Florida Department of Children and Families

FY 1999-2000
Legislative Budget Request

Exhibit D-2B
Validity and Reliability

Submitted September 1, 1998 to:

House Fiscal Responsibility Council
Senate Ways and Means Committee
Office of Planning and Budgeting, EOG
Office of Program Policy Analysis
and Government Accountability
For additional copies of this report, please visit our publications website at:

http://eww.dcf.state.fl.us/~os/osevmain/pubs.htm

Office of Standards and Evaluation
Room 306, Building 1
1317 Winewood Blvd.
Tallahassee, FL  32399-0001
1-850-922-7773 or Suncom 292-7773
# Table of Contents

## Program Budget Structure

### Exhibit D-2Bs

<table>
<thead>
<tr>
<th>Program: People in Need of Family Safety and Preservation Services</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families Known to the Department with Children at Risk of Abuse and Neglect</td>
<td>3</td>
</tr>
<tr>
<td>Children Who Have Been Abused or Neglected by Their Families</td>
<td>11</td>
</tr>
<tr>
<td>Child Victims of Abuse or Neglect Who Become Eligible for Adoption</td>
<td>41</td>
</tr>
<tr>
<td>Victims of Domestic Violence</td>
<td>47</td>
</tr>
<tr>
<td>Adults with Disabilities &amp; Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation</td>
<td>57</td>
</tr>
<tr>
<td>Adults With Disabilities Who Need Assistance to Remain in the Community</td>
<td>67</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program: Families in Need of Child Care</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families with Children in Child Care</td>
<td>73</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program: People with Mental Health Problems</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with Mental Health Problems</td>
<td>87</td>
</tr>
<tr>
<td>Sub-group: Children with serious emotional disturbances</td>
<td>87</td>
</tr>
<tr>
<td>Sub-group: Children with emotional disturbances</td>
<td>100</td>
</tr>
<tr>
<td>Sub-group: Children at risk of developing an emotional disturbance</td>
<td>113</td>
</tr>
</tbody>
</table>
Children Incompetent to Proceed to Juvenile Justice 117

Adults with Mental Health Problems 125
   Sub-group: Adults with severe and persistent mental illness 125
   Sub-group: Adults in mental health crisis 136
   Sub-group: Adults with forensic involvement 145
   Sub-group: Adults in civil commitment 155
   Sub-group: Adults in forensic commitment 171

Program: People with Substance Abuse Problems 185

Children With Substance Abuse Problems 185

Children At-Risk of Substance Abuse Problems 195

Adults With Substance Abuse Problems 201

Program: People with Developmental Disabilities 219

People with Developmental Disabilities 219
   Sub-group: Persons in the community 219
   Sub-group: Persons in institutions 228

Program: Families Who Need Economic Assistance 237

Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children 237

Adults and Their Families Who Need Assistance to Become Economically Self-Sufficient (WAGES Participants) 249

Measures Index 263
## Program Budget Structure

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Program Title</th>
<th>Budget Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Families known to the department with children at risk of abuse and neglect</td>
<td>People in need of family safety and preservation services</td>
<td>Family Safety</td>
</tr>
<tr>
<td>• Children who have been abused or neglected by their families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child victims of abuse or neglect who become eligible for adoption</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Victims of domestic violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adults with disabilities or frail elderly who are victims of abuse, neglect or exploitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adults with disabilities who need assistance to remain in the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Families with children in child care</td>
<td>Families in need of child care</td>
<td></td>
</tr>
<tr>
<td>• Children with mental health problems</td>
<td>People with mental health problems</td>
<td>Alcohol, Drug Abuse &amp; Mental Health Services</td>
</tr>
<tr>
<td>• Children incompetent to proceed to juvenile justice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adults with mental health problems (communities and institutions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Children with substance abuse problems</td>
<td>People with substance abuse problems</td>
<td>Developmental Services</td>
</tr>
<tr>
<td>• Children at risk of substance abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adults with substance abuse problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Persons with developmental disabilities (communities and institutions)</td>
<td>People with developmental disabilities</td>
<td></td>
</tr>
<tr>
<td>• Persons who are indigent and aged, disabled, refugees or eligible children</td>
<td>Families who need economic assistance</td>
<td>Economic Self - Sufficiency</td>
</tr>
<tr>
<td>• Adults and their families who need assistance to become economically self-sufficient (WAGES participants)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Budget Entity: Family Safety
Program Title: People in Need of Family Safety and Preservation Services
Target Group: Families Known to the Department with Children at Risk of Abuse and Neglect
Outcome: At risk families known to the Department will not abuse or neglect their children.

### Outcome Measures:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children in families who complete intensive child abuse prevention programs of three months or more who are not abused or neglected within 6 months of program completion.</td>
<td></td>
</tr>
<tr>
<td>Percent of children in families who complete intensive child abuse prevention programs of three months or more who are not abused or neglected within 12 months of program completion.</td>
<td></td>
</tr>
<tr>
<td>Percent of children in families who complete intensive child abuse prevention programs of three months or more who are not abused or neglected within 18 months of program completion.</td>
<td></td>
</tr>
<tr>
<td>Percent of families receiving parent education and other parent skill building services, lasting six weeks or longer, who show improved family skills and capacity to care for their children.</td>
<td></td>
</tr>
<tr>
<td>Percent of clients satisfied.</td>
<td></td>
</tr>
</tbody>
</table>

### Output Measures:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons served.</td>
<td></td>
</tr>
<tr>
<td>Number receiving information and referral services.</td>
<td></td>
</tr>
</tbody>
</table>

---

1 Includes parenting and pregnant teens, substance abusing parents, parents in severe poverty and those lacking parenting skills who are in other programs or referred to the department.
EXHIBIT D-2B

Target Group: Families Known to the Department with Children at Risk of Abuse and Neglect

Outcome Measure: Percent of children in families who complete intensive child abuse prevention programs of three months or more who are not abused or neglected within 6 months of program completion.²

Data Sources and Methodology: The data sources for this measure are the Florida Abuse Hotline Information System (FAHIS), and reports submitted electronically by providers of intensive child abuse prevention services through the Family Preservation and Support Reporting Tool and the three month matching program.

This measure is a percent. The numerator is the number of children who do not have a finding of maltreatment within six months in families who complete an intensive prevention program. The denominator is the total number of children in families who complete intensive (three months or more) child abuse prevention programs.

Child maltreatment means a child was a victim with a finding of some indication of, or verified, abuse, neglect, or threatened harm. Child victims of maltreatment counted in this measure are from closed reports found in FAHIS that have a received date within 6 months of completion of services.

Validity: This measure is a direct indicator of the desired outcome to reduce abuse, neglect and exploitation.

Some studies have estimated the rate of child abuse among at-risk populations to be as high as 18 to 20 percent. (“Child Abuse: Prevention Programs Need Greater Emphasis,” Government Accounting Office, 1992). Demonstrating that participants in our family support/prevention programs experience lower rates than these would be evidence of prevention of abuse and neglect.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes and client identifying information. The Department will monitor the extent to which providers comply with these contractual requirements.

² Throughout this document measures are reported as annual performance of the department. For internal management purposes many of these measures are reported on a quarterly or monthly basis when data is available.
EXHIBIT D-2B

Target Group: Families Known to the Department with Children at Risk of Abuse and Neglect

Outcome Measure: Percent of children in families who complete intensive child abuse prevention programs of three months or more who are not abused or neglected within 12 months of program completion.

Data Sources and Methodology: The data sources for this measure are the Florida Abuse Hotline Information System (FAHIS) and reports submitted electronically by providers of intensive child abuse prevention services through the Family Preservation and Support Reporting Tool and the three month matching program.

This measure is a percent. The numerator is the number of children who do not have a finding of maltreatment within 12 months, in families who complete an intensive prevention program. The denominator is the total number of children in families who complete intensive (three months or more) child abuse prevention programs.

Child maltreatment means a child was a victim with a finding of some indication of, or verified, abuse, neglect, or threatened harm. Child victims of maltreatment counted in this measure are from closed reports found in FAHIS that have a received date within 12 months of completion of services.

Validity: This measure is a direct indicator of the desired outcome to reduce abuse, neglect and exploitation.

Some studies have estimated the rate of child abuse among at-risk populations to be as high as 18 to 20 percent. (“Child Abuse: Prevention Programs Need Greater Emphasis,” Government Accounting Office, 1992). Demonstrating that participants in our family support/prevention programs experience lower rates than these would be evidence of prevention of abuse and neglect.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes and client identifying information. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

**Target Group:** Families Known to the Department with Children at Risk of Abuse and Neglect

**Outcome Measure:** Percent of children in families who complete intensive child abuse prevention programs of three months or more who are not abused or neglected within 18 months of program completion.

**Data Sources and Methodology:** The data sources for this measure are the Florida Abuse Hotline Information System (FAHIS) and reports submitted electronically by providers of intensive child abuse prevention services through the Family Preservation and Support Reporting Tool and the three month matching program.

This measure is a percent. The numerator is the number of children who do not have a finding of maltreatment within 18 months in families who complete an intensive prevention program. The denominator is the total number of children in families who complete intensive (three months or more) child abuse prevention programs.

Child maltreatment means a child was a victim with a finding of some indication of, or verified, abuse, neglect, or threatened harm. Child victims of maltreatment counted in this measure are from closed reports found in FAHIS that have a received date within 18 months of completion of services.

**Validity:** This measure is a direct indicator of the desired outcome to reduce abuse, neglect and exploitation.

Some studies have estimated the rate of child abuse among at-risk populations to be as high as 18 to 20 percent. (“Child Abuse: Prevention Programs Need Greater Emphasis,” Government Accounting Office, 1992). Demonstrating that participants in our family support/prevention programs experience lower rates than these would be evidence of prevention of abuse and neglect.

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes and client identifying information. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

**Target Group:** Families Known to the Department with Children at Risk of Abuse and Neglect

**Outcome Measure:** Percent of families receiving parent education and other parent skill building services, lasting six weeks or longer, who show improved family skills and capacity to care for their children.

The program office suggests clarifying the wording of this measure to indicate it refers to families who complete services, not those who just receive some services.

**Data Sources and Methodology:** The data sources for this measure are the records of individuals completing a pre/post test instrument that assesses family skills and capacity (i.e. Adult Adolescent Parenting Inventory).

This measure is a percent. The numerator is the number of individuals who show improved scores on a pre/post-test instrument (Adult Adolescent Parenting Inventory) at completion of the program. The denominator is the total number of individuals who completed the program and were tested.

**Validity:** Family Support/Prevention programs offer parent education and other parent skill building services to a wide variety of client populations: pregnant and parenting teens, low income parents, parents of handicapped children, socially and culturally isolated, single parents, first time parents, and the general population. No single instrument is standardized as an appropriate measure for all groups that are served. However, the Adult Adolescent Parenting Inventory was selected because it is designed to assess the parenting and child-rearing attitudes of both adults and adolescents.

Research has shown that families who improve their skills and capacities to care for their children have lower rates of child abuse and neglect. National studies predict an 18 to 20 percent abuse rate for an at-risk population. A study of parenting education programs in Florida found only 10 of 102 families who completed programs lasting 8 to 10 weeks experienced subsequent abuse and neglect within a 12 month period (An Evaluation Study of the Florida Child Abuse and Neglect Prevention Service System, Evaluation Systems Design, 1989).

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

Target Group: Families Known to the Department with Children at Risk of Abuse and Neglect

Outcome Measure: Percent of clients satisfied.

Data Sources and Methodology: The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

Validity: A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

Reliability: The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

**Target Group:** Families Known to the Department with Children at Risk of Abuse and Neglect

**Output Measure:** Number of persons served.

The program suggests rewording this measure to: Number of children receiving services, because that is what is reported.

**Data Sources and Methodology:** The data source for this measure is the quarterly Family Preservation and Support Reporting Tool.

This measure is a number. It is a count of the number of children under 21 years old in families receiving family preservation or support services (directly or indirectly). 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 (such as information and referral). Provider agencies submit both the number of families served and the number of children in these families quarterly to district offices.

**Validity:** This is a direct count of client contacts to prevent abuse, neglect and exploitation. It is the count of children served submitted by providers of services. This is a duplicated count.

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including clients served. The department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

Target Group: Families Known to the Department with Children at Risk of Abuse and Neglect

Output Measure: Number receiving information and referral services.

The program suggests rewording this measure as: Number of children receiving information and referral and public awareness and education services, to clarify what is reported.

Data Sources and Methodology: The data source for this measure is the quarterly Family Preservation and Support Reporting Tool.

This measure is a number. It is a count of the number of children under 21 years old in families receiving non-direct services, including information and referral and public awareness and education services. This number is a subset of the total number served. Provider agencies submit both the number of families served and the number of children in these families quarterly to district offices.

Validity: Although this type of service is often difficult to measure, this is a count of client contacts to prevent abuse, neglect and exploitation. It is the count of children in families served submitted by providers of services. This is a duplicated count.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including clients served. The department will monitor the extent to which providers comply with these contractual requirements.
## Budget Entity: Family Safety
### Program Title: People in Need of Family Safety and Preservation Services
### Target Group: Children Who Have Been Abused or Neglected by Their Families
### Outcome: Children are protected from further harm.

<table>
<thead>
<tr>
<th>Outcome Measures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children who have no findings of maltreatment within one year of case closure from services.</td>
<td></td>
</tr>
<tr>
<td>Percent of families receiving ongoing services who show improved scores on the Child Well-Being Scales.</td>
<td></td>
</tr>
<tr>
<td>Percent of clients satisfied.</td>
<td></td>
</tr>
<tr>
<td>Percent of children reunified with family who return to foster care within one year of case closure.</td>
<td></td>
</tr>
<tr>
<td>Percent of children given exit interviews who were satisfied with their foster care placement.</td>
<td></td>
</tr>
<tr>
<td>Percent of children who are not abused or neglected during services.</td>
<td></td>
</tr>
<tr>
<td>Percentage of abandoned calls made to the Florida Abuse Hotline.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports of child abuse/neglect.</td>
<td></td>
</tr>
<tr>
<td>Children identified as abused/neglected during year.</td>
<td></td>
</tr>
<tr>
<td>Families served by ICCP, Family Builders.</td>
<td></td>
</tr>
<tr>
<td>Number of families served by Protective Supervision.</td>
<td></td>
</tr>
<tr>
<td>Number of children served in foster care.</td>
<td></td>
</tr>
<tr>
<td>Number of children served in relative care.</td>
<td></td>
</tr>
<tr>
<td>Ratio of certified workers to children.</td>
<td></td>
</tr>
<tr>
<td>Percent of children who exited out-of-home care by the 15th month.</td>
<td></td>
</tr>
<tr>
<td>Percent of alleged victims seen within 24 hours.</td>
<td></td>
</tr>
<tr>
<td>Calls answered.</td>
<td></td>
</tr>
<tr>
<td>Percent of calls answered within 3 minutes.</td>
<td></td>
</tr>
<tr>
<td>Percent of investigations completed within 30 days.</td>
<td></td>
</tr>
<tr>
<td>Percent of individuals under the department’s protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.</td>
<td></td>
</tr>
<tr>
<td>Number of individuals under the department’s protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.</td>
<td></td>
</tr>
<tr>
<td>Percent of cases reviewed by supervisors in accordance with dept. timeframes for early warning system.</td>
<td></td>
</tr>
<tr>
<td>Number of cases reviewed by supervisors in accordance with dept. timeframes for early warning system.</td>
<td></td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

Target Group: Children Who Have Been Abused or Neglected by Their Families

Outcome Measure: Percent of children who have no findings of maltreatment within one year of case closure from services.

Data Sources and Methodology: The data sources for this measure are the Florida Abuse Hotline Information System (FAHIS) and the Client Information System (CIS).

This measure is a percent. The numerator is the number of children with no finding of maltreatment within twelve months of closure from services that include Child Protective Investigations, Family Builders, Intensive Crisis Counseling Program (ICCP), Homemaker-Housekeeper, voluntary family services, protective supervision and foster care. The denominator is the total number of children closed from service in the listed programs.

Child maltreatment means a child was a victim with a finding of some indication, or verified, abuse, neglect, or threatened harm. Child victims of maltreatment counted in this measure are from closed investigation reports found in FAHIS that have a subsequent report within one year of closure from services.

Validity: This measure is a direct indicator of the desired outcome to reduce subsequent abuse and neglect. A variety of evaluation reports provide evidence of the efficacy this measure of abuse/neglect services:

- An independent evaluation of the Family Builder program found that 88% of the families who received services did not have an additional abuse or neglect report against them in the six months following closure of the case. In March of 1996, a follow-up study of 860 of these children revealed that 85% of these children had no subsequent report of abuse or neglect since exiting the program as long as four years ago. Families appear to have used what they learned through this program to keep their children and family safe. (Department of Children & Families, Strategic Plan 1996-2002, page 14.)

- The 1992 Outcome Evaluation Report prepared by Children and Family Services reported that 91.7% of cases closed as reunifications were not abused or neglected during the year following their discharge from foster care placement.

- Other national research suggests rates of 89 to 92% were not re-abused or re-neglected within 18 months of returning home (Overby and Awuellar, 1981, as cited in Carter, “Success Measures for Public Administrators,” New England Journal of Human Services, volume VIII, issue #1, 1988).

The department has found differences in the reported reabuse/reneglect rates among districts. These may be related to demographics, differences in reporting rates, and investigation’s backlog rather than quality of services. Low rates of abuse/neglect reporting reduce the chance that reabuse case is actually identified. Lower reporting may
also mean that only more serious cases are reported and these may be less likely to recur because of department intervention. It appears that urban areas have lower population reporting rates than rural areas. This may be due to greater anonymity of urban areas and immigrant communities. It may also be due to differences in the relative mix of abuse and neglect cases handled in urban and rural areas. Other factors such as backlog and verification rates may also have some relation to district differences in reabuse rates. These factors are under examination by the department. The measure is a valid statewide indicator of reabuse, but comparisons among districts require additional explanatory information.

**Reliability:** Case closure and data entry in the Florida Abuse Hotline Information System and the Client Information System are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. 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 the Client Information System for the Intensive Crisis Counseling Program (ICCP), Family Builders, and other privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

Target Group: Children Who Have Been Abused or Neglected by Their Families

Outcome Measure: Percent of families receiving ongoing services who show improved scores on the Child Well-Being Scales.

The program suggests rewording this measure to: families receiving protective supervision who show improved scores on the Child Well Being Scales, to clarify the population included in the measure. Only protective supervision families where the child lives in the home can be assessed using this instrument. Families of children in substitute care are not included. The program intends to extend the assessment to the family builders program.

Data Sources and Methodology: The data sources for this measure are district computer files of scores on the Child Well-Being Scales assessment instrument. District data are aggregated and maintained in a database at central office.

This measure is a percent. The numerator is the number of parents in protective supervision where the child is in the home, who show improvement on the Child Well-Being Scales assessment instrument between initial assessment and latest assessment. The denominator is the total number of families in protective supervision where the child lives in the home, and who were scored at least twice, at initial and subsequent assessment. This does not include families of children in substitute care (where children are living with relatives or in foster care) because the scales assess family relations and functioning with respect to the child. Substitute care is not included.

A minimum of 10% of families in protective supervision with the children living at home are tracked in each district. Five districts assess 100% of these families. The sample represents the population of more than 7000 families in protective supervision with children living in their home statewide. For districts assessing a sample of families, every tenth family entering service is assessed using the instrument. The instrument is administered within one month of beginning services, every 6 months, and at case closure.

The Child Well-Being Scales instrument is a set of standardized client outcome measures specifically designed to meet the needs of a program evaluation in child welfare services. The scales are designed to be completed several times during the term of a case, so that change in family skills and capacity to care for their child can be determined. The instrument measures relatively long-term changes. It measures a family’s (and/or each child’s) position on 43 separate dimensions using fully anchored rating scales. The dimensions cover four areas, parenting role performance, familial capacities, child role performance, and child capacities. The scales focus on issues common to a broad range
of child and family oriented services, with particular emphasis on problems encountered in child protection. Individual scales include health, nutrition, housing, parental relations and approval, and abusive treatment.

**Validity:** The Child Well-Being Scales are a multidimensional measure of child welfare problem situations specifically designed for use in outcome evaluation, developed for the Child Welfare League of America. Extensive reliability and validity testing have been done with large samples under realistic agency field conditions. The results indicated that the scales compare favorably with the best alternative measures currently available. These scales are one of the few measures tailored for child welfare service evaluation, which should make them particularly attractive to agencies. The normative studies were conducted in Texas, Minnesota and Florida. (See Magura, S. & Moses, B.S., *Outcome Measures for Child Welfare Services: Theory and Applications*, Child Welfare League of America, 1987, p. 155-176, and Gaudin, Polansky, & Kilpatrick, “The Child Well-Being Scales: A Field Trial,” *Child Welfare*, vol. 71, #4, July-August, 1992.).

**Reliability:** The protective supervision program specialist in each district are trained in the proper administration and scoring of the Child Well-Being Scale instrument. Protective supervision counselors in each district are trained to administer and interpret the scales. A uniform reporting format is used to aggregate data within the district. Data is transmitted to central office and aggregated statewide. On-site monitoring and/ or sample auditing is implemented locally. For contracted services the reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.

The reliability of the instrument, whether it gives accurate and consistent under a variety of different circumstances, was assessed in development of the Child Well-Being Scales. It was tested for stability, inter-rater agreement, alternate forms equivalence, and internal consistency. Reliability was determined for individual and composite scale ratings and seriousness scores, and change scores. The results of extensive reliability studies are reported in Magura, 1987, 177-195.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Outcome Measure:** Percent of clients satisfied.

**Data Sources and Methodology:** The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

**Validity:** A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

**Reliability:** The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

Target Group: Children Who Have Been Abused or Neglected by Their Families

Outcome Measure: Percent of children reunified with family who return to foster care within one year of case closure.

Data Sources and Methodology: The data source for this measure is the Client Information System (CIS).

This measure is a percent. The numerator is the number of children with a record in CIS indicating they returned to foster care within twelve months of reunification with their family. The denominator is the total number of children reunified with their families. Reunification for this measure means closure from foster care post-placement supervision as a successful completion.

Validity: This measure is related to the desired outcome to reduce subsequent abuse and neglect. If subsequent abuse and neglect are prevented from occurring, children will not need to be removed from their home again and the stability of the family will be preserved.

Reliability: Data Entry in the Client Information System (CIS) is the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. 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 the Client Information System for privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Outcome Measure:** Percent of children given exit interviews who were satisfied with their foster care placement.

This is a new measure developed during the 1998 legislative session. The method to collect and report data is in development.

**Data Sources and Methodology:** The data source for this measure is the youth exit interviews that are given to children ages 5 through 18 when they leave a foster care placement after 30 days or longer.

This measure is a percent. The numerator is the number of children who complete a youth exit interview and were satisfied with their placement. The denominator is the number of children who completed a youth exit interview. The questionnaire is administered by the child’s counselor at the time the child leaves a foster care placement.

Each district is to send in a monthly report with the following information: the number of children who should have received an youth exit interview, the number of children who completed an youth exit interview, the percentage of children who completed an youth exit interview that were satisfied with their placement and a ten percent random sample of the completed youth exit interviews.

To determine satisfaction, the child’s answers to the following specific questions are analyzed.

- For children ages 5 through 7: Questions 1, “Were you happy in the foster home?”, 6, “What did you like the best about living in the foster home?”, 7, “Was there anything you did not like about living in this foster home?”, and 11, “Do you think this is a good place for children?”

- For children ages 8 through 18: Questions 2, “Do you believe you were treated fairly in this home/placement?”, 4, “What was the best thing about living in this home/placement?”, 5, “If there was one thing in the foster home/placement you could change, what would it be?”, and 19, “Do you think this home is a good place for children to live?”

**Validity:** The agency will be able to measure the outcome goal of satisfaction with foster care by reviewing individual children’s responses on the youth exit interview to determine if the child was satisfied with the placement or not.

**Reliability:** Reliability is dependent on the child’s ability to provide honest responses and the counselor’s recording of their answers. Central office will develop guidelines for districts to collect and report youth exit interviews and satisfaction scores.
EXHIBIT D-2B

Target Group:  Children Who Have Been Abused or Neglected by Their Families

Outcome Measure:  Percent of children who are not abused or neglected during services.

Data Sources and Methodology:  The data sources for this measure are the Florida Abuse Hotline Information System (FAHIS) and the Client Information System (CIS).

This measure is a percent. The numerator is the number of children with no finding of maltreatment during active provision of services that include Family Builders, Intensive Crisis Counseling Program (ICCP), Homemaker-Housekeeper, voluntary family services, protective supervision, foster care substitute care, foster care post-placement supervision and pre-finalized adoptive home supervision. The denominator is the total number of children receiving any of these services.

Child maltreatment means a child was a victim with a finding of some indication of, or verified, abuse, neglect, or threatened harm. Child victims of maltreatment counted in this measure are from closed investigation reports from FAHIS that receive a subsequent report during the period of service.

Validity:  This measure is a direct indicator of the desired outcome to reduce subsequent abuse and neglect. Just as the department seeks to prevent subsequent abuse after services are closed, it is even more important to protect children from abuse or neglect while they are receiving services.

Reliability:  Case closure, updates and data entry in the Florida Abuse Hotline Information System and the Client Information System are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. 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 the Client Information System for the Intensive Crisis Counseling Program (ICCP), Family Builders, and other privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Outcome Measure:** Percentage of abandoned calls made to the Florida Abuse Hotline.

**Data Sources and Methodology:** This is a measure of calls made to the Florida Abuse Hotline that are abandoned by the caller before they are answered. The source of data is the ROLM Automated Call Distribution System Telephone System, that records information about every call made to the Hotline. The telephone system installed by the ROLM Company collects and provides routine reports of the number of telephone calls received, answered, abandoned, length of call, response time, etc. Annual performance is reported for budget purposes.

The measure is a percent. The numerator is the number of calls abandoned by the caller before it is answered and information taken at the Hotline. The denominator is all calls made to the Hotline.

**Validity:** This is a valid measure of the Hotline’s effectiveness at receiving and processing all reports of abuse and neglect. It is assumed that when frustrated callers hang up before reporting to counselors, they may not call back, and some reports of child or adult abuse and neglect may be missed. Before the ROLM system was updated and the number of counselor positions increased, abandoned calls were a major problem at the Hotline. Since the improvements, abandoned calls have been cut in half.

**Reliability:** The ROLM Automated Call Distribution System is a sophisticated telephone system that handles and monitors processing of all calls. Data on number and length of calls, response time and call abandoned come directly from the telephone system.
EXHIBIT D-2B

Target Group: Children Who Have Been Abused or Neglected by Their Families

Output Measure: Reports of child abuse/neglect.

Data Sources and Methodology: The data source for this measure is the Florida Abuse Hotline Information System (FAHIS).

This measure is a number. It counts the number of reports of child abuse or neglect taken by the Florida Abuse Hotline.

Validity: This is a process measure which simply tracks the number of reports received.

Reliability: Opening cases in the Florida Abuse Hotline Information System is the responsibility of FAHIS staff. Periodic reviews have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:** Children identified as abused/neglected during year.

**Data Sources and Methodology:** The data source for this measure is the Florida Abuse Hotline Information System (FAHIS).

This measure is a number. It counts the number of children identified as abused or neglected based on reports of child abuse or neglect taken by the Florida Abuse Hotline. Abused or neglected means there was a finding of some indication of, or verified, abuse, neglect or threatened harm for a child in a closed report. The same child may be identified as abused or neglected in more than one report over time. Both duplicated and unduplicated figures are reported.

**Validity:** This is a process measure which simply tracks the number of children identified as abused or neglected.

**Reliability:** Case closure and data entry in the Florida Abuse Hotline Information System are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

Target Group: Children Who Have Been Abused or Neglected by Their Families

Output Measure: Families served by ICCP, Family Builders.

Data Sources and Methodology: The data source for this measure is the Client Information System (CIS).

This measure is a number. It counts the number of families for whom one or more children were served for each program (Intensive Crisis Counseling Program and Family Builders). The number served means there was a Client Information System (CIS) record active in at least one of these programs for one or more days during the reporting period.

Validity: This is a process measure which simply tracks the number of families served.

Reliability: Data entry in the Client Information System is the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. 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 the Client Information System for the Intensive Crisis Counseling Program (ICCP), Family Builders, and other privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:** Number of families served by Protective Supervision.

**Data Sources and Methodology:** The data source for this measure is the Client Information System (CIS).

This measure is a number. It counts the number of families for whom one or more children were served for this program. It includes those receiving voluntary family services.

The number served means there was a Client Information System (CIS) record active in Protective Supervision for one or more days during the reporting period.

**Validity:** This is a process measure which simply tracks the number of families served.

**Reliability:** Data entry in the Client Information System is the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. 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 the Client Information System for privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

Target Group: Children Who Have Been Abused or Neglected by Their Families

Output Measure: Number of children served in foster care.

Data Sources and Methodology: The data source for this measure is the Substitute Care Report (previously included in the Management Plan Summary for Child Welfare Services). Data are submitted by districts on the Excel input format titled “Management Plan Worksheet For Foster Care/Residential Group Care/Subsidized Independent Living/Emergency Shelter.” Some districts produce this data automatically from their local Interim Child Welfare Services Information System (ICWSIS).

This measure is a number. It counts the number of children who spent one or more days in a board paid foster care placement during the period. Number served is calculated by adding the beginning count for the report period and all admissions for the report period. Any child transferred from one district to another, or released and readmitted, may be double counted.

Validity: This is a process measure which simply tracks the number of children served.

Reliability: Accurate and timely submission of data reports is the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. 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 provide appropriate input for statewide data reports for privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:** Number of children served in relative care.

This is a new measure developed during the 1998 legislative session. The method to collect and report data is under development.

**Data Sources and Methodology:** This is a new program. The methodology for collecting data is under development.

**Validity:** This is a process measure which simply tracks the number of children served.

**Reliability:** To be determined.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:** Ratio of certified workers to children.

This is a new measure developed during the 1998 legislative session. The method to collect and report data is under development.

**Data Sources and Methodology:** A methodology based on the COPES system is under development. Since workers have to pass written and field assessments in order to move into or remain in their counselor positions, it will be assumed that all counselor positions are certified.

**Validity:** Caseload sizes must be manageable to help assure good casework and outcomes for children.

**Reliability:** To be determined.
EXHIBIT D-2B

Target Group: Children Who Have Been Abused or Neglected by Their Families

Output Measure: Percent of children who exited out-of-home care by the 15th month.

This is a new measure developed during the 1998 legislative session. The method to calculate this measure is still in development.

Data Sources and Methodology: The data source for this measure is the Client Information System (CIS).

This measure is a percent. This methodology tracks a cohort of children for 15 months who entered care during a quarter. The numerator is the number of children placed in foster care who leave care within 15 months and do not return. The denominator is the total number of children who entered foster care during the quarter.

Validity: Safe and permanent homes are essential to protecting children from further harm. This measure is an indictor of timeliness with which the department can provide children who have been abused or neglected with a stable environment. Substitute care is intended to be a short term intervention for children who should achieve permanency (e.g., reunification, permanent relative care, adoption, etc.) in no more than 15 months.

Reliability: Data Entry in the Client Information System (CIS) is the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. One identified problem is that transfer cases are occasionally not picked up by the receiving unit so that it is unclear whether they have exited out of home care. 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 the Client Information System for privatized services. The Department will monitor the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

Target Group: Children Who Have Been Abused or Neglected by Their Families

Output Measure: Percent of alleged victims seen within 24 hours.

Data Sources and Methodology: The data source for this measure is the Florida Abuse Hotline Information System (FAHIS).

This measure is a percent. The numerator is the number of alleged victims in reports closed where the victim was seen within 24 hours of the receipt of the report. The denominator is the total number of alleged victims in closed reports.

Validity: This is a measure that tracks compliance with statute, F.S. 415.505, that investigations of all reports of abuse and neglect reports commence within 24 hours (including those with immediate danger which must commence immediately, regardless of the time of day or night). The policy is intended to help accurately identify actual victims and provide timely service to immediately reduce the chance of subsequent abuse or neglect.

Reliability: Case closure and data entry in the Florida Abuse Hotline Information are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:** Calls answered.

**Data Sources and Methodology:** This is a measure of calls made to the Florida Abuse Hotline that are abandoned by the caller before they are answered. The source of data is the ROLM Automated Call Distribution System Telephone System, that records information about every call made to the Hotline. The telephone system installed by the ROLM Company collects and provides routine reports of the number of telephone calls received, answered, abandoned, length of call, response time, etc. Annual performance is reported for budget purposes.

This measure is a number. It is a count of all calls answered by the Hotline.

**Validity:** This measure is a process measure that indicates the workload of the Hotline and the level of reported abuse and neglect in the state.

**Reliability:** The ROLM Automated Call Distribution System is a sophisticated telephone system that handles and monitors processing of all calls. Data on number and length of calls, response time and call abandoned come directly from the telephone system.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:** Percent of calls answered within 3 minutes.

**Data Sources and Methodology:** This is a measure of calls made to the Florida Abuse Hotline that are abandoned by the caller before they are answered. The source of data is the ROLM Automated Call Distribution System Telephone System, that records information about every call made to the Hotline. The telephone system installed by the ROLM Company collects and provides routine reports of the number of telephone calls received, answered, abandoned, length of call, response time, etc. Annual performance is reported for budget purposes.

This measure is a percent. The numerator is the number of calls answered within three minutes. The denominator is all calls made to the Hotline.

**Validity:** This is a valid measure of the Hotline’s effectiveness at receiving and processing all reports of abuse and neglect. It is assumed that when frustrated callers hang up before reporting to counselors, they may not call back, and some reports of child or adult abuse and neglect may be missed. Before the ROLM system was updated and the number of counselor positions increased, abandoned calls were a major problem at the Hotline. Since the improvements, abandoned calls have been cut in half.

**Reliability:** The ROLM Automated Call Distribution System is a sophisticated telephone system that handles and monitors processing of all calls. Data on number and length of calls, response time and call abandoned come directly from the telephone system.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:** Percent of investigations completed within 30 days.

**Data Sources and Methodology:** The data source for this measure is the Florida Abuse Hotline Information System (FAHIS).

This measure is a percent. The numerator is the number of reports closed where the investigation completed date is within 30 days of the received date. The denominator is the total number of reports closed.

**Validity:** This is a measure which tracks compliance with statute, F.S. 415.505, that all protective investigations are completed within 30 days. The policy is intended to help accurately identify actual victims and provide timely service to reduce the chance of subsequent abuse or neglect.

**Reliability:** Case closure and data entry in the Florida Abuse Hotline Information are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

Target Group: Children who have been abused or neglected by their families.

Output Measure: Percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.

This is a new measure developed during the 1998 legislative session. It is identical to a measure for the target group, adults with substance abuse problems. The methodology to collect and report this information is in development.

Data Sources and Methodology: This is a new measure that was added by legislative committee for 1998-1999. It is a measure of the percent of adults with substance abuse problems, identified in families under child protective services, who receive substance abuse treatment. The department does not capture electronic data for this measure at this time. The FAHIS abuse hotline system which tracks child abuse cases collects information about the child victim. This system does not contain the names and information about family and household members that could be matched to the substance abuse data system (SISAR) to identify who is receiving substance abuse treatment. The new child welfare information system, State Automated Child Welfare Information System, (SACWIS) now in development, will contain case management information regarding referrals for service that will address this measure.

In the interim for 1998-99, the department will establish baseline information by pilot testing the SACWIS assessment and referral process and process indicators in District Two. With the help of department quality improvement consultants District Two is currently mapping and pilot testing the processes and indicators to be tracked in SACWIS. One referral indicator to be tracked is the “percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.”

To estimate the percentage of these cases that receive state-funded treatment services, the department will query the substance abuse SISAR system for follow-up information. The department will obtain information from a sample of these protective supervision cases to match against the SISAR database.

The purpose of the review will include identification of best practices and improvement strategies to address substance abuse and problems in families with children under protective supervision.

Validity: National studies indicate that as many as 50-60% of families with child abuse and neglect have substance abuse as a contributing factor. This measure will identify the
extent of the problem in Florida and how well the department’s referral process facilitates treatment of substance abusing clients.

**Reliability:** The study to provide baseline data will be designed and implemented by the Family Safety and Preservation Program Office in cooperation with the Office of Standards and Evaluation and the Substance Abuse Program Office. Data will be collected and analyzed by the program offices. Quality control of data will be maintained by staff independent of both the substance abuse and protective services programs.
EXHIBIT D-2B

**Target Group:** Children who have been abused or neglected by their families.

**Output Measure:** Number of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.

This is a new measure developed during the 1998 legislative session. It is identical to a measure for the target group, adults with substance abuse problems. The methodology to collect and report this information is in development.

**Data Sources and Methodology:** This is a new measure that was added by legislative committee for 1998-1999. It is a measure of the number of adults with substance abuse problems, identified in families under child protective services, who receive substance abuse treatment. The department does not capture electronic data for this measure at this time. The FAHIS abuse hotline system which tracks child abuse cases collects information about the child victim. This system does not contain the names and information about family and household members that could be matched to the substance abuse data system (SISAR) to identify who is receiving substance abuse treatment. The new child welfare information system, State Automated Child Welfare Information System, (SACWIS) now in development, will contain case management information regarding referrals for service that will address this measure.

In the interim for 1998-99, the department will establish baseline information by pilot testing the SACWIS assessment and referral process, and process indicators, in District Two. With the help of department quality improvement consultants District Two is currently mapping and pilot testing the processes and indicators to be tracked in SACWIS. One referral indicator to be tracked is the “percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.”

To estimate the number of these cases that receive state-funded treatment services, the department will query the substance abuse SISAR system for follow-up information. The department will obtain information from a sample of these protective supervision cases to match against the SISAR database.

The purpose of the review will include identification of best practices and improvement strategies to address substance abuse and problems in families with children under protective supervision.

**Validity:** National studies indicate that as many as 50-60% of families with child abuse and neglect have substance abuse as a contributing factor. This measure will identify the
extent of the problem in Florida and how well the department’s referral process facilitates treatment of substance abusing clients.

**Reliability:** The study to provide baseline data will be designed and implemented by the Family Safety and Preservation Program Office in cooperation with the Office of Standards and Evaluation and the Substance Abuse Program Office. Data will be collected and analyzed by the program offices. Quality control of data will be maintained by staff independent of both the substance abuse and protective services programs.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:** Percent of cases reviewed by supervisors in accordance with department timeframes for early warning system.

This is a new measure developed during the 1998 legislative session to report review of all reports of child abuse and neglect. Data collection and reporting methods are being developed.

**Data Sources and Methodology:** A methodology for collecting data is under development.

The measure is a percent. The numerator is the number of cases reviewed by supervisors within 72 hours of a report of child abuse or neglect. In accordance with the department early warning system, all protective investigators complete a safety assessment instrument at the time of initial contact and this must be reviewed by the supervisor within 72 hours of the report. High risk cases are identified and receive additional second party review. The denominator is the total number of child abuse and neglect cases reported.

**Validity:** This measure is an indicator of timely supervisory review that is critical to assuring quality decision making and identifying high risk cases for further review and oversight.

**Reliability:** To be determined.
EXHIBIT D-2B

**Target Group:** Children Who Have Been Abused or Neglected by Their Families

**Output Measure:** Number of cases reviewed by supervisors in accordance with department timeframes for early warning system.

This is a new measure developed during the 1998 legislative session to report review of all reports of child abuse and neglect. Data collection and reporting methods are being developed.

**Data Sources and Methodology:** A methodology for collecting data is under development.

The measure is a number. It is the total number of cases reviewed by supervisors within 72 hours of a report of child abuse or neglect. In accordance with the department early warning system, all protective investigators complete a safety assessment instrument at the time of initial contact and this must be reviewed by the supervisor within 72 hours of the report. High risk cases are identified and receive additional second party review.

**Validity:** This measure is an indicator of the workload and process of providing timely supervisory review that is critical to assuring quality decision making and identifying high risk cases for further review and oversight.

**Reliability:** To be determined.
Budget Entity: Family Safety
Program Title: People in Need of Family Safety and Preservation Services
Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption
Outcome: Children eligible for adoption are placed in safe, permanent homes.

### Outcome Measures:
- Percent of children who are adopted of the number of children legally available for adoption.
- Percent of clients satisfied.

### Output Measures:
- Children receiving subsidies.
- Children placed for adoption.
- Children receiving adoptive services.
EXHIBIT D-2B

**Target Group:** Child Victims of Abuse or Neglect Who Become Eligible for Adoption

**Outcome Measure:** Percent of children who are adopted of the number of children legally available for adoption. (Termination of Parental Rights, final order entered).

The Office of Standards and Evaluation suggests rewording the measure to clarify the measure is a rate or ratio rather than a percent. A percentage can not be calculated using the data available.

**Data Sources and Methodology:** This measure is a ratio. The numerator is the number of finalized adoptions in the fiscal year. The denominator is the average monthly caseload of children legally available for adoption for the year. This data is based on monthly reports of children served. The average caseload is used as the denominator because the number of children served during the year can not be unduplicated.

**Validity:** This measure is an indicator of the desired outcome to find safe and permanent homes for children.

**Reliability:** The data collection form, Adoption and Related Services Monthly Statistical Report, has been in use statewide for approximately 10 years. The monthly report entries are simple and straight forward and come from one service delivery point in each district. Threats to reliability include data entry errors. However, district staff are periodically trained in the use of the data entry form, and the forms are checked for accuracy by the Family Safety and Preservation central office data unit. These data are calculated using custom-designed software spreadsheets that have built-in controls. The system will not allow the user to proceed until any discrepancies are corrected (negative end counts, for example).

In addition, the districts send in actual paper placement agreement forms that adoptive parents sign for subsidy and they are cross checked against those numbers for placements reported on the Adoption and Related Statistics Report. This is done at the end of each fiscal year. There is also a Form 5039 that districts turn in each time there is a disruption of an adoptive placement or a final order for adoption is granted by the court. These are also cross-referenced.
EXHIBIT D-2B

Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption

Outcome Measure: Percent of clients satisfied.

Data Sources and Methodology: The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

Validity: A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

Reliability: The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption

Output Measure: Children receiving subsidies.

Data Sources and Methodology: The data source for this measure is the Adoption and Related Services Monthly Report (ARS). This report is submitted monthly by all districts, and provides the actual number of children receiving adoption subsidy at the end of each reporting month.

Validity: This is a major component to the adoption program. Subsidies serve to encourage and support families who adopt children with special needs. Data for this measure reflect the actual number of children receiving financial support.

Reliability: Training on the use of the Adoption and Related Services Monthly Statistical Report (ARS) report is provided statewide from time to time, and to specific districts upon request. The ARS data collection form has been in use statewide for approximately 10 years. The monthly report entries are simple and straightforward and come from one service delivery point in each district. Threats to reliability include data entry errors. However, district staff are periodically trained in the use of the data entry form, and the forms are checked for accuracy by the Family Safety and Preservation central office data unit. These data are calculated using custom-designed software spreadsheets that have built-in controls. The system will not allow the user to proceed until any discrepancies are corrected (negative end counts, for example).

The data reported on the Adoption and Related Services Monthly Statistical Report will be cross checked for consistency with the adoption subsidy approval forms submitted monthly to the Federal Maximization Unit, in the Office of Family Safety and Preservation, and the monthly SAMAS Report. SAMAS is a payment system that routinely audited by the Comptroller. In addition, the districts send in actual paper placement agreement forms that adoptive parents sign for subsidy. They are cross checked against placements reported on the Adoption and Related Statistics Report. This is done at the end of each fiscal year. There is also a Form 5039 that districts turn in each time there is a disruption of an adoptive placement or a final order for adoption is granted by the court. These are also crossed referenced.
EXHIBIT D-2B

Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption

Output Measure: Children placed for adoption.

Data Sources and Methodology: The data source for this measure is the Adoption and Related Services Monthly Statistical Report. This report submitted monthly by all districts, provides the actual number of children placed for adoption during the reporting month.

Validity: This is a major component to the adoption program. Adoption placements are the essential step towards adoption finalizations. Data for this measure reflect the actual number of children placed.

Reliability: Training on the use of the Adoption and Related Services Monthly Statistical Report (ARS) report is provided statewide from time to time, and to specific districts upon request. The ARS data collection form has been in use statewide for approximately 10 years. The monthly report entries are simple and straightforward and come from one service delivery point in each district. Threats to reliability include data entry errors. However, district staff are periodically trained in the use of the data entry form, and the forms are checked for accuracy by the Family Safety and Preservation central office data unit. These data are calculated using custom-designed software spreadsheets that have built-in controls. The system will not allow the user to proceed until any discrepancies are corrected (negative end counts, for example).

In addition, the districts send in actual paper placement agreement forms that adoptive parents sign for subsidy and are cross checked against those numbers for placements reported on the Adoption and Related Statistics Report. This is done at the end of each fiscal year. There is also a Form 5039 that districts turn in each time there is a disruption of an adoptive placement or a final order for adoption is granted by the court. These are also crossed referenced.
EXHIBIT D-2B

Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption

Output Measure: Children receiving adoptive services.

Data Sources and Methodology: The data source for this measure is the Adoption and Related Services Monthly Report. This report reflects the actual number of children receiving adoption services. This number is the total of permanently committed children (final Termination of Parental Rights order entered) who are waiting placement at the end of the year, plus the number of children in adoptive home supervision (placed but not finalized) at the end of the fiscal year, plus the number of children whose adoptions were finalized over the past 12 months.

Validity: This data represents the actual number of children receiving adoption services. This is a direct measure of all children served by the program.

Reliability: Training on the use of the Adoption and Related Services Monthly Statistical Report (ARS) report is provided statewide from time to time, and to specific districts upon request. The ARS data collection form has been in use statewide for approximately 10 years. The monthly report entries are simple and straightforward and come from one service delivery point in each district. Threats to reliability include data entry errors. However, district staff are periodically trained in the use of the data entry form, and the forms are checked for accuracy by the Family Safety and Preservation central office data unit. These data are calculated using custom-designed software spreadsheets that have built-in controls. The system will not allow the user to proceed until any discrepancies are corrected (negative end counts, for example).

In addition, the districts send in actual paper placement agreement forms that adoptive parents sign for subsidy and are cross checked against those numbers for placements reported on the Adoption and Related Statistics Report. This is done at the end of each fiscal year. There is also a Form 5039 that districts turn in each time there is a disruption of an adoptive placement or a final order for adoption is granted by the court. These are also crossed referenced.
**Budget Entity:** Family Safety  
**Program Title:** People in Need of Family Safety and Preservation Services  
**Target Group:** Victims of Domestic Violence  
**Outcome:** Adult and child victims of domestic violence are provided shelter, safe from harm.

### Outcome Measures:
- Persons who abuse a spouse in domestic violence situation for parents who abuse their child and who are also substance abusers that will receive appropriate substance abuse treatment.  
- Ratio of incidents reported resulting in injury or harm to clients as a result of inadequate security procedures per 1,000 shelter days.  
- Percent of clients satisfied.

### Output Measures:
- Number of individuals receiving case management services.  
- Number of individuals served in emergency shelters.  
- Number of adults counseled.  
- Number of children counseled.  
- Percent of adult and child victims in shelter more than 72 hours having a family safety and security plan when they leave shelter.
EXHIBIT D-2B

**Target Group:** Victims of Domestic Violence

**Outcome Measure:** Persons who abuse a spouse in domestic violence situations or parents who abuse their child and who are also substance abusers that will receive appropriate substance abuse treatment.

The department has requested this measure be deleted. The measure was developed during the 1998 legislative session. No data can be provided for the reasons identified below. A proposed substitute measure is being developed by the department to address the issue of substance abuse treatment in domestic violence situations. A similar measure is currently in the target groups for child victims of abuse or neglect and adults with substance abuse problems.

**Data Sources and Methodology:** There is no data source for this measure, nor can it be calculated. The intent may be that domestic violence perpetrators (and child abuse perpetrators) who also have substance abuse problems should receive substance abuse treatment. While desirable as an outcome, domestic violence perpetrators do not receive services through the department. Funds administered by Children and Families for domestic violence efforts are for victim services, and are utilized by the state’s 38 certified domestic violence centers. Domestic violence service providers do not have contact with perpetrators. The department does not have statutory authority to treat perpetrators.

Perpetrators are served by batterers intervention programs, which are certified by the Department of Corrections. Program certification is based upon compliance with Florida’s statutorily defined minimum standards for batterers programs. These standards do include a mandatory psychosocial evaluation by a licensed evaluator prior to entering the batterers intervention program. If the evaluation indicates a need for substance abuse treatment a referral is made as part of the intervention plan.

**Validity:** This is not a valid measure since perpetrators are not offered services by this department. The department will formally recommend deleting it.

**Reliability:** Not applicable.
EXHIBIT D-2B

Target Group: Victims of Domestic Violence

Outcome Measure: Ratio of incidents reported resulting in injury or harm to clients as a result of inadequate security procedures per 1,000 shelter days.

Data Sources and Methodology: The data sources for this measure are the Domestic Violence Program Services monthly statistical report of number served. The report is compiled by the data support unit at central office and the central office program computer file of incident reports.

This measure is a ratio. The numerator is the total of department reports of incidents in shelters that result in injury or harm to a client, where inadequate security was involved. The denominator is the total client days in shelter. This result is multiplied by a thousand to yield incidents per 1000 shelter days.

Incident reports are required by contract. The reports will be sent to the central office and essential information from each report kept in a computer file. The report details the event, including who observed the incident, as well as the circumstances of the occurrence. The original report is submitted to the contract manager, and a copy is placed in the client’s file.

Validity: The primary purpose of domestic violence centers is to provide safe, emergency housing for victims of domestic violence and the desired outcome of this service is “Adult and child victims of domestic violence are provided shelter, safe from harm.” This measure of injury and harm to clients is a direct indicator of the desired outcome. However, it may not be possible in every case to determine if inadequate security was involved. When this is unclear, the validity of the measure may be lowered.

Reliability: Providers are required by contract to report performance data including client outcomes. Training, as well as written instructions, on collecting the information is given to all contract providers. The Department monitors the extent to which providers comply with these contractual requirements. During yearly monitoring visits, a predetermined number of client files are reviewed. At the same time, the contract manager ensures that fire and safety inspection reports are current and that the provider is meeting all applicable standards.
EXHIBIT D-2B

Target Group: Victims of Domestic Violence

Outcome Measure: Percent of clients satisfied.

Data Sources and Methodology: The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

Validity: A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

Reliability: The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

Target Group: Victims of Domestic Violence

Output Measure: Number of individuals receiving case management services.

Data Sources and Methodology: The data source for this measure is the monthly statistical report compiled by the domestic violence providers and submitted by the contract managers to the department’s data processing unit. The output is the number of individuals receiving case management services during the fiscal year. Each month providers are required according to the terms of their contract to submit a data report that includes the number of unduplicated individuals receiving case management services for the month. The report is submitted to the department’s data support unit which then compiles the data into a year end report of total services provided. Case management services are the provision of a client needs assessment, the development of a service plan and the coordination of appropriate services and follow-up.

Validity: Case management is a crucial element of ensuring victim safety. Evaluating client needs and planning and coordinating services based on the assessment are necessary components of safety planning.

Reliability: Providers are required by contract to report performance data, including outputs. Training, as well as written instructions, on collecting the information is given to all contract providers. During the yearly monitoring visit, the contract manager reviews a predetermined number of client files to ensure accuracy of data reporting.
EXHIBIT D-2B

Target Group: Victims of Domestic Violence

Output Measure: Number of individuals served in emergency shelters.

Data Sources and Methodology: The data source for this measure is the monthly statistical report compiled by the domestic violence providers and submitted by the contract managers to the department’s data processing unit.

The output is the number of individuals housed in emergency shelters during the fiscal year. Each month providers are required according to the terms of their contract to submit a data report that includes the number of unduplicated individuals receiving services in emergency shelter for the month. The report is submitted to the department’s data support unit which then compiles the data into a year end report of total services provided. Emergency shelter is the provision of temporary housing of victims of domestic violence and their dependents.

Validity: Temporary emergency housing is the primary method that domestic violence providers utilize to ensure victim safety. Domestic violence shelters are maintained in confidential locations according to statutory mandate.

Reliability: Providers are required by contract to report performance data, including outputs. Training, as well as written instructions, on collecting the information is given to all contract providers. During the yearly monitoring visit, the contract manager reviews a predetermined number of client files to ensure accuracy of data reporting.
EXHIBIT D-2B

**Target Group:** Victims of Domestic Violence

**Output Measure:** Number of adults counseled.

**Data Sources and Methodology:** The data source for this measure is the monthly statistical report compiled by the domestic violence providers and submitted by the contract managers to the department’s data processing unit.

The output is the number of adults receiving counseling during the fiscal year. Each month providers are required according to the terms of their contract to submit a data report that includes the number of unduplicated adults counseled for the month. The report is submitted to the department’s data support unit which then compiles the data into a year end report of total services provided. Counseling is the provision of crisis counseling to individuals in individual and/or group processes. Each individual counseled is counted once during the fiscal year.

**Validity:** Counseling is a crucial element of safety planning. The method used by most centers is a peer counseling model that seeks to provide information on the dynamics of domestic violence, and to provide the victim with a range of options that will help to ensure her or his safety.

**Reliability:** Providers are required by contract to report performance data, including outputs. Training, as well as written instructions, on collecting the information is given to all contract providers. During the yearly monitoring visit, the contract manager reviews a predetermined number of client files to ensure accuracy of data reporting.
EXHIBIT D-2B

**Target Group:** Victims of Domestic Violence

**Output Measure:** Number of children counseled.

**Data Sources and Methodology:** The data source for this measure is the monthly statistical report compiled by the domestic violence providers and submitted by the contract managers to the department’s data processing unit.

The output is the number of children receiving counseling during the fiscal year. Each month providers are required according to the terms of their contract to submit a data report that includes the number of unduplicated children receiving counseling services for the month. The report is submitted to the department’s data support unit which then compiles the data into a year end report of total services provided. Counseling is the provision of crisis counseling to individuals in individual and/or group processes. Counseling for children includes an individual needs assessment and seeks to provide children with an understanding of domestic violence and the ability to stay safe through age appropriate safety planning. Each individual counseled is counted once during the fiscal year.

**Validity:** Counseling is a crucial element of safety planning. The method used by most centers is a model that educates children on domestic violence, develops conflict resolution skills, provides information on the dynamics of domestic violence, and teaches age appropriate safety planning.

**Reliability:** Providers are required by contract to report performance data, including outputs. Training, as well as written instructions, on collecting the information is given to all contract providers. During the yearly monitoring visit, the contract manager reviews a predetermined number of client files to ensure accuracy of data reporting.
EXHIBIT D-2B

Target Group: Victims of Domestic Violence

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

Data Sources and Methodology: The data source for this measure is the monthly statistical report of services by providers.

This measure is a percent. The numerator is the total 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.

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/his dependents. A state summary of these data is kept in the central office.

Validity: The criteria for emergency shelter is for the client to have been physically harmed or at imminent risk of physical harm prior to entering the facility. Safety plans include preventative strategies that equip clients with survival skills when in danger of future violence.

Reliability: Providers are required by contract to report performance data including client outputs. The Department monitors the extent to which providers comply with these contractual requirements. Training, as well as written instructions, on collecting the information is given to all contract providers. During yearly on site monitoring visits, contract managers review a predetermined number of client case files to ensure that safety plans are being developed as required.
Victims of Domestic Violence
Budget Entity: Family Safety
Program Title: People in Need of Family Safety and Preservation Services

Target Group: Adults with Disabilities & Frail Elderly Who Are victims of Abuse, Neglect or Exploitation

Outcome: Adults with disabilities and frail elderly are protected from further harm.

Outcome Measures:
- Percent of cases not unfounded in which another report alleging abuse, neglect, or exploitation occur while the case is open (from start of investigation to close of case--maximum of one year if in protective supervision).
- Percent of adults with no subsequent report of abuse, neglect or exploitation within six months of close of investigation. (Note: This measure was inadvertently left out of the 1998-99 GAA.)
- Percent of clients satisfied.

Output Measures:
- Number of investigations.
- Number of people receiving placement and community support services.
- Number of people receiving protective supervision services.
- Number of people referred to other agencies.
- Number of cases not unfounded in which another report alleging abuse, neglect, or exploitation occur while the case is open (from start of investigation to close of case--maximum of one year if in protective supervision).
EXHIBIT D-2B

Target Group: Adults with Disabilities & Frail Elderly Who Are victims of Abuse, Neglect or Exploitation

Outcome Measure: Percent of cases not unfounded in which another report alleging abuse, neglect, or exploitation occur while the case is open (from start of investigation to close of case--maximum of one year if in protective supervision).

The department has requested a change in the wording of this measure to: 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). This will permit use of existing data systems to report the measure.

Data Sources and Methodology: The measure is an attempt to identify the rate of reabuse/reneglect among cases that are still open and being provided services from a prior abuse/neglect report. The Florida Abuse Hotline Information System (FAHIS) does not have the capability to identify by date and time when a subsequent report is received during the period when an investigation is in progress. Additional reports received during the course of investigation, from the start of investigation to the beginning of protective supervision, are merged into the initial abuse report. The methodology for the proposed reworded measure is feasible using the current data system. Cases open for protective supervision will be matched to the FAHIS abuse hotline database each month to determine any cases that have subsequent reports of abuse or neglect. No baseline data are available at this time for measure as written

Validity: This measure is a direct indicator of the program goal to protect adults with disabilities and frail elderly further harm during services.

Reliability: Data are not currently available for the approved measure. The proposed measure will use data from the Florida Abuse Hotline Information System (FAHIS). The Florida Abuse Hotline and Information System (FAHIS) has high standards of data integrity, accuracy and completeness. Case closure and data entry in the Florida Abuse Hotline Information System and the Client Information System are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

Target Group: Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation

Outcome Measure: Percent of adults with no subsequent report of abuse, neglect or exploitation within six months of close of investigation.

Note: This measure was inadvertently left out of the 1998-99 GAA. It is the department’s strategic measure for this target group and should be included in the budget. It is reported regularly and used for management decision making.

Data Sources and Methodology: The data sources for this measure are the Florida Abuse Hotline Information System (FAHIS) and Client Information System (CIS).

This measure is a percent. The numerator is the number of victims who have no subsequent reports (indicated or verified) of abuse, neglect or exploitation maltreatment within 6 months of closure. The denominator is the total number of victims of adult abuse, neglect, or exploitation with closed cases. Both the previous and subsequent reports selected must contain certain disposition codes and excludes all reports from Mental Health state hospitals.

Validity: This measure is a direct indicator of the desired outcome to protect disabled adults and frail elderly from further harm.

Reliability: The data utilized by the Florida Abuse Hotline Information System (FAHIS) to determine subsequent reports of abuse, neglect, or exploitation is verified each month through an analysis of each case by district staff. A sample of closed reports is reviewed by district and headquarters staff on an annual basis to ensure the quality of investigative findings, classification and disposition.
EXHIBIT D-2B

Target Group: Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation

Outcome Measure: Percent of clients satisfied.

Data Sources and Methodology: The data source is district monthly reports of completed statewide telephone survey using the Client Satisfaction Survey Questionnaire.

This measure is a percent. The numerator is the total number of cases scoring above 95% on the Client Satisfaction Survey Questionnaire. The denominator is the number of closed protective investigation cases responding to the survey. This includes cases that are continuing to receive protective supervision.

Each month district staff conduct telephone interviews with two percent of protective investigation and protective supervision clients in cases opened within the last 30 days. Districts contact two percent or a minimum of one client from protective investigation and protective supervision cases opened within last 30 days each month. Each year the total cases sampled, statewide, will be approximately 650.

Validity: A Client Satisfaction Survey Questionnaire has been developed for use by district staff in 2 percent of the total Adult Protective Investigation and Protective Supervision cases for each month. The questionnaire used to capture client satisfaction has proven to be a valid measure which reflects the degree of satisfaction to services provided. District staff solicit responses via telephone interviews. The face and content validity have been demonstrated in pilots conducted in districts 4 and 9, and during statewide implementation in FY 97-98.

Reliability: One hundred percent of completed survey forms will be reviewed for completeness and coding errors. A summary of responses to surveys will be included in the written monitoring report that is provided to protective services units with copies to Adult Services Headquarters office. Copies of all survey instruments completed during the calendar year will be maintain by each district.
EXHIBIT D-2B

**Target Group:** Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation

**Output Measure:** Number of investigations.

**Data Sources and Methodology:** The data sources for this measure is the Florida Abuse Hotline Information System.

This measure is a number. It is the number of cases opened for investigation based on hotline calls received for investigation which met the statutory criteria for acceptance as an abuse, neglect or exploitation report. Each month, the Florida Abuse Hotline Information System Data Support Unit provides a report, by district and county, of all reports received for protective investigation.

**Validity:** This is a direct count on reports received for investigation.

**Reliability:** The Florida Abuse Hotline and Information System (FAHIS) has high standards of data integrity, accuracy and completeness. Case closure and data entry in the Florida Abuse Hotline Information System and the Client Information System are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

**Target Group:** Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation

**Output Measure:** Number of people receiving placement and community support services.

**Data Sources and Methodology:** The data sources for this measure is the Client Information System (CIS).

This measure is a number. It is the number of cases reported in the Client Information System as receiving placement in a facility (including assisted living facilities, family care homes and nursing homes) and supportive services (including home maker/housekeeper, companion services and meals on wheels). All clients referred from Adult Services staff are assigned a case manager, whose responsibility it is to open a provider record in the Client Information System, to track all service activities for that client using a series of program, program component, and service codes. This code structure allows us to determine the number of clients receiving placement and community support services.

**Validity:** This is a direct count on clients served.

**Reliability:** The Client Information System is a primary data system for this department. It registers each applicant for services and each active client served. Monitoring of the Client Information System has shown duplicate client counts and, in some districts, delays in updating information.

Case managers are responsible for the non-duplicative input of Client Information System data by department policy and contract standards. Districts work to ensure that the Client Information System is updated and accurate. It is the only data source from which the Adult Services office can gather reliable statistics their clients in a timely fashion.
EXHIBIT D-2B

Target Group: Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation

Output Measure: Number of people receiving protective supervision services.

Data Sources and Methodology: The data sources for this measure is the Client Information System (CIS).

This measure is a number. It is the number of cases reported annually as a Protective Supervision case. The Client Information System (CIS) will allow the identification of all clients receiving both court ordered and voluntary protective supervision services.

Prior to closure of each protective investigation, the protective investigator is required to enter specific disposition codes which identify how a case is being closed. For those cases requiring either court ordered or voluntary protective supervision, the appropriate disposition codes will be entered into Florida Abuse Hotline Information System (FAHIS). The protective supervision counselor is required to open a new provider record in the Client Information System (CIS) for each protective supervision referral. The code structures of these two systems allow us to determine the number of clients receiving protective supervision.

Validity: This is a direct count on clients served.

Reliability: The Client Information System is a primary data system for this department. It registers each applicant for services and each active client served. Monitoring of the Client Information System has shown duplicate client counts and, in some districts, delays in updating information.

Case managers are responsible for the non-duplicative input of Client Information System data by department policy and contract standards. Districts work to ensure that the Client Information System is updated and accurate. It is the only data source from which the Adult Services office can gather reliable statistics their clients in a timely fashion.
EXHIBIT D-2B

**Target Group:** Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation

**Output Measure:** Number of people referred to other agencies.

**Data Sources and Methodology:** The data source for this measure is the Florida Abuse Hotline Information System (FAHIS).

It is the number of reports containing the appropriate disposition code(s) indicating a referral to other agencies for services. Utilizing the disposition code structure in the Florida Abuse Hotline Information System (FAHIS) will allow the identification of all clients referred to other agencies for services. Prior to closure of each protective investigation, the protective investigator is required to enter specific disposition codes which identify how a case is being closed. For those cases requiring services beyond the capability of the department, the appropriate disposition codes will be entered into the system.

**Validity:** This is a direct count of clients referred to other agencies.

**Reliability:** The Florida Abuse Hotline and Information System (FAHIS) has high standards of data integrity, accuracy and completeness. Case closure and data entry in the Florida Abuse Hotline Information System are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

Target Group: Adults with Disabilities & Frail Elderly Who Are Victims of Abuse, Neglect or Exploitation

Output Measure: Number of cases not unfounded in which another report alleging abuse, neglect, or exploitation occur while the case is open (from start of investigation to close of case--maximum of one year if in protective supervision).

The program office suggests rewording the measure to: Number 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). This will permit use of existing data systems to report the measure.

Data Sources and Methodology: The measure is an attempt to identify the number of reabuse/reneglect among cases that are still open and being provided services from a prior abuse/neglect report. Current data systems do not capture this information. Additional reports received during the course of investigation, from the start of investigation to the beginning of protective supervision, are merged into the initial abuse report. The methodology for the proposed reworded measure is feasible using the current data system. Cases open for protective supervision will be matched to the FAHIS abuse hotline database each month to determine any cases that have subsequent reports of abuse or neglect. No baseline data are available at this time for measure as written.

Validity: This measure is a direct indicator of the program goal to protect adults with disabilities and frail elderly from harm during services.

Reliability: Data is not currently available for the approved measure. The proposed measure will use data from the Florida Abuse Hotline Information System (FAHIS). The Florida Abuse Hotline and Information System (FAHIS) has high standards of data integrity, accuracy and completeness. Case closure and data entry in the Florida Abuse Hotline Information System and the Client Information System are the responsibility of district supervisory staff. Periodic district reviews by program staff have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
Budget Entity: Family Safety
Program Title: People in Need of Family Safety and Preservation Services
Target Group: Adults With Disabilities Who Need Assistance to Remain in the Community
Outcome: Adults With Disabilities Will Not Go Into Nursing Homes.

<table>
<thead>
<tr>
<th>Outcome Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of adults with disabilities receiving services who are not placed in a nursing home.</td>
</tr>
<tr>
<td>Percent of clients satisfied.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number served (Community Care for Disabled Adults).</td>
</tr>
<tr>
<td>Number served (Home Care for Disabled Adults).</td>
</tr>
<tr>
<td>Number served (Medicaid Waiver).</td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

**Target Group:** Adults With Disabilities Who Need Assistance to Remain in the Community

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

**Data Sources and Methodology:** The data source for this measure is the Client Information System.

This measure is a percent. The numerator is the number of active Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver clients who are not transferred to nursing home care during the fiscal year. The denominator is the total number of Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver clients served during the fiscal year.

**Validity:** The purpose of this program is to maintain adults with disabilities in their own homes and minimize nursing home placements. This measure is a direct indicator of the desired goal of the program to minimize nursing home placements.

**Reliability:** The Client Information System, a primary data system for the department, registers each active client served by the Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver programs. It ledgers their receipt of services as active clients and records their exit from the programs by documenting the exit as a referral to another agency, a residential placement, a nursing home placement, or other exit from the system. The numerator for this measure is the total clients served minus the nursing home placements. The denominator is the total number of clients, compiled from the active registry of clients in the Client Information System.

Case managers are responsible for the non-duplicative input of Client Information System data by department policy and contract standards. Districts work to ensure that the Client Information System is updated and accurate. It is the only data source from which the Adult Services office can gather reliable statistics on the Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver populations in a timely fashion.
EXHIBIT D-2B

Target Group: Adults With Disabilities Who Need Assistance to Remain in the Community

Outcome Measure: Percent of clients satisfied.

Data Sources and Methodology: The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation. This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department. This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually. This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

Validity: A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

Reliability: The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

Target Group:  Adults With Disabilities Who Need Assistance to Remain in the Community

Output Measure:  Number served (Community Care for Disabled Adults).

Data Sources and Methodology:  The data source for this measure is the Client Information System (CIS).

This output measure is a number. It is the number of active Community Care for Disabled Adults during the year.

Validity:  Clients served under Community Care for Disabled Adults is a major component of this program. This is a direct count of clients served.

Reliability:  The Client Information System is a primary data system for this department. It registers each applicant for services and each active client served by the Community Care for Disabled Adults program. Monitoring of the Client Information System has shown duplicate client counts and, in some districts, delays in updating information.

Case managers are responsible for the non-duplicative input of Client Information System data by department policy and contract standards. Districts work to ensure that the Client Information System is updated and accurate. It is the only data source from which the Adult Services office can gather reliable statistics on the Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver populations in a timely fashion.
EXHIBIT D-2B

**Target Group:** Adults With Disabilities Who Need Assistance to Remain in the Community

**Output Measure:** Number served (Home Care for Disabled Adults)

**Data Sources and Methodology:** The data source for this measure is the Client Information System (CIS).

This output measure is a number. It is the number of active Home Care for Disabled Adults during the year.

**Validity:** Clients served under Home Care for Disabled Adults is a major component of this program. This is a direct count of clients served.

**Reliability:** The Client Information System is a primary data system for this department. It registers each applicant for services and each active client served by the Home Care for Disabled Adults program. Monitoring of the Client Information System has shown duplicate client counts and, in some districts, delays in updating information.

Case managers are responsible for the non-duplicative input of Client Information System data by department policy and contract standards. Districts work to ensure that the Client Information System is updated and accurate. It is the only data source from which the Adult Services office can gather reliable statistics on the Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver populations in a timely fashion.
EXHIBIT D-2B

**Target Group:** Adults With Disabilities Who Need Assistance to Remain in the Community

**Output Measure:** Number served (Medicaid Waiver)

**Data Sources and Methodology:** The data sources for this measure is the Client Information System (CIS) and manual data.

This output measure is a number. It is the number of active Medicaid Waiver program clients during the year.

**Validity:** Clients served under the Medicaid Waiver program is a major component of this program. This is a direct count of clients served.

**Reliability:** The Client Information System is a primary data system for this department. It registers each applicant for services and each active client served by the Medicaid Waiver program. Monitoring of the Client Information System has shown duplicate client counts and, in some districts, delays in updating information.

Case managers are responsible for the non-duplicative input of Client Information System data by department policy and contract standards. Districts work to ensure that the Client Information System is updated and accurate. It is the only data source from which the Adult Services office can gather reliable statistics on the Community Care for Disabled Adults, Home Care for Disabled Adults and Medicaid Waiver populations in a timely fashion.
**Budget Entity:** Family Safety  
**Program Title:** Families in Need of Child Care  
**Target Group:** Families with Children in Child Care  
**Outcome:** Children achieve appropriate levels of development. Low income parents are supported in their efforts to work.  

<table>
<thead>
<tr>
<th>Outcome Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of WAGES clients who need child care that receive subsidized child care services</td>
</tr>
<tr>
<td>Number of verified incidents of abuse and/or neglect in licensed child care arrangements.</td>
</tr>
<tr>
<td>Number of provisional licenses as a result of non-compliance with child care standards.</td>
</tr>
<tr>
<td>Percent of licensed child care providers who are satisfied with the licensing process.</td>
</tr>
<tr>
<td>Percent of four year old children placed with contracted providers in care for nine months who enter kindergarten ready to learn as determined by DOE or local school systems' readiness assessment.</td>
</tr>
<tr>
<td>Percent of licensed child care facilities and homes with no class 1 (serious) violations during their licensure year.</td>
</tr>
<tr>
<td>Percent clients receiving subsidized child care services who are satisfied.</td>
</tr>
<tr>
<td>Percent of non-WAGES, working poor clients who need child care that receive subsidized child care services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number served: Total</td>
</tr>
<tr>
<td>Number served: At Risk</td>
</tr>
<tr>
<td>Number served: Working Poor</td>
</tr>
<tr>
<td>Number served: Migrants</td>
</tr>
<tr>
<td>Number served: WAGES/TCC (transitional)</td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

**Target Group:** Families with Children in Child Care

**Outcome Measure:** Percent of WAGES clients who need child care that receive subsidized child care services.

**Data Sources and Methodology:** The data sources for this measure are Monthly Child Care Enrollment Report.

This measure is a percent. The numerator is the number of children of WAGES clients placed. The denominator is the number of children of WAGES clients referred.

**Validity:** This measure is an indicator of the extent the program is meeting the child care needs of WAGES clients to meet the program goal of supporting low income parents so they can work.

**Reliability:** The waiting list for child care services, which is also a part of the Monthly Child Care Enrollment Report, will help verify the number of children of WAGES clients placed compared to those referred. This information is entered by the Central Agencies. All staff are trained. Child care enrollment is used to ensure appropriate use of federal, state and local funds for child care and subject to federal and state monitoring.
EXHIBIT D-2B

Target Group: Families with Children in Child Care

Outcome Measure: Number of verified incidents of abuse or neglect in licensed child care arrangements.

Data Sources and Methodology: The data sources for this measure are Florida Abuse Hotline System.

This measure is a number. It is the number verified incidents of abuse or neglect.

Validity: This measure directly relates to the outcome that children are protected from harm.

Reliability: Each quarter, the child care section receives a summary report from the Florida Abuse Hotline of the verified incidents of abuse and/or neglect in licensed child care arrangements. Each district is provided a copy of the Hotline summary report and verifies the accuracy of the information. Periodic reviews of the Florida Abuse Hotline Information System have not indicated major reliability issues. On-going systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

Target Group: Families with Children in Child Care

Outcome Measure: Number of provisional licenses as a result of non-compliance with child care standards.

Data Sources and Methodology: The data sources for this measure are the Quarterly Child Care Licensure Report.

This measure is a number. It is the number of provisional licenses issued as a result of non-compliance with child care standards. In this case the provisional license is a sanction taken when there is a major health or safety issue or when a provider is consistently out of compliance and is not working to come into compliance. Provisional licenses are also issued during the initial process of licensing new providers. These initial provisional licenses are not included in this measure.

Validity: When the department issues a provisional license for non-compliance, it is because a licensure standard is not being met. They are sanctions taken when there is a major health or safety issue or when a provider is consistently out of compliance and is not working to come into compliance. This is an indication of whether the program goal to protect children from harm and help them achieve appropriate levels of development is being met.

Reliability: District licensure staff track the number and status of provisional licenses they issue as a result of non-compliance with child care standards. District child care licensing specialists who are independent from the licensing counselors submit the required quarterly information.
EXHIBIT D-2B

**Target Group:** Families with Children in Child Care

**Outcome Measure:** Percent of licensed child care providers who are satisfied with the licensing process.

This is a new measure.

**Data Sources and Methodology:** The data source for this measure is a survey of a random sample of providers of licensed child care.

The measure is a percent. The numerator is the number of providers who score the summary question of overall satisfaction with the licensure process as “agree” or “strongly agree” on a 5-item Likert scale on the summary question. The denominator is all respondents who have a score on the summary question.

The Department of Children and Families is responsible for the licensing program for 3,450 child care facilities in the state of Florida. Other government entities (such as counties) are responsible for the licensing program for the remaining 2,573 licensed child care facilities. The Department of Children and Families’ licensing program is responsible for the processing of license applications, annual license renewals, and inspection of each child care facility every four months.

Surveys are distributed randomly by the central office to 1,000 child care facilities statewide licensed by the department.

**Validity:** The survey form solicited providers’ comments for improvement and degree of satisfaction with the licensing process and the quarterly inspection of the child care facilities. The department will use the provider survey to identify ways to improve management of licensed child care. Overall satisfaction with the licensure process is an indicator of a good working relationship with child care providers to maintain quality care for children.

The licensing survey was developed by a workgroup led by the Office of Standards and Evaluation. The form was refined based on piloting in each district.

**Reliability:** The survey sample was carefully controlled during administration. The survey forms will be checked for obvious errors prior to scanning. Following data entry, a sample of computer records is matched to the original forms to verify data.
EXHIBIT D-2B

Target Group: Families with Children in Child Care

Outcome Measure: Percent of four year old children placed with contracted providers in care for nine months who enter kindergarten ready to learn as determined by DOE or local school systems' readiness assessment.

The program office suggests rewording this measure to: Percent of children placed with contracted providers, in care for at least nine of the last 12 months prior to entering kindergarten, who are ready to learn as determined by DOE or local school systems’ readiness assessment. The change clarifies the methodology used.

Data Sources and Methodology: The data sources for this measure are the Community Child Care Coordinating Agencies data systems and the Department of Education Readiness for School data.

This measure is a percent. The numerator is the number of children served by contracted and directly operated subsidized child care providers for nine months during the 12 months preceding entering kindergarten, who met 75% or more of the expectations for school readiness. The denominator is the total number of children served by contracted and directly operated subsidized child care providers for nine months during the 12 months preceding entering kindergarten, who were tested upon entry into kindergarten. This is not age specific because both four and five year olds are in child care prior to entering kindergarten.

The Community Child Care Coordinating Agencies have lists of children who were in contracted subsidized child care the previous year. The Department of Education has data from the “Expectations for School Readiness Checklist Academic Year 1997-98” which is administered after entry into Kindergarten as required by statute (1996 CS/SB 1662).

Validity: This instrument has been shown to be a valid indicator of school readiness based on research conducted at the University of Florida by Dr. Michael Resnick.

Reliability: Application of the school readiness checklist is monitored by the staff of the Department of Education Pre-Kindergarten/Early Intervention Program in accord with department regulations. Data is collected and aggregated by the Department of Education. Entry of subsidized child care information in the data systems of the Community Child Care Coordinating agencies is monitored by agency staff and Department of Children and Families contract managers.
EXHIBIT D-2B

**Target Group:** Families with Children in Child Care

**Outcome Measure:** Percent of licensed child care facilities and homes with no class 1 (serious) violations during their licensure year.

**Data Sources and Methodology:** The data sources for this measure are Quarterly Child care Licensure Report.

This measure is a percent. The numerator is the number of licensed child care facilities and homes with no class 1 violations during the year. The denominator is the largest number of licensed child care facilities and homes reported in a quarter for a year.

**Validity:** Class 1 violations are the more serious violations of licensing regulations. This measure indicates the extent the program is meeting its goal to protect children from harm.

**Reliability:** District licensure staff are trained in recognizing and citing all class 1 violations. Licensed child care facilities are monitored between three and four times per year, while licensed family child care homes are monitored twice per year. District child care licensing specialists who are independent from the licensing counselors submit the required quarterly information.
**EXHIBIT D-2B**

**Target Group:** Families with Children in Child Care

**Outcome Measure:** Percent clients receiving subsidized child care services who are satisfied.

**Data Sources and Methodology:** The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

**Validity:** A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

**Reliability:** The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

**Target Group:** Families with Children in Child Care

**Outcome Measure:** Percent of non-WAGES, working poor clients who need child care that receive subsidized child care services.

**Data Sources and Methodology:** The data sources for this measure are the Monthly Child Care Enrollment Report, Anne Casey Foundation Kids Count, and the state data center for child care.

This measure is a percent. The numerator is the number of children whose family income is at or below 150% of the Federal Poverty Level, who are being served in either subsidized child care, Head Start, or the Prekindergarten Program. The denominator is the total number of children whose family income is at or below 150% of the Federal Poverty Level who need subsidized child care services, based on population projections from the state data center for child care and the percentage of mothers in the workforce from Anne Casey Foundation Kids Count projections.

**Validity:** The number of children of low income working families placed in subsidized child care is directly related to the program goal to protect children from harm and help them achieve appropriate levels of development, and to support low income families in their efforts to work. Comparing the number receiving services to the estimated number needing services is an indication of how well the state is accomplishing this goal.

**Reliability:** Basing need for child care on family income, population projections, and projected need for child care gives us a truer picture of need than child care waiting list figures. Comparing this figure to number of children enrolled and taking into account children in Head Start and Pre-k will provide a more accurate picture of percent of need served.
EXHIBIT D-2B

**Target Group:** Families with Children in Child Care

**Output Measure:** Number served - Total.

The wording of this measure should reflect that this is the average number of children served each month not the total number of children served during the year.

**Data Sources and Methodology:** The data sources for this measure are the Monthly Child Care Enrollment Report. This report is a compilation of all children enrolled in the subsidized child care program on the last day of each month. It is reported by eligibility category (i.e. children at risk of abuse and neglect, WAGES, children of working poor families etc.) and by age range.

This measure is an average. It is the average of the number of children enrolled in the subsidized child care program for each month.

**Validity:** The number of children enrolled in the subsidized child care program directly impacts on the program goals to protect children from harm and help them achieve appropriate levels of development, and to support low income families in their efforts to work.

In terms of child protection, child care has been one of the support services most widely utilized by child welfare counselors as they deal with abused and neglected children. Child care providers work in concert with child welfare workers in dealing with both children and their families.

As part of the subsidized child care program, many children are screened to determine age appropriate levels of development. Children enrolled in subsidized child care are provided a variety of activities that help prepare them to enter school ready to learn.

Families are able to work as the subsidized program provides child care so that children are properly cared for. Parents pay a portion of the cost of care based upon a sliding fee scale.

**Reliability:** Staff within the community coordinated child care agencies are trained in entering data in to the Child Care Management Information System.
EXHIBIT D-2B

**Target Group:** Families with Children in Child Care

**Output Measure:** Number served: At Risk

The wording of this measure should reflect that this is the average number of children served each month not the total number of children served during the year.

**Data Sources and Methodology:** The data sources for this measure are the Monthly Child Care Enrollment Report. This report is a compilation of all children enrolled in the subsidized child care program on the last day of each month. It is reported by eligibility category (i.e. children at risk of abuse and neglect, WAGES, children of working poor families etc.) and by age range.

This measure is an average. It is the average of the number of children enrolled in the subsidized child care program for each month.

**Validity:** The number of children enrolled in the subsidized child care program directly impacts the outcome, children are protected from harm and achieve appropriate levels of development, and low income families are supported in their efforts to work.

In terms of child protection, child care has been one of the support services most widely utilized by child welfare counselors as they deal with abused and neglected children. Child care providers work in concert with child welfare workers in dealing with both children and their families.

As part of the subsidized child care program, many children are screened to determine age appropriate levels of development. Children enrolled in subsidized child care are provided a variety of activities that help prepare them to enter school ready to learn.

Families are able to work as the subsidized program provides child care so that children are properly cared for. Parents pay a portion of the cost of care based upon a sliding fee scale.

**Reliability:** Staff within the community coordinated child care agencies are trained in entering data in to the Child Care Management Information System.
EXHIBIT D-2B

Target Group: Families with Children in Child Care

Output Measure: Number served: Working Poor

The wording of this measure should reflect that this is the average number of children served each month not the total number of children served during the year.

Data Sources and Methodology: The data sources for this measure are the Monthly Child Care Enrollment Report. This report is a compilation of all children enrolled in the subsidized child care program on the last day of each month. It is reported by eligibility category (i.e. children at risk of abuse and neglect, WAGES, children of working poor families etc.) and by age range.

This measure is an average. It is the average of the number of children enrolled in the subsidized child care program for each month.

Validity: The number of children enrolled in the subsidized child care program directly impacts the outcome, children are protected from harm and achieve appropriate levels of development, and low income families are supported in their efforts to work.

In terms of child protection, child care has been one of the support services most widely utilized by child welfare counselors as they deal with abused and neglected children. Child care providers work in concert with child welfare workers in dealing with both children and their families.

As part of the subsidized child care program, many children are screened to determine age appropriate levels of development. Children enrolled in subsidized child care are provided a variety of activities that help prepare them to enter school ready to learn.

Families are able to work as the subsidized program provides child care so that children are properly cared for. Parents pay a portion of the cost of care based upon a sliding fee scale.

Reliability: Staff within the community coordinated child care agencies are trained in entering data in to the Child Care Management Information System.
EXHIBIT D-2B

**Target Group:** Families with Children in Child Care

**Output Measure:** Number served: Migrants

The wording of this measure should reflect that this is the average number of children served each month not the total number of children served during the year.

**Data Sources and Methodology:** The data sources for this measure are the Monthly Child Care Enrollment Report. This report is a compilation of all children enrolled in the subsidized child care program on the last day of each month. It is reported by eligibility category (i.e. children at risk of abuse and neglect, WAGES, children of working poor families etc.) and by age range.

This measure is an average. It is the average of the number of children enrolled in the subsidized child care program for each month.

**Validity:** The number of children enrolled in the subsidized child care program directly impacts on the outcome, children are protected from harm and achieve appropriate levels of development, and low income families are supported in their efforts to work.

In terms of child protection, child care has been one of the support services most widely utilized by child welfare counselors as they deal with abused and neglected children. Child care providers work in concert with child welfare workers in dealing with both children and their families.

As part of the subsidized child care program, many children are screened to determine age appropriate levels of development. Children enrolled in subsidized child care are provided a variety of activities that help prepare them to enter school ready to learn.

**Reliability:** Staff within the community coordinated child care agencies are trained in entering data in to the Child Care Management Information System.
EXHIBIT D-2B

Target Group: Families with Children in Child Care

Output Measure: Number served: WAGES/TCC (Transitional)

The wording of this measure should reflect that this is the average number of children served each month not the total number of children served during the year.

Data Sources and Methodology: The data sources for this measure are the Monthly Child Care Enrollment Report. This report is a compilation of all children enrolled in the subsidized child care program on the last day of each month. It is reported by eligibility category (i.e. children at risk of abuse and neglect, WAGES, children of working poor families etc.) and by age range.

This measure is an average. It is the average of the number of children enrolled in the subsidized child care program for each month.

Validity: The number of children enrolled in the subsidized child care program directly impacts on the outcome, children are protected from harm and achieve appropriate levels of development, and low income families are supported in their efforts to work.

In terms of child protection, child care has been one of the support services most widely utilized by child welfare counselors as they deal with abused and neglected children. Child care providers work in concert with child welfare workers in dealing with both children and their families.

As part of the subsidized child care program, many children are screened to determine age appropriate levels of development. Children enrolled in subsidized child care are provided a variety of activities that help prepare them to enter school ready to learn.

Reliability: Staff within the community coordinated child care agencies are trained in entering data in to the Child Care Management Information System.
Budget Entity: Alcohol, Drug Abuse and Mental Health Services

Program Title: People with Mental Health Problems

Target Group: Children with Mental Health Problems

Sub-groups: -Children with serious emotional disturbances
-Children with emotional disturbances
-Children at risk of developing an emotional disturbance

Outcome: Children will live with their family, or in a least restrictive setting, and their school work will be consistent with their abilities.

<table>
<thead>
<tr>
<th>Sub-group: Children with serious emotional disturbances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of days per year spent in the community (not in detention, homeless, runaway, or other facilities).</td>
</tr>
<tr>
<td>Percent of clients satisfied. (Note: Not included in the 1998-99 GAA.)</td>
</tr>
<tr>
<td>Average functional level score achieved on the Children’s Global Assessment of Functioning Scale.</td>
</tr>
<tr>
<td>Percent of available school days attended during the last 30 days.</td>
</tr>
<tr>
<td>Percent of improvement of the emotional condition or behavior of the child or adolescent evidenced by resolving the presented problem and symptoms of the serious emotional disturbance recorded in the initial assessment.</td>
</tr>
<tr>
<td>Percent of commitments or recommitments to Juvenile Justice.</td>
</tr>
<tr>
<td>Percent of families satisfied with the services received as measured by the Family Centered Behavior Scale.</td>
</tr>
<tr>
<td>Percent of community partners satisfied based on a survey.</td>
</tr>
</tbody>
</table>

Output Measures:
Number served.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with serious emotional disturbances

**Outcome Measure:** Average number of days per year spent in the community (not in detention, homeless, runaway, or other facilities).

The department has requested a change in the wording of this measure to: Average number of days per year SED children (excluding those in JJ facilities) spent in the community. This change clarifies the measure no longer includes children who are in commitment to the Department of Juvenile Justice. Commitment status and placement in a facility are affected by legal issues, not mental health treatment.

**Data Sources and Methodology:** The data source for this measure is the Florida Mental Health Institute data system and the Alcohol, Drug Abuse and Mental Health Data Warehouse.

The measure is an average. The numerator is the sum of average number of days out of thirty each client spends in the community determined at the time of post-admission assessments during the fiscal year. The denominator is an unduplicated count of the total number of clients for whom the average has been recorded. This is converted to an annual average by multiplying by 12.17.

A child is considered to be living in the community if he or she is not in a wilderness camp, residential treatment center, inpatient hospital, crisis stabilization unit, detention, homeless or runaway. This measure does not include children who are committed to the Department of Juvenile Justice.

The provider agency enters the information onto a Children’s Mental Health Outcome Score Sheet, Children’s Functional Assessment Rating Scale, or directly into the Substance Abuse and Mental Health Software SA-MH that is used to electronically submit data.

**Validity:** This is an indicator of the child’s ability to function and live with their family, or in a least restrictive setting in the community. Current literature on the issue of children’s mental health indicates that the restrictiveness of a child’s environment is an important factor in his or her overall functioning. (Duchnowski, A.J. et al, 1993, The alternatives to residential treatment study: initial findings, J. of Emotional and Behavioral Disorders, 1, 17-26). Children committed to the Department of Juvenile Justice are not included because commitment and placement in a facility is dependent on legal status not mental health treatment.
Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state in June 1998. These sessions trained providers on procedures for collecting and recording outcome data, and the sessions were followed up with written instructions and question and answer sheets. District staff periodically monitor the quality and accuracy of information submitted by their contracted providers.
EXHIBIT D-2B

Target Group: Children with Mental Health Problems

Sub-group: Children with serious emotional disturbances

Outcome Measure: Percent of clients satisfied.
Note: This measure was not included in the 1998-99 GAA.

Data Sources and Methodology: The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

Validity: A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

Reliability: The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

Target Group: Children with Mental Health Problems

Sub-group: Children with serious emotional disturbances

Outcome Measure: Average functional level score achieved on the Children’s Global Assessment of Functioning Scale.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute data system and the Alcohol, Drug Abuse and Mental Health Data Warehouse.

The measure is an average. The numerator is the sum of the average post-admission assessment scores for each client during the fiscal year using the Children’s Global Assessment Scale. The denominator is an unduplicated count of the total number of clients for whom average scores are available.

The scale is administered by the child’s case manager or therapist, and the provider agency enters the information onto a Children’s Mental Health Outcome Score Sheet, Children’s Functional Assessment Rating Scale, or directly into the Substance Abuse and Mental Health Software, SA-MH, that is used to electronically submit data.

Validity: The Children’s Global Assessment Scale (C-GAS) is used to help a clinician plan treatment and predict outcomes. The C-GAS is a report of overall functioning and is used to track the clinical progress of the child in global terms, using a single measure that rates psychological, social and educational functioning.

Research determined the validity of this instrument and showed that the instrument is sensitive to differences in level of impairment for both inpatient and outpatient clients.

Reliability: Research conducted by the Florida Mental Health Institute has confirmed the inter-rater reliability of the C-GAS scale. Test-retest reliability found no significant differences by rater or across time.

The reliability of this measure is dependent on the training and experience of the rater and the provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Guidelines for administering the scale were presented at training sessions provided to district and provider staff across the state in June 1998. These sessions included information on procedures for collecting and recording outcome data. Sessions were
followed up with written instructions and question and answer sheets. District staff periodically monitor the quality and accuracy of information submitted by their contracted providers.
EXHIBIT D-2B

Target Group: Children with Mental Health Problems

Sub-group: Children with serious emotional disturbances

Outcome Measure: Percent of available school days attended during the last 30 days.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute data system and the Alcohol, Drug Abuse and Mental Health Data Warehouse.

The measure is a percent. The numerator is the sum of the average number of school days attended by children during the post-admission assessment period. The denominator is the total number of school days available to clients during the last 30 days prior to their assessments.

The provider agency enters the information onto a Children’s Mental Health Outcome Score Sheet, Children’s Functional Assessment Rating Scale or directly into the Substance Abuse and Mental Health Software SA-MH that is used to electronically submit data.

Validity: School attendance is a strong indicator of the child’s self sufficiency and an important aspect of overall functioning.

Reliability: The reliability of this measure is dependent on client self reporting and/or providers’ ability to obtain attendance information from schools and determine the number of school days available in any thirty day period. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements. Training sessions were provided to district and provider staff across the state during June 1998. These sessions included information on procedures for collecting and recording outcome data, and were followed with written instructions and question and answer sheets. District staff periodically monitor the quality and accuracy of information submitted by their contracted providers.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with serious emotional disturbances

**Outcome Measure:** Percent of improvement of the emotional condition or behavior of the child or adolescent evidenced by resolving the presented problem and symptoms of the serious emotional disturbance recorded in the initial assessment.

This is a new measure. The methodology for collecting and reporting data is in development.

**Data Sources and Methodology:** This measure is required by the Comprehensive Child and Adolescent Mental Health Services Act. As part of its contract with the central office, the Florida Mental Health Institute will develop a method to obtain this information and set a baseline (perhaps using existing data from the Child and Adolescent Functional Assessment Scale and Children’s Functional Assessment Rating Scale from the prior two fiscal years). This measure development will be completed in partnership with the Mental Health Data Improvement Workgroup.

**Validity:** Because this is a baseline year, information on validity is not yet available.

**Reliability:** Because this is a baseline year, information on validity is not yet available.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with serious emotional disturbances

**Outcome Measure:** Percent of commitments or recommitments to Juvenile Justice.

**Data Sources and Methodology:** The data source for this measure is the Florida Mental Health Institute data system and the Alcohol, Drug Abuse and Mental Health Data Warehouse.

The measure is a percent. The numerator is the number of children committed or recommitted to the Department of Juvenile Justice during the post-admission assessment period. The denominator is an unduplicated count of the total number children for whom this data has been recorded. This information is collected when assessments are done at admission to a provider agency, quarterly thereafter and at discharge. The rating period is the past 90 days.

The provider agency enters the information onto a Children’s Mental Health Outcome Score Sheet, Children’s Functional Assessment Rating Scale, or directly into the Substance Abuse and Mental Health Software, SA-MH, that is used to electronically submit data.

**Validity:** Current literature on the issue of children’s mental health indicates involvement in the criminal justice system is an important indicator of a child’s functioning in the community, at school and at home. The measure assumes that the effectiveness of community mental health support services are essential in enabling children to live in the community. Because all arrests may not be related to mental illness, the validity of this measure of the effectiveness of mental health services may be limited.

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during June 1998. These sessions included information on procedures for collecting and recording outcome data. The sessions were followed with written instructions and question and answer sheets. District staff periodically monitor the quality and accuracy of information submitted by their contracted providers.

EXHIBIT D-2B

95
Target Group: Children with Mental Health Problems

Sub-group: Children with serious emotional disturbances

Outcome Measure: Percent of families satisfied with the services received as measured by the Family Centered Behavior Scale.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute data system.

The measure is a percent. The numerator is the number of families whose average score on questions answered is not less than 4 out of 5 on the Family Centered Behavior Scale at the latest post-admission, assessment. At least 14 items out of 26 must be completed for the form to be scored. The denominator is an unduplicated count of the total number of families for whom client satisfaction scores are available.

The Family Centered Behavior Scale is distributed confidentially to parents or caregivers. They complete and return the form in a postage paid envelope addressed to the Florida Mental Health Institute or deposit it in a secure box at the service center. Providers mail the completed sheets to the Florida Mental Health Institute for data processing and analysis.

Validity: The Beach Center at the University of Kansas developed the scale. Information and advice were solicited from parents of children with special needs, as well as from national leaders, program administrators, teachers, therapists, and paraprofessionals in early intervention services. The items were obtained directly from comments and suggestions from these parents and professionals to ensure validity. Each of the subscales measures an independent aspect of satisfaction.

Reliability: Testing at the University of Kansas shows the eleven subscales of the instrument exhibit moderate to high reliability when tested with parents and staff.

Training sessions were provided to district and provider staff across the state during June 1998. These sessions included information on procedures for collecting and recording outcome data. Sessions were followed with written instructions and question and answer sheets.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with serious emotional disturbances

**Outcome Measure:** Percent of community partners satisfied based on a survey.

**Data Sources and Methodology:** The data source for this measure is the Community Partners’ Survey developed by a department workgroup and administered annually by the Office of Standards and Evaluation (OSEV).

This measure is a percent. The last question on the survey, “In my opinion, The Department of Children and Families overall is an effective partner with our organization,” is used as the summary indicator of partner satisfaction. The numerator of the measure is the number of respondents who score “Agree” or “Strongly Agree” on a 5-item Likert scale on the summary question. The denominator is all respondents who have a score on the summary question.

Community Partners include law enforcement, judicial systems, county and city governments, school boards and Vo-Techs, other state agencies, hospitals and Healthy Start Coalitions, WAGES Boards, Family Care Councils, foster parents associations, Human Rights Advocacy Committees, Businesses, United Way agencies, and religious organizations.

**Validity:** The department workgroup identified eleven themes which reflect different aspects of how partners might express satisfaction with the department. These themes included such concepts as “Timeliness”, “Accessibility”, and “Competency.” Questions were developed to operationalize these themes. The questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning. The summary question was found to correlate highly with the total score of the other questions, and is thus believed to be a valid measure of the respondent’s overall opinion.

**Reliability:** The survey sample is carefully controlled during administration. OSEV provides district staffs with up-to-date address lists and phone numbers for eight of the eleven partner groups. District staff secure addresses for the last three groups. Only judges are sampled (100 county and 165 circuit), other partner groups are surveyed in total. In order to assure an adequate sample, district staffs follow-up with phone calls to non-respondents. The survey forms are checked by OSEV staff for obvious errors prior to data entry. Following data entry, a sample of computer records is matched to the original forms to verify data. Responses to the open-ended question are coded by staff who have trained together and who will be tested periodically for inter-rater reliability.
The survey sample was designed to yield reliable results only at the state level. The 1998 survey population, 1,581, yielded 728 responses for a response rate of 46 percent. This was in excess of the minimum requirement, 384, for a +/- .05 error at a 95 percent confidence level.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with serious emotional disturbances

**Output Measure:** Number served.

**Data Sources and Methodology:** The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse.

This measure is a number, and includes all children who have been enrolled into the Seriously Emotionally Disturbed target population. In order to be enrolled into this target population, a child must be under age 18, have their mental health treatment paid for by Medicaid, state mental health or local match, and must also meet one of the following characteristics: (1) diagnosis of schizophrenia/other psychotic disorder, major depression/mood disorder or personality disorder; (2) currently classified as an SED student by a local school district; (3) currently receiving SS for a psychiatric disability; or (4) has another allowable diagnosis as well as a C-GAS score of 50 or below.

The provider agency enters the enrollment information directly into the Substance Abuse and Mental Health Software, SA-MH, enrollment software and submits it to the central office.

**Validity:** This is a direct measure of the number of children with serious emotional disturbance served in mental health treatment programs with the goal of living with their family, or in a least restrictive setting, with school work consistent with their abilities.

**Reliability:** The reliability of this measure is dependent on the provider’s accuracy and compliance in regard to the information they submit. Providers are required by contract to report this data, and the Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff in June 1998. These sessions trained providers on procedures for collecting and reporting target population information, and the sessions were followed up with written instructions and question and answer sheets.
<table>
<thead>
<tr>
<th><strong>Sub-group:</strong> Children with emotional disturbances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of days per year spent in the community (not in detention, homeless, runaway, or other facilities).</td>
</tr>
<tr>
<td>Average functional level based score achieved on the Children's Global Assessment of Functioning Scale.</td>
</tr>
<tr>
<td>Percent of available school days attended during the last 30 days.</td>
</tr>
<tr>
<td>Percent of improvement of the emotional condition or behavior of the child or adolescent evidenced by resolving the presented problem and symptoms of the emotional disturbance recorded in the initial assessment.</td>
</tr>
<tr>
<td>Percent of commitments or recommitments to Juvenile Justice.</td>
</tr>
<tr>
<td>Percent of families satisfied with the services received as measured by the Family Centered Behavior Scale.</td>
</tr>
<tr>
<td>Percent of clients satisfied. (Note: Not included in the 1998-99 GAA.)</td>
</tr>
<tr>
<td>Percent of community partners satisfied based on a survey.</td>
</tr>
</tbody>
</table>

**Output Measures:**

Number served.
EXHIBIT D-2B

Target Group: Children with Mental Health Problems

Sub-group: Children with emotional disturbances

Outcome Measure: Average number of days per year spent in the community (not in detention, homeless, runaway, or other facilities).

The department has requested a change in the wording of this measure to: Average number of days per year ED children (excluding those in JJ facilities) spent in the community. This change clarifies the measure no longer includes children who are in commitment to the Department of Juvenile Justice. Commitment status and placement in a facility are not affected by legal issues not mental health treatment.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute data system and the Alcohol, Drug Abuse and Mental Health Data Warehouse.

The measure is an average. The numerator is the sum of average number of days out of thirty each client spends in the community determined at the time of post-admission assessments during the fiscal year. The denominator is an unduplicated count of the total number of clients for whom the average has been recorded. This is converted to an annual average by multiplying by 12.17.

A child is considered to be living in the community if he or she is not in a wilderness camp, residential treatment center, inpatient hospital, crisis stabilization unit, detention, homeless or runaway. This measure does not include children who are committed to the Department of Juvenile Justice.

The provider agency enters the information onto a Children’s Mental Health Outcome Score Sheet, Children’s Functional Assessment Rating Scale, or directly into the Substance Abuse and Mental Health Software, SA-MH, that is used to electronically submit data.

Validity: This is an indicator of the child’s ability to function and live with their family, or in a least restrictive setting in the community. Current literature on the issue of children’s mental health indicates that the restrictiveness of a child’s environment is an important factor in his or her overall functioning. (Duchnowski, A.J. et al, 1993, The alternatives to residential treatment study: initial findings, J. of Emotional and Behavioral Disorders, 1, 17-26). Children committed to the Department of Juvenile Justice are not included because commitment and placement in a facility is dependent on legal status not mental health treatment.
Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff in June 1998. These sessions trained providers on procedures for collecting and reporting outcome data, and the sessions were followed up with written instructions and question and answer sheets.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with emotional disturbances

**Outcome Measure:** Average functional level score achieved on the Children’s Global Assessment of Functioning Scale.

**Data Sources and Methodology:** The data source for this measure is the Florida Mental Health Institute data system and the Alcohol, Drug Abuse and Mental Health Data Warehouse.

The measure is an average. The numerator is the sum of the average post-admission assessment scores for each client during the fiscal year using the Children’s Global Assessment Scale. The denominator is an unduplicated count of the total number of clients for whom average scores are available.

The scale is administered by the child’s case manager or therapist, and the provider agency enters the information onto a Children’s Mental Health Outcome Score Sheet, Children’s Functional Assessment Rating Scale, or directly into the Substance Abuse and Mental Health Software, SA-MH, that is used to electronically submit data.

**Validity:** The Children’s Global Assessment Scale (C-GAS) is used to help a clinician plan treatment and predict outcomes. The C-GAS is a report of overall functioning and is used to track the clinical progress of the child in global terms, using a single measure that rates psychological, social and educational functioning.

Research determined the validity of this instrument and showed that the instrument is sensitive to differences in level of impairment for both inpatient and outpatient clients.

**Reliability:** Research conducted by the Florida Mental Health Institute has confirmed the inter-rater reliability of the C-GAS scale. Test-retest reliability found no significant differences by rater or across time.

The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Guidelines for administering the scale were presented at training sessions provided to district and provider staff across the state in June 1998. These sessions included information on procedures for collecting and recording outcome data. Sessions were
followed up with written instructions and question and answer sheets. District staff periodically monitor the quality and accuracy of information submitted by their contracted providers.
EXHIBIT D-2B

Target Group: Children with Mental Health Problems

Sub-group: Children with emotional disturbances

Outcome Measure: Percent of available school days attended during the last 30 days.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute data system and the Alcohol, Drug Abuse and Mental Health Data Warehouse.

The measure is a percent. The numerator is the sum of the average number of school days attended by children during the post-admission assessment period. The denominator is the total number of school days available to clients during the last 30 days prior to their assessments.

The provider agency enters the information onto a Children’s Mental Health Outcome Score Sheet, Children’s Functional Assessment Rating Scale or directly into the Substance Abuse and Mental Health Software, SA-MH, that is used to electronically submit data.

Validity: School attendance is a strong indicator of the child’s self sufficiency and an important aspect of overall functioning.

Reliability: The reliability of this measure is dependent on client self reporting and/or providers’ ability to obtain attendance information from schools and determine the number of school days available in any thirty day period. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements. Training sessions were provided to district and provider staff across the state during June 1998. These sessions included information on procedures for collecting and recording outcome data, and were followed with written instructions and question and answer sheets. District staff periodically monitor the quality ad accuracy of information submitted by their contracted providers.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with emotional disturbances

**Outcome Measure:** Percent of improvement of the emotional condition or behavior of the child or adolescent evidenced by resolving the presented problem and symptoms of the emotional disturbance recorded in the initial assessment.

This is a new measure. The methodology for collecting and reporting data is in development.

**Data Sources and Methodology:** This measure is required by the Comprehensive Child and Adolescent Mental Health Services Act. As part of its contract with the central office, the Florida Mental Health Institute will develop an avenue for measuring this information as well as setting a baseline (perhaps using existing data from the Child and Adolescent Functional Assessment Scale and Children’s Functional Assessment Rating Scale from the prior two fiscal years). This measure development will be completed in partnership with the Mental Health Data Improvement Workgroup.

**Validity:** Because this is a baseline year, information on validity is not yet available.

**Reliability:** Because this is a baseline year, information on validity is not yet available.
EXHIBIT D-2B

Target Group: Children with Mental Health Problems

Sub-group: Children with emotional disturbances

Outcome Measure: Percent of commitments or recommitments to Juvenile Justice.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute data system and the Alcohol, Drug Abuse and Mental Health Data Warehouse.

The measure is a percent. The numerator is the number of children committed or recommitted to the Department of Juvenile Justice during the post-admission assessment period. The denominator is an unduplicated count of the total number children for whom this data has been recorded.

The provider agency enters the information onto a Children’s Mental Health Outcome Score Sheet, Children’s Functional Assessment Rating Scale, or directly into the Substance Abuse and Mental Health Software, SA-MH, that is used to electronically submit data.

Validity: Current literature on the issue of children’s mental health indicates involvement in the criminal justice system is an important indicator of a child’s functioning in the community, at school and at home. The measure assumes that the effectiveness of community mental health support services are essential in enabling children to live in the community. Because all arrests may not be related to mental illness, the validity of this measure of the effectiveness of mental health services may be limited.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during June 1998. These sessions included information on procedures for collecting and recording outcome data. The sessions were followed with written instructions and question and answer sheets. District staff periodically monitor the quality and accuracy of information submitted by their contracted providers.
EXHIBIT D-2B

Target Group: Children with Mental Health Problems

Sub-group: Children with emotional disturbances

Outcome Measure: Percent of families satisfied with the services received as measured by the Family Centered Behavior Scale.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute data system.

The measure is a percent. The numerator is the number of families whose average score on questions answered is not less than 4 out of 5 on the Family Centered Behavior Scale at the latest post-admission, assessment. At least 14 items out of 26 must be completed for the form to be scored. The denominator is an unduplicated count of the total number of families for whom client satisfaction scores are available.

The Family Centered Behavior Scale is distributed confidentially to parents or caregivers. They complete and return the form in a postage paid envelope addressed to the Florida Mental Health Institute or deposit it in a secure box at the service center. Providers mail the completed sheets to the Florida Mental Health Institute for data processing and analysis.

Validity: The Beach Center at the University of Kansas developed the scale. Information and advice were solicited from parents of children with special needs, as well as from national leaders, program administrators, teachers, therapists, and paraprofessionals in early intervention services. The items were obtained directly from comments and suggestions from these parents and professionals to ensure validity. Each of the subclass measures an independent aspect of satisfaction.

Reliability: Testing at the University of Kansas shows the eleven subclass of the instrument exhibit moderate to high reliability when tested with parents and staff.

Training sessions were provided to district and provider staff in June 1998. These sessions included information on procedures for collecting and recording outcome data. Sessions were followed with written instructions and question and answer sheets.
EXHIBIT D-2B

Target Group: Children with Mental Health Problems

Sub-group: Children with emotional disturbances

Outcome Measure: Percent of clients satisfied.
Note: This measure was not included in the 1998-99 GAA.

Data Sources and Methodology: The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

Validity: A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

Reliability: The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with emotional disturbances

**Outcome Measure:** Percent of community partners satisfied based on a survey.

**Data Sources and Methodology:** The data source for this measure is the Community Partners’ Survey developed by a department workgroup and administered annually by the Office of Standards and Evaluation (OSEV).

This measure is a percent. The last question on the survey, “In my opinion, The Department of Children and Families overall is an effective partner with our organization”, is used as the summary indicator of partner satisfaction. The numerator of the measure is the number of respondents who score “Agree” or “Strongly Agree” on a 5-item Likert scale on the summary question. The denominator is all respondents who have a score on the summary question.

Community Partners include law enforcement, judicial systems, county and city governments, school boards and Vo-Techs, other state agencies, hospitals and Healthy Start Coalitions, WAGES Boards, Family Care Councils, foster parents associations, Human Rights Advocacy Committees, Businesses, United Way agencies, and religious organizations.

**Validity:** The department workgroup identified eleven themes which reflect different aspects of how partners might express satisfaction with the department. These themes included such concepts as “Timeliness”, “Accessibility”, and “Competency.” Questions were developed to operationalize these themes. The questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning. The summary question was found to correlate highly with the total score of the other questions, and is thus believed to be a valid measure of the respondent’s overall opinion.

**Reliability:** The survey sample is carefully controlled during administration. OSEV provides district staffs with up-to-date address lists and phone numbers for eight of the eleven partner groups. District staff secure addresses for the last three groups. Only judges are sampled (100 county and 165 circuit), other partner groups are surveyed in total. In order to assure an adequate sample, district staffs follow-up with phone calls to non-respondents. The survey forms are checked by OSEV staff for obvious errors prior to data entry. Following data entry, a sample of computer records is matched to the original forms to verify data. Responses to the open-ended question are coded by staff who have trained together and who will be tested periodically for inter-rater reliability.
The survey sample was designed to yield reliable results only at the state level. The 1998 survey population, 1,581, yielded 728 responses for a response rate of 46 percent. This was in excess of the minimum requirement, 384, for a +/- .05 error at a 95 percent confidence level.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-group:** Children with emotional disturbances

**Output Measure:** Number served.

**Data Sources and Methodology:** This measure is a number, and includes all children who have been enrolled into the Emotionally Disturbed target population. In order to be enrolled into this target population, a child must be under age 18, have their mental health treatment paid for by Medicaid, state mental health or local match, and must also meet one of the following characteristics: (1) has an allowable diagnosis as well as a C-GAS score between 51-60; or (2) currently classified as emotionally handicapped by a local school district.

The provider agency enters the enrollment information directly into the Substance Abuse and Mental Health Software, SA-MH, that is used to electronically submit data and sends it to the central office.

**Validity:** This is a direct measure of the number of children with emotional disturbance served in mental health treatment programs with the goal of living with their family, or in a least restrictive setting, with school work consistent with their abilities.

**Reliability:** The reliability of this measure is dependent on the provider’s accuracy and compliance in regard to the information they submit. Providers are required by contract to report this data, and the Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff in June 1998. These sessions trained providers on procedures for collecting and reporting target population information, and the sessions were followed up with written instructions and question and answer sheets.
<table>
<thead>
<tr>
<th>Sub-Group: Children at risk of developing an emotional disturbance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Measures:</strong></td>
</tr>
<tr>
<td>- Percent of families satisfied with the services received as measured by the Family Centered Behavior Scale.</td>
</tr>
<tr>
<td>- Percent of clients satisfied. (Note: Not included in the 1998-99 GAA.)</td>
</tr>
<tr>
<td><strong>Output Measures:</strong></td>
</tr>
<tr>
<td>- Number served.</td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-Group:** Children at risk of developing an emotional disturbance

**Outcome Measure:** Percent of families satisfied with the services received as measured by the Family Centered Behavior Scale.

**Data Sources and Methodology:** The data source for this measure is the Florida Mental Health Institute data system.

The measure is a percent. The numerator is the number of families whose average score on questions answered is not less than 4 out of 5 on the Family Centered Behavior Scale at the latest post-admission, assessment. At least 14 items out of 26 must be completed for the form to be scored. The denominator is an unduplicated count of the total number of families for whom client satisfaction scores are available.

The Family Centered Behavior Scale is distributed confidentially to parents or caregivers. They complete and return the form in a postage paid envelope addressed to the Florida Mental Health Institute or deposit it in a secure box at the service center. Providers mail the completed sheets to the Florida Mental Health Institute for data processing and analysis.

**Validity:** The Beach Center at the University of Kansas developed the scale. Information and advice were solicited from parents of children with special needs, as well as from national leaders, program administrators, teachers, therapists, and paraprofessionals in early intervention services. The items were obtained directly from comments and suggestions from these parents and professionals to ensure validity. Each of the subclass measures an independent aspect of satisfaction.

**Reliability:** Testing at the University of Kansas shows the eleven subclass of the instrument exhibit moderate to high reliability when tested with parents and staff.

Training sessions were provided to district and provider staff across the state during June 1998. These sessions included information on procedures for collecting and recording outcome data. Sessions were followed with written instructions and question and answer sheets.
EXHIBIT D-2B

**Target Group:** Children with Mental Health Problems

**Sub-Group:** Children at risk of developing an emotional disturbance

**Outcome Measure:** Percent of clients satisfied.

*Note: This measure was not included in the 1998-99 GAA.*

**Data Sources and Methodology:** The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

**Validity:** A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

**Reliability:** The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

Target Group: Children with Mental Health Problems

Sub-Group: Children at risk of developing an emotional disturbance

Output Measure: Number served.

Data Sources and Methodology: This measure is a number, and includes all children who have been enrolled into the target population for children At Risk of Emotional Disturbance. In order to be enrolled into this target population, a child must be under age 18, have their mental health treatment paid for by Medicaid, state mental health or local match, and must also meet one of the following characteristics: (1) current referral for placement in an Emotionally Handicapped program in accordance with the Individuals with Disabilities Act; or (2) verified maltreatment per the Department of Children and Families, Family Safety and Preservation program, or similar agency in another state.

The provider agency enters the enrollment information directly into the Substance Abuse and Mental Health Software, SA-MH, that is used to electronically submit data and sends it to the central office.

Validity: This is a direct measure of the number of children at risk of emotional disturbance served in mental health treatment programs with the goal of living with their family, or in a least restrictive setting, with school work consistent with their abilities.

Reliability: The reliability of this measure is dependent on the provider’s accuracy and compliance in regard to the information they submit. Providers are required by contract to report this data, and the Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff in June 1998. These sessions trained providers on procedures for collecting and reporting target population information, and the sessions were followed up with written instructions and question and answer sheets.
**Budget Entity:** Alcohol, Drug Abuse and Mental Health Services  
**Program Title:** People with Mental Health Problems  
**Target Group:** Children Incompetent to Proceed to Juvenile Justice  
**Outcome:** Children will be restored to competency and able to proceed with their judicial hearing in the juvenile justice system.

<table>
<thead>
<tr>
<th>Outcome Measures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children restored to competency and recommended to proceed with a judicial hearing:</td>
<td></td>
</tr>
<tr>
<td>(a) with mental illness</td>
<td></td>
</tr>
<tr>
<td>(b) with mental retardation</td>
<td></td>
</tr>
<tr>
<td>Percent of community partners satisfied with program based upon a survey.</td>
<td></td>
</tr>
<tr>
<td>Percent of children returned to court for competency hearings, and the court concurs with the recommendation of the provider.</td>
<td></td>
</tr>
<tr>
<td>Percent of children with mental illness either restored to competency or determined unrestorable in less than 180 days.</td>
<td></td>
</tr>
<tr>
<td>Percent of children with mental retardation either restored to competency or determined unrestorable in less than 365 days.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children served who are incompetent to proceed.</td>
<td></td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

Target Group:  Children Incompetent to Proceed to Juvenile Justice

Outcome Measure:  Percent of children restored to competency and recommended to proceed with a judicial hearing:
   (a) with mental illness
   (b) with mental retardation

Data Sources and Methodology:  The data source for this measure is the monthly statistical report from the provider to the central office project coordinator detailing the status of each juvenile forensic case.

(a) This measure is a percentage. The numerator is the number of children with a diagnosis of mental illness only, who were restored to competency and recommended to proceed with a judicial hearing during the last twelve months. The denominator is the total number of children with a diagnosis of mental illness only, who were served during the last twelve months.

(b) This measure is a percentage. The numerator is the number of children with a diagnosis of mental retardation or dually diagnosed (mental retardation and mental illness) who were restored to competency and recommended to proceed with a judicial hearing during the last twelve months. The denominator is the number of children with a diagnosis of mental retardation or dually diagnosed, who were served during the last twelve months.

Validity:  The measure is a direct indicator of the desired outcome that juveniles are restored to competency and are able to proceed with their court hearing within the juvenile justice system. Several factors beyond the intervention of the provider may affect a juvenile’s restoration to competency:

   • intelligence (children with IQ scores less than 50 are less likely to have competency restored),
   • treatment prior to admission, and
   • complexity/complications of case.

This is a newly implemented and expanding program. During initial years of implementation the percentage of children restored may appear low because a significant period of time is required for the number of restorations to catch up with expanding case loads.

Reliability:  This is the first year of the juvenile incompetent to proceed program as well as the first time the provider has operated such a program in this state. The central office
will maintain a computer file that tracks the dates and major events of each child’s case. The provider has demonstrated their capacity to maintain data accurately and consistently in other states. The program coordinator will conduct on site monitoring of the provider and review a representative sample of case files to ensure that the information contained in these files coincides with the provider’s monthly report.
EXHIBIT D-2B

Target Group: Children Incompetent to Proceed to Juvenile Justice

Outcome Measure: Percent of community partners satisfied with program based upon a survey.

Data Sources and Methodology: The data source is a survey consisting of 25 questions sent to circuit juvenile judges, juvenile public defenders, juvenile state attorneys, and Department of Juvenile Justice districts.

This measure is a percentage. Satisfaction on this survey is defined as a score of three or four on a four point Likert scale measuring agreement with questions about the program. The numerator is the number questions from all respondents which were scored three or higher. The denominator is all questions that were scored.

Validity: A workgroup which included program staff and consultants with expertise in survey design developed this survey. Survey questions were screened for problems of comprehension. The survey was specific to the incompetent to proceed program.

Reliability: The survey forms are checked by the Office of Standards and Evaluations staff for obvious errors prior to data entry. Following data entry a sample of computer records are matched to the originals forms to verify data.
EXHIBIT D-2B

Target Group: Children Incompetent to Proceed to Juvenile Justice

Outcome Measure: Percent of children returned to court for competency hearings, and the court concurs with the recommendation of the provider.

Data Sources and Methodology: The data source for this measure is the monthly statistical report from the provider to the central office project coordinator detailing the status of each juvenile forensic case.

The measure is a percentage. The numerator is the number of children returned to court for a competency hearing where there is a concurrence by the court with the recommendation of the provider during the fiscal year. The denominator is all children returned to court with a recommendation by the provider during the fiscal year.

The private provider of services to juveniles incompetent to proceed with a juvenile justice hearing is obligated by contract to provide the department detailed information on each juvenile served. Data on admission dates, movement, status, court dates, and dispositions are sent to the central office and maintained in a computer file.

Validity: This is a direct measure of the ability of the provider to communicate and provide convincing evidence to the judge that the child is restored to competency or is unrestorable. If the court perceives the case as complex, sensitive in nature or uniquely problematic, the court may place the required level of competency higher than otherwise justified. In these cases, the normal level of restoration may not be sufficient for the court.

Reliability: This is the first year of the juvenile incompetent to proceed program as well as the first time the provider has operated such a program in this state. The central office will maintain a computer file that tracks the dates and major events of each child’s case.

The provider has demonstrated their capacity to maintain data accurately and consistently in other states. The program coordinator will conduct on site monitoring of the provider and review a representative sample of case files to ensure that the information contained in these files coincides with the provider’s monthly report.
EXHIBIT D-2B

Target Group: Children Incompetent to Proceed to Juvenile Justice

Outcome Measure: Percent of children with mental illness either restored to competency or determined unrestorable in less than 180 days.

Data Sources and Methodology: The data source for this measure is the monthly statistical report from the provider to the central office project coordinator detailing the status of each juvenile forensic case.

This measure is a percentage. The numerator is the number of children with a diagnosis of mental illness either restored to competency or determined unrestorable within 180 days. The denominator is all children with a diagnosis of mental illness restored to competency or determined unrestorable.

Validity: This measure is a direct indicator of the desired outcome that juveniles are either restored to competency or determined unrestorable for their court hearing in a timely manner. Complex cases may take longer than 180 days to determine.

Reliability: This is the first year of the juvenile incompetent to proceed program as well as the first time the provider has operated such a program in this state. The central office will maintain a computer file that tracks the dates and major events of each child’s case. The provider has demonstrated their capacity to maintain data accurately and consistently in other states. The program coordinator will conduct on site monitoring of the provider and review a representative sample of case files to ensure that the information contained in these files coincides with the provider’s monthly report.
EXHIBIT D-2B

Target Group: Children Incompetent to Proceed to Juvenile Justice

Outcome Measure: Percent of children with mental retardation either restored to competency or determined unrestorable in less than 365 days.

Data Sources and Methodology: The data source for this measure is the monthly statistical report from the provider to the central office project coordinator detailing the status of each juvenile forensic case.

This measure is a percentage. The numerator is the number of children with a diagnosis of mental retardation either restored to competency or determined unrestorable within 365 days. The denominator is all children with a diagnosis of mental retardation restored to competency or determined unrestorable.

Validity: This measure is a direct indicator of the desired outcome that juveniles are either restored to competency or determined unrestorable for their court hearing in a timely manner. Complex cases may take longer than 365 days to determine.

Reliability: This is the first year of the juvenile incompetent to proceed program as well as the first time the provider has operated such a program in this state. The central office will maintain a computer file that tracks the dates and major events of each child’s case. The provider has demonstrated their capacity to maintain data accurately and consistently in other states. The program coordinator will conduct on site monitoring of the provider and review a representative sample of case files to ensure that the information contained in these files coincides with the provider’s monthly report.
EXHIBIT D-2B

Target Group: Children Incompetent to Proceed to Juvenile Justice

Output Measure: Number of children served who are incompetent to proceed.

Data Sources and Methodology: The data source for this material is provided by the central office project coordinator records.

The methodology used is a manual count of the number of children who were ordered by the courts for competency restoration treatment or training, and referred and admitted for services to the provider.

Validity: This measure is a direct indicator of the desired goal of the program to serve children who are incompetent to proceed to juvenile justice.

Reliability: This is the first year of the juvenile incompetent to proceed program as well as the first time the provider has operated such a program in this state. The central office will maintain a computer file that tracks the dates and major events of each child’s case. The provider has demonstrated their capacity to maintain data accurately and consistently in other states. The program coordinator will conduct on-site monitoring of the provider and review a representative sample of case files to ensure that the information contained in these files coincides with the provider’s monthly report.
Budget Entity: Alcohol, Drug Abuse and Mental Health Services

Program Title: People with Mental Health Problems

Target Group: Adults with Mental Health Problems

Sub-groups:
- Adults with severe and persistent mental illness
- Adults in mental health crisis
- Adults with forensic involvement
- Adults in civil commitment
- Adults in forensic commitment

Outcome: Adults with mental health problems live and participate in the community.

<table>
<thead>
<tr>
<th>Sub-group: Adults with severe and persistent mental illness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Measures:</strong></td>
</tr>
<tr>
<td>Average annual number of days spent in the community (not in institutions or other facilities).</td>
</tr>
<tr>
<td>Average functional level based on Global Assessment of Functioning score.</td>
</tr>
<tr>
<td>Average annual days worked for pay.</td>
</tr>
<tr>
<td>Total average monthly income in last 30 days.</td>
</tr>
<tr>
<td>Average client satisfaction score on the Behavioral Healthcare Rating Scale.</td>
</tr>
<tr>
<td>Increase family satisfaction</td>
</tr>
<tr>
<td>Percent of community partners satisfied based on survey.</td>
</tr>
</tbody>
</table>

Output Measures:

Number of adults with a severe and persistent mental illness served.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-groups: Adults with severe and persistent mental illness

Outcome Measure: Average annual number of days spent in the community (not in institutions or other facilities).

Data Sources and Methodology: The data source for this measure is the Substance Abuse and Mental Health Data Warehouse (ADMDW).

The measure is an average. The numerator is the total number of days spent in the community by the clients in the last 30 days prior to the latest post-admission assessment. The denominator is the number of clients for whom the days spent in the community has been recorded. This is converted to an annual average by multiplying by 12.18.

The case manager or therapist enters the information onto a Mental Health Outcome Measures Input Form, and the provider electronically sends the completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

Validity: This measure is an objective count of the number of days spent in the community (not in crisis stabilization unit, short term residential treatment unit, state treatment facility, inpatient unit, jail or homeless). This measure was tested for validity as a source of clinical change outcome information by the Florida Mental Health Institute when the information was collected on the Functional assessment Rating Scale.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data, and the sessions were followed up with written instructions and question and answer sheets. The Florida Mental Health Institute is currently developing a policy and procedures manual for conducting reliability checks at provider agencies. Department staff have developed a “checker program” and has included edits in its software to ensure the data quality.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults with severe and persistent mental illness

**Outcome Measure:** Average functional level based on Global Assessment of Functioning score.

**Data Sources and Methodology:** The data source for this measure is Substance Abuse and Mental Health Data Warehouse.

The measure is an average. The numerator is the total of scores on the Global Assessment Scale at the individual’s latest post-admission, assessment. The denominator is total number of clients for whom assessment scores are available.

The scale is administered to clients with a psychiatric disability by the case manager or therapist, who enters the information into the Mental Health Outcome Measures Input Form. The provider electronically sends the completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

**Validity:** The Global Assessment of Functioning (GAF) Scale is used to help a clinician plan treatment and predict outcomes. The Global Assessment of Functioning Scale is a report of overall functioning and is used to track the clinical progress of the individual in global terms, using a single measure that rates psychological, social and occupational functioning.

Scores are determined on a range from 1 to 100, with 1-10 indicating a persistent danger of severely hurting self or others and 91-100 indicating superior functioning in a wide range of activities. A score of 51-60 represents moderate symptoms, such flat affect, or moderate difficulty in social or occupational functioning, such as conflicts with co-workers.

The instrument was developed in 1976 by Endicotte and others. It is included in the Diagnostic and Statistical Manual IV of the American Psychiatric Association and is widely used nationally for clinical assessment and research.

Research has determined the validity of this instrument and showed the instrument is sensitive to differences in level of impairment for both inpatient and outpatient clients.

**Reliability:** Research has confirmed the inter-rater reliability of the GAF scale. Test-retest reliability found no significant differences by rater or across time.
The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Guidelines for administering the scale were presented at training sessions provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data. Sessions were followed up with written instructions and question and answer sheets. A licensed psychologist conducted training on the instrument to providers and district staff. In order to validate data received, the Florida Mental Health Institute is currently developing instructions for conducting validation and reliability checks at provider agencies. Department staff has developed a “checker program” and has included edits in its software to ensure the data quality.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults with severe and persistent mental illness

Outcome Measure: Average annual days worked for pay

Data Sources and Methodology: The data source for this measure is the Substance Abuse and Mental Health Data Warehouse.

The measure is an average. The numerator is the total number of days worked for pay (including paid leave) by the clients in the last 30 days prior to the latest post-admission, assessment. The denominator is the total number of clients for whom the number of days worked for pay has been recorded. This is converted to an annual average by multiplying by 12.18.

The case manager or therapist enters the information onto the Mental Health Outcome Measures Input Form. The provider electronically sends the completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

Validity: Increased employment is an indication of a persons ability to live and participate in the community. However, this population with severe and persistent mental illness has extremely low participation in the workforce and is often classified as disabled and receiving disability income. This measure is an objective count of the number of days spent employed and had been collected on the Functional Assessment Rating Scale outcome score sheet. The Florida Mental Health Institute tested the validity of the scale as a source of clinical change outcome information.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data, and the sessions were followed up with written instructions and question and answer sheets. The Florida Mental Health Institute is currently developing a policy and procedures manual for conducting reliability checks at provider agencies. Department staff has developed a “checker program” and has included edits in its software to ensure the data quality.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults with severe and persistent mental illness

**Outcome Measure:** Total average monthly income in last 30 days.

**Data Sources and Methodology:** The data source for this measure is the Substance Abuse and Mental Health Data Warehouse.

The measure is an average. The numerator is the total dollar amount of income of clients in the last 30 days prior to the latest post-admission assessment. It includes all income, both earned income and disability payments. The denominator is the total number of clients for whom income data are recorded.

The case manager or therapist enters the information onto the Mental Health Outcome Measures Input Form. The provider electronically sends the completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

**Validity:** This measure is an indicator of whether clients have income to enable them to be self-sufficient. It is self reported. This population with severe and persistent mental illness has extremely low participation in the workforce as indicated by the number of days worked per year. Clients are often classified as disabled, and may be unlikely to earn income from salaries and wages. This information was collected on the Functional Assessment Rating Scale outcome score sheet. The Florida Mental Health Institute tested the validity of the scale as a source of clinical change outcome information.

**Reliability:** The reliability of this measure is dependent on the accuracy of the client report of income and providers’ compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data, and the sessions were followed up with written instructions and question and answer sheets. The Florida Mental Health Institute is currently developing a policy and procedures manual for conducting reliability checks at provider agencies. Department staff has developed a “checker program” and has included edits in its software to ensure the data quality.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults with severe and persistent mental illness

Outcome Measure: Average client satisfaction score on the Behavioral Healthcare Rating Scale.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute. This survey supplements the data provided by the department-wide client satisfaction survey.

The measure is an average. The numerator is the sum of all scores on the Behavioral Healthcare Rating Scale at the latest assessment (non admission). The denominator is total number of individuals for whom client satisfaction scores are available.

Validity: The Behavioral Healthcare Rating of Satisfaction scale was developed by the Florida Mental Health Institute, University of South Florida, with input from consumers of mental health services. It has 26 items, is multidimensional and meets traditional standards for psychometric rigor. It address five primary item clusters (general consumer satisfaction, perception of staff, negativity/coerciveness, environmental context of treatment, and perceived outcomes of treatment. The Florida Mental Health Institute tested it for validity.

Reliability: The Florida Mental Health Institute also tested the scale for reliability and found it had good test/retest reliability. Most of the participants were experiencing significant mental health and/or substance abuse problems, yet they were able to answer the Behavioral Healthcare Rating of Satisfaction scale in a consistent way on two different administrations.

The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data. Sessions were followed up with written instructions and question and answer sheets. The Florida Mental Health Institute is currently developing a policy and procedures manual for conducting reliability checks at provider agencies. Department staff will periodically audit data quality.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults with severe and persistent mental illness

Outcome Measure: Increase family satisfaction

Data Sources and Methodology: The data source for this measure is the Family Satisfaction survey form which is administered with the Department Client Satisfaction survey. Data are maintained in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department “Agree” or “Strongly Agree” on the summary question of the survey. The denominator is all respondents who rated the department.

The survey form identifies the relationship of the family member responding, their age, and the age of the client. The survey contains 14-questions with a 5-item Likert response which measure family member satisfaction. A satisfied family member is defined as a one who gives the department a rating of 4 or better on the five point scale on the summary question. The survey is done annually, in conjunction with the department Client Satisfaction survey. Results at the state level have a precision of .05 at the 95% confidence level.

Validity: A mental health staff workgroup with expertise in survey design developed this survey. The questions are operationalizations of a number of factors related to family satisfaction, including accessibility, timelines, and family involvement. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning.

Reliability: The survey forms will be checked by district staff for obvious errors prior to batching for data entry. Following data entry, a sample of computer records will be matched to the original forms to verify data quality.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults with severe and persistent mental illness

**Outcome Measure:** Percent of community partners satisfied based on survey.

**Data Sources and Methodology:** The data source for this measure is the Community Partners’ Survey developed by a department workgroup and administered annually by the Office of Standards and Evaluation (OSEV). Data are collected for this measure at the client target group level only (Adults with Mental Health Problems).

This measure is a percent. The last question on the survey, “In my opinion, The Department of Children and Families overall is an effective partner with our organization”, is used as the summary indicator of partner satisfaction. The numerator of the measure is the number of respondents who score “Agree” or “Strongly Agree” on a 5-item Likert scale on the summary question. The denominator is all respondents who have a score on the summary question.

Community Partners include law enforcement, judicial systems, county and city governments, school boards and Vo-Techs, other state agencies, hospitals and Healthy Start Coalitions, WAGES Boards, Family Care Councils, foster parents associations, Human Rights Advocacy Committees, Businesses, United Way agencies, and religious organizations.

**Validity:** The department workgroup identified eleven themes which reflect different aspects of how partners might express satisfaction with the department. These themes included such concepts as “Timeliness”, “Accessibility”, and “Competency.” Questions were developed to operationalize these themes. The questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning. The summary question was found to correlate highly with the total score of the other questions, and is thus believed to be a valid measure of the respondent’s overall opinion.

**Reliability:** The survey sample is carefully controlled during administration. OSEV provides district staffs with up-to-date address lists and phone numbers for eight of the eleven partner groups. District staff secure addresses for the last three groups. Only judges are sampled (100 county and 165 circuit), other partner groups are surveyed in total. In order to assure an adequate sample, district staffs follow-up with phone calls to non-respondents. The survey forms are checked by OSEV staff for obvious errors prior to data entry. Following data entry, a sample of computer records is matched to the
original forms to verify data. Responses to the open-ended question are coded by staff who have trained together and who will be tested periodically for inter-rater reliability.

The survey sample was designed to yield reliable results only at the state level. The 1998 survey population, 1,581, yielded 728 responses for a response rate of 46 percent. This was in excess of the minimum requirement, 384, for a +/- .05 error at a 95 percent confidence level.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults with severe and persistent mental illness

Output Measure: Number of adults with a severe and persistent mental illness served.

Data Sources and Methodology: The data source for this measure is the Substance Abuse and Mental Health Data Warehouse.

The measure is a count of the number of persons who are admitted to a contracted service provider, enrolled into a target population, and who receive a service.

The admissions worker enters the demographic data of the person. The admission worker, case manager or therapist enters the enrollment information onto an enrollment form. The case manager or therapist enters the service provision information onto the service event record. The provider electronically sends each of these completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

Validity: This measure is an objective count of the number persons who are admitted to a contracted provider’s program, enrolled into a target population, and who receive a service.

Reliability: The Integrated Data System reports on 100 percent of the persons served. It has quality control processes which assure accurate data entry, periodic database maintenance of client records and accurate reports. Client records that are erroneous or incomplete are returned to provider agencies for corrective action. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.
<table>
<thead>
<tr>
<th><strong>Sub-group:</strong> Adults in mental health crisis</th>
<th><strong>Outcome Measures:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Global Assessment of Functioning scale change score</td>
</tr>
<tr>
<td></td>
<td>Percent readmitted within 30 days.</td>
</tr>
<tr>
<td></td>
<td>Average client satisfaction score on the Behavioral Healthcare Rating Scale.</td>
</tr>
<tr>
<td></td>
<td>Percent of community partners satisfied based on survey.</td>
</tr>
<tr>
<td></td>
<td>Increase family satisfaction.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Output Measures:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adults in mental health crisis served.</td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

Target Group:  Adults with Mental Health Problems

Sub-group:  Adults in mental health crisis

Outcome Measure:  Average Global Assessment of Functioning scale change score

Data Sources and Methodology:  The data source for this measure is Substance Abuse and Mental Health Data Warehouse.

The measure is an average. It is the average improvement in GAF scores for persons who have at least two scores. The numerator is the total of change scores for all persons. The change score is the difference between a person’s latest score and the average of previous scores. The denominator is the total number of persons who have change scores.

The scale is administered by the case manager or therapist to clients with a psychiatric disability, at admission, every three months and at discharge. The case manager or therapist enters the information into the Mental Health Outcome Measures Input Form. The provider electronically sends the completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

Validity:  The Global Assessment of Functioning (GAF) Scale is used to help a clinician plan treatment and predict outcomes. The Global Assessment of Functioning Scale is a report of overall functioning and is used to track the clinical progress of the individual in global terms, using a single measure that rates psychological, social and occupational functioning.

Scores are determined on a range from 1 to 100, with 1-10 indicating a persistent danger of severely hurting self or others and 91-100 indicating superior functioning in a wide range of activities. A score of 51-60 represents moderate symptoms, such flat affect, or moderate difficulty in social or occupational functioning, such as conflicts with co-workers.

The instrument was developed in 1976 by Endicotte and others. It is included in the Diagnostic and Statistical Manual IV of the American Psychiatric Association and is widely used nationally for clinical assessment and research.

Research has determined the validity of this instrument and showed the instrument is sensitive to differences in level of impairment for both inpatient and outpatient clients.

Reliability:  Research has confirmed the inter-rater reliability of the GAF scale. Test-retest reliability found no significant differences by rater or across time.
The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Guidelines for administering the scale were presented at training sessions provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data. Sessions were followed up with written instructions and question and answer sheets. A licensed psychologist conducted training on the instrument to providers and district staff. In order to validate data received, the Florida Mental Health Institute is currently developing instructions for conducting validation and reliability checks at provider agencies. Department staff has developed a “checker program” and has included edits in its software to ensure the data quality.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in mental health crisis

**Outcome Measure:** Percent readmitted within 30 days.

**Data Sources and Methodology:** The data source for this measure is the Integrated Data System which tracks mental health service provision and the population receiving those services.

The measure is a percent. The numerator is the total number of persons who are discharged and readmitted to any crisis stabilization or inpatient unit within 30 days. The denominator is the total number of persons who are discharged.

**Validity:** The measure is a direct indicator of the desired outcome to live and participate in the community. Treatment in a crisis stabilization or inpatient unit should be effective enough to enable persons to remain in the community for at least thirty days following discharge.

**Reliability:** The Integrated Data System reports on 100 percent of the persons served. It has quality control processes which assure accurate data entry, periodic database maintenance of client records and accurate reports. Client records that are erroneous or incomplete are returned to provider agencies for corrective action.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in mental health crisis

Outcome Measure: Average client satisfaction score on the Behavioral Healthcare Rating Scale.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute. This survey supplements the data provided by the department-wide client satisfaction survey.

The measure is an average. The numerator is the sum of all scores on the Behavioral Healthcare Rating Scale at the latest, post-admission, assessment. The denominator is total number of individuals for whom client satisfaction scores are available.

Validity: The Behavioral Healthcare Rating of Satisfaction scale was developed by the Florida Mental Health Institute, University of South Florida, with input from consumers of mental health services. It has 26 items, is multidimensional and meets traditional standards for psychometric rigor. It address five primary item clusters (general consumer satisfaction, perception of staff, negativity/coerciveness, environmental context of treatment, and perceived outcomes of treatment. The Florida Mental Health Institute tested it for validity.

Reliability: The Florida Mental Health Institute also tested the scale for reliability and found it had good test/retest reliability. Most of the participants were experiencing significant mental health and/or substance abuse problems, yet they were able to answer the Behavioral Healthcare Rating of Satisfaction scale in a consistent way on two different administrations.

The reliability of this measure is dependent on the percentage of the population served that is assessed and providers’ compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data. Sessions were followed up with written instructions and question and answer sheets. The Florida Mental Health Institute is currently developing a policy and procedures manual for conducting reliability checks at provider agencies. Department staff will periodically audit data quality.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in mental health crisis

Outcome Measure: Percent of community partners satisfied based on survey.

Data Sources and Methodology: The data source for this measure is the Community Partners’ Survey developed by a department workgroup and administered annually by the Office of Standards and Evaluation (OSEV). Data are collected for this measure at the client target group level only (Adults with Mental Health Problems).

This measure is a percent. The last question on the survey, “In my opinion, The Department of Children and Families overall is an effective partner with our organization”, is used as the summary indicator of partner satisfaction. The numerator of the measure is the number of respondents who score “Agree” or “Strongly Agree” on a 5-item Likert scale on the summary question. The denominator is all respondents who have a score on the summary question.

Community Partners include law enforcement, judicial systems, county and city governments, school boards and Vo-Techs, other state agencies, hospitals and Healthy Start Coalitions, WAGES Boards, Family Care Councils, foster parents associations, Human Rights Advocacy Committees, Businesses, United Way agencies, and religious organizations.

Validity: The department workgroup identified eleven themes which reflect different aspects of how partners might express satisfaction with the department. These themes included such concepts as “Timeliness”, “Accessibility”, and “Competency.” Questions were developed to operationalize these themes. The questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning. The summary question was found to correlate highly with the total score of the other questions, and is thus believed to be a valid measure of the respondent’s overall opinion.

Reliability: The survey sample is carefully controlled during administration. OSEV provides district staffs with up-to-date address lists and phone numbers for eight of the eleven partner groups. District staff secure addresses for the last three groups. Only judges are sampled (100 county and 165 circuit), other partner groups are surveyed in total. In order to assure an adequate sample, district staffs follow-up with phone calls to non-respondents. The survey forms are checked by OSEV staff for obvious errors prior to data entry. Following data entry, a sample of computer records is matched to the
original forms to verify data. Responses to the open-ended question are coded by staff who have trained together and who will be tested periodically for inter-rater reliability.

The survey sample was designed to yield reliable results only at the state level. The 1998 survey population, 1,581, yielded 728 responses for a response rate of 46 percent. This was in excess of the minimum requirement, 384, for a +/- .05 error at a 95 percent confidence level.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in mental health crisis

Outcome Measure: Increase family satisfaction.

Data Sources and Methodology: The data source for this measure is the Family Satisfaction survey form which is administered with the Department Client Satisfaction survey. Data are maintained in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department “Agree” or “Strongly Agree” on the summary question of the survey. The denominator is all respondents who rated the department.

The survey form identifies the relationship of the family member responding, their age, and the age of the client. The survey contains 14-questions with a 5-item Likert response which measure family member satisfaction. A satisfied family member is defined as one who gives the department a rating of 4 or better on the five point scale on the summary question. The survey is done annually, in conjunction with the department Client Satisfaction survey. Results at the state level have a precision of .05 at the 95% confidence level.

Validity: A mental health staff workgroup with expertise in survey design developed this survey. The questions are operationalizations of a number of factors related to family satisfaction, including accessibility, timelines, and family involvement. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning.

Reliability: The survey forms will be checked by district staff for obvious errors prior to batching for data entry. Following data entry, a sample of computer records will be matched to the original forms to verify data quality.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in mental health crisis

**Output Measure:** Number of Adults in Mental Health Crisis served.

**Data Sources and Methodology:** The data source for this measure is the Substance Abuse and Mental Health Data Warehouse.

The measure is a count of the number of persons who are admitted to a contracted service provider, enrolled into a target population, and who receive a service.

The admissions worker enters the demographic data of the person. The admission worker, case manager or therapist enters the enrollment information onto an enrollment form. The case manager or therapist enters the service provision information onto the service event record. The provider electronically sends each of these completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

**Validity:** This measure is an objective count of the number persons who are admitted to a contracted provider’s program, enrolled into a target population, and who receive a service.

**Reliability:** The Integrated Data System reports on 100 percent of the persons served. It has quality control processes which assure accurate data entry, periodic database maintenance of client records and accurate reports. Client records that are erroneous or incomplete are returned to provider agencies for corrective action. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.
**Sub-group: Adults with forensic involvement**

**Outcome Measures:**

<table>
<thead>
<tr>
<th>Outcome Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average annual number of days spent in the community (not in institutions or other facilities)</td>
</tr>
<tr>
<td>Average functional level based on Global Assessment of Functioning score.</td>
</tr>
<tr>
<td>Percent of persons on Chapter 916, F.S. conditional release who are arrested for crimes against persons.</td>
</tr>
<tr>
<td>Percent of persons who violate their Chapter 916, F.S., conditional release and are recommitted.</td>
</tr>
<tr>
<td>Average client satisfaction score on the Behavioral Healthcare Rating Scale.</td>
</tr>
<tr>
<td>Percent of community partners satisfied based on survey.</td>
</tr>
</tbody>
</table>

**Output Measures:**

- Number of Adults with Forensic Involvement served.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults with forensic involvement

Outcome Measure: Average annual number of days spent in the community (not in institutions or other facilities)

Data Sources and Methodology: The data source for this measure is the Substance Abuse and Mental Health Data Warehouse

The measure is an average. The numerator is the total number of days spent in the community by the clients in the last 30 days prior to the latest, post-admission, assessment. The denominator is the number of clients for whom the days spent in the community has been recorded. This is converted to an annual average by multiplying by 12.18.

The case manager or therapist enters the information onto a Mental Health Outcome Measures Input Form, and the provider electronically sends the completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

Validity: This measure is an objective count of the number of days spent in the community (not in crisis stabilization unit, short term residential treatment unit, state treatment facility, inpatient unit, jail or homeless). This measure was tested for validity as a source of clinical change outcome information by the Florida Mental Health Institute when the information was collected on the Functional assessment Rating Scale.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data, and the sessions were followed up with written instructions and question and answer sheets. The Florida Mental Health Institute is currently developing a policy and procedures manual for conducting reliability checks at provider agencies. Department staff has developed a “checker program” and has included edits in its software to ensure the data quality.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults with forensic involvement

Outcome Measure: Average functional level based on Global Assessment of Functioning score.

Data Sources and Methodology: The data source for this measure is Substance Abuse and Mental Health Data Warehouse.

The measure is an average. The numerator is the total of scores on the Global Assessment Scale at the individual’s latest, post-admission, assessment. The denominator is total number of clients for whom assessment scores are available.

The scale is administered to clients with a psychiatric disability by the case manager or therapist, who enters the information into the Mental Health Outcome Measures Input Form. The provider electronically sends the completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

Validity: The Global Assessment of Functioning (GAF) Scale is used to help a clinician plan treatment and predict outcomes. The Global Assessment of Functioning Scale is a report of overall functioning and is used to track the clinical progress of the individual in global terms, using a single measure that rates psychological, social and occupational functioning.

Scores are determined on a range from 1 to 100, with 1-10 indicating a persistent danger of severely hurting self or others and 91-100 indicating superior functioning in a wide range of activities. A score of 51-60 represents moderate symptoms, such flat affect, or moderate difficulty in social or occupational functioning, such as conflicts with co-workers.

The instrument was developed in 1976 by Endicotte and others. It is included in the Diagnostic and Statistical Manual IV of the American Psychiatric Association and is widely used nationally for clinical assessment and research.

Research has determined the validity of this instrument and showed the instrument is sensitive to differences in level of impairment for both inpatient and outpatient clients.

Reliability: Research has confirmed the inter-rater reliability of the GAF scale. Test-retest reliability found no significant differences by rater or across time.
The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Guidelines for administering the scale were presented at training sessions provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data. Sessions were followed up with written instructions and question and answer sheets. A licensed psychologist conducted training on the instrument to providers and district staff. In order to validate data received, the Florida Mental Health Institute is currently developing instructions for conducting validation and reliability checks at provider agencies. Department staff has developed a “checker program” and has included edits in its software to ensure the data quality.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults with forensic involvement

**Outcome Measure:** Percent of persons on Chapter 916, F.S. conditional release who are arrested for crimes against persons.

**Data Sources and Methodology:** The data sources for this measure are Substance Abuse and Mental Health Data Warehouse for number of persons on conditional release and Florida Department of Law Enforcement (FDLE) for persons who are arrested for crimes against persons.

This measure is a percent. The numerator for this measure is the number of persons on conditional release who are arrested for crimes against persons and the denominator is the total number of persons on conditional release. The name, social security number, race and sex of persons on conditional release will be taken from the data warehouse and sent to FDLE for match of arrests for crimes against persons. Since the FDLE data is not easily available, this measure will be done annually.

**Validity:** This measure is an indication of the ability of a person with mental illness on conditional release to live and participate in the community. The validity of the measure may be limited by the assumption that crimes against persons are common for persons on conditional release and that these crimes are result from their mental illness.

**Reliability:** The reliability of this data is dependent on the number of data warehouse records that are matched in the FDLE data base and on the willingness of FDLE to perform the data match.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults with forensic involvement

Outcome Measure: Percent of persons who violate their Chapter 916, F.S., conditional release, and are recommitted.

Data Sources and Methodology: The data sources for this measure are clerk of circuit court records, Substance Abuse and Mental Health Data Warehouse and central office forensic data base.

This measure will be reported as a percent. The numerator is the number of clients who are recommitted to the department for involuntary hospitalization as a result of violations while on conditional release. The denominator is all clients who are on conditional release during the fiscal year.

Court orders for recommitting individuals to the department while on conditional release are provided by the clerks of the courts to the central office mental health program office. This information is then entered into the forensic database.

Clients include adults or juveniles adjudicated as adults with Chapter 916, F.S., court order and on conditional release.

Validity: This measure is a direct indicator of the desired outcome for people with mental health problems to live in the community. It indicates whether community mental health support services enable persons on conditional release to maintain themselves in the community.

Reliability: A person can not be admitted to a state hospital unless a copy of the court order is received by the central office mental health program office. The forensic data base has been in operation for ten years and no significant data accuracy problems have been identified.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults with forensic involvement

Outcome Measure: Average client satisfaction score on the Behavioral Healthcare Rating Scale.

Data Sources and Methodology: The data source for this measure is the Florida Mental Health Institute. This survey supplements the data provided by the department-wide client satisfaction survey.

The measure is an average. The numerator is the sum of all scores on the Behavioral Healthcare Rating Scale at the latest assessment (non admission). The denominator is total number of individuals for whom client satisfaction scores are available.

Validity: The Behavioral Healthcare Rating of Satisfaction scale was developed by the Florida Mental Health Institute, University of South Florida, with input from consumers of mental health services. It has 26 items, is multidimensional and meets traditional standards for psychometric rigor. It address five primary item clusters (general consumer satisfaction, perception of staff, negativity/coerciveness, environmental context of treatment, and perceived outcomes of treatment). The Florida Mental Health Institute tested it for validity.

Reliability: The Florida Mental Health Institute also tested the scale for reliability and found it had good test/retest reliability. Most of the participants were experiencing significant mental health and/or substance abuse problems, yet they were able to answer the Behavioral Healthcare Rating of Satisfaction scale in a consistent way on two different administrations.

The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

Training sessions were provided to district and provider staff across the state during the summer of 1996. These sessions included information on procedures for collecting and recording outcome data. Sessions were followed up with written instructions and question and answer sheets. The Florida Mental Health Institute is currently developing a policy and procedures manual for conducting reliability checks at provider agencies. Department staff will periodically audit data quality.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults with forensic involvement

**Outcome Measure:** Percent of community partners satisfied based on survey.

**Data Sources and Methodology:** The data source for this measure is the Community Partners’ Survey developed by a department workgroup and administered annually by the Office of Standards and Evaluation (OSEV). Data are collected for this measure at the client target group level only (Adults with Mental Health Problems).

This measure is a percent. The last question on the survey, “In my opinion, The Department of Children and Families overall is an effective partner with our organization”, is used as the summary indicator of partner satisfaction. The numerator of the measure is the number of respondents who score “Agree” or “Strongly Agree” on a 5-item Likert scale on the summary question. The denominator is all respondents who have a score on the summary question.

Community Partners include law enforcement, judicial systems, county and city governments, school boards and Vo-Techs, other state agencies, hospitals and Healthy Start Coalitions, WAGES Boards, Family Care Councils, foster parents associations, Human Rights Advocacy Committees, Businesses, United Way agencies, and religious organizations.

**Validity:** The department workgroup identified eleven themes which reflect different aspects of how partners might express satisfaction with the department. These themes included such concepts as “Timeliness”, “Accessibility”, and “Competency.” Questions were developed to operationalize these themes. The questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning. The summary question was found to correlate highly with the total score of the other questions, and is thus believed to be a valid measure of the respondent’s overall opinion.

**Reliability:** The survey sample is carefully controlled during administration. OSEV provides district staffs with up-to-date address lists and phone numbers for eight of the eleven partner groups. District staff secure addresses for the last three groups. Only judges are sampled (100 county and 165 circuit), other partner groups are surveyed in total. In order to assure an adequate sample, district staffs follow-up with phone calls to non-respondents. The survey forms are checked by OSEV staff for obvious errors prior to data entry. Following data entry, a sample of computer records is matched to the
original forms to verify data. Responses to the open-ended question are coded by staff who have trained together and who will be tested periodically for inter-rater reliability.

The survey sample was designed to yield reliable results only at the state level. The 1998 survey population, 1,581, yielded 728 responses for a response rate of 46 percent. This was in excess of the minimum requirement, 384, for a +/- .05 error at a 95 percent confidence level.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults with forensic involvement

**Output Measure:** Number of Adults with Forensic Involvement served.

**Data Sources and Methodology:** The data source for this measure is the Substance Abuse and Mental Health Data Warehouse.

The measure is a count of the number of persons who are admitted to a contracted service provider, enrolled into a target population, and who receive a service.

The admissions worker enters the demographic data of the person. The admission worker, case manager or therapist enters the enrollment information onto an enrollment form. The case manager or therapist enters the service provision information onto the service event record. The provider electronically sends each of these completed form to the Mental Health Information Support and Analysis Unit to be loaded into the data warehouse.

**Validity:** This measure is an objective count of the number persons who are admitted to a contracted provider’s program, enrolled into a target population, and who receive a service.

**Reliability:** The Integrated Data System reports on 100 percent of the persons served. It has quality control processes which assure accurate data entry, periodic database maintenance of client records and accurate reports. Client records that are erroneous or incomplete are returned to provider agencies for corrective action. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.
<table>
<thead>
<tr>
<th>Sub-group: Adults in civil commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Measures:</strong></td>
</tr>
<tr>
<td>Percent of residents who meet readiness for discharge criteria between six months and twelve months after admission.</td>
</tr>
<tr>
<td>Percent of patients readmitted.</td>
</tr>
<tr>
<td>Percent of people served who are discharged to the community.</td>
</tr>
<tr>
<td>Percent of patients who improve mental health based on Positive and Negative Symptom Scale.</td>
</tr>
<tr>
<td>Average scores on Community Readiness Survey at &quot;ready for discharge.&quot;</td>
</tr>
<tr>
<td>Annual number of significant reportable [harmful] events per 100 residents in each mental health institution.</td>
</tr>
<tr>
<td>Percent of patients satisfied based on survey.</td>
</tr>
<tr>
<td>Percent of community partners satisfied based on survey.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Output Measures:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number served.</td>
</tr>
<tr>
<td>Number of adult abuse or neglect reports from mental health hospitals.</td>
</tr>
<tr>
<td>Number of adult abuse reports confirmed or proposed confirmed.</td>
</tr>
<tr>
<td>Number of people served who are discharged to the community.</td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in civil commitment

Outcome Measure: Percent of residents who meet readiness for discharge criteria between six months and twelve months after admission.

This is a new measure developed during the 1998 legislative session. The program office proposes a substitute measure: “Percent of residents discharged within twelve months of admission.” The proposed substitute addresses problems with the validity of the current measure discussed below.

Data Sources and Methodology: The data source for the proposed measure “Percent of residents discharged within twelve months of admission”, is the Client Information System.

This measure is a cumulative percent of clients discharged within 12 months. The numerator is the year to date number of residents discharged within 12 months of admission. Discharges excludes transfers to other facilities, elopements, escapes, deaths, or status changes. The denominator is the total number of clients tracked for twelve months.

Validity: There are several issues with the validity of the current measure. The wording of the measure does not appear to reflect its intent. It is not clear if the intent is to measure discharge or readiness for discharge. The use of the Community Readiness Index/Community Adjustment Scale to determine if a client is discharge-ready is questionable. This index is not a proven indicator of readiness, nor has a score been identified which indicates readiness status. Additionally, facilities are not allowed to identify clients as discharge-ready under current policy. Under the current measure persons would have to be identified as discharge-ready, and this could present legal liability for the department if the client is not discharged. The wording of this measure also provides incentives to not discharge residents with length of stay over 12 months.

Reliability: The reliability of data obtained through the Client Information System (CIS) will be increased by periodically sampling the information, sending a report to the facilities, and having them verify the accurateness of the information.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in civil commitment

Outcome Measure: Percent of patients readmitted.

Data Sources and Methodology: The data sources for this measure are the Client Information System and the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW).

This measure is a percent. The numerator for this measure is the total number of residents admitted to a crisis stabilization unit (CSU) within 30 days of discharge from a state treatment facility. The denominator is the total number of persons discharged during the reporting period. A readmission is defined as a person who is discharged from a state mental health treatment facility, and admitted to a crisis stabilization unit (CSU) within 30 days of the discharge.

Validity: The is a direct measure of the desired outcome that individuals live and participate in the community. It is an indicator of the mental health system’s success of both community care and institutional based treatment.

Reliability: The reliability of this measure will depend upon the accuracy of reporting to the identified data systems, by both facility and community staff. Reliability may be affected by the type/quality of information gathered at the point of entry into the Crisis Stabilization Unit, and whether or not the past history of commitments can be tracked.
EXHIBIT D-2B

Target Group:  Adults with Mental Health Problems

Sub-group:  Adults in civil commitment

Outcome Measure:  Percent of people served who are discharged to the community.

Data Sources and Methodology:  The data source for this measure is the Client Information System.

This measure is a percent.  The numerator is the year-to-date number of residents discharged to the community, excluding transfers to other facilities, elopements, escapes, deaths, or status changes.  The denominator is the beginning census, plus all new admissions year-to-date.

There may be variations in results across facilities due to population differences within each facility, and the ability of the community to provide services in different locations.  For internal management this measure is reported by facility.

Validity:  The is a direct measure of the desired outcome that individuals live and participate in the community.  The chronic nature of mental illness of some individuals residing in facilities may impact the ability of institutions to discharge them.  For instance sub populations such as the developmentally disabled, geriatric, or forensic commitments living in civil facilities are often difficult to discharge.  An alternative to this measure would be to calculate the percent of discharges, delineating between long and short term populations, and report accordingly.

Reliability:  The reliability of this measure is dependent on accurate data entered into the system.  This is addressed in conjunction with the Quality Review Process, by randomly pulling monthly data, and verifying findings on site.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in civil commitment

**Outcome Measure:** Percent of residents who improve mental health based on Positive and Negative Symptom Scale.

The department has requested a technical correction in the wording of this measure to: Percent of residents who improve based on the Positive and Negative Syndrome Scale.

**Data Sources and Methodology:** The data source for this measure is the central office Mental Health Institutions data system.

This measure is a percent. The numerator is the number of residents with the most recent assessment score (general psychopathology subscale) less than the average of their pervious scores. (A lower score means less psychopathology.) The denominator is all residents with at least two assessments. This measure is reported by civil and forensic target populations, based upon where the individual lives.

The SCI- Positive and Negative Syndrome Scale (SCI-PANSS), is used to evaluate the psychiatric level of functioning of persons living in state mental health treatment facilities. It provides a standardized, well defined technique for evaluating general psychopathology symptoms. Residents who are developmentally disabled or cognitively impaired (organic) are not assessed using this instrument. This instrument is not designed to assess residents with cognitive impairment.

The instrument gathers information about 30 symptoms including hallucinations, delusions and thought disorders. It assesses 7 “positive” and 7 “negative” symptoms and 16 symptoms of general psychopathology. “Positive” symptoms are not good. They include disorganized thought and hallucinations which are called “positive” because they represent the production of abnormal behavior. “Negative” symptoms represent the absence of normal behavior, and include social withdrawal and lack of facial expression.

Each symptom is rated from 1 to 7 (absent to extreme) based on their abnormal display, frequency and disruption of daily life. A rating of 2 (minimal) indicates suspected pathology or the extreme end of the normal range. Seven (extreme) is the most serious level of psychopathology that interferes in most life functions and requires close supervision.

The ratings of each symptom are combined into scores on scales that assess overall “positive” and “negative” functioning, general psychopathology, and clusters of
symptoms, or syndromes, such as depression or delusion. Scores on the Positive and Negative Scales range from 7 to 49 (absent to extreme). General Psychopathology Scale scores range from 16 to 112 (absent to extreme).

The instrument was developed and standardized in 1984 by Opler, Kay and Singh. It is widely used nationally for clinical assessment and research.

Residents are evaluated by designated treatment staff between five and ten calendar days of admission to the facility, and every six months following admission date (+/- 14 days), and at discharge. For Incompetent to Proceed residents, the discharge assessment will be completed within 2 weeks of discharge determination (date the court report is mailed). Scores will be reported electronically to the central office. The program office analyzes data and provide quarterly reports.

**Validity:** The validity of the PANSS is supported by studies that indicate significant relationships among general psychopathology symptoms that are predictive of mental illness. Treatment studies provide evidence of the predictive validity of the PANSS in drug sensitivity, i.e., response of symptoms to particular medications. Longitudinal studies indicate certain scores are associated with schizophrenia, or affective psychosis.

**Reliability:** Studies show high test-retest reliability. Raters are trained at each facility to an 80% reliability level. Staff identified to perform assessments include nurses, psychiatrists, psychologists, social workers, and Quality Assurance staff who are trained and deemed competent by a designated facility trainer. Uniform department procedures have been developed to assure all raters remain competent at this level. Facilities are responsible for maintaining an approved list of raters, and maintaining the reliability level of each rater. The central office will periodically monitor data quality to ensure procedures are maintained, and data is entered and reported correctly, and that rater training activities are occurring. These activities will be accomplished as a part of the annual on site Quality Review, and data error reports provided to facilities.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in civil commitment

Outcome Measure: Average scores on Community Readiness Survey at "ready for discharge."

This is a new measure that is still in development. The program office suggests changing the wording of the measure to: “Average scores on Residential Adjustment Index.” The change better identifies the instrument and its use.

Data Sources and Methodology: The data source for this measure is the central office Mental Health Institutions data system.

This measure is an average. The numerator is the total of scores on the Residential Adjustment Index at the latest post-admission, assessment. The denominator is total number of clients for whom assessment scores are available.

The Residential Adjustment Index will be used to rate resident behavior over the past 90 days during each scheduled service/treatment planning meeting and at discharge. The score will be determined based upon the previous 90 days of the resident’s behavior.

All scores will be reported to the program office, however, scores obtained at resident discharge will be used for quarterly reporting purposes.

Validity: The Residential Adjustment Index is designed to measure behaviors/skills which are necessary for community living. These include not being dangerous or sexually aggressive and ability to feed and dress self. It has been developed by the department based upon admission criteria in the Baker Act and a community survey indicating requisite skills for community placement. Its validity is supported by preliminary findings from the MacArthur research project. However, an item analysis should be conducted to determine the overall validity of the scale during the baseline phase of implementation.

Reliability: Scores will be provided to the program office on a monthly basis by designated facility staff. Training sessions are provided to staff assigned to administer the index. Each facility uses procedures to assure compliance with guidelines. Periodic external audits of survey administration, data collection, and reporting will occur throughout the year.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in civil commitment

Outcome Measure: Annual number of harmful events per 100 residents in each mental health institution.

The program office suggests changing the wording of the measure to clarify that only one measure is reported in the budget, and to be consistent with the same measure for developmental disabilities institutions. The suggested wording is: “The annual number of significant reportable events per 100 residents in mental health institutions.”

Data Sources and Methodology: The data sources for this measure is the Significant Reportable Events Report which is maintained in the institution data base and reported monthly to the program office.

This measure is a ratio. The numerator is the total number of reportable events for all mental health institutions. The denominator for this measure is the average daily census of the institution. The average daily census is defined as the total number patient days divided by the total days in the reporting period. The result is multiplied by 100 to produce events per 100.

Significant reportable events are a subset of all reports prepared by institutional staff witnessing unusual events. Significant reportable events include the unauthorized absence beyond 8 hours of a resident involuntarily admitted under Chapters 393 or 394, F.S.; the unauthorized absence of a resident of a forensic facility; the unauthorized absence beyond 2 hours of a resident of a civil facility or developmental services institution committed under Chapter 916, F.S.; attempted suicide; an unexpected resident death; allegations of nonconsensual sexual activity when there is medical evidence that such activity occurred; injuries to residents resulting in fractures, lacerations requiring 2 or more sutures, or requiring admission to an off-campus acute care hospital; and significant injuries to staff resulting from resident to staff altercations which result in admission of the staff to an acute care facility. The same reporting form is used in developmental services institutions.

For internal management purposes this measure is reported and monitored by civil and forensic target populations, based upon facility placement.

Validity: This is a valid measure because it is based on actual counts of residents and events occurring to those specific residents over a specific time period. These events are directly relevant to the maintenance of safety and security in the therapeutic
environment. The suggested change in wording would make this consistent with department practice in reporting significant events in both mental and developmental disabilities institutions. Current wording implies separate measures will be reported in the GAA for each institution. This data will be reported and monitored within the department by not represented as multiple measures in the GAA.

**Reliability:** The reliability of all significant event measures is affected by the accuracy and completeness of reporting by residents and staff. The numbers on the reports are periodically audited during the Quality Review process. A 25% sample of the events per fiscal year are evaluated, as part of the Quality Review process. Also, during the Quality Review, other source documents will be reviewed to ascertain the reliability of reporting. Risk managers and program office staff routinely address issues during a monthly conference call. At the facility level, the facility risk manager reviews each incident for inclusion in the monthly report. Internal risk management departments complete follow up activities related to significant reportable events.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in civil commitment

Outcome Measure: Percent of clients satisfied based on survey.

Data Sources and Methodology: The data source for this measure is the central office Mental Health Institutions data system.

This measure is a percent. The numerator is the number of residents satisfied based on scores on the resident satisfaction survey. The denominator is all residents who have a score. This survey is administered no less than annually to residents within two weeks of their annual service plan, and within two weeks of discharge. If persons who are incompetent to proceed are discharged prior to one year, the survey will be administered at discharge. The survey will be administered by someone who does not provide direct services to the resident being surveyed.

Individual survey scores are developed by summing the points associated with each answer (1=Strongly Agree, 2=Agree, 3= Disagree, and 4 = Strongly Disagree), and dividing the resulting score by the number of survey items answered. A resulting score of 2.5 or less is indicative of satisfaction. To calculate the overall percentage satisfied, the total number of satisfied individuals is divided by the total number of persons completing the survey.

Items for the resident satisfaction survey were selected from the Behavioral Healthcare Rating of Satisfaction (BHRS), the Quality Review Survey, the MHCA Customer Survey, and the agency wide Client Satisfaction Survey. Items selected were based on consideration of characteristics of residential treatment settings and factors of general satisfaction and satisfaction with treatment, staff, and the environment. The items are clustered around five domains: general satisfaction; satisfaction with treatment; satisfaction with staff; personal safety; and environmental conditions. At the time of development, the Quality Review Survey and the BHRS had been piloted at two facilities. This survey has been used within facilities during the last year.

Validity: The items in the survey were selected for their relevance to institutions. Some items are from instruments tested for validity, including the BHRS. This is a better survey to establish overall satisfaction, but is limited in its ability to provide program specific feedback to facilities. A few of the items appear to be difficult to understand by the residents (unclear), and some facilities report the survey is too lengthy. An item analysis will be conducted and items deleted based upon this analysis. Overall, this survey appears to be working well.
Reliability: Facilities have developed procedures that ensure reliable administration and data reporting. During the next year, administration, data collection, reporting, and reports will be reviewed as a component of the on site Quality Review process. This has been done to a limited degree this year.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in civil commitment

**Outcome Measure:** Percent of community partners satisfied based on survey.

This methodology for this measure is under discussion by program office. The existing department community partners survey reports data collected at the client target group level only (Adults with Mental Health Problems). For management purposes it may be desirable to identify issues specific to community relations with institutions.

**Data Sources and Methodology:** The only available data source for this measure is the Community Partners’ Survey developed by a department workgroup and administered annually by the Office of Standards and Evaluation (OSEV). Data are collected for this measure at the client target group level only (Adults with Mental Health Problems).

See the description of data source and methodology and validity and reliability under community mental health performance measures.

If an institution specific survey is developed the data source will be the Mental Health/Substance Abuse Data System. Community partners for both civil and forensic target populations will be identified and defined. Any surveys currently in use at facilities will be reviewed in conjunction with the survey developed by the department. Based upon this review, a survey may be developed that is consistent with the department community satisfaction survey.

**Validity:** To be determined.

**Reliability:** To be determined.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in civil commitment

Output Measure: Number served.

Data Sources and Methodology: The data source for this measure is the Client Information System.

This measure is a number. It is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year. The methodology has been refined to count clients by the type of hospital in which they are residing rather than by commitment status. This is more appropriate because a large number of persons with Chapter 916, F.S., commitments are living in civil areas of hospitals. These clients with forensic commitment closely resemble the civil target population in treatment needs and characteristics. They receive similar services and do not require the level of security provided in forensic settings.

Validity: This number reflects the actual number of persons receiving services from state mental health treatment facilities.

Reliability: The reliability of this number will be affected by the accuracy of data entered into the system. In order to increase reliability facility staff will confirm accuracy of randomly selected data at given intervals. Data will also be checked on site as a part of the Quality Review peer review process during annual site visits.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in civil commitment

**Output Measure:** Number of adult abuse or neglect reports from mental health hospitals.

This is a new measure developed during the 1998 legislative session. The program office proposes this measure be dropped because of validity problems (see below). The companion measure “number of abuse reports confirmed or proposed confirmed” captures the intended performance.

**Data Sources and Methodology:** The data source for this measure is the Florida Abuse Hotline Information System (FAHIS).

This measure is a number. It is the number of reports of abuse or neglect taken by the Florida Abuse Hotline.

**Validity:** This is not a valid measure to indicate facility performance. Abuse reporting is a resident’s right, and is desired. Reporting in and of itself does not necessarily indicate abuse has occurred. The event must be investigated and evidence obtained in order to make a determination. Tracking of this output is contrary to the mission of the department, as it may actually inhibit reporting. The companion measure “number of abuse reports confirmed or proposed confirmed” captures the intended performance.

**Reliability:** Periodic reviews have not indicated major FAHIS reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in civil commitment

Output Measure: Number of adult abuse reports confirmed or proposed confirmed

This is a new measure developed during the 1998 legislative session.

Data Sources and Methodology: The data sources for this measure are the Florida Abuse Hotline Information System (FAHIS).

This measure is a number. It includes all cases of abuse or neglect confirmed by investigators and all cases with verified findings of abuse or neglect that are classified as proposed confirmed. Data is acquired monthly from the FAHIS abuse registry. Reports will be generated on a monthly basis, at the end of each quarter, and annually.

For management purposes information is collected by civil and forensic living environments for each institution and is reviewed by the facility Resident Advocate (or other designated person). (See identical measure for forensic institutions.)

Validity: This measure is an indicator of how well facilities and their staff maintain a safe, therapeutic environment. It is a count of actual events, and is well documented based upon independent investigations.

Reliability: The reliability of this data can be maintained by cross referencing reports generated by the Abuse Registry with records maintained at the facility.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in civil commitment

**Output Measure:** Number of people served who are discharged to the community.

**Data Sources and Methodology:** The data source for this measure is Client Information System.

This measure is calculated by adding the number of persons discharged throughout the year.

**Validity:** This is simply the number of clients discharged during the year. A more useful performance measure might be the percent of clients discharged each year for comparison across facilities because facilities differ in size and capacity. The ability to impact either the number or percent is dependent on the communities resources and ability to provide services.

**Reliability:** The reliability of this number is affected by the accuracy of data entered into the system. To increase reliability, random reports will be generated, and facility staff will be asked to confirm accuracy at given intervals.
### Sub-group: Adults in forensic commitment

#### Outcome Measures:

<table>
<thead>
<tr>
<th>Outcome Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of residents who improve mental health based on Positive and Negative Symptom Scale.</td>
</tr>
<tr>
<td>Percent of residents restored to competency and ready for discharge within six months after admission.</td>
</tr>
<tr>
<td>Average number of days to restore competency.</td>
</tr>
<tr>
<td>Percent of residents restored to competency and ready for discharge between six and twelve months after admission.</td>
</tr>
<tr>
<td>Annual number of significant reportable [harmful] events per 100 residents in each mental health institution.</td>
</tr>
<tr>
<td>Percent of residents satisfied based on survey.</td>
</tr>
<tr>
<td>Percent of community partners satisfied based on survey.</td>
</tr>
</tbody>
</table>

#### Output Measures:

<table>
<thead>
<tr>
<th>Output Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number served.</td>
</tr>
<tr>
<td>Number of adult abuse or neglect reports from mental health hospitals.</td>
</tr>
<tr>
<td>Number of adult abuse reports confirmed or proposed confirmed.</td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in forensic commitment

Outcome Measure: Percent of residents who improve mental health based on Positive and Negative Symptom Scale.

The department has requested a technical correction in the wording of this measure to: Percent of residents who improve based on the Positive and Negative Syndrome Scale.

Data Sources and Methodology: The data source for this measure is the central office Mental Health Institutions data system.

This measure is a percent. The numerator is the number of residents with the most recent assessment score (general psychopathology subscale) less than the average of their previous scores. (A lower score means less psychopathology.) The denominator is all residents with at least two assessments. This measure is reported by civil and forensic target populations, based upon where the individual lives.

The SCI- Positive and Negative Syndrome Scale (SCI-PANSS), is used to evaluate the psychiatric level of functioning of persons living in state mental health treatment facilities. It provides a standardized, well defined technique for evaluating general psychopathology symptoms. Residents who are developmentally disabled or cognitively impaired (organic) are not assessed using this instrument. This instrument is not designed to assess residents with cognitive impairment.

Residents are evaluated by designated treatment staff between five and ten calendar days of admission to the facility, and every six months following admission date (+/- 14 days), and at discharge. For Incompetent to Proceed residents, the discharge assessment will be completed within 2 weeks of discharge determination (date the court report is mailed). Scores will be reported electronically to the central office. The program office analyzes data and provide quarterly reports.

The instrument gathers information about 30 symptoms including hallucinations, delusions and thought disorders. It assesses 7 “positive” and 7 “negative” symptoms and 16 symptoms of general psychopathology. “Positive” symptoms are not good. They include disorganized thought and hallucinations which are called “positive” because they represent the production of abnormal behavior. “Negative” symptoms represent the absence of normal behavior, and include social withdrawal and lack of facial expression.
Each symptom is rated from 1 to 7 (absent to extreme) based on their abnormal display, frequency and disruption of daily life. A rating of 2 (minimal) indicates suspected pathology or the extreme end of the normal range. Seven (extreme) is the most serious level of psychopathology that interferes in most life functions and requires close supervision.

The ratings of each symptom are combined into scores on scales that assess overall “positive” and “negative” functioning, general psychopathology, and clusters of symptoms, or syndromes, such as depression or delusion. Scores on the Positive and Negative Scales range from 7 to 49 (absent to extreme). The General Psychopathology Scale scores used for this measure range from 16 to 112 (absent to extreme).

**Validity:** The instrument was developed and standardized in 1984 by Opler, Kay and Singh. It is widely used nationally for clinical assessment and research. The validity of the PANSS is supported by studies that indicate significant relationships among general psychopathology symptoms that are predictive of mental illness. Treatment studies provide evidence of the predictive validity of the PANSS in drug sensitivity, i.e., response of symptoms to particular medications. Longitudinal studies indicate certain scores are associated with schizophrenia, or affective psychosis.

**Reliability:** Studies show high test-retest reliability. Raters are trained at each facility to an 80% reliability level. Staff identified to perform assessments include nurses, psychiatrists, psychologists, social workers, and Quality Assurance staff who are trained and deemed competent by a designated facility trainer. Uniform department procedures have been developed to assure all raters remain competent at this level. Facilities are responsible for maintaining an approved list of raters, and maintaining the reliability level of each rater. The central office will periodically monitor data quality to ensure procedures are maintained, and data is entered and reported correctly, and that rater training activities are occurring. These activities will be accomplished as a part of the annual on site Quality Review, and data error reports provided to facilities.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in forensic commitment

Outcome Measure: Percent of residents restored to competency and ready for discharge within six months after admission.

Data Sources and Methodology: The data source for this measure is the forensic data base maintained by the program office.

This measure is a percent. The numerator for this calculation is the number of Incompetent to Proceed (ITP) residents who are restored to competency within six months, as indicated by date court report is mailed. The denominator is the number of ITP persons served during the period being measured. Residents who are transferred are not included in this calculation.

Validity: The intent of this measure is to promote rapid restoration of competency, promoting both efficient and effective delivery of services, therefore increasing the capacity to serve more individuals. The validity of this measure is in its function to complement the strategic outcome “average number of days to restore competency.” The six month time period is not a national standard based on research or legal requirements.

Reliability: Facility data reporting time frames should be amended, as the current reporting format does not capture this information consistently. Changing the reporting time frames will increase accuracy of the information received. Reports must be submitted within one week of event. Reliability of this data can be checked as a part of the Quality Review on site visit.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in forensic commitment

**Outcome Measure:** Average number of days to restore competency.

**Data Sources and Methodology:** The data source for this measure is the central office Mental Health Institutions data system.

This measure is an average. For each client the number of days to restore competency is the time between the date of admission and the date the competency report to the court is completed. The numerator for this measure is the total number of days to restore clients to competency. The denominator is total number of discharged clients restored to competency. Residents who are transferred are not included in this calculation.

The competency report states the individual is competent and ready to return to court. Legal competency is defined as demonstrating skills in six areas which are necessary to assist in the individual’s legal defense.

**Validity:** Restoration of competency is the primary mission of forensic facilities for persons committed as incompetent to proceed through any phase of the judicial process due to mental illness. For these clients it is an essential step towards participation in the community. This is a direct measure of the mission of these programs.

This measurement based on a mean is susceptible to distortion by a small number of cases with long lengths of stay. An alternative way to report this information would be to distinguish between persons with length of stay less than 200 days from those with length of stay greater than 200 days.

**Reliability:** This methodology uses an established data collection system. Facilities have procedures to assure reliability of data transmitted to the central office. Audits will occur through-out the year, as a part of the Quality Review Process and ongoing meetings are held in conjunction with facility staff to address any issues associated with reliable data collection and calculation of this measure.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in forensic commitment

Outcome Measure: Percent of residents restored to competency and ready for discharge between six and twelve months after admission.

This is a new measure developed during the 1998 legislative session. The measure as stated contains two concepts. There are problems with the validity of the measure (see below).

Data Sources and Methodology: The data sources for this measure are the forensic data base maintained at the program office, and CIS. Information is provided by facilities.

The measure is a percent. As stated it contains two concepts. One is the percent of persons restored to competency between six and twelve months of admission. The other is the percent of persons discharged between six and twelve months of admission. The numerator is all persons restored to competency or discharged during the given time period. The denominator is the total number of Incompetent to Proceed residents.

Validity: The current measure is stated ambiguously, and appears to attempt to capture two distinct processes, percent of persons restored to competency between six and twelve months of admission; and percent of residents discharged between six and twelve months of admission. If the intent of this measure is to evaluate what percent of persons is restored to competency within given time frames, this is already addressed by another performance measure. It would be advantageous to evaluate the percent of persons discharged over time, by discrete length of stay intervals, extending beyond the twelve months described above. A similar approach for looking at percent of persons restored to competency would also yield useful information. Discharge of Incompetent to Proceed residents is often impacted by decisions by the court, and receiving jails.

Reliability: Reliability of data obtained will be increased by periodically sampling the information collected, sending a report to the facilities, and having them verify the contents of the information.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in forensic commitment

**Outcome Measure:** Annual number of harmful events per 100 residents in each mental health institution.

The program office suggests changing the wording of the measure to clarify that only one measure is reported in the budget, and to be consistent with the same measure for developmental disabilities institutions. The word “each” implies hospitals will report separately instead of statewide performance. The suggested wording is: The annual number of significant reportable events per 100 residents in mental health institutions.

**Data Sources and Methodology:** The data sources for this measure is the Significant Reportable Events Report which is maintained in the institution data base and reported monthly to the program office.

This measure is a ratio. The numerator is the total number of reportable events for all mental health institutions. The denominator for this measure is the average daily census of the institution. The average daily census is defined as the total number patient days divided by the total days in the reporting period. The result is multiplied by 100 to produce events per 100.

Significant reportable events are a subset of all reports prepared by institutional staff witnessing unusual events. Significant reportable events include the unauthorized absence beyond 8 hours of a resident involuntarily admitted under Chapters 393 or 394, F.S.; the unauthorized absence of a resident of a forensic facility; the unauthorized absence beyond 2 hours of a resident of a civil facility or developmental services institution committed under Chapter 916, F.S.; attempted suicide; an unexpected resident death; allegations of nonconsensual sexual activity when there is medical evidence that such activity occurred; injuries to residents resulting in fractures, lacerations requiring 2 or more sutures, or requiring admission to an off-campus acute care hospital; and significant injuries to staff resulting from resident to staff altercations which result in admission of the staff to an acute care facility. The same reporting form is used in developmental services institutions.

For internal management purposes this measure is reported by civil and forensic target populations, based upon facility placement.

**Validity:** This is a valid measure because it is based on actual counts of residents and events occurring to specific residents over a specific time period. These events are
directly relevant to the maintenance of safety and security in the therapeutic environment. The suggested change in wording would make this consistent with department practice in reporting significant events in both mental and developmental disabilities institutions. Current wording implies separate measures will be reported in the GAA for each institution.

**Reliability:** The reliability of all significant event measures is affected by the accuracy and completeness of reporting by residents and staff. The numbers on the reports are periodically audited during the Quality Review process. A 25% sample of the events per fiscal year are evaluated, as part of the Quality Review process. Also, during the Quality Review, other source documents will be reviewed to ascertain the reliability of reporting. Risk managers and program office staff routinely address issues during a monthly conference call. At the facility level, the facility risk manager reviews each incident for inclusion in the monthly report. Internal risk management departments complete follow up activities related to significant reportable events.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in forensic commitment

**Outcome Measure:** Percent of residents satisfied based on survey.

**Data Sources and Methodology:** The data source for this measure is the central office Mental Health Institutions data system.

This measure is a percent. The numerator is the number of residents satisfied based on scores on the resident satisfaction survey. The denominator is all residents who have a score. This survey is administered no less than annually to residents within two weeks of their annual service plan, and within two weeks of discharge. If persons who are incompetent to proceed are discharged prior to one year, the survey will be administered at discharge. The survey will be administered by someone who does not provide direct services to the resident being surveyed.

Individual survey scores are developed by summing the points associated with each answer (1=Strongly Agree, 2=Agree, 3= Disagree, and 4 = Strongly Disagree), and dividing the resulting score by the number of survey items answered. A resulting score of 2.5 or less is indicative of satisfaction. To calculate the overall percentage satisfied, the total number of satisfied individuals is divided by the total number of persons completing the survey.

Items for the resident satisfaction survey were selected from the Behavioral Healthcare Rating of Satisfaction (BHRS), the Quality Review Survey, the MHCA Customer Survey, and the agency wide Client Satisfaction Survey. Items selected were based on consideration of characteristics of residential treatment settings and factors of general satisfaction and satisfaction with treatment, staff, and the environment. The items are clustered around five domains: general satisfaction; satisfaction with treatment; satisfaction with staff; personal safety; and environmental conditions. At the time of development, the Quality Review Survey and the BHRS had been piloted at two facilities. This survey has been used within facilities during the last year.

**Validity:** The items in the survey were selected for their relevance to institutions. Some items are from instruments tested for validity, including the BHRS. This is a better survey to establish overall satisfaction, but is limited in its ability to provide program specific feedback to facilities. A few of the items appear to be difficult to understand by the residents (unclear), and some facilities report the survey is too lengthy. An item analysis will be conducted and items deleted based upon this analysis. Overall, this survey appears to be working well.
Reliability: Facilities have developed procedures that ensure reliable administration and data reporting. During the next year, administration, data collection, reporting, and reports will be reviewed as a component of the on site Quality Review process. This has been done to a limited degree this year.
EXHIBIT D-2B

Target Group: Adults with Mental Health Problems

Sub-group: Adults in forensic commitment

Outcome Measure: Percent of community partners satisfied based on survey.

This methodology for this measure is under discussion by program office. The existing department community partners survey reports data collected at the client target group level only (Adults with Mental Health Problems). For management purposes it may be desirable to identify issues specific to community relations with institutions.

Data Sources and Methodology: The data source for this measure is the Community Partners’ Survey developed by a department workgroup and administered annually by the Office of Standards and Evaluation (OSEV). Data are collected for this measure at the client target group level only (Adults with Mental Health Problems).

See the description of data source and methodology and validity and reliability under community mental health performance measures.

If an institution specific survey is developed the data source will be the Mental Health/Substance Abuse Data System. Community partners for both civil and forensic target populations will be identified and defined. Any surveys currently in use at facilities will be reviewed in conjunction with the survey developed by the department. Based upon this review, a survey may be developed that is consistent with the department community satisfaction survey.

Validity: To be determined.

Reliability: To be determined.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in forensic commitment

**Output Measure:** Number served.

**Data Sources and Methodology:** The data source for this measure is the Client Information System.

This measure is a number. It is calculated by adding the census at the beginning of the fiscal year and all new admissions during the fiscal year.

**Validity:** This number reflects the actual number of persons receiving services from state mental health treatment facilities.

**Reliability:** The reliability of this number will be affected by the accuracy of data entered into the system. In order to increase reliability, random reports will be generated, and facility staff will be asked to confirm accuracy at given intervals. Also, this can be checked on site as a part of the Quality Review peer review process during annual site visits.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in forensic commitment

**Output Measure:** Number of adult abuse or neglect reports from mental health hospitals

This is a new measure developed during the 1998 legislative session. The program office proposes this measure be dropped because of validity problems (see below). The companion measure “number of abuse reports confirmed or proposed confirmed.” captures the intended performance.

**Data Sources and Methodology:** The data source for this measure is the Florida Abuse Hotline Information System (FAHIS).

This measure is a number. It is the number of reports of abuse or neglect taken by the Florida Abuse Hotline.

**Validity:** This is not a valid measure to indicate facility performance. Abuse reporting is a resident’s right, and is desired. Reporting in and of itself does not necessarily indicate abuse has occurred. The event must be investigated and evidence obtained in order to make a determination. Tracking of this output is contrary to the mission of the department, as it may actually inhibit reporting. The companion measure “number of abuse reports confirmed or proposed confirmed” captures the intended performance.

**Reliability:** Periodic reviews have not indicated major FAHIS reliability issues. Ongoing systems training and monitoring assure consistency and accuracy of data.
EXHIBIT D-2B

**Target Group:** Adults with Mental Health Problems

**Sub-group:** Adults in forensic commitment

**Output Measure:** Number of adult abuse reports confirmed or proposed confirmed.

This is a new measure developed during the 1998 legislative session.

**Data Sources and Methodology:** The data sources for this measure are the Adult Abuse Registry, and facility records.

This measure is a number. It includes all cases of abuse or neglect confirmed by investigators and all cases with verified findings of abuse or neglect that are classified as proposed confirmed. Data is acquired monthly from the FAHIS abuse registry. Reports will be generated on a monthly basis, at the end of each quarter, and annually.

For management purposes information is collected by civil and forensic living environments for each institution and is reviewed by the facility Resident Advocate (or other designated person). (See identical measure for forensic institutions.)

**Validity:** This measure is an indicator of how well facilities and their staff maintain a safe, therapeutic environment. It is a count of actual events, and is well documented based upon independent investigations.

**Reliability:** The reliability of this data can be maintained by cross referencing reports generated by the Abuse Registry with records maintained at the facility.
Budget Entity: Alcohol, Drug Abuse and Mental Health Services
Program Title: People with Substance Abuse Problems
Target Group: Children With Substance Abuse Problems
Outcome: Children with substance abuse problems are drug free.

**Outcome Measures:**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children successfully completing treatment who are not readmitted for substance abuse treatment during the 12 months following discharge.</td>
<td></td>
</tr>
<tr>
<td>Percent of children discharged for completing treatment having no alcohol or other drug use during the month prior to discharge.</td>
<td></td>
</tr>
<tr>
<td>Percent of children under the supervision of the state receiving substance abuse treatment who are not committed or recommitted to the Department of Juvenile Justice during the 12 months following treatment completion.</td>
<td></td>
</tr>
<tr>
<td>Percent of parents of children receiving services reporting average or above average level of satisfaction on the Family Centered Behavior Scale.</td>
<td></td>
</tr>
<tr>
<td>Percent of children receiving services who are satisfied based on survey</td>
<td></td>
</tr>
<tr>
<td>Percent of community partners satisfied based on survey.</td>
<td></td>
</tr>
</tbody>
</table>

**Output Measures:**

- Number served.
- Number of children completing treatment
EXHIBIT D-2B

**Target Group:** Children With Substance Abuse Problems

**Outcome Measure:** Percent of children successfully completing treatment who are not readmitted for substance abuse treatment during the 12 months following discharge.

**Data Sources and Methodology:** The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system, and the client enrollment system.

This measure is a percent. The numerator is the number of children completing treatment who are not readmitted to treatment within 12 months of discharge. The denominator is the total number of children who completed treatment. Enrolled children, for example, completing treatment during FY 1998-99 will be matched against FY 1999-2000 treatment admissions records to determine if they are readmitted to treatment during the twelve months following their date of discharge. The sum of the matches will be subtracted from the total number completing treatment in FY 1998-99 to determine the number not readmitted, i.e., the numerator. The numerator divided by the total number of children completing treatment yields the percentage not readmitted.

Participation in SISAR is required of all substance abuse providers licensed by the department who receive any federal, state and local government funding. An admission report is completed for every client admitted to services, and a discharge report is completed for every client discharged from services.

**Validity:** This measure is an indirect indicator of the desired outcome that children are drug free. It assumes that no readmission means the individual is not abusing substances. There is a concern that this measure may provide a negative incentive for providers to not readmit individuals who have experienced a relapse and who may be in need of brief treatment services to support ongoing recovery.

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report client characteristic and performance data. The Department monitors the extent to which providers comply with these contractual requirements. District staff conduct on-site monitoring of a representative sample of provider’s SISAR forms to ensure forms are completed and that the input to SISAR coincides with information in case files. The SISAR manual provides detailed instructions regarding each SISAR data element to assist those individuals completing forms or gathering information for SISAR. SISAR validation instructions are provided in the outcome measures manual.
EXHIBIT D-2B

Target Group: Children With Substance Abuse Problems

Outcome Measure: Percent of children discharged for completing treatment having no alcohol or drug use during the month prior to discharge.

Data Sources and Methodology: The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system. The State Integrated Substance Abuse Reporting (SISAR) system, an electronic reporting system, is the Florida Department of Children and Families’ method of tracking this alcohol and drug abuse treatment outcome measure within the state.

This measure is a percent. The numerator is the number of enrolled children, i.e., certified as having services funded by the state, Medicaid or local government match, discharged who have completed treatment with no alcohol or other drug use during the month prior to discharge. The denominator is all enrolled children discharged from treatment.

Participation in SISAR is required of all substance abuse providers licensed by the department who receive any federal, state and local government funding. An admission report is completed for every client admitted to services, and a discharge report is completed for every client discharged from services.

Validity: This measure is an indicator of the desired outcome that children are drug free.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.

District staff conduct on-site monitoring of a representative sample of provider’s SISAR forms to ensure forms are completed and that the input to SISAR coincides with information in case files. The SISAR data dictionary in the outcome measures manual, provides details on each of the data elements contained within SISAR. SISAR validation instructions are provided in the outcome measures manual.
EXHIBIT D-2B

**Target Group:** Children With Substance Abuse Problems

**Outcome Measure:** Percent of children under the supervision of the state receiving substance abuse treatment who are not committed or recommitted to the Department of Juvenile Justice during the 12 months following treatment completion.

**Data Sources and Methodology:** The data sources for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system and the Department of Juvenile Justice. Children receiving substance abuse services under the supervision of the state are identified using the client enrollment form and SISAR. These cases will be matched with information on juvenile justice commitments/recommitments obtained from the Department of Juvenile Justice to ascertain whether or not they were committed or recommitted during the 12 months following their date of discharge. Staff in the Substance Abuse Program Office will analyze and report the data.

The measure is a percent. The numerator is the number of children under the supervision of the state completing treatment during a particular period of study, e.g., FY 1998-99, who are not committed or recommitted to the Department of Juvenile Justice during the 12 months following discharge, e.g., FY 1999-2000. The denominator is the number of enrolled children, i.e., certified as having services funded by the state, Medicaid or local government match, under the supervision of the state that complete treatment in FY 1998-99. Initial indications from the Department of Juvenile Justice is that there will be no problem in accessing their data.

**Validity:** The primary source of referral of juveniles to substance abuse services is through the criminal justice system. These children are involved in both criminal activity and substance abuse. Reduced criminal activity following discharge is an indication of the effectiveness of substance abuse treatment. The enrollment process establishes the targeted population and SISAR validates that these persons were in treatment. The Department of Juvenile Justice’s database is the only source of data of commitments/recommitments.

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Improvements, e.g., the electronic submission of data, have been made to the SISAR data system to ensure the complete and accurate submission of admission and discharge data on all clients served. Reliability is in part dependent on the accuracy of Department of Juvenile Justice data and the ability to match client identifiers across the two systems.
EXHIBIT D-2B

**Target Group:** Children With Substance Abuse Problems

**Outcome Measure:** Percent of parents of children receiving services reporting average or above average level of satisfaction on the Family Centered Behavior Scale.

**Data Sources and Methodology:** The instrument used is the Family Centered Behavior Scale, a scannable survey form which includes 26 items measuring whether staff meet standards of service. They are rated on a five point scale where 1 equals “Never” and 5 equals “Always.” The survey population consists of the parents or guardians of substance abuse prevention and treatment clients, age 17 years and younger.

The measure is a percent. The numerator is the number of parents/guardians with an overall score of four (“most of the time”) or above. The denominator is the number of parents/guardians from whom family satisfaction surveys were received.

Parents/guardians complete the scale six months after a child’s admission to services and at the time of discharge. The measure is calculated using the following procedure. 1) The average score is calculated for each record. 2) A client based average is calculated for clients with multiple FCBS records from the same provider, by averaging the average scores. 3) The percentage of clients with an average score of 4 or above is calculated.

The department contracts with the Florida Mental Health Institute (FMHI) to collect, edit, analyze and report the data on a provider, district and statewide basis.

**Validity:** The Family Centered Behavior Scale is a survey that measures the family-centeredness of professional behavior. The instrument was developed and validated by researchers at the University of Kansas.

**Reliability:** The reliability of this measure is dependent on provider’s distribution and parent completion of the survey form. The Department monitors the extent to which providers comply with these contractual requirements. Responses are voluntary by family members.

In developing the instrument, test-retest reliability assessments were conducted by researchers at the University of Kansas.
EXHIBIT D-2B

Target Group: Children With Substance Abuse Problems

Outcome Measure: Percent of children receiving services who are satisfied based on survey.

Data Sources and Methodology: This is a new outcome measure for FY 1998-99 which was identified and adopted during the 1997 legislative session. Baseline data were established in FY 1997-98. The data source for this measure is the department wide client satisfaction survey database in the department’s Office of Standards and Evaluation. The instrument used is the agency-wide client satisfaction survey developed by the department and implemented statewide for all departmental target groups. The one-page survey instrument contains 14 questions that are rated on a five-point scale where 1 equals “Strongly Disagree” and 5 equals “Strongly Agree.”

This measure is a percent. The numerator is the number of respondents who rated the department “agree” or “strongly agree.” The denominator is all respondents who rated the department.

The survey is conducted statewide annually with survey forms distributed to providers through the district offices for administration to a representative sample of cases. The survey forms are then returned to the central office (Office of Standards and Evaluation) for analysis and reporting of data.

Validity: The survey was designed to assess clients’ perception of how well the agency is fulfilling its vision of being client centered, community based, and results oriented. A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed the survey instrument. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning. The items on the survey were validated with a representative group of clients and revised accordingly.

Reliability: The survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, a sample of computer records are matched to the original forms to verify data. Data reliability is directly affected by survey return rates. The return rates for the baseline measurement were sufficient to maintain an acceptable error rate for the two substance abuse target groups.
EXHIBIT D-2B

Target Group: Children With Substance Abuse Problems

Outcome Measure: Percent of community partners satisfied based on survey.

Data Sources and Methodology: The data source for this measure is the Community Partners’ Survey developed by a department workgroup and administered annually by the Office of Standards and Evaluation (OSEV).

This measure is a percent. The last question on the survey, “In my opinion, The Department of Children and Families overall is an effective partner with our organization”, is used as the summary indicator of partner satisfaction. The numerator of the measure is the number of respondents who score “Agree” or “Strongly Agree” on a 5-item Likert scale on the summary question. The denominator is all respondents who have a score on the summary question.

Community Partners include law enforcement, judicial systems, county and city governments, school boards and Vo-Techs, other state agencies, hospitals and Healthy Start Coalitions, WAGES Boards, Family Care Councils, foster parents associations, Human Rights Advocacy Committees, Businesses, United Way agencies, and religious organizations.

Validity: The department workgroup identified eleven themes which reflect different aspects of how partners might express satisfaction with the department. These themes included such concepts as “Timeliness”, “Accessibility”, and “Competency.” Questions were developed to operationalize these themes. The questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning. The summary question was found to correlate highly with the total score of the other questions, and is thus believed to be a valid measure of the respondent’s overall opinion.

Reliability: The survey sample is carefully controlled during administration. OSEV provides district staffs with up-to-date address lists and phone numbers for eight of the eleven partner groups. District staff secure addresses for the last three groups. Only judges are sampled (100 county and 165 circuit), other partner groups are surveyed in total. In order to assure an adequate sample, district staffs follow-up with phone calls to non-respondents. The survey forms are checked by OSEV staff for obvious errors prior to data entry. Following data entry, a sample of computer records is matched to the original forms to verify data. Responses to the open-ended question are coded by staff who have trained together and who will be tested periodically for inter-rater reliability.
The survey sample was designed to yield reliable results only at the state level. The 1998 survey population, 1,581, yielded 728 responses for a response rate of 46 percent. This was in excess of the minimum requirement, 384, for a +/- .05 error at a 95 percent confidence level.
EXHIBIT D-2B

**Target Group:** Children With Substance Abuse Problems

**Output Measure:** Number served.

**Data Sources and Methodology:** The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), SISAR substance abuse enrollment and placement data. The number served is an unduplicated count of enrolled children, i.e., children certified as having services funded by the state, Medicaid or local government matching funds, who receive treatment and intervention services during their episode of care. The number includes all enrolled children who were admitted during the period being evaluated and all enrolled children admitted prior to the beginning of the period who continue to receive services during the period.

**Validity:** This is a direct measure of the number of children served in substance abuse programs.

**Reliability:** The reliability of this measure is dependent on provider’s compliance with data reporting. Improvements, e.g., the electronic submission of data, have been made to the SISAR data system to ensure the complete and accurate submission of admission and discharge data on all clients served. Providers are required by contract to report performance data. The Department monitors the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

Target Group: Children With Substance Abuse Problems

Output Measure: Number of children completing treatment.

Data Sources and Methodology: The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), SISAR substance abuse enrollment and placement data. The number is an unduplicated count of all enrolled clients, i.e., certified as having services funded by the state, Medicaid or local government matching funds, who complete treatment and meet the American Society of Addiction Medicine (ASAM) Patient Placement Criteria for discharge from their last placement.

Validity: This is a direct measure of the number of children who complete treatment in substance abuse programs.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Improvements, e.g., the electronic submission of data, have been made to the SISAR data system to ensure the complete and accurate submission of admission and discharge data on all clients served. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.
Budget Entity: Alcohol, Drug Abuse and Mental Health Services
Program Title: People with Substance Abuse Problems
Target Group: Children At Risk of Substance Abuse Problems
Outcome: Children at risk of substance abuse problems are drug free.

<table>
<thead>
<tr>
<th>Outcome Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children in targeted prevention programs who achieve expected level of improvement in reading.</td>
</tr>
<tr>
<td>Percent of children in targeted prevention programs who achieve expected level of improvement in math.</td>
</tr>
<tr>
<td>Percent of children who receive targeted prevention services who are not admitted to substance services during the 12 months after completion of prevention services.</td>
</tr>
<tr>
<td>Percent of children in targeted prevention programs who perceive substance use to be harmful at the time of discharge when compared to admission.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children served -- Targeted Prevention.</td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

Target Group: Children At Risk of Substance Abuse Problems

Outcome Measure: Percent of children in targeted prevention programs who achieve expected level of improvement in reading.

Data Sources and Methodology: The data source for this measure is provider reports, with pre and post test achievement scores in reading for children served. The data are submitted at the end of each school semester or year.

This measure is a percent. The numerator is the number of students in targeted prevention programs with educational components who show a minimum of six months improvement in their reading level (or 12 months for year long programs) as indicated by test scores at discharge. The denominator is all students assessed in the program.

Data on student reading levels are reported to the department by each Alpha/Beta program provider at the beginning and end of each semester/year (pretest and posttest levels). The department analyzes the data to determine performance levels. Alpha and Beta programs are school based programs that target children with behavioral and other at risk characteristics. Their purpose is to prevent development of substance abuse problems by improving academic skills and school functioning.

The Kaufman Test of Educational Achievement is a nationally normed standardized test of mathematics, reading and spelling. The test consists of 52 test items in mathematics and reading that increase in difficulty and are appropriate to grade levels. Standardized scores are based on the highest level of difficulty achieved minus errors made.

Validity: Academic failure has been shown to be a risk factor highly predictive of future alcohol and other drug use in youth. The utilization of uniform standardized test instruments by all programs statewide was implemented beginning with the FY 1996-97 school year. The Kaufman Test of Educational Achievement is a nationally normed standardized test that has been tested statistically for reliability and validity.

The short form of this instrument used by the department was developed and standardized by Kaufman and Kaufman as a simple, straightforward test of academic achievement in math, reading and spelling that can be used at all grade levels. It is well established and widely used. Both teachers and students like the test.

Reliability: Procedures are being implemented to ensure accurate and timely reporting of test data.
EXHIBIT D-2B

**Target Group:** Children At Risk of Substance Abuse Problems

**Outcome Measure:** Percent of children in targeted prevention programs who achieve expected level of improvement in math.

**Data Sources and Methodology:** The data source for this measure is provider reports, with pre and post test achievement scores in math for children served. The data are submitted at the end of each school semester or year.

This measure is a percent. The numerator is the number of students in targeted prevention programs with educational components who show a minimum of six months improvement in their math level (or 12 months for year long programs) as indicated by test scores at discharge. The denominator is all students assessed in the program.

Data on student math levels are reported to the department by each Alpha/Beta program provider at the beginning and end of each semester/year (pretest and posttest levels). The department analyzes the data to determine performance levels. Alpha and Beta programs are school based programs that target children with behavioral and other at risk characteristics. Their purpose is to prevent development of substance abuse problems by improving academic skills and school functioning.

The Kaufman Test of Educational Achievement is a nationally normed standardized test of mathematics, reading and spelling. The test consists of 52 test items in mathematics and reading that increase in difficulty and are appropriate to grade levels. Standardized scores are based on the highest level of difficulty achieved minus errors made.

**Validity:** Academic failure has been shown to be a risk factor highly predictive of future alcohol and other drug use in youth. The utilization of uniform standardized test instruments by all programs statewide was implemented beginning with the FY 1996-97 school year. The Kaufman Test of Educational Achievement is a nationally normed standardized test that has been tested statistically for reliability and validity.

The short form of this instrument used by the department was developed and standardized by Kaufman and Kaufman as a simple, straightforward test of academic achievement in math, reading and spelling that can be used at all grade levels. It is well established and widely used. Both teachers and students like the test.

**Reliability:** Procedures are being implemented to ensure accurate and timely reporting of test data.
EXHIBIT D-2B

Target Group: Children At Risk of Substance Abuse Problems

Outcome Measure: Percentage of children who receive targeted prevention services who are not admitted to substance abuse services during the 12 months after completion of prevention services.

Data Sources and Methodology: The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system.

This measure is a percent. The numerator is the number of enrolled targeted prevention clients that are not admitted to a substance abuse service during the twelve months following program completion. The denominator is the number of enrolled children completing targeted prevention programs.

The State Integrated Substance Abuse Reporting (SISAR) system is the department’s method of tracking the alcohol and drug abuse treatment and prevention populations within the state. Participation in SISAR is required of all substance abuse providers licensed by the department. Admission data are reported on each client admitted to services, and discharge data are reported for each client discharged from services.

Validity: Admission to a substance abuse assessment, intervention or treatment service is a direct measure of the child’s failure to be drug free.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Improvements, e.g., the electronic submission of data, have been made to the SISAR data system to ensure the complete and accurate submission of admission and discharge data on all clients served. District staff conduct on-site monitoring of a representative sample of provider’s SISAR forms to ensure forms are completed and that the input to SISAR coincides with information in case files.
EXHIBIT D-2B

Target Group: Children At Risk of Substance Abuse Problems

Outcome Measure: Percentage of children in targeted prevention programs who perceive substance use to be harmful at the time of discharge when compared to admission.

The department has requested a technical correction to drop the word completion that was inserted before discharge. The intent of the measure is to track all children leaving the program (discharged), not just children who complete the program.

Data Sources and Methodology: The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system. The State Integrated Substance Abuse Reporting (SISAR) system, an electronic reporting system, is the Florida Department of Children and Families’ method of tracking this alcohol and drug abuse treatment outcome measure within the state.

The measure is a percent. The numerator is the number of enrolled targeted prevention clients who perceive alcohol and other drug use to be harmful at time of discharge. The denominator is the total number of targeted prevention clients discharged.

Validity: This measure is an indirect indicator of the desired outcome that children are drug free in that a perception of drug use as harmful is related to abstinence.

Reliability: The reliability of this measure is dependent on client self reporting and provider’s compliance with data collection. Improvements, e.g., the electronic submission of data, have been made to the SISAR data system to ensure the complete and accurate submission of admission and discharge data on all clients served. District staff conduct on-site monitoring of a representative sample of provider’s SISAR forms to ensure forms are completed and that the input to SISAR coincides with information in case files.
EXHIBIT D-2B

Target Group: Children At Risk of Substance Abuse Problems

Output Measure: Number of children served--targeted prevention.

Data Sources and Methodology: The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system.

The measure is the count of enrolled targeted prevention clients. The State Integrated Substance Abuse Reporting (SISAR) system is the department’s method of tracking the alcohol and drug abuse treatment and prevention populations within the state. Participation in SISAR is required of all substance abuse providers licensed by the department. Admission data are reported on each client admitted to services.

Validity: This is a direct measure of the number of children served in targeted prevention programs.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Improvements, e.g., the electronic submission of data, have been made to the SISAR data system to ensure the complete and accurate submission of admission and discharge data on all clients served. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.
Budget Entity: Alcohol, Drug Abuse and Mental Health Services

Program Title: People with Substance Abuse Problems

Target Group: Adults With Substance Abuse Problems

Outcome: Adults with substance abuse problems are drug free and economically self-sufficient.

### Outcome Measures:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage drug free at six months following completion of treatment.</td>
<td></td>
</tr>
<tr>
<td>Percent of clients completing treatment who are not readmitted for substance abuse services during the 12 months following discharge.</td>
<td></td>
</tr>
<tr>
<td>Percent of adults discharged for completing treatment having no alcohol or other drug use during the month prior to discharge. (Note: This measure was inadvertently left out of the GAA.)</td>
<td></td>
</tr>
<tr>
<td>Percent of adults who reduce the frequency of arrest during the 90 days following discharge as compared to the 90 days prior to treatment admission.</td>
<td></td>
</tr>
<tr>
<td>Percent of adult women pregnant during substance abuse treatment who give birth to substance free newborns.</td>
<td></td>
</tr>
<tr>
<td>Percent of pregnant women receiving substance abuse treatment who deliver infants with normal birth weight.</td>
<td></td>
</tr>
<tr>
<td>Average level of satisfaction on the Behavioral Healthcare Rating of Satisfaction scale.</td>
<td></td>
</tr>
<tr>
<td>Percent of community partners satisfied based on survey.</td>
<td></td>
</tr>
<tr>
<td>Percent of adults employed upon discharge from treatment services.</td>
<td></td>
</tr>
<tr>
<td>Percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment</td>
<td></td>
</tr>
</tbody>
</table>

### Output Measures:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number served.</td>
<td></td>
</tr>
<tr>
<td>Number of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment</td>
<td></td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

Target Group: Adults With Substance Abuse Problems

Outcome Measure: Percentage drug free at six months following completion of treatment.

Data Sources and Methodology: The data source for this measure will be a standardized follow-up survey. This survey will be developed by the department and distributed to each district for utilization. Data from the survey will be collected by each district using a telephone interview format. The data will be collected from voluntary participants using a random sampling method, twice during each fiscal year.

This measure is a percent. The numerator is the number of adults completing treatment who self-report to be drug-free six months following treatment. The denominator is the total number of adults who were surveyed. Participation in the follow-up study will be required of all substance abuse providers licensed by the department who receive any federal, state, and local government funding.

Validity: This measure of self-reported drug use is an indicator of the overall effectiveness of the substance abuse treatment programs in the state. Studies have shown that there is a close relationship between self-reported drug use and drug tests, although there is no perfect measure of drug use (NTIES, 1996). Abstinence for a six month period is a strong indicator of the desired goal of the program to be “drug free.” This measure will allow for a more in-depth analysis of “successful completion of treatment” by exploring the relationship between client status at discharge and client status six months following discharge.

Reliability: The reliability of this measure is dependent on provider’s compliance with the guidelines set forth for the follow-up study methodology and for accurate reporting of the telephone survey data. Telephone interview training will be required of substance abuse provider staff. On-site monitoring will be conducted in order to ensure that all staff are implementing the survey in a uniform manner.
EXHIBIT D-2B

Target Group: Adults With Substance Abuse Problems

Outcome Measure: Percent of clients completing treatment who are not readmitted for substance abuse services during the 12 months following discharge.

The program office suggests rewording this measure to include only those not readmitted to substance abuse “treatment”. The term “services” is too general and does not correspond to the same measure used for children. The intent of the measure is to measure those leaving treatment who reenter treatment.

Data Sources and Methodology: The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system. The State Integrated Substance Abuse Reporting (SISAR) system is used to identify enrolled clients, i.e., certified as having services funded by the state, Medicaid or local government match, in substance abuse treatment programs.

This measure is a percent. The numerator is the number of clients of publicly funded providers completing treatment who are not readmitted to treatment within 12 months of discharge. The denominator is the total number who completed treatment. For example, adults completing treatment during FY 1998-99 will be matched against FY 1999-2000 treatment admissions records to determine if they are readmitted to treatment during the twelve months following their date of discharge. The sum of the matches will be subtracted from the total number completing treatment in FY 1998-99 to determine the number not readmitted, i.e., the numerator. Publicly funded providers, include those having services funded by the state, Medicaid or local government match.

Participation in SISAR is required of all substance abuse providers licensed by the department who receive any federal, state and local government funding. An admission report is completed for every client admitted to services, and a discharge report is completed for every client discharged from services.

Validity: This measure is a direct indicator of the desired outcome that adults are drug free. While this measure provides an incentive to providers to prevent relapse, it may provide a negative incentive for providers to not readmit individuals who have experienced a relapse and who may be in need of brief treatment services to support ongoing recovery.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report client characteristic and performance data. The Department monitors the extent to which providers comply with these contractual requirements.
District staff conduct on-site monitoring of a representative sample of provider’s SISAR forms to ensure forms are completed and that the input to SISAR coincides with information in case files. The SISAR manual provides detailed instructions regarding each SISAR data element to assist those individuals completing forms or gathering information for SISAR. SISAR validation instructions are provided in the outcome measures manual.
EXHIBIT D-2B

Target Group: Adults With Substance Abuse Problems

Outcome Measure: Percent of adults discharged for completing treatment having no alcohol or other drug use during the month prior to discharge.

(Note: This measure was inadvertently left out of the GAA.)

The department has requested the measure be included as a technical correction.

Data Sources and Methodology: The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system. This measure is a percent. The numerator is the number of adults discharged who have completed treatment with no alcohol or drug use during the month prior to discharge. The denominator is all adults discharged.

The State Integrated Substance Abuse Reporting (SISAR) system is the Florida Department of Children and Families’ method of tracking the alcohol and drug abuse treatment, intervention and prevention populations within the state. Participation in SISAR is required of all substance abuse providers licensed by the department. An admission form is completed for every client admitted to services, and a discharge form is completed for every client discharged from services.

Validity: This measure is an indicator of the desired outcome that adults are drug free, assuming that no drug use will continue after completing treatment.

Reliability: The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department will monitor the extent to which providers comply with these contractual requirements.

The Florida Mental Health Institute (FMHI) is implementing a process that district program offices will use to conduct on-site monitoring of a representative sample of provider’s SISAR forms to ensure forms are completed and that the input to SISAR coincides with information in case files. A SISAR manual, providing detailed instructions, is in place to assist those individuals completing forms or gathering information for SISAR. The audits by FMHI and district program offices will help to ensure accurate reporting.
EXHIBIT D-2B

Target Group: Adults With Substance Abuse Problems

Outcome Measure: Percent of adults who reduce the frequency of arrest during the 90 days following discharge as compared to the 90 days prior to treatment admission.

The department has requested a technical correction in the wording of this measure that was changed during the 1998 legislative session. The measure is actually the percentage change in the proportion of clients who have one or more arrests within 90 days of discharge, compared to 90 days prior to admission, for criminally involved clients in treatment. Prior to this session the measure did not address frequency of arrests. Frequency would require tracking arrests for each individual. The agreed upon methodology compares aggregate numbers of people with arrests.

Data Sources and Methodology: The data sources for this measure are the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system, and the Florida Department of Law Enforcement (FDLE) that is the source of data on arrest records.

This measure is a percent. For criminal justice involved clients discharged from treatment, it is the percentage change represented by the difference between the percent of clients with arrests 90 days prior to admission and the percent of clients with arrests during a 90-day period following discharge. For example, if 35 percent of discharged population had arrests during the 90 days prior to admission but only 17 percent had arrests during the 90 days following discharge, the difference of 18 percent represents a 51 percent reduction in the percentage of clients having arrests. Clients who are criminally involved clients are clients who have prior arrests or who are referred to treatment by the criminal justice system.

The SISAR system includes data on enrolled clients, i.e., clients certified as having services funded by the state, Medicaid or local government match, in substance abuse treatment programs. The Substance Abuse Program Office provides FDLE with a computerized listing of discharged clients identified on SISAR. It will also conduct the computerized analysis of performance once arrest data are received from FDLE.

Validity: This measure is an indirect indicator of “drug-free and self-sufficient” in two ways: (1) Decreased arrest rates in a criminal justice involved population following treatment strongly suggests reduced drug use among some persons who previously supported that use by criminal activity. (2) Clients with fewer arrests will make fewer demands on the resources of the social and criminal justice systems of the state and may thus be said to be more “self-sufficient.”
Reliability: District staff conduct on-site monitoring of a representative sample of provider’s SISAR forms to ensure forms are completed and that the input to SISAR coincides with information in case files. The SISAR data dictionary provides details on each of the data elements contained within SISAR. SISAR validations instructions are provided in the outcome measures manual.

FDLE data quality controls are in place under department rules and procedures.
EXHIBIT D-2B

Target Group: Adults With Substance Abuse Problems

Outcome Measure: Percent of adult women pregnant during substance abuse treatment who give birth to substance free newborns.

Data Sources and Methodology: The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system. The presence or absence of drugs in the newborn is indicated in the “Birth Outcome” data element on the SISAR discharge form.

The measure is a percent. The numerator is the number of enrolled clients discharged who were pregnant during treatment and delivered live births with no drugs present in the infants’ system. The denominator is the total number of enrolled clients discharged who were pregnant during treatment and delivered a live birth.

Participation in SISAR is required of all substance abuse providers licensed by the department who receive any federal, state and local government funding. An admission report is completed for every client admitted to services, and a discharge report is completed for every client discharged from services.

Validity: This measure is an indicator of the desired outcome that clients are drug free and self sufficient. Clients are primarily women in special substance abuse treatment programs for pregnant and post-partum women. A child born drug free is evidence that the mother has become drug free.

Reliability: The source of information for this measure is primarily self report by women in intensive programs for pregnant and post partum women. The mother’s report supported by clinical treatment records is the most reliable information available for this measure. Hospital’s do not routinely test newborns for the presence of drugs because of the unreliability of the tests and legal restrictions, and instead treat newborns on the basis of symptoms. The reliability of this measure is dependent on provider’s diligence in obtaining accurate information in compliance with data reporting requirements of their contracts. The Department monitors the extent to which providers comply with contractual reporting requirements. District staff conduct on-site monitoring of a representative sample of provider’s SISAR forms to ensure forms are completed and that the input to SISAR coincides with information in case files.
EXHIBIT D-2B

Target Group: Adults With Substance Abuse Problems

Outcome Measure: Percent of pregnant women receiving substance abuse treatment who deliver infants with normal birth weight.

Data Sources and Methodology: The State Integrated Substance Abuse Reporting (SISAR) data system is used to identify pregnant women in substance abuse treatment, and data on the birth weight of newborns is obtained from the Department of Health’s Office of Vital Statistics (birth certificates). Pregnant women in treatment who deliver are matched against birth records to obtain the birth weight of their child.

The measure is a percent. The numerator is the number of clients who were pregnant during treatment and who delivered a live birth with normal birth weight. The denominator is the total number of clients who were pregnant during treatment. Low birth weight is clinically defined as below 2500 grams (approximately 5 1/2 lbs.).

Validity: This measure is not a direct indicator of the desired outcome that clients are drug free and self sufficient, but is an indication that desired outcomes are achieved. Low birth weight is an indicator of poor prenatal health. Drug use during pregnancy affects the unborn fetus and can contribute to low birth weight. The pregnant women in treatment are primarily women in intensive programs for pregnant and post-partum women designed to produce good outcomes for the child and mother.

Reliability: The department is implementing routine data validation procedures as a part of contract monitoring. District staff have been trained on routine procedures to audit client case files and compare the accuracy of SISAR data with information in case files. Birth certificates are considered to be a reliable data source. A certificate of live birth is completed by the attending physician, and the certificate is forwarded to The Department of Health Office of Vital Statistics. Question #35 on the certificate of live birth specifies the exact weight of the child in grams.
**EXHIBIT D-2B**

**Target Group:** Adults With Substance Abuse Problems

**Outcome Measure:** Average level of satisfaction on the Behavioral Healthcare Rating of Satisfaction scale.

**Data Sources and Methodology:** The instrument used is the Behavioral Healthcare Rating of Satisfaction, a scanable survey form which includes 26 items that are rated on a six point scale where 1 equals “Disagree Strongly” and 6 equals “Agree Strongly.” The measure is an average score based on the overall score for each enrolled respondent. The numerator is the sum of all individual scores and the denominator is the total number of surveys from which these scores were taken. The maximum possible satisfaction score is 156.

The survey instrument is a standardized form developed by the Florida Mental Health Institute (FMHI). The survey population consists of adult substance abuse treatment clients. Clients complete the survey three months after admission to services and at the time of discharge. The surveys are forwarded to the Florida Mental Health Institute (FMHI) which collects, edits and analyzes the data, and reports results.

**Validity:** The Behavioral Healthcare Rating of Satisfaction scale was developed by the Florida Mental Health Institute, with input from consumers. It has 26 items, is multidimensional and meets traditional standards for psychometric rigor. It address five primary item clusters (general consumer satisfaction, perception of staff, negativity/coerciveness, environmental context of treatment, and perceived outcomes of treatment. The Florida Mental Health Institute validated that the instrument accurately measures consumer satisfaction for persons with substance abuse problems.

**Reliability:** The Florida Mental Health Institute tested the scale for reliability and found it has good test/retest reliability.

The reliability of the measure is dependent upon a provider’s compliance with data reporting requirements. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.
Target Group: Adults With Substance Abuse Problems

Outcome Measure: Percent of community partners satisfied based on survey.

Data Sources and Methodology: The data source for this measure is the Community Partners’ Survey developed by a department workgroup and administered annually by the Office of Standards and Evaluation (OSEV).

This measure is a percent. The last question on the survey, “In my opinion, The Department of Children and Families overall is an effective partner with our organization”, is used as the summary indicator of partner satisfaction. The numerator of the measure is the number of respondents who score “Agree” or “Strongly Agree” on a 5-item Likert scale on the summary question. The denominator is all respondents who have a score on the summary question.

Community Partners include law enforcement, judicial systems, county and city governments, school boards and Vo-Techs, other state agencies, hospitals and Healthy Start Coalitions, WAGES Boards, Family Care Councils, foster parents associations, Human Rights Advocacy Committees, Businesses, United Way agencies, and religious organizations.

Validity: The department workgroup identified eleven themes which reflect different aspects of how partners might express satisfaction with the department. These themes included such concepts as “Timeliness”, “Accessibility”, and “Competency.” Questions were developed to operationalize these themes. The questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning. The summary question was found to correlate highly with the total score of the other questions, and is thus believed to be a valid measure of the respondent’s overall opinion.

Reliability: The survey sample is carefully controlled during administration. OSEV provides district staffs with up-to-date address lists and phone numbers for eight of the eleven partner groups. District staff secure addresses for the last three groups. Only judges are sampled (100 county and 165 circuit), other partner groups are surveyed in total. In order to assure an adequate sample, district staffs follow-up with phone calls to non-respondents. The survey forms are checked by OSEV staff for obvious errors prior to data entry. Following data entry, a sample of computer records is matched to the original forms to verify data. Responses to the open-ended question are coded by staff who have trained together and who will be tested periodically for inter-rater reliability.
The survey sample was designed to yield reliable results only at the state level. The 1998 survey population, 1,581, yielded 728 responses for a response rate of 46 percent. This was in excess of the minimum requirement, 384, for a +/- .05 error at a 95 percent confidence level.
EXHIBIT D-2B

Target Group: Adults With Substance Abuse Problems

Outcome Measure: Percent of adults employed upon discharge from treatment services.

Data Sources and Methodology: The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), State Integrated Substance Abuse Reporting (SISAR) system.

The measure is a percent. The numerator is the number of enrolled clients in treatment employed in a full-time or part-time job at the time of discharge. The denominator is the total number of enrolled treatment clients discharged who were expected to be employed (who are in the labor force, for example, not retired).

Participation in SISAR is required of all substance abuse providers licensed by the department who receive any federal, state and local government funding. An admission report is completed for every client admitted to services, and a discharge report is completed for every client discharged from services.

Validity: This measure is an indicator of the desired outcome that clients are drug free and self sufficient. For most people employment is a necessary condition for self sufficiency, thus this measure (employment) will be highly correlated with the desired outcome.

Reliability: The reliability of this measure is dependent upon client self reporting and on providers’ compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.

District staff conduct on-site monitoring of a representative sample of provider’s SISAR forms to ensure forms are completed and that the input to SISAR coincides with information in case files. The SISAR data dictionary provides details on each of the data elements contained within SISAR. SISAR validations instructions are provided in the outcome measures manual.
EXHIBIT D-2B

Target Group: Adults With Substance Abuse Problems

Outcome Measure: Percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.

This is a new measure developed during the 1998 legislative session. The methodology to collect and report this information is in development.

Data Sources and Methodology: This is a new measure that was added by legislative committee for 1998-1999. It is a measure of the percent of adults with substance abuse problems, identified in families under child protective services, who receive substance abuse treatment. The department does not capture electronic data for this measure at this time. The FAHIS abuse hotline system which tracks child abuse cases collects information about the child victim. This system does not contain the names and information about family and household members that could be matched to the substance abuse data system (SISAR) to identify who is receiving substance abuse treatment. The new child welfare information system, State Automated Child Welfare Information System, (SACWIS) now in development will contain case management information regarding referrals for service that will address this measure.

In the interim for 1998-99, the department will establish baseline information by pilot testing the SACWIS assessment and referral process and process indicators in District Two. With the help of department quality improvement consultants District Two is currently mapping and pilot testing the processes and indicators to be tracked in SACWIS. One referral indicator to be tracked is the “percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.”

To estimate the percentage of these cases that receive state-funded treatment services, the department will query the substance abuse SISAR system for follow-up information. The department will obtain information from a sample of these protective supervision cases to match against the SISAR database.

The purpose of the review will include identification of best practices and improvement strategies to address substance abuse and problems in families with children under protective supervision.

Validity: National studies indicate that as many as 50-60% of families with child abuse and neglect have substance abuse as a contributing factor. This measure will identify the extent of the problem in Florida and how well the department’s referral process facilitates treatment of substance abusing clients.
Reliability: The study to provide baseline data will be designed and implemented by the Family Safety and Preservation Program Office in cooperation with the Office of Standards and Evaluation and the Substance Abuse Program Office. Data will be collected and analyzed by the program offices. Quality control of data will be maintained by staff independent of both the substance abuse and protective services programs.
EXHIBIT D-2B

**Target Group:**  Adults With Substance Abuse Problems

**Output Measure:**  Number served.

**Data Sources and Methodology:**  The data source for this measure is the Alcohol, Drug Abuse and Mental Health Data Warehouse (ADMDW), enrollment and placement data.

The measure is a number. It is an unduplicated number of enrolled adults, i.e., certified as having services funded by the state, Medicaid or local government match, that receive treatment and intervention services during their episode of care.

A data set is extracted from the department’s data warehouse which includes all enrolled adults who were admitted during the period of question or were part of the census at the time of admission. Census is included to capture those clients admitted to services prior to the beginning of the contract year who are still receiving services.

**Validity:**  This is a direct measure of the access to services which measures the capacity of the treatment system to keep children drug free.

**Reliability:**  The reliability of this measure is dependent on provider’s compliance with data reporting. Providers are required by contract to report performance data including client outcomes. The Department monitors the extent to which providers comply with these contractual requirements.
EXHIBIT D-2B

Target Group: Adults With Substance Abuse Problems

Output Measure: Number of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.

This is a new measure developed during the 1998 legislative session. The methodology to collect and report this information is in development.

Data Sources and Methodology: This is a new measure that was added by legislative committee for 1998-1999. It is a measure of the number of adults with substance abuse problems, identified in families under child protective services, who receive substance abuse treatment. The department does not capture electronic data for this measure at this time. The FAHIS abuse hotline system which tracks child abuse cases collects information about the child victim. This system does not contain the names and information about family and household members that could be matched to the substance abuse data system (SISAR) to identify who is receiving substance abuse treatment. The new child welfare information system, State Automated Child Welfare Information System, (SACWIS) now in development will contain case management information regarding referrals for service that will address this measure.

In the interim for 1998-99, the department will establish baseline information by pilot testing the SACWIS assessment and referral process and process indicators in District Two. With the help of department quality improvement consultants District Two is currently mapping and pilot testing the processes and indicators to be tracked in SACWIS. One referral indicator to be tracked is the “percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.”

To estimate the number of these cases that receive state-funded treatment services, the department will query the substance abuse SISAR system for follow-up information. The department will obtain information from a sample of these protective supervision cases to match against the SISAR database.

The purpose of the review will include identification of best practices and improvement strategies to address substance abuse and problems in families with children under protective supervision.

Validity: National studies indicate that as many as 50-60% of families with child abuse and neglect have substance abuse as a contributing factor. This measure will identify the extent of the problem in Florida and how well the department’s referral process facilitates treatment of substance abusing clients.
Reliability: The study to provide baseline data will be designed and implemented by the Family Safety and Preservation Program Office in cooperation with the Office of Standards and Evaluation and the Substance Abuse Program Office. Data will be collected and analyzed by the program offices. Quality control of data will be maintained by staff independent of both the substance abuse and protective services programs.
Budget Entity: Developmental Disabilities  
Program Title: People with Developmental Disabilities  
Target Group: People with Developmental Disabilities  
Sub-groups:  
- Persons in the community  
- Persons in institutions  
Outcome: Persons with developmental disabilities live and participate in the community.  
Sub-group: Persons in the community  
Sub-group: Persons in institutions  

<table>
<thead>
<tr>
<th>Sub-group: Persons in the community</th>
<th>Outcome Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of people who have a quality of life score of 19 out of 25 or greater on the Outcome Based Performance Measures Assessment at annual reassessment.</td>
<td></td>
</tr>
<tr>
<td>Percent of adults living in homes of their own.</td>
<td></td>
</tr>
<tr>
<td>Percent clients satisfied with services.</td>
<td></td>
</tr>
<tr>
<td>Percent of people who are employed in integrated settings.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &amp; adults provided case management.</td>
</tr>
<tr>
<td>Children &amp; adults provided residential care.</td>
</tr>
<tr>
<td>Children &amp; adults provided individualized supports &amp; services.</td>
</tr>
</tbody>
</table>
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in the community

Outcome Measure: Percent of people who have a quality of life score of 19 out of 25 or greater on the Outcome Based Performance Measures Assessment at annual reassessment.

The program office suggests a change in wording of the measure to: Percent of people whose quality of life scores on the Outcome Based Performance Measures Assessment are at or above national criteria for accreditation. This is a technical correction that would conform to current national standards and use of the instrument. The accreditation council revalidated the instrument to reduce the number of domains examined, so that the criteria specified in the current wording of the measure are no longer appropriate.

Data Source and Methodology: The data source is a program office database of Developmental Services clients who have scored on both outcome and process (support and service) criteria on the National Council on Accreditation for Developmental Disabilities Programs Outcome Based Performance Measures instrument.

The measure is a percent. The numerator is the number of people who have a quality of life score on the Outcome Based Performance Measures Assessment equal to or above the current criteria of 13 out of 25 client specified outcomes, which is the national criteria for accreditation by the Council. The denominator is the total number of the statewide random sample of individuals interviewed.

Data are collected from face-to-face interviews with the client during their annual reassessment by approved coordinators and currently are scanned into a PC based Excel program.

Validity: Content and construct validity of the Quality of Life Survey instrument has been demonstrated through factor analysis of data obtained from a series of studies from 1991-1992 to 1995 by the National Council on Accreditation for Developmental Disabilities Programs.

Reliability: The Quality of Life Survey instrument and review process will be assessed for inter- and intra-rater reliability through periodic inter-rater reliability reviews with trainers who have been certified by the Council. This assessment process will occur on a bi-annual basis in which a mean inter-rater reliability of at least .85 must be maintained. Inter-rater reliability of .85 has been verified by Johns Hopkins University in previous studies conducted by the Council. The central program office will conduct district level quality control sampling of the face-to-face assessment information to ensure data has
been input correctly. Quality control sampling of the data base will occur at quarterly intervals by staff from the central program office.
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in the community

Outcome Measure: Percent of adults living in homes of their own.

Data Sources and Methodology: The data source for this measure is the Developmental Services Allocation, Budget and Contract Control system (ABC).

This measure is a percent. The numerator is the number of individuals residing in their own home, supported living arrangements or transitional living arrangements. The denominator is the total number of adults in the community caseload. The community caseload includes all clients except those in Developmental Services Institutions and Intermediate Care Facilities.

Validity: The goal of this program is to live and participate in the community. When individuals live in homes that more closely resemble the living arrangements of the general population, they have more opportunities to participate in their local community. Adults in the general population reside in homes of their own or in rental situations with roommates or family. The living arrangements captured by this measure permit individuals to develop supports within the community in which they reside and develop relationships with neighbors and friends.

Reliability: District staff enter the program component which indicates the type of living arrangement of each individual into ABC. Information regarding proper program components to be used is available in the Allocation, Budget and Contract Control users Guidebook. Central Office staff review data quality and report to the district for correction or clarification. Technical assistance and training are available to district staff when requested by the district.
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in the community

Outcome Measure: Percent clients satisfied with services.

Data Sources and Methodology: The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually. The sample size was selected to have a precision of .05 at the 95% confidence level.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

Validity: A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning. The survey has been satisfactorily tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

Reliability: The survey forms will be checked by district staff for obvious errors prior to batching for data entry. Following data entry, a sample of computer records will be matched to the original forms to verify data.
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in the community

Outcome Measure: Percent of people who are employed in integrated settings.

Data Sources and Methodology: The data source for this measure is the Developmental Services Allocation, Budget and Contract Control System (ABC).

This measure is a percent. The numerator is the total number of adults employed in any non-segregated employment situation. The denominator is the total number of adults age 21-65 who are in the community caseload. The community caseload includes all clients except those in Developmental Services Institutions and Intermediate Care Facilities.

Employment is defined as any work that an individual is paid for that is performed outside a typical Adult Day Training program facility. This can include work crews and enclaves as well as competitive employment. Individuals funded in supported employment through Vocational Rehabilitation, who receive developmental services are also included in this measure.

As of October of 1998, data for this measure will be collected through the ABC system. Individuals counted include those for whom the district paid Adult Day Training Off Site employment or supported employment services, and individuals receiving employment services paid through any other means besides Developmental Services funding. Individuals will be counted only once if they receive any of these services. Data come from the ABC monthly extract file of Invoice lines and Service provisions.

Validity: The goal of this program is to live and participate in the community. When individuals are employed in integrated settings, they have more opportunities to participate in their local community. The employment captured by this measure permits individuals to develop supports within the community in which they reside and develop relationships with neighbors and friends.

Reliability: Timely updating of the ABC system and timely processing of invoices through the ABC system is critical to the reliability of this measure. District staff will be trained either by central office or by district ABC analysts on the proper coding of the service provision screens in ABC. The ABC User’s Guidebook provides correct codes for coding employment services.
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in the community

Output Measure: Children & adults provided case management.

Data Sources and Methodology: The data source for this measure is the Developmental Services Allocation, Budget and Contract Control System (ABC).

This measure is a number. The number is the active community caseload for each district on the monthly ABC report. The community caseload includes all clients except those in Developmental Services Institutions and Intermediate Care Facilities.

Validity: The provision of case management is crucial to the ability of individuals with developmental disabilities to live and participate in their communities. Coordination of services and resource development help provide individuals with adequate health, social and employment opportunities, so they may take full advantage of community life.

Reliability: This measure is obtained by a monthly count of the active developmental services caseload in each district as reported by the ABC system. The ABC system is a reliable system for the purposes of caseload counts. The ABC User’s Guidebook provides proper codes for entering individuals into the system. Technical Assistance and training are available to the districts from either the Central Developmental Services Program Office staff or the District’s ABC Analyst. A Monthly Data Report is produced and sent to the districts. Districts have procedures in place to assure that cases are closed and opened in a timely manner.
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in the community

Output Measure: Children & adults provided residential care.

Data Sources and Methodology: The data source for this measure is the Developmental Services Allocation, Budget and Contract Control System (ABC).

This measure is a number. The number of individuals provided residential care is obtained from the ABC monthly report of active clients being served in a residential program.

Validity: Insuring that people who are in need of residential placement receive this placement in facilities that are licensed and meet standards for Developmental Services facilities is important in allowing individuals to remain as close as possible to their families and friends. This permits them to continue to live in and participate in their communities.

Reliability: Timely updating of the ABC system is critical to the reliability of this measure. District staff will be trained either by central office or by district ABC analysts on the proper coding of the service provision screens in ABC. The ABC User’s Guidebook provides correct codes for coding employment services.
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in the community

Output Measure: Children & adults provided individualized supports & services.

Data Sources and Methodology: The data source for this measure is the Developmental Services Allocation, Budget and Contract Control System (ABC).

This measure is a number. The number is the active developmental services community caseload in each district as shown on the monthly extract of the ABC system. The community caseload includes all clients except those in Developmental Services Institutions and Intermediate Care Facilities.

Validity: Individualized supports and services are necessary to ensure that individuals can remain in their community settings and participate in their communities.

Reliability: Reliability of this measure is dependent upon the timely update of the ABC system by district staff. The Allocation, Budget and contract Control System User’s Guidebook provides instructions for using the system.
### Sub-group: Persons in institutions

#### Outcome Measures:
- Annual number of significant reportable incidents per 100 persons with developmental disabilities living in developmental services institutions.
- Statewide average on Conroy Quality of Life Protocol for residents in developmental services institutions.
- Percent clients satisfied with services.
- Percent of people discharged as planned.

#### Output Measures:
- Adults receiving services in developmental services institutions.
- Adults incompetent to proceed provided competency training & custodial care in the Mentally Retarded Defendants Program.
EXHIBIT D-2B

**Target Group:** People with Developmental Disabilities

**Sub-group:** Persons in institutions

**Outcome Measure:** Annual number of significant reportable incidents per 100 persons with developmental disabilities living in developmental services institutions.

**Data Sources and Methodology:** The data sources for this measure are monthly reports from the developmental services institutions submitted to the central office by the 15th of the month for the previous month’s data. Significant reportable events are a subset of all reports prepared by institutional staff witnessing unusual events. Significant reportable events include the unauthorized absence beyond 8 hours of a resident involuntarily admitted under Chapters 393 or 394, F.S.; the unauthorized absence of a resident of a forensic facility; the unauthorized absence beyond 2 hours of a resident of a civil facility or developmental services institution committed under Chapter 916, F.S.; attempted suicide; an unexpected resident death; allegations of nonconsensual sexual activity when there is medical evidence that such activity occurred; injuries to residents resulting in fractures, lacerations requiring 2 or more sutures, or requiring admission to an off-campus acute care hospital; and significant injuries to staff resulting from resident to staff altercations which result in admission of the staff to an acute care facility. The same reporting form is used in mental health institutions.

Upon receipt of the monthly reports central office staff enter the raw number into a spreadsheet that totals events by institution and for the entity and performs the calculations required to report a number of events per 100 population.

This measure is a ratio. The numerator is the total number of annual significant reportable events. The denominator is the average annual census. The result is multiplied by 100 to obtain the ratio of events per 100 persons.

**Validity:** A reduction of the harmful events covered by this measure will improve the quality of life for persons residing in institutions. The performance measure which targets improvement in the Conroy Quality of Life Survey will ensure that reduction in harm is not achieved at the cost of restrictions in individual freedom of movement and choice.

**Reliability:** The reliability of all significant event measures is affected by the accuracy and completeness of reporting by residents and staff. Superintendents of the institutions were involved with the development of this measure and definition of terms. They and the staff who prepare the monthly reports have been involved in several conference calls to discuss the terminology. The definitions for each of the reporting categories are
People with Developmental Disabilities

...printed on the monthly report form for easy reference. As staff from the central office visit institutions, incident reports for a month are reviewed to assure all significant reportable events were included in the report submitted by the institution.
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in institutions

Outcome Measure: Statewide average on Conroy Quality of Life Protocol for residents in developmental services institutions.

Data Source and Methodology: The data source is the statewide database of the Conroy Quality of Life scores for all residents.

This measure is a state average. The average is calculated by dividing the total aggregate score for the fiscal year by the total number of residents assessed.

The purpose of the Conroy Quality of Life assessment is to assure quality services are provided in state institutions for persons with developmental disabilities. It is a key component of the monitoring system to ensure clients’ rights, health, and well-being, and identify opportunities to improve quality of life. The instrument assesses such areas of a resident’s life and care as: daytime activities, program plan goals and supports, relationships, adaptive behavior, challenging behavior, opportunities for choicemaking, integrative activities, satisfaction, health and diet.

All residents in Developmental Services Institutions will be assessed annually no sooner than six months after the development and implementation of each resident’s individual habilitation plan. Information from the assessment is entered into a database at each institution. A copy of the data will be forwarded on disk to the central office for entry into a statewide database. Summary information will be submitted to the Center for Outcome Analysis in Bryn Mawr, Pennsylvania, to compare Florida’s performance with other states serving similar populations in similar settings. The Center for Outcome Analysis will forward a diskette with the completed analysis to the Developmental Services central office.

Validity: The validity of this measure was established during the development of the instrument. The Center for Outcome Analysis maintains a national database of approximately 25,000 individuals with developmental disabilities residing in a variety of congregate and individual residential settings.

Reliability: Trained professional staff in each Developmental Services Institution will administer the instrument annually to each resident. A copy of each instrument will be retained by the institution and a sample of these will be checked for reliability during an annual quality assurance review.
EXHIBIT D-2B

**Target Group:** People with Developmental Disabilities

**Sub-Group:** Persons in Institutions

**Outcome Measure:** Percent clients satisfied with services

**Data Sources and Methodology:** The data source for this measure is the client satisfaction survey developed by Developmental Services.

This measure is a percentage. The numerator is the number of respondents who rated their satisfaction with the developmental services institution as satisfactory or above satisfactory on the survey. The denominator is the total number of individuals responding to the survey.

This survey contains 17 questions with a 5 item Likert response that measures client satisfaction. A satisfied client is defined as one who give the particular developmental services institution a rating of 4 (agree) or better on a 5 point scale. The client satisfaction survey will be done annually. The sample size was selected to have a precision of .05 at the 95% confidence level.

This measure reflects the department’s commitment to determine the extent to which the expectations of clients of developmental services institutions and their families are met. The results of this survey will be used for improvement and refinement of services and supports to residents of institutions and will assist in building and maintaining positive client relationships.

**Validity:** A workgroup including representatives from the four developmental services institutions and central developmental services program office staff developed this survey using the department’s client satisfaction survey as a model. The survey will be tested on a random sample of developmental services institution residents. After results are obtained, the relevance of each question will be determined and modifications made as necessary.

**Reliability:** The survey forms will be checked by staff of the institutions for obvious errors prior to batching for data entry. Following data entry, a sample of computer records will be matched to the original forms to verify data. Written comments, recommendations and suggestions will be compiled and used by each institution for continuing quality improvement and to enhance individual’s satisfaction of supports and services.
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in institutions

Output Measure: Percent of people discharged as planned.

Data Sources and Methodology: The data source for this measure is the developmental services monthly data report of information from the institutions.

This measure is a percent. The numerator is the total number of persons discharged from developmental services institutions. The denominator is number of persons estimated by institutions who will be discharged to the community during the year. This is the estimated number of people whose desire to be placed in the community will be supported by their family or guardian and for whom there is a strong likelihood that the community service system can meet their service needs. The number planned to be discharged is established by negotiation with each institution each year.

Each month, each institution reports the number of persons discharged to the community. The central office maintains the total number discharged for the year. The number discharged is divided by the number targeted to obtain the percent discharged as planned.

Validity: This measure is an indication of how well the program is meeting the desired goal of increased placement of people in the community as established by state policy and plans. It measures the extent the institutions are meeting their goals of discharging persons to the community.

Reliability: Developmental services institutions have been reporting census information for years, with no known problems of completeness and accuracy. The number in residence is used for federal funds reimbursement and is subject to both federal and state auditing. The actual census is certified every month before payment is made. Errors in the count may require return of federal funds or constitute fraud. The number of planned discharges is an estimate and its reliability is unknown.
**EXHIBIT D-2B**

**Target Group:** People with Developmental Disabilities

**Sub-group:** Persons in institutions

**Output Measure:** Adults receiving services in developmental services institutions.

**Data Sources and Methodology:** The data source for this measure is data reports submitted monthly by each of the developmental services institutions.

This measure is a number. The number represents the total number of persons who are classified as “on books” population. This number includes individuals who may be on a temporary absence due to a hospitalization or absence while on an approved home visit. The number is determined by a manual count of the number of persons being served in each of the three developmental services institutions. This number is submitted to the developmental services central program office and published in the Monthly Data Report.

**Validity:** This is an actual count of persons in residence.

**Reliability:** Developmental services institutions have been reporting census information for years, and this will simply access available information that has been produced in the past. The number in residence is used for federal funds reimbursement and is subject to both federal and state auditing. The actual census is certified every month before payment is made. Errors in the count may require return of federal funds or constitute fraud.
EXHIBIT D-2B

Target Group: People with Developmental Disabilities

Sub-group: Persons in institutions

Output Measure: Adults incompetent to proceed provided competency training & custodial care in the Mentally Retarded Defendants Program.

Data Sources and Methodology: The data sources for this measure are manual reporting by each secure forensic facility, submitted to the developmental services central program office and subsequently reflected in the published Monthly Data Report. This measure is a number.

This number consists of the following defined population and anticipated new capacity:

- Retarded defendants are adults who have been charged with a felony and who have been found by the court to be incompetent to proceed to trial due to their retardation and danger to the public. As a result, these defendants are committed by the court to the Mentally Retarded Defendant Program (MRDP), a secure facility at Florida State Hospital in Chattahoochee. Commitment to the program is for the purpose of competency restoration training and public safety. The maximum capacity of MRDP is 70 defendants.

- “Former” defendants are adults who have participated in MRDP competency restoration training and have been determined to be non-restorable (i.e., never able to attain competency to proceed). These persons have had their charges dismissed (typically after two years at MRDP), but they have been determined to remain a danger to the public. These individuals are transferred to one of two secure “step-out” facilities for the purpose of maintaining public safety and at the same time providing each former defendant intensive training in social skills, basic academics, vocational skills and anger management to prepare the person for future placement back into the community. The Seguin Unit at Gainesville is a secure “step-out” facility with a maximum capacity of 23. The Pathways Unit at Landmark Learning Center in Opa Locka has a maximum capacity of 8.

Validity: This output reflects the goal of the program to provide services to persons with developmental disabilities. It counts defendants who attain competency to proceed to trial by successfully completing the training at MRDP, and are returned to the judicial system through due process. It also includes defendants who will never attain competency, but continue to receive personal care and training in those life skills which may eventually result in their returning to the community.
Reliability: The output is determined by a manual count of the number of persons being served in each of the three developmental services forensic facilities. This number is submitted to the developmental services central program office and published in the Monthly Data Report.
**Budget Entity:** Economic Self-Sufficiency Services

**Adult Payment Services**

**Program Title:** Families Who Need Economic Assistance

**Target Group:** Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children

**Outcome:** Individuals receive financial assistance to help meet basic needs.

<table>
<thead>
<tr>
<th>Outcome Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of applications processed within time standards - Total.</td>
</tr>
<tr>
<td>• Percent of Food Stamp applications processed within 30 days.</td>
</tr>
<tr>
<td>• Percent of non-disabled adult payments applications processed within 45 days.</td>
</tr>
<tr>
<td>• Percent of disabled adult payments applications processed within 90 days.</td>
</tr>
<tr>
<td>Percent of Food Stamp benefits determined accurately.</td>
</tr>
<tr>
<td>Percent of Medicaid benefits determined accurately.</td>
</tr>
<tr>
<td>Percent of Benefit Recovery claims established within 90 days.</td>
</tr>
<tr>
<td>Percent of dollars collected for established Benefit Recovery claims.</td>
</tr>
<tr>
<td>Percent of Refugee Assistance cases accurately closed at 8 months or less.</td>
</tr>
<tr>
<td>Percent of clients satisfied with services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of applications processed.</td>
</tr>
<tr>
<td>Number of adult payment applications processed.</td>
</tr>
<tr>
<td>Dollars saved through Benefit Recovery and Front End Fraud Prevention.</td>
</tr>
<tr>
<td>Number of refugee cases closed.</td>
</tr>
</tbody>
</table>
**EXHIBIT D-2B**

**Target Group:** Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Outcome Measure:** Percent of applications processed within time standards - Total.
- Percent of Food Stamp applications processed within 30 days.
- Percent of non-disabled adult payments applications processed within 45 days.
- Percent of disabled adult payments applications processed within 90 days.

This is a new measure for 1999-2000. This measure uses information from existing data systems and the baseline is being established.

**Data Sources and Methodology:** The source of the data is the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a percent. The numerator is total applications processed timely, as defined in applicable state and federal law. The time standards are 30 days for Food Stamp applications, 45 days for non-disabled adult payments applications, and 90 days for disabled adult payments applications. The denominator is total applications processed. The percentage for each of the three measures will also be reported separately using the same method. The numerator is the number of each type of application processed timely and the denominator is the total number of each type of application processed.

**Validity:** The timely processing of applications ensures compliance with program requirements. It is vital to clients of this program, who tend to be frail and elderly and have needs that must be met promptly and efficiently. Payment delays can mean the population will not be able to obtain medical services.

**Reliability:** The data are derived from the FLORIDA system. This system is monitored for quality and reliability by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

**Target Group:** Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Outcome Measure:** Percent of Food Stamp benefits determined accurately.

**Data Sources and Methodology:** The source of these data is the National Integrated Quality Control System.

The measure is a percent. The numerator is the total dollar value of Food Stamp benefits provided accurately. The denominator is the total dollar value of Food Stamp benefits provided.

Information is obtained from a statistically valid sample of cases each month. Trained case investigators perform desk and field verification of eligibility and fiscal elements used in the calculation of the benefits.

**Validity:** Food Stamp benefits were chosen to measure accuracy in benefits programs because an estimated 80 percent of this client group receive Food Stamps. Improving the accuracy of authorized benefits is cost effective to the state and should result in providing increased economic assistance to the truly eligible. If a state’s food stamp error rate exceeds the national tolerance level, the state is subject to fiscal liabilities that must be repaid or reinvested using the state’s own resources.

**Reliability:** The Quality Control review method is a federally-developed process used in all states to indicate the error rate and whether willful misrepresentation is evidenced.
**EXHIBIT D-2B**

**Target Group:** Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Outcome Measure:** Percent of Medicaid benefits determined accurately.

**Data Sources and Methodology:** The source of these data is the National Integrated Quality Control System.

The measure is a percent. The percent is arrived at by applying a statistically valid formula to the calculated Medicaid claims data. The formula, based on standard deviation, is provided by the Health Care Financing Administration of the US Department of Health and Human Services.

Information is obtained from a statistically valid sample of cases each month. Trained case investigators perform desk and field verification of eligibility and claims payments.

**Validity:** Medicaid benefits were chosen to measure accuracy in benefits programs because an estimated 70 percent of these clients receive Medicaid benefits. Improving the accuracy of authorized benefits is cost effective to the state and should result in providing increased economic assistance to the truly eligible. If a state’s Medicaid error rate exceeds the national tolerance level, it is subject to fiscal liabilities that must be repaid or reinvested using the state’s own resources.

**Reliability:** The Quality Control review method is a federally-developed process used in all states to indicate the error rate and whether willful misrepresentation is evidenced.
EXHIBIT D-2B

Target Group: Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

Outcome Measure: Percent of Benefit Recovery claims established within 90 days.

This is a new measure for 1999-2000. This measure uses information from existing data systems and the baseline is being established.

Data Sources and Methodology: The data source is the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a percent. The numerator is the number of claims established within the 90 day time limit. The denominator is the number of valid referrals processed.

Validity: Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to agency and client error, including fraud. It is augmented by a front-end fraud prevention program designed to prevent losses “up front.” Establishing benefit recovery claims in a timely manner increases the likelihood that funds will be recovered. This both frees up funds for the truly needy and builds the program’s integrity, thereby supporting the goal of eligible individuals receiving financial assistance to help meet basic needs. The denominator in this measure may over represent the number of recovery claims if valid referrals include cases for which a claim can never be established.

Reliability: The data are derived from the FLORIDA system. This system is monitored for quality and reliability by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

**Target Group:** Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Outcome Measure:** Percent of dollars collected for established Benefit Recovery claims.

This is a new measure for 1999-2000. This measure uses information from existing data systems and the baseline is being established.

**Data Sources and Methodology:** The data sources are the Florida On-line Recipient Integrated Data Access (FLORIDA) system and the Benefit Recovery System.

The measure is a percent. The numerator is the actual dollar value collected on established Benefit Recovery claims. The denominator is the total dollar value of established Benefit Recovery claims outstanding. The Benefit Recovery System is an accounts receivable database.

**Validity:** Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to agency and client error, including fraud. It is augmented by a front-end fraud prevention program designed to prevent losses “up front.” Actual collection of benefit recovery funds frees up funds for the truly needy and builds the program’s integrity. It supports the goal of eligible individuals receiving financial assistance to help meet basic needs.

**Reliability:** Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

Target Group: Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

Outcome Measure: Percent of Refugee Assistance cases accurately closed at 8 months or less

Data Sources and Methodology: The source of the data is the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a percent. The numerator is the number of refugee assistance cases closed at 8 months or less and the denominator is the total number of refugee assistance cases closed.

Validity: Removing people who have reached the federal time limit for receipt of benefits frees up that money for other truly eligible persons. Corrective action to insure timely transitioning of Refugee Assistance clients from assistance has been initiated by the department subsequent to federal audits which found this to warrant improvement.

Reliability: Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

**Target Group:** Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Outcome Measure:** Percent of clients satisfied with services.

**Data Sources and Methodology:** The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as a one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

**Validity:** A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

**Reliability:** The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

Target Group: Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

Output Measure: Total number of applications processed.

Data Sources and Methodology: The data sources for this measure are FLORIDA System and the Agency for Health Care Administration, Special Low Income Medicare Beneficiaries (SLMB) Reporting System.

This measure is a number. It is the unduplicated count, from the FLORIDA System, of the applications approved plus the applications denied, compiled on a monthly basis. It includes Non-WAGES Cash Assistance, Refugee Assistance, Food Stamp Recipients, Adult Payments Recipients, and Medicaid Eligibles. SLMB unduplicated client counts are obtained from the Agency for Health Care Administration and added to the FLORIDA System unduplicated count.

Validity: This is a count of the clients served in this client target group. It indicates the number of clients and program workload to achieve the outcome that individuals receive financial assistance to meet basic needs.

Reliability: Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.

Some small duplication between SLMB client counts and FLORIDA system counts may exist, but the overlap can not represent more than 2 percent of the total because of the small size of the SLMB caseload.
EXHIBIT D-2B

**Target Group:** Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Output Measure:** Number of adult payment applications processed

**Data Sources and Methodology:** The data sources for this measure are the FLORIDA System and the Special Low Income Medicare Beneficiaries (SLMB) Reporting System at the Agency for Health Care Administration (AHCA).

The measure is a number which is a count from the FLORIDA System, of the adult payment applications processed, compiled on a monthly basis. SLMB client counts are obtained from AHCA and added to the FLORIDA System count.

**Validity:** This is a count of the clients served in this client target group. It indicates the number of clients and program workload to achieve the outcome that individuals receive financial assistance to meet basic needs.

**Reliability:** Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.

Some small duplication between SLMB client counts and FLORIDA system counts may exist, but the overlap can not represent more than 2 percent of the total because of the small size of the SLMB caseload.
EXHIBIT D-2B

**Target Group:** Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

**Output Measure:** Dollars saved through Benefit Recovery and Front End Fraud Prevention.

This is a new measure for 1999-2000. It uses information from existing data systems and the baseline is being established.

**Data Sources and Methodology:** The data source is the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a number. It is the dollar value collected on established Benefit Recovery claims plus the calculated amount saved through front end fraud prevention.

**Validity:** Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to agency and client error, including fraud. It is augmented by a front-end fraud prevention program designed to prevent losses “up front.” Saving funds through benefit recovery and front end fraud both frees up funds for the truly needy and builds the program’s integrity, thereby supporting the goal of providing financial assistance to help meet basic needs.

**Reliability:** Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

Target Group: Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children.

Output Measure: Number of refugee cases closed.

Data Sources and Methodology: This data is contained in the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a number. It is the total number of refugee clients discharged.

Validity: This measure is a process indicator of program workload in closing cases to free-up benefit money for other eligible persons. Corrective action to insure timely transitioning of Refugee Assistance clients from assistance has been initiated by the department subsequent to federal audits which found this to warrant improvement.

Reliability: Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
Budget Entity: Economic Self-Sufficiency Services

Program Title: Families Who Need Economic Assistance

Target Group: Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants)\(^3\)

Outcome: Adults Work and Gain Economic Self-Sufficiency.

<table>
<thead>
<tr>
<th>Outcome Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of work-eligible participants accurately referred to the Department of</td>
</tr>
<tr>
<td>Labor and Employment Security within one work day.</td>
</tr>
<tr>
<td>Percent of sanctions referred by the Department of Labor and Employment Security</td>
</tr>
<tr>
<td>that are executed within 10 days.</td>
</tr>
<tr>
<td>Percent of Food Stamp benefits determined accurately.</td>
</tr>
<tr>
<td>Percent of WAGES/cash assistance benefits determined accurately.</td>
</tr>
<tr>
<td>Percent of Medicaid benefits determined accurately.</td>
</tr>
<tr>
<td>Percent of Benefit Recovery claims established within 90 days.</td>
</tr>
<tr>
<td>Percent of dollars collected for established Benefit Recovery claims.</td>
</tr>
<tr>
<td>Percent of clients satisfied with services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of WAGES applications for assistance processed.</td>
</tr>
<tr>
<td>Number of WAGES participants referred to the Department of Labor and Employment</td>
</tr>
<tr>
<td>Security.</td>
</tr>
<tr>
<td>Dollars saved through Benefit Recovery and Front End Fraud Prevention.</td>
</tr>
<tr>
<td>Number of requests for appeal hearings processed.</td>
</tr>
</tbody>
</table>

\(^3\) Includes adults who are ready for employment and adults who need job skills, training and support to be ready for employment.
EXHIBIT D-2B

**Target Group:** Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants).

**Outcome Measure:** Percent of work-eligible participants accurately referred to the Department of Labor and Employment Security within one work day.

This is a new measure for 1999-2000. Baseline data are currently being collected.

**Data Sources and Methodology:** The data sources for this measure are reports from the Florida Department of Children and Family Services’ Florida On-line Recipient Integrated Data Access computer system (FLORIDA) and the Florida Department of Labor and Employment Security’s Jobs & Benefits Division computer system.

The measure is a percent. The numerator is the number of work registration referrals coded correctly and referred within one day. The denominator is the total number of work registration referrals. The referral, when the coding is correct, takes place within one workday (24 hours).

**Validity:** Accurate referrals assure that truly eligible clients are referred to the Department of Labor and Employment Security in order to take full advantage of the limited number of opportunities available, thereby maximizing the efficiency of the program.

**Reliability:** The data are derived from data systems of the Florida Department of Labor and Employment Security and the Florida Department of Children and Family Services. Each of these systems is monitored for quality and reliability by personnel of the respective departments. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

**Target Group:** Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants)

**Outcome Measure:** Percent of sanctions referred by the Department of Labor and Employment Security that are executed within 10 days.

This is a new measure for 1999-2000. Baseline data are currently being collected.

**Data Sources and Methodology:** The data sources for this measure are reports from the Florida Department of Children and Family Services, Florida On-line Recipient Integrated Data Access (FLORIDA) and the Department of Labor and Employment Security, Jobs and Benefits Division computer systems.

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 Family services.

**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 desired outcome, “...work and gain economic self-sufficiency...” Timely sanctioning of non-compliant clients provides motivation to other clients to faithfully pursue their training and job search requirements. Additionally, sanctioning frees up training and job openings for more diligent applicants who are more likely to “Work and gain economic self-sufficiency.” This measure does not account for sanction requests from the Department of Labor and Employment Security 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 Labor and Employment Security and the Florida Department of Children and Family Services. Each of these systems is monitored for quality and reliability by personnel of the respective departments as well as by the federal government. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

Target Group: Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants)

Outcome Measure: Percent of Food Stamp benefits determined accurately.

Data Sources and Methodology: The source of the data is the National Integrated Quality Control System.

The measure is a percent. The numerator is the total dollar value of food stamp benefits provided accurately. The denominator is the total dollar value of food stamp benefits provided.

Information is obtained from a statistically valid sample of cases each month. Trained case investigators perform desk and field verification of eligibility and fiscal elements used in the calculation of the benefits.

Validity: Improving the accuracy of authorized benefits is cost effective to the state and should result in providing increased economic assistance to the truly eligible. If a state’s food stamp accuracy rate is below the national tolerance level, the state is subject to fiscal liabilities that must be repaid or reinvested using the state’s own resources.

Reliability: The Quality Control review method is a federally developed process used in all states to indicate the accuracy rate and whether willful misrepresentation is evidenced. This system has proven to be statistically reliable and is recognized by all states as the best approach available.
EXHIBIT D-2B

Target Group: Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants)

Outcome Measure: Percent of WAGES/cash assistance benefits determined accurately.

Data Sources and Methodology: The source of this data is the state operated Quality Control System.

The measure is a percent. The numerator is the total dollar value of WAGES/cash assistance benefits provided accurately. The denominator is the total dollar value of WAGES/cash assistance provided.

Information is obtained from a statistically valid sample of cases each month. Trained case investigators perform desk and field verification of eligibility and fiscal elements used in the calculation of the benefits.

Validity: Improving the accuracy of authorized benefits is cost effective to the state and should result in providing increased economic assistance to the truly eligible. Prior to the advent of welfare reform, there was a national tolerance level for the cash assistance accuracy rate. While this is no longer the case, funds misspent through inaccurate casework will result in less funds available for client services.

Reliability: The process used in the determination of the accuracy rate is based upon the federally-developed process formerly used in all states to indicate the error rate and whether willful misrepresentation is evidenced. This system has proven to be statistically reliable and is recognized by all states as the best approach available.
EXHIBIT D-2B

**Target Group:** Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants)

**Output Measure:** Percent of Medicaid benefits determined accurately.

**Data Sources and Methodology:** The source of this data is the state operated Quality Control System.

The measure is a percent. The percent is arrived at by applying a statistically valid formula to the calculated Medicaid claims data. The formula, based on standard deviation, is provided by the Health Care Financing Administration of the US Department of Health and Human Services.

Information is obtained from a statistically valid sample of cases each month. Trained case investigators perform desk and field verification of eligibility and claims payments.

**Validity:** Improving the accuracy of authorized benefits is cost effective to the state and should result in providing increased economic assistance to the truly eligible. If a state’s Medicaid accuracy rate is below the national tolerance level, the state is subject to fiscal liabilities that must be repaid.

**Reliability:** The Quality Control review method is a federally developed process used in all states to indicate the error rate and whether willful misrepresentation is evidenced.
EXHIBIT D-2B

**Target Group:** Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants)

**Outcome Measure:** Percent of Benefit Recovery claims established within 90 days.

This is a new measure for 1999-2000. This measure uses information from existing data systems and the baseline is being established.

**Data Sources and Methodology:** Data source is the Florida On-line Recipient Integrated Data Access (FLORIDA) System.

The measure is a percent. The numerator is the number of claims established within the 90 day time limit. The denominator is the number of valid referrals processed.

**Validity:** Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to agency and client error, including fraud. It is augmented by a front-end fraud prevention program designed to prevent losses “up front.” Establishing benefit recovery claims in a timely manner increases the likelihood that funds will be recovered. This both frees up funds for the truly needy and builds the program’s integrity, thereby supporting the goal of “…economic self-sufficiency....” The denominator in this measure may over represent the number of recovery claims if valid referrals include cases for which a claim can never be established.

**Reliability:** The data are derived from the FLORIDA system. This system is monitored for quality and reliability by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

**Target Group:** Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants)

**Outcome Measure:** Percent of dollars collected for established Benefit Recovery claims.

This is a new measure for 1999-2000. This measure uses information from existing data systems and the baseline is being established.

**Data Sources and Methodology:** The data sources are the Florida On-line Recipient Integrated Data Access (FLORIDA) system and the Benefit Recovery System.

The measure is a percent. The numerator is the actual dollar value collected on established Benefit Recovery claims. The denominator is the total dollar value of established Benefit Recovery claims.

**Validity:** Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to agency and client error, including fraud. It is augmented by a front-end fraud prevention program designed to prevent losses “up front.” Actual collection of benefit recovery funds frees up funds for the truly needy and builds the program’s integrity, thereby supporting the goal of “...economic self-sufficiency...”

**Reliability:** The data are derived from the FLORIDA system. This system is monitored for quality and reliability by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10- to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.

The Benefit Recovery System is an accounts receivable database.
EXHIBIT D-2B

Target Group: Adults and Their Families Who Need Assistance to Become Employed (WAGES Participants)

Outcome Measure: Percent of clients satisfied with services.

Data Sources and Methodology: The data source for this measure is the department wide client satisfaction survey database in the Office of Standards and Evaluation.

This measure is a percent. The numerator is the number of respondents who rated the department satisfactory or above satisfactory on the survey. The denominator is all respondents who rated the department.

This survey contains 14-questions with a 5-item Likert response which measures client satisfaction. A satisfied client is defined as one who gives the department a rating of 4 or better on a five point scale. The state-wide client satisfaction survey will be done annually.

This measure reflects the department’s commitment to learn more about customer requirements and expectations, and the extent to which we are meeting their expectations. This information will be used for improvement and help to build and maintain positive customer relationships.

Validity: A workgroup which included representatives from each program area, district and administrative staff, and consultants with expertise in survey design developed this survey. The questions are operationalizations of the department vision (client centered, community based, and results oriented) associated with client satisfaction in a social services setting. Each item reflects customer requirements and expectations as defined by interviews with staff and clients. Survey questions were screened for the problems of comprehension (difficult words and vague terms), value-loading, and double-meaning and tested on a sample of department clients. During post-test interviews, respondents rated the relevance of each question, and modifications were made as necessary.

Reliability: The sample size for the survey was selected to have a precision of .05 at the 95% confidence level. Forms are returned by clients directly in a provided envelope or placed in a drop box to ensure confidentiality and reliability. Returned survey forms are checked by district staff for obvious errors prior to batching for data entry. Following data entry, computer records are matched to the original forms to verify data. The 1997 and 1998 reports give further information on reliability.
EXHIBIT D-2B

**Target Group:** Adults and Their Families Who Need Assistance to Become Economically Self-Sufficient (WAGES Participants)

**Output Measure:** Number of WAGES applications for assistance processed.

**Data Sources and Methodology:** The data source for this measure is the FLORIDA system. This measure is a number which is a count of the applications approved plus the applications denied, compiled on a monthly basis.

**Validity:** This is a direct count of the applications processed in this client target group. It is an indicator of program workload.

**Reliability:** Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

**Target Group:** Adults and Their Families Who Need Assistance to Become Economically Self-Sufficient (WAGES Participants)

**Output Measure:** Number of WAGES participants referred to the Department of Labor and Employment Security.

**Data Sources and Methodology:** The data sources for this measure are reports from the Florida Department of Children and Family Services, Florida On-line Recipient Integrated Data Access (FLORIDA).

The measure is a number. It is the total number of WAGES participants referred to the Department of Labor and Employment Security.

**Validity:** This is a direct count of participants referred from this client target group. It is an indicator of program workload.

**Reliability:** Data quality and reliability in the FLORIDA system are monitored by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10 to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

Target Group: Adults and Their Families Who Need Assistance to Become Economically Self-Sufficient (WAGES Participants)

Output Measure: Dollars saved through Benefit Recovery and Front End Fraud Prevention.

Data Sources and Methodology: Data source is the Florida On-line Recipient Integrated Data Access (FLORIDA) system and the Benefit Recovery data system.

The measure is a dollar amount.

Validity: Benefit Recovery is a claims establishment and recoupment program to calculate and recover public assistance dollars lost due to agency and client error, including fraud. It is augmented by a front-end fraud prevention program designed to prevent losses “up front.” This both frees up funds for the truly needy and builds the program’s integrity, thereby supporting the goal of “...economic self-sufficiency...”

Reliability: The data are derived from the FLORIDA system. This system is monitored for quality and reliability by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10- to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
EXHIBIT D-2B

**Target Group:** Adults and Their Families Who Need Assistance to Become Economically Self-Sufficient (WAGES Participants)

**Output Measure:** Number of requests for appeal hearings processed.

**Data Sources and Methodology:** The data sources for this measure are the FLORIDA system and the database system used by the Department’s Office of Appeal Hearings.

The measure is a number. It is the number of cases entered into the Office of Appeal Hearings database via an interface with the FLORIDA system. Appointments are processed and cases closed in the Appeal Hearings database, and FLORIDA is also updated via the system.

**Validity:** The appeals process is both required by law and serves to maintain the integrity of the benefits programs.

**Reliability:** The data are derived from the FLORIDA system. This system is monitored for quality and reliability by department data processing personnel. Additionally, new public assistance workers with the Department of Children and Families are given 10- to 12 weeks of training, 25-35% of which centers on the FLORIDA system. However, the FLORIDA system is not flexible for use with the new WAGES program, and the turnover of public assistance workers is substantial.
Measures Index

Program: People in Need of Family Safety and Preservation Services

Target Group: Families Known to the Department with Children at Risk of Abuse and Neglect

Percent of children in families who complete intensive child abuse prevention programs of three months or more who are not abused or neglected within 6 months of program completion.  
Percent of children in families who complete intensive child abuse prevention programs of three months or more who are not abused or neglected within 12 months of program completion.  
Percent of children in families who complete intensive child abuse prevention programs of three months or more who are not abused or neglected within 18 months of program completion.  
Percent of families receiving parent education and other parent skill building services, lasting six weeks or longer, who show improved family skills and capacity to care for their children.  
Percent of clients satisfied.  

Output Measures:  
Number of persons served.  
Number receiving information and referral services.

Target Group: Children Who Have Been Abused or Neglected by Their Families

Percent of children who have no findings of maltreatment within one year of case closure from services.  
Percent of families receiving ongoing services who show improved scores on the Child Well-Being Scales.  
Percent of clients satisfied.  
Percent of children reunified with family who return to foster care within one year of case closure.  
Percent of children given exit interviews who were satisfied with their foster care placement.  
Percent of children who are not abused or neglected during services.  
Percentage of abandoned calls made to the Florida Abuse Hotline.

Output Measures:  

---

4 All measures are reported as annual performance of the department. For internal management purposes many of these measures are reported on a quarterly or monthly basis when data is available.
Reports of child abuse/neglect.
Children identified as abused/neglected during year.
Families served by ICCP, Family Builders.
Number of families served by Protective Supervision.
Number of children served in foster care.
Number of children served in relative care.
Ratio of certified workers to children.
Percent of children who exited out-of-home care by the 15th month.
Percent of alleged victims seen within 24 hours.
Calls answered.
Percent of calls answered within 3 minutes.
Percent of investigations completed within 30 days.
Percent of individuals under the department’s protective supervision who
have case plans requiring substance abuse treatment who are receiving
treatment.
Number of individuals under the department’s protective supervision who
have case plans requiring substance abuse treatment who are receiving
treatment.
Percent of cases reviewed by supervisors in accordance with department
timeframes for early warning system.
Number of cases reviewed by supervisors in accordance with department
timeframes for early warning system.

<table>
<thead>
<tr>
<th>Target Group: Child Victims of Abuse or Neglect Who Become Eligible for Adoption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children who are adopted of the number of children legally available for adoption.</td>
</tr>
<tr>
<td>Percent of clients satisfied.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children receiving subsidies.</td>
</tr>
<tr>
<td>Children placed for adoption.</td>
</tr>
<tr>
<td>Children receiving adoptive services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Group: Victims of Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons who abuse a spouse in domestic violence situation for parents who abuse their child and who are also substance abusers that will receive appropriate substance abuse treatment.</td>
</tr>
<tr>
<td>Ratio of incidents reported resulting in injury or harm to clients as a result of inadequate security procedures per 1,000 shelter days.</td>
</tr>
<tr>
<td>Percent of clients satisfied.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Measures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals receiving case management services.</td>
</tr>
</tbody>
</table>
Number of individuals served in emergency shelters. 52
Number of adults counseled. 53
Number of children counseled. 54
Percent of adult and child victims in shelter more than 72 hours having a family safety and security plan when they leave shelter. 55

**Target Group: Adults with Disabilities & Frail Elderly who are victims of Abuse, Neglect or Exploitation**

Percent of cases not unfounded in which another report alleging abuse, neglect, or exploitation occur while the case is open (from start of investigation to close of case--maximum of one year if in protective supervision). 58
Percent of adults with no subsequent report of abuse, neglect or exploitation within six months of close of investigation. (Not included in 1998-99 GAA.) 59
Percent of clients satisfied. 60

**Output Measures:**
Number of investigations. 61
Number of people receiving placement and community support services. 62
Number of people receiving protective supervision services. 63
Number of people referred to other agencies. 64
Number of cases not unfounded in which another report alleging abuse, neglect, or exploitation occur while the case is open (from start of investigation to close of case--maximum of one year if in protective supervision). 65

**Target Group: Adults With Disabilities Who Need assistance to Remain in the Community**

Percent of adults with disabilities receiving services who are not placed in a nursing home. 68
Percent of clients satisfied. 69

**Output Measures:**
Number served (Community Care for Disabled Adults) 70
Number served (Home Care for Disabled Adults) 71
Number of Medicaid Waiver clients served. 72
Program: Families in Need of Child Care

Target Group: Families with Children in Child Care

Percent of WAGES clients who need child care that receive subsidized child care services 74
Number of verified incidents of abuse and/or neglect in licensed child care arrangements. 75
Number of provisional licenses as a result of non-compliance with child care standards. 76
Percent of licensed child care providers who are satisfied with the licensing process. 77
Percent of four year old children placed with contracted providers in care for nine months who enter kindergarten ready to learn as determined by DOE or local school systems’ readiness assessment. 78
Percent of licensed child care facilities and homes with no class 1 (serious) violations during their licensure year. 79
Percent clients receiving subsidized child care services who are satisfied. 80
Percent of non-WAGES, working poor clients who need child care that receive subsidized child care services. 81

Output Measures:
Number served: Total 82
Number served: At Risk 83
Number served: Working Poor 84
Number served: Migrants 85
Number served: WAGES/TCC (transitional) 86

Program: People with Mental Health Problems

Target Group: Children with Mental Health Problems

Sub-group: Children with serious emotional disturbances
Average number of days per year spent in the community (not in detention, homeless, runaway, or other facilities). 88
Percent of clients satisfied. (Not included in 1998-99 GAA.) 90
Average functional level score achieved on the Children’s Global Assessment of Functioning Scale. 91
Percent of available school days attended during the last 30 days. 93
Percent of improvement of the emotional condition or behavior of the child or adolescent evidenced by resolving the presented problem and symptoms of the serious emotional disturbance recorded in the initial assessment. 94
Percent of commitments or recommitments to Juvenile Justice. 95
Percent of families satisfied with the services received as measured by the Family Centered Behavior Scale. 96
Percent of community partners satisfied based on a survey. 97
Output Measures:
Number served. 99

Sub-group: Children with emotional disturbances
Average number of days per year spent in the community (not in detention, homeless, runaway, or other facilities). 101
Average functional level score achieved on the Children's Global Assessment of Functioning scale. 103
Percent of available school days attended during the last 30 days. 105
Percent of improvement of the emotional condition or behavior of the child or adolescent evidenced by resolving the presented problem and symptoms of the emotional disturbance recorded in the initial assessment. 106
Percent of commitments or recommitments to Juvenile Justice. 107
Percent of families satisfied with the services received as measured by the Family Centered Behavior Scale. 108
Percent of clients satisfied. (Not included in 1998-99 GAA.) 109
Percent of community partners satisfied based on a survey. 110

Output Measures:
Number served. 112

Sub-Group: Children at risk of developing an emotional disturbance
Percent of families satisfied with the services received as measured by the Family Centered Behavior Scale. 114
Percent of clients satisfied. (Not included in 1998-99 GAA.) 115

Output Measures:
Number served. 116

Target Group: Children Incompetent to Proceed to Juvenile Justice
Percent of children restored to competency and recommended to proceed with a judicial hearing:
(a) with mental illness 118
(b) with mental retardation
Percent of community partners satisfied with program based upon a survey. 120
Percent of children returned to court for competency hearings, and the court concurs with the recommendation of the provider. 121
Percent of children with mental illness either restored to competency or determined unrestorable in less than 180 days. 122
Percent of children with mental retardation either restored to competency or determined unrestorable in less than 365 days. 123

Output Measures:
Number of children served who are incompetent to proceed. 124
Target Group: Adults with Mental Health Problems

Sub-group: Adults with severe and persistent mental illness
  Average annual number of days spent in the community (not in institutions or other facilities). 126
  Average functional level based on Global Assessment of Functioning score. 127
  Average annual days worked for pay. 129
  Total average monthly income in last 30 days. 130
  Average client satisfaction score on the Behavioral Healthcare Rating Scale. 131
  Increase family satisfaction. 132
  Percent of community partners satisfied based on survey. 133

Output Measures:
  Number of adults with a severe and persistent mental illness served. 135

Sub-group: Adults in mental health crisis
  Average Global Assessment of Functioning scale change score. 137
  Percent readmitted within 30 days. 139
  Average client satisfaction score on the Behavioral Healthcare Rating Scale. 140
  Percent of community partners satisfied based on survey. 141
  Increase family satisfaction. 143

Output Measures:
  Number of adults in mental health crisis served. 144

Sub-group: Adults with forensic involvement
  Average annual number of days spent in the community (not in institutions or other facilities). 146
  Average functional level based on Global Assessment of Functioning score. 147
  Percent of persons on Chapter 916, F.S. conditional release who are arrested for crimes against persons. 149
  Percent of persons who violate their Chapter 916, F.S., conditional release and are recommitted. 150
  Average client satisfaction score on the Behavioral Healthcare Rating Scale. 151
  Percent of community partners satisfied based on survey. 152

Output Measures:
  Number of Adults with Forensic Involvement served. 154

Sub-group: Adults in civil commitment
  Percent of residents who meet readiness for discharge criteria between six months and twelve months after admission. 156
  Percent of patients readmitted. 157
  Percent of people served who are discharged to the community. 158
  Percent of patients who improve mental health based on Positive and Negative Symptom Scale. 159
Average scores on Community Readiness Survey at "ready for discharge.”  
Annual number of significant reportable [harmful] events per 100 residents in each mental health institution.
Percent of patients satisfied based on survey.
Percent of community partners satisfied based on survey.

Output Measures:
Number served.
Number of adult abuse or neglect reports from mental health hospitals.
Number of adult abuse reports confirmed or proposed confirmed.
Number of people served who are discharged to the community.

Sub-group: Adults in forensic commitment
Percent of residents who improve mental health based on Positive and Negative Symptom Scale.
Percent of residents restored to competency and ready for discharge within six months after admission.
Average number of days to restore competency.
Percent of residents restored to competency and ready for discharge between six and twelve months after admission.
Annual number of significant reportable [harmful] events per 100 residents in each mental health institution.
Percent of residents satisfied based on survey.
Percent of community partners satisfied based on survey.

Output Measures:
Number served.
Number of adult abuse or neglect reports from mental health hospitals.
Number of adult abuse reports confirmed or proposed confirmed.

Program: People with Substance Abuse Problems

Target Group: Children With Substance Abuse Problems
Percent of children successfully completing treatment who are not readmitted for substance abuse treatment during the 12 months following discharge.
Percent of children discharged for completing treatment having no alcohol or other drug use during the month prior to discharge.
Percent of children under the supervision of the state receiving substance abuse treatment who are not committed or recommitted to the Department of Juvenile Justice during the 12 months following treatment completion.
Percent of parents of children receiving services reporting average or above average level of satisfaction on the Family Centered Behavior Scale.
Percent of children receiving services who are satisfied based on survey.
Percent of community partners satisfied based on survey.
**Output Measures:**
Number served.  
Number of children completing treatment.  

**Target Group: Children At-Risk of Substance Abuse Problems**

- Percent of children in targeted prevention programs who achieve expected level of improvement in reading.  
- Percent of children in targeted prevention programs who achieve expected level of improvement in math.  
- Percent of children who receive targeted prevention services who are not admitted to substance services during the 12 months after completion of prevention services.  
- Percent of children in targeted prevention programs who perceive substance use to be harmful at the time of discharge when compared to admission.  

**Output Measures:**
Number of children served -- Targeted Prevention.  

**Target Group: Adults With Substance Abuse Problems**

- Percentage drug free at six months following completion of treatment.  
- Percent of clients completing treatment who are not readmitted for substance abuse services during the 12 months following discharge. (Not included in 1998-99 GAA.)  
- Percent of adults discharged for completing treatment having no alcohol or other drug use during the month prior to discharge.  
- Percent of adults who reduce the frequency of arrest during the 90 days following discharge as compared to the 90 days prior to treatment admission.  
- Percent of adult women pregnant during substance abuse treatment who give birth to substance free newborns.  
- Percent of pregnant women receiving substance abuse treatment who deliver infants with normal birth weight.  
- Average level of satisfaction on the Behavioral Healthcare Rating of Satisfaction scale.  
- Percent of community partners satisfied based on survey.  
- Percent of adults employed upon discharge from treatment services.  
- Percent of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.  

**Output Measures:**
Number served.  
Number of individuals in protective supervision who have case plans requiring substance abuse treatment who are receiving treatment.  

**Program: People with Developmental Disabilities**
### Target Group: People with Developmental Disabilities

#### Sub-group: Persons in the community
- Percent of people who have a quality of life score of 19 out of 25 or greater on the Outcome Based Performance Measures Assessment at annual reassessment. 220
- Percent of adults living in homes of their own. 222
- Percent clients satisfied with services. 223
- Percent of people who are employed in integrated settings. 224

#### Output Measures:
- Children & adults provided case management 225
- Children & adults provided residential care 226
- Children & adults provided individualized supports & services 227

#### Sub-group: Persons in institutions
- Annual number of significant reportable incidents per 100 persons with developmental disabilities living in developmental services institutions. 229
- Statewide average on Conroy Quality of Life Protocol for residents in developmental services institutions. 231
- Percent clients satisfied with services. 232
- Percent of people discharged as planned. 233

#### Output Measures:
- Adults receiving services in developmental services institutions. 234
- Adults incompetent to proceed provided competency training & custodial care in the Mentally Retarded Defendants Program. 235

### Program: Families Who Need Economic Assistance

#### Target Group: Persons Who are Indigent and Aged, Disabled, Refugees or Eligible Children
- Percent of applications processed within time standards - Total. 238
- Percent of Food Stamp applications processed within 30 days. 239
- Percent of non-disabled adult payment applications processed within 45 days. 240
- Percent of disabled adult payment applications processed within 90 days. 241
- Percent of Food Stamp benefits determined accurately. 242
- Percent of Medicaid benefits determined accurately. 243
- Percent of Benefit Recovery claims established within 90 days. 244
- Percent of dollars collected for established Benefit Recovery claims. 245
- Percent of Refugee Assistance cases accurately closed at 8 months or less. 246
- Percent of clients satisfied with services. 247

#### Output Measures:
- Total number of applications processed. 248
- Number of adult payment applications processed. 249
Dollars saved through Benefit Recovery and Front End Fraud Prevention.  
Number of refugee cases closed.

**Target Group: Adults and Their Families Who Need Assistance to Become Economically Self-Sufficient (WAGES Participants)**

- Percent of work eligible participants accurately referred to the Department of Labor and Employment Security within one work day.  
- Percent of sanctions referred by the Department of Labor and Employment Security that are executed within 10 days.  
- Percent of Food Stamp benefits determined accurately.  
- Percent of WAGES/cash assistance benefits determined accurately.  
- Percent of Medicaid benefits determined accurately.  
- Percent of Benefit Recovery claims established within 90 days.  
- Percent of dollars collected for established Benefit Recovery claims.  
- Percent of clients satisfied with services.

**Output Measures:**

- Number of WAGES applications for assistance processed.  
- Number of WAGES participants referred to the Department of Labor and Employment Security.  
- Dollars saved through Benefit Recovery and Front End Fraud Prevention.  
- Number of requests for appeal hearings processed.