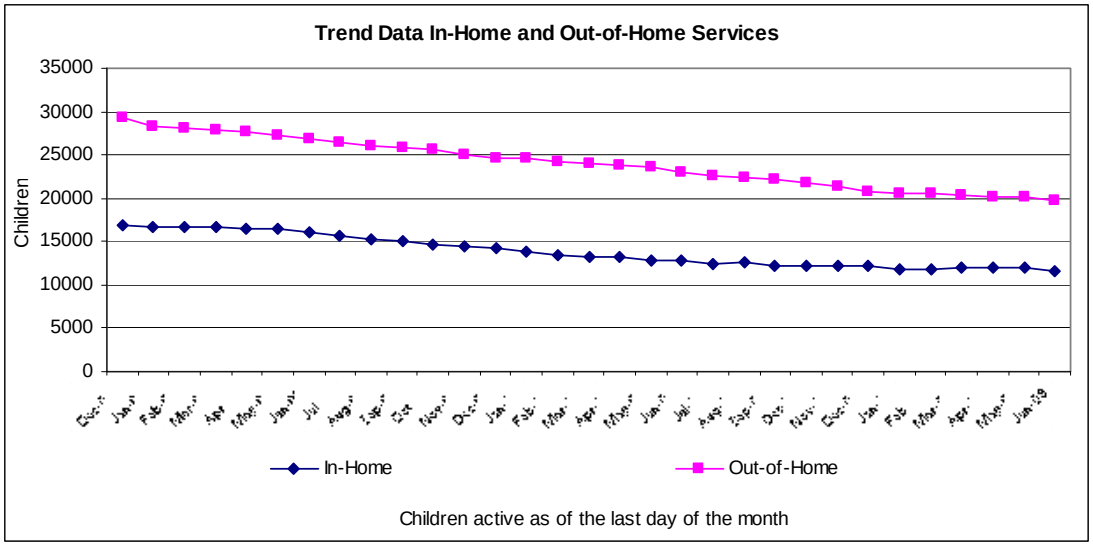
Initiative: Demonstrate program effectiveness through performance measurement and program evaluation.



Source: Florida Legislature, Office of Economic and Demographic Research, Demographic Estimating Conference Database as of July 1, 2007

The overarching strategy that will most effectively achieve the challenging goal of preventing child abuse, neglect, and abandonment is to follow through on the commitment demonstrated by the state and Local Planning Teams, and implement the state and local plans. The Department's efforts will be greatly enhanced by the Office of Adoption and Child Protection, which is working to develop a unified universal prevention strategy for the state of Florida. Various proven approaches are also available, such as:

- Continuing the Healthy Families Florida program.
- Encouraging broader application of family team conferencing.
- Supporting local child abuse prevention initiatives.

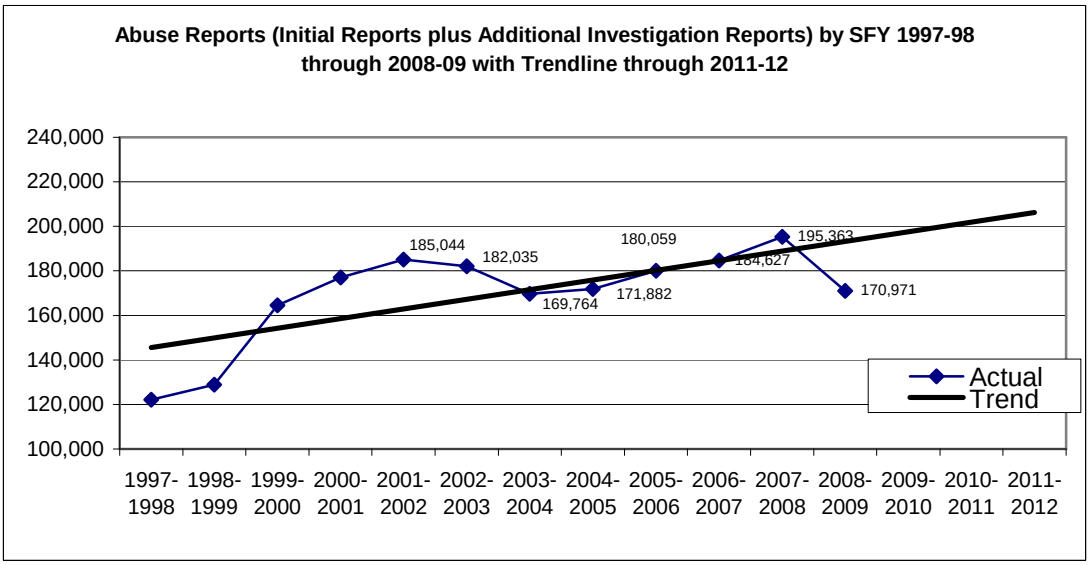


Trend Data In-Home and Out-of Home Services

Child Protection and Permanency:

Child Abuse and Neglect Investigation

The incidence of child abuse and neglect is related to many societal factors. For example, high-profile cases can raise public awareness and cause reporting rates to rapidly increase, with an associated increase in the number of investigations. Economic downturns and natural disasters can also increase family stressors, resulting in increases in reports and new victims.



The Department is required to investigate reports of child maltreatment to assess the safety and well-being of children who are alleged to have been abused, neglected or abandoned. Children are removed only when they cannot be protected in their own homes. Investigations are conducted in coordination with other agencies (for

example, local law enforcement) and in accordance with Florida Statutes. The Department performs this function in all but seven counties statewide. In Pinellas, Seminole, Pasco, Broward, Citrus, Hillsborough and Manatee Counties, the function is performed by the Sheriffs' Offices.

The primary task of child protective investigations is to identify child victims of abuse and neglect and protect their safety on a short term basis. In addition, protective investigators assess family needs and provide referrals to prevent family disruption by accessing short term services. The Department is taking the following actions to implement this critical child safety program:

- Modification of Maltreatment Findings
  The Department will modify the existing middle tier maltreatment finding from 'Some Indicators' to 'Not Substantiated.' This approach aligns with the Family Centered Practice model by reducing the stigma to families involved with the Department, while continuing to recognize concerns about established risk factors. The use of more neutral terminology will help orient both caseworker and family to identify a course of action leading to more positive outcomes.

- Development of regional training workshops on advanced interviewing and Family Centered Practice to improve decision making for protective investigators.

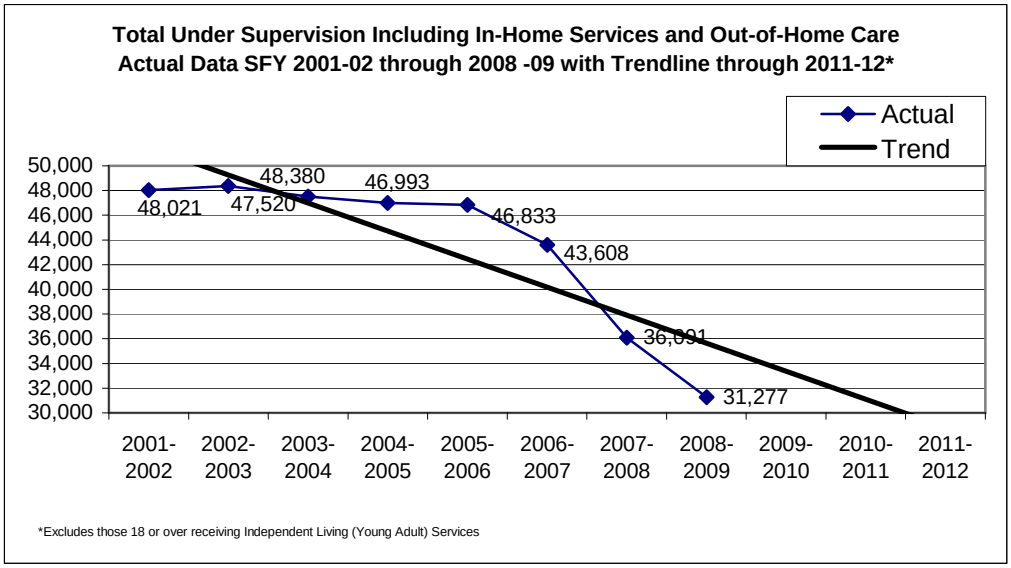
- Sponsorship of the 2009 Dependency Summit, with support from the Office of the State Court Administrator. This three-day event is the forum for bringing child protection professionals together to improve performance on outcomes for children and their families. The Summit provides the opportunity to improve interagency and intra-agency communication and identify cross jurisdictional child welfare issues by profession, with attendance by several state agencies, members of the judiciary, attorneys and community providers. Additionally, each judicial circuit develops an action plan addressing critical child welfare issues within their circuit that will be implemented following the Summit.

Placement Settings and Services

Protective investigators assess child safety and other factors and, in consultation with other experts, make recommendations on whether children can be safely maintained in their homes or must be removed and placed in an out-of-home care setting. Services include intervention and case management designed to 1) alleviate crises that might otherwise lead to out-of-home placement, 2) maintain the safety of children in their own homes, 3) support families preparing to reunify or adopt; and 4) assist families in obtaining services and other supports necessary to address multiple needs.

The Department and our community-based care providers are re-focusing efforts on strengthening families and safely reducing the foster care population. The Secretary has established a target of a 50% reduction in the number of children in foster care by the

year 2012. The Department and a team of senior stakeholders are participating in a National Governors Association Policy Academy, "Safely Reducing the Foster Care Population." These initiatives are consistent with the national child welfare program, Casey Foundation: 2020 Vision for Foster Care.



In all placements, the three primary goals are the child's safety, permanency and well-being.

Safety – children are first and foremost protected from abuse and neglect and needs for food and shelter are met.

Permanency – every child deserves a permanent and stable home or other planned permanent living arrangement as soon as possible, whether this is by reunification with their original family, adoption, or some other acceptable option such, as legal guardianship.

Well-being – the educational, emotional, physical and mental health needs of children is equally important and should receive equal focus.

Permanency and Placement

When a child must be removed from his or her home and a fit parent or legal custodian to whom the child may be released is available, in accordance with Subsection 39.401(2), Florida Statutes, the first option is to locate a responsible adult relative with whom the child may be safely placed.

There are also permanency options in Florida law to preserve family connections by giving children an opportunity to be raised within the context of the family's culture, values and history, thereby enhancing children's sense of purpose and belonging. For a number of children, guardianship or placement with relatives may be an appropriate permanency option, in accordance with federal and state provisions. An ongoing strategy to support this option for children is a collaboration of the Family

Safety program with the ACCESS program and community-based care staff to clarify policy and program supports for children placed with relatives.

Licensed out-of-home placements (foster homes and residential group facilities) comprise less than half of the placement settings for children in out-of-home care. There are continuing challenges in Florida, as well as nationally. These include the recruitment and retention of appropriate foster homes; ensuring that the balance among safety, permanency, and well-being is maintained; providing placements that match children's characteristics and needs; and declining resources.

To face these challenges, there is increased emphasis on collaboration across disciplines, addressing the fact that the child welfare program alone cannot alleviate the multiple issues that create family stressors. Florida has made progress on many facets of its child protection system, as evidenced by successful completion of all actions in Florida's federally approved 2003 Program Improvement Plan. However, this was only one milestone in the continuing journey to achieve national and state expectations for child safety, permanency, and well-being.

Adoption

In 2009, the Department collaborated extensively with the Chief Child Advocate, Office of Adoption and Child Protection within the Executive Office of the Governor. The Office aims to establish a comprehensive statewide approach to promoting adoption, supporting adoptive families and preventing child abuse, neglect and abandonment.

The "Explore Adoption" initiative was launched May 9, 2008. This program promotes the benefits of public adoption and urges families to consider creating or expanding their families by adopting a child who is older, disabled or part of a sibling group. The initiative has "put a new face on public adoption" by telling the stories of many families who have enriched their lives by adopting Florida's children.

Florida finalized an historic number of public adoptions this fiscal year, a trend state leaders hope to sustain with the media and grassroots campaign called "Explore Adoption." Florida set a new adoption record by finalizing 3,777 adoptions in fiscal year 2008-09. The previous state adoption record, 3,674, was set in the prior fiscal year of 2007-08.

Adoption Subsidy

The Adoption Assistance and Child Welfare Act of 1980 requires that states establish an adoption subsidy program (in Florida, termed "maintenance adoption subsidies"). Subsidy programs nationwide have proven to be a very important tool in the placement of children with special needs. Subsidies enable a whole new population of families to consider special needs adoption. As a result, thousands of children have grown up in permanent homes, not state systems. In subsection 409.166, Florida Statutes, the Legislature has recognized the need for financial assistance for families that are adopting children who, because of their special needs, have proven difficult to place in adoptive homes.

The level of funding available to support adoption subsidies has barely kept pace with the significant number of adoptions that have been completed over the last four

years. The program will continue to pursue funding that allows extraordinary performance in achieving adoptions, as well as providing the necessary and ongoing support for those families who care daily for these children with special needs.

Training

The Department continues to review and improve its child welfare training system. Recent improvements include the ongoing updating of curriculum materials to be consistent with the Department's strategic direction, Child and Family Services Review criteria, state law, needs identified in Florida's programs, and best practices across the country. Likewise, with the Department's implementation of the Florida Safe Families Network, training on the operation of the new computer system is being integrated into the Department's standardized new-hire training curriculum to enable staff to have a working familiarity with the new computerized case management system. The training system's goal is to support Florida's child welfare system, which includes responding to reports of child abuse, abandonment and neglect, and providing services through locally outsourced child welfare services systems. The Department also provides a variety of in-services, or ongoing training opportunities, using both E-learning or online instructional approaches, or traditional classroom style training. The Department is committed to its role of providing technical assistance and quality assurance to enable all public child welfare services staff to meet child welfare education and training requirements, per Florida Statutes, subsection 402.40. It is expected the ongoing revisions and improvements will:

- Positively impact the quality of child welfare practice and related decision-making made on behalf of children reported to have been abused, abandoned, or neglected;
- Improve engagement, assessment, case planning and case coordination skills of professionals intervening on behalf of children and families;
- Promote and develop child protection staff competency in delivery of Family Centered Practice and working across multiple human service systems, or the integration of services;
- Enhance the quality of care of children who require intervention through removal or in-home supervision due to abuse, abandonment, or neglect;
- Support the state's achievement of the goals of the Adoption and Safe Families Act, the Child and Family Services Review, and Florida's Performance Improvement Plan;
- Support the provision of child welfare services through the community-based care providers; and
- Maximize federal financial participation through appropriate design and delivery of services.

The key elements of Florida's training program include pre-service and certification programs, in-service and advanced training programs, clinical supervision training, professional development, technological enhancements to maximize performance, university and college partnerships, and recruitment and retention programs.

Future Direction

Implementation of Recommendations made by the Task Force for Fostering Success formerly known as the Child Protection Task Force

The September 2008 report of the Child Protection Task Force will be utilized as follows:

Child Recovery and Operation SafeKids Follow-up:

- Tracking of issues and determining gaps in services.
- Coordinate between agencies intervening in child trafficking cases.
- Continue to work with Law Enforcement and Community-Based Care (CBC) agencies to reduce the occurrence of runaway youth.
- Drafting a Florida Administrative Rule that relates specifically to the requirements related to missing children. Adoption of this rule should help clarify and strengthen requirements in this area.
- Acquisition of hand-held devices that will allow case managers to photograph children and upload these photos directly into FSFN every 30 days. This should significantly improve the overall availability of current photographs for missing children, while helping to improve the overall quality of these photographs.

Child Protective Investigation to Services Transition:

- Review all deaths ages five and under; allow Child Abuse Death Review Team to review all deaths.
- Statewide feedback on the use of the Some Indication finding has resulted in a recommendation to use a less stigmatizing "not substantiated" finding in the determination of abuse and neglect. This change has been advanced and approved by the Secretary. An action plan has been developed that triggers training requirements and necessary changes to the Florida Safe Families Network (FSFN) to accommodate the change.

Stabilization and Permanency

- Provide specific time frames for children where a family or permanent plan has not been identified.
- Promulgation of administrative code changes to the adoption rule will address streamlining of adoption processes, including the home study process and availability of post-adoption services, is scheduled to be opened early 2010.
- The work of the Quality Foster Parent Recruitment Initiative, co-sponsored by the Youth Law Center and Eckerd Family Foundation, is currently underway in three pilot sites and will yield recommendations on training and requirements for adoptive parents.

- Best Practices training on components of the array of services necessary for post-adoption finalization.

- The Department collaborates with the Executive Office of the Governor Office on Child Abuse Prevention and Adoption on an array of initiatives dedicated to sustaining adoptions.

Ongoing Capacities for Systems of Care

- Defining obligations and requirements for lead agencies to provide preventive services has been established through the standardization of this requirement in the contract template for lead agencies.

- Implementation of Hotline Workgroup report

- Review current practice and law as it relates to child-on-child sexual abuse.

- Examine coordination and delivery of substance abuse and mental health services in the child welfare system**.**

Implementation of Improvements

- Supporting quality assurance initiatives. The quality assurance process has been developed and fully implemented. This refinement of the quality assurance process is a rich fusion of Department and lead agency joint analysis of daily case practice.

- Review initial and ongoing training requirements. This includes the modification to existing curriculum and field based performance. Additionally, an administrative code for training has been created, and is presently poised for public hearing that addresses initial and ongoing training needs, as well as process for both the certification and decertification of workers.

- Develop mechanisms for detecting, diagnosing and reforming systems to achieve prevention-oriented approaches.

- Review options for job task efficiencies available through technology and cost avoidance, while maintaining and improving quality of care.

- More fully develop the legislative agenda for Family Safety to include the statutory extension of authority for alternative response, clear definition of safety and risk, ability to reduce time frames in certain cases, and further refinements in the use of protective injunctions.

Conduct Annual Dependency Summit- August 2009

- Develop economies in cross-training among child welfare professionals.
- Utilize the Summit work products to establish expectations for improved performance by circuit.

- Evaluate conference events conducted by stakeholders and partners for opportunities to integrate with child welfare initiatives. Benefits include cross-training, cost efficiencies (sharing and savings), and networking.

Independent Living

- Utilize the work of the National Governor's Association to develop solutions for populations of youth in care, and analyze the needs of teens whose goal is another planned permanent living arrangement (APPLA) in order to verify appropriate outcomes.
- Train Independent Living Coordinators and case management staff on transition needs of youth.
- Develop specific outreach goals with advocacy resources.
- Utilize expertise in the community in reaching out to housing and education resources.
- Partner with the Workforce on Strengthening Youth Initiative, Florida Housing Corporation, Independent Living Advisory Council, and Florida's Children First to clearly establish one or two specific tasks.

Safely Reduce the Number of Children in Out-Of-Home Care (Keeping Families Together)

- Redefine pre-service curriculum to focus on a family centered and strengths based practice model.
- Use quality assurance to identify best practices and areas in need of improvement.
- Partner with Substance Abuse and Mental Health (SAMH) and the Agency for Persons with Disabilities (APD).
- Develop 2012 strategy to reduce the number of children in foster care by 50% through efforts such as:
    - Family Focus – require a renewed pre-service training focus on core Family Centered Practice and implement through a train-the-trainer model for in-service, and implementation of alternative response on a statewide basis.
    - SAMH/APD – engage the Child Abuse Prevention and Permanency Council to assess in-home service capacity.
    - 2012- Prepare guide for caseworker approach to re-invigorated family engagement practices.

A few of the actions taken for ongoing progress and success include:

- Continued outreach to the State Foster Parent Association and local county-level associations has resulted in stronger relationships between caregivers and child welfare staff throughout the state. The Program Office collaborates with the state association to plan activities and strategies in our on-going effort to recruit and retain foster parents. This provides multiple opportunities to improve services and outcomes, and solve problems in complex situations.

- Update agreements with the Department of Education and, at the local level, with the district School Boards, to enhance the continuity of education and access to educational services for children served by the Department.

Collaborative Initiatives

- Collaboration to continue between the Department's Family Safety and Substance Abuse and Mental Health programs to develop and implement local Substance Abuse and Mental Health services integration plans with child welfare community-based providers. This has included working with the National Substance Abuse Resource Center for technical assistance.

- Lessons learned and best practices have been incorporated into the core curriculum for training child protection workers, and addressing emergent training needs identified nationally. Best practices and technical assistance are offered to staff through the Family Safety Training Electronic Newsletter, published monthly and on the Department's Internet website, at www.dcf.state.fl.us/publications. Section 402.40, F.S., requires the Department to establish, maintain, and oversee the operation of a systematic approach to staff development and training for persons providing child welfare services. Florida International University provides the design and development of a competency-based child welfare pre-service training curriculum that provides for a systematic approach to staff development and training for persons providing child welfare services. The University of South Florida implements and administers the Department's Child Protection Professional Certification Program for child welfare services staff and their supervisors. This University also administers Florida's Center for the Advancement of Child Welfare Practice. The Center functions as Florida's expert child welfare practice information and referral resource for child welfare and community-based partners.

  The Family Safety program office also directly provides support in training initiatives, such as the 2009 Regional Training (multiple locations, wide variety of topics), the Child Welfare Leadership Program and the annual Dependency Summit. The Department also provides a variety of training workshops in response to emerging needs of the child protection workforce. These training topics include new administrative rules, specific skill development for child protection, and trainings on agency-wide initiatives.

  In addition, the Department has convened the Task Force on Fostering Success, whose ongoing work will continue to identify concerns and make recommendations to improve coordination and communication, as well as policies, procedures and training efforts for all parties involved in protecting and locating children in Florida's dependency system.

- Florida received federal approval of the first statewide Title IV-E waiver, providing flexibility for foster care funds, in March 2006. The U.S. Department of Health and Human Services Administration for Children and Families (ACF) authorized the five-year waiver under Title IV-E of the Social Security Act,

allowing Florida to demonstrate that flexibility in funding will result in improved services for families.

Under the waiver, the money follows the needs of the child and the family. It enables funds to be used for a wide variety of child welfare services, including prevention, intensive in-home services to prevent placement of children outside the home, reunification, and foster care.

Preliminary results show the waiver is supporting the desirable trend of fewer children remaining in out-of-home care. Point-in-time populations of children in care have dropped from more than 32,000 children in 2003, to fewer than 20,000 in 2009. As of July, 2009, baseline outcome analyses show a trend toward improvement in many key indicators that measure factors related to reducing out-of-home care, such as proportion of children exiting to permanency and proportion of children remaining in care after 12 months. Implementation of the waiver will continue, with enhancements and modifications made to processes, as deemed necessary, according to evaluation results.

Support for Special Populations

There are certain groups within the child welfare program that need special focus. These include teens and young adults who are preparing to live independently; those with chronic runaway behavior; children whose cases involve activity between Florida and other states; and those with Native American tribal connections.

The **Independent Living** program provides adult life skills enhancement through the use of education, training and mentoring of youth ages 13-18 who are in the custody of the state, as well as educational and employment training supports for young adults formerly in foster care attending postsecondary school (for example, Chafee grants, Education and Training Vouchers (ETV) and Road to Independence financial support, aftercare and transitional support services). Significant attention has been paid to this program in recent years and the Department continues to collaborate with stakeholders to improve services and focus efforts on youth transitioning out of foster care. Relationships with Florida's Children First, Youth SHINE, and Connected by 25, as well as an active Independent Living Service Advisory Council, provide the Department with expertise and advice for program improvement.

Resources have been strained by expanded eligibility, increases in the federal minimum wage (which increased the maximum Road to Independence award), and related publicity for some of these services. The Department remains committed to working in partnership with the Florida Legislature, communities, recipients, and concerned individuals to increase the level of support available.

The **Interstate Compact on the Placement of Children** (ICPC) is law in all 50 states, the District of Columbia and the U.S. Virgin Islands. The ICPC operates via a binding contract between 52 member jurisdictions and establishes uniform legal and administrative procedures governing the safe and timely interstate placement of children. National data reported by the American Public Human Services Association in 2006 indicates that interstate placements comprise nearly 5.5 percent of all out-of-home residential arrangements, affecting about 43,000 children a year.

Of these, about 61% of children placed in other states were placed with families who became permanent.

ICPC modernization converted the existing tracking system to a paperless file system. The process now scans all incoming and outgoing documents and creates various data entry screens to capture and store information on each case. The Interstate Compact System (ICS) database can be accessed by the courts, community-based care lead agencies, guardians ad litem, and Department attorneys. These stakeholders can view the master ICPC file and determine case status. This transparency has improved the quality of ICPC work and significantly reduced the time it takes to process a case within the State of Florida.

Collaboration with national partners to promote the replication of this system would eliminate the delay caused by mailing documents, losing documents, disagreements over the content of documents, and dates of receipt. With a means for national electronic transmission and an electronic tracking system, transparency in the ICPC process could provide uniform consideration of ICPC requests, more accountability, and quicker permanency for children across the nation. Eventually, providing linkage to various Florida Safe Families Network (FSFN) functionality, such as case management and legal documentation, will fully embed ICPC activity in a seamless technology support for good case practice.

The **Interstate Compact on Adoption and Medical Assistance** (ICAMA) is a compact that was established to coordinate the interstate delivery of services to adopted special needs children by preventing and overcoming barriers to such placements. ICAMA members agree to accept other member states' determinations of adoption and medical assistance eligibility.

The Indian Child Welfare Act provides specific legal protections to American Indian or Alaskan Native children who are members, or who are eligible for membership, in a federally recognized tribe. Florida has two federally recognized tribes, the Seminole Tribe of Florida and the Miccosukee Tribe of Indians of Florida. The Poarch Band of Creek Indians, a third federally recognized tribe with a reservation located in Alabama close to the Florida-Alabama border, has a number of enrolled members residing in the Florida Panhandle. Florida has an enrolled membership of approximately 3,800 tribal members from the Seminole and Miccosukee tribes of Florida and has nine federal reservations. Florida ranks 11th nationally in American Indian and Alaskan Native population (2000 United States Census). Many child welfare related contacts with children in Florida under the protection of the Indian Child Welfare Act are associated with tribes located in the other 49 states.

Representatives of the Seminole Tribe, the Miccosukee Tribe and the Poarch Band of Creek participate in the Dependency Court Improvement Multidisciplinary Panel on matters related to the Indian Child Welfare Act and provide review and input for improving Indian Child Welfare Act compliance in Florida. Meetings and negotiations are progressing with the Seminole Tribe of Florida toward a state-to-nation agreement. The Department of Children and Families currently provides

child protective investigations and case management services to all six of the Seminole reservations in Florida at the Tribe's request. The Miccosukee Tribe has established internal investigative and case management processes on their three reservations and maintain sovereign jurisdiction over those processes.

The Family Safety Program Office has a statewide Indian Child Welfare Act Specialist and Tribal Liaison to provide technical assistance in matters related to compliance with the Indian Child Welfare Act and in developing and supporting ongoing collaboration with Florida's tribes. Tribal members are encouraged to participate in the annual Dependency Summit and other Department sponsored educational and training events. Tribal representatives and Department staff co-presented a workshop at the 2007 Dependency Summit.

Florida's new State Automated Child Welfare Information System (SACWIS), also known as Florida Safe Families Network (FSFN), has increased the state's capacity to accurately identify and document services to children eligible for the protections of the Indian Child Welfare Act. The addition of new functions related specifically to the Indian Child Welfare Act should support and significantly improve Florida's compliance with the provisions of the Act.

Community-Based Care

Community-Based Care (CBC) is the Florida Department of Children and Families' overarching strategy to build partnerships in the community, and to significantly impact, in innovative, positive ways, the outcomes, quality, effectiveness, and efficiency of services in the community. Initiated by legislative action during FY 1996-97, Community-Based Care was fully implemented statewide in April 2005, with 22 services contracts under 20 lead agencies.

The community-based care approach is maturing, and ongoing processes and supports continue to be refined under the direction of the Family Safety Program Office and other key stakeholders. CBC contract models and templates are updated annually or as conditions change. Communication will be enhanced through increased use of technology, such as the Center for the Advancement of Child Welfare Practice knowledge base and interactive web-enabled workgroup/training functionality.

Quality Management

Regional Quality Management Model

After intensive collaboration among leadership, mid-management and direct service staff from the Department and the community-based care agencies, a comprehensive regional quality management model was implemented throughout the state in July 2008. The model provides:

- Clear assignment of organizational roles and responsibilities;
- Directives to take immediate action as issues are identified;
- Assignment of responsibility, authority, and accountability at the local level with support from the state office; and,

- On-going assessment of progress towards meeting state and federal expectations for child safety, permanency, and well-being.

The regional model also includes:

- Uniform performance standards that measure the quality of service delivery in the local systems of care;
- Quarterly quality assurance reviews that provide timely and meaningful information for business management;
- A random sample of 25 cases per community-based care agency per quarter;
- Regional discretion to select additional special populations or topics for review;
- Placeholders for the Secretary of the Department to mandate statewide special reviews in a program component of his/her choice during the fiscal year;
- Involvement of Children's Legal Services through standards to assess lead agencies' efforts to partner with Children's Legal Services in achieving positive outcomes for children; and
- Training for quality assurance reviewers to ensure inter-rater reliability and analytical skills and capacities to conduct reviews consistently and with integrity across the state.

Resources that are earmarked to conduct quality assurance activities are supervised and based within regions and community-based care agencies. The Family Safety program office maintains three positions that develop review protocols, lead reviews, aggregates and analyzes data, and provides technical assistance to the field on an ongoing basis.

Special Quality Assurance Reviews are requests for reviews that are performed beyond planned monitoring activities. These reviews may include high profile, high risk or critical cases. Included in these reviews are child deaths which are alleged to be the result of abuse or neglect or child deaths that occur while a child is the subject of an open investigation, or currently under supervision by the Department or its providers.

The findings from the 2008 Child and Family Services Review validated that this new system shows great promise as an ongoing approach to describing the expectations for quality of services, and to understanding the performance achievements or gaps affected by management choices and other factors. The various data outputs of the Regional Quality Assurance Model will be the basis for measuring the progress of the Quality Improvement Plan.

The Regional Quality Management Model recognizes that data driven decision making and evidence based practices are fundamental to the planning, development,

and implementation of effective initiatives. In that vein, the State developed a web-based quality assurance reporting system for receiving, maintaining and aggregating data gathered through the various review processes.

Additionally, leadership and other stakeholders continue to work on improving the State's performance measurements system so that measures and subsequent related data more accurately describe the state-of-the-state in delivering quality services to children and families. This group will continue to provide methodological and technical assistance to Department and community-based care agency staff during implementation of the Quality Improvement Plan.

Quality Improvement

One major component of continuous quality improvement is the way in which an organization communicates expectations, learns about the effects of its actions, and decides on new or modified activities to implement. Florida will have these structured mechanisms at the community and the state level. Most areas already have well established processes or groups that oversee and make changes as needed, but these will be enhanced or validated as they relate to this overall quality improvement. One highly visible process that demonstrates leadership commitment is the series of monthly management meetings at which various performance and process topics are reviewed and discussed. Guidance that results from these meetings will play a significant role in driving the "plan do check act" cycle throughout the Quality Improvement Plan's timeframe.

The authority and responsibility for ensuring operational decisions support the achievement of the Quality Improvement Plan (QIP) will be vested in the local partners. A similar function at the state level will ensure that the qualitative and quantitative data is consistently provided, analyzed, and reviewed among the key stakeholders. Such quality tools as quality assurance and progress reports, performance measure data, and documentation of initiatives will be developed or expanded.

In addition, continuity of the knowledge base and the demonstration of commitment at the highest levels that are also critical to continuous quality improvement will be focused through a stakeholder subcommittee of the Task Force on Fostering Success, an interagency group chaired by former Secretary Robert A. Butterworth. The Task Force's mission is to "…promote the integration of mental health and substance abuse services into child welfare, promote information sharing between agencies and service providers and continue to identify gaps in Florida's child protection system which can be corrected by legislative, policy or procedural changes." This mission is complementary to the goals of the QIP, and provides a forum within which the Quality Improvement Plan will receive high level visibility and leadership direction, in coordination with the Department's executive management. The Task Force subgroup will provide review and comments on Quality Improvement Plan products, and serve as the conduit of communication between the Department and its partners, and the Task Force, about quality improvement activity and progress.

Demonstrate the ability to earn federal earnings at budgeted level

Federal funds comprise about 50% of the total resources available to Florida's child welfare program. Among the federal fund sources are: the Child Abuse Prevention and Treatment Act (CAPTA); Promoting Safe and Stable Families Act grant funds (PSSF); Temporary Assistance for Needy Families (TANF); Title IV-E of the U.S. Social Security Act; and the Social Services Block Grant. Each of these fund sources has different requirements, and meeting these requirements is essential to maintaining this critical funding. In FY 2006, one major effort was to implement the Title IV-E federal waiver approved in October 2006.

Florida's current budget situation has brought additional challenges to earning federal funds. During the FY 2007-08, the Florida Legislative required budget reductions for state funds. The reduction of state funds negatively impacts the Department's ability to draw down matching federal funds in some cases. With the forecast of continuing declining state revenues, the ability to obtain federal funds may become more problematic over the next couple of years.

Fiscal Monitoring

Fiscal monitoring is an essential oversight component of the Florida privatized child welfare system because it enables the Department to identify and address financial and administrative problems before they result in the loss of funds or a lead agency reaching a state of crisis. The Department previously outsourced fiscal monitoring, but has recently brought this function back in-house for all CBC lead agencies except those involved in the CBC pilot project referenced earlier (ChildNet and Our Kids). The Department made this decision because it recognized the need for flexibility in oversight tasks and the need for technical assistance.

The Department's Assistant Secretary for Administration has assumed responsibility for directing fiscal monitoring of the lead agencies. To carry out this function, the Department is updating its lead agency risk assessments, which will be used to determine the depth and frequency of monitoring, and developing a fiscal monitoring tool to examine whether lead agencies use the proper funding sources for various services.

The Department has developed a system for collecting information and reviewing lead agency fiscal and program performance indicators on a quarterly basis. The central office now sends quarterly fiscal indicator reports to the Circuit Administrators, who review them with the lead agencies and report back on any problems that need to be addressed. The program indicators tracked in the reports are those that have been found to affect lead agency expenditures, including caseloads, the rate of children entering the community, rates of expenditure, etc.

Information Systems

T**he Florida Safe Families Network** (FSFN) is Florida's **Statewide Automated Child Welfare Information System** (SACWIS) and fully automates and supports Department, Community-Based Care and Sheriff's Offices child protection and child welfare related processes and practices, as well as federal and statutory requirements for data and reporting. The Florida Safe Families Network also provides essential information to key stakeholders statewide, including the Judiciary and the Guardians ad Litem. FSFN is the Department's official system of record for documenting child

protective investigation and child welfare casework statewide, from the initial reporting of abuse and neglect, to foster care and adoptions case management and permanency planning.

Release 1 of the Florida Safe Families Network was piloted in July 2007. Release 1 replaced legacy child welfare systems functions supporting the capture and management of abuse calls received by the Florida Abuse Hotline, assignments and management of child and adult safety assessments and investigations, and the assignment and tracking of services. Release 2a of the Florida Safe Families Network was piloted in May 2008, with implementation and training occurring statewide from June through August 2008. This release provided additional functionality, including case planning, case file documentation and tracking, child welfare services, and provider management. Release 2b, which includes financial, legal and licensing functionality, was deployed in August 2009.

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

New initiatives described above, as well as issues in the FY 2009-10 Legislative Budget Request, are aligned with the Governor's priorities, and support the Secretary's priorities as well.

E. Justification of Final Projection for each Outcome

Florida's child welfare system has been undergoing radical and fundamental changes, as described above. The stage has been set for maintaining current successes and setting new, challenging goals. However, this must also be balanced against state and national conditions related to population changes, limited resource bases, and extraordinary events.

F. Potential Policy Changes Affecting the Budget Request

The continued fiscal impact of these goals, such as increasing demand on adoption and in-home services, will continue to be monitored. Additional resources are likely to be necessary to sustain improvements in protective investigations, provide adoption subsidies, expand children's legal services in alignment with intensive focus on timely permanency, and support an adequate supply of out-of-home situations that can be matched to child needs.

G. Changes Which Would Require Legislative Action

Using input from the Task Force on Fostering Success, the Department continues to propose a series of revisions to Chapter 39, Florida Statutes, governing Child Protection. These changes include:

- Creating an alternative response strategy to low risk Hotline calls to engage families in the provision of services at the earliest possible intervention point in order to prevent escalation of harm and the need for more costly, deeper-ended interventions in the future.

- Clearly defining terms such as "risk," "safe," and "unsafe," to provide guidance to investigators in identifying cases where alternative response is appropriate.

- Specifying the procedure for use of the new (2008) injunction statute, which provides an additional tool for child protection without the necessity of removal of children.

H. Task Forces and Studies in Progress

Task Force on Fostering Success and Task Force on Children's Justice

This Task Force was re-established and expanded by Secretary Sheldon to continue to examine the gaps currently existing in the child welfare system, including efforts at reunification, stabilization and permanency during foster care and supervision, and to identify administrative, policy, legislative, education, and training efforts which must be undertaken to ensure the safety of Florida's children. This task force is in its third year and is the primary advisory group to the Children's Justice Act 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.

Children's Legal Services (CLS)

In May of 2007, the Department of Children and Families established a Legal Services Review Work Group to evaluate the Office of the General Counsel and child welfare legal services provided statewide. The primary recommendation that derived from this workgroup was the separation of Child Welfare Legal Services from the General Counsel's Office and the establishment of the Children's Legal Services (CLS). This separation allows CLS to concentrate exclusively on protecting children, leaving more administrative legal functions in the General Counsel's office.

Children's Legal Services represents the State of Florida, by and through the Department of Children and Families, to ensure the health and safety of children and the integrity of families. The State of Florida has the responsibility of protecting children who have been abused, abandoned and/or neglected by their parents. The CLS attorneys, together with the State's community-based care lead agencies, case management providers and protective investigators, are charged with carrying out that responsibility. Children's Legal Services (CLS) is the prosecution arm of the dependency system.

Florida Child Welfare Regional Quality Assurance Implementation and Oversight Team

As discussed under Quality Management, the Family Safety program has implemented the new Regional Quality Assurance model, which began July 1, 2008. This effort is under the guidance of an Implementation and Oversight Team, with members from the Department (headquarters and region), Community-Based Care (CBC) lead agencies, and CBC boards of directors. This team holds regular

conference calls to discuss related topics, such as performance measurement and continuous quality improvement.

Evaluation of Community-Based Care

Authority: Section 409.1671(4) (a), Florida Statutes

Purpose: Conduct annual evaluation of quality performance, outcome measure attainment and cost efficiency of each program operated under contract with a community-based care agency.

Evaluation of Comprehensive Residential Services

Authority: Section 409.1679(2), Florida Statutes.

Purpose: Conduct, as part of the annual evaluation of Community-Based Care, for each site, an assessment of cost effectiveness, ability to successfully implement the assigned program elements, attainment of performance standards and attainment of the targeted outcomes prescribed in the statute cited.

Independent Living Services Advisory Council

Authority: Section 409.1451(7), Florida Statute (F.S.).

Purpose: Help formulate policy that focuses on improving the educational quality of all publicly funded school readiness programs.

Prevention Needs Assessment

Authority: Federal Child Abuse Prevention and Treatment Act, Title II – Community-Based Family Resource and Support Grants (42 U.S.C. 5116 et seq).

Purpose: Assess community assets and needs through a planning process that involves parents and local public agencies, local nonprofit organizations, and private sector representatives.

IV-E Waiver Evaluation

Authority: This evaluation was a condition of receiving Federal approval to conduct a Title IV-E Waiver Demonstration Project in Florida.

Purpose: A program evaluation is required to document the positive or negative impact of the waiver on services to children in Florida.

One Church One Child

Per Subsection 409.17559(3)(b)5., F.S., provide, in conjunction with the Department of Children and Family Services, a summary to the Legislature by September 1 of each year on the status of **One Church One Child**.

CBC Pilot Evaluation

A Three Year **Pilot** Evaluation Program in **Miami-Dade, Monroe, and Broward Counties** to meet the requirements of ss. 409.1671(4) (a), F.S. This project began on July 1, 2006 and will end on June 30, 2009. A final report is due to the Florida Legislature on January 2010.

Uniform Standards for Supervised Visitation

Preliminary Report on **Recommendations for Uniform Standards for Supervised Visitation Programs** and Final Report of Recommendations for Uniform Standards and Certification and Monitoring for Supervised Visitation Programs in accordance with 753.03, F.S.

PROGRAM: ADULT PROTECTIVE SERVICES

SUB-POPULATION SERVED: ELDERLY AND ADULTS WITH DISABILITIES WHO ARE AT RISK OR ARE VICTIMS OF ABUSE, NEGLECT, SELF-NEGLECT OR EXPLOITATION AND ADULTS WITH DISABILITIES WHO NEED ASSISTANCE TO REMAIN IN THEIR OWN HOMES.

A. Primary Responsibilities

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

- Vulnerable adults (elderly and disabled) who are victims of abuse, neglect, exploitation, or in need of service due to neglect by the vulnerable adult themselves.
- Adults with Permanent Disabilities who need assistance to remain in their homes in the community.

B. Selection of Priorities

Florida is predicted to undergo a population growth of 80% between the years 2000-2030. By 2030, the population of Floridians age 65 or older is expected to increase from its present level of 16.8% to 27.1% (an increase of over 61%). This increase will place an enormous workload on Adult Protective Investigations and, subsequently, Adult Protective Services. Further, history has shown that rising unemployment and economic downturns increase the demand for social services and also contribute to an increase in reports of abuse.

C. Addressing Our Priorities over the Next Five Years

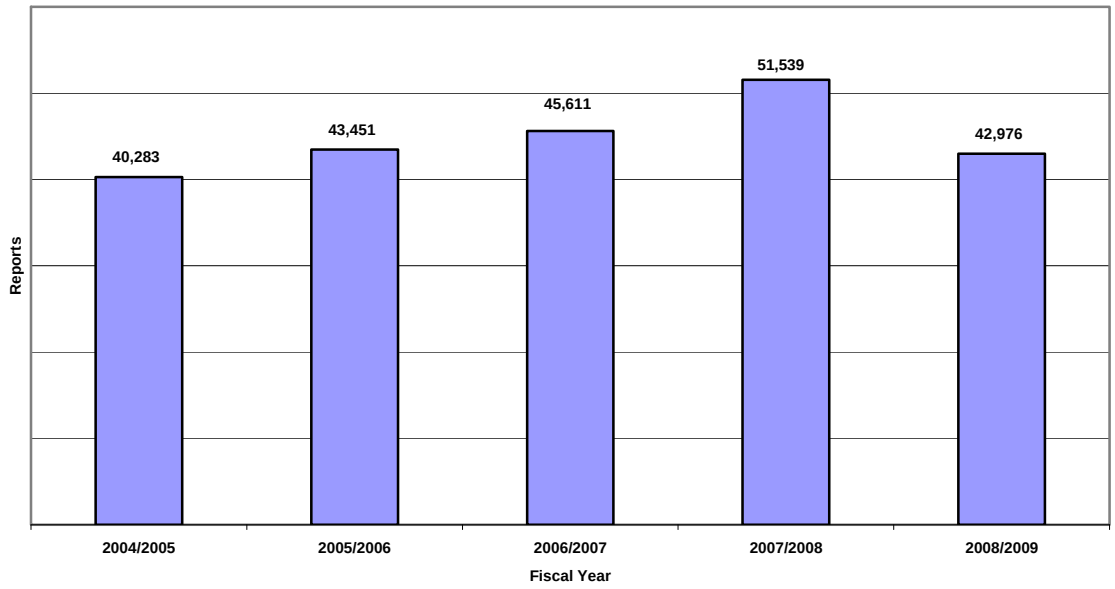
Agency Goal for Adult Protective Services: Adults are free from abuse, neglect, violence or exploitation

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

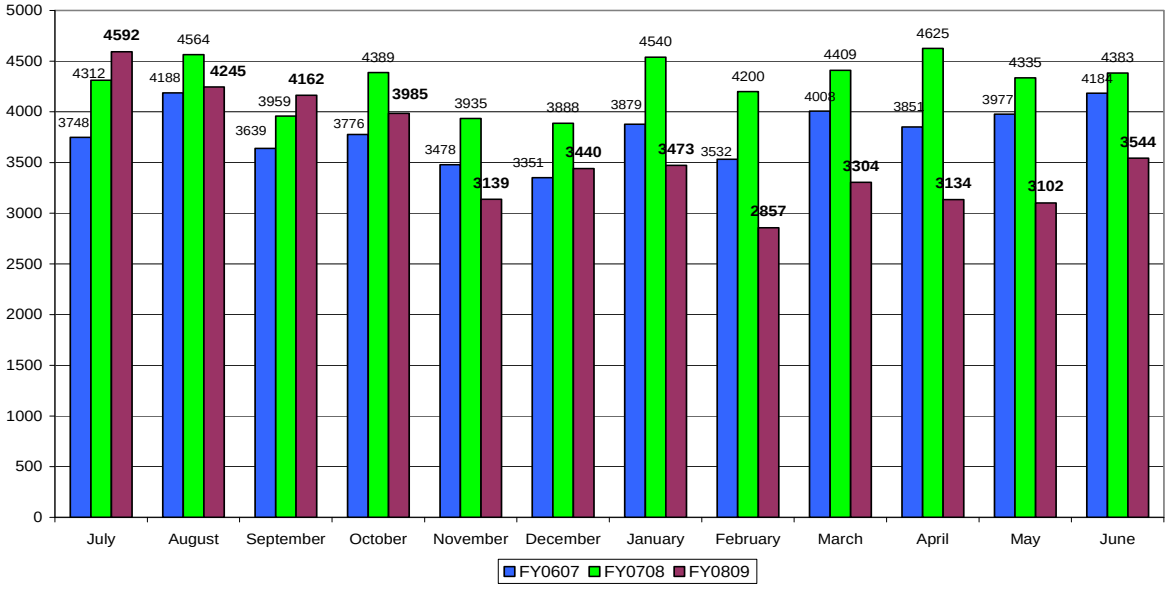
Action Steps:

1. The Department is taking proactive steps to prepare Adult Protective Investigators and other Adult Protective Service workers for the anticipated continued increase in caseloads. The Adult Protective Services Program received 42,976 reports of abuse, neglect, and/or exploitation of vulnerable adults during fiscal year 2008-09 (see Charts 1 & 2). While this represents a decrease in reports from the previous fiscal year, it is largely reflective of several efforts to clarify policy and resultant tightening of intake criteria at the Hotline. The United States Census Bureau estimates that Florida's elderly population (aged 65 and older) will almost double by the year 2030, to 27% of the total population.

Statewide Totals - Adult Investigations Reports Received



Adult Investigations - Three Year Comparison of Initial and Additional Reports Received, by Month



In investigating these reports, the Department is mandated by policy to complete an initial face-to-face visit with the victim within 24 hours. This allows the protective investigator to evaluate the victim's situation and safety, and begin the process of removing the individual from harm's way and/or providing needed services immediately.

2. The Department's statewide case management system enables Adult Protective Services management to have accessible information for better decision-making and serves to improve the programmatic reporting capability and accountability to the victims, their families, and the general public. During FY 2008-09, the percentage of victims seen within the first 24 hours was 97.1%.

3. 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, medical examiners' offices being involved, and law enforcement involvement. Edits in the statewide case management system require unit supervisors to review and evaluate each investigation after significant steps are completed by Protective Investigators. This provides for quality investigations, effective intervention strategies which promote the safety of victims of abuse, neglect, and exploitation, and the promptness of subsequent follow-up actions and services to victims. During FY 2008-09, Adult Protective Services averaged closing the investigations within 60 days in 99.6% of the cases statewide.

4. Keeping caseload ratios under control ensures that Adult Protective Investigators are able to meet statutory requirements and Department performance standards. The Department will continue to explore methods to reduce the projected FY 2009-10 workload of 14:1 to the national standard workload of 12:1. The continued focus will be on quality investigations and appropriate intervention in order to ensure that victims are not left at risk to suffer further harm or injury.

5. Department of Children and Families (then) Secretary Bob Butterworth formed the Select Advisory Panel on Adult Protective Services on August 30, 2007. The mission of the Select Advisory Panel on Adult Protective Services is to provide counsel and advice to the Department of Children and Families on issues relating to the abuse, neglect, and exploitation of elderly persons and persons with disabilities.

Former Secretary Butterworth's Charge to the Select Advisory Panel on Adult Protective Services is to:

- Provide advice and counsel to the Department's leadership on the provision of services, including guardianship, to Florida's adult population, especially our disabled and elderly;
- Provide advice and counsel to the Department's leadership on issues relating to the abuse, neglect, and exploitation of adults, particularly the disabled and elderly;
- Identify statutory, policy, or procedural barriers to effective response and service provision and provide recommendations for improvement;

- Facilitate communication between the Department and the populations it serves; and,
- Identify special needs and services which should be provided by the Department to better accomplish its mission of service to our vulnerable citizens.

Issues/areas worked on by the Select Advisory Panel on Adult Protective Services to date are:

- Guardianship
- Statutory definitions of vulnerable adult and elderly persons, and consistency in language across statutes
- Adult Protective Investigator turnover rates/staff retention
- Adult Protective Services Community Satisfaction Survey (2nd iteration currently in progress)
- Language modernization in Adult Protective Services forms (i.e. Capacity to Consent, Risk Assessment)
- Adult Protective Services pre-service development team
- Interagency agreements
- Quality Assurance reviews
- Letters of support for guardianship, Governor's budget
- Recommendations based on case studies
- Public awareness campaigns/mandatory reporting
- Support for and participation in the Adult Protective Services Training Event

1. **The Adult Protective Services Program Office has proposed the following Legislative changes for 2010:**

   - Petition for Guardianship

   The proposal authorizes the Department of Children and Families to file a petition to determine capacity in Adult Protection proceedings (under Section 744.3201, F.S.) and prohibits the Department from serving as the guardian or providing legal counsel to the victim.

   - Department of Highway Safety and Motor Vehicles Records Access

   The proposal provides the Department of Children and Families access to digital image and signature of licensees maintained in the Department of Highway Safety and Motor Vehicles Driver and Vehicle Information Database (DAVID) for purposes of conducting protective investigations. It would allow for the use of driver's license records as an investigative tool, as well as to assist in positive identification of victims and possible responsible persons in investigations of abuse, neglect, or exploitation. (Note: Child

Protection Investigators were granted access to Motor Vehicle records in 2008 in HB 7077.)

2. Re-design of Adult Protective Services Quality Assurance

During fiscal year 2008/09, the Adult Protective Services Program Office continued with standardization of its quality assurance process. Regions had historically conducted independent quality assurance reviews and not compared or shared best practices. The Department implemented a uniform process and deployed a standardized statewide tool. The new design consisted of a three tiered process:

Tier I Review – 2 investigations per investigator, conducted at the Region level.
Tier II Review – 25% sample of the Tier I Reviews, peer review by another Region.
Tier III Review – 25% sample of Tier II Reviews, conducted at Headquarters.

The second iteration of this approach began in January 2009 and reinforced the foundation for the quality assurance process.

3. Statewide Training Event – "*Into The Future: From Protection to Advocacy"*

- Former Secretary Robert A. Butterworth opened the first annual statewide training event for Adult Protective Services in May 2008 by welcoming staff from around the state. The purpose of the training event was to share best practices and provide career development training for adult protective services professionals.

- The three-day training event consisted of four tracks: Adult Protective Investigation, Human Services Counselor, Registered Nurse Specialists, and Leadership. Attorneys from DCF and other agencies involved with Adult Protective Services also attended.

- Over 300 individuals participated in the event. Representatives from various agencies that provide services to persons with disabilities and the elderly population, including the Agency for Health Care Administration, the Agency for Persons with Disabilities, and the Department of Elder Affairs, presented training as part of the event. In addition, members from the Select Advisory Panel on Adult Protective Services led discussions.

4. Performance Measures

The Adult Protective Services Program Office is working to refine the program's performance measures to determine appropriate targets and to

advance adult investigations management reports produced by the Florida Safe Families Network system.

5. Adult Protective Services Operating Procedures

Adult Protective Services Program Office staff, in coordination with field staff, completed a comprehensive rewrite and modernization of its operating procedures that deal with the work of Adult Protective Investigators, Human Services Counselors, and Registered Nurse Specialists. A statewide workgroup composed of Program and Operations staff developed each chapter. Additionally, a similarly constituted workgroup is currently undertaking the development of an operating procedure for Protective Intervention.

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

None proposed

E. Justification of Final Projection for each Outcome

Outcome: The percent of victims seen within the first 24 hours.

The statewide target is currently 93%. Trend data indicate that performance holds significantly above this target.

Outcome: Percent of cases closed within 60 days.

The statewide target is currently 99%. Trend data indicate that performance holds at slightly above this target.

Outcome: Per capita abuse/neglect rate per 1,000 adults with disabilities and elderly.

Current rates stand at .05/1,000 for adults with disabilities and .05/1,000 for elderly persons.

F. Potential Policy Changes Affecting the Agency Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: ADULT PROTECTIVE SERVICES – IN-HOME SUPPORTS

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

A. Primary Responsibilities

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

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

B. Selection of Priorities

It is estimated that approximately 1,184,412 adults with disabilities (18 – 59 years of age) living in Florida have two or more permanent physical or mental limitations. Despite some progress in preventing disabilities, the number of people with disabilities is expected to continue to increase. Many of these individuals may receive services from other programs of the Department and agencies of the State of Florida. However in FY 2008-09, there were 3,132 nursing-home eligible adults with disabilities who received services through the Home Care for Disabled Adults, Community Care for Disabled Adults, Aged or Disabled Adult (ADA) Home and Community-Based Services Medicaid Waiver, and Consumer Directed Care+ Medicaid Waiver programs. The services provided to individuals in these in-home programs include, but are not limited to: a monthly subsidy to assist with the cost of room, clothing, and incidentals, homemaker services, meals, personal care, and nursing care. These services enable the individual to live in the community and avoid institutional placement as long as possible. This is extremely beneficial to the well-being and self-sufficiency of the individual and allows the state to defer costly institutionalization services.

C. Addressing Our Priorities over the Next Five Years

Agency Goal for In-home Supports: Self-Sufficiency

Strategy: Support sustainable, strong families.

Action Steps:

1. Because of the nature of the types of disabilities from which individuals in the in-home services programs suffer and because of the rising costs of health care and other services, as these individuals age, their health-related needs and costs of care increase. For FY 2008-09, the average care plan cost of an individual in the Home Care for Disabled Adults program was $1,440. In FY 2008-09, the average care plan cost for an individual in the Community Care for Disabled Adults program was approximately $4,000. During the same fiscal year, the average care plan cost of an individual in the ADA Medicaid Waiver (including the Consumer Directed Care+ Medicaid Waiver) program was $17,600 (includes general revenue and the Federal match).
2. There is a growing need to provide services to the disabled adult population. However, other budgetary priorities have made it especially hard to keep up with providing services to new individuals requesting services from these programs. The in-home service programs have statewide waiting lists of over 8,400 adults with disabilities who are seeking services, but are unable to receive them because of insufficient funding. The statewide waiting lists ensure more equity of service provision to individuals requesting services and better fiscal management.
3. Individuals in need of services are screened with a uniform instrument by Adult Protective Services counselors and added to the statewide waiting list(s) based on their screening scores and the dates on which they request services. Once dollars are freed because of attrition of individuals from an in-home services program, the

highest-scoring individual is pulled from the statewide programmatic waiting list for a face-to-face assessment and, if programmatically eligible, is moved into the program. The attrition rates for these programs are not great, therefore adding new individuals for services occurs minimally.

4. During the FY 2009-10 legislative budget cycle, funds are being requested to reduce the Adult Protective Services programmatic waiting lists. The allocation of these funds will be based on a proposal to move a quarter of the total number of individuals off each of the in-home services statewide waiting list each year for four years.

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

Not applicable

E. Justification of Final Projection for each Outcome

Outcome: Percent of adults with disabilities receiving services who are not placed in a nursing home.

Baseline data for the outcome was collected in FY 1998-99 and the target was set at 99%. Because of the aging of the individuals in these programs, increased medical problems, deteriorating conditions, and lack of increased funding for these programs, the target remains at 99%. FY 2008-09 year-end data indicate the success of these programs, as 99.6% of individuals receiving services during the year did not go into nursing home placement.

F. Potential Policy Changes Affecting the Agency Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: DOMESTIC VIOLENCE

POPULATION SERVED: CHILDREN OR ADULTS WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

A. Primary Responsibilities

The Department's Domestic Violence Program serves as the clearinghouse for information relating to domestic violence and provides statewide leadership in domestic violence policy, program development and implementation as outlined in section 39.903, F.S. Specific responsibilities include:

- Prevention, Education and Training: Provide supervision, direction, coordination, administration, and funding of statewide activities related to the prevention of domestic violence. (Sections 39.901, 39.903, F.S.)

- Certification, Evaluation and Funding of Domestic Violence Centers: Receive and approve or reject applications for certification, and perform annual evaluations. Domestic violence centers must meet minimum standards in order to qualify for state certification. The Florida Coalition Against Domestic Violence administers funding to certified centers through a contract with the Department. (Section 39.905, F.S.)
- Certification and Monitoring of Batterer Intervention Programs: Receive and approve or reject applications for certification, and perform annual monitoring. Batterer Intervention Programs must meet minimum standards and services in order to qualify for state certification. (Section 741.32, F.S.)
- Domestic Violence Fatality Review Teams: Provide information and technical assistance. (Section 741.316(7), F.S.)

B. Selection of Priorities

During the 2007-2008 fiscal year, 63,570 victims (14,504 in shelter and 49,066 in outreach) were provided domestic violence services by the state's 42 certified domestic violence centers. A snapshot of Florida's domestic violence centers reveals that over 2,900 adults and children received assistance and services during a single 24-hour period (National Network to End Domestic Violence, 2008 National Census of Domestic Violence Services). Domestic violence services include emergency shelter, transitional housing, individual support and advocacy, group support and advocacy, safety planning, and legal services, such as assistance with protection orders, divorce, and immigration issues. Centers provide a multitude of other services to help victims meet their immediate and future needs, including emergency food and clothes, rent assistance, arranging for childcare, finding housing, etc. Centers also answer hotline calls, and offer community education and outreach.

In 2008, Florida's law enforcement agencies received 113,123 reports of domestic violence crimes. However, studies show that this number may account for less than 50 percent of actual incidents (U.S. Department of Justice, Special Report, June 2009). Of the reported incidents, 194 were homicides. As staggering as these statistics are, collaborative prevention and intervention efforts are paying off. Since 1993, Florida has seen a 28.65% decrease in reported domestic violence crimes.

To determine priorities and initiatives, the Domestic Violence Program Office solicits input from stakeholders and its many partners through surveys, needs assessments, workgroups, etc. Partners include public and private organizations, such as the Florida Coalition Against Domestic Violence, Florida Council Against Sexual Violence, certified domestic violence centers, certified batterer intervention programs, Office of the State Court Administrator, circuit and county courts, Florida Prosecuting Attorney's Association, state attorneys, law enforcement agencies and child protection professionals. Through the analysis of information collected, three themes emerged as priorities of our stakeholders and partners: 1) direct victim services, 2) community coordination, and 3) training.

The Domestic Violence Program Office is committed to addressing these themes and setting priorities and initiatives accordingly. However, we face the challenge of

maintaining a consistent level of service delivery to victims and providing support to providers due to declining revenues.

D. Addressing our Priorities over the Next Five Years

Agency Goal: Safety

Objective: Reduce domestic violence.

Initiatives:

1. Strengthen delivery and coordination of services to domestic violence victims and identify unmet needs.

   Direct victim services were identified as the most important priority by stakeholders and partners, and are core principles of our prevention and intervention efforts. The Domestic Violence Program Office will continue to facilitate best practices and collaborate with the Florida Coalition Against Domestic Violence on their statewide agenda.

2. Develop and implement statewide plan for the use of Recovery Act funds to encourage a coordinated community response to domestic violence.

   The Department is eligible to receive American Recovery and Reinvestment Act funds (Recovery Act) through the STOP Violence Against Women Grant Program. Funds will be used for additional domestic violence services, as well as to enhance programs that continue to demonstrate promise and success in the field of training, and provide services to domestic violence victims. The Recovery Act funds will allow many essential services to continue, services that remain integral to victim safety and offender accountability.

3. Secure and administer funding for domestic violence prevention and intervention programs.

   The Domestic Violence Program Office obtains and administers funding from several federal grant programs each year, in addition to administering the Domestic Violence Trust Fund. These programs include the Family Violence Prevention and Services Act (FVPSA), STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Grant Program, Temporary Assistance for Needy Families (TANF) Domestic Violence Diversion Program, and Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program. The Domestic Violence Program also administers the state Domestic Violence Center Capital Improvement Grant Program, which includes an annual needs assessment.

4. Increase and enhance domestic violence expertise Department-wide through multi-program activities and the support of educational opportunities.

To more effectively help those families in which violence against women and children overlap, the Domestic Violence Program Office is committed to supporting training and technical assistance on the power and control dynamics of domestic violence to our sister programs within the Department. Recent training activities have included providing statewide domestic violence training and community building workshops for child welfare professionals in each Department Region, and partnering with the Florida Coalition Against Domestic Violence to provide trainings on domestic violence assessments and safety planning to child protection investigators. Other successful partnerships include with the Children's Legal Services and Family Safety Program Office on legislative initiatives to improve the injunction process and child safety in child welfare cases, and with the NE Region to implement the "Safe and Together" model that focuses on keeping the child safe with the non-offending parent, who is a victim of domestic violence.

5. Implement training and public awareness activities throughout the state to increase safety for both the adult and child victim of domestic violence.

   Awareness on the dynamics of domestic violence is a powerful tool in the Department's prevention and intervention efforts. The Domestic Violence Program Office is committed to supporting education and public awareness activities throughout the state.

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

None Proposed.

E. Justification of Final Projection for each Outcome

Objective: Maintain the percent of adult and child victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter at 98 percent or greater.

Outcome: Percent of adult and child victims in shelter more than 72 hours having a plan for family safety and security when they leave shelter.

Outcome Projection Justification and Impact: Expect to continue to achieve the outcome, assuming that appropriations continue to keep up with workload increases.

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: FLORIDA ABUSE HOTLINE

POPULATION SERVED: CHILDREN OR VULNERABLE ADULTS WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

A. Primary Responsibilities

The primary responsibility of the Florida Abuse Hotline is to work in collaboration with local partners and communities to ensure the safety, timely permanency and well-being of children and vulnerable adults (Chapters 39 and 415, Florida Statutes).

B. Selection of Priorities

The Secretary has established the following priorities, consistent with the Governor's priorities of strengthening families and helping the most vulnerable among us:

- *Ensuring safety, well-being, and self-sufficiency for the people we serve.* For child welfare, safety, permanency, and well-being are the three major goals. Florida's program should meet or exceed all expectations.
- *Community-Partnerships.* Work with community-partners to ensure safety, permanency, and well-being for children and their families.
- *Increase Orientation to Action* Increase prevention and early intervention services, resulting in fewer children needing to be removed from their homes, and promote family reunification through working in concert with the Governor's Office of Adoption and Child Protection.
- *Strengthen Oversight and Accountability.* Implement an oversight and accountability system to ensure the safety of the children we serve.

In addition to the priorities above, the Florida Abuse Hotline has a unique set of goals and objectives defined in a long-range plan. These are:

- *Florida Abuse Hotline's Long Range Plan: July 2007 through June 2012.*

The Hotline's Long Range Program Plan was developed to set priorities for long term planning. The priorities are aligned with the Department's and Governor's goals. The plan focuses on improving efficiency, stakeholder satisfaction, and employee growth and satisfaction.

The plan provides a much more detailed set of guiding principles, goals, and strategies guiding the Florida Abuse Hotline, including the efforts of many other services provided by the Hotline, other than the answering of abuse and neglect calls. It is consistent with these other planning approaches and provides a focused look at priorities specific to the Department's Abuse Hotline.

C. Priorities over the Next Five Years

The Florida Abuse Hotline continues to focus on protecting the most vulnerable citizens of Florida. Many of the efforts involve technological improvements that will take time

to obtain and fully deploy to the entire Hotline. The Hotline also strives to be an action agent for the Department.

Strategy: Increase efficiency, stakeholder satisfaction, and employee growth and retention.

Action Steps

Prevention:

1. The Hotline seeks to be more involved in the primary prevention efforts by the Department. Prevention is a frontline activity that reduces costs incurred once a family enters the Department's care. The Hotline is the gateway to services offered by the Department and primary prevention efforts should be increased at the Hotline to ensure all of Florida's vulnerable citizens receive the services they need, while reducing costs for investigations, foster care, and adoptions.
2. The Florida information 211 lines are currently county-based, and not every county has access to this much-needed hotline for informational purposes. The Hotline seeks to streamline the 211 information line to provide enhanced services to all of Florida. This enhancement will also help streamline the information referrals received by the Hotline, therefore enabling the abuse registry counselors to help those victims of abuse or neglect.
3. In order to help increase the primary prevention efforts at the Hotline, resources, such as grants, will be sought to help with the prevention activities conducted by the Hotline.
4. Ongoing public education is vital to the efficiency in operations at the Hotline. The Hotline continuously seeks to increase community partnerships, such as, schools, hospitals, summer camps, etc. These networking activities will also be used to reach the general public to provide them with information about services offered.
5. The Hotline seeks to increase advertising, not only for reporting of abuse and neglect, but also for prevention and referral services; for example, making the best use of the wait time for callers by listing services, referral numbers and other pertinent information while they wait to speak to a counselor.

Intake Reporting:

1. In 2006, the Hotline added the functionality of web reporting as a means for a reporter to submit abuse allegations. This is in addition to the several other methods; telephone, fax, TDD, written correspondence, and face to face. The Hotline is constantly seeking alternative modes of contact for the reporting of abuse to help increase efficiency and decrease wait times and costs.
2. Educational outreach for the general public, as well as mandated reporters is important to the efficiency and productivity of the Hotline. The Hotline strives to let our customers know what is expected of them when they call to report abuse. Our mandated reporters play a key role by providing the Hotline counselor with pertinent information in a timely manner.

3. The Hotline constantly analyzes intake guidelines to ensure statutes are being followed. If needed, statute revisions are recommended or more accurate interpretations of intake guidelines are adjusted.
4. Ongoing in-service training for abuse registry counselors and supervisors occurs each fiscal year. The Hotline seeks to ensure counselors receive ongoing training as often as possible, through various modes of delivery.
5. Analysis of the Abuse Hotline call volume is studied to ensure resources are allocated appropriately. Ongoing analysis is pertinent to decreasing the number of calls that are lost due to increasing wait times.
6. The Hotline is constantly seeking alternative technology to enhance customer service and efficiency.
7. 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 Hotline is currently utilizing alternative staffing schedules to increase productivity, employee retention, and increase the number of calls answered.
8. Ongoing quality assurance analysis of the calls and documents to ensure excellence in assessment, documentation and customer service.

Crime Intelligence Unit (CIU):

1. The Crime Intelligence Unit is working to enable the field to submit criminal history requests online. Currently, investigators and case workers call in subject information to submit for checks, which is time consuming and can lead to inaccurate data entry. Submitting subject information online can increase timeliness, while decreasing data entry errors and rework.
2. The Hotline plans to provide more field investigators and community-based care workers with training pertaining to the expectations of the Hotline. As a customer to the Crime Intelligence Unit, the field can help reduce wait times and increase productivity and efficiency.
3. Further analysis of statutes, as they pertain to social service agencies involved in criminal justice, is to be conducted to streamline Crime Intelligence Unit operational guidelines.
4. Ongoing in-service training for crime intelligence technicians and analysts and supervisors occurs each fiscal year. The Hotline seeks to ensure CIU employees are receiving ongoing training as often as possible through various modes of delivery.
5. Analysis of the Abuse Hotline call volume is studied to ensure resources are allocated appropriately. All subjects of an abuse report who are 12 years age and above receive a criminal history background check. Ongoing analysis is pertinent to decreasing the number of calls that are lost due to increasing wait times. Also included is an analysis of Helpline calls from investigators and case workers to determine workload issues.

6. The Hotline is constantly seeking alternative technology to enhance customer service and efficiency.
7. The Hotline performed an employee satisfaction survey that revealed opportunities for career advancement and the overall perception of the Crime Intelligence Unit as a career is low. The Hotline plans on focusing efforts to increase professional development opportunities to increase retention and decrease turnover.
8. Ongoing quality assurance analysis of the calls and criminal history checks to ensure excellence in performance, documentation and customer service.

Background Screening:

1. When additional offenses are added to Florida Statute Chapter 435, an additional workload is created for the regional background screeners because of increased screenings, exemption reviews and 120 hearings.
2. Modifications to statutes and administrative rules create additional workload, resulting in the need for additional positions (full-time equivalents, or FTEs). Background Screening staff are already working at maximum capacity and additional FTEs are vital if services to Florida's vulnerable citizens are to be maintained in a timely manner.
3. Enhanced technology needs have been identified to maximize efficiency and timeliness for data reports and information retrieval. It is critical that funds be appropriated to complete the newly deployed Caretaker Screening Information System.
4. Clerical and administrative positions to assist regional background screening functions are needed, as clerical duties have increased over the past five years.
5. Ongoing and enhanced data analysis is needed for background screening functionality. There has been a long standing need for data related to criminal history searches. These needs have not been met, resulting in a lack of consistency, accuracy and timeliness throughout the state.

Justification of revised or proposed new programs and/or services:
The Hotline taking a more active role in primary prevention efforts as a frontline attack on reducing costs aligns with the Governor's and Department's goals of ensuring safety, well-being, and self-sufficiency for the people we serve.

Justification of the final projection for each outcome:

Outcome: The number of calls not answered by the Abuse Hotline because the call is abandoned before the caller speaks to a counselor.

The Hotline expects to continue to struggle to meet the legislatively mandated abandonment rate of 3%. The Hotline has submitted a request to change the measure to 5%. A 5% abandonment is an industry standard best practice. The Hotline does not

have enough resources to meet the 3%, but continues to strive to obtain the target through maximizing staff through innovative scheduling practices.

Outcome: The number of abuse reports assigned to the appropriate county within an hour of the call end time.

In 2007, with the inception of the Florida Safe Families Network (FSFN), the system did not capture the assignment time, as requested by the Department. The Hotline has a target of 85%, which was surpassed in 2006 with a measure of 89.3%. In 2008, FSFN returned the functionality and the Hotline expects to surpass this measure once again.

Potential policy changes affecting the agency budget request or Governor's Recommended Budget:

Future program policy changes can have an effect on the Hotline's budget requests for additional staff and resources. The Hotline's goal to enhance the 211 lines and to play a more active role in primary prevention efforts will create the need for additional resources.

Changes which would require legislative action, including the elimination of programs, services and/or activities:

None

List of all task forces, studies, etc., in progress:

- Hotline Protocol Workgroup
- Prevention referral analysis report
- Child Abuse prevention taskforce
- Adult service taskforce

PROGRAM: CHILD CARE REGULATION AND INFORMATION

SUB-POPULATION SERVED: CHILDREN WHO HAVE BEEN ABUSED, NEGLECTED, EXPLOITED OR ARE AT RISK OF ABUSE, NEGLECT, OR EXPLOITATION, AND THEIR FAMILIES

A. Primary Responsibilities

Pursuant to Florida law (Section 402.26(3), F.S.), it is the intent of the Legislature to "protect the health and welfare of children through the development of a regulatory framework that promotes the growth and stability of the child care industry and facilitates the safe physical, intellectual, motor, and social development of the child." The mission of the Child Care Regulation and Information Program is "to ensure the health, safety, and well-being of children while in care through licensing and regulatory activities."

B. Selection of Priorities

The Child Care Regulation and Information Program performs, in partnership with public and private stakeholders, to establish mutual goals and initiatives to achieve Florida's vision of a comprehensive system for meeting the needs of the children and providers. Analyses of the current environment, including strengths, weaknesses, opportunities, and challenges, led the Child Care Program to establish the following priorities:

- *Child Care Regulation.* The Child Care Program ensures the health and safety of children in out-of-home care through the regulation of child care providers (licensed facilities, licensed and registered family day care homes, licensed large family child care homes, and religious exempt child care providers). This is accomplished through the on-site inspection of licensed child care centers, licensed family day care homes, and large family child care homes to ensure compliance with the health and safety requirements of Section 402.301-319, F.S., and rules adopted there under.

- *Child Care Training and Credentialing.* Statutorily required training for child care personnel is administered through fourteen Training Coordinating Agencies statewide. Online courses are also available to provider staff and are accessed through the training component of the Child Care Information Center. In order to successfully complete the required training, child care personnel must successfully pass competency exams developed for each course. Exam registration is completed online or through the centralized Exam Scheduling Center. Professional guidance and technical support are centrally administered through the statewide Child Care Training Information Center. Staff Credential, Florida Child Care Professional Credential (FCCPC), the Florida Director Credential and renewals each promote professionalism in the child care industry and are centrally managed through a Child Care Credential Unit.

- *Child Care Quality Initiatives/Public Awareness.* The Child Care Program statewide develops and distributes brochures, pamphlets and public awareness materials to inform the public and to promote quality child care activities. The Central Office also collaborates with the Agency for Workforce Innovation, the Department of Health and the Department of Education on mass mailings to all child care providers on critical child care issues. In addition, circuits have used quality initiative funding for projects such as the Comprehensive Child Care Injury Prevention Project in Circuit 4.

- *Performance Improvement/Technical Assistance.* The Child Care Program's team of program analysts provides monitoring of child care licensing units, daily hands-on technical assistance support to licensing staff statewide, and conducts data purification activities to ensure data integrity. These activities promote the uniform application of licensing standards, while identifying program deficiencies and staff training needs statewide.

C. Addressing our Priorities over the Next Five Years

Agency Goal: Continue to ensure that children are safe while in out-of-home care; personalize and stabilize the child care program workforce; and create efficiencies within the program in order to maximize resources.

Strategy: Develop and maintain an adequate number of high quality placement settings with qualified personnel for out-of-home care that are properly resourced and appropriately matched to client needs. Ensure that performance requirements for on-site inspections of licensed child care programs are met, while reducing staff turnover by providing training and professional development for child care licensing staff and child care personnel.

Action Steps:

1. Improve the quality of child care through the provision of mandatory child care training and professional development opportunities.
2. Secure sufficient staff to accommodate increased workload due to the assumption of local licensing responsibilities, industry growth, and county ordinances. This will stabilize the workforce/reduce turnover, which are the result of high caseloads.
3. Promote staff efficiencies through technology and ongoing enhancements to the Child Care Information System.
4. Improve the quality of child care licensing and regulatory activities through the provision of training and technical assistance to circuit and regional licensing staff.
5. Ensure that performance requirements for on-site inspection of licensed child care arrangements are being met statewide.
6. Conduct mail outs and emails with regulation information and additional resources from other agencies to child care providers statewide three times per year.
7. Initiate "paperless" processes to eliminate mailing costs and reduce physical storage needs.

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

During the 2006 Legislative Session, legislation was passed that significantly impacted the activities/programs of the Child Care Program Office. Senate Bill 1510 (Ch. 2006-91, Laws of Florida), relating to child care quality and safety, is impacting the services of the Child Care Program in the following ways:

- **Gold Seal.** Provides criteria that certain child care facilities must meet in order to obtain and maintain designation as Gold Seal Quality Care provider. Senate Bill 1510 required the Department to adopt rules relating to the Gold Seal program, outlining the revocation of Gold Seal process related to noncompliance with licensing standards.
- **Enforcement.** Revised provisions relating to enforcement to allow the Department to suspend or revoke a family day care registration or issue a provisional registration, consistent with the enforcement actions available regarding licensed family day care homes. Established a "probation-status"

license. Revised provisions relating to family day care homes (licensed, registered, and large) to remove conflicting language regarding the maximum amount of an administrative fine. The proposed revision provided for the imposition of a maximum of $100 fine per violation, per day, consistent with fines imposed on child care facilities. Senate Bill 1510 required the Department to adopt rules to establish a uniform set of procedures relating to enforcement and to provide criteria and procedures for the classification of violations.

- **Safety.** Provided authority for the Department to adopt rules relating to safety in licensed family day care homes.

The Child Care Program continues to develop and issue policy guidance, conduct training, revise and distribute public awareness materials to child care providers and child care staff, and revise/enhance the Child Care Information System to conform to and accommodate the policy changes. These activities represent a substantial workload for Headquarters staff.

The Child Care Program continues to promulgate rules to clarify existing rules and ensure the safety of children, such as strengthening the regulations related to fire safety and emergency preparedness of child care programs. Additionally, online training courses have been developed to provide child care personnel with training specifically related to noncompliance issues from on-site inspections.

E. Justification of the Final Projection for each Outcome

Objective: Safety

Outcome Projection Justification and Impact: Successful achievement of this objective will be measured by the timely on-site inspection of licensed child care facilities and licensed family day care homes (including large family child care homes) to ensure the health and safety of children in care. Child care facilities are inspected three (3) times per year, and family child care homes are inspected two (2) times per year to verify compliance with the health and safety requirements of sections 402.301-402.319, Florida Statute, and Chapters 65C-20 and 65C-22, Florida Administrative Code. Inspections are required to be spaced evenly throughout the licensure year to ensure the highest level of protection.

F. Potential Policy Changes Affecting the Budget Request

Licensing Workload - The continued assumption of county licensing jurisdictions without additional staff resources and changes to local ordinances requiring licensure rather than registration for family day care homes would affect the Department's ability to effectively manage the program. In July 2002, Polk County, in November 2003, Leon County, and in October 2007, Alachua County returned licensing jurisdiction/workload to the Department without additional staff resources. These actions, in conjunction with the enactment of county ordinances requiring family day care home licensure, have substantially added to the workload. This recent trend may continue, as two (2) of the remaining six (6) local licensing agencies have discussed returning jurisdiction to the Department, in addition to other communities looking at enacting county ordinances requiring family day care home licensure.

Voluntary Pre-Kindergarten Workload - The passage of the 2004 Special Session Voluntary Pre-Kindergarten (VPK) legislation resulted in unanticipated workload increases in the Child Care Program:

- **VPK Coordination –** Because the role of the Department in the implementation of the VPK Program is relatively small compared to that of the Agency for Workforce Innovation (AWI) and the Department of Education (DOE), at the time of passage the Department did not request a position to act as a VPK coordinator, as did the other agencies. However, there is a significant workload associated with responding to VPK information requests and coordinating the Department's activities relating to VPK (background screening, systems development, participation in meetings, collaborative public awareness, etc.).
- **Gold Seal Quality Care Program –** The accreditation requirements of the VPK law have both increased demand for Gold Seal Accreditation and created a need for additional coordination and more complex program management at the state level (new database, more frequent review/approval of applications, more complex review of accrediting agencies, expedited verifications for VPK, etc.). In the past, these activities were limited due to the voluntary nature of the program; however, the VPK Program requires extensive oversight and coordination.
- **Child Care Credential Unit –** The staff credential requirements of the VPK law have increased the demand on the verification and awarding of child care credentials (Florida Child Care Professional and Director Credentials), added a new VPK-Endorsed Director Credential and created the need to reduce the turnaround time for the verification and award of staff credentials. Implementation of VPK requires additional and expedited verifications, as well as consultation with two additional agencies (AWI/DOE) that require additional staff time.

G. Policy Changes That Would Require Legislative Action

Not Applicable

H. Task Forces/Studies

Not Applicable

PROGRAM: MENTAL HEALTH

POPULATION SERVED: FAMILIES AT-RISK OF OR CHALLENGED BY SUBSTANCE ABUSE AND/OR MENTAL ILLNESSES

A. Primary Responsibilities

Florida Statutes (F.S.) requires that the state manage a system of care for persons with mental illnesses. Section 394.453, F.S., states: *"It is the intent of the Legislature to authorize and direct the Department of Children and Family Services to evaluate, research, plan, and recommend to the Governor and the Legislature programs designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders."* Section 20.19(4), Florida Statutes, creates within the Department of Children and Family Services a Mental Health Program Office. The responsibilities of this office encompass all mental health programs operated by the Department.

Adult Community Mental Health Services are designed to reduce the occurrence, severity, duration, and disabling aspects of mental, emotional, and behavioral disorders. For adults with serious mental illnesses, this mission encompasses the provision of services and supports to help individuals progress toward recovery. To this end, the Department provides a wide array of services to address both the treatment needs of the individual, and the rehabilitative and support services necessary for safe and productive community living.

Children's Mental Health Services are designed to assist children and adolescents with mental health problems who are seriously emotionally disturbed (SED), emotionally disturbed (ED), or at-risk of becoming emotionally disturbed, as defined in Section 394.492, Florida Statutes. Children's Mental Health Services enable children to live with their families or in a least restrictive setting and to function in school and in the community at a level consistent with their abilities. A variety of traditional and non-traditional treatments and supports are available.

State Mental Health Treatment Facilities (also known as mental health institutions or state hospitals) provide services to individuals who meet the admission criteria set forth in either Chapter 394 (civil commitment) or Chapter 916 (forensic commitment) of the Florida Statutes. State mental health treatment facilities work in partnership with communities to enable individuals who are experiencing a severe and persistent mental illness to manage their symptoms and acquire and use the skills and supports necessary to return to the community and be successful and satisfied in the role and environment of their choice. For individuals who are incompetent to proceed, this includes achieving competency and returning to court in a timely manner.

The **Sexually Violent Predator Program (SVPP)** was established in 1999 to administer the provisions of Chapter 394, Part V, Florida Statutes, also known as the Jimmy Ryce Act. The program enhances the safety of Florida's communities by identifying and providing secure long-term care and treatment for Sexually Violent Predators.

B. Selection of Priorities

Chapter 394.75, Florida Statute, requires the Department, in consultation with the Agency for Health Care Administration (AHCA), to implement a planning process that includes the input from various stakeholders. Through various mental health forums and roundtable discussions, the Department has listened to consumers, family members, and other partners to determine priorities for transforming its mental health system of care from one of maintenance to one of recovery. Through this transformation, individuals, families, children, and the elderly will have a choice of services and the assurance that those services reflect the best practices.

In this plan, mental health service priorities were identified based on the following trends and conditions, which are dynamic and may change as the needs of the individuals we serve and their families, stakeholders, other state agencies, and as legislative requirements change:

1. Interface with Forensic System

An emergent priority domain for the Substance Abuse and Mental Health Program Office (SAMH) is the interface between mental illness and the forensic system. All individuals committed to the Department for involuntary treatment pursuant to Chapter 916, F.S., are charged with a felony offense. Forensic commitments increased by 16.2 percent in Fiscal Year (FY) 2005-06. This produced a forensic waiting list of more than 300 individuals awaiting placement in late 2006. Because of this unprecedented increase, the Department requested and received additional funding to increase forensic residential capacity by 405 beds. This eliminated the forensic waiting list in May 2007 and has allowed the continuous placement of individuals in state hospital beds within the statutorily required 15 days since that date.

The Department's Fiscal Year 2010-11 Legislative Budget Request includes funding for additional secure forensic beds to avoid a return to a lengthy waiting list for forensic beds. In the interim, the Department has taken the following steps to control the forensic waiting lists:

a. Continue to monitor the forensic referrals and forensic bed productivity;

b. Where available, provide alternatives that include in-jail competency restoration, training for pre-admission incompetent individuals, and maintaining competency for individuals returned to jail as competent pending their hearing;

c. Place individuals on conditional release so they may participate in community-based programs, including community-based competency restoration programs; and

d. Work closely with community partners and the courts to divert those individuals who may not need to receive services in a secure forensic facility.

However, although the courts have been willing to divert forensic individuals to structured community placements and/or services, such programs are not

available in many jurisdictions or have waiting lists of their own. Following are steps that have been taken to address the diversion issue:

a. The Department will continue to collaborate with the Eleventh Judicial Circuit to demonstrate the feasibility of diverting forensic individuals using the pilot project called the Miami-Dade Forensic Alternative Center (MD-FAC) Program, which is operated by Bayview Center for Mental Health.

b. The Department will continue to collaborate with the Department of Corrections and the Agency for Health Care Administration to update proposed legislation creating the Community Mental Health and Substance Abuse Treatment and Crime Reduction Act.

2. Compliance with SVPP Statutory Requirements

a. SVPP Workload - One critical mission of the Sexually Violent Predator Program (SVPP) is to protect the public by ensuring that all cases referred to the SVPP are adequately reviewed, screened, and/or evaluated to determine whether or not a recommendation to file a petition for civil commitment should be made. Each referral made to the SVPP must be independently screened (reviewed) by two state-licensed psychologists or psychiatrists. Before screening of a referred case can be performed, a file of pertinent social, criminal, and mental health information is collected and organized from various sources within and outside of Florida. The workload function of information gathering/organizing, is an exacting and labor-intensive part of the process, but is critical for identifying sexually violent predators.

There has been an increase in workload demand as related to review, screening, and evaluation functions. This increase in workload is due to a significant increase in the number of referrals received by the SVPP. During FY 2007-08, the SVPP received 4,796 referrals. This high workload, as related to review and screening functions, is expected to continue, particularly because future referrals to the SVPP will likely include higher numbers of individuals with convictions for non-sexual crimes (e.g., burglary, murder, false imprisonment, kidnapping) that were nevertheless "sexually motivated."

b. SVPP Bed Expansion - From July 1, 2008, to June 30, 2009, the number of persons detained at the Florida Civil Commitment Center has decreased by twenty percent, from 284 to 226. In the same period, the number of persons committed to the Department increased by eighteen percent, from 378 to 445. The change in population characteristics is significant because, on average, persons committed to the Department have longer lengths of stay than persons detained. Most persons committed to the Department need to matriculate through four different phases of treatment before being recommended for release to the community. Data from June 2009 showed the average length of stay for a person committed was 5.14 years. By way of comparison, seventy-five percent of all detainees have a length of stay less than 4.10 years. The bed capacity at Florida Civil Commitment Center is

750. While the exact number of future admissions is difficult to predict, projections based on data from July 1, 2007, through June 30, 2009, indicate that the facility will be at full capacity by July 2010. The combination of a projected increase in census of 3.6 persons per month and the increase in the number of persons committed is the reason the Department is requesting additional funding for a 112 bed dormitory in the FY 2010-11 Legislative Budget Request.

c. SVPP Advanced Treatment Secure Housing Program - The Department seeks to establish a Phase IV housing counterpart to augment advanced placement in Florida Civil Commitment Center's Comprehensive Treatment Program for persons who have sexually offended. Residents in the last phase of treatment are approaching maximum therapeutic benefit of treatment in a secure treatment facility. For most residents to matriculate through the treatment program such that a recommendation for release is likely to be submitted, their tenure at the facility will be five years at a minimum. Presently, if release is ordered by the Court, these committed individuals may be released from the completely structured environment of the treatment facility to the community with no provisions for transition, such as supervision and continued treatment. The sudden loss of structure is exacerbated by the fact that most persons admitted to the Sexually Violent Predator facility have already served long prison sentences. By the time a person is released from civil commitment, they have been isolated from the community for many years. Research is clear that facilitated, graduated transition into the community presents the best prognosis for success. The goal of the Phase IV housing program is to allow persons nearing maximum therapeutic benefit to demonstrate independent living skills while still enrolled in treatment and rehabilitative services. Additional funding for Phase IV housing program, as specified in the Department's FY 2010-11 Legislative Budget Request, will greatly enhance the public safety goal of Chapter 394, Part V, Florida Statutes.

d. SVPP Operational Costs - All facility operations at the Florida Civil Commitment Center, including utilities, are managed by The GEO Group, Inc., pursuant to a contract with the Department. Additional funding, as specified in the Department's FY 2010-11 Legislative Budget Request, is needed for the Sexually Violent Predator Program to cover increased operational costs of the Florida Civil Commitment Center facility in Arcadia, Florida. This will enable the Department to continue to provide state-of-the-art sexual offender treatment and other rehabilitation services to a growing population.

3. Reduction and Prevention of the Development of Serious Emotional Disturbances

The Department's Children's Mental Health Unit has been a leader in recognizing the needs of infants and young children and the need to intervene early to prevent or reduce the development of serious emotional disturbances.

Emphasis has been placed on focusing on young children and families that are involved in the child welfare system and on providing young children intervention in natural environments and low-stigma settings, such as early childhood educational settings.

Recent research indicates that pre-kindergarten children are expelled at a rate more than three times that of their older peers in grades K to 12. Florida rates are 4 to 7 expulsions per 1,000 pre-kindergarten students. Research also indicates that preschool children with persistent behavior disorders continue to have problems in school and develop more serious mental health issues as they mature.

Early childhood mental health consultation (ECMHC) is emerging as an effective strategy for supporting young children's social and emotional development and addressing challenging behaviors in early care and education settings. Other states have been successful in developing early childhood consultation in their early child care settings and positive outcomes are being reported.

The Department's Children's Mental Health Unit has been an active participation in the Florida Early Childhood System of Care Project (ECCS). This project has provided opportunities for all state agencies serving young children to come together to develop a common vision for a system of care for young children. Early childhood mental health consultation in child care settings is a shared goal of the ECCS and the Children's Mental Health Program staff is working with other ECCS partners toward statewide implementation.

The anticipated benefit of the early childhood mental health consultation to families served by the Department is a reduction in the number of children expelled from child care settings, early identification of and intervention to address behavioral and mental health needs in young children, and the increased ability of child care settings and families to understand the mental health and behavioral needs of young children.

However, the statewide implementation of early childhood consultation in publicly funded child care settings is hindered by limited funding sources across multiple agencies. Additional funding, as specified in the Department's FY 2010-11 Legislative Budget Request, is needed to develop and implement consultation models across agencies.

4. **Reduction and Prevention of Seclusion and Restraint:**
The National Association of State Mental Health Program Directors (NASMHPD) issued a position statement on seclusion and restraint which states, "*….The use of seclusion and restraint creates significant risks for people with psychiatric disabilities. These risks include serious injury or death, re-traumatization of people who have a history of trauma, and loss of dignity and other psychological harm. In light of these potential serious consequences, seclusion and restraint should be used only when there exists an imminent risk of danger to the individual or others, and no other safe and effective intervention is possible.*

It is NASMHPD's goal to prevent, reduce, and ultimately eliminate the use of seclusion and restraint, and to ensure that, when such interventions are necessary, they are administered in as safe and humane a manner as possible by appropriately trained personnel…."

The following are some major trends and conditions pertaining to reduction and prevention of seclusion and restraint events in Florida:

a. Chapters 2006-227 and 2006-195, Laws of Florida, passed during the 2006 Legislative session, required the Department to develop rules regarding seclusion and restraint use and data collection. On May 7, 2008, the Department promulgated revisions to Chapter 65E-5, Florida Mental Health Act, Florida Administrative Code, as directed by statute.

b. The Department worked closely with various stakeholders to develop a rule for civil receiving and treatment facilities consistent with national best practices on the reduction of seclusion and restraint use and trauma informed care. The Department's mental health staff has begun the process of promulgating revisions to Chapter 65E-20, Forensic Client Services Act, Florida Administrative Code, regarding reducing seclusion and restraint in the forensic state mental health treatment facilities.

c. The use of seclusion and restraint in state mental health treatment facilities[1] continues to decrease. For example, between FY 2003-04 and FY 2007-08, the facilities achieved an 83.6% reduction in the average duration of a seclusion event, from 67.79 hours to 11.10 hours. During this period, the total number of restraint events also decreased by 72%; from 1,437 events to 397 events. The average duration of a restraint event decreased by 32%; from 22.27 hours to 15.1 hours.

d. The Department's Mental Health Program Office has led annual quality reviews of seclusion and restraint practices in each state treatment facility, using staff from the central office and peer reviewers from other facilities. The following are specific activities that contributed to reduction of seclusion and restraint events using existing resources in each treatment facilities:

- Provision of training from the National Association of State Mental Health Program Directors on Creating Violence-Free and Coercion-Free Environments;
- Offered internal training with an emphasis on personal safety and individual preferences and a focus on verbal de-escalation and behavioral triggers so seclusion and restraint can be avoided;
- Development of comprehensive action plans to achieve reductions of seclusion and restraints and create an environment consistent with trauma informed care; and

[1] Data does not include Florida Civil Commitment Center for the Department's Sexually Violent Predator Program.

- Collection and use of data relative to seclusion and restraint practices.

e. The Department has developed a web-based Incident Reporting and Analysis System (IRAS), which will allow the statewide tracking, analyzing, and trending of significant incidents, including seclusion and restraint events, across all agencies that are operated, funded, or licensed by the Department. Since February 2009, this system has been piloted and prototyped in substance abuse and mental health provider agencies in the Northeast Region and Northeast Florida State Hospital. The Department's plan is to complete the statewide deployment of this system across all Department Programs using existing resources by July 30, 2010.

5. Strengthening the Management of Treatment Facilities:

The Mental Health Program Office staff has been working with the state mental health treatment facilities to ensure a high level of efficiency and improve the budgeting process. The state operated mental health treatment facilities recently conducted a comprehensive analysis of their overall salary budget. Data from this analysis were compared with the results from two independently validated labor studies: (a) the University of Florida Minimum Staff Standards for Mental Health Facilities, and (b) Jeffery Geller, M.D., Department of Justice Based Staff Standards for Georgia Mental Health Facilities. Substantial differences between these studies were found in staff ratios and salary costs within the residential units and different types of positions due to different focus in staffing requirements for unit management. The lesson learned from this comparative analysis is threefold:

a. The Department will continue to work with the facilities to ensure maximum efficiencies. The facilities will continue to strive toward having a budget and staffing process that is closely aligned;
b. The Department's Mental Health Program Office will continue to monitor the facility budgets to ensure they are efficient and match the needs of the facilities and the Department.
c. All three state-operated mental health treatment facilities are committed to become accredited by the Council for Accreditation of Rehabilitation Facilities (CARF).

6. Use of Effective Psychotherapeutic Medications

Prescription drug expenditures in the United States have increased rapidly in recent years and are considered among the fastest growing segments of health care. In addition to the collective cost increases for medications, over the past few decades, several important psychotherapeutic medications have been developed, including medications used to treat depression, schizophrenia and bipolar disorder. There is substantial variability in the response of individuals to different medications. Though the new medications are more costly, they have increased the medication treatment choices to better meet the treatment needs of

individuals, allowing for improved outcomes in the areas of increased functioning and improved quality of life.

Medication cost increases have also been seen at the state mental health treatment facilities because of the aging population served and the increased treatment needs of individuals who also have serious medical conditions. Additional funding is critical to continued positive outcomes for these individuals with complex needs. Data from Florida State Hospital shows the cost of medications have increased by 24 percent since FY 2005-06. The medication budget for the state-operated adult mental health treatment facilities has historically been underfunded and the shortfall has continued to increase with rising costs of medication treatments. Under funding was further exacerbated by a legislative reduction of $5.7 million during FY 2008-09. Based on actual utilization over the past five years and increased costs of medications, the Department is projecting a budget shortfall in the Prescribed Medicine/Drugs category in FY 2010-11. Florida State Hospital is projecting a deficit of $2,506,815 and Northeast Florida State is projecting a deficit of $750,000.

Research indicates that side effects, efficacy, dosing, and effects of medication on cognitive functions vary by individual and by disorder. Without access to the vast array of psychotherapeutic medications, individuals have greater medical complications and face more obstacles to succeed in their recovery from mental illness. Individuals served by the state treatment facilities often suffer from chronic and treatment resistant illnesses. Access to the newer, more costly medications will increase their ability to stabilize and return to the community. Without access to the necessary medications, total health care costs may actually increase and result in long-term hospital stays.

Additional funding, as specified in the Department's FY 2010-11 Legislative Budget Request, will enable people in the state mental health treatment facilities to continue receiving the most effective psychotherapeutic medications to treat their mental illness.

7. Services to Veterans

An emerging need across the country involves services for returning veterans. Florida has the largest per capita veteran population in the nation, with more than 1.7 million veterans, and is actively working to determine how to best meet their vast, diverse and growing needs. A recent RAND Corporation study, titled "Invisible Wounds: Mental Health and Cognitive Care Needs of America's Returning Veterans," found that an estimated 18.5% of all service members and veterans returning from the Gulf War experience Post Traumatic Stress Disorder (PTSD) or some form of major depression. Therefore, approximately 29,000 returning veterans in Florida may experience these conditions. The study also found that *"53% of returning troops who met criteria for PTSD or major depression sought help from a provider for these conditions in the past year,"* which calculates to nearly 14,000 of Florida's returning veterans who may not have sought proper care. Numerous federal agencies (e.g., Substance Abuse and Mental Health Services

Administration and the National Institute for Drug Abuse) have concluded that PTSD and depression are both risk factors for substance abuse, and in too many cases, suicide. Finally, studies have also concluded that homeless veterans are at a higher risk than the general population for mental illness, substance abuse and suicide. Many individuals end up in the criminal justice system as a result of not getting the proper mental health care.

In May 2008, Florida submitted its request to SAMHSA to participate in the Returning Veterans and Their Families Strategic Planning Conference and Policy Academy. Florida is home to approximately 156,000 veterans currently deployed. Florida was selected as one of eight states to participate in the August 2008 Veterans Policy Academy. Florida's team was led by Rear Admiral LeRoy Collins, Jr., of the Florida Department of Veteran's Affairs (FDVA). The team was composed of state and federal agencies, two veterans, and a non-profit provider representative. Participation in this academy set the framework for the State's Veteran's Action Plan. The Department's Substance Abuse and Mental Health Programs, along with the FDVA, subsequently developed a Veteran's Green Paper with recommendations for Governor Crist.

The state will use available resources to implement these action steps to meet the substance abuse and/or mental health service needs of returning veterans and their families.

8. Affordable Housing for the Homeless:

The 2008 Florida Annual Report on Homelessness indicates that 34,391 persons, or 75% of the homeless, are ages 18-60. Children under the age of 18 are estimated to total 8,667, or 19% of all homeless persons. Older adults over the age of 60 now make up 6% of the homeless population, with 2,727 persons. Veterans now make up 17% of the homeless population, with 6,383 persons. The fact that these numbers reflect a one-day count of persons who are in homeless shelters, they are most likely an under-representation of the true homelessness population because they do not include persons who may be sharing housing with others, living in motels due to lack of adequate housing, those temporarily residing in hospitals, institutions, treatment facilities, or correctional facilities.

Florida has made significant strides in addressing the service needs of its homeless population, primarily because of the federal Projects for Assistance in Transition from Homelessness (PATH) grant program. When the PATH was first implemented in Florida, only eight areas of the state – those with the highest concentration of homeless populations at the time, participated in the PATH program. Today, there are 21 PATH projects in the state, with at least one project located in each of the Department's local service areas. This federal initiative is complemented by the Department's Office on Homelessness and the local grassroots collaboration that takes place between the Department and the homeless coalitions throughout the state. Without this collaboration, Florida would not have an accurate estimate of its number of homeless people. Local partnerships ensure targeted efforts to access all available resources, as well as

participation in the numerous Continuum of Care plans developed throughout the state.

Even with this multi-faceted approach, Florida continues to have a significant homeless population and housing continues to be a statewide critical need. That is why the Department's FY 2010-11 Legislative Budget Request includes funding for Statewide Housing Rental Supplement Program to assist individuals who meet specific eligibility requirements for costs associated with community rental housing.

9. Employment Opportunities for Adults

During the 2008 calendar year, the Mental Health Program Office, Department of Children and Families (DCF), and the Division of Vocational Rehabilitation (VR), Department of Education, collaborated on improving the relationships between local DCF Substance Abuse and Mental Health staff, local mental health providers, and local VR staff. The purpose of these activities is to increase supported employment opportunities for individuals served by all agencies involved.

Clubhouses are membership-based communities in which individuals with mental illnesses meet to rebuild their lives. The International Center for Clubhouse Development (ICCD) clubhouse model embraces prevention, resiliency, and recovery as its guiding principles. Increasing employment skills is one of the top priorities for clubhouse members, since these skills are crucial in this economic climate when many are competing for the same jobs. Clubhouse members voluntarily participate in the work-ordered day where they have the opportunity to take part in meaningful work opportunities from a wide range of disciplines and have the opportunity to assume competitive employment positions in the community. This is achieved in partnership with area businesses through transitional, supported and independent employment. Members experience a reduction in homelessness, incarcerations, and hospitalizations, increasing their quality of life.

The Department's FY 2010-11 Legislative Budget Request includes a request for funding for the development and growth of Mental Health Clubhouses. In addition, the Mental Health Program Office will continue to seek out alternative funding sources for clubhouse development through coordination with the Department of Vocational Rehabilitation (DVR), SAMH Circuit Offices, local providers, and local VR staff. Furthermore, the mental health staff will examine existing employment services funded by SAMH to determine the extent to which they comport with the Supported Employment Toolkit or other evidence-based models.

10. Expansion of Self-Directed Care (SDC) Program:

Florida's SDC Programs have served as national models for similar efforts in other states. Key components of the programs are the emphasis on choice, empowerment, and participant responsibility for his or her budget to purchase

services and supports. These projects are based on a payment model in which each participant controls the money that is available for their mental health treatment, rehabilitation, and support services.

The Department's intent is to expand SDC, contingent upon receipt of additional funding. The Mental Health Program Office will use the legislative budget process to request additional funding for proposed expansion.

11. Suicide Prevention Coordination

Suicide is the 9th leading cause of death in Florida and the 3rd leading cause of death for young people in Florida (ages 15-24), resulting in 2,570 deaths in 2007. Suicide kills about twice as many people as homicide.

In 2007, Governor Crist signed House Bill 139, establishing the Suicide Prevention Coordinating Council and the Statewide Office of Suicide Prevention within the Florida Office of Drug Control. The Suicide Prevention Coordinating Council serves in an advisory capacity to the Statewide Office of Suicide Prevention. The Suicide Prevention Coordinating Council is a permanent entity that is accountable to the Legislature. It consists of 28 statutorily-designated voting members, including the Department, as well as other individuals who participate in a non-voting capacity.

Through the Florida Suicide Prevention Implementation Project (FSPIP), the Florida Mental Health Institute (FMHI) at the University of South Florida (USF) will do the following:

a. Offer support to two existing pilot sites (Duval Suicide Prevention Task Force and Pasco Aware) in implementing the Florida Suicide Prevention Strategy;
b. Develop a nomination and assessment process for expanding the work to include one to two additional pilot sites. First, an application process will be developed for two communities to hire a local community organizer/aide to support these communities' local suicide prevention coalitions. Second, the project will develop a learning community to include all four pilot community sites, the Statewide Office of Suicide Prevention (SOSP), and other communities who have or are interested in setting up a suicide prevention coalition in order to share information about successes and implementation issues. Third, project staff will work with SOSP to assist with statewide implementation efforts, such as organizing and conducting trainings on suicide prevention, intervention, and awareness, and developing dissemination strategies and materials. Fourth, project staff will assist SOSP in developing a mechanism for tracking existing suicide prevention activities across the state. Finally, at midyear of the project, a report summarizing pilot site achievements and recommendations to the legislature for next steps in advancing Florida's suicide prevention efforts will be submitted to the SOSP for inclusion in its Report to the Legislature, to be submitted January 2011.

The Mental Health Program Office will use the Legislative Budget request process to get funding needed to provide technical support for the continued operation of the FSPIP.

12. Capability for Electronic Health Records (EHR):

The following are major trends and conditions requiring the Department to implement a data system that is capable of supporting EHR functions:

a. As part of the National Health Insurance Reform, the SAMHSA Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) are spearheading an initiative to implement "Open Behavioral Health Information Technology Architecture," which uses the Safety-Net Information Banking Services (SIBS) that will interface with various public and private data systems, including social services (e.g., Child Welfare, Schools), Primary Care (e.g., Medicaid, Medicare), and other public systems (e.g., Criminal Justice, Income Tax, Division of Motor Vehicles).

b. Because SAMHSA expects states to have data systems with electronic health records (EHR) capability, its Center for Substance Abuse Treatment (CSAT) provided the financial resources to develop the Web Infrastructure for Treatment Services (WITS), which is an open-source data system that is currently available to states free of charge. The WITS system is currently used by 12 states and seven counties throughout the country.

c. To further facilitate the implementation of state data systems that are EHR capable, the National Association of State Alcohol and Drug Abuse Program Directors (NASADAD) formed the National Data Infrastructure Improvement Consortium (NDIIC) to promote state and county collaboration on promulgation, enhancement, and utilization of open source and non-proprietary systems like WITS. Florida's strategy is to continue the NDIIC membership, which not only provides the opportunities for state-to-state coordination of data infrastructure development and re-use of existing information technology tools, but also serves as a coordinating resource center and a repository of data modules, technology tools, training materials, and other shareable resources, which Florida may benefit from free of charge. NDIIC also serves as the source of information and technical assistance to states regarding how to plan, estimate costs, analyze risks and benefits, and establish frameworks for implementing public domain web-based systems such as WITS.

d. Section 394.674, Florida Statutes, (SB2612) requires the Department to identify individuals who are eligible for publicly-funded substance abuse and mental health services, and to enroll these individuals into the state priority populations. This requires the SAMH Program Office to work with Northwood Service Resource Center (NSRC) to establish an integrated enrollment process that uses electronic health information exchange (HIE)

adapters to interface with various agency data systems to capture the following information required by this legislation:

- Interface with the Department of Law Enforcement (FDLE) database to identify individuals in the SAMH system who are involved in the criminal justice system (e.g., arrest data) as part of the National Outcome Measures (NOMs) requirements;
- Interface with the Department of Juvenile Justice (DJJ) database to identify individuals involved in the juvenile justice system (e.g., detention data) as part of the National Outcome Measures (NOMs) requirements;
- Interface with the Agency for Health Care Administration (e.g., Florida Medicaid Management Information System) to identify individuals who are Medicaid eligible and receive Medicaid billable services;
- Interface with the Child Welfare System (e.g., Florida Safe Families Network) for identifying individuals receiving SAMH services, including adults who put children at risk or children under state supervision;
- Interface with Drug Courts and Mental Health Courts for identifying individuals ordered by the courts to receive substance abuse and mental health treatment;
- Interface with the Department of Education database(s) for identifying children who are suspended or expelled from schools as part of the National Outcome Measures (NOMs) requirements; and
- Interface with the National Health Information Network (NHIN-connect) to provide automated referral and electronic consent for release of confidential information within and between service provider agencies.

C. Addressing Our Priorities over the Next Five Years

As part of its ongoing program planning and budgeting processes, the Mental Health Program Office identifies the service system's strengths and weaknesses, analyzes areas needing attention, and sets performance goals and priorities to address unmet service needs. Current priorities and needs are identified in the Department's *FY 2007-10 SAMH Strategic Plan* and the 2009 annual update to that plan. A new 3-year plan, which covers FY 2010-13, will be completed by January 2010, as required by law.

The trends and conditions described in the previous section of this plan identify a number of key mental health service priorities, including, but not limited to, the following: interface with the forensic system to divert individuals from forensic treatment facilities to structured community placements and/or services; reduce and prevent serious emotional disturbances development among children; reduction and prevention of seclusion and restraint events; suicide prevention coordination; comply with SVPP statutory requirements by reducing the workload, expand bed capacity, and address increased operational costs; provide affordable housing to the homeless, employment opportunity for adults, and adequate services to veterans; expand the Self-Directed Care Program, contingent upon additional allocation of resources; strengthen the management of treatment facilities and provide effective

psychotherapeutic medications to persons served in these facilities; and implement a data system that is capable of supporting Electronic Health Records (EHR) functions. Listed below are mental health goals, objectives and initiatives to implement these objectives over the next five years.

Goal 1
Children and adults are free from abuse, neglect, violence or exploitation

Objective: Reduce domestic violence and sexually violent offenses

Initiative:
Collaborate with the Florida Department of Law Enforcement, Department of Corrections, Department of Juvenile Justice, Florida Prosecuting Attorneys, State Courts Administrator Offices and other agencies and organizations to improve the effectiveness of the sexually violent predator program (SVPP) referral process.

- The Department will use the Legislative Budget Request (LBR) process to seek funding for additional staff and resources needed to resolve key SVPP issues pertaining to workload, bed capacity, and increased operational costs.

Objective: Increase safety for children and adults

Initiative:
Improve Trauma-Informed Care service provision in the state mental health treatment facilities and community mental health programs to assist with recovery from mental illness and decrease the use of seclusion and restraint in civil and forensic state mental health treatment facilities and in community mental health programs.

- The Department will use the Legislative Budget Request (LBR) process to seek funding needed to develop a web-based system for training treatment staff and for integrating trauma-informed care practices within substance abuse and mental health programs and its service providers.
- The Mental Health Program Central Office staff will continue to lead annual quality reviews of each state facility, using staff from the central office and peer reviewers from other facilities to monitor the use of seclusion and restraints.

Initiative:
Participate in the pilot project to report and analyze critical events via the Department-wide Incident Reporting and Analysis System (IRAS). Continue to analyze the current critical events reported to the Program Office for improved safety and trends.

Initiative:
Provide technical support for the continued operation of the Florida Suicide Prevention Implementation Project.

- The Department will use the Legislative Budget Request (LBR) process to seek funding needed to support this initiative.

Goal 2
The basic needs of food, shelter, clothing and health are met for children and adults

Objective: Fewer children and adults will be homeless

Initiative:
Target veterans who are homeless or at-risk of becoming homeless and need Department services (mental health, substance abuse, domestic violence, etc.)

- The Department will use the Legislative Budget Request (LBR) process to seek funds needed to provide further outreach and supports to veterans with substance abuse and mental health needs and their families.
- The Department will also seek alternative funding sources through enhanced coordination of existing resources from different agencies, as well as continue to identify and apply for veteran-focused grants.

Initiative:
Work with the Florida Housing Finance Corporation to create new incentives and requirements for creating affordable housing to serve our clients with special housing needs.

- SAMH Circuit staff will continue to collaborate and share information and ideas through participation in local Homeless Coalitions;
- SAMH Headquarters staff will continue to participate in the Florida Supportive Housing Coalition and to interface/collaborate with the state's Office on Homelessness to identify areas that are under performing and to provide targeted technical assistance to assist these areas;
- Staff from the Florida Housing Finance Corporation will continue to participate on the State Mental Health Planning Council;
- PATH programs will continue to operate at full capacity;
- The Mental Health Program will use the Legislative Budget Request (LBR) process to promote and implement a statewide housing rental supplemental program.

Objective More children and adults with mental health problems will live in their own homes or communities

Initiative:
Develop a comprehensive, integrated, and continuous system of care for adults, parents and children requiring substance abuse and/or mental health services.

- As mentioned above, the Mental Health Program Office will develop a framework, which allows both mental health and substance abuse systems to meet the service needs of individuals with co-occurring mental health and substance abuse disorders.

Initiative:
Propose legislative changes to ensure adequate mental health and substance abuse prevention and treatment services are available in the community, limit unnecessary involvement of people with mental illnesses and/or substance use disorders in the criminal justice system, and develop strong collaborations among mental health, substance abuse, and other provider agencies to provide integrated delivery of services.

- Resubmit legislation to create the Community Mental Health and Substance Abuse Treatment and Crime Reduction Act during the 2010 Florida Legislative session.

Initiative:
Increase the diversion of people with mental illnesses who become involved with the criminal justice system through expanding cost-effective community-based treatment alternatives to incarceration and forensic hospitalization.

- The Department will continue to use existing resources to support cost-effective community-based treatment alternatives for individuals with a mental illness who become involved with the criminal justice system.
- The Department will evaluate the effectiveness of the Miami-Dade Forensic Alternative Center (MD-FAC) Program, a diversion project being piloted by Bayview Center for Mental Health, to determine the readiness of the project for deployment in other areas of the state.

Goal 3
Adults, children and families are active self-sufficient participants living in their own homes/community.

Objective: More children and adults will be adequately prepared to achieve and maintain independence

Initiative:
Increase the number of foster children and children with severe emotional disturbances who regularly attend school and the number of foster youth graduating from high school and post-secondary education.

- The Children's Mental Health staff will continue to collaborate with the Department of Education, Students with Emotional Disabilities Network (SEDNET), Family Safety and other key child-serving agencies to address the access of children and youth with mental health needs to mental health services and supports in their home, school, and communities that support school attendance and successful transition to post-secondary education.

Initiative:
Provide a system of care that supports and promotes competitive employment opportunities for adults with behavioral health needs.

- The Department will use the Legislative Budget Request (LBR) process to seek funding needed for the development and growth of mental health clubhouses.
- The Mental Health Program Office will continue to participate and promote legislation for the Medicaid Buy-In Program as members of the Employment Statewide Task Force.

Objective: More children and adults will live in their own homes/communities free from substance abuse and with reduced symptoms of mental illness

Initiative:
Implement the use of national outcome measures, evidence based practices and five system quality indicators as the standard for system performance measurement and accountability.

- Data pertaining to national outcomes measures for adult and children's mental health will continue to be reported in the Substance Abuse and Mental Health Information System (SAMHIS) and the results will be posted regularly on the Department's performance dashboard.

Initiative:
Work with the Governor's Office and Legislature to pass the Mental Health and Substance Abuse Treatment and Crime Reduction Act. Work with stakeholders, Governor's Office and Legislative staff toward the acceptance and passage of this statutory language during the 2010 legislative session.

Initiative:
Advance a system of care that sustains stable housing for adults and children with behavioral health disorders.

- The Mental Health Program will use the Legislative Budget Request process to obtain funding for Statewide Housing Rental Supplement Program to assist individuals who meet specific eligibility requirements for costs associated with community rental housing.
- Existing housing programs funded by SAMH will be reviewed to determine the extent to which they are currently operating within the framework of the

Supportive Housing Model endorsed by the SAMHSA Center for Mental Health Service (CMHS).

- The Mental Health Program will increase the availability of SSI/SSDI Outreach Access and Recovery (SOAR) training across the state, and will continue to participate with the Florida Supportive Housing Coalition and the Office on Homelessness.

Objective: More children and adults with behavioral health problems will live in and be active successful participants in their own communities

Initiative:
Prioritize the integration of substance abuse and mental health services into the child welfare system.

- The Mental Health Program will use the Legislative Budget Request (LBR) process to seek funds needed for substance abuse and mental health intervention, treatment, case management and recovery support services to families engaged in the child protection system who have been identified as needing intervention or treatment.

- Existing resources from the Substance Abuse and Mental Health Treatment Access (SAMHTA) Project will provide intensive in-home programming to engage parents in seeking treatment, ensuring access to treatment, case management and recovery support services.

Initiative:
Continue to explore ways to introduce concepts of self-direction into the state's mental health system, in accordance with Section 394.9084, Florida Statutes.

- The Mental Health Program will use the Legislative Budget Request (LBR) process to seek funds needed for expansion of Self-Directed Care Program.

Initiative:
Create a behavioral health service delivery system including co-occurring competent providers that use evidence based consumer, and family-driven care.

- The Mental Health Program Office will develop a framework, which will allow both mental health and substance abuse systems individually and collectively to support the goal of developing respective capacities to meet the needs of individuals with co-occurring mental health and substance abuse disorders.

Goal 4
DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission.

Objective
Decrease all processing errors and processing time

Initiative
Integrate client and family data from Family Safety with the Substance Abuse and Mental Health Information System (SAMHIS)

- The current manual process for integrating the Child Welfare data into the SAMHIS database is tedious, time-consuming and very inefficient. SAMH Program Office will work with Northwood Service Resource Center to automate this process by building an interface between the Florida Safe Families Network (FSFN) database and SAMHIS database.

Objective
Increase efficiency, accuracy and effectiveness through information management and health information exchange

Initiative:
Strengthen operations by implementing technology standards and best practices, particularly in relational database technology.

- The SAMH Program Office will work with Northwood Service Resource Center (NSRC) to develop interfaces between SAMHIS database and various agency data systems.
- The SAMH Program Office will use the Legislative Budget Request process to implement this initiative as part of the requirement for implementing a data system that is Electronic Health Records (EHR)-capable.

Initiative:
Facilitate Inter/Intra agency data processing integration to improve services to our citizens.

- The SAMH Program Office will work with Northwood Service Resource Center (NSRC) to develop a standard process for unique identification of each person served across provider agencies.
- The SAMH Program Office will use the Legislative Budget Request process to implement this initiative as part of the requirements for implementing a data system that is EHR capable.

Initiative:
Implement an information technology infrastructure which has electronic health records (EHR) capability and allows program offices and different business partners to exchange data.

- SAMH Program Office will use the Legislative Budget Request (LBR) process to seek funds needed to acquire and implement a public domain data system, such as the Web Infrastructure for Treatment Services (WITS), that is EHR capable.

Initiative:
Utilize tools, automation, and specialized software to capture and present better business information and assist decision making.

- The SAMH Program Office will work with Northwood Service Resource Center (NSRC) to establish an integrated enrollment process that uses electronic health information exchange (HIE) adapters to interface with agency data systems, both statewide and nationwide.

Objective: Increase overall efficiency

Initiative:
Strengthen Management of Treatment Facilities
- The Department will continue to work with the facilities to ensure maximum efficiencies by maintaining efficient budget and staffing processes that are closely aligned and match the needs of the facilities and the Department.
- Help facilitate future commitment of all three state-operated mental health treatment facilities becoming accredited by the Council for Accreditation of Rehabilitation Facilities (CARF).

Initiative:
Develop a 5-year strategy for meeting statutory requirements in the Sexual Violent Predator Program (SVPP)
- The Department will use the Legislative Budget Request (LBR) process to seek additional funding needed for the following: (a) bed expansion due to projected increase in SVPP census and number of commitments; (b) increase in facility operation costs; (c) housing dormitories for residents in Phase IV treatment; and (d) provision of conditional release services.

Initiative:
Provide the most effective psychotherapeutic medications to treat mental illnesses of persons with serious mental illnesses served in state mental health treatment facilities.

- The Department will use the Legislative Budget Request (LBR) process to seek additional funding needed to increase the budget for prescribed medicine/drugs for adults with serious mental illnesses served in state-operated mental health treatment facilities.

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

For the SVPP Program, an enhanced screening procedure for offenders referred to DCF will require additional staff and resources. A substantive increase in the number of referrals during FY 2007-08 and projected demand in subsequent years require additional resources. During FY 2008-09, the SVPP received 3,598 referrals. These enhancements are necessary to ensure that all individuals referred for screening receive an accurate and timely evaluation of their eligibility for referral to the State Attorney's office as a sexually violent predator.

E. Justification of Final Projection for each Outcome

Each program office will be responsible for reviewing and analyzing performance at the state, circuit/region, and provider levels. To ensure the attainment of General Appropriations Act (GAA) and other critical performance measures, the Department has identified a series of "dashboard" items to be continuously reviewed from the state level through regions and circuits and down to the provider level. These measures include items that are used as part of the National Outcome Measures (NOMs) and Evidence-Based Practices (EBP), as required by the Mental Health Block Grant. The GAA and NOMs measures are posted to the performance Dashboard.

The Mental Health Program Office staff recognizes that several of the performance measures that are legislatively mandated through the General Appropriations Act (GAA) may not be appropriate for use at the individual contract level. In consultation with our major stakeholders, the Department is in the process of exploring drivers of service delivery that would more appropriately be applied at the individual contract level. Concurrently, the Department will continue to review all performance measures in determining the best means to measure successful performance of a provider. All activities related to performance measures will adhere to legislatively mandated outcome measures.

F. Potential Policy Changes Affecting the Budget Request

The Department's Mental Health Program staff has listened to individuals who receive services, family members, providers, and other stakeholders as they have voiced the importance of recovery and resiliency. The Department's Mental Health Program has continued to convene forums to gain individual and family participation in the development of a recovery and resiliency plan.

The Department has also worked collaboratively with the Department of Corrections (DC) to identify barriers to aftercare for adults with serious mental health needs who are discharged from prison and returning to their communities. As a result, both Departments issued a joint report identifying recommendations for each of the identified barriers. A Memorandum of Agreement between the Departments has been signed, reflecting a mutual commitment to improve aftercare services for these individuals. Both Departments will conduct action steps consistent with these recommendations. This policy change requires additional funds to provide aftercare for inmates with serious mental illnesses discharged from prison to the

community. The Department of Corrections releases approximately 29,000 individuals each year. Of that number, 2,700 are individuals with mental disorders.

As stated in the Substance Abuse Program section of this plan, the statewide implementation of an information system that is capable to support Electronic Health Record (EHR) functions will affect the budget request to acquire and implement such system.

G. Changes Which Would Require Legislative Action

The Mental Health Program Office has recommended the following modifications to existing law:

1. Chapter 394 Revisions: Licensing of Children's Residential Treatment Centers, Eligibility Requirements for Services, and Contraband Control at the Florida Civil Commitment Center (FCCC)

This bill amends 394.67(21), F.S., and revises the definition of the term "residential treatment center for children and adolescents" to eliminate the need for a contract with the Department and providing that licensing by the agency be sufficient for the designation. It also amends sections 394.674(1) and (4), F.S.; revising eligibility requirements for substance abuse and mental health services funded by the Department; providing rulemaking authority. Finally, it creates Section 394.9265, F.S., to prevent the introduction of unlawful property or contraband at the Florida Civil Commitment Center, a civil treatment facility for sexually violent predators.

2. Mental Health, Crime Reduction and Treatment Act (Leifman Proposal)

This is the most comprehensive change to statutes governing mental health treatment since the Baker Act of 1971. The legislation is based on recommendations in the Fall 2007 Florida Supreme Court Report, "Constructing a Comprehensive and Competent Criminal Justice/Mental Health/Substance Abuse Treatment System." This legislation would allow Florida to invest in a redesigned system of care that: (a) ensures adequate prevention and treatment services in the community; (b) curtails unnecessary involvement of people with mental illnesses and/or substance use disorders in the criminal justice system; and (c) develops strong collaborations among substance abuse, mental health and other provider agencies to provide integrated delivery of services.

Pilot projects relying on demonstrated best practices will target individuals with mental illnesses and/or substance use disorders involved in, or at risk of becoming involved in, the justice system. Financing will leverage federal resources and the incorporation of newly designed performance standards to ensure effective, high-quality services by qualified providers and communities. Communities will expand prevention and treatment capacity for juveniles and adults. Funding for mental health services will shift from expensive "deep end"

treatment to early prevention, although substantial deep-end residential capability will have to be maintained.

The proposal includes statutory language changes to Chapter 916, Florida Statutes, to establish a time frame for a client to be returned to jail and to be seen in circuit court when the court receives a report from the mental health treatment facility indicating that competency has been restored or that a decision has been made indicating the individual no longer meets commitment criteria. The proposed language would require sheriff's departments to transport individuals back to jail within 20 days of receiving a report from the Department and require a hearing within 30 days of receiving a report. Proposed language changes would also establish a timeline for court appointed experts to take the forensic examiner training, in order to be placed on a registry of individuals who have had the training. It also establishes a five-year time period in which to retake the forensic examiner training, in order to remain on the registry.

Additional changes being proposed to improve Chapter 916, F.S., and the services provided to forensic clients include the continuation of prescribed psychotherapeutic medication upon admission to a forensic facility that is essential to the well being of the client until the facility can expeditiously obtain a circuit court order for psychotherapeutic medication treatment, the authority for a community residential facility to petition the court for an involuntary treatment order for individuals on conditional release who refuse treatment and are considered a danger to self or others, and the authority to transport a person directly to a competency hearing or to a community placement, when feasible, without first returning to the county jail.

Anticipated outcomes include lower demand for costly services in jails, detention centers, prisons, forensic facilities, emergency rooms, and other crisis settings; less crime; enhanced public safety; fewer injuries to law enforcement officers; decreased rates of chronic homelessness; more dignified and humane treatment; improved safety and treatment in the forensic facilities; and lower costs to the state. The legislation will prevent a repeat of the situation that occurred in 2006, when demand for forensic mental health services outpaced resources. The resulting backlog of defendants with mental illnesses remaining in county jails led to a situation which did not reflect favorably upon the Department. Inmates left untreated in jails often suffered delays in their cases, as well as extended time in county jails which were challenged to provide care for them.

The proposal will enhance personal recovery of individuals in mental health treatment facilities because it provides for the prompt return to jail and court of individuals who are competent or no longer meet commitment criteria, thereby ensuring individuals are processed through the court system in a timely fashion. It increases the number of people the Department can serve by ensuring that individuals are picked up within 20 days of receipt of a report allowing the Department to serve other individuals on the forensic waiting list. Additionally, the proposal will ensure that court appointed experts have received appropriate training to perform forensic evaluations and that retraining occurs every five years. This new approach will protect rights and dignity, ensure appropriate

treatment, and assist in maintaining a quality of life that supports resiliency and long-term recovery.

3. The Involuntary Civil Commitment of Sexually Violent Predators

The Department of Children and Families' Sexually Violent Predator Program is proposing revision to, and creation of, several sections of Chapter 394, part V, the Sexually Violent Predator Act. Proposed changes relate to: (a) the definition of terms; (b) statutory timeframes (including the 180 day mandate for processing Sexually Violent Predator referrals); and (c) community reintegration.

Technical Revisions

The intent of Chapter 394, part V, F.S., is to find the "small but extremely dangerous number of sexually violent predators," and place them in a secure facility for long-term care and treatment. The process is an intricate one, balancing the protection of the community and the rights of the individual. In January 2009 the original legislation will be 10 years old and there are some modifications and additions that are needed to clarify the process by which individuals are referred to and assessed by the Department. This proposal:

- Modifies Section 394.912(9) (h), F.S., to specify that the "catch-all" commitment eligibility factor of "any sexually-motivated criminal offense" be limited to felonies. This is consistent with the Act's intent to identify the most dangerous sexual predators;
- Creates Section 394.913(3) (f), F.S., to provide that, once a referred individual is within one year of release from incarceration, the Department prioritize assessments by release date rather than referral date. This will assist the Department to provide recommendations to the state attorneys as far ahead as possible; and
- Modifies Section 394.912, F.S., to allow for Sexually Violent Predator evaluations for persons who are adjudicated incompetent to proceed to trial on felony charges and whose charges must be dismissed because they cannot be restored to competency.

4. Special Risk Membership

In creating the Special Risk Class of membership within the Florida Retirement System (FRS), the Legislature recognized that persons employed in certain categories of law enforcement, firefighting, criminal detention, and emergency medical care positions must, as an essential function of their positions, perform work that is physically demanding or arduous, or work that requires extraordinary agility and mental acuity.

The Legislature further found that as persons in such positions age, they might not be able to continue performing their duties without posing a risk to the health and safety of themselves, the public, and their coworkers. In response, the Legislature established a special class to permit these employees to retire at an earlier age and with less service, without suffering economic deprivation

compared to other members with normal retirement after 30 years of service or at age 62 and vested.

Section 121.0515, Florida Statutes, identifies the classes of positions and criteria for inclusion in Special Risk. Special Risk in the Department is currently limited to certain firefighter positions at Florida State Hospital, institutional security specialist positions at forensic facilities, and certain professional health positions whose duties include spending at least 75 percent of their time in contact with residents at a forensic facility. As a result, a small number of staff (mostly professional staff) at our forensic facilities are eligible for this benefit, while a large number of staff, including direct care workers, who spend the majority of their time working directly with the forensic residents, are not eligible. This identification of positions who meet the statutory criteria for Special Risk has impacted staff morale and withheld these benefits from the staff that are required to work with potentially violent residents on a daily basis. While the Department works diligently to provide a safe and affirming environment in which to treat their forensic residents, these same residents have involvement with the criminal justice system and all have felony offenses. The majority of these offenses involve crimes against persons. Department staff can be and have been injured on the job when a resident or residents become violent, and are therefore deserving of the special risk classification.

The proposed legislation will change Section 121.0515, F. S., by adding 44 classes to the group of employees currently eligible for special risk retirement benefits.

H. Task Forces and Studies in Progress

Criminal Justice, Mental Health, & Substance Abuse Reinvestment Grant Program

This legislation, effective July 1, 2007, created the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program in DCF. It authorized counties to apply for planning, implementation, or expansion grants, and provided funding for 23 counties. The $10 million in state funds were awarded to counties over a three year period. With local matching funds from counties, the Reinvestment Grant has expanded community-based service funding by $26.1 million for the three-year period. It required that all records and meetings be open to the public and prohibited counties from using grant funds to supplant existing funding. It expanded ex officio membership of Substance Abuse and Mental Health Corporation, created the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center, and redefined "qualified practitioner." The Department will continue to coordinate with other government entities to ensure effective service delivery within this framework.

Children's Transition Workgroup

Children's transition to the adult mental health care system has not historically been smooth. To improve outcomes, the Department's Children's Mental Health staff has developed a workgroup composed of youth, parents, and providers to identify

transition issues. Once completed, a contract will be completed with the youth support group to develop a Transition Handbook for teens.

Florida Transformation Working Group

This workgroup consists of stakeholders and other state agencies to advance the mental health transformation efforts. The workgroup is facilitated by the Chair of the Substance Abuse and Mental Health Corporation.

Florida Recovery and Resiliency Task Force

This is the operational arm of the Transformation Working Group. It is comprised of at least 51 percent consumers and family representatives, as well as other stakeholders, to advise the Department on the progress being made toward transformation. Local Recovery and Resiliency groups have been created.

Suicide Prevention Coordinating Council and the Statewide Office of Suicide Prevention

Governor Crist signed House Bill 139 in 2007 establishing the Suicide Prevention Coordinating Council and the Statewide Office of Suicide Prevention within the Florida Office of Drug Control. The Suicide Prevention Coordinating Council serves in an advisory capacity to the Statewide Office of Suicide Prevention. The Suicide Prevention Coordinating Council is a permanent entity that is accountable to the Legislature. It consists of 28 statutorily designated voting members, including the Department, as well as other individuals who participate in a non-voting capacity.

A centralized structure is necessary to integrate statewide effort and provide a unified direction, but success in suicide prevention depends on empowerment at the local level. An infrastructure built on cooperation between the federal, state, and community level is essential for comprehensively combating this problem. Through these partnerships, the council is able to increase existing suicide prevention capacity and promote collaborative action. The council is developing an action plan consisting of a framework, menu of options and strategies for mobilizing state and local resources to implement the *Florida Suicide Prevention Strategy*.

The Adult Mental Health Program Office staff will use the Legislative Budget Request process to seek funds needed to implement this policy change

PROGRAM: SUBSTANCE ABUSE

POPULATION SERVED: FAMILIES AT RISK OF OR CHALLENGED BY SUBSTANCE ABUSE AND/OR MENTAL ILLNESS

A. Primary Responsibilities

Florida Statutes, (F.S.), require that the state manage a system of care for persons with or at-risk for developing substance abuse problems. Section 20.19(4), F.S., creates within the Department of Children and Family Services a "Substance Abuse Program Office." The responsibilities of this office encompass all substance abuse programs funded and/or regulated by the Department. The Substance Abuse Program Office, pursuant to mandates in Chapters 394 and 397, F.S., is appropriated funding by the Legislature in three (3) primary program areas: **Children's Substance Abuse (CSA)**, **Adult Substance Abuse (ASA)** and **Executive Leadership and Support**. The CSA and ASA funding is used primarily to contract with community-based providers for direct provision of prevention, detoxification, treatment, continuing care, and recovery support services for children and adults. Executive Leadership and Support funding supports state and circuit program office staff responsible for administrative, fiscal, and regulatory oversight of substance abuse services.

B. Selection of Priorities

Chapter 394.75, F.S., establishes the planning process for the state's publicly-funded mental health and substance abuse service systems. Accordingly, the Department of Children and Families Mental Health and Substance Abuse Programs, in consultation with the Agency for Health Care Administration (AHCA), implements a formal planning process and solicits input from a range of internal and external stakeholders. This input is used to identify service needs and priorities on a statewide and local basis. Every three years the Department, in conjunction with AHCA, submits a master plan for the delivery and financing of the publicly-funded community-based substance abuse and mental health services throughout Florida. Additionally, the Department is required to identify service needs and priorities in the annual updates of the plan. The current plan is in effect FY 2007 through FY 2010. A new 3-year plan will be completed in January 2010 that covers FY 2010 through 2013.

Program priorities are also selected based upon the Florida Drug Control Strategy, a 5-year strategic plan for reducing substance abuse and related societal problems through prevention, treatment, law enforcement, and judicial initiatives. The Substance Abuse Program works in collaboration with the Office of Drug Control to identify emerging issues and respond with strategies to address significant trends, e.g., the increase in deaths related to prescription drug misuse and abuse, methamphetamine use, and the increasing use of detoxification treatment services.

Priorities for services have been identified based on the following trends/conditions in the state:

- In recent years, Florida has seen a marked upsurge in prescription drug misuse/abuse, particularly opiates and benzodiazepines, which has created an added demand for medically-assisted detoxification programs.

- The State is now feeling the effects of sharp increases in methamphetamine use among certain adult populations in Central Florida (Lakeland/Tampa), Northwest Florida (rural counties between Pensacola and Tallahassee), and South Florida (Broward/Miami-Dade counties), primarily trafficked into the state from Southern California and Mexico.
- Alcohol continues to account for the highest percent of treatment admissions for adults (34.7%) followed by marijuana (22.2%) and crack/cocaine (25.1%).
- Marijuana accounts for the highest percent of adolescent admissions (70.4%) followed by alcohol (13.2%).
- In 2008, alcohol continued to be the most prevalent substance found in drug-related deaths in Florida (4,070), followed by benzodiazepines (3,229), and cocaine (1,791). The Florida Department of Law Enforcement noted a sharp increase in opiates, with occurrences of oxycodone (1,574), methadone (936), hydrocodone (870), and morphine (660) being found in the body most frequently.
- Most drug-related deaths in Florida involved the use of two or more substances.
- During SFY 2007-08, the Department served 21,478 adults and 2,284 adolescents through residential detoxification and addiction receiving facility services.
- There were 3,737 involuntary admissions filed under the Marchman Act for assessment, stabilization and treatment during this timeframe.

Many of the acute effects of these issues are being felt by major metropolitan areas and the southeastern coast of Florida. However, the increase in methamphetamine use appears to be more prevalent in the Judicial Circuits 1, 10, 11, 13, 14, and 17.

The increase in prescription opiate and benzodiazepine abuse has created an added demand for medically-assisted detoxification programs and long-term treatment programs that specialize in the treatment of these addictions. The State Epidemiology Workgroup, working in conjunction with the Florida Substance Abuse Prevention Advisory Council, has identified underage alcohol use and adult binge drinking as priority areas of concern.

Due to increases in opiate use and the need for safe treatment for opioid dependence, the National Institute on Drug Abuse developed buprenorphine. This medication is similar to methadone but has fewer side effects. In order to prescribe Buprenorphine, physicians must complete specific training and obtain approval from the federal Substance Abuse and Mental Health Service Administration (SAMHSA). These physicians are limited to a caseload of 30 individuals, at any given time, unless the physician is affiliated with a Department of Children and Families-licensed opioid treatment program.

Approximately 836 physicians and 68 programs in the State of Florida are approved to prescribe buprenorphine for opioid addiction. This medication is also used as part of Medication and Methadone Maintenance Treatment programs, in accordance with

Section 65D-30.014, Florida Administrative Code (F.A.C.), which are licensed by the Department of Children and Families.

According to the **Florida Youth Substance Abuse Survey (FYSAS)** and the State Epidemiology Workgroup, alcohol and other drug use among youth has generally declined since 2000. However, binge drinking and illicit and prescription drug abuse show marked increases and underage drinking continues to be a problem. In June 2009, the University of Miami's Health Economics Research Group, under contract with the Department, published *The Economic Costs of Underage Drinking in Florida*, which found that the statewide costs associated with underage drinking in 2007 was $3.1 billion. Those costs were primarily associated with alcohol-related juvenile violent and property crime, motor vehicle crashes, injuries, and other consequences. Staff of the Substance Abuse Program actively participates on the Governor's Office of Drug Control's Underage Drinking Task Force. The Task Force works with colleges and universities throughout the state. The Department's Substance Abuse Response Center supports community anti-drug coalitions in developing local strategic plans for reducing county-level underage alcohol use and service providers in implementing evidence-based programs.

Substance abuse admissions in Florida continue to show similar prevalence rates in presenting drug problems, with some exceptions. Adults continue to present with primary drug problems of alcohol, marijuana, and cocaine, followed by opiates, methamphetamines and benzodiazepines. Nearly 74 percent of primary drug problems for youth at the time of admission involve marijuana, followed by alcohol and cocaine. The most notable increases in recent years for adults and youth are for secondary and tertiary drug use problems involving opiates, methamphetamines, and benzodiazepines (specifically Xanax).

C. Addressing Our Priorities over the Next Five Years

Through its annual planning process, the Substance Abuse Program identifies key trends and conditions relating to substance abuse, service capacity, funding, and systems management. Priorities for services and funding are then identified based on areas of greatest need, either due to a gap in services, a critical need to serve the most vulnerable clientele, or a need to ensure effective/efficient service management. The statutorily mandated Substance Abuse and Mental Health 3-year plan directs the program to identify priorities in 3-year increments.

Priorities for service and system development or enhancement are also selected based on the strategic goals outlined in the Florida Drug Control Strategy. Primarily, the Substance Abuse Program develops priorities that will promote: 1) the protection of youth from substance abuse; 2) the reduction of the demand for drugs; and 3) the reduction of human suffering, moral degradation, social, health, and economic costs of illegal drug use in Florida.

The Substance Abuse Program has established a number of key priorities for future years. Some of the specific priorities include: increase the use of Evidence-Based Practices, adopt the Comprehensive, Continuous Integrated System of Care for persons with co-occurring disorders; initiate a managing entity structure in our circuits;

expand the scope of services for existing managing entities; develop alternative methods of payment for substance abuse services; revise the current contracting system; coordinate the collection and use of assessment data to assure the strategic selection and effective implementation of evidence-based approaches and strategies; develop and implement a statewide integrated performance management system to ensure alignment with federally-mandated National Outcome Measures (NOMs); and establish the Florida Learning System, a statewide collaborative continuous quality improvement effort including the Substance Abuse Program and key stakeholders, to better track critical trends, as well as promote dissemination and adaptation of promising and/or best practices, and improve client access to and retention in treatment.

Goal 1
Children and adults are free from abuse, neglect, violence or exploitation.

Objective: Reduce child deaths and injuries related to abuse, neglect and abandonment

Initiative:
Implement the approved recommendations of the Task Force on Child Protection resulting from the Courtney Clark Action Plan.

Objective: Reduce the number of adult deaths and injuries in Florida related to abuse, neglect and abandonment

Initiative:
Expand use of evidence-based screening, brief intervention, referral and treatment (SBIRT) through substance abuse service integration with primary health care.

Goal 2
The basic needs of food, shelter, clothing and health are met for children and adults

Objective: Fewer children and adults will be homeless

Initiative:
Target veterans who are homeless or at-risk of becoming homeless with Department services (mental health, substance abuse, domestic violence, etc).

Initiative:
Increase homelessness prevention efforts to help individuals and families avoid substance abuse and homelessness, including emergency aid to families to avoid evictions.

Objective: More children and adults with mental health problems will live in their own homes or communities

Initiative:
Develop a comprehensive, integrated, and continuous system of care for parents and children requiring substance abuse and/or mental health services.

Initiative:
Ensure staff members involved in the child welfare system have training in substance abuse and mental health disorders and treatment that are available.

Initiative:
Propose legislative changes to ensure adequate mental health and substance abuse prevention and treatment services are available in the community, limit unnecessary involvement of people with mental illnesses and/or substance use disorders in the criminal justice system, and develop strong collaborations among mental health, substance abuse, and other provider agencies to provide integrated delivery of services.

Initiative
Increase the diversion of people with mental illnesses and or substance dependence who become involved with the criminal justice system through expanding cost-effective community-based treatment alternatives to incarceration and forensic hospitalization.

Goal 3
Adults, children and families are active self-sufficient participants living in their own homes/community.

Objective: Increase the percent of children and disabled adults who remain in, or return to their home

Initiative:
Propose legislative changes to Florida's child protection statutes that emphasize family engagement practices when children can safely remain with families and use of Family Intervention Specialists for parents/caretakers identified as having substance abuse.

Initiative:
Integrate the service functions of Family Intervention Specialists and Case Managers to ensure a seamless delivery system for families involved in substance abuse-mental health and child protection programs.

Objective: More children and adults will be adequately prepared to achieve and maintain independence

Initiative:
Provide a system of care that supports and promotes competitive employment opportunities for adults with behavioral health needs.

Objective: More children and adults will live in their own homes/communities free from substance abuse and with reduced symptoms of mental illness

Initiative:
Prioritize the integration of substance abuse services into the child welfare system.

Initiative:
Implement the use of national outcome measures, evidence based practices and five system quality indicators as the standard for system performance measurement and accountability.

Initiative:
Sustain prevention and treatment funding during the economic downturn.

Initiative:
Work with the Governor's Office and Legislature to pass the Mental Health and Substance Abuse Treatment and Crime Reduction Act. Work with stakeholders, Governor's Office and Legislative staff toward the acceptance and funding of the programming and statutory language during the 2010 legislative session.

Initiative:
Advance a system of care that sustains stable housing for adults and children with behavioral health disorders.

Initiative:
Initiate and support community substance abuse coalitions to determine the community conditions that allow substance abuse to negatively impact the health of the community and to coordinate an effective community response.

Initiative:
Conduct social marketing campaigns with substance abuse prevention messages targeting youth and their parents in Florida's largest media markets.

Initiative:
Implement evidence-based substance abuse treatment and prevention practices to improve care and to reduce risk of and build protection from substance abuse for all age groups.

Objective: More children and adults with behavioral health problems will live in and be active successful participants in their own communities

Initiative:

Create a behavioral health service delivery system including co-occurring competent providers that use evidence based, consumer, and family-driven care.

Initiative:
Utilize state and county epidemiology and other data to inform strategic allocation of the Department's substance abuse prevention funds for the purpose of achieving population-level reductions in alcohol and other drug initiation by youth, community conditions underlying substance abuse in general, the consequences of substance abuse and related public costs.

Initiative:
Develop and sustain community substance abuse coalitions to determine the community conditions that allow substance abuse to negatively impact the health of the community and to coordinate an effective community response.

Initiative:
Implement evidence-based substance abuse treatment and prevention practices to improve care and to reduce risk of and build protection from substance abuse for all age groups.

Goal 4
DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective: Strengthen and streamline the contracting system to improve oversight of contracted services and the efficiency of contract administration

Initiative:
Implement managing entity or comparable collaborative, accountable system in Department regions and circuits, in accordance with Chapter 394.9082, Florida Statutes.

Objective: Increase overall efficiency

Initiative:
Continue substance abuse program process improvement initiatives to ensure that systems of care and administrative oversight process operate efficiently and effectively.

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

Based on estimates of need, using the National Household Survey on Drug Use and Health, there are 1,253,917 adults in need of individualized substance abuse services in Florida. Of those in need, it is estimated that 33 percent, or 413,793 adults, would seek services, if available. In FY 2007-08, the Department provided services to average of 115,606 adults, leaving a treatment gap of 298,187 adults. There has been

a waiting list of an average of 1,300 adults per month waiting for substance abuse services.

Based upon the results from the Florida Youth Substance Abuse Survey, there are 321,622 children in need of substance abuse services and 106,135 of those would seek services, if available. In Fiscal Year 2007-08, the Department served 50,502 children through individualized services, leaving a treatment gap of 55,633 children. Typically, averages of 200 children per month are on waiting lists for services.

New grant funded programs, such as the Brief Intervention and Treatment for Elders (BRITE), the Strategic Prevention Framework (SPF), Strengthening Treatment Access and Retention grant (STAR), and Robert Wood Johnson grant (RWJ), are aimed at service improvement, quality management, and increased capacity for those populations most in need, including:

- **Older adults** with substance abuse issues are most frequently encountered in primary health care settings, as opposed to traditional substances abuse programs where the average age of clients is between 20 and 35. Engagement of older adults in health care settings helps to prevent the need for deep-end care for individuals that otherwise go "undiagnosed" until the need for intensive treatment arises; this is often due to chronic substance abuse and legal problems, such as driving under the influence.
- **Strategic Prevention** initiatives enable the Substance Abuse Program to concentrate efforts on areas of greatest need while involving the community through coalitions. The community "buy-in" of the need for prevention promotes collaboration across the school, legal, and criminal justice systems – children at highest risk for initiating substance use can be identified for individualized services and environments with high prevalence of substance abuse can be identified for broad-scale services (large group education).
- **Programs such as STAR and RWJ** facilitates improvements in care and service outcomes through enhancements to practice and administrative functions. To be truly effective, systems of care must have safeguards built in to eliminate service fragmentation and reduce attrition from care. Better business and service practices encourage clients to follow through on care needs and achieve desired outcomes.

E. Justification of Final Projection for Each Outcome

The Substance Abuse Program is responsible for managing key strategic performance measures at the state, region, circuit, and provider levels. This responsibility is accomplished through the implementation of a performance management system that includes: ongoing review of specified performance measures; analyses of the processes supporting the performance outcomes; and the development and implementation of performance improvement plans that are tracked and revised over time, in order to achieve desired outcomes.

Performance measures that are critical to the overall success of the Substance Abuse Program have been specified by: the Legislature, the Department's strategic planning process, and through the Substance Abuse and Mental Health statewide planning

process. Data are collected on all critical measures and posted to the Department's performance "Dashboard," where performance data may be viewed at the state level and provider levels via the Department's internet or intranet websites.

Like most states, Florida is transitioning to the National Outcome Measures (NOMs) due to SAMHSA transforming its two Block Grants (Mental Health and Substance Abuse) into performance-based programs. The NOMs are centered on 10 domains, and must be adopted by states in order to continue to receive Block Grant funds from SAMHSA.

Florida has developed state performance measures that mirror the NOMs, which will enable the state to meet federal reporting and funding requirements, as well as benchmark performance against other states utilizing similar measures. The Substance Abuse Program Office requested and received approval from the Legislature to make changes to the current state mandated measures. The changes will result in state alignment with the federal requirements and reduce duplicative reporting. The Substance Abuse Program's Performance Management Team (PMT) will review and assist with the implementation of the NOMs.

F. Potential Policy Changes Affecting the Budget Request

One of the major policy changes affecting the budget request is the statewide implementation of an information system that is capable of supporting Electronic Health Record functions.

G. Policy Changes Which Would Require Legislative Action

The Department of Children and Families is proposing to modify ss.397.675 - 397.6977, F.S., to expand provisions for emergency assessment, stabilization and treatment for individuals at risk of harming themselves or others due to substance abuse impairment. Length of emergency assessment/stabilization would be expanded from 72 hours to 120 hours; involuntary assessment, stabilization, and treatment cases would be handled through drug courts; court fees for filing Marchman Act involuntary cases would be standardized through the State Courts Administrator's Office; and training requirements for judiciary and law enforcement staff would be delineated. The Department plans to request statutory changes to strengthen the state's ability to require follow through on court-ordered services and to give potential penalties to the individual for failure to comply.

- **Stakeholder Recommendations.** The Substance Abuse Program Office developed the proposed changes to the Marchman Act in response to stakeholder concerns: families having difficulties navigating the court system, fee structures, legal options, and service options; law enforcement officers defaulting to Baker Act placements due to better familiarity with the mental health involuntary stabilization laws; and variance in the types of courts in each jurisdiction handling involuntary placement orders. The Substance Abuse Program Office will continue to work with consumers and families, the Office of Drug Control, the State Courts Administrator's Office, and other appropriate stakeholders throughout the 2010 Legislative Session.

H. Task Forces/Studies

Florida Substance Abuse Prevention Advisory Council

Authority: Federal Agreement with U.S. Department of Health and Human Services (DHHS)

Purpose: Oversee the development and implementation of the Florida Prevention System, comprehensive state prevention plan, and provide recommendations for prevention policy.

Florida Strategic Prevention Framework Evaluation

Authority: Federal Agreement with U.S. DHHS

Purpose: Institute a data-driven planning process that enhances the roll out of substance abuse prevention policies, practices, and programs.

Florida Statewide Epidemiology Workgroup

Authority: Federal Agreement with U.S. DHHS

Purpose: To establish state epidemiology groups in all sub-state areas that can be responsive to state and local substance abuse needs and support the National Outcome Measures (NOMs) initiative of SAMHA.

12-Month Follow Up Study

Authority: General Appropriations Act (GAA) Required Measures (2)

Purpose: Contracted through the University of Florida to conduct post treatment assessment of abstinence from alcohol/drug use.

Florida Youth Substance Abuse Survey

Authority: Office of Drug Control/Substance Abuse Prevention and Treatment (SAPT) Block Grant

Purpose: State needs assessments are required under the Federal Substance Abuse Prevention and Treatment Block Grant. Results are also used to measure prevalence of youth substance abuse in Florida for the state's Drug Control Strategy.

Contract Provider Report

Authority: Section 394.745, Florida Statutes

Purpose: Convey status of provider compliance with legislative performance standards, identifying providers that meet/exceed standards and those who fail to meet standards, and any subsequent corrective actions.

Methadone Assessment Report

Authority: Section 397.427 (2) (b), Florida Statutes

Purpose: Evaluation identifies need for medication treatment service providers. These types of services may only be established upon the Department's determination of need.

Peer Review

Authority: SAPT Block Grant

Purpose: Federal block grant stipulations require each state to have an independent peer review process in place to assess the quality, appropriateness, and efficiency of treatment services. At least 5 percent of the entities providing treatment services supported by the block grant must be reviewed annually.

Screening, Brief Intervention, Referral and Treatment (SBIRT) Evaluation

Authority: Federal Agreement with U.S. DHHS

Purpose: University of South Florida, Louis de la Parte, Florida Mental Health Institute, conducts annual process and outcome evaluations of the federal grant program targeting older adults (age 55 and older) through universal screening and brief therapies for individuals presenting at-risk for substance misuse/abuse through primary health care settings.

State/Circuit Mental Health and Substance Abuse Plans

Authority: Section 394.75, Florida Statutes

Purpose: Provide 3-year plans (with annual updates) for publicly-funded mental health and substance abuse services that identify funding/service needs, strengths and weaknesses of programs/services, and strategic directions for future system development/modification.

PROGRAM: ECONOMIC SELF-SUFFICIENCY

POPULATION SERVED: FAMILIES IN DISTRESSED/FRAGILE HEALTH OR CIRCUMSTANCES

A. Primary Responsibilities

Florida Statutes require that the state manage a system of federal and state funded benefit programs per federal law. Section 414.025, Florida Statutes, states: "It is the intent of the Legislature that families in this state be strong and economically self-sufficient so as to require minimal involvement by an efficient government." Subsection 20.19(4), Florida Statutes, creates within the Department of Children and Families an "Economic Self-Sufficiency Services Program Office." The responsibilities of this office encompass all eligibility services operated by the Department. These services are administered through Automated Community Connection to Economic Self-Sufficiency (ACCESS) Florida, the Department's modernized eligibility service delivery system (see Section D).

The mission of ACCESS is to promote self-sufficiency by assisting eligible individuals, including the working poor and needy, transition to more stable and self-sufficient individuals and families. This assistance includes:

- Offering families appropriate diversionary opportunities so they may avoid receipt of public assistance; and
- Providing benefits to assist families and individuals to transition into more stable and self-sufficient situations so they can end reliance on public assistance.

The vision of the program is to strengthen families through private, community, and interagency partnerships that promote self-sufficiency.

Comprehensive eligibility determination is the process of determining technical, asset, and income eligibility and calculating benefits. These services include food stamp benefits that are used to purchase food, cash assistance to meet basic housing and other essential expenses, and eligibility for medical services supplied by providers certified by the Agency for Health Care Administration. By receiving these services, together with the job search skills provided by the Agency for Workforce Innovation, cash recipients and certain populations of food stamp recipient customers can achieve self-sufficiency and move into a more stable situation. These support services ensure that the most vulnerable are able to exist in a safe environment until they can become self-sufficient; thereby breaking the cyclical existence of poverty and welfare.

Among vulnerable populations are newly-arrived refugee clients in need of immediate economic assistance. Some refugees receive Temporary Assistance for Needy Families (TANF), Medicaid, and Food Stamps, but others are ineligible for TANF because they do not have minor children. These customers may be eligible for federally-funded Refugee Cash and Medical Assistance for the first eight months after their arrival in the United States. Assistance to these customers is provided at the same level as the TANF and Medicaid programs and requires similar workforce participation.

In some instances, clients who are elderly or disabled may not obtain complete self-sufficiency. However through Medicaid benefits and Optional State Supplementation (OSS) services, they can achieve a more stable and safe environment. Medicaid provides access to needed medical services. OSS is a general revenue public assistance program that provides payments to supplement the income of indigent elderly and disabled individuals. Both programs provide the necessary supportive services to encourage and assist the aged and/or disabled to remain in the least restrictive environment possible, and when possible, postpone the need for nursing home placement.

When a child is removed from a home and placed with a relative, that relative's household finances are affected immediately. It is important for the Relative Caregiver Program benefits to start immediately so that relatives – the best alternative to parents as caregivers in most cases, but not eligible for all the funds available to foster parents – are encouraged to take on this responsibility. The ACCESS program is also responsible for activities to prevent benefit errors, recover benefits issued in error and prevent fraudulent receipt of benefits.

Quality Assurance is an integral part of the program and error rate reduction initiatives consist of a number of activities designed to reduce the number and amount of public assistance benefit errors. These initiatives include, but are not limited to, second party review, special targeted case reviews, initiatives in each circuit and region to implement countermeasures for locally identified error causes, and regional/statewide conferences seeking to address the factors causing both agency and client source errors.

Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to client and agency error, including fraud. Benefit Recovery staff receive referrals from a variety of sources, including ACCESS eligibility staff, Public Assistance Fraud and the public. Benefit Recovery claims and recoupment are managed using the Integrated Benefit Recovery System. This system also interfaces with the Florida On-Line Recipient Integrated Data Access (FLORIDA) system to implement recoupment of overpayments from active Food Stamp and Temporary Cash Assistance cases.

The ACCESS Integrity Program (Fraud Prevention Program) is another entity within ACCESS responsible for prevention of cash assistance and food stamp fraud. ACCESS Integrity staff receive referrals from various sources, including eligibility staff and the public. Staff investigates cases prior to approval, and monitor active cases to ensure proper receipt of benefits. When appropriate, disqualification hearings are conducted by the Office of Appeal Hearings to impose penalty periods preventing receipt of benefits for cases of confirmed fraud that are not pursued criminally. ACCESS Integrity staff represent the Department at these hearings and track completion of necessary case actions following the final ruling of the hearings officer.

B. Selection of Priorities

The inability to support oneself and one's family through stable employment is related to many of society's most severe problems, such as substance abuse,

delinquency, poor health, child abuse and neglect, and domestic violence. During State Fiscal Year 2008-09, there was an increase in the clients receiving Food Stamps, Medicaid benefits and Temporary Cash Assistance. These changes are reflected in the following data:

- Unduplicated count of clients increased 24% to 2,987,970;
- Number of families receiving Food Stamps increased over 38% from 783,282 to 1,084,658;
- Number of Medicaid clients increased 17% from 1,806,432 to 2,115,683; and
- Number of families receiving Temporary Cash Assistance increased 14% from 49,112 to 56,109.

To ensure public assistance programs provide opportunity for self-sufficiency and appropriate transition services to Florida's citizens, the Department is determined to focus efforts to ensure accuracy, accountability, and an optimal delivery of quality services.

The Department's current priorities were identified through strategic planning sessions with key stakeholders that included agency and non-agency staff and internal and external customer groups. These priorities support the Department's mission and are linked to a number of the Governor's priorities, including strengthening families, promoting economic diversity, and creating a smaller, more efficient and effective government.

C. Addressing Our Priorities over the Next Five Years

The following objectives reflect those priorities identified as yielding the greatest impact on all programs:

Agency Goal: The basic needs of food, shelter, clothing and health are met for children and adults

Objective 2.1: Increase speedy access to food and pubic assistance when needed.

Initiatives:

1. Reduce the processing time for public assistance applications.

   It is important that customers who apply for public assistance have their applications processed in a timely manner. The number of applications received by the Department in state fiscal year 2009 increased by over 640,000 compared to 2008. This is a 31% increase. The Department is continually developing process and technology improvements to increase efficiency and keep pace with rising caseloads.

2. Increase the percentage of food assistance application approvals processed within the applicable federal time standards.

   The food stamp program has two time standards for processing applications. The regular food stamp program requires applications be processed within

30 days of receipt of the application, while expedited food stamps requires applications be processed within seven days of receipt. The Department is continually developing process and technology improvements to help reduce the time necessary to process applications for food assistance. In addition, a demonstration project was approved with Second Harvest Food Bank of Central Florida to speed up the application process there.

3. Provide quicker access to benefits for families eligible for expedited food assistance.

   See number 2.

Objective 2.2: More families will have the basic needs of food, shelter, clothing and health to maintain in their communities

Initiatives:

1. Implement additional mechanisms for customers to submit electronic applications, such as through the Benefit Bank.

   The Department has completed the programming necessary to allow third party vendors to receive applications for public assistance. In February 2009, ACCESS began receiving applications from partners using technology, such as the Benefit Bank and RAMP. 1,123 applications have been received through August 2009. The Department is prepared should these vendors expand to additional parts of the state. The Department is working with another company to expand access to the eligibility portal. Target dates and details are being determined.

2. Through coordination with Workforce Florida, the Agency for Workforce Innovation and local Regional Workforce Boards assist in the achievement of Temporary Assistance for Needy Families (TANF) federal work participation requirements.

   Both TANF partner agencies—Agency for Workforce Innovation (AWI) and the Department – are increasingly focused on improving the work participation rate. They are working jointly and individually on a variety of strategies. Staff members from both agencies are meeting regularly at the local and state level to analyze participation. This review by the partners assures that federal reports have captured hours of participation completely and correctly.

3. Expansion of expedited food stamp pilot.

   In February 2008 the Department developed and implemented two EBT card issuance options to speed delivery of food assistance benefits to expedited households. The two options were (1) on-site card issuance to expedited applicants interviewed and approved while in the office; and (2) express delivery of cards to expedited applicants interviewed by telephone and/or approved while not in the office. Six pilot sites were selected with the first opening in February 2008.

After evaluation of the initial pilot, the Department decided to expand to other sites in each Region. Five additional sites have been opened since that time, with additional site openings planned for the near future.

4. ACCESS process and workload

   ACCESS plans to continue to improve upon its technology used by both staff and customers. The ACCESS Management System (AMS) is the web system being built to create a web front-end to the FLORIDA system and will be the one portal used by all ACCESS staff. The Work Management module will be used by staff to track their work, plus allow supervisors to monitor the work of their staff. The next phase will enable caseworkers to view the customer entered data from the ACCESS web application and My Account and match against data from FLORIDA. The caseworker will be able to modify data entered by the customer and transfer the data into FLORIDA. In addition to the work on AMS, there are several planned enhancements to the ACCESS document imaging system.

   ACCESS also plans to expand the ability for customers to manage their public assistance case on-line. Customers will be able to view their case information on-line, make changes, apply for additional benefits, and complete their case review. In addition, we plan to add customer notices to their electronic record.

Agency Goal: DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Objective 4.2: Decrease all processing errors and processing time

Initiatives:

1. Maintain national leadership in the food stamp program.

   In addition to improving food stamp accuracy, Florida remains a leader in the modernization of the public assistance eligibility process. Over 40 states have visited Florida to get a first hand look at the web application system, call centers and the overall modernization of Florida's eligibility system.

2. Distribute work statewide: use technology to move work where production is more effective and efficient.

3. Remain a national leader in low food assistance error rate, not only avoiding federal penalty but qualifying for additional federal bonus funding.

   For the second year in a row the ACCESS program has received federal bonus money from the Food and Nutrition Service. This year the award was for having the lowest payment error rate in the country. Quality control statistics for food stamp accuracy are valid at the state level on an annual measurement basis and reported approximately four months following completion of the review

by Quality Control. Circuits and regions are accountable for benefit accuracy and timeliness of applications processed. The program has a quality management system to monitor performance and identify opportunities for improvement.

Maintaining a low food assistance error rate continues to be a high priority. In addition, efforts to lower the negative food assistance error rate (denials and closures) have been enhanced. To accomplish this, a Food Stamp Negative Review Sheet was added to the Quality Management System effective January 2008. It is a new review of denial actions taken on food stamp rejections. This tool was developed to identify errors and take corrective actions. Economic Self-Sufficiency Supervisors (ESSS) are required to review five negative case reviews per Economic Self-Sufficiency Specialist 1 (ESS1) per month.

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

Continue implementation of ACCESS Florida: Since being directed by the Legislature in state fiscal year 2003 to achieve efficiencies in carrying out the eligibility determination activity, the Department has implemented ACCESS Florida. ACCESS Florida is the retooled and modernized public assistance service delivery system that is the **A**utomated **C**ommunity **C**onnection to **E**conomic **S**elf-**S**ufficiency **(ACCESS)**. The program achieved a reduction of nearly 3,100 Full Time Equivalent (FTE) positions in the Comprehensive Eligibility Budget entity and reduced recurring administrative costs by $83 million dollars.

This model is based on streamlined workflows, policy simplification and technology innovations. ACCESS Florida provides enhanced access to services through a combination of state staff and a community partnership network. Community providers agree to serve as additional portals to ACCESS for customers mutually served by the partner agency and the Department.

With the recent economic downturn and increase in the number of Florida's public assistance applications and ongoing assistance, ACCESS is committed to exploring every available avenue to meet this demand and to become more efficient in the process. To meet these challenges, ACCESS plans to increase the use of technology to:

- Provide customers with web-based access to more information about their application or ongoing case, ease ability to apply for additional benefits, submit documentation, complete reviews and report changes.
- Give caseworkers the ability to view information customers provided on the web application and match that with information in the FLORIDA system, rather than having to switch between multiple systems.
- Improve ACCESS Management System to increase efficiency by tracking work progress and moving data between systems.
- Enhance the document imaging system and add customer notices to the electronic record.

- Expand outreach through partnerships and demonstration projects with third-party resources.

Desired outcomes:

- Increased access to services while reducing administrative costs.
- Optimized use of self-directed technology to provide customers the greatest flexibility in applying for and managing their public assistance benefits.
- Development and deployment of technology enhancements to increase the efficiency by which staff can process eligibility determinations.
- Increased customer satisfaction with the process.
- Reduction of the time customers must invest in the eligibility process and mitigation of lost time from employment for the purpose of applying for or receiving benefits.
- Maintenance of program integrity.
- Maintain annual budget savings of $83 million.

To ensure continuation of the desired outcomes, the processes must be continually refined and adjusted in response to changes in client need and improved technology.

E. Justification of Final Projection for each Outcome

Agency Goal: The basic needs of food, shelter, clothing and health are met for children and adults

Outcome: Percent of all applications for assistance processed within time standards.

This measure provides a way for the Department to monitor success in processing applications for public assistance in a timely manner. For state fiscal year 2008-09, 97.4% of all applications were completed timely, which is 1.6% below target. This measure will be changed for state fiscal year 2009-10 to better align itself with federal standards. Timeliness will now be computed based upon actual processing days for applications without regard to delay caused by customers. In addition, this indicator will measure timeliness only on approvals. Due to the changes in how this measure will be computed, the target will be changed to 96%.

Outcome: Percentage of food assistance applications processed within 30 days.

Outcome: Percentage of food assistance applications processed within 7 days (expedited).

The Food and Nutrition Service (FNS) divides food stamp applications into two categories – regular food stamps and expedited food stamps. There are two time standards that correspond to these two categories. For regular food stamps, applications must be completed within 30 days of the date of application. For

expedited food stamps, the applications must be completed within 7 days of the date of application. FNS standard for compliance is 95%.

Outcome: Percent of All Family TANF customers participating in work or work-related activities (All Family TANF Participation Rate)

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

These two measures are the percent of TANF adults who participate in federally defined work-related activities divided by the total number of adults required to participate in such activities. Participation in work or work-related activities supports the Department's goal of assisting clients in transitioning to self-sufficiency. The goal was set at 50% based on the target mandated by federal legislation. A significant change has been the inclusion of two-parent families in the assessment of participation rate targets for adults receiving TANF. The target for single parent families is 50%, while the target for two-parent families is 90%. This and other changes provide increased opportunities for the Department to partner with the Agency for Workforce Innovation and the Regional Workforce Boards in implementing the regulations and meeting the participation goals.

Agency Goal: DCF is an integrated, efficient, timely, accurate, effective, and transparent organization that provides the foundation from which we can fulfill our mission

Outcome: Percent of food stamp benefits determined accurately.

Accuracy in the determination of eligibility for Food Stamps has been a primary goal of the Department for many years. The food stamp regulations address this topic and require a system for monitoring accuracy in determining eligibility for food stamps and in taking corrective action when necessary. The goal of 94% was established based on historical national averages and performance necessary to avoid potential fiscal sanctions from the federal government.

This measure examines the total benefit dollars authorized compared to the total amount accurately authorized, as determined through an independent review. This measure uses federal fiscal year data rather than state fiscal year data. For federal fiscal year 2007-08, Florida had the highest accuracy rate in the country of 99.15%. Florida was awarded a bonus payment of $7,179,612 for this achievement.

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: REFUGEE SERVICES
POPULATION SERVED: ELIGIBLE CLIENTS ARE REFUGEES, ASYLEES, CUBAN AND HAITIAN ENTRANTS, AMERASIANS, VICTIMS OF HUMAN TRAFFICKING, SPECIAL IMMIGRANTS OF IRAQI OR AFGHAN NATIONALITY, AND OTHER ALIENS WHO HAVE THE APPROPRIATE DOCUMENTATION REQUIRED BY 45 CFR 400.43 AND WHO QUALIFY FOR PROGRAM SERVICES.

A. Primary Responsibilities

Our fundamental responsibility is to provide the services refugees need to obtain economic self-sufficiency and successfully integrate into American society in the shortest time possible following their arrival to the United States.

B. Selection of Priorities

In order to meet the needs of our refugee clientele, the Department enters into contractual agreements with various organizations, typically voluntary agencies and local governments, to assist refugees in obtaining employment, learning English and integrating into Florida's communities. Services are provided as allowable under federal regulations and grant awards.

C. Priorities over the Next Five Years

The Department's priority continues to be securing economic self-sufficiency amongst Florida's refugee population in a timely fashion. Priority services to promote self-sufficiency currently focus on providing orientation to U.S. employment, job development and matching, tracking employment retention, and career laddering. In addition to employment services, critical services to promote self-sufficiency and successful integration include English language and vocational training, child care, assistance in obtaining status and documentation, as well as youth and integration services.

Several changing trends in refugee admissions and arrivals of other Refugee Services-eligible populations may impact the provision of services in the next five years. On a national level, refugee admissions are increasing as a strategic component of U.S. foreign policy. Refugee admissions nationwide averaged less than 50,000 a year between FFY2004 and FFY2007, but increased to more than 60,000 in FY2008 and the numbers are expected to be even higher in FY2009. Of particular note is that the percentage of refugees arriving to Florida with no family or geographic tie has grown from 16% in FFY2008 to 27% in FFY2009.

The number of advance permissions to enter the U.S. to Cubans has fluctuated in recent years, but began to increase in FFY2009 to more than 7,500, and the number of unanticipated arrivals continues at high levels. Overall, Florida continues to be the largest refugee resettlement location in the country, with some 25,000 -29,000 new refugee clients each year.

This growth in refugee arrivals is occurring at the same time that Florida is experiencing unusually high unemployment, complicating the goal of rapid self-

sufficiency. New arrivals, most with limited English skills, need assistance in obtaining employment at the same time that some refugees who arrived in recent years have lost employment due to the economy. From FFY2007 to FFY2009, the number of client intakes in employment programs each month is up 8% and the average monthly job placements are down 23%. As a result, the average number of days from intake to placement has increased from 63 to 84 days.

Refugee Services' primary objective will continue to be to assist these arriving populations to integrate into Florida's communities and become economically self-sufficient through the acquisition of employment, learning English and establishing secure families.

D. Justification of Revised Programs or Services

None proposed

E. Justification of Final Projection for each outcome

None

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

Refugee Services organizes a Refugee Task Force, consisting of voluntary agencies, ethnic organizations, contracted providers, and federal, state and local government agencies, in each community with a significant refugee population. This Refugee Task Force is accessible to the public, and can meet monthly or bimonthly. The focus of such meetings include the assessment of refugee needs, distribution of state and federal policies, the creation of practical solutions to current problems, and instigating coordination amongst referrals and service providers.

PROGRAM: Office on Homelessness

A. Primary Responsibilities

Homeless assistance is made available through community partners as a safety net for individuals and families who, through economic downturns, personal or general housing crises, or other unforeseen disastrous occurrences in their lives, do not have the resources to meet their basic needs for shelter.

B. Selection of Priorities

Our primary strategy for meeting the basic needs for shelter of the homeless is to enter into partnership with state and local agencies to develop and implement a coordinated and comprehensive homeless assistance service plan.

C. Addressing Our Priorities for the Next Five Years

Central to the state's partnership in serving the homeless and those at-risk of becoming homeless is the development and implementation of a coordinated and comprehensive homeless assistance service plan. This plan is locally developed, setting forth the community vision of how the needs of homelessness will be addressed using a continuum of care model of service. This continuum begins with strategies to prevent homelessness, and includes outreach to the homeless to refer these persons to needed supportive services, emergency sheltering, and housing.

The Department, through the Office on Homelessness, is charged with promoting the development and implementation of the local continuum of care plans for the homeless. To date, the state has helped fund the 28 recognized continuums of care in Florida to directly serve the housing and service needs of the homeless. The goal is to promote homeless plans statewide. The existing continuums of care now cover 63 counties. The ultimate desired outcome of these planning efforts is to provide the services needed to bring an end to the individual's or family's episode of homelessness, and restore them to permanent housing.

D. Justification of Revised Programs or Services

None proposed

E. Justification of Final Projection for each outcome

None

F. Potential Policy Changes Affecting the Budget Request

None

G. Changes Which Would Require Legislative Action

None

H. Task Forces and Studies in Progress

None

PROGRAM: EXECUTIVE DIRECTION AND SUPPORT SERVICES

POPULATION SERVED: ALL PERSONS RECEIVING SERVICES FROM THE DEPARTMENT

A. Primary Responsibilities

Chapter 20, Section 20.19, F.S., states that the mission of the Department is to work in partnership with local communities to ensure the safety, well-being, and self-sufficiency of the people served. Executive Direction and support services provide the direction and support to all programs within the Department in order to accomplish this mission.

Executive Direction

Section 20.05 and 20.055, F.S., directs all state agency heads as follows:

- Plan, direct, coordinate, and execute the powers, duties, and functions vested in that Department or vested in a division, bureau, or section of that Department; powers and duties assigned or transferred to a division, bureau, or section of the Department must not be construed to limit this authority and this responsibility.
- Have authority, without being relieved of responsibility, to execute any of the powers, duties, and functions vested in the Department or in any administrative unit thereof through administrative units and through assistants and deputies designated by the head of the Department from time to time, unless the head of the Department is explicitly required by law to perform the same without delegation.
- Compile annually a comprehensive program budget reporting all program and fiscal matters related to the operation of his or her Department, including each program, subprogram, and activity, and other matters as required by law.
- Promote accountability, integrity, and efficiency in government.

Support Services provide support to the Department in its mission as defined in Chapter 20.19, F.S. Generally these services can be described as developing and protecting the assets of the Department and the State of Florida. Services in the areas of:

- Safeguard and use efficiently the budgetary and financial resources.
- Recruit and maintain a professional and trained workforce.
- Provide information technology solutions and support.
- Procure goods and services.
- Protect and account for all state-owned tangible personal property, buildings and land.

These services are governed by Florida Statutes Chapters 110, 215, 216, 217, 253, 255, 273 and 287.

B. Selection of Priorities

- **Reorganization of the Department**

  As directed in Senate Bill 1394 during the 2007 Session, the Department began the process of:

  - Reorganizing service districts along judicial circuits,
  - Integrating substance abuse and mental health programs into the structure and priorities, and
  - Establishing community partnerships and advisory groups.

  In early 2007, former Secretary Butterworth established an Organizational Review Work Group to examine the organizational structure of the Department. This group was composed of individuals from within and outside the Department.

- **Data Center Consolidation**

  Senate Bill 1892 from the 2008 Session directed the Department to establish a workgroup for developing a plan for converting its data center located at Northwood Centre to a primary data center. The conversion plan will address organizational changes, personnel changes and cost allocation plan changes and any other changes necessary to effectively convert to a primary state data center capable of providing computer services as required by Florida Statute 282.201. Recommendations from the workgroup are due to the Governor and Cabinet, President of the Senate and Speaker of the House of Representatives by December 31, 2008.

  Effective July 1, 2009, the Northwood Shared Resource Center is established within the Department for administrative purposes only. The center is designated as a primary data center and shall be a separate budget entity that is not subject to control, supervision, or direction of the Department in any manner, including, but not limited to, purchasing, transactions involving real or personal property, personnel, or budgetary matters.

- **Recruit and retain a professional workforce**

  The Department is changing its approach to recruitment and retention to be more in-line with the demographics of today's and tomorrow's workforce. All employers will lose their baby-boom generation employees over the next several years and the younger workforce is more diverse in race, gender and culture than in the past.

  Specific targeting of critical class positions such as medical professionals in the public mental health facilities, protective investigators for children and adults, and attorneys to represent children in state custody will be the primary focus of recruiting efforts.

Proactive recruiting strategies to keep a constant flow of new talent into the Department rather than waiting for vacancies to occur will help reduce fluctuations in total workforce available in critical positions.

In today's tight budget world, retention strategies will focus on non-monetary methods in rewarding and keeping talent. In addition to the historic practices of flexible work schedules and telecommuting opportunities, the Department is working to increase its training capacity through leveraging technology based learning and targeted learning practices.

- **Provide world class training opportunities for staff**.

  In today's increasingly knowledge-based environment, ongoing learning and skill development are essential for optimum organizational performance.

  The training and development function at the Department is decentralized according to program office. Job skill training is handled by the specific program office responsible for delivering specific services. The Professional Development unit (HQ Training) is responsible for developing compliance training applicable for the entire Department. The Leadership Institute oversees and develops the Department's Supervising for Excellence (SFE) Program and the Certified Public Manager curriculum.

  Started three years ago, the Leadership Institute has been recognized for its effectiveness in training supervisors and managers of the Department. The Institute has been responsive to adjust its delivery mechanism for SFE by increasing the number of classes offered throughout the state. This allows the Department to touch a significantly larger number of supervisors and managers more quickly than in the past. Curriculum is adjusted to reflect changes in the organization. As an example, a component was recently added on managing virtual (telecommuting) and hoteling employees. The Department is moving the transactional aspects of the SFE curriculum to an online format aimed to increase access to this information to more supervisors and managers as they need it.

  A Professional Development unit is expanding its offering to include consultative services. Given the decentralized nature of training at the Department, there is a need to provide guidance and consultation on developing curriculum that is focused and drives performance. Recognizing how humans process information and consequently should be trained is the core benefit this unit brings to the various program training functions. This unit is also developing intra-state agency collaborative projects in order to leverage state resources more efficiently for the greater good of the State of Florida. The Department will continue exploring ways to leverage technology for training purposes. For example, we recently signed a contract with an eLearning firm to provide a library of approximately 150 online management courses to Department employees. This opens up an opportunity for

managers to begin tying skill deficiencies and training together in ways not previously offered by the Department.

- **Reduction of Greenhouse Gas Emissions**

  Governor's Executive Order #2007-126 was signed on July 13, 2007 to establish climate change leadership by example. All agencies are directed to reduce current emissions 10% by 2012. Specifically;

  - This applies to private leases for state operations in buildings meeting the Energy Star building standards.
  - No contracts for meeting and conference space with hotels or conference facilities that have not received the Department of Environmental Protection Green Lodging Certification, except where no other viable alternative exists.
  - Guaranteed Energy Performance Savings Contracts, as allowed under Florida Statute Chapter 489, Section 489.145, identify and implement energy conservation measures in all agency owned facilities that can reduce the amount of energy consumed and produce immediate and long-term savings. In addition, identify and compile a list of projects determined suitable for an energy, water and wastewater performance savings contract in DMS owned or managed facilities by December 31, 2008, as required by Florida Statutes, Chapter 255, Section 255.252(5).
  - Promote the use of and request purchase of alternative fuel powered automobiles for use of employees to reduce carbon emissions and reduce costs. Department procedures will be updated to require employees to request hybrid vehicles when renting, subject to their availability. The Department will submit a legislative budget request to purchase hybrid vehicles for use by protective investigators across the state who travel a certain number of miles a year.
  - Reduce leased office space 25% by 2011.

- **Efficient financial operations**

  The Chief Financial Officer of the State of Florida requires a minimum 95% compliance with the state's prompt payment of invoices (F.S. 215.422) requirements. During the 2008 Session, the General Appropriations Act contained a 15% administrative cut in the Department's budget for fiscal year 2008/09. For the past several years, the Department's goal was to meet a 98% compliance with the prompt payment of invoices. While the reductions in staff and budget will challenge the ability to achieve 98% compliance, the Department continues to strive toward this objective.

C. Addressing Our Priorities over the Next Five Years

Agency Goal: Complete Reorganization of Department

Strategy: Adopt new organizational structure within the Department and demonstrate effectiveness in order to seek legislative approval.

Action Steps:

1. Continue to establish positive local relationships with judiciary, law enforcement, community partners and media by circuit administrators.
2. Continue the work of integrating mental health and substance abuse program areas into the local circuit in order to provide a more comprehensive approach to service delivery.
3. Submit reorganization package and legislative bill to update statutes for legislative approval during the 2010 Session.

Agency Goal: Convert Department's Data Center into a Primary Data Center

Strategy: Engage cross agency resources to identify the optimum operational structure to create an effective primary data center.

Action Steps:

1. Identify and appoint workgroup members that represent various disciplines and customers to participate in plan development to address organizational, personnel and cost allocation plan changes.
2. Work with the federal agency responsible for cost allocation plan approval to provide maximum federal funding participation.

Agency Goal: Recruit and maintain a professional workforce

Strategy: Expand traditional methods of recruitment and retention with more up-to-date techniques in order to staff critical class positions.

Action Steps:

1. Establish relationships with law enforcement agencies and training academies to offer students and retiring law enforcement officers an alternative career path.
2. Increase college recruiting efforts, implementing internships in program offices and increasing internal promotion opportunities and succession planning.
3. Establish a web link to a Careers page to drive more internet traffic to Department positions.
4. Direct regional and hospital management to be more proactive in recruiting efforts.

Agency Goal: Develop World Class Training opportunities for employees

Strategy: Leverage existing resources to target and deliver effective training resources.

Action Steps:

1. Develop e-learning solutions that provide maximum training opportunities to all employees and reduce cost to the Department.
2. Create recommended development paths for specialized groups within the Department.
3. Work with state agencies to identify common, cost effective ways to share training resources to maximize training opportunities and minimize cost.

Agency Goal: Reduce Emissions 10% by 2012

Strategy: Identify and implement key methods for reaching goal.

Action Steps:

1. Reduce leased space by maximizing space utilization through "hoteling" or office sharing by Department staff, such as Adult and Child Protective Investigators and child care licensing staff, and expansion of telecommuting in the ACCESS program.
2. Identify and initiate guaranteed energy savings contracts in Department owned facilities, such as mental health public facilities, where there is at least a cost neutral impact.
3. Request funding to purchase and use hybrid or alternative fueled vehicles.
4. Require employees to request hybrid fueled rental vehicles when traveling on state business.
5. Require all Department lead conferences, meetings and trainings conducted in hotels or conference centers to be in certified green lodgings unless it is more costly to do so.

DCF Long Range Program Plan
Fiscal Years 2010-2011 through 2014-2015

Performance Measure and Standards - LRPP
Exhibit II

Florida Department of Children and Families
September 30, 2009

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 2009-10 (Words)	Approved Prior Year Standard FY 2008-09 (Numbers)	Prior Year Actual FY 2008-09 (Numbers)	Approved Standards for FY 2009-10 (Numbers)	Requested FY 2010-11 Standard (Numbers)
Administrative cost as a percent of total agency costs ED (M0144)	0.37	0.32	0.33	0.33
Administrative cost as a percent of total agency costs Admin (M0147)	1.79	1.53	1.23	1.23
Administrative cost as a percent of total agency costs (M0363)	1.95	0.92	1.6	1.6

LRPP Exhibit II - Performance Measures and Standards

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

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2009-10 (Words)	Approved Prior Year Standard FY 2008-09 (Numbers)	Prior Year Actual FY 2008-09 (Numbers)	Approved Standards for FY 2009-10 (Numbers)	Requested FY 2010-11 Standard (Numbers)
Information technology cost as a percent of total agency costs (M0145)	3.08	2.83	2.30	2.30

LRPP Exhibit II - Performance Measures and Standards

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

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2009-10 (Words)	Approved Prior Year Standard FY 2008-09 (Numbers)	Prior Year Actual FY 2008-09 (Numbers)	Approved Standards for FY 2009-10 (Numbers)	Requested FY 2010-11 Standard (Numbers)
Percent of adult victims seen within the first 24 hours. (M04017a)	97	97	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)	Starts FY 2009-10	98	97	97
Number of investigations (M0127)	41,000	42,976	41,000	41,000
Number of people receiving protective supervision, and protective intervention services. (M0414)	15,600	5,416	5,600	5,600
Percent of adult investigations from an entry cohort completed within 60 days. (M04016)	98	99	98	98
Percent of protective supervision cases in which no report alleging abuse, neglect, or exploitation is received while the case is open (from beginning of protective supervision for a maximum of 1 year) (M0124)	100	NA	100	100
The rate of abuse/neglect per 1000 for elderly persons. (M0757)	Starts FY 2009-10	NA	1.5	2
The rate of abuse/neglect per 1000 for adults with disabilities (M0735)	Starts FY 2009-10	NA	1.5	2
Number of facilities and homes licensed (M0123)	6,868	6,534	6,868	6,868
Number of instructor hours provided to child care provider staff. (M0384)	63,019	71,008	63,019	63,019
Percent of licensed child care facilities inspected in accordance with program standards. (M04015)	Starts FY 2009-10	98.91	95	95
Percent of licensed child care homes inspected in accordance with program standards (M05175)	Starts FY 2009-10	98.41	95	95
Calls answered (M0070)	430,000	502,506	430,000	430,000
Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)	3	11	3	3
Number of calls to the hotline (M0300)	450,000	564,658	450,000	450,000
Per capita verified child abuse rate/1000 (M0736)	NA	29.48	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	NA	95	95
Number of children in families served (M0134)	122,937	NA	122,937	122,937
Number of families served in Healthy Families (M0294)	12,922	12,903	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)	Starts FY 2009-10	NA	45	45
Number of finalized adoptions (M0215)	Starts FY 2009-10	3,777	3,514	3,514
Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)	Starts FY 2009-10	NA	94.6	95
Number of children in out-of-home care (M0297)	28,000	19,893	20,771	20,771
Number of children receiving in-home services (M0774)	Starts FY 2009-10	7,322		7,322
Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)	76	69.1	65	65
Percent adoptions finalized within 24 months of the latest removal. (M0391)	32	42.3	40	40
Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)	Starts FY 2009-10	NA	99.9	100
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)	Starts FY 2009-10	36.16	33.6	34
Number of investigations (M0295)	180,000	176,581	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)	Starts FY 2009-10	84.58	87	87
Percent of child investigations from an entry cohort completed within 60 days. (M0394)	100	98.63	100	100
Percent of children removed within 12 months of a prior reunification. (M05178)	Starts FY 2009-10	12.36	9.9	10
Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)	98	98.27	98	98

Percent of child investigations commenced within 24 hours. (M0368)	100	99	100	100
Administrative cost as a percent of total program costs (M0136)	4.14	2.99	3.05	3
Administrative cost as a percent of total agency costs (M0426)	1.98	1.19	1.21	1

LRPP Exhibit II - Performance Measures and Standards

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

Program: Mental Health Services	60910506			
Service/Budget Entity: Mental Health Services	**60910506**			
Approved Performance Measures for FY 2009-10 (Words)	Approved Prior Year Standard FY 2008-09 (Numbers)	Prior Year Actual FY 2008-09 (Numbers)	Approved Standards for FY 2009-10 (Numbers)	Requested FY 2010-11 Standard (Numbers)
Number of adults in mental health crisis served (M0017)	61,990	31,370	30,404	30,404
Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)	Starts FY 2009-10	NA	8	8
Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)	Starts FY 2009-10	NA	8	8
Number of adults with a serious and persistent mental illness in the community served (M0016)	75,667	144,008	136,480	136,480
Average annual days worked for pay for adults with severe and persistent mental illness (M0003)	40	40	40	40
Percent of adults with serious mental illness who are competitively employed. (M0703)	Starts FY 2009-10	NA	24	24
Number of adults with forensic involvement served (M0018)	1,850	3,602	3,328	3,328
Percent of adults in forensic involvement who live in stable housing environment. (M0743)	Starts FY 2009-10	NA	67	67
Percent of adults in mental health crisis who live in stable housing environment. (M0744)	Starts FY 2009-10	NA	86	86
Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)	Starts FY 2009-10	NA	90	90
Number of people on forensic admission waiting list over 15 days. (M0361)	Starts FY 2009-10	NA	0	-
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)	63	55	40	40
Number of people in civil commitment, per Ch. 394, F.S., served (M0372)	1670	1726	1606	1,606
Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)	2320	2822	2320	2,320
Average number of days to restore competency for adults in forensic commitment. (M0015)	125	127	125	125
Percent of adults in civil commitment, per Ch. 394, F.S., who show an improvement in functional level. (M05050)	73	74	67	67
Number of sexual predators assessed (M0283)	2879	5005	2879	2,879
Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)	3	0.75	3	3
Number of residents receiving Mental Health treatment (M06001)	169	259	169	169
Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)	85	65	85	85
Number of sexual predators served (detention and treatment). (M0379)	480	767	480	480
Percent of children with emotional disturbances who improve their level of functioning (M0377)	64	66	64	64
Number of children served who are incompetent to proceed (M0030)	340	515	340	340
Number of ED children to be served (M0032)	27,000	31,415	27,000	27,000
Number of at-risk children to be served (M0033)	4,330	2,427	4,330	4,330
Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)	86	91	86	86
Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)	65	70	65	65
Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)	50	58	50	50
Number of SED children to be served (M0031)	52,830	49,673	46,000	46,000
Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)	75	75	75	75
Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)	Starts FY 2009-10	NA	95	95
Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)	Starts FY 2009-10	NA	93	93
Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)	Starts FY 2009-10	NA	96	96
Administrative cost as a percent of total program costs (M0135)	5.74	3.42	4.87	5

LRPP Exhibit II - Performance Measures and Standards

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

Program: Substance Abuse	**60910604**
Service/Budget Entity: Substance Abuse	**60910604**

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2009-10 (Words)	Approved Prior Year Standard FY 2008-09 (Numbers)	Prior Year Actual FY 2008-09 (Numbers)	Approved Standards for FY 2009-10 (Numbers)	Requested FY 2010-11 Standard (Numbers)
Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)	Starts FY 2009-10	NA	94	94
Percentage change in clients who are employed from admission to discharge. (M0753)	Starts FY 2009-10	NA	10	10
Number of adults served (M0063)	115,000	126,698	115,000	115,000
Percent of adults who successfully complete substance abuse treatment services. (M0755)	Starts FY 2009-10	NA	51	51
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)	Starts FY 2009-10	NA	45	45
Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)	Starts FY 2009-10	NA	14.6	15
Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)	Starts FY 2009-10	NA	93	93
Alcohol usage rate per 1,000 in grades 6-12. (M05092a)	Starts FY 2009-10	NA	295	295
Marijuana usage rate per 1,000 in grades 6-12. (M05092m)	Starts FY 2009-10	NA	110	110
Number of at risk children served in prevention services. (M0382)	59,700	132,877	150,000	150,000
Percent of children who successfully complete substance abuse treatment services. (M0725)	Starts FY 2009-10	NA	48	48
Number of at-risk children served in targeted prevention (M0055)	9,684	4,891	4,500	4,500
Number of children with substance-abuse problems served (M0052)	77,000	53,333	50,000	50,000
Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)	Starts FY 2009-10	NA	19.6	20
Administrative cost as a percent of total program costs (M0137)	3.99	4.54	5	5

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 2009-10 (Words)	Approved Prior Year Standard FY 2008-09 (Numbers)	Prior Year Actual FY 2008-09 (Numbers)	Approved Standards for FY 2009-10 (Numbers)	Requested FY 2010-11 Standard (Numbers)
Number of cash assistance applications (M0305)	296,826	433,889	296,826	296,826
Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)	70,394	48,949	70,394	70,394
Percentage of food assistance applications processed within 7 days (expedited) (M0733)	Starts FY 2009-10	NA	95	95
Percentage of food assistance applications processed within 30 days (M0219)	Starts FY 2009-10	NA	95	95
Percent of food stamp benefits determined accurately (M0107)	94	99.15	94	94
Total number of applications processed (M0106)	3,960,465	6,648,519	5,000,000	5,000,000
Percent of all applications for assistance processed within time standards. (M0105)	99	97.4	96	96
Percent of All Family TANF customers participating in work or work-related activities (M05088)	50	NA	21.9	21.9
Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate). (M0678)	Starts FY 2009-10	NA	34.2	34
Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)	98	99.64	98	98
Number of beds per day available for homeless clients (M0304)	1,750	1,872	1,500	1,500
Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)	80	83.86	80	80
Dollars collected through Benefit Recovery (M0111)	13,500,000	14,678,712	13,500,000	13,500,000
Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)	76.5	83.77	76.5	77
Number of fraud prevention investigations completed (M0112)	22,000	21,195	22,000	22,000
Number of refugee cases closed (M0104)	7,600	30,092	7,600	7,600
Percent of refugee assistance cases accurately closed at 8 months or less (M0103)	99.2	99.7	99.2	99
Number of refugee cases (M0362)	37,350	67,793	37,350	37,350
Percent of unemployed active caseload placed in employment. (M04040)	Starts FY 2009-10	44	40	40
Administrative cost as a percent of total program costs (M0138)	9.09	7.23	7.93	8

DCF Long Range Program Plan
Fiscal Years 2010-2011 through 2014-2015

Assessment of Performance for Approved Performance Measures - LRPP Exhibit III

Florida Department of Children and Families
September 30, 2009

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Adult Protective Services
Service/Budget Entity: 60910310 Family Safety and Preservation Services
Measure: Number of people receiving protective supervision, and protective intervention services (M0414)

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
15,600	5,416	-10,184	65%

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: Protective supervision and intervention cases are directly correlated to the number of investigations received by the program. The decrease in investigations resulted in a decrease cases.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)
Recommendations:

Office of Policy and Budget – July 2008

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Child Care
Service/Budget Entity: 60910310 Family Safety and Preservation Services
Measure: - Number of facilities and homes licensed (M0123)

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
6868	6534	(334)	-4.9%

Factors Accounting for the Difference: The original approved standard was based upon data collected by an electronic management system in its infancy. Since 2006, Child Care continues to recommend that the measure be revised after data purification efforts and system enhancements created percentage decreases. Additionally, the economic down turn has caused some programs to close.

Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect ☐ Other (Identify)

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

External Factors (check all that apply):
☐ 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 Department does not have control of the number of new applicants or the number of facility/home closures. The performance results are based on the demand for child care services. Legislative change is needed to replace GAA measurement.

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)

Recommendations: Replace number of facilities and homes "licensed" with number of facilities and homes "inspected."

Office of Policy and Budget – July 2008

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Family Safety and Preservation Services
Service/Budget Entity: 60910310 Family Safety and Preservation Services
Measure: M0134 .Number of children in families 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
122937	N/A	N/A	%

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

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

Explanation: The Department no longer collects this data. This is not a federally required measure.

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: Number served are better collected in individual program areas. Recommend measure be deleted.

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

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

Recommendations:

Office of Policy and Budget – June 2004

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Family Safety and Preservation Services
Service/Budget Entity: 60910310 Family Safety and Preservation Service
Measure: M0294 Number of families served in Healthy Families

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
12922	12903	19	(.9)%

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

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

Explanation:
Less than 1% difference in numbers served which is not a significant trend. This program has no increase in base funding although operational costs have increased.

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:

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

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

Recommendations:

Office of Policy and Budget – July 2008

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Family Safety and Preservation Services
Service/Budget Entity: 60910310 Family Safety and Preservation Service
Measure: M0295 Number of investigations.
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
180,000	176,581	(3419)	(3.6%)

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

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

Explanation:
The number of abuse reports resulting in investigations correlates with in calls to the hotline (calls dropped this year).

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:

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

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

Recommendations:
N/A

Office of Policy and Budget – June 2008

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Family Safety and Preservation Services
Service/Budget Entity: 60910310 Family Safety and Preservation Service
Measure: M0389 Percent of children reunified who were reunified within 12 months of the latest removal.

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
76%	69.1%	Under 6.9%	6.9%

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:
Several factors affect performance on this measure including judicial decision to give parents more time to complete case plan tasks, level of parents' buy in and/or engagement/motivation to complete case plan tasks, child behavioral and mental health needs, availability and accessibility of services in the community, how well the Department and its contracted partners have addressed the issues that brought the child into care, etc. .
External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☒ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation: This measure is based on a federal measure using an exit cohort. It does not consider those children remaining in care and may have the unintended consequence of discouraging efforts to work on cases still needing reunification after 12 months
Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)
Recommendations: The database and data collection methodology is being revised for data analysis and process improvements.
Case workers and their supervisors should be trained in Family Team Conferencing to improve their ability to engage and motivate parents. Parents should be engaged more fully in developing their case plan. Improve permanency staffings and case oversight. Conduct analyses of shelter policy and procedures to evaluate accessibility to services. Track case worker's input of contacts with children and their parents.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Family Safety and Preservation Services
Service/Budget Entity: 60910310 Family Safety and Preservation Service
Measure: M0394 Percent of child investigations from an entry cohort completed within 60 days.
Action:

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

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	98.63%	(Under) 1.37%	%

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

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

Explanation: There will always be 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) - are typically not available within 60 days. This measure has shown progress from previous year.

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:

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

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

Recommendations:
Reduce the standard.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Mental Health Services
Service/Budget Entity: 60910506 Mental Health Services
Measure: M0033 – Number of at-risk children to be served
Action:

- ☐ 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
4,330	2,427	1,903	43.9%

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

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

Explanation: Children at risk of SED or ED can only be funded by using state general revenue. Therefore, the ability to serve this population is limited by the availability of general revenue funds. The number of children served has been trending down as a result of AHCA-contracted managed care organizations not submitting data into SAMHIS. We are requesting the target to be reduced, in anticipation of this trend continuing, however the target will be revisited upon an agreement with AHCA to provide data to SAMHIS on those children served under managed care contracts.
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:
Management Efforts to Address Differences/Problems (check all that apply):

- ☐ Training
- ☐ Personnel
- ☐ Technology
- ☒ Other (Identify)

Recommendations: The Department is requesting the target to be reduced, in anticipation of this trend continuing, however the target will be revisited upon an agreement with AHCA to provide data to SAMHIS on those children served under managed care contracts. The Department will collaborate more effectively with other child serving agencies that provide services to at-risk children.

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Mental Health Services
Service/Budget Entity: 60910506 Mental Health Services
Measure: M0015 – Average number of days to restore competency of adults in forensic commitment

Action:
☐ Performance Assessment of Outcome Measure ☐ Revision of Measure
X Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
125 days	127 days	2 days	1.6%

Factors Accounting for the Difference:
Internal Factors (check all that apply):
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect X Other (Identify)
Explanation:
An increased number of individuals restored to competency while in longer term forensic step-down facilities contributed to the increased average days to restore. The 1227 individuals found competent to proceed in a secure forensic facility were restored on average in 121 days. When factoring in the 53 individuals restored to competency in a step-down facility, the average increased to 127 days.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)
Recommendations:

LRPP Exhibit III: PERFORMANCE MEASURE ASSESSMENT

Department: Department of Children and Families
Program: Mental Health Services
Service/Budget Entity: 60910506 Mental Health Services
Measure: M05305 Percent of assessments completed by the SVP program within 180 days of receipt of referral.

Action:
X Performance Assessment of Outcome Measure ☒ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment of GAA Performance Standards

Approved Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
85%	65%	-20%	-24%

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:

The Violent Sexual Predator Program receives referrals from multiple sources, each with their own time frames. The existing Performance Measure focuses on the receipt of a referral. This measure is most relevant for persons referred from the Department of Corrections with an end of sentence greater than the statutorily provided 545 days. Persons, who are referred from the Department of Children and Families or Department of Juvenile Justice, are typically referred within 180 days or less of release. Furthermore, VSPP also receive immediate referrals that have to be processed within three days. Basing performance on when an item is received rather than when it is due sets up competing priorities between completing a file within 180 days of receipt compared with end of sentence. VSPP receives referrals with an end of sentence much greater than 545 days before release from prison. In cases like this, completing a referral within 180 days of receipt is problematic because prosecutors do not want to rely on an evaluation that is more than 365 days old. VSPP also experienced a significant backlog of over 2,000 referrals. The Legislative Budget Commission (LBC) authorized the Department of Children and Families to spend $5.9 million of Department funds to increase funding in this program during Fiscal Year 2008-09 to address capacity needs. Additional Legislative Budget Requests have been made to ensure that inputs and outputs are balanced.

External Factors (check all that apply):
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster

☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix The Problem
☐ Current Laws Are Working Against The Agency Mission
Explanation:

Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☒ Personnel ☐ Other (Identify)
Recommendations:
Change the existing Performance Measure from:

Percent of assessments completed by the SVP program within 180 days of receipt of referral.

to: *Percent of referrals to the Sexually Violent Predator Program with an end of sentence of 365 days or less completed within 180 days.*

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	48,949	(21,445)	

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 standard (over 70,000) is greater than the total number of families receiving cash assistance (under 60,000). A referral can only be made on work eligible adults of whom there are only about 20,000 currently receiving benefits. The majority of cases are for children only.
Management Efforts to Address Differences/Problems (check all that apply):
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)
Recommendations: The 2007 LRPP target was 36,600. We recommended this measure be reduced to 45,000.

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 applications for assistance processed within time standards (MO105)
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
99%	97.4%	(1.6%)	1.6%

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)

Explanation: The number of individuals receiving assistance has increased by 4,853,382 this fiscal year, with no additional staff.

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 number of applications received electronically has increased by 610,971 this fiscal year.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: We changed this measure to coincide with the federal food stamp timeliness measure. This means we do not get credit for customer delay. We look at timeliness of case approvals only and not include timeliness of denials. To offset these changes measure has been changed to the federal standard of 96% for next year.

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 (MO112)
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
22,000	21,195	(805)	4%

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: The phenomenal caseload growth in FY 2008 (76% in food stamps alone) forced the reassignment of some investigators to help process these additional applications. Lack of sufficient staff resulted in fewer completed investigations.

External Factors (check all that apply):

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

Explanation:

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

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

Recommendations: We have requested additional positions from the legislature for FY 2010. If approved, these investigators can return to their original assignments.

Office of Policy and Budget – July 2008

DCF Long Range Program Plan
Fiscal Years 2010-2011 through 2014-2015

Performance Measure Validity and Reliability - LRPP Exhibit IV

Florida Department of Children and Families
September 30, 2009

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Abuse Prevention and Intervention 60900310
Measure:	Number of families served in Healthy Families (M0294)
Action:	Backup for performance measure
Data Sources and Methodology:	Healthy Families Florida (HFF) is a child abuse prevention program modeled on the Healthy Families America model and provided through the Ounce of Prevention Fund. HFF provides home visitation services in high-risk neighborhoods. This is a count of the number of families served. Quarterly Report-Unduplicated of families served in the report quarter. Year-to-Date Report-Unduplicated count of families served fiscal year to date. Annual calculation for Contract Performance- n/a Annual Calculation for PB2 report-n/a Data Source: Healthy Families Florida program staff
Validity:	This count of the number of families served is an important measure of the size of the program.
Reliability:	Required in the contract with the Ounce of Prevention Fund

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Abuse Prevention and Intervention 60900310
Measure:	Per capita verified child abuse rate/1000 (M0736)
Action:	Backup for performance measure
Data Sources and Methodology:	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 or have some indication of maltreatment. The denominator is number of children under the age of 18 in the state divided by 1,000. The YTD report for the first 11 months of the fiscal year represents a projection of the actual abuse per 1,000 children per fiscal year. This projection is calculated by summing the number of verified/indicated abuse cases during the report period, then "annualizing" that figure by multiplying that number by 12, then dividing by the total number of months in the report period (YTD). This number is then divided by the denominator, the number of children under 18 in the state divided by 1,000, to create the projection. Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinellas and Seminole; department staff in remaining 62 counties). The source for the Florida population estimates and projections is the Florida Legislature, Office of Economic and Demographic Research, Demographic Estimating Conference Database.
Validity:	This measure is a rough indicator of the incidence of child maltreatment in Florida.
Reliability:	The measure is not precise. It includes only child maltreatment that is: (1) known or suspected, and (2) reported to and accepted by the hotline for investigation, and (3) substantiated by an investigator during the reporting period. Periods of increasing backlog can drive the number up; when the department aggressively pursues backlog reduction, the number goes down. Higher reporting and substantiation rates increase the rate; lower reporting and substantiation rates decrease the rate.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Percent of child investigations from an entry cohort completed within 60 days. (M0394)
Action:	Backup for performance measure
Data Sources and Methodology:	Calls to the Florida Abuse Hotline to report child abuse or neglect trigger an investigation. A timely investigation commences within 24 hours of a call. The investigation duration is from the date of the call to the hotline to the date of final supervisor approval recorded in HSn Child Safety Assessment. This measure is a percent. The numerator is the number of child protective investigations from the demominator completed within 60 days from the date of the Hotline call. The denominator is the total number of child protective investigations opened during the reporting period and having been open 60 days. Data Source: Hotline staff and Protective Investigations staff in Sheriffs' Offices in Broward, Manatee, Seminole, Pinellas, and Pasco; DCF staff in the remaining 62 counties.
Validity:	This is a timeliness measure which tracks staff compliance with the Ch. 39, F.S. requirement that all protective investigations be completed within 60 days. That policy is intended to ensure the safety of children and to give families timely resolution of an investigation into the care their children are receiving. In order to know the magnitude of open investigations, it should be accompanied by a measure of the number of open investigations during the same time period.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Number of children under protective supervision (point in time) (M0296)
Action:	Backup for performance measure
Data Sources and Methodology:	In-home protective supervision includes children receiving protective supervision in the home of their parents or a relative when there has been no removal. Children under protective supervision in the home of a relative or non relative after removal are now considered "out-of-home," as they are entitled to the same safeguards as board-paid foster children. This measure is a count of the children receiving in-home protective supervision services. (excludes post-placement supervision) Data Source: Direct services staff. (department and contract providers)
Validity:	This count is an appropriate measure of the workload of the program.
Reliability:	Reliability of this measure is dependent on department and provider staff compliance with data reporting requirements. Data entry in HomeSafenet 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 HomeSafenet. The Department will monitor the extent to which providers comply with these contractual requirements.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)
Action:	Backup for performance measure
Data Sources and Methodology:	Protective Investigators document findings of "verified," "some indicators," or "no indicators" in HomeSafenet. Only children with "verified" are counted in this measure. This measure is a percent. The numerator is the subset of the number of children in the denominator who were subjects of subsequent reports with findings of "verified" of maltreatment of abuse or neglect received during the 6 (formerly 12) month period following the receipt of the initial abuse report in the reporting period. The denominator is the number of children who were subjects of reports with findings of "verified" of maltreatment received during the reporting period. Data Source: Protective Investigations staff in Sheriffs' Offices in Broward, Manatee, Seminole, Pinellas, and Pasco ; DCF staff in the remaining 62 counties.
Validity:	This is an outcome measure of Florida's success in protecting abused and neglected children from recurrence of abuse and neglect.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)
Action:	Backup for performance measure
Data Sources and Methodology:	"Maltreatment" is a conclusion in a child protective investigation that resulted in a "verified" finding of abuse or neglect. "Out-of-home care" means care provided during a removal episode, regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care. A "removal episode" is the period that a child is removed from the child's home, beginning with a removal date and ending with a discharge date. A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. This measure is a percent. The denominator is the total number of children in out-of-home care at any time during the report period, regardless of the duration of the episode. The numerator is the subset of children in the denominator who had no abuse reports with maltreatment findings of "verified" with an incident date that is both during the quarter and during the removal episode, and where the perpetrator was the substitute caregiver (foster parent, group home provider, etc.) 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.
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:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	The percentage of children in out-of-home care at least 8 days but less than 12 months who had two or fewer placement settings. (M05180)
Action:	Backup for performance measure
Data Sources and Methodology:	A "child" is any unmarried person under the age of 18 years who has not been emancipated by order of the court. "Out-of-home care" means care provided during a removal episode. A "removal episode" is the period that a child is removed from the child's home, beginning with a removal date and ending with a discharge date. "Removal date" means the date a child is removed from the home. "Discharge date" means the date a child leaves out-of-home care, either by achieving permanency or other reason. "Placement setting" means a specific placement (e.g., individual shelter, foster home or group care facilities) during a removal episode. This measure is a percentage. The denominator includes all children in out-of-home care where the child's primary worker was an agent of the provider, and who were in care: (1) at least one day during the reporting period (quarter, state fiscal year), and (2) at least eight days but less than 12 months in the most recent removal episode, as of the last day of the report period or the discharge date, if the child was discharged during the report period. If the child had primary workers from more than one lead agency during the reporting period, the most recent primary worker is used to determine the provider. The numerator is the subset of the denominator with no more than two placement settings. The following placements will not be counted when calculating performance on this measure: 1) Initial placement in a hospital, 2) Initial placement in a detention facility, 3) Visitation with a sibling, relative or other caregiver, 4) Acute care hospitalization for medical or psychiatric treatment, 5) Respite care, 6) Day or summer camp, 7) Runaway, absconded or abducted episode, 8) Child has a change in placement type, but has not changed physical location. Notes:1) All placements, regardless of the reason or length of time, must be documented in Florida Safe Families Network; 2) Once a child is in a removal episode for 8 or more consecutive days, placements are counted back to the removal date Data Source: DCF, sheriffs office and CBC staff.
Validity:	This is a measure of our success in maintaining children in stable placements while they are in a removal episode. There are two problems

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

Reliability:

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Number of investigations (M0295)
Action:	Backup for performance measure
Data Sources and Methodology:	Child protective investigations are conducted by the Department in most counties, sheriff's offices in others in response to citizens reporting known or suspected child abuse or neglect to the Florida Abuse Hotline. Count all Initial Reports and Additional Investigation Reports accepted by the Florida Abuse Hotline and entered into HSn for investigation by protective investigators during the report period. Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinellas and Seminole counties; DCF protective investigators in the remaining 62 counties)
Validity:	This measures the volume of work that must be performed by protective investigators. It is the denominator for several percentage measures, including M0359, M0368, M0385, M0386, M0387, M04001, and M04007.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	FAMILY SAFETY AND PRESERVATION SERVICES
Service/Budget Entity:	Child Protection and Permanency 60900310
Measure:	Percent of child investigations commenced within 24 hours. (M0368)
Action:	Backup for performance measure
Data Sources and Methodology:	An child investigation is one which has been received from the Abuse Hotline and assigned to an Child Protective Investigator. Commencement of an investigation means an on-site attempt to contact the subjects of an abuse report. This measure is a percent. The numerator is the number of child protective investigations (Initial and Additional Reports) received during the reporting period where the commencement date and time is within 24 hours of the received date and time. The denominator is the total number of child protective investigations (Initial and Additional Reports) received during the same reporting period as the numerator. Data Source: Hotline staff and Protective Investigations staff (Sheriff Offices in Broward, Manatee, Pasco, Pinellas and Seminole counties; DCF protective investigators in the remaining 62 counties)
Validity:	This is a timeliness measure that tracks staff compliance with the Ch. 39, F.S. requirement that all protective investigations be commenced immediately or within 24 hours. The law is intended to ensure children's safety. A percentage does not tell us whether the percentages are based on very small or large numbers of clients.
Reliability:	Reliability of this measure is dependent on DCF and Sheriff's Office Protective Investigations staff compliance with data reporting requirements as well as a common understanding of those requirements. Periodic district reviews by program staff have indicated no major reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Adult Community Mental Health Services 60900506

Measure: Average annual days worked for pay for adults with severe and persistent mental illness (M0003)

Action: Backup for performance measure

Data Sources and Methodology: 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 International Classification Diagnosis, 9th edition (ICD-9) diagnosis of 295-299, or
3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or
4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or
5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently.

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:
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.

People over the age of 62 are excluded from the algorithm. Data Source: Provider staff report the data based on client interviews and records.

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.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Reliability:

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

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Community Mental Health Services 60900506
Measure:	Number of adults in mental health crisis served (M0017)
Action:	Backup for performance measure
Data Sources and Methodology:	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). 1. Adults with SAMI meet the criteria to be admitted into a Baker Act receiving facility. They do not meet the criteria for adults with forensic involvement or adults with severe and persistent mental illness. 2. Adults with MHP have emotional issues that are impacting their day to day functioning. They do not meet the criteria for adults with forensic involvement, adults with severe and persistent mental illness, or adults with serious and acute mental illness Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with serious and acute mental illness or adults with mental health problems. Data Source: Provider staff report the data based on client interview and records.
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:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Community Mental Health Services 60900506
Measure:	Number of adults with a serious and persistent mental illness in the community served (M0016)
Action:	Backup for performance measure
Data Sources and Methodology:	Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria: 1. They do not meet the criteria for adults with forensic involvement, and 2. They have an ICD 9 diagnosis of 295-299, or 3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or 5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. Served means an individual received at least one mental health service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of severe and persistent mental illness. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) Data System
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:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Community Mental Health Services 60900506
Measure:	Number of adults with forensic involvement served (M0018)
Action:	Backup for performance measure
Data Sources and Methodology:	Adults with forensic involvement includes adults age 18 and over who meet the following criteria: They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed. Served means an individual received at least one service event during the time period. Measure is an unduplicated count of number of adults whose first service of the fiscal year had a target population of adults with forensic involvement. Data Source: Provider staff report the data based on client interview and records.
Validity:	This is a direct measure of the number of adults who receive treatment in the state mental health system.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)
Action:	Backup for performance measure
Data Sources and Methodology:	Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria: 1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder. 2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below. 3. They currently receive SSI benefits for a psychiatric disability. School days attended are the days on which a child's school was in session and the child attended school. Measure is a percent. First, an average of days available and an average of days attended is calculated for each client by separately summing the total days attended and the total days available reported on each record for each ssn and dividing those numbers by the total number of records reported for that ssn. This is done to weight the figures, so that an ssn who happens to have more outcome measure records reported does not skew that data. The numerator is created next by summing the average number of school days attended. The denominator is the sum of the average school days available. That result is multiplied to 100. Only post admission outcome measure records (purpose codes 2 and 3)are used, and the records must have occurred within the fiscal year. The child must have a valid children's mental health target population to be included and must have received a service event within the fiscal year. Children who are in the physical custody of DJJ are excluded. Data Source: Provider staff report the data based on client interview and records.
Validity:	School attendance is a strong indicator of a child's future self-sufficiency and is an important aspect of overall functioning.
Reliability:	The reliability of this measure is dependent on client self reporting and/or the providers' ability to obtain attendance information from schools, as well as providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on data reporting, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Number of at-risk children to be served (M0033)
Action:	Backup for performance measure
Data Sources and Methodology:	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: 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. Served means that the individual received at least one service event during the time period. Measure is an unduplicated count of the number of children whose first service of the fiscal year had a target population of children at risk of emotional disturbance. Data Source: staff report the data based on client interview and records.
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:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Number of children served who are incompetent to proceed (M0030)
Action:	Backup for performance measure
Data Sources and Methodology:	Children must be charged with a felony and found incompetent to proceed due to mental illness or mental retardation, or autism. This is an unduplicated count of all children served by the contracted provider at any time during the year. Data Source: Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.
Validity:	This is a direct indicator of the goal to serve children who are incompetent to proceed to a juvenile justice process.
Reliability:	Additional separate reports have been cross referenced to validate the admission and discharge reporting.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Number of ED children to be served (M0032)
Action:	Backup for performance measure
Data Sources and Methodology:	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: 1. They do not meet the criteria for the SED target population. 2. They have a diagnosis of an allowable ICD 9 diagnosis. Served means that the individual received at least one service event during the time period. Measure is an unduplicated count of number of children whose first service of the fiscal year had a target population of children with emotional disturbance. Data Source: Provider staff report the data based on client interview and records.
Validity:	This is a direct measure of the number of children with ED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance data, and the department will monitor compliance. Central office provides annual training on target population enrollment, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Number of SED children to be served (M0031)
Action:	Backup for performance measure
Data Sources and Methodology:	Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria: 1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder. 2. They have a diagnosis of another allowable ICD 9 diagnosis and have a C-GAS score of fifty or below. 3. They currently receive SSI benefits for a psychiatric disability. Served means that the individual received at least one service event during the time period. Measure is an unduplicated count of number of children whose first service of the fiscal year had a target population of children with serious emotional disturbance. Data Source: Provider staff report the data based on client interview and records.
Validity:	This is a direct measure of the number of children with SED served in mental health treatment programs.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. Providers are required by contract to report performance and service data, and the department will monitor compliance. Central office provides annual training on data collection, and district staff monitor the quality and accuracy of information submitted by their contracted providers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Children's Mental Health Services 60900506

Measure: Percent of children with emotional disturbances who improve their level of functioning (M0377)

Action: Backup for performance measure

Data Sources and Methodology: 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:
1. They do not meet the criteria for serious emotional disturbance (SED).
2. They have an allowable mental health diagnosis as defined in the International Classification of Diseases, 9th edition (ICD-9) and listed in the DCF Pamphlet 155-2 for Substance Abuse and Mental Health Measurement and Data.

Improved functioning means that the current level of functioning is better than the level previously measured. This number is a percent and is based on the change between two assessments.

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

The denominator is all children with two assessments.

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

To be included in this measure, the child must have been served during the reporting fiscal year (must have at least one service event record) and must be enrolled in the specified target population. At the contract (provider) level, the most recent episode of care is used for the comparison. Episode of care is defined as the time period between the date of admission to the date of discharge. If there is no discharge date,

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

	the case is considered open. A service event is the provision of service unit(s)(e.g.hours or days) to the individual, on a specific date and time. At the district and state levels, the comparison is done across all episodes of care. Data Source: Provider staff report the data based on the administration of CFARS by a certified rater.
Validity:	The validity of this measure to capture functioning level that is commensurate with level of care has been tested by the Florida Mental Health Institute.
Reliability:	The reliability of this measure is enhanced by the fact that CFARS is administered only by certified raters who must meet training criteria to become certified. Florida Mental Health Institute has performed inter-rater reliability studies to validate the administration of the tool.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)
Action:	Backup for performance measure
Data Sources and Methodology:	Section 394.455, F.S. defines mental illness as an impairment in the emotional processes that exercise conscious control of one's actions to perceive or understand reality. Mental illness interferes with the ability to be competent to proceed to trial. These children require an DSM-IV AXIS I diagnosis that can be classified as a mental illness. Legal competency requires the defendant to have the capacity to understand the nature and the object of the legal proceedings, to consult with counsel and to assist in preparing his or her defense. Due process prevents the government from prosecuting a defendant who is legally incompetent to stand trial. The issue of competency is collateral to the defendant's present ability to consult with his attorney and to understand the proceedings against him. Age and immaturity in and of itself, without the presence of a mental illness as a primary factor to a juvenile's incompetence, are not grounds for commitment in Florida for state funded competency restoration services. This measure is a percentage. Numerator is number of children with mental illness who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children with mental illness who had competency reports submitted to the courts. Data Source: Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.
Validity:	Measure is a not a true indictor of the desired outcome (see also comment section) that juveniles are restored to competency and are able to proceed with a judicial hearing. Several factors impact the degree of success in a juvenile's ability to obtain competency. These factors include the nature and severity of the juvenile's mental illness, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior mental health treatment. These factors are outside the scope of the provider's ability to restore competency.
Reliability:	Central office maintains an ACCESS data base that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)
Action:	Backup for performance measure
Data Sources and Methodology:	Retardation means significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the period from conception to age 18. "Significantly sub average general intellectual functioning," for the purpose of this definition and as defined in 393.063, means performance which is two or more standard deviations from the mean score on a standardized intelligence test. These children require an DSM-IV AXIS II mental retardation or autism diagnosis. Legal competency requires the defendant to have the capacity to understand the nature and the object of the legal proceedings, to consult with counsel and to assist in preparing his or her defense. Due process prevents the government from prosecuting a defendant who is legally incompetent to stand trial. The issue of competency is collateral to the defendant's present ability to consult with his attorney and to understand the proceedings against him. Age and immaturity in and of itself, without the presence of a mental retardation as a primary factor to a juvenile's incompetence, are not grounds for commitment in Florida for state funded competency restoration services. This measure is a percentage. Numerator is number of children with mental retardation or autusm who were restored to competency and recommended to proceed to a judicial hearing in the time period. Denominator is the total number children with mental retardation who had competency reports submitted to the court in the time period. Data Source: Referral packets from the court which includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.
Validity:	Measure is not a true indictor 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 mental retardation or autism, a prior finding by the court ordered evaluators that the juvenile will never obtain competency, and extent or lack thereof of prior treatment. These factors are outside the scope of the provider's ability to restore competency.
Reliability:	Central office maintains an access database program that tracks major events of each child's case. The provider has demonstrated their capacity to maintain data accurately and consistently. The program

coordinator conducts on site monitoring of the provider, reviews representative samples of case files to ensure information coincides with the providers monthly reports.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department: Department of Children and Families

Program: MENTAL HEALTH SERVICES

Service/Budget Entity: Children's Mental Health Services 60900506

Measure: Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)

Action: Backup for performance measure

Data Sources and Methodology: Children with serious emotional disturbance (SED) includes children under age eighteen, and in some cases children between the ages of 18 and 21, who meet any of the following criteria:
1. They have a diagnosis of schizophrenia/other psychotic disorder, major depression, mood disorder or personality disorder.
2. They have an allowable mental health diagnosis as defined in the International Classification of Diseases, 9th edition (ICD-9) and listed in the DCF Pamphlet 155-2 for Substance Abuse and Mental Health Measurement and Data and have a C-GAS score of fifty or below.
3. They currently receive SSI benefits for a psychiatric disability.
Improved functioning means that the current level of functioning is better than the level previously measured.
This number is a percent and is based on the change between two assessments.
The numerator is the number of children whose "most recent score" is less than their "previous assessment score". The scores are calculated by summing the score for the 16 questions per person captured on the Children's Functional Assessment Rating Scales (CFARS). A decrease in score from the most recent assessment score to the previous assessment score indicates that the level of functioning has improved. The "most recent score" must occur within the reporting fiscal year and cannot be an admission assessment. The "previous assessment score" must have occured within the 12 previous months of the “most recent score” and cannot be a discharge assessment. If there are multiple records for the child, the "previous assessment score" that falls closest to the 6 month mark (180 days) from the "most recent score" will be used.

The denominator is all children with two assessments.

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

To be included in this measure, the child must have been served during the reporting fiscal year (must have at least one service event record) and must be enrolled in the specified target population. At the contract (provider) level, the most recent episode of care is used for the comparison. Episode of care is defined as the time period between the date of admission to the date of discharge. If there is no discharge date,

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

	the case is considered open. A service event is the provision of service unit(s)(e.g.hours or days) to the individual, on a specific date and time. At the district and state levels, the comparison is done across all episodes of care. Data Source: Provider staff report the data based on the administration of CFARS by a certified rater.
Validity:	The validity of this measure to capture functioning level that is commensurate with level of care has been tested by the Florida Mental Health Institute.
Reliability:	The reliability of this measure is enhanced by the fact that CFARS is administered only by certified raters who must meet training criteria to become certified. Florida Mental Health Institute has performed inter-rater reliability studies to validate the administration of the tool.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Children's Mental Health Services 60900506
Measure:	Percent of children at risk of emotional disturbance who live in a stable housing environment (M0780)
Action:	Backup for performance measure
Data Sources and Methodology:	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: (1) Has a mental health presenting problem; or (2) Does not have a mental health diagnosis but has factors associated with an increased likelihood of developing an emotional disturbance (such as homelessness, family history of mental illness, abuse or neglect, domestic violence exposure, substance abuse, chronic physical illness, or multiple out-of-home placements). The numerator will be the number of children with serious emotional disturbance served who live in stable housing environment during the time period.. The denominator will be all children with serious emotional disturbance served with any living situation excluding persons with living situation of unknown. Data Source: Provider staff report the data based on client interviews and records.
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Violent Sexual Predator Program 60900506
Measure:	Number of residents receiving Mental Health treatment (M06001)
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 faculty. Unduplicated count of residents receiving Mental Health treatment Data Source: Contractor Monthly Report
Validity:	This output measure addresses level of effort being given to treatment for the residents.
Reliability:	This measure is checked through annual contract monitoring.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Mental Health Treatment Facilities 60900506
Measure:	Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)
Action:	Backup for performance measure
Data Sources and Methodology:	Readmission means that a person returned to a forensic state treatment facility within a given timeframe after a previous discharge. Persons with SMI includes all adults who were discharged from a state mental health treatment facility, which can encompass all mental health target populations as follows: Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria: 1. They do not meet the criteria for adults with forensic involvement, and 2. They have an ICD 9 diagnosis of 295-299, or 3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or 5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. Adults with forensic involvement includes adults age 18 and over who meet the following criteria: • They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed. 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. Served means an individual received at least one service event during the time period. The numerator is the number of forensic readmissions to any state hospital within 180 days. The denominator is the total number of forensic discharges in the year. Data Source: Department staff report the data
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting requirements. DCF checks data submitted for accuracy and logic errors. While uniform procedures for data submission are provided to all contractors, a threat to consistency is differing interpretations of those procedures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	MENTAL HEALTH SERVICES
Service/Budget Entity:	Adult Mental Health Treatment Facilities 60900506
Measure:	Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)
Action:	Backup for performance measure
Data Sources and Methodology:	Readmission means that a person returned to a civil state treatment facility within a given timeframe after a previous discharge. Persons with SMI includes all adults who were discharged from a state mental health treatment facility, which can encompass all mental health target populations as follows: Adults with severe and persistent mental illness (SPMI) includes adults age 18 and over who meet the following criteria: 1. They do not meet the criteria for adults with forensic involvement, and 2. They have an ICD 9 diagnosis of 295-299, or 3. They have another qualifying ICD 9 diagnosis and currently receive SSI/SSDI benefits for a psychiatric disability, or 4. They have another qualifying ICD 9 diagnosis and have a prognosis that their mental health issue will last, or has already lasted, at least 12 months, or 5. They have another qualifying ICD 9 diagnosis and are unable to perform activities of daily living independently. Adults with forensic involvement includes adults age 18 and over who meet the following criteria: • They have a legal status indicating that they were 916 Not Guilty by Reason of Insanity or 916 Incompetent to Proceed. 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. Served means an individual received at least one service event during the time period. The numerator is the number of civil readmissions to any state hospital within 180 days. The denominator is the total number of civil discharges in the year. Data Source: Department staff report the data.
Validity:	This measure attempts to measure the success of clients to live independently with mental illness and function as a productive member of the community.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Number of adults served (M0063)
Action:	Backup for performance measure
Data Sources and Methodology:	Served includes all adults served in either prevention, treatment/aftercare or detoxification services. These adults have used an illicit substance or at risk of, or have been assessed. Count of adults receiving substance abuse 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 adults.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)
Action:	Backup for performance measure
Data Sources and Methodology:	Dates of arrests as identified by FDLE are compared to treatment admission and discharge dates. The numerator is the number of clients with arrests following discharge minus the number with arrests prior to admission; the denominator is the number of clients with arrests prior to admission. The result is then expressed as a percent. Data Source: FDLE/OneFamily Substance Abuse Mental Health (SAMH) data system
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:	Definitions of arrests are consistent and controlled by FDLE. Data for this measure are only reliable to the extent that clients can be successfully matched to the FDLE database based on common client identifiers.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Percent of adults who successfully complete substance abuse treatment services. (M0755)
Action:	Backup for performance measure
Data Sources and Methodology:	The measure is a percentage. The numerator is the number of adults successfully discharged from a completed episode of care which contains a treatment placement. The denominator includes all adults admitted into treatment who did not receive an immediate or neutral discharge. A neutral discharge includes arrest, incarceration, death or referral to another agency, episode of care not completed. Numerator: Number of adults discharged from a completed episode of care which contains a treatment placement. Denominator: all adults admitted into treatment who did not receive an immediate discharge. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) data system discharge data.
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:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)
Action:	Backup for performance measure
Data Sources and Methodology:	The measure is a percentage. The numerator is the number of adults successfully discharged from a completed episode of care which contains a treatment placement. The denominator includes all adults admitted into treatment who did not receive an immediate or neutral discharge. A neutral discharge includes arrest, incarceration, death or referral to another agency, episode of care not completed. Numerator: Number of adults discharged from a completed episode of care which contains a treatment placement. Denominator: all adults admitted into treatment who did not receive an immediate discharge. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) data system discharge data.
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:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Adult Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	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)
Action:	Backup for performance measure
Data Sources and Methodology:	Child Welfare Supervision includes all adults who must comply with requirements set by Family Safety and the courts due to child abuse and dependency determinations. N: Number of adults identified as needing substance abuse treatment in protective services records who receive treatment. D: Number of adults identified as needing substance abuse treatment in protective services records. Data Source: SACWIS/ADM Data Warehouse
Validity:	National studies indicate 50-60 percent of families with child abuse and neglect have substance abuse as a contributing factor. Measure determines extent to which the parents follow through on treatment to reduce substance abuse problems.
Reliability:	Data are derived from uniform survey/record review format and is maintained independent of the substance abuse and protective services programs.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Number of at-risk children served in targeted prevention (M0055)
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:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Number of children with substance-abuse problems served (M0052)
Action:	Backup for performance measure
Data Sources and Methodology:	Served includes all children served in either prevention, treatment/aftercare or detoxification services. These children have used an illicit substance or at risk of or have been assessed. Count of children receiving a substance abuse service. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) data system.
Validity:	A direct measure with the number of children served in substance abuse.
Reliability:	The reliability of this measure is dependent on providers' compliance with data reporting. DCF checks data submitted for accuracy and logic errors. Uniform procedures for data submission are provided to all contractors.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)
Action:	Backup for performance measure
Data Sources and Methodology:	Committed = court places child under supervision of DJJ due to commission of new offense or violation of prior court stipulations or places the child in DCF custody for dependency. These children are either DJJ or DCF dependent and have used an illicit substance. N: Number of children under the supervision of the state who are not committed to DJJ within 12 months after discharge from treatment. D: All children under the supervision of the state discharged from treatment. Data Source: Department of Juvenile Justice/OneFamily Substance Abuse Mental Health (SAMH) data system
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:	Definition of commitment is consistent and controlled by DJJ. Data for this measure is only reliable to the extent that clients can be successfully matched to DJJ database based on identifying information.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)
Action:	Backup for performance measure
Data Sources and Methodology:	Committed = court places child under supervision of DJJ due to commission of new offense or violation of prior court stipulations or places the child in DCF custody for dependency. These children are either DJJ or DCF dependent and have used an illicit substance. N: Number of children under the supervision of the state who are not committed to DJJ within 12 months after discharge from treatment. D: All children under the supervision of the state discharged from treatment. Data Source: Department of Juvenile Justice/OneFamily Substance Abuse Mental Health (SAMH) data system
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:	Definition of commitment is consistent and controlled by DJJ. Data for this measure is only reliable to the extent that clients can be successfully matched to DJJ database based on identifying information.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Child Substance Abuse Prevention, Evaluation and Treatment Services 60900604
Measure:	Percent of children who successfully complete substance abuse treatment services. (M0725)
Action:	Backup for performance measure
Data Sources and Methodology:	The measure is a percentage. The numerator is the number of children successfully discharged from a completed episode of care which contains a treatment placement. The denominator includes all children admitted into treatment who did not receive an immediate or neutral discharge. A neutral discharge includes arrest, incarceration, death or referral to another agency, episode of care not completed. Numerator: Number of children discharged from a completed episode of care which contains a treatment placement. Denominator: all children admitted into treatment who did not receive an immediate discharge. Data Source: OneFamily Substance Abuse and Mental Health (SAMH) data system discharge data.
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:	Department of Children and Families
Program:	SUBSTANCE ABUSE SERVICES
Service/Budget Entity:	Program Management and Compliance - Substance Abuse 60900604
Measure:	Administrative cost as a percent of total program costs (M0137)
Action:	Backup for performance measure
Data Sources and Methodology:	The cost of positions and other related expenses that support the delivery of services to the eligible population. The total of the sub-budget entity divided by the total of all the sub-budget entities in this program area.. Data Source: The Legislative Accounting System/Program Budgeting System (LAS/PBS) and FLAIR.
Validity:	This measure is intended to keep administrative costs low so that the bulk of the expenditures are for the direct benefit of clients.
Reliability:	FLAIR has tight controls by the Comptroller to ensure accurate reporting of expenditures.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	ECONOMIC SELF SUFFICIENCY SERVICES
Service/Budget Entity:	Welfare Transition and Employment Supports 60900708
Measure:	Percent of all applications for assistance processed within time standards. (M0105)
Action:	Backup for performance measure
Data Sources and Methodology:	Application refers to electronic or paper forms submitted by individuals for cash assistance, Medicaid or Food Stamps. Processed/disposed is defined as approved or denied. Time standards are measured from date of application to date of disposition as follows: 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. Excluded from days processed are days attributed to non-agency delays such as delays in information submittal by the applicant. Denominator: Total of all applications disposed in the month, excluding KidCare Medicaid, SUNCAP and disaster Food Stamp applications. Numerator: The number of these applications that do not exceed the defined time standards. Data Source: Applicants and Economic Self-Sufficiency staff.
Validity:	This indicator measures the department's ability to respond timely to requests for assistance from families and individuals to help meet their basic needs. Basic needs include food, shelter and medical care.
Reliability:	Internal quality reviews are completed on a sample of applications. These reviews validate the dates reported in the system.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

Department:	Department of Children and Families
Program:	ECONOMIC SELF SUFFICIENCY SERVICES
Service/Budget Entity:	Welfare Transition and Employment Supports 60900708
Measure:	Return on investment from fraud prevention/benefit recovery (M0369)
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 which is suspected of containing fraud and is referred to Investigators for verification and documentation of the facts. The measure is a dollar amount. It is determined from the sum of separate calculations of the ROI for the ACCESS Integrity Program and the Benefit Recovery Program. Data Source: Front -end Fraud Prevention Fox-pro data tracking system.
Validity:	Saving funds through front-end fraud prevention frees up funds for truly needy and builds program's integrity.
Reliability:	Savings calculations and FoxPro data input is strictly regulated in policy/procedures and adherence to policy/procedures is monitored.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

DCF Long Range Program Plan
Fiscal Years 2010-2011 through 2014-2015

Associated Activities Contributing to Performance Measures - LRPP Exhibit IV

Florida Department of Children and Families
September 30, 2009

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
1	**Program: Administration**		
2	**Service/Budget Entity: Executive Direction and Support Services**		
3	Administrative cost as a percent of total agency costs ED (M0144)		
4	Administrative cost as a percent of total agency costs Admin (M0147)		
5	Administrative cost as a percent of total agency costs (M0363)		
6	**Program: Information Technology**		
7	**Service/Budget Entity: Information Technology**		
8	Information technology cost as a percent of total agency costs (M0145)		
9			
10	**Program: Family Safety and Preservation Services**		
11	**Service/Budget Entity: Family Safety and Preservation Services**		
12	Percent of adult victims seen within the first 24 hours. (M04017a)		Number of investigations (M0127)
13	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)		Number of individuals counseled (emergency shelter supports) (M0364)
14	Number of investigations (M0127)		Number of investigations (M0127)
15	Number of people receiving protective supervision, and protective intervention services. (M0414)		Number of people receiving protective services (M0317)
16	Percent of adult investigations from an entry cohort completed within 60 days. (M04016)		Number of investigations (M0127)
17	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 services (M0317)
18	The rate of abuse/neglect per 1000 for elderly persons. (M0757)		Number of people receiving protective services (M0317)
19	The rate of abuse/neglect per 1000 for adults with disabilities (M0735)		Number of people receiving protective services (M0317)
20	Number of facilities and homes licensed (M0123)		Number of facilities and homes licensed (M0123)
21	Number of instructor hours provided to child care provider staff. (M0384)		Number of training certificates issued to child care provider staff (M0289)
22	Percent of licensed child care facilities inspected in accordance with program standards. (M04015)		Number of facilities and homes licensed (M0123)
23	Percent of licensed child care homes inspected in accordance with program standards (M05175)		Number of facilities and homes licensed (M0123)
24	Calls answered (M0070)		Number of calls to the hotline (M0300)
25	Percent of calls made to the Florida Abuse Hotline that were abandoned (M0069)		Number of calls to the hotline (M0300)
26	Number of calls to the hotline (M0300)		Number of calls to the hotline (M0300)
27	Per capita verified child abuse rate/1000 (M0736)		Number of families served in Healthy Families (M0294)
28	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)
29	Number of children in families served (M0134)		Number of families served in Healthy Families (M0294)
30	Number of families served in Healthy Families (M0294)		Number of families served in Healthy Families (M0294)

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
31	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)		Number of clients who complete treatment (M0177)
32	Number of finalized adoptions (M0215)		Children receiving adoptive services (M0073)
33	Percent of victims of verified maltreatment who were not subjects of subsequent reports with verified maltreatment within 6 months. (M0100a)		Number of children under protective supervision (point in time) (M0296)
34	Number of children in out-of-home care (M0297)		Number of children in out-of-home care (M0297)
35	Number of children receiving in-home services (M0774)		Number of children under protective supervision (point in time) (M0296)
36	Percent of children reunified who were reunified within 12 months of the latest removal. (M0389)		Number of children under protective supervision (point in time) (M0296)
37	Percent adoptions finalized within 24 months of the latest removal. (M0391)		Children receiving adoptive services (M0073)
38	Percent of foster children who were not subjects of reports of verified maltreatment. (M0106a)		Number of children under protective supervision (point in time) (M0296)
39	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)		Children receiving adoptive services (M0073)
40	Number of investigations (M0295)		Number of investigations (M0295)
41	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)		Number of children in out-of-home care (M0297)
42	Percent of child investigations from an entry cohort completed within 60 days. (M0394)		Number of investigations (M0295)
43	Percent of children removed within 12 months of a prior reunification. (M05178)		Number of children under protective supervision (point in time) (M0296)
44	Percent of investigations reviewed by supervisors with 72 hours of report submission (M0079)		Number of investigations (M0295)
45	Percent of child investigations commenced within 24 hours. (M0368)		Number of investigations (M0295)
46	Administrative cost as a percent of total program costs (M0136)		
47	Administrative cost as a percent of total agency costs (M0426)		
48			
49	**Program: Mental Health Services**		
50	**Service/Budget Entity: Mental Health Services**		
51	Number of adults in mental health crisis served (M0017)		Number of adults served (emergency stabilization) ()
52	Percent of adults with serious mental illness readmitted to a civil state hospital within 180 days of discharge (M0709)		Number of people in civil commitment served (M0041)
53	Percent of adults with serious mental illness readmitted to a forensic state treatment facility within 180 days of discharge (M0777)		Number of adults in forensic commitment served (M0044)
54	Number of adults with a serious and persistent mental illness in the community served (M0016)		Number of adults served (Recovery And Resiliency Services) ()
55	Average annual days worked for pay for adults with severe and persistent mental illness (M0003)		Number of adults served (Recovery And Resiliency Services) ()
56	Percent of adults with serious mental illness who are competitively employed. (M0703)		Number of adults served (Recovery And Resiliency Services) ()
57	Number of adults with forensic involvement served (M0018)		Number of adults served (Recovery And Resiliency Services) ()
58	Percent of adults in forensic involvement who live in stable housing environment. (M0743)		Number of adults served (Recovery And Resiliency Services) ()

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
59	Percent of adults in mental health crisis who live in stable housing environment. (M0744)		Number of adults served (Recovery And Resiliency Services) ()
60	Percent of adults with severe and persistent mental illnesses who live in stable housing environment. (M0742)		Number of adults served (Recovery And Resiliency Services) ()
61	Number of people on forensic admission waiting list over 15 days. (M0361)		Number of adults in forensic commitment served (M0044)
62	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)
63	Number of people in civil commitment, per Ch. 394, F.S., served (M0372)		Number of people in civil commitment served (M0041)
64	Number of adults in forensic commitment, per Ch. 916, F.S., served (M0373)		Number of adults in forensic commitment served (M0044)
65	Average number of days to restore competency for adults in forensic commitment. (M0015)		Number of adults in forensic commitment served (M0044)
66	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)
67	Number of sexual predators assessed (M0283)		Number of sexual predators assessed (M0283)
68	Annual number of harmful events per 100 residents in sexually violent predator commitment. (M0380)		Number of individuals served (treatment) (M0318)
69	Number of residents receiving Mental Health treatment (M06001)		Number of individuals served (treatment) (M0318)
70	Percent of assessments completed by the SVP program within 180 days of receipt of referral. (M05305)		Number of sexual predators assessed (M0283)
71	Number of sexual predators served (detention and treatment). (M0379)		Number of individuals served (treatment) (M0318)
72	Percent of children with emotional disturbances who improve their level of functioning (M0377)		Number of Children Served (Recovery And Resiliency Services) ()
73	Number of children served who are incompetent to proceed (M0030)		Number of Children Served (Recovery And Resiliency Services) ()
74	Number of ED children to be served (M0032)		Number of Children Served (Recovery And Resiliency Services) ()
75	Number of at-risk children to be served (M0033)		Number of Children Served (Recovery And Resiliency Services) ()
76	Percent of school days seriously emotionally disturbed (SED) children attended. (M0012)		Number of Children Served (Recovery And Resiliency Services) ()
77	Percent of children with serious emotional disturbances who improve their level of functioning. (M0378)		Number of Children Served (Recovery And Resiliency Services) ()
78	Percent of children with mental retardation or autism restored to competency and recommended to proceed with a judicial hearing (M0020)		Number of Children Served (Emergency Stabilization Services) ()
79	Number of SED children to be served (M0031)		Number of Children Served (Recovery And Resiliency Services) ()
80	Percent of children with mental illness restored to competency and recommended to proceed with a judicial hearing (M0019)		Number of Children Served (Emergency Stabilization Services) ()
81	Percent of children with emotional disturbance (ED) who live in stable housing environment (M0778)		Number of Children Served (Recovery And Resiliency Services) ()
82	Percent of children with serious emotional disturbance (SED) who live in stable housing environment (M0779)		Number of Children Served (Recovery And Resiliency Services) ()
83	Percent of children at risk of emotional disturbance who live in stable housing environment (M0780)		Number of Children Served (Recovery And Resiliency Services) ()
84	Administrative cost as a percent of total program costs (M0135)		

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
85			
86	**Program: Substance Abuse**		
87	**Service/Budget Entity: Substance Abuse**		
88	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge. (M0756)		Number of adults with substance abuse problems served ()
89	Percentage change in clients who are employed from admission to discharge. (M0753)		Number of adults with substance abuse problems served ()
90	Number of adults served (M0063)		Number of adults with substance abuse problems served ()
91	Percent of adults who successfully complete substance abuse treatment services. (M0755)		Number of clients who complete treatment (M0177)
92	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)		Number of adults with substance abuse problems served ()
93	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge. (M0754)		Number of adults with substance abuse problems served ()
94	Percent of children with substance abuse who live in a stable housing environment at the time of discharge. (M0752)		Number of children with substance-abuse problems served (m0052)
95	Alcohol usage rate per 1,000 in grades 6-12. (M05092a)		Number of at-risk children served in targeted prevention (M0055)
96	Marijuana usage rate per 1,000 in grades 6-12. (M05092m)		Number of at-risk children served in targeted prevention (M0055)
97	Number of at risk children served in prevention services. (M0382)		Number of at-risk children served in targeted prevention (M0055)
98	Percent of children who successfully complete substance abuse treatment services. (M0725)		Number of children with substance-abuse problems served (m0052)
99	Number of at-risk children served in targeted prevention (M0055)		Number of at-risk children served in targeted prevention (M0055)
100	Number of children with substance-abuse problems served (M0052)		Number of children with substance-abuse problems served (m0052)
101	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge. (M0751)		Number of children with substance-abuse problems served (m0052)
102	Administrative cost as a percent of total program costs (M0137)		
103			
104	**Program: Economic Self Sufficiency Program**		
105	**Service/Budget Entity: Comprehensive Eligibility Services**		
106	Number of cash assistance applications (M0305)		Number of cash assistance applications (M0305)
107	Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)		Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)
108	Percentage of food assistance applications processed within 7 days (expedited) (M0733)		Total number of applications processed (M0106)
109	Percentage of food assistance applications processed within 30 days (M0219)		Total number of applications processed (M0106)
110	Percent of food stamp benefits determined accurately (M0107)		Total number of applications processed (M0106)
111	Total number of applications processed (M0106)		Total number of applications processed (M0106)
112	Percent of all applications for assistance processed within time standards. (M0105)		Total number of applications processed (M0106)
113	Percent of All Family TANF customers participating in work or work-related activities (M05088)		Total number of applications processed (M0106)

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

Measure Number	Approved Performance Measures for FY 2009-10 (Words)		Associated Activities Title
114	Percent of 2-Parent TANF customers participating in work or work related activities (2-Parent TANF Participation Rate). (M0678)		Total number of applications processed (M0106)
115	Percent of welfare transition sanctions referred by the regional work force boards executed within 10 days (M0223)		Number of cash assistance participants referred to the Regional Workforce Development Boards (M0119)
116	Number of beds per day available for homeless clients (M0304)		Number of beds per day available for homeless clients (M0304)
117	Percent receiving a diversion payment / service that remain off cash assistance for 12 months (M05087)		Total number of applications processed (M0106)
118	Dollars collected through Benefit Recovery (M0111)		Dollars collected through benefit recovery (M0111)
119	Percent of suspected fraud cases referred that result in front-end fraud prevention savings (M0110)		Dollars collected through benefit recovery (M0111)
120	Number of fraud prevention investigations completed (M0112)		Dollars collected through benefit recovery (M0111)
121	Number of refugee cases closed (M0104)		Number of refugee clients served (Refugee Assistance)
122	Percent of refugee assistance cases accurately closed at 8 months or less (M0103)		Number of refugee clients served (Refugee Assistance)
123	Number of refugee cases (M0362)		Number of refugee clients served (Refugee Assistance)
124	Percent of unemployed active caseload placed in employment. (M04040)		Number of refugee clients served (Refugee Assistance)
125	Administrative cost as a percent of total program costs (M0138)		

CHILDREN AND FAMILY SERVICES, DEPARTMENT OF

SECTION I: BUDGET	FISCAL YEAR 2008-09 OPERATING	FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT	2,853,387,798	11,160,766
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)	59,016,025	0
FINAL BUDGET FOR AGENCY	2,912,403,823	11,160,766

SECTION II: ACTIVITIES * MEASURES	Number of Units	*(1) Unit Cost*	*(2) Expenditures (Allocated)*	*(3) FCO*
Executive Direction, Administrative Support and Information Technology (2)				11,160,766
Protective Investigations * Number of investigations	42,976	686.15	29,488,061	
Protective Services * Number of people receiving protective services	5,346	6,500.35	34,750,848	
Healthy Families *	12,903	2,254.20	29,085,918	
Protective Investigations * Number of investigations	176,581	1,111.29	196,232,453	
In-home Supports * Number of children under protective supervision (point in time)	7,322	61.18	447,983	
Out-of-home Supports * Number of children in out-of-home care	19,893	974.92	19,394,097	
Child Welfare Legal Services * Number of termination of parental rights petitions filed	1,693	32,688.14	55,341,018	
Emergency Shelter Supports * Number of individuals counseled	56,213	386.40	21,720,794	
Prevention Grants * Number of grants received	42	123,737.07	5,196,957	
Report Intake, Assessment And Referral * Number of calls to the hotline	564,658	26.14	14,758,021	
Adoption Subsidies * Children receiving adoption subsidies	28,252	4,008.47	113,247,345	
Adoption Services * Children receiving adoptive services	6,910	675.03	4,664,423	
License Child Care Arrangements * Number of facilities and homes licensed	6,534	2,219.51	14,502,246	
Train Child Care Providers' Staff * Number of training certificates issued to child care provider staff	116,272	45.41	5,280,039	
Independent Living Program * Number of children and young adults provided independent living services	3,803	8,424.53	32,038,506	
Case Management * Number of qualified disabled adults (ages 18 - 59) provided case management	8,478	45,739.34	387,778,164	
Daily Living * Number of qualified disabled adults (ages 18 - 59) in the CCDA and ADA Medicaid Waiver Programs	1,506	2,540.61	3,826,154	
Home Care For Disabled Adults * Number of qualified disabled adults (ages 18 - 59) in the HCDA Program	1,626	1,274.61	2,072,522	
Emergency Stabilization * Number of children served	16,257	1,388.40	22,571,196	
Emergency Stabilization * Number of adults served	67,959	1,255.17	85,300,205	
Provide Forensic Treatment * Number of adults in forensic commitment served	2,866	68,675.23	196,823,196	
Provide Civil Treatment * Number of people in civil commitment served.	1,733	148,072.05	256,608,863	
Residential Care *	19,868	8,725.18	173,351,792	
Community Support Services * Number of children served	91,784	641.59	58,887,572	
Community Support Services * Number of adults served	196,676	1,058.91	208,261,867	
Assessment * Number of sexual predators assessed.	5,005	397.53	1,989,621	
Detoxification * Number served.	2,409	2,260.50	5,445,539	
Prevention Services *	4,125	9,776.95	40,329,925	
Treatment And Aftercare * Number of children with substance abuse problems served	44,121	1,040.05	45,888,052	
Detoxification * Number of adults provided detoxification and crisis supports.	22,111	1,055.53	23,338,819	
Prevention * Number of at-risk adults provided prevention services.	1,356	4,636.49	6,287,083	
Treatment And Aftercare * Number of clients who complete treatment.	23,795	3,847.62	91,554,193	
Benefit Recovery/Error Rate Reduction * Dollars collected through benefit recovery	14,678,713	1.29	18,967,578	
Refugee Assistance * Number of refugee clients served	67,793	1,187.19	80,483,200	
Issue Optional State Supplementation Payments *Number of applications processed for Optional State Supplementation payments.	4,027	3,628.16	14,610,592	
Homeless Assistance * Number of beds per day available for homeless clients	1,872	6,599.81	12,354,845	
Eligibility Determination/Case Management *Total number of applications processed.	6,648,519	51.67	343,525,397	
Issue Welfare Transition Program Payments * Total number of cash assistance applications	433,889	409.90	177,848,934	
TOTAL			2,834,254,018	11,160,766

SECTION III: RECONCILIATION TO BUDGET			
PASS THROUGHS			
TRANSFER - STATE AGENCIES			
AID TO LOCAL GOVERNMENTS			
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS			
OTHER			
REVERSIONS		76,959,032	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)		2,911,213,050	11,160,766

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

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

APPENDIX: GLOSSARY OF TERMS AND ACRONYMS

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

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.

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

CCDA: Community Care for Disabled Adults

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

CNA: Community Needs Assessment

COOP: Continuity of Operations Plans

COSIG: Co-occurring System Improvement Grant

CMS: Children's Medical Services

CSA: Children's Substance Abuse

CSE: Child Support Enforcement

CSU: Crisis Stabilization Unit

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

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

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

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

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

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

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)