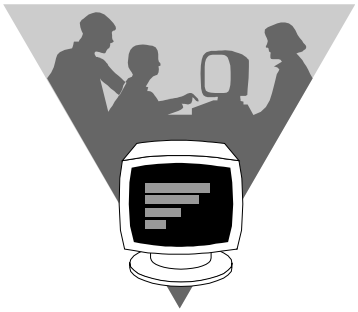
Department of Children & Families
Pamphlet 155-2

Mental Health and Substance Abuse Measurement and Data



Effective October 1, 2013
Version 10.3

Chapter 1 Introduction

Table of Contents

Revision History

Version 10.1

- Updated document footers.
- Page 2 – Updated URL where the Pamphlet can be located.
- Pages 5 & 6 – Updated Referential Integrity section, updated URL where to locate error codes, and made changes to the Entity Relation Diagram showing the new relationships between admission records and service event records and the ASAM records.
- Pages 11 & 12 – Updated points of contacts list.

Version 10.2

- Updated the document footer with new version number and revision date.
- Page 5 – Changed paragraph 4 to show the new relationship between ASAM and substance abuse admission record.
- Page 6 – Updated the Entity Relationship Diagram for SAMH Data Sets.
- Pages 11 – 12 – Updated the points of contact phone numbers. The numbers changed due to the Department going to a digital phone system.

Version 10.3

- Page 13 - Added the Managing Entity Data Liaison to the contact instructions..
- Added a Table of Contents
- Moved Revision History to the front of the chapter
- Removed TANF (#53), Also Removed from the File Layout
- Moved the Target Population Chart to "General Policies and Considerations"
- Deleted "Instructions for Collecting and Reporting Substance Abuse Admission Data Elements," and added information to the file layout
- Reorganized Categorized List of Drugs
- Updated document footers

I. Scope

This pamphlet specifies the business requirements for collecting and reporting data on persons served in state-contracted community substance abuse and mental health provider agencies. There are more than 350 of these provider agencies serving more than 400,000 persons annually. Persons receiving state-contracted services include individuals who meet the state target population criteria for mental health (see Chapter 5) or for substance abuse (see Chapter 6).

A copy of this chapter can be found on the Department web site at the following URL: http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml

II. Enabling Authority

The following are key rules and laws that authorize the Department of Children and Families (DCF) to request data from state-contracted community substance abuse and mental health provider agencies.

Florida Administrative Code (F.A.C) 65E-14 is the Financial Rule for Community Substance Abuse and Mental Health Services. This rule not only defines clients to be served and services to be provided, but also requires the department to penalize providers that fail to report the state-required data as specified in this pamphlet, which is an integral part of the financial rule.

Section 394.74, F.S., requires state-contracted providers to submit client demographic, service, and outcome information to the department's Substance Abuse and Mental Health (SAMH) data system by a date specified in the contract. Under this statute, the department may not pay the provider unless the required information has been submitted by the specified date.

Section 394.745, F.S., requires the department to submit an annual report describing the status of provider compliance with the annual performance outcome standards established by the Legislature. The law also requires this report to address contracted providers, which met or exceeded performance standards, or did not achieve performance standards for which corrective action measures were developed, or whose contracts were terminated due to failure to meet the requirements of the corrective plan.

Section 394.77, F.S., requires the department to establish a uniform management information system and fiscal accounting system for use by providers of community substance abuse and mental health services.

Section 394.78(1) (a), F.S., requires the department to adopt financial rules, including penalties for nonperformance, nonpayment and suspended payments for provider's failure to timely submit required client service reports and client financial eligibility requirements.

Section 394.9081, F.S., requires the department to revise its target groups for substance abuse and mental health services to include: (a) older adults who are at risk of being placed in a more restrictive environment due to mental illness or substance abuse; (b) older adults with severe and persistent mental illness, and (c) older adults in need of substance abuse treatment.

Section 394.9082(5)(k), F.S., requires the department to develop service delivery strategies that will improve the coordination, integration, and management of the delivery of mental health and substance abuse treatment services to persons with emotional, mental, or addictive disorders. One of the goals of this legislation is to improve the integration, accessibility, and dissemination of behavioral health data for planning and monitoring purposes.

Section 397.321(3) (c) and (10), F.S., requires all state-licensed substance abuse providers to submit substance abuse data as required by the department.

III. Required Data Sets

The table below provides a brief description and data collection frequency for each required data set. Chapters 3 through 12 of this pamphlet provide detailed descriptions of these data sets, including key fields and parent records, data dictionaries and policies, FTP file layouts, and prototypes for data entry screens and data collection forms.

Required Data Sets	Brief Descriptions	Data Collection Frequencies at Local Levels
Provider Data	The *provider directory* table includes organization-level data related to contact persons, as well as identification numbers, names, addresses, and sites of the provider agencies that are state-contracted, state-operated, and/or state-licensed **See details in Chapter 3**.	**(1)** Initially, when there is a new provider site that needs to submit the required data, or **(2)** subsequently when data need to be updated.
Demographics Data	This table includes Protected Health Information (PHI) (e.g., names, Social Security Number, date of birth, race, gender, and ethnicity) on each person receiving any client-specific service event from a state-contracted provider agency. **See details in Chapter 4**.	**(1)** Initially, at time of individual's first service in provider agency, or **(2)** subsequently when data need to be updated.
Mental Health Outcome Data	This table includes individual-level data on socio-economic and clinical characteristics of each person who meets criteria for enrollment in any mental health target population group and who is recipient of any client-specific service event in MH program funded by DCF, Medicaid or local match. **See details in Chapter 5**.	**(1)** At time of new admission or readmission into a provider agency before or when the first reportable client-specific service event is provided to begin an episode of care within a MH provider agency; **(2)** every 3 months thereafter; or **(3)** at time of discharge from provider agency after or when the last reportable client-specific service event is provided to terminat episode of care within provider agency.
Substance Abuse Outcome Data	This table includes individual-level data on socio-economic and clinical characteristics of each person who meets criteria for enrollment in any substance abuse target population group and who is recipient of any client-specific service event in SA program funded by DCF, Medicaid or local match. **See details in Chapter 6.**	**(1)** At time of new admission or readmission into a provider agency before or when the first reportable client-specific service event is provided to begin an episode of care within SA provider agency; and **(2)** at time of discharge from provider agency after or when the last reportable client-specific service event is provided to terminates episode of care within provider agency.

Required Data Sets	Brief Descriptions	Data Collection Frequencies at Local Levels
Client-Specific-Service Event Data	This table includes individual-level encounter data on types, amounts, locations, and dates of service events provided to each person served in SA or MH programs funded by DCF, Medicaid local match, or other funding sources. **See details in Chapter 7**.	For each reportable SA or MH service provided.
FARS Data	The Functional Assessment Rating Scales (FARS) table includes individual-level data on levels of functioning for adults served in community mental health programs or in state mental health treatment facilities. This table also includes Modified GAF scores for persons receiving medication-only services in community MH programs. **See details in Chapter 8**.	**(1)** At time of new admission or readmission into a MH provider agency; **(2)** every 6 months thereafter; or **(3)** at time of discharge from MH provider agency.
CFARS Data	The Children Functional Assessment Rating Scales (CFARS) table includes individual-level data on levels of functioning for children served in community mental health programs. **See details in Chapter 9**.	**(1)** At time of new admission or readmission into a MH provider agency; **(2)** every 6 months thereafter; or **(3)** at time of discharge from MH provider agency.
ASAM Data	The American Society of Addiction Medicine (ASAM) table includes assessment information on levels of care and placements for persons served in community substance abuse programs, using the Florida Supplement to the American Society of Addiction Medicine Patient Placement Criteria. **See details in Chapter 10.**	**(1)** At the time of admission into SA provider agency; **(2)** at time of discharge from the agency, or **(3)** during the episode of care when a person changes placement**.**
Non Client-specific Service Event Data	This table includes encounter data on types, amounts, locations, and dates of services provided in cost centers and programs that do not require service recipients to be uniquely identified, e.g., universal prevention, drop-in/self help, information and referral, and outreach. **See details in Chapter 11.**	For each reportable SA or MH service provided
Waiting List Data	This table includes information needed to identify and track individuals placed on various waiting lists for services available in community substance abuse and mental health programs or in state mental health treatment facilities. **See details in Chapter 12.**	Every time a person is put on waiting list or is removed from the waiting list.

Required Data Sets	Brief Descriptions	Data Collection Frequencies at Local Levels
Consumer Satisfaction survey Data	This table includes data elements (survey questions) related to consumer's global satisfaction, access to services, appropriateness of treatment, and outcomes of care. The survey is conducted anonymously (clients are not uniquely identified in the survey) based on a stratified sample of persons served per district, provider and state target population group. **See details in Chapter 13.**	Annually
CNA Data (Not included in the pamphlet)	The Community Needs Assessment (CNA) data pertain to persons referred from community public receiving facilities to state mental health treatment facilities (SMHTF) or from SMHTF back to community. CNA data include information on person's basic and special service needs, medication needs, as well as information on significant other persons, insurance, and income source. CNA data are not included in the pamphlet because they are integral part of the SMHTF admission and discharge data.	**(1)** At time of referral to and from SMHTF; and **(2)** updated every 30 days while the person is in the SMHTF.
TANF Data	The Temporary Assistance to Needy Families (TANF) data pertain to individuals who are eligible for TANF cash assistance or family diversion services. The TANF web-enabled database is linked to Client-specific Service Event data to identify service event units that are TANF-billable and provided to TANF-eligible persons.	Collected and updated regularly as needed by state-contracted providers in collaboration with the department's TANF specialists in each district.

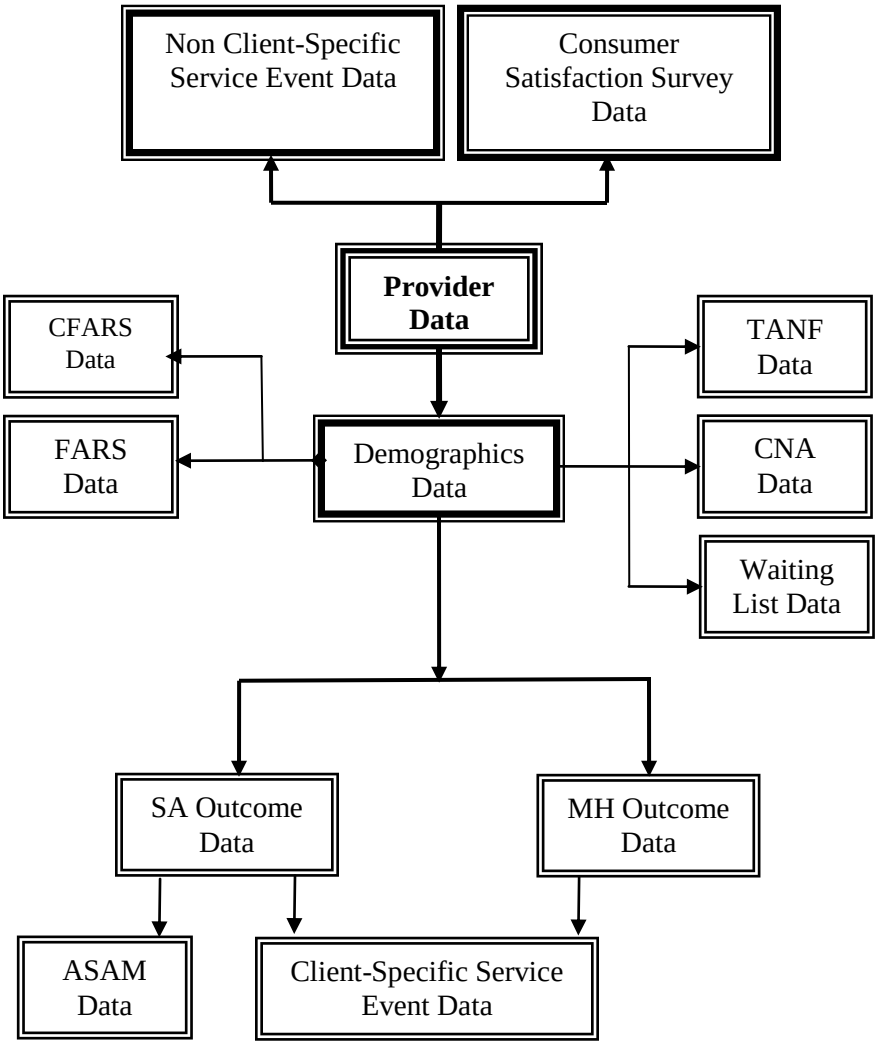
IV. Referential Integrity and Erroneous Records

The figure below is an entity relationship diagram with arrowed lines showing the dependencies between the required data sets in the SAMH data system. For example, the Provider Data set, which is the parent of all the other data sets, must be processed and accepted by the system before its three children data sets, i.e., Demographics Data, Non Client-Specific Service Event Data,and Consumer Satisfaction Survey Data, can be processed and accepted. Furthermore, the Demographics Data, which is the parent of seven other data sets, must be processed and accepted by the system before any of its seven children, e.g., MH Outcome Data, SA Outcome Data, FARS Data, CFARS Data, and so on. If a record in a child data set is submitted and processed before the corresponding record in the parent data set, then the system will reject that child record as **orphan**.

The SAMH data system is designed to track all the records with erroneous data. The following is the department's web site, which contains the document listing error codes and code descriptions related to the FTP processing of data into SAMH data system:

http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml

Entity Relationship Diagram for SAMH Data Sets



V. Recordkeeping and Documentation

State-contracted providers are required to maintain documentation of the data source(s) that can be audited for integrity and validity of information reported in each data set. Providers using online data entry screens may develop their own data collection forms or may use and/or modify the prototype data collection forms pertaining to various data sets as specified in chapters 3 through 12. Completed paper forms, including the signature of the appropriate provider staff, should be kept in the client record for future monitoring and auditing. If an electronic medium is used for data collection and information storage, the electronic signature of the staff and, if not possible, the staff name and identification number should be part of the electronic record.

HIPAA requires data to be retained for a minimum of six years unless a more stringent requirement is in place. All state-contracted, state-licensed or state-operated substance abuse and mental health providers must comply with this requirement. Reminder, Medicaid requires records (data files) to be retained for seven years.

The person collecting the data is responsible for using all available evidence to provide a factual basis for reporting the information required by the data collection instruments. The United States General Accounting Office (GAO) "Yellow Book" standards describe the following types of evidence to support the collection of valid and reliable data:

A. Physical evidence obtained through direct observation;

B. Testimonial evidence obtained through interviews;

C. Documentary evidence which consists of assessments, service/treatment plans, schedules, records, physician's orders, etc. (or derived from authoritative sources such as professional journals or research reports); and

D. Evidence which is considered reliable and which supports summative conclusions should be:

1. Sufficient, meaning that there is enough factual, adequate, and convincing evidence to lead a prudent person to the same conclusion as the rater. Determining sufficiency requires good judgment. While elaborate documentation to support non-controversial matters is not necessary, the rater should assure themselves that there is sufficient evidence to support his/her ratings or findings in a particular area.

2. Competent, meaning that it is reliable and the best information attainable through use of reasonable review methods. In evaluating the competence of evidence, the rater should consider whether there is any reason to doubt its validity or completeness. The following presumptions are useful in judging the competence of evidence, but should not be considered sufficient within themselves to reach a conclusion:

a. Evidence corroborated from several sources provides greater assurance of accuracy than that secured from a single source.

b. Evidence developed under a good system of organization or control is more likely to be accurate than that obtained where such control is weak or unsatisfactory.

c. Evidence obtained through direct physical observation, examination, inspection, and computation is more reliable than evidence obtained indirectly.

d. Relevant, referring to the relationship of evidence to its use. Facts or opinions used to prove or disprove an issue should have a logical, sensible relationship to that issue.

e. Ultimately the data collector/rater is responsible for gathering enough information to render an opinion that is based on sufficient, competent, relevant information or evidence which would lead another professional to a very similar or the same conclusion.

VI. Method and Frequency of Data Submission into SAMH Data System

O*nline data entry screens* and *batch files processed using File Transfer Protocol (FTP)* are the two methods available to submit the required data sets electronically into the department's SAMH data system. The SAMH data system is a web-enabled application that uses Oracle as the database system, UNIX as the operating system, and IBM machines as servers for online transaction processing (OLTP).

Data submitted via *online data entry screens* are processed immediately by the system and are either accepted as valid or rejected as incorrect. Rejected records are held by the system in the provider's "*pending folder*" for 90 days waiting to be corrected by the users.

Data submitted via *FTP batch files* are posted immediately by the system into the provider's "*upload history*" and are generally processed within minutes after submission depending on file size, the number of other transactions being performed by the system, as well as the day and time of these transactions. For example, small and medium size files (250 KB or less) transmitted daily in the afternoon are usually processed within less than 5 minutes. Records rejected by the system through the FTP process are available in the provider's *upload history* ready to be downloaded by users for correction and resubmission.

Providers are required to submit their monthly data by the 15th following the end of the reporting month. For example, data for July are due August 15th and data for August are due September 15th, and so on. However, in order to avoid the transaction bottleneck that normally occurs around the 15th of each month, providers are highly encouraged to submit their data daily or weekly rather than once every month.

VII. Internet Connectivity to SAMH Data System

Effective October 1, 2005, the Virtual Private Network (VPN) with Secure Socket Layer (SSL) will be the method of internet connection between SAMH data system and users located outside the DCF Intranet Firewall. The SSL connection provides a 128-bit encryption in compliance with HIPAA security standards. At the minimum, the SSL requires SAMH data system users to have a *browser* preferably with a high speed internet connection, e.g., DSL or Cable modem. The URL for the Department's secure access is http://dcf-samh.dcf.state.fl.us/.

Information about the SSL connectivity can be obtained either from the Regional Data Liaisons or via the Customer Assistance Center in Tallahassee at **(850) 487-9400**. Files submitted using the SSL process should not be zipped and encrypted, because they are encrypted automatically by the system and transmitted immediately and directly from one machine to another.

VIII. Use of Social Security Number as Person's Unique Identifier

The following are guidelines for using the Social Security Number (SSN), as a person's unique identifier, when reporting and submitting the required data sets into the SAMH data system. A person's refusal to divulge his/her SSN should never be used as a reason to deny services to that person. The serving agency, however, must make every reasonable effort to obtain the correct SSN.

For all agencies, the use of the SSN is mandatory based on statutory authority found in s.394.78, F.S. and s.397.321, F.S. Place the Social Security Number (SSN) in the field titled "client SSN". The field titled "client number" will include another identification number that the agency uses as its internal client number. At the time of this publishing, there are not any social security numbers issued beginning with an '8' or a '9.'

If it is not possible to obtain the person's actual SSN, the provider must use the following methodology for creating a 9-digit pseudo-SSN.

Digit 1:	First letter of the First Name
Digit 2:	First letter of the Middle Name. If the client does not have a middle name, use the letter "X" as the second digit.
Digit 3:	First letter of the Last Name
Digits 4-5:	Enter month of Birth (use leading zeros for Months, e.g., 01 through 09)
Digits 6-7:	Enter day of Birth (use leading zeros for days, e.g., 01 through 09)
Digits 8-9:	Enter year of Birth (use leading zeros where necessary, e.g., 01 through 09)

Note:

The initials of the name, month of birth, day of birth, and year of birth that are used to build the pseudo-SSN must match the corresponding information reported on person's Demographics Data; **otherwise, the system will reject the record due to invalid Pseudo-SSN.**

In those cases where the exact birthday cannot be obtained, determine the person's approximate age (ask, "How old are you?" or give your best guess), then code the birthday as January 1 of the appropriate year. For example, if the person says that he or she is 35 years old, but does not remember his or her birthday, and the current year is 1999, then use 010164 as the birthday.

If two individuals have the same pseudo-SSN**,** then use a temporary numeric number to be assigned internally by the provider to uniquely identify the second client, making sure that this number is 9-digit long and does not start with 9. This number should always be used for that client until the true or correct social security number is known.

If a pseudo-SSN is used for a person or a wrong SSN is mistakenly reported, and the true or correct SSN becomes known at a later date, the provider must submit an ASCII file to replace existing information in the SAMH data system. The file will list the provider Tax ID, the old Pseudo-SSN or wrong SSN, and the true SSN as shown in the file layout below. The person's true SSN should be used by the provider agency from that time forward. The name of the ASCII file containing information specified in the file layout below must be **SSNU.TXT.** The detail information for the correct file format is contained in Chapter 4 (Demographics) on page 4–2.

IX. Managing Entity/ASO Responsibilities

When services are contracted though either a managing entity or an Administrative Service Organization (ASO), the contracted agency is referred to section I.1 of the core contract. An overall intent of highlighting specific responsibilities is a system accrual of only one evaluation or record per allowable reporting interval for each client. This is to prevent overreporting of client outcome data that will adversely affect performance measures. Among the responsibilities an ASO or managing entity is expected to meet include:

Manage the timely and accurate submission of client data records.

Tracking when follow-up evaluations are required and designating the responsible agency to complete and submit the record

Example: A client should only have one quarterly follow-up performance record submitted regardless of the number of agencies that provided services to the client.

X. Definition of Terms

The following are definitions of key terms frequently used in this pamphlet:

Admission: An event or point in time when a client begins an episode of care within a provider agency. Normally, this is an act or process when the client has the first face-to-face contact, service, or intake with the agency to formally start his /her medical record or case file or, in case of readmission, to re-open existing medical record and case file.

Adolescent: A client (child) who is less than the age of 18 at the time of admission. Upon reaching 18 years of age (s)he may be re-enrolled as an adult or continue to be enrolled as a child until age 21.

CAC: Acronym for Customer Assistance Center in Tallahassee that is used by the department to troubleshoot problems from various data system users.

Client: A person seeking or receiving any service in any cost center within substance abuse or mental health program as defined in the Financial Rule, 65E-14.

Contractor: Organizational entity with a state contract to provide mental health and/or substance abuse services to persons who meet the criteria for enrollment into a state target population.

CSA: Acronym for Communication Service Authorization, which is a standard form used by SAMH data system users to register and subscribe for VPN services.

DCF: Acronym for Department of Children & Families

Department: Refers to the Florida's Department of Children & Families.

Discharge: An event or point in time when a client terminates an episode of care within a provider agency. Normally, this is an act or process when the provider closes the person's medical record and case file temporarily or permanently because he/she leaves the agency due to various reasons, including death, completion of treatment, non-compliance with rules and regulations, leave against the advice of program staff, and so on.

DSM-IV: An acronym for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

Enrolled Client: A person who meets the criteria of the state target population for mental health or substance abuse programs as defined in Chapters 5 and 6.

Episode of Care (Generic): The continuous time period between admission and discharge over which a person actually receives services. Services can include both treatment and non-treatment services (excluding prevention). A maximum number of days without services between contacts with the client is allowed to maintain the continuous period before the episode is considered terminated. If an agency provides an array of services to a client, then the episode of care starts on the day of first service and ends on the day of last service.

Fiscal Year: Refers to the state fiscal year that begins July 1 and ends June 30.

HCPCS: An acronym for the Healthcare Common Procedural Coding System federally used by the Center for Medicaid and Medicare Services to define the HIPAA procedure codes and modifiers.

HIPAA: An acronym for Health Insurance Portability and Accountability Act of 1996. This federal law, mandates all HIPAA covered entities to implement national standards for privacy, security, and electronic transaction of protected health information, as specified in 45 Code of Federal Regulations (CFR) Parts 160 and 162 for Electronic Transactions and Code Sets; 45 CFR Part 142 for Security and Electronic Signature; and 45 CFR Parts 160 and 164 for Privacy of Individually Identifiable Health Information.

Homelessness: An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary overnight shelter. Temporary overnight shelter being defined as a facility where the individual has a place to stay during the night and is required to leave during daytime hours.

Individuals living in transitional housing are not considered homeless for the purposes of state reporting. This definition is different from the Federal definition for homeless which includes transitional housing.

ICD-9-CM: An acronym for International Classification of Diseases, Edition 9, - Clinical Modification. Used for the reporting of the primary and/or secondary diagnosis of individuals.

Juvenile (applicable to SA data reporting only): A child or adolescent who is referred by the criminal or juvenile justice system or other law enforcement agency, and who is currently involved in the criminal or juvenile justice system. This does include persons being presented for crisis treatment pursuant to the Marchman Act who do have pending charges.

Key Field(s): One or more data elements that are used together to uniquely identify each record within the same data set.

Licensed Providers: Includes private community agencies that are licensed by the appropriate state agency (e.g., DCF or AHCA) to provide substance abuse or mental health services.

Non-Treatment SA Services: The following are substance abuse services that a client can receive during an episode of care, but do not qualify as treatment services: detoxification, TASC, intervention, and prevention. Interim services are considered specialized non-treatment services.

PDMHI: An acronym for Policy Integration and Information Systems section within the central SAMH Program Offices in Tallahassee. This office is responsible for management of the SAMH data system.

Provider: An agency or individual that is professionally licensed or qualified to provide substance abuse or mental health services in Florida, regardless of the funding source.

Provider (Private): An agency or individual that does not receive any public funding and is professionally licensed or qualified to provide substance abuse or mental health services in Florida.

Provider (Public): An agency or individual that receives any public funding and is professionally licensed or qualified to provide substance abuse or mental health services in Florida,

Public Funding: Fund provided by any governmental agency (local, state, or federal) for providing substance abuse or mental health services. A local agency could be a city or county office, e.g., the county sheriff. A state agency could be the Department of Children & Families, Department of Corrections, the Department of Juvenile Justice, or the Department for Health Care Administration. A federal agency could be the Center for Substance Abuse Treatment (CSAT), or the Center for Substance Abuse Prevention (CSAP) or Center for Mental Health Services (CMHS).

SAIS: An acronym for the Substance Abuse Information System (formerly known as SISAR).

SAMH: An acronym for Substance Abuse and Mental Health.

SAPTBG: An acronym for Substance Abuse Prevention Treatment Block Grant.

SISAR: An acronym for State Integrated Substance Abuse Report.

SSL: An acronym for Secure Socket Layer, which is a secure means to connect to the state Intranet Firewall for transmitting data files or doing on-line data entry.

TANF: An acronym for Temporary Assistance for Needy Families.

TASC: An acronym for Treatment Alternatives for Safer Communities.

Treatment Services (SA): The following are substance abuse treatment services that a client can receive during an episode of care: all levels of Residential care, Outpatient, Day/Night, Overlay, and Juvenile Justice Overlay. Inmate Programs are also treatment programs, but are only to be considered as part of the outcome measure analysis if an agency is contracted to provide the service. Methadone Maintenance and Aftercare are also treatment programs, but are not considered in the outcome measures analysis.

VPN: Acronym for Virtual Private Network **,** which is a secure means to connect to the state Intranet Firewall for transmitting data files or doing on-line data entry.

XI. Who to Contact for Help

Technical assistance is available statewide to SAMH data system users from various individuals as follows:

First, contact the Managing Entity Data Liaison if your agency is a subcontracted provider or the Regional Data Liaison in Circuits 3, 4, 7, 8, 9 and 18 if you are not a subcontracted provider. If the Managing Entity or Regional Data Liaison cannot help, then call the Customer Assistance Center (CAC) at (850) 487-9400. If CAC cannot help, then contact the following individuals in the central program office in Tallahassee.

- For questions related to submission and validation of all the required data sets, including training or technical assistance, contact:
  Eric Hancock
  (850) 717-4604
  Eric_Hancock@dcf.state.fl.us
- For questions related to Mental Health Outcome Measures, Dashboard Reports, Standard and Ad Hoc Reports, and Federal Data Reporting, contact:
  Eric Hancock
  (850) 717-4604
  Eric_Hancock@dcf.state.fl.us
- For questions related to Substance Abuse Outcome Measures, Dashboard Reports, Standard and Ad Hoc Reports, contact:
  Sherry Catledge
  (850) 717-4404
  sherry_catledge@dcf.state.fl.us
- For questions related to Provider Information, SA Licenses, Federal SA Data Reporting, SA Aggregate Data from Private Providers, contact:
  Sherry Catledge
  (850) 717-4404
  sherry_catledge@dcf.state.fl.us
- For questions related to processing of Consumer Satisfaction Survey Data, contact:
  Roderick Harris
  (850) 717-4286
  roderick_harris@dcf.state.fl.us
- For questions related to TANF database, training, and policy, contact:
  Roy Williams
  (850) 717-4338
  roy_williams@dcf.state.fl.us

  or

Kim Finch-Kareem
(850) 717-4328
finch-kareem@dcf.state.fl.us

- For clinical questions related to FARS and CFARS, contact:
  Adam Wasserman
  (850) 717-4791
  adam_wasserman@dcf.state.fl.us
- For policy and training questions related to CNA, contact:
  Wendy Scott
  (850) 717-4339
  wendy_scott@dcf.state.fl.us